

# UK Sinha Physician, P.C.

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July 29, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC  
14 Bruckner Blvd  
Bronx, NY 10454  
Phone# (718) 402-5200

Re: Amparo, Jose  
DOB: 01/03/1960  
DOA: 06/09/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

**HISTORY OF PRESENT ILLNESS:** A 62-year-old right-hand dominant male involved in a motor vehicle accident on 06/09/2022. The patient was a pedestrian. The patient was walking to get in a car and another car came and hit him on the right side. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to a hospital and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, left knee, right elbow, neck, mid-back, and low-back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3-4 times a week with little relief.

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

**PAST MEDICAL HISTORY:** Noncontributory. There is a previous history of trauma.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** ADVIL.

**MEDICATIONS:** The patient is taking pain medications p.r.n. and Tylenol.

**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 he can walk for 1 block. He can stand for 30 minutes before he has to sit. He can sit for 30 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: play sports, lifting heavy objects, carrying heavy objects, laundry, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain.

Left shoulder: Left shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain.

Right knee: Right knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain.

Left knee: Left knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain.

**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. 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 120/180 degrees, extension 50/60 degrees, internal rotation 50/90 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. 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. Negative impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 170/180 degrees, adduction 40/45 degrees, forward flexion 125/180 degrees, extension 50/60 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 medial joint line. There is no heat, swelling, erythema, crepitus 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 -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 left knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, 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 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 left lower extremity.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 07/16/2022, shows partial-thickness bursal surface tear of the supraspinatus tendon. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear. AC joint hypertrophy may contribute to rotator cuff impingement. Tenosynovitis of the extra articular long head of the biceps tendon. MRI of the right knee, done on 07/16/2022, shows horizontal tear of the body and posterior horn of the medial meniscus. Anterior cruciate ligament sprain sequelae. Significant edema in the prepatellar region compatible with trauma sequelae.

**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. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M75.21 Bicipital tendinitis, right shoulder.
9. M25.511 Pain, right shoulder.
10. S49.91XA Injury, right shoulder.
11. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
12. M25.411 Joint effusion, right shoulder.
13. M24.812 Internal derangement, left shoulder.
14. M75.02 Adhesive capsulitis, left shoulder.
15. M75.82 Shoulder tendinitis, left shoulder.
16. S43.432A Labral tear, left shoulder.
17. M75.42 Impingement, left shoulder.
18. M65.812 Tenosynovitis, left shoulder.
19. M75.52 Bursitis, left shoulder.
20. M75.22 Bicipital tendinitis, left shoulder.

21. M25.512 Pain, left shoulder.
22. S49.92XA Injury, left shoulder.
23. M67.212 Hypertrophic synovitis, left shoulder.
24. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
25. M25.412 Joint effusion, left shoulder.
26. S83.241A Medial meniscus tear, right knee.
27. M23.91 Internal derangement, right knee.
28. S83.511A Anterior cruciate ligament sprain, right knee.
29. S83.411 Medial collateral ligament sprain, right knee.
30. M94.261 Chondromalacia, right knee.
31. S83.31XA Tear articular cartilage, right knee.
32. M25.461 Joint effusion, right knee.
33. M12.569 Traumatic arthropathy, right knee.
34. S80.911A Injury, right knee.
35. M25.561 Pain, right knee.
36. M65.161 Synovitis, right knee.
37. M24.661 Adhesions, right knee
38. M23.92 Internal derangement, left knee.
39. S83.512A Anterior cruciate ligament sprain, left knee.
40. S83.412A Medial collateral ligament sprain, left knee.
41. S83.32XA Tear articular cartilage, left knee.
42. M22.2X2 Patellofemoral chondral injury, left knee.
43. M25.462 Joint effusion, left knee.
44. M12.569 Traumatic arthropathy, left knee.
45. S80.912A Injury, left knee.
46. M25.562 Pain, left knee.
47. M65.162 Synovitis, left knee.
48. M24.10 Chondral lesion, left knee.
49. M24.662 Adhesions, left knee.

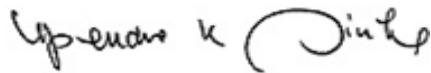
**PLAN:**

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, 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. Discussed right 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. 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 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.

8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right 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.
12. 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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