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June 8, 2022

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Re: Borrayo, Cesar

DOB: 06/12/1964

DOA: 03/11/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 57-year-old right-hand dominant male involved in a work-related accident on 03/11/2022. The patient was trying to place a box on the dolly and had to climb a step with the dolly when the dolly tilted and he tried to hold it hold it and hurt himself. The patient did not go to any hospital that same day. The patient presents today complaining of right shoulder, left shoulder, right knee and left knee pain sustained in the work-related accident. The patient was attending physical therapy for 4 times per week with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension and hypercholesterolemia.

PAST SURGICAL HISTORY: Open heart surgery with 3 bypass and stent.

DRUG ALLERGIES: PENICILLIN.

MEDICATIONS: The patient is not taking any medications.

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 1/2 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 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. 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 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. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right knee: Right knee pain is 6/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and 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 difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. The patient's left knee gives out.

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: The patient has headaches and dizziness.

Respiratory: No wheezing, coughing, shortness of breath or difficulty breathing.

Cardiovascular: No chest pain, murmurs. The patient has irregular heart rate and 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 5 inches, weight is 170 pounds, and BMI is 28.3. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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. 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 35/45 degrees, forward flexion 115/180 degrees, extension 35/60 degrees, internal rotation 20/90 degrees, and external rotation 30/90 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 AC joint. There is no heat, erythema, crepitus or deformity appreciated. Positive/Negative drop arm test. 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 30/45 degrees, forward flexion 110/180 degrees, extension 60/60 degrees, internal rotation 50/90 degrees, and external rotation 40/90 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, superior pole of patella, inferior pole of the patella. There is swelling appreciated. There is no heat, 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 115/130 degrees and extension full. 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, superior pole of patella, inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, swelling, 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 125/130 degrees and extension full. 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 05/25/2022, shows an articular surface tear is noted posteriorly at the infraspinatus tendon, as described. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the left shoulder, done on 05/18/2022, shows a focal spinoglenoid ganglion is noted posterosuperiorly, as described. An adjacent tear is seen at the posterior labrum at the base of the upper aspect. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. A focal articular surface tear is noted posteriorly at the infraspinatus tendon. MRI of the right knee, done on 05/11/2022, a horizontal complex tear of the medial meniscus is seen from the mid body to the posterior horn. The tear is more prominent at the posterior body. An adjacent parameniscal cyst and reactive changes are seen. There is slight irregularity of the cortex posteriorly at the medial tibial plateau on image #8 of series #4 suggesting a fracture. There is no current edema. There is an interstitial tear of the ACL seen prominently. There is no attenuation. There is a contusion over the mid patellar tendon. MRI of the left knee, done on 05/04/2022, shows an interstitial tear of the distal ACL is noted. Cysts are seen adjacent to the distal posterior cruciate ligament, which are related to a partial tear distally at the PCL. There is a grade i injury of the medial collateral ligament.

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. M65.812 Tenosynovitis, left shoulder.
23. M75.52 Bursitis, left shoulder.
24. M75.22 Bicipital Tendinitis, left shoulder.
25. M25.512 Pain, left shoulder.
26. S49.92XA Injury, left shoulder.
27. M25.412 Joint effusion, left shoulder.
28. S83.241A Medial meniscus tear, right knee.
29. M23.91 Internal derangement, right knee.
30. S83.511A Anterior cruciate ligament sprain, right knee.
31. S83.411 Medial cruciate ligament sprain, right knee.
32. M94.261 Chondromalacia, right knee.
33. M22.2X1 Patellofemoral chondral injury, right knee.
34. M25.461 Joint effusion, right knee.
35. S80.911A Injury, right knee.
36. M25.561 Pain, right knee.
37. M65.161 Synovitis, right knee.
38. M24.661 Adhesions, right knee.
39. S83.242A Medial meniscus tear, left knee.
40. S83.282A Lateral meniscus tear, left knee.
41. M23.92 Internal derangement, left knee.
42. S83.512A Anterior cruciate ligament sprain, left knee.
43. S83.412A Medial collateral ligament sprain, left knee.
44. M94.262 Chondromalacia, left knee.
45. M22.2X2 Patellofemoral chondral injury, left knee.
46. M25.462 Joint effusion, left knee.
47. M12.569 Traumatic arthropathy, left knee.
48. S80.912A Injury, left knee.
49. M25.562 Pain, left knee.
50. M65.162 Synovitis, left knee.
51. M24.10 Chondral lesion, left knee.

52. M24.662 Adhesions, left knee.

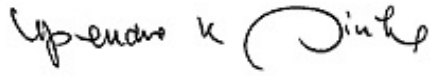
PLAN:

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. 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 would like to proceed with surgery.
7. The patient needs medical clearance prior to surgery. Workers' Compensation Board authorization needed prior to 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 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 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.

IMPAIRMENT RATING: 100%.

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.

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

MS/AEI