

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

WC NF LIEN

Patient Name: MOOR KAWIKIT M / F DOA: 04/23/2022

DOB: 11/05/1991 Age: 30 Height: 5'1" Weight: 260 Handed: R L

Chief Complaint: R/SH L/SH R/KN L/KN R/Elb L/Elb R/Hip L/Hip R/Ank L/Ank

R/Wri L/Wri Neck Mid-back Low-back

Type of Injury: MVA Work-Related Working: Y / N Degree of Disability: 75 %

Asymptomatic prior to accident: Y / N History of prior trauma: Y / N

Pain In: _____

Other: impact on left side of body

☒ Pedestrian ☐ Bicyclist ☐ Motorcyclist ☐ Bus pass. ☐ Driver ☐ Front Pass. ☐ Rear Pass
Vehicle hit: Rear Front Driver-side front Driver side rear Passenger side front
Passenger side rear T-Boned Driver side T-Bone Passenger side

Airbags deployed: Y / N

EMS Arrived: Y / N

Police at Scene: Y / N

Went to Hospital: Y / N Hospital name: UCAT SINHA Amb. 3 Car

PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA

PSH: None

Meds: None Pain meds PRN

Drug Allergy: Y / N

Soc. His: Smoke Y / N ppd Alcohol Y / N Recreational Drugs Y / N

PT/Chiro: Y / N Duration: 2 Weeks/Months/Years Relief: Good Little None

Walk: Y / N 4 blocks Stand: Y / N 15 mins Sit: Y / N mins

Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead

Laundry Shopping Errands Kneel Squat Stairs Jog Exercise

PRESENT COMPLAINTS:

RSH Pain <u> </u> /10 Constant Intermittent Stiff Weak Pop Click Reach overhead Y / <u>N</u> Reach back Y / <u>N</u> Unable to sleep at night Imp w/ Rest Med PT Ice	LSH Pain <u> </u> /10 Constant Intermittent Stiff Weak Pop Click Reach overhead <u>Y</u> / <u>N</u> Reach back <u>Y</u> / <u>N</u> Unable to sleep at night Imp w/ Rest Med <u>PT</u> Ice	RKN Pain <u> </u> /10 Constant Intermittent Stiff Weak Diff rising from chair Y / <u>N</u> Diff w/ stairs Y / <u>N</u> Click Pop Buckl Lock Imp w/ Rest Med PT Ice	LKN Pain <u> </u> /10 Constant Intermittent Stiff Weak Diff rising from chair <u>Y</u> / <u>N</u> Diff w/ stairs <u>Y</u> / <u>N</u> Click Pop Buckl Lock Imp w/ Rest Med <u>PT</u> Ice
---	--	---	--

RHIP Pain <u> </u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	LHIP Pain <u> </u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	RANK Pain <u> </u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	LANK Pain <u> </u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice
--	--	--	--

RWRI Pain <u> </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	LWRI Pain <u> </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	RELB Pain <u> </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	LELB Pain <u> </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice
--	--	--	--

Other Complaints: _____

ROS:

General: Fevers chills night sweats weight gain weight loss
 HEENT: Double vision eye pain eye red. hearing loss earache ear ringing nose bleeds sore throat hoarseness
 Endocrine: Cold intolerance appetite changes hair changes
 Skin: Clear no rashes or lesions
 Neuro: Headaches dizziness vertigo tremors
 Respiratory: Wheezing coughing shortness of breath difficulty breathing
 Cardiovascular: Chest pain murmurs irregular heart rate hypertension
 GI: Nausea vomiting diarrhea constipation jaundice change in bowel habits
 GU: Blood in urine painful urination loss of bladder control urinary retention
 Hematology: Active bleeding bruising anemia blood clotting disorders
 Psychiatric: Anxiety change in sleep pattern depression suicidal thoughts

PHYSICAL EXAMINATION:

C SPINE: Pain Sharp Shoot Burn Constant Intermittent Numb Tingling Radiates to R L

Pain w/ neck bend lift carry Improves w/ Rest Med PT Ice

ROM: Flex. ___/45 Ext. ___/45 R Lat Flex. ___/45 L Lat Ext. ___/45 Rot ___/60

L SPINE: Pain Sharp Shoot Burn Constant Intermittent Numb Tingling Radiates to R L

Pain w/ stand walk sit bend Improves w/ Rest Med PT Ice

ROM: Flex. ___/80 Ext. ___/25 R Lat Flex. ___/35 L Lat Ext. ___/45 Sac Hip Flex ___/45

R /SH: Swelling /Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula

Heat	Erythema	Crepitus	Deformity
Drop Arm	Cross-Over	Empty Can	Yergason Deltoid Atrophy
O'Brien's	Impingement	Lift off test	Hawkins

ROM: Abd. ___/180 Add. ___/45 For Flex. ___/180 Ext. ___/60 IR ___/90 ER ___/90

IR: sacrum mid back ___ no motor or sensory deficit

L /SH: Swelling /Tender to palp → ~~Supraspinatus AC joint~~ Trap. Prox biceps Coracoid Deltoid Scapula

Heat	Erythema	Crepitus	Deformity
Drop Arm	Cross-Over	Empty Can	Yergason Deltoid Atrophy
O'Brien's	Impingement	Lift off test	Hawkins

ROM: Abd. 5/180 Add. 45/45 For Flex. 140/180 Ext. 45/60 IR 55/90 ER 50/90

IR: sacrum mid back X no motor or sensory deficit

R /KN: Swelling /Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa

Heat	Swelling	Erythema	Crepitus	Deformity
McMurray	Lachmans	Pat. fem. grind	Ant. draw	Post. draw

ROM: Flexion ___/130 Extension ___/5 Stable varus/valgus ___ no motor or sensory deficit

L /KN: Swelling /Tender along → Med joint line Lat joint line ~~Sup. patella~~ Inf. ~~Patella~~ Pop. fossa

Heat	Swelling	Erythema	Crepitus	Deformity
McMurray	Lachmans	Pat. fem. grind	Ant. draw	Post. draw

ROM: Flexion 95/130 Extension 4/5 X Stable varus/valgus X no motor or sensory deficit

R /HIP: Swelling /Hematoma / Effusion / bruise ___ Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. ___/45 Add. ___/35 Flex. ___/120 Ext. ___/30 IR ___/45 ER ___/45

L /HIP: Swelling /Hematoma / Effusion / bruise ___ Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. ___/45 Add. ___/35 Flex. ___/120 Ext. ___/30 IR ___/45 ER ___/45

R/ANK: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
Tenderness to palpation → Med. aspect Lat. aspect ROM: Full Limited and painful.

ROM: Dorsi flexion ___/20 Plantar flex. ___/50 Inversion ___/15 Eversion ___/15

L/ANK: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
Tenderness to palpation → Med. aspect Lat. aspect ROM: Full Limited and painful.

ROM: Dorsi flexion ___/20 Plantar flex. ___/50 Inversion ___/15 Eversion ___/15

R/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ___/5 grip strength Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ___/80 Extension ___/70 Radial dev. ___/20 Ulnar dev. ___/30

L/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ___/5 grip strength Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ___/80 Extension ___/70 Radial dev. ___/20 Ulnar dev. ___/30

R/ELB: Swell Erythema Bruise Deltoid atrophy ___/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ___/150 Extension ___/150 Supin. ___/90 Pron. ___/90

L/ELB: Swell Erythema Bruise Deltoid atrophy ___/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ___/150 Extension ___/150 Supin. ___/90 Pron. ___/90

Dx:

Right Shoulder	Left Shoulder	Right Knee	Left Knee
S46.011A Partial rot cuff tear	S46.012A Partial rot cuff tear	S83.241A Med. Men. tear	S83.242A Med. Men. tear
M75.121 Complete rot cuff tear	M75.122 <u>Complete rot cuff tear</u>	S83.281A Lat. Men. tear	S83.282A <u>Lat. Men. tear</u>
M24.811 Internal derangement	M24.812 <u>Internal derangement</u>	M23.91 Internal derangement	M23.82 <u>Internal derangement</u>
M75.01 Adhesive Capsulitis	M75.02 Adhesive Capsulitis	S83.519A ACL tear	S83.519A ACL tear
M75.81 Shoulder tendinitis	M75.82 Shoulder tendinitis	S83.511A ACL sprain	S83.512A ACL sprain
S43.431A Labral tear	S43.432A Labral tear	S83.411 MCL sprain	S83.412A MCL sprain
S43.431A SLAP tear	S43.432A SLAP tear	M94.261 Chondromalacia	M94.262 Chondromalacia
M75.41 Impingement	M75.42 Impingement	S83.31XA Tear artic. cartilage	S83.32XA Tear artic. cartilage
M65.811 Tenosynovitis	M 65.812 Tenosynovitis	M22.2X1 PF chondral injury	M22.2X2 PF chondral injury
M75.51 Bursitis	M75.52 Bursitis	M25.461 Joint effusion	M25.462 <u>Joint effusion</u>
M75.21 Bicipital tendinitis	M 75.22 Bicipital Tendinitis	M12.569 Trauma. arthropathy	M12.569 Trauma. arthropathy y
M25.511 Pain	M25.512 <u>Pain</u>	S80.911A Injury	S80.912A <u>Injury</u>
S49.91XA Injury	S49.92XA <u>Injury</u>	M25.561 Pain	M25.562 <u>Pain</u>
S46.101A Biceps tendon tear	S46.102A Biceps tendon tear	M65.161 Synovitis	M65.162 Synovitis
M24.10 Glenoid chondr defect	M24.10 Glenoid chondr defect	M23.40 Loose body in knee	M23.40 Loose body in knee
M94.211 Chondromal, glen/HH	M94.212 Chondromal, glen/HH	M24.10 Chondral lesion	M24.10 Chondral lesion
M67.211 Hypertroph. synovitis	M67.212 Hypertroph. synovitis	M93.261 Osteochondral lesion	M93.262 Osteochondral lesion
M89.311 AC joint hypertrophy	M89.312 AC joint hypertrophy	M17.11 Osteoarthritis	M17.12 Osteoarthritis
M24.011 Loose Bodies	M24.012 Loose Bodies	M24.661 Adhesions	M24.662 Adhesions
M25.311 Shoulder instability	M25.312 Shoulder instability	M67.51 Medial plica	M67.52 Medial plica
M19.011 Primary osteoarthritis	M19.012 Primary osteoarthritis	M25.761 Osteophyte	M25.762 Osteophyte
M25.411 Joint Effusion	M25.412 <u>Joint Effusion</u>	M70.41 Prepatellar bursitis	M70.42 Prepatellar bursitis

Right Hip	Left Hip	Right Ankle	Left Ankle
Right Wrist	Left Wrist	Right Elbow	Left Elbow
C Spine	L Spine		

Plan:

☒ Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK
R/WRI L/WRI R/ELB L/ELB C Spine L Spine

Patient ☐ Accepts ☒ Refuses.

☐ Brace ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB

☐ MRI ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB C Spine L Spine

☒ Follow up in 4 Weeks / Months / PRN.

☒ Discussed R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB C Spine L Spine

☐ Proceed w/ Sx ☐ Wants to think about it ☐ Proceed with Sx after rehab on

☐ Med Clearance needed prior to Sx. ☐ W/C authorization needed prior to Sx

☐ Patient consents to Sx.

☐ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on

PT he 4 weeks if doesn't improve will continue intervention off time