

UK Sinha Physician, P.C.

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June 22, 2022

Office seen at:

P.R. Medical, P.C.
79-09B Northern Boulevard
Jackson Heights, NY 11372
Phone# (718) 507-1438

Re: Tellez Garcia, Julio
DOB: 01/01/1977
DOA: 01/19/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, right knee and left knee pain. Pain in left shoulder (postop done by other doctor 3 months ago).

HISTORY OF PRESENT ILLNESS: A 45-year-old right-hand dominant male involved in a motor vehicle accident on 01/19/2022. The patient was a bicyclist. The patient was riding an electric bicycle and the other car hit him. The patient presents today complaining of right shoulder, right knee, and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2-3 times per week 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 not taking any medication at this time.

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 2-3 blocks. He can stand for 1-2 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: play sports, driving, childcare, shopping, running errands, kneeling, squatting, negotiating stairs, and jogging.

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

Right knee: Right knee pain is 6-7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and no difficulty going up and down stairs. The patient also notes clicking, popping, and buckling.

Left knee: Left knee pain is 6-7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has no difficulty rising from a chair and no difficulty going up and down stairs.

The patient had 2 scopes done in right knee in 2018 and 2020 and once in left knee in 2018.

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 7 inches, weight is 200 pounds, and BMI is 31.3. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and trapezius. 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. Positive 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 30/60 degrees, internal rotation 70/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The right knee reveals tenderness along the medial joint line and lateral joint line. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 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 and lateral joint line. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 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 left lower extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 01/26/2022, shows there is a high-grade partial-thickness tear at the anterior margin of the supraspinatus tendon. Tendinitis/bursitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the right knee, done on 01/26/2022, shows prior ACL reconstruction is seen, which appears intact. The PCL is unremarkable. A globular tear is seen peripherally at the anterior horn of the lateral meniscus. The medial meniscus is unremarkable. There is a contusion over the proximal patellar tendon. Extensive thinning of the cartilage is seen overlying the patella, as noted.

ASSESSMENT:

1. M75.121 Complete 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. S46.101A Biceps tendon tear, right shoulder.
12. M67.211 Hypertrophic synovitis, right shoulder.
13. M25.411 Joint effusion, right shoulder.
14. M23.91 Internal derangement, right knee.
15. S83.511A Anterior cruciate ligament sprain, right knee.
16. S83.411A Medial collateral ligament sprain, right knee.
17. M94.261 Chondromalacia, right knee.
18. S83.31XA Tear articular cartilage, right knee.
19. M22.2X1 Patellofemoral chondral injury, right knee.
20. M25.461 Joint effusion, right knee.
21. M12.569 Traumatic arthropathy, right knee.
22. S80.911A Injury, right knee.
23. M25.561 Pain, right knee.
24. M65.161 Synovitis, right knee.
25. M24.661 Adhesions, right knee.
26. M23.92 Internal derangement, left knee.
27. S83.512A Anterior cruciate ligament sprain, left knee.

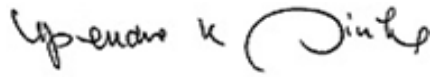
- 28. S83.412A Medial collateral ligament sprain, left knee.
- 29. M94.262 Chondromalacia, left knee.
- 30. S83.32XA Tear articular cartilage, left knee.
- 31. M22.2X2 Patellofemoral chondral injury, left knee.
- 32. M25.462 Joint effusion, left knee.
- 33. S80.912A Injury, left knee.
- 34. M25.562 Pain, left knee.
- 35. M65.162 Synovitis, left knee.
- 36. 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, right knee and left knee.
- 4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
- 5. Continue physical therapy for right 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.
- 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 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.
- 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 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.
- 10. All the questions in regard to the procedure were answered.
- 11. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.
- 12. Follow up in 2 weeks at which time the patient will decide on right shoulder arthroscopy.

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.

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

MS/AEI