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August 2, 2022

Office seen at:
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Re: Bennett, Stefan
DOB: 12/02/1993
DOA: 05/09/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: A 28-year-old right-hand dominant male involved in a work-related motor vehicle accident on 05/09/2022. The patient was working as an electrician going back to office in work van which was involved in motor vehicle accident. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the front passenger 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 Franklin Hospital and was treated and released the same day. The patient presents today complaining of right shoulder and left knee pain sustained in the work-related motor vehicle accident. The patient is not attending physical therapy.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Cervical spine fusion in 2000.

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 drinks alcohol socially.

ADL CAPABILITIES: The patient states that he cannot walk. He can stand for 5 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: driving, reaching overhead, and negotiating stairs.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. Worse with range of motion and improves with rest. The patient is able to reach overhead and behind the back.

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 difficulty going up and down stairs.

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 9 inches, weight is 197 pounds, and BMI is 29/1. The right shoulder reveals swelling and tenderness to palpation over supraspinatus tendon region, AC joint, trapezius and proximal biceps tendon. There is no heat, erythema or deformity appreciated. There is swelling and crepitus appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 125/180 degrees, adduction 30/45 degrees, forward flexion 120/180 degrees, extension 40/60 degrees, internal rotation 60/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper 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 no heat, erythema and deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Positive 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.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 07/05/2022, shows intrasubstance signal of the anterior leading edge of the supraspinatus with fluid inferiorly indicating partial tear at the articular surface. Type III acromion causing supraspinatus outlet

obstruction. There is fluid seen in the subacromial subdeltoid bursa representing bursitis signal seen at the anchor portion of the long head attachment indicating partial tear. MRI of the left knee, done on 07/05/2022, shows ACL sprain sequela with adjacent increased T2 signal. Patella tendinosis.

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. M75.51 Bursitis, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. S46.101A Biceps tendon tear, right shoulder.
8. M25.411 Joint effusion, right shoulder.
9. Type III Acromion, right shoulder.
10. Supraspinatus outlet obstruction, right shoulder.
11. M23.92 Internal derangement, left knee.
12. S83.512A Anterior cruciate ligament sprain, left knee.
13. M25.462 Joint effusion, left knee.
14. S80.912A Injury, left knee.
15. M25.562 Pain, left knee.
16. Patella tendinosis, 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 and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left knee. The patient accepts.
7. Discussed right shoulder and left knee arthroscopy versus conservative management with the patient. The patient will consider intervention if injection does not work.
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 shoulder 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 shoulder 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 4 weeks after injection.

IMPAIRMENT RATING: 100%.

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