

# UK Sinha Physician, P.C.

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September 13, 2022

Office seen at:

Merrick Medical PC  
243-51 Merrick Blvd  
Rosedale, NY 11422  
Phone# (718) 413-5499

Re: Husain, Shafeeque

DOB: 04/28/1956

DOA: 06/29/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

**HISTORY OF PRESENT ILLNESS:** A 66-year-old right-hand dominant male involved in a motor vehicle accident on 06/29/2022. The patient was pedestrian; walking on the road (road crossing), a car hit him from side. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Nassau University Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, right ankle, neck, and low-back pain sustained in the motor vehicle accident. The patient was attending physical therapy 3 times a week with little relief.

**WORK HISTORY:** The patient is currently not working. The patient was working in maintenance.

**PAST MEDICAL HISTORY:** Diabetes, hypertension, and cardiac. There is no previous history of trauma. The patient has diabetes, on metformin and insulin.

**PAST SURGICAL HISTORY:** The patient had 2 coronary stents, 34 years ago and 5 years ago.

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

**MEDICATIONS:** The patient is taking blood thinner and baby aspirin.

**SOCIAL HISTORY:** The patient is a smoker. 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 1/2 hour 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: garden, play sports, driving, lifting heavy objects, childcare, carrying heavy objects, laundry, shopping, kneeling, squatting, negotiating stairs, and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, 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 shoulder: Left shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Right knee: Right knee pain is 8/10, 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, and buckling. The patient is walking with cane.

Right ankle: Right ankle pain is 8/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, climbing.

**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 patient's height is 5 feet 3 inches, weight is 204 pounds, and BMI is 36.1. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema 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. Positive Hawkins test. Range of motion, as per goniometer, abduction 90/180 degrees, adduction 40/45 degrees, forward flexion 100/180 degrees, extension 40/60 degrees, internal rotation 60/90 degrees, and external rotation 60/90 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, AC joint, and proximal biceps tendon. 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. Positive Hawkins test. Range of motion, as per goniometer, abduction 90/180 degrees, adduction 40/45 degrees, forward flexion 110/180 degrees, extension 40/60 degrees, internal rotation 70/90 degrees, and external rotation 70/90 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 superior pole of patella and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 105/130 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 right lower extremity.

The right ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the lateral 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:** Stent in heart, MRI not done. CT scan of the right shoulder, done on 08/16/2022, shows type I downsloping and inferior lateral lying acromion. These factors can contribute to rotator cuff impingement. Right shoulder is otherwise unremarkable. However, CT has limited evaluation of rotator cuff tendons and soft tissue pathology. If there is further clinical concern, MRI of the right shoulder may be obtained as clinically warranted.

**ASSESSMENT:**

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M24.812 Internal derangement, left shoulder.
7. M75.02 Adhesive Capsulitis, left shoulder.
8. M75.42 Impingement, left shoulder.
9. M25.512 Pain, left shoulder.
10. S49.92XA Injury, left shoulder.

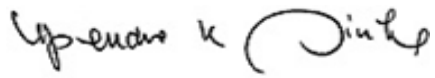
11. M23.91 Internal derangement, right knee.
12. M12.569 Traumatic arthropathy, right knee.
13. S80.911A Injury, right knee.
14. M25.561 Pain, right knee.

**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 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. CAT scan of the left shoulder, right knee, and right ankle ordered today.
7. The patient had coronary stent 5 years ago and does not want MRI, last visit to cardiologist 3 years ago and last visit to family MD 2 months ago. The patient claims diabetes and hypertension are under control.
8. Discussed right shoulder 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 wants to think about 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 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 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. Follow up in 2 weeks.

**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". The signature is written in a cursive, flowing style with a large, prominent loop at the end.

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

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