

UK Sinha Physician, P.C.

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October 18, 2022

Office seen at:
Gurvansh Anand Chiropractic PC
2598 3rd Avenue
Bronx, NY 10454
Phone#: (718) 975-7144

Re: Hilliard, Ralph
DOB: 04/03/1959
DOA: 07/10/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 63-year-old right-hand dominant male involved in an accident on 07/10/2022. The patient was a bicyclist, unable to recall events of accident, had loss of consciousness. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to NYC Health + Hospitals/Lincoln and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, and left knee pain sustained in the accident. The patient was attending physical therapy for the last 3 months with no relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension and hyperlipidemia. There is no previous history of trauma.

PAST SURGICAL HISTORY: Appendectomy in 1973.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n., unable to recall other medications.

SOCIAL HISTORY: The patient smokes one pack of cigarettes per day. The patient drinks alcohol socially. 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 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and able to reach behind the back, but is unable to sleep at night due to pain. Worse with range of motion and improves with rest.

Left shoulder: Left shoulder pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and able to reach behind the back, but is unable to sleep at night due to pain. Worse with range of motion and improves with rest.

Right knee: Right knee pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Left knee: Left knee pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest.

The patient ambulates with crutches.

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 or irregular heart rate. The patient has 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 11 inches, weight is 227 pounds, and BMI is 31.7. The right shoulder reveals tenderness to palpation over supraspinatus tendon

region. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 30/45 degrees, forward flexion 120/180 degrees, extension 40/60 degrees, internal rotation 35/90 degrees, and external rotation 45/90 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 crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 30/45 degrees, forward flexion 120/180 degrees, extension 40/60 degrees, internal rotation 35/90 degrees, and external rotation 45/90 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, 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. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 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 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. Positive patellofemoral grinding test. Negative anterior drawer. Negative 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 10/11/2022, shows moderate partial-thickness intrasubstance tearing of the supraspinatus tendon. There is no full-thickness tear. There is underlying cystic change at the greater tuberosity. MRI of the left shoulder, done on 10/11/2022, shows moderate partial intrasubstance tear at the anterior aspect of the supraspinatus tendon. There is no full-thickness tear. Fat signal lesion in the anterior deltoid musculature, consistent with lipoma measuring 7.2 x 4.4 x 4.9 cm. MRI of the right knee, done on 10/13/2022, shows moderate joint effusion. Moderate-sized Baker's cyst. Mild degenerative changes involving the medial and lateral joint compartments. Mild edema along the ventral aspects of the medial and lateral femoral condyles which may be secondary to stress reaction versus mild osseous contusion. Sprain of the medial collateral ligament. Partial tear of the lateral collateral ligament. Horizontal cleavage tear of the anterior and posterior horns of the lateral

meniscus. Horizontal cleavage tear of the anterior and posterior horns of the medial meniscus. Partial tear of the posterior cruciate ligament. MRI of the left knee, done on 10/13/2022, shows moderate effusion. Moderate-sized Baker's cyst. Mild degenerative changes involving the medial and lateral joint compartments with partial thickness chondromalacia of the medial joint compartment. Horizontal cleavage tear of the posterior horn of the lateral meniscus. Oblique tear of the posterior horn of the medial meniscus.

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. M75.41 Impingement, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. M25.411 Joint effusion, right shoulder.
8. S46.012A Partial rotator cuff tear, left shoulder.
9. M24.812 Internal derangement, left shoulder.
10. M75.82 Shoulder tendinitis, left shoulder.
11. M75.42 Impingement, left shoulder.
12. M25.512 Pain, left shoulder.
13. S49.92XA Injury, left shoulder.
14. M25.412 Joint effusion, left shoulder.
15. S83.241A Medial meniscus tear, right knee.
16. M83.281A Lateral meniscus tear, right knee.
17. M23.91 Internal derangement, right knee.
18. S83.411 Medial collateral ligament sprain, right knee.
19. M25.461 Joint effusion, right knee.
20. S80.911A Injury, right knee.
21. M25.561 Pain, right knee.
22. M17.11 Osteoarthritis, right knee.
23. Baker's cyst, right knee.
24. Lateral collateral ligament tear, right knee.
25. Posterior cruciate ligament tear, right knee.
26. S83.242A Medial meniscus tear, left knee.
27. S83.282A Lateral meniscus tear, left knee.
28. M23.92 Internal derangement, left knee.
29. M94.262 Chondromalacia, left knee.
30. M25.462 Joint effusion, left knee.
31. S80.912A Injury, left knee.
32. M25.562 Pain, left knee.
33. M17.12 Osteoarthritis, left knee.
34. Baker's cyst, left knee.

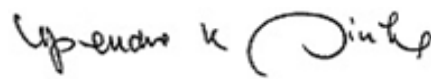
PLAN:

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, left shoulder, right knee, and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, and left knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, right knee, and left knee. The patient refuses due to side effects.
7. Discussed right shoulder, left shoulder, right knee, and 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. The patient needs medical clearance 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 right shoulder, left shoulder, right knee, and 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 right shoulder, left shoulder, right knee, 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left shoulder 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. 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.



Hilliard, Ralph
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Mellita Shakhmurov, PA-C

MS/AEI

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