

# UK Sinha Physician, P.C.

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June 8, 2022

Office seen at:

Rehab Time PT PC

2088B Flatbush Avenue

Brooklyn, NY 11234

Phone # (718) 975-8179

Re: Joseph, Blondine

DOB: 12/22/1978

DOA: 03/26/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, right knee and left knee, mid back and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 43-year-old dominant male involved in a motor vehicle accident on 03/26/2022. The patient was a passenger and was wearing a seatbelt. The vehicle was struck on the rear driver side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient did not go to any hospital that 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 4 times per week with little relief.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Diabetes, hypertension, asthma, cardiac.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking aspirin, amlodipine 10 mg 1 x daily.

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

**ADL CAPABILITIES:** The patient states that he can walk for 3 blocks. He can stand for 25 minutes before he has to sit. He 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 he is unable to do the following activities: kneeling, squatting, and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 4-5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 4-5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

Right knee: Right knee pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking and popping.

Left knee: Left knee pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping. 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 vertigo or tremor. The patient has headaches, dizziness.

**Respiratory:** No wheezing, coughing, shortness of breath or difficulty breathing.

**Cardiovascular:** No murmurs, irregular heart rate or hypertension. The patient has chest pain.

**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 4 inches, weight is 207 pounds, and BMI is 35.5. The right 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. 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 165/180 degrees, adduction 35/45 degrees, forward flexion 160/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 70/90 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 crepitus appreciated. There is no heat, swelling, erythema 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 160/180 degrees, adduction 35/45 degrees, forward flexion 165/180 degrees, extension 55/60 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 left upper extremity.

The right knee reveals tenderness along the medial joint line, superior pole of patella, inferior pole of the patella. There is swelling and 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 100/130 degrees and extension -5/5 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 medial joint line and superior pole of patella. There is swelling and crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 degrees and extension -5/5 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 knee, done on 05/27/2022, shows anterior cruciate ligament sprain sequelae. Significant edema in the prepatellar region compatible with trauma sequelae. MRI of the left knee, done on 05/27/2022, shows linear interstitial tearing of the distal quadriceps tendon superimposed on tendinitis. Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain.

**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. M67.211 Hypertrophic synovitis, right shoulder.
12. M25.411 Joint effusion, right shoulder.
13. M24.812 Internal derangement, left shoulder.
14. M75.02 Adhesive capsulitis, left shoulder.
15. M75.82 Shoulder tendinitis, left shoulder.

16. S43.432A Labral tear, left shoulder.
17. M75.42 Impingement, left shoulder.
18. M 65.812 Tenosynovitis, left shoulder.
19. M75.52 Bursitis, left shoulder.
20. M25.512 Pain, left shoulder.
21. S49.92XA Injury, left shoulder.
22. M67.212 Hypertrophic synovitis, left shoulder.
23. M25.412 Joint effusion, left shoulder.
24. M23.91 Internal derangement, right knee.
25. S83.511A ACL sprain, right knee.
26. M94.261 Chondromalacia, right knee.
27. M25.461 Joint effusion, right knee.
28. M12.569 Traumatic arthropathy, right knee.
29. S80.911A Injury, right knee.
30. M25.561 Pain, right knee.
31. M65.161 Synovitis, right knee.
32. M24.10 Chondral lesion, right knee.
33. M24.661 Adhesions, right knee.
34. M23.92 Internal derangement, left knee.
35. S83.519A Anterior cruciate ligament tear, left knee.
36. M94.262 Chondromalacia, left knee.
37. M25.462 Joint effusion, left knee.
38. S80.912A Injury, left knee.
39. M25.562 Pain, left knee.
40. M65.162 Synovitis, left knee.
41. M24.10 Chondral lesion, left knee.
42. M24.662 Adhesions, left knee.

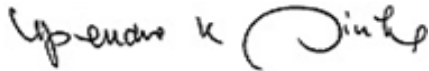
**PLAN:**

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. Recommend steroid injections with pain management for right knee and left knee. The patient refuses due to side effects.
7. Discussed 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 wants to think about it.
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 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.

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 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 1 month.

**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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Board Certified Orthopedic Surgeon

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