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Office seen at:
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Re: Rose, Adina
DOB: 01/01/1966
DOA: 01/24/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, right knee, left knee, and left wrist pain.

HISTORY OF PRESENT ILLNESS: A 56-year-old right-hand dominant female involved in a motor vehicle accident on 01/24/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Kings County Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, left knee, and left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months with good relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Bilateral shoulder arthroscopy in 2017, TAH in 2013, tubal surgery in 2020, tubal ligation, and in 2001 open appendectomy.

DRUG ALLERGIES: AMOXICILLIN.

MEDICATIONS: The patient is taking pain medications p.r.n. and amlodipine 10 mg.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol socially.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She can sit for 5 minutes before needing to change positions

secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with ice.

Left shoulder: Left shoulder pain is 10/10, described as constant, sharp, stabbing, dull, achy pain. Worse with range of motion and improves with rest. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. The patient has weakness.

Right knee: Right knee pain is 10/10, described as intermittent, sharp, stabbing, dull, achy pain. Worse with range of motion and improves with rest. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes intermittent locking.

Left knee: Left knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. Worse with range of motion and improves with rest. The patient has difficulty rising from a chair and has difficulty going up and down stairs.

Left wrist: Left wrist pain is 10/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and dropping objects. Worse with range of motion and improves with rest.

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.6 degrees Fahrenheit.
General: No fever, chills, night sweats, weight gain, or weight loss.
HEENT: No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness.
Endocrine: No cold intolerance, appetite changes or hair changes.
Skin: Clear, no rashes or lesions.
Neuro: No headaches, dizziness, vertigo or tremor.
Respiratory: No wheezing, coughing, shortness of breath or difficulty breathing.
Cardiovascular: No chest pain, murmurs, irregular heart rate or hypertension.
GI: No nausea, vomiting, diarrhea, constipation, jaundice or changes in bowel habits.
GU: No blood in urine, painful urination, loss of bladder control or urinary retention.
Hematology: No active bleeding, bruising, anemia or blood clotting disorders.
Psychiatric: No anxiety, change in sleep pattern, depression or suicidal thoughts.

PHYSICAL EXAMINATION: The patient's height is 5 feet 8 inches, weight is 160 pounds, and BMI is 24.3. The right shoulder reveals swelling and tenderness to palpation over supraspinatus tendon region, AC joint, trapezius, and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off

test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 30/45 degrees, forward flexion 100/180 degrees, extension 45/60 degrees, internal rotation 50/90 degrees, and external rotation 45/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals swelling and tenderness to palpation over supraspinatus tendon region, AC joint, trapezius, and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 30/45 degrees, forward flexion 100/180 degrees, extension 45/60 degrees, internal rotation 50/90 degrees, and external rotation 45/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals swelling and tenderness along the medial joint line, lateral joint line, and superior pole of patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 3/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The left knee reveals swelling and tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 3/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The left wrist reveals pain to palpation over the ulnar styloid. Grip strength is 5/5. Negative Tinel sign. Positive Phalen test. Range of motion reveals flexion 65/80 degrees, extension 45/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 02/22/2022, shows status post prior rotator cuff repair. Interstitial tearing of the infraspinatus tendon superimposed on infraspinatus and supraspinatus tendinitis. Associated subdeltoid/subacromial bursitis. Mild acromioclavicular joint disease. Tenosynovitis of the extra articular long head of the biceps tendon. MRI of the left wrist, done on 03/10/2022, shows osteonecrosis of the lunate/Kienbock's disease. Negative ulnar variance. Partial tear of the membranous component of the scapholunate ligament complex. Subluxation of the extensor carpi ulnaris tendon from the ulnar groove consistent with tendon subsheath injury. Bifid median nerve with increased intrinsic signal of the nerve fibers at the level of the carpal tunnel which may represent median neuritis. MRI of the left shoulder, right knee, and left knee are pending. EMG/NCS of upper and lower extremities, done on 03/15/2022, shows abnormal study. The diagnostic study reveals evidence of bilateral carpal

tunnel syndrome (median nerve entrapment at wrist) affecting sensorimotor components on the right an. sensory components on the left. The above electrodiagnostic study reveals evidence of peripheral neuropathy of bilateral upper and lower extremities. The above electrodiagnostic study reveals no evidence of lumbar and cervical radiculopathy.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M65.811 Tenosynovitis, right shoulder.
6. M75.51 Bursitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. Status post prior rotator cuff repair, right shoulder.
12. M24.812 Internal derangement, left shoulder.
13. M25.512 Pain, left shoulder.
14. S49.92XA Injury, left shoulder.
15. M25.412 Joint effusion, left shoulder.
16. M23.91 Internal derangement, right knee.
17. M25.461 Joint effusion, right knee.
18. S80.911A Injury, right knee.
19. M25.561 Pain, right knee.
20. M23.92 Internal derangement, left knee.
21. M25.462 Joint effusion, left knee.
22. S80.912A Injury, left knee.
23. M25.562 Pain, left knee.
24. Ligament tear, left wrist.
25. Post trauma osteonecrosis, left wrist.
26. Tendon injury, left wrist.
27. Carpal tunnel syndrome on EMG, left wrist.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, right knee, left knee, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, left knee, and left wrist 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, right knee, left knee, and left wrist. The patient refuses due to side effects.
7. X-ray ordered of left wrist to rule out ligament tear and/or synovial injury.
8. Discussed right shoulder, left shoulder, right knee, and left knee arthroscopy versus conservative management with the patient. The patient states that due to continual pain

and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, the patient would like to proceed with surgery.

9. The patient needs medical clearance prior to surgery.
10. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right shoulder, left shoulder, right knee, and left knee pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
11. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
12. All the benefits and risks of the right shoulder, left shoulder, right knee, and left knee arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
13. All the questions in regard to the procedure were answered.
14. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
15. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

AFFIRMATION: Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby affirm under penalty of perjury that the statements contained herein are true and accurate.

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Mellita Shakhmurov, PA-C Upendra K. Sinha, MD
MS/AEI