UK Sinha Physician, P.C.

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September 12, 2022

Office seen at:
Graham Wellness Medical P.C.
150 Graham Avenue Suite A
Brooklyn NY 11206
Phone# (718) 218-6616

Re: Patterson, Kenyetta
DOB: 12/01/1978
DOA: 03/31/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: A 43-year-old right-hand dominant female involved in a motor vehicle accident on 03/31/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear driver side. The airbags did not deploy. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient went by car to Long Island Jewish Hospital and was treated and released the same day. The patient presents today complaining of left shoulder and left knee sustained in the motor vehicle accident. The patient was attending physical therapy for the last 5 months with good relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Hypertension. There is a previous history of trauma, MVA in 1993.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is unable to recall.

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 she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She 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 she is unable to do the following activities: running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with medication and physical therapy.

Left knee: Left knee pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. Worse with range of motion and improves with rest.

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 or irregular heart rate. The patient has 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 235 pounds, and BMI is 36.8. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive 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 130/180 degrees, adduction 40/45 degrees, forward flexion 145/180 degrees, extension 45/60 degrees, internal rotation 45/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130 degrees and extension 4/5 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 left shoulder, done on 04/19/2022, shows tear of the anterior superior to posterior superior glenoid labrum (SLAP tear). Interstitial tear pf the distal supraspinatus tendon superimposed on supraspinatus and infraspinatus tendinitis. Evidence of rotator cuff impingement secondary to acromioclavicular joint disease and anteriorly curved acromion. MRI of the left knee, done on 06/23/2022, shows medial collateral ligament sprain. Posterior medial meniscocapsular junction sprain. Joint effusion. Soft tissue edema about the knee. Interstitial quadriceps tendinitis with reactive edema within the suprapatellar fat.

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. S43.432A SLAP tear, left shoulder.
5. M75.42 Impingement, left shoulder.
6. M25.512 Pain, left shoulder.
7. S49.92XA Injury, left shoulder.
8. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
9. M25.412 Joint effusion, left shoulder.
10. Type 2 acromion, left shoulder.
11. M23.92 Internal derangement, left knee.
12. S83.412A Medial collateral ligament sprain, left knee.
13. M25.462 Joint effusion, left knee.
14. S80.912A Injury, left knee.
15. M25.562 Pain, left knee.

PLAN:

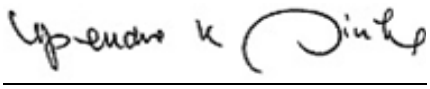
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Pain and range of motion does not warrant intervention at this time. Continue with physical therapy for 4 weeks for the left shoulder and left knee. If pain does not improve, will consider offering intervention.
6. Recommend steroid injections with pain management for left shoulder and left knee. The patient refuses due to side effects.
7. 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.

Mellita Shakhmurov, PA-C



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Board Certified Orthopedic Surgeon

MS/AEI