

# UK Sinha Physician, P.C.

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June 13, 2022

Office seen at:

Multispecialty Clinic

102-28 Jamaica Avenue

Jamaica, NY 11418

Phone# (718) 441-5440

Re: Rupnarine, Tejram

DOB: -01/29/1962

DOA: 11/13/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

**HISTORY OF PRESENT ILLNESS:** A 60-year-old male involved in a motor vehicle accident on 11/13/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. 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 Jamaica Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, right knee, left knee, neck and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 4 times a week. The patient had arthroscopy of right shoulder by Dr. Gorum 2 months ago.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking Naprosyn.

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

**ADL CAPABILITIES:** The patient states that he can walk for 2 blocks. He can stand for 30 minutes before he has to sit. He can sit for 45 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: garden, driving, lifting heavy objects, carrying heavy objects, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Postop by another physician.

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

Left knee: Left knee pain is 6/10, 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, and buckling. 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 postop done by another physician.

The right knee reveals swelling along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, 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 110/130 degrees and extension -15/5 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, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, 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 120/130 degrees and extension full. 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 12/14/2021, shows minimal central femoral tibial effusion with ACL intrasubstance degeneration otherwise no significant abnormality. MRI of the left knee, done on 12/14/2021, shows small medial glenohumeral effusion with undersurface tear at the junction of the body and posterior torn medial meniscus series 4 image 3.

**ASSESSMENT:**

1. Status post right shoulder arthroscopy by another doctor.
2. M23.91 Internal derangement, right knee.
3. S83.511A Anterior cruciate ligament sprain, right knee.
4. S83.411A Medial collateral ligament sprain, right knee.
5. M94.261 Chondromalacia, right knee.
6. M25.461 Joint effusion, right knee.
7. M12.569 Traumatic arthropathy, right knee.
8. S80.911A Injury, right knee.
9. M25.561 Pain, right knee.
10. M65.161 Synovitis, right knee.
11. M24.10 Chondral lesion, right knee.
12. M24.661 Adhesions, right knee.
13. S83.242A Medial meniscus tear, left knee.
14. M23.92 Internal derangement, left knee.
15. S83.512A Anterior cruciate ligament sprain, left knee.
16. S83.412A Medial collateral ligament sprain, left knee.
17. M94.262 Chondromalacia, left knee.
18. M22.2X2 Patellofemoral chondral injury, left knee.
19. M25.462 Joint effusion, left knee.
20. S80.912A Injury, left knee.
21. M25.562 Pain, left knee.
22. M65.162 Synovitis, left knee.
23. M24.10 Chondral lesion, left knee.
24. M24.662 Adhesions, left knee.

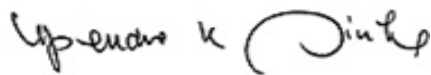
**PLAN:**

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, right knee and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee and left knee 3 days/week.
6. 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
7. The patient needs medical clearance prior to surgery.

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 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 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. 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.
13. 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.



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Board Certified Orthopedic Surgeon

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