UK Sinha Physician, P.C.

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September 08, 2022

Office seen at:
S.P. Physical Therapy
1320 Louis Nine Boulevard
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Phone# (347) 862-0003

Re: Sicajan, Edwin
DOB: 07/07/1993
DOA: 05/25/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder, left knee and right elbow pain.

HISTORY OF PRESENT ILLNESS: A 29-year-old right-hand dominant male involved in a motor vehicle accident on 05/25/2022. The patient was a bicyclist. A ladder was being removed from the truck and he hit his bike and the patient fell off. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Lenox Hill Hospital and was treated and released the same day. The patient presents today complaining of left shoulder, left knee and right elbow pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3.5 months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory. There is no previous history of trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 3 blocks. He can stand for 30 minutes before he has to sit. He can sit for 15 minutes before needing to change positions

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

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping and buckling. Worse with range of motion and improves with rest.

Right elbow: Right elbow pain is 3/10, described as intermittent, dull, achy pain. 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 165 pounds, and BMI is 25.1. The left shoulder reveals tenderness to palpation over supraspinatus tendon region. 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 40/45 degrees, forward flexion 125/180 degrees, extension 45/60 degrees, internal rotation 40/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line and lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 degrees

and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The right elbow reveals muscle strength is 5/5. There is tenderness to palpation over the lateral epicondyle. Positive Varus test. Positive Valgus test. Negative Tinel sign. Range of motion reveals flexion 110/150 degrees, extension 100/150 degrees, supination 60/90 degrees, pronation 65/90 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 07/05/2022, shows partial tear of the distal supraspinatus tendon. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. MRI of the left knee, done on 07/05/2022, shows intrameniscal tear in the posterior horn of the medial meniscus. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting. Mild joint effusion consistent with recent trauma, in an appropriate clinical setting. MRI of the right elbow, done on 07/19/2022, shows moderate thickening of the common extensor tendon consistent with lateral epicondylitis/tennis elbow, however intrasubstance partial tear of the common extensor tendon cannot be excluded. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.42 Impingement, left shoulder.
4. M25.512 Pain, left shoulder.
5. S49.92XA Injury, left shoulder.
6. M25.412 Joint effusion, left shoulder.
7. S83.242A Medial meniscus tear, left knee.
8. M23.92 Internal derangement, left knee.
9. M25.462 Joint effusion, left knee.
10. S80.912A Injury, left knee.
11. M25.562 Pain, left knee.
12. Tennis elbow, right elbow.
13. Tear of the common extensor tendon, right elbow.
14. Joint effusion, right elbow.
15. Synovitis, right elbow.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder, left knee, and right elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, left knee, and right elbow 3 days/week.
6. Recommend steroid injections with pain management for left shoulder, left knee, and right elbow. The patient refuses due to side effects.

7. Discussed left shoulder, left knee, and right elbow 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 wants to think about surgery.
8. 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 left shoulder, left knee, and right elbow 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. All the benefits and risks of the left shoulder, left knee, and right elbow 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 4 weeks for decision.

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.

Mellita Shakhmurov, PA-C

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon

MS/AEI