

UK Sinha Physician, P.C.

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July 12, 2022

Office seen at:
S.P. Physical Therapy
1320 Louis Nine Boulevard
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Phone # (347) 862-0003

Re: Sepulveda, Cynthia
DOB: 01/09/1998
DOA: 02/11/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 24-year-old right-hand dominant female involved in a motor vehicle accident on 02/11/2022. The patient was a pedestrian. The vehicle was hit and had an impact on left side of body, broke femur at the time of accident being treated with NYC Health + Hospitals/Jacobi. No surgical intervention and ambulates with brace. 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/Jacobi and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, and right elbow pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 5 months with little relief.

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 pain medications p.r.n.

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

ADL CAPABILITIES: The patient states that she can walk for 1-5 blocks. She can stand for 15 minutes before she has to sit. She can sit for 15 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: lifting heavy objects, carrying heavy objects, childcare, reaching overhead, laundry, shopping, and running errands.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 10/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able 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 intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, popping, and clicking. The patient is unable to reach overhead and unable to reach behind the back.

Right elbow: Right elbow pain is 10/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting and carrying.

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 110 pounds, and BMI is 19.5. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and proximal biceps tendon. 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. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 130/180 degrees, adduction 35/45 degrees, forward flexion 135/180 degrees, extension 40/60 degrees, internal rotation 60/90 degrees, and external rotation 65/90 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 and proximal biceps tendon. 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. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 135/180 degrees, adduction 40/45 degrees, forward flexion 145/180 degrees, extension 45/60 degrees, internal rotation 65/90 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 elbow reveals muscle strength is 5/5. There is tenderness to palpation over the medial epicondyle. Positive Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 120/150 degrees, extension 110/150 degrees, supination 65/90 degrees, pronation 60/90 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 03/26/2022, shows tendinopathy of the supraspinatus and infraspinatus tendons. Tear of the anterior labrum. Thickened subscapularis tendon, likely indicating tendinopathy. MRI of the left shoulder, done on 03/26/2022, shows tendinopathy of the supraspinatus and infraspinatus tendons. Lateral downsloping acromion which may be causing impingement. Glenohumeral joint narrowing and cartilage thinning. MRI of the right elbow, done on 03/25/2022, shows low grade interstitial tear and strain of the distal triceps tendon at the insertion. Small joint effusion.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. S43.431A Labral tear, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M25.411 Joint effusion, right shoulder.
7. M24.812 Internal derangement, left shoulder.
8. M75.82 Shoulder tendinitis, left shoulder.
9. M75.42 Impingement, left shoulder.
10. M25.512 Pain, left shoulder.
11. S49.92XA Injury, left shoulder.
12. M25.412 Joint effusion, left shoulder.
13. Type II acromion, left shoulder.
14. Tear and strain of the distal triceps tendon, right elbow.

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, and right elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, and right elbow 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, and right elbow. The patient refuses due to side effects.
7. Discussed right shoulder, left shoulder, and right elbow 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.

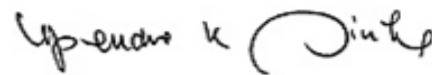
8. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right shoulder, left shoulder, and right elbow pathology in quantitative and qualitative terms and achieve better 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 right shoulder, left shoulder, and right elbow 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 right shoulder and the patient will be scheduled for right 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.
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.

Mellita Shakhmurov, PA-C

MS/AEI



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