

UK Sinha Physician, P.C.

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August 03, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: St. Hill, Amanda
DOB: 02/12/1988
DOA: 02/08/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 34-year-old dominant female involved in a motor vehicle accident on 02/08/2022. The patient was a driver and was wearing a seatbelt. The vehicle was T-boned on driver's side. The EMS arrived on the scene. The patient was transported via ambulance to Brookdale University Hospital Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3-4 times per week with little relief.

WORK HISTORY: The patient is currently working full-time.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking NSAIDs and topical analgesics.

SOCIAL HISTORY: The patient is a smoker. The patient does not drink alcohol.

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 intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right knee: Right knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

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 right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction

120/180 degrees, adduction 40/45 degrees, forward flexion 130/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 80/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 45/45 degrees, forward flexion 130/180 degrees, extension 50/60 degrees, internal rotation 40/90 degrees, and external rotation 65/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals tenderness along the medial joint line. There is no heat, swelling, erythema, or deformity appreciated. There is crepitus appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 degrees and extension 0/5 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 tenderness along the superior pole of patella. There is no heat, swelling, erythema, or deformity appreciated. There is crepitus appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 04/12/2022, shows a bursal surface tear is seen anteriorly at the supraspinatus tendon, as described. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the left shoulder, done on 04/21/2022, shows a bursal surface tear anteriorly at the supraspinatus tendon, as described. Mild tendinosis changes are seen at the supraspinatus and infraspinatus tendons. There is no fracture. MRI of the right knee, done on 04/12/2022, shows an interstitial tear of the ACL as described. There is no attenuation or laxity. There is a prominent contusion over the patellar tendon and extending over the lateral retinaculum. A horizontal tear is seen peripherally at the posterior body of the medial meniscus. MRI of the left knee, done on 04/01/2022, shows a mildly prominent interstitial tear of the ACL seen, which is greater at the proximal third. An adjacent cyst is seen measuring 8 x 20 mm. Surrounding reactive and inflammatory changes are seen. There is a contusion over the patellar tendon prominently. Joint effusion is seen without evidence of a loose body.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.

4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M75.21 Bicipital tendinitis, right shoulder.
9. M25.511 Pain, right shoulder.
10. S49.91XA Injury, right shoulder.
11. S46.101A Biceps tendon tear, right shoulder.
12. M67.211 Hypertrophic synovitis, right shoulder.
13. M89.311 AC joint hypertrophy, right shoulder.
14. M25.411 Joint effusion, right shoulder.
15. M24.812 Internal derangement, left shoulder.
16. M75.02 Adhesive capsulitis, left shoulder.
17. M75.82 Shoulder tendinitis, left shoulder.
18. S43.432A Labral tear, left shoulder.
19. S43.432A SLAP tear, left shoulder.
20. M75.42 Impingement, left shoulder.
21. M 65.812 Tenosynovitis, left shoulder.
22. M75.52 Bursitis, left shoulder.
23. M 75.22 Bicipital tendinitis, left shoulder.
24. M25.512 Pain, left shoulder.
25. S49.92XA Injury, left shoulder.
26. M67.212 Hypertrophic synovitis, left shoulder.
27. M89.312 AC joint hypertrophy, left shoulder.
28. M25.412 Joint effusion, left shoulder.
29. M23.91 Internal derangement, right knee.
30. S83.511A ACL sprain, right knee.
31. S83.411 MCL sprain, right knee.
32. M94.261 Chondromalacia, right knee.
33. S83.31XA Tear articular cartilage, right knee.
34. M22.2X1 PF chondral injury, right knee.
35. M25.461 Joint effusion, right knee.
36. M12.569 Traumatic arthropathy, right knee.
37. S80.911A Injury, right knee.
38. M25.561 Pain, right knee.
39. M65.161 Synovitis, right knee.
40. M23.40 Loose body in knee, right knee.
41. M24.10 Chondral lesion, right knee.
42. M24.661 Adhesions, right knee.
43. M23.92 Internal derangement, left knee.
44. S83.512A ACL sprain, left knee.
45. S83.412A MCL sprain, left knee.
46. M94.262 Chondromalacia, left knee.
47. S83.32XA Tear articular cartilage, left knee.
48. M22.2X2 Patellofemoral chondral injury, left knee.

- 49. M25.462 Joint effusion, left knee.
- 50. M12.569 Traumatic arthropathy, left knee.
- 51. S80.912A Injury, left knee.
- 52. M25.562 Pain, left knee.
- 53. M65.162 Synovitis, left knee.
- 54. M24.662 Adhesions, left knee.

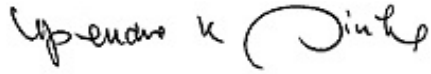
PLAN:

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, and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, and left knee 3 days/week.
6. Discussed right 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.
7. 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 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee 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.
12. 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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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

UKS/AEI