

UK Sinha Physician, P.C.

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August 03, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Godwin, Thomas
DOB: 06/09/1957
DOA: 11/06/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 64-year-old right-hand dominant male involved in a work-related motor vehicle accident on 11/06/2022. The patient was a restrained driver and was wearing a seatbelt. The vehicle was struck on the front end side. The airbags deployed. The EMS arrived on the scene. The patient was transported via ambulance to Flushing Hospital Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, and right ankle pain sustained in the work-related motor vehicle accident. The patient was attending physical therapy for the last 3 times a week with little relief.

WORK HISTORY: The patient is currently not working since 11/06/2021. The patient was working as a driver.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Peptic ulcer removal in 1989.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking OTC pain medications p.r.n.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. 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, 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 3-4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness, popping, and clicking. The patient is able to reach overhead and able to reach behind the back.

Left shoulder: Left shoulder pain is 3-4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness, popping, and clicking. The patient is able to reach overhead and unable to reach behind the back.

Right knee: Right knee pain is 2-3/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. The patient also notes popping, buckling, and intermittent locking. The patient had a right knee arthroscopy on 01/28/2022, feeling a lot.

Right ankle: Right ankle pain is 5/10, described as intermittent, dull, achy pain. The patient is aggravated by prolonged standing, walking, and climbing. Worse with range of motion and improves with rest, medications, and 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 and AC joint. 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. 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 40/45 degrees, forward flexion 160/180 degrees, extension 55/60 degrees, internal rotation 80/90 degrees, and external rotation 90/90

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 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. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 155/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 80/90 degrees, and external rotation 90/90 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. 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 120/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The right ankle reveals no swelling and bruises noted. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is full. ROM: Dorsiflexion 15/20 degrees, plantarflexion 30/40 degrees, inversion 20/30 degrees, eversion 15/20 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 12/07/2021, shows a focal bursal surface tear is seen distally at the supraspinatus tendon, as noted. Tendinitis/bursitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the left shoulder, done on 12/07/2021, shows there is no fracture or bone bruise. An articular surface tear is noted posteriorly at the infraspinatus tendon, as described. Tendinitis/bursitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the right knee, done on 11/23/2021, shows a complex tear of the medial meniscus is seen with horizontal and vertical components from the anterior body to the posterior horn. An interstitial tear of the ACL is noted distally. There is a contusion over the patellar tendon. Joint effusion is seen without evidence of a loose body. A grade I injury of the medial collateral ligament is seen. MRI of the right ankle, done on 11/30/2021, shows a partial-thickness tear is seen distally at the deltoid ligament. There is no laxity. There is a focal contusion over the distal fibula. A partial-thickness tear is seen with slight laxity medially at the anterior talofibular ligament.

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. S43.431A SLAP tear, right shoulder.
6. M75.41 Impingement, right shoulder.

7. M65.811 Tenosynovitis, right shoulder.
8. M75.51 Bursitis, right shoulder.
9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. M67.211 Hypertrophic synovitis, right shoulder.
13. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
14. M25.411 Joint effusion, right shoulder.
15. M24.812 Internal derangement, left shoulder.
16. M75.02 Adhesive Capsulitis, left shoulder.
17. M75.82 Shoulder tendinitis, left shoulder.
18. S43.432A Labral tear, left shoulder.
19. S43.432A SLAP tear, left shoulder.
20. M75.42 Impingement, left shoulder.
21. M65.812 Tenosynovitis, left shoulder.
22. M75.52 Bursitis, left shoulder.
23. M75.22 Bicipital Tendinitis, left shoulder.
24. M25.512 Pain, left shoulder.
25. S49.92XA Injury, left shoulder.
26. M67.212 Hypertrophic synovitis, left shoulder.
27. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
28. M25.412 Joint effusion, left shoulder.
29. M23.91 Internal derangement, right knee.
30. S83.511A Anterior cruciate ligament sprain, right knee.
31. S83.411 Medial collateral ligament sprain, right knee.
32. M22.2X1 Patellofemoral chondral injury, right knee.
33. M25.461 Joint effusion, right knee.
34. M12.569 Traumatic arthropathy, right knee.
35. S80.911A Injury, right knee.
36. M25.561 Pain, right knee.
37. M65.161 Synovitis, right knee.
38. M24.661 Adhesions, right knee
39. M25.571 Pain, right ankle.
40. M24.871 Internal derangement, right ankle.

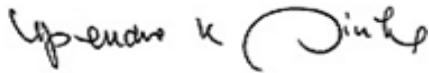
PLAN:

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 shoulder, right knee, and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, and right ankle 3 days/week.
6. Follow up in 4 weeks.

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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon

UKS/AEI