

# UK Sinha Physician, P.C.

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June 7, 2022

Office seen at:

Rehab Time PT PC

2088B Flatbush Avenue

Brooklyn, NY 11234

Phone # (718) 975-8179

Re: Levasseur, Amelie

DOB: 07/27/1976

DOA: 03/22/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, left knee and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 45-year-old male involved in a motor vehicle accident on 03/22/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the rear passenger side. The patient did not go to any hospital that same day. The patient presents today complaining of right shoulder, left shoulder, left knee and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 4 times per week with little relief.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking metformin 500 mg daily.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient does not drink alcohol.

**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: lifting heavy objects, kneeling, squatting.

**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 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 able to reach overhead and behind the back and unable to sleep at night due to pain. Left side hurts more and cannot sleep on the left side.

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 difficulty going up and down stairs.

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 difficulty going up and down stairs.

**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, 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 100/180 degrees, adduction 35/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 35/90 degrees, and external rotation 75/90 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, erythema, crepitus or deformity appreciated. Positive/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 95/180 degrees, adduction

40/45 degrees, forward flexion 110/180 degrees, extension 40/60 degrees, internal rotation 25/90 degrees, and external rotation 65/90 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 and lateral joint line. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 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 left knee reveals tenderness along the medial joint line and lateral joint line. 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 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 knee, done on 04/12/2022, shows suprapatellar fat pad impingement. Linear interstitial tearing of the distal quadriceps tendon superimposed on tendinitis. Significant edema in the prepatellar region compatible with trauma sequelae.

**ASSESSMENT:**

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. S43.431A Labral 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. M25.411 Joint effusion, right shoulder.
14. S46.012A Partial rotator cuff tear, left shoulder.
15. M75.122 Complete rotator cuff tear, left shoulder.
16. M24.812 Internal derangement, left shoulder.
17. M75.02 Adhesive Capsulitis, left shoulder.
18. M75.82 Shoulder tendinitis, left shoulder.
19. S43.432A Labral tear, left shoulder.
20. S43.432A SLAP tear, left shoulder.
21. M75.42 Impingement, 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. S83.241A Medial meniscus tear, right knee.
28. M23.91 Internal derangement, right knee.
29. S83.511A ACL sprain, right knee.
30. S83.411 MCL sprain, right knee.
31. M94.261 Chondromalacia, right knee.
32. M22.2X1 PF 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. M24.10 Chondral lesion, right knee.
39. S83.242A Medial meniscus tear, left knee.
40. M23.92 Internal derangement, left knee.
41. S83.512A ACL sprain, left knee.
42. S83.412A MCL sprain, left knee.
43. M94.262 Chondromalacia, left knee.
44. M22.2X2 PF chondral injury, left knee.
45. M25.462 Joint effusion, left knee.
46. M12.569 Traumatic arthropathy, left knee.
47. S80.912A Injury, left knee.
48. M25.562 Pain, left knee.
49. M65.162 Synovitis, left knee.
50. M24.10 Chondral lesion, left knee.
51. M93.262 Osteochondral lesion, left knee.
52. M24.662 Adhesions, left knee.

**PLAN:**

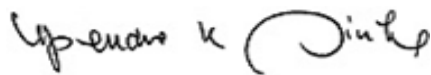
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, right knee and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee and left knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, right knee and left knee. The patient accepts.
7. 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.
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.
15. MRI ordered of bilateral shoulder and left knee to rule out ligament tear and/or synovial injury.

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

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