

UK Sinha Physician, P.C.

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October 28, 2022

Re: Fattakhov, Ezro

DOB: 07/03/1964

DOA: 11/25/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, right thumb, right elbow, neck, and low back pain.

HISTORY OF PRESENT ILLNESS: A 58-year-old right-hand dominant male involved in a motor vehicle accident on 11/25/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear end. The airbags did not deploy. The police were called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of right shoulder, left shoulder, right thumb, right elbow, neck, and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy once a week with little relief.

WORK HISTORY: The patient is currently working full time as dentist.

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 drinks alcohol occasionally. The patient does not use recreational drugs.

ADL CAPABILITIES: 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, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 5/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and able to reach behind the back.

Right elbow: Right elbow pain is 6/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving. The patient has lateral epicondylitis.

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 6 feet 1 inches, weight is 160 pounds, and BMI is 21.1. The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is erythema appreciated. There is no heat, swelling, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 120/180 degrees, adduction 40/45 degrees, forward flexion 110/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 80/90 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. Negative 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 165/180 degrees, extension 55/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right thumb, the patient has early osteoarthritis - CMC joint right thumb.

The right elbow, the patient has lateral epicondylitis. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension 0/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 01/11/2022, shows subacromial/subdeltoid bursitis. MRI of the left shoulder, done on 01/11/2022, shows tendinopathy/tendinitis of anterior leading fibers of supraspinatus tendon. Subacromial/subdeltoid bursitis. MRI of the right wrist, done on 02/24/2022, shows heterogeneous appearance of the capitate bone suggesting a resolving bone contusion/trabecular fracture although osteonecrosis or other etiologies could not be excluded. If indicated a follow up MRI should be considered. Apparent full thickness tear of the triangular fibrocartilage on these low field images which are somewhat limited. This includes the radial attachment and central portion. Clinical correlation is recommended. Mild pisotriquetral joint effusion. MRI of the right elbow, done on 08/11/2022, shows partial tear of the common extensor tendon at the lateral epicondyle. Partial tear of the radial collateral ligament at the humeral attachment.

ASSESSMENT:

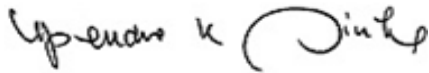
1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M75.51 Bursitis, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. M24.812 Internal derangement, left shoulder.
8. M75.02 Adhesive capsulitis, left shoulder.
9. M75.42 Impingement, left shoulder.
10. M25.512 Pain, left shoulder.
11. S49.92XA Injury, left shoulder.
12. Early osteoarthritis CMC joint, right thumb.
13. Lateral epicondylitis, 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, right thumb, and right elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right thumb, and right elbow 3 days/week.
6. Recommend steroid injections with pain management for right elbow. The patient refuses due to side effects.
7. MRI of the right shoulder and left shoulder, done on 01/11/2022, shows bursitis and tendinitis.
8. The patient might need arthroscopy of the right shoulder due to impingement syndrome right shoulder.
9. Recurrent dislocation of ulnar nerve bilateral, asymptomatic. Lateral epicondylitis, right elbow. Early osteoarthritis CMC joint, right thumb. Raynaud's phenomena, bilateral hand.
10. Follow up in 4 weeks.

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", written over a horizontal line.

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

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