UK Sinha Physician, P.C.

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August 12, 2022

Re: De Jesus, Eriberto
DOB: 04/08/1958
DOA: 03/01/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 64-year-old right-hand dominant male involved in a work-related motor vehicle accident on 03/01/2022. The patient was a driver and was wearing a seatbelt. While at work, the patient was driving east on Fordham Road and was hit on the right side of his car by a merging car. The airbags did not deploy. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient went by car to Bronx-Lebanon Hospital Center and was treated and released the same day. The patient presents today complaining of right shoulder, left knee, right ankle, and left ankle pain sustained in the work-related motor vehicle accident. The patient was attending physical therapy for 3 times a week with little relief.

WORK HISTORY: The patient is currently working part-time as an Uber driver.

PAST MEDICAL HISTORY: Prostate condition. There is a previous history of MVA in 1999.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: Does not recall.

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 5 blocks. He can stand for 10 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, 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 8-9/10, described as constant and intermittent, sharp, stabbing, dull, achy pain. The patient has weakness and

clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Left knee: Left knee pain is 8-9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right ankle: Right ankle pain is 7/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing. Worse with range of motion and improves with physical therapy.

Left ankle: Left ankle pain is 5-6/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing. Worse with range of motion and improves with physical therapy.

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, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 75/90 degrees, and external rotation 75/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left knee reveals tenderness along the medial joint line and inferior pole of the patella. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative 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.

The right ankle reveals negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the medial aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 45/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The left ankle reveals tenderness to palpation noted in the medial aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 04/27/2022, shows mild AC joint arthrosis with capsular hypertrophy, mild acromial downslope which may cause impingement. Tendinopathy and bursal surface fraying of the supraspinatus and infraspinatus tendons. Tear/blunting of the anterior labrum. MRI of the left knee, done on 04/27/2022, shows complex tear of the body and posterior horn of the medial meniscus extending to the free edge and inferior articular surface. Tendinopathy of the medial head gastrocnemius tendon at the insertion with cystic changes. Small joint effusion, 2 cm popliteal cyst. MRI of the left ankle, done on 04/28/2022, shows tenosynovitis of the posterior tibial tendon. Tenosynovitis of the flexor tendons. Tenosynovitis of the peroneal tendons. Peritendinitis of the Achilles tendon with trace retrocalcaneal bursitis. Partial tear of the ATFL. Partial tear of the deep fibers of the deltoid superficial and deep fibers of the deltoid ligament. Small joint effusion.

ASSESSMENT:

1. S83.242A Medial meniscus tear, left knee.
2. M23.201 Lateral meniscus derangement, left knee.
3. M23.92 Internal derangement, left knee.
4. M25.462 Joint effusion, left knee.
5. M12.569 Traumatic arthropathy, left knee.
6. M25.562 Pain, left knee.
7. M65.162 Synovitis, left knee.
8. M24.662 Adhesions, left knee.
9. S43.431A Labral tear, right shoulder.
10. M75.81 Tendinitis, right shoulder.
11. M75.41 Impingement, right shoulder.
12. S49.91XA Injury, right shoulder.
13. M25.511 Pain, right shoulder.
14. M89.311 AC joint hypertrophy, right shoulder.
15. Tenosynovitis, left ankle.
16. Tibialis posterior tendon, left ankle.

PLAN:

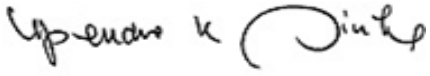
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.

3. Cold compresses for right shoulder, left knee, right ankle, and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left knee, right ankle, and left ankle 3 days/week.
6. Injection of right shoulder given today.
7. Discussed 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.
8. Workers' Compensation Board authorization needed prior to surgery.
9. 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 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left 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.
14. Follow up in 4 weeks.

IMPAIRMENT RATING: 50%.

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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