UK Sinha Physician, P.C.

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October 14, 2022

Re: Seabrook, Marian
DOB: 05/21/1995
DOA: 08/06/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, right knee, left knee, right ankle, left ankle, neck, and mid-back pain.

HISTORY OF PRESENT ILLNESS: A 67-year-old right-hand dominant female involved in a motor vehicle accident on 08/06/2022. The patient was a bus passenger. The vehicle was struck on the front side. The EMS arrived on the scene. The patient was transported via ambulance to NYC Health + Hospitals/Jacobi Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, left knee, right ankle, left ankle, neck, and mid-back pain sustained in the motor vehicle accident. The patient was attending physical therapy 3 times a week with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: High cholesterol, high blood pressure, and diabetes. There is a previous history of trauma, MVA in 2019.

PAST SURGICAL HISTORY: Neck surgery in 2020, right shoulder surgery in March of 2021, and left shoulder surgery in August of 2021.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Janumet, omeprazole, amlodipine, and losartan.

SOCIAL HISTORY: The patient smokes one-fourth pack of cigarettes per day x5 years. 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: 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 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. 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 rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. 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 rest, medication, physical therapy, and ice.

Right knee: Right knee pain is 9/10, described as constant, 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. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 9/10, described as constant, 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. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right ankle: Right ankle pain is 9/10, described as constant, dull, achy pain. Worse with range of motion and improves with rest.

Left ankle: Left ankle pain is 9/10, described as constant, dull, achy pain. 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, 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 8 inches, weight is 195 pounds, and BMI is 29.6. The right shoulder reveals tenderness to palpation over supraspinatus tendon

region and AC joint. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Positive cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 150/180 degrees, adduction 40/45 degrees, forward flexion 160/180 degrees, extension 50/60 degrees, internal rotation 60/90 degrees, and external rotation 70/90 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, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Positive cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 140/180 degrees, adduction 40/45 degrees, forward flexion 140/180 degrees, extension 50/60 degrees, internal rotation 60/90 degrees, and external rotation 70/90 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 appreciated. There is no heat, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 105/130 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. 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 100/130 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.

The right ankle reveals tenderness to palpation noted in the lateral malleolus aspect. Range of motion is limited and painful.

The left ankle reveals tenderness to palpation noted in the medial malleolus aspect.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 08/29/2022, shows supraspinatus tendonosis for the length of 2.4 cm from its attachment. Bone marrow edema in superior lateral aspect of humeral head. Post-operative changes in humeral head. AC joint arthrosis. MRI of the left shoulder, done on 08/29/2022, shows bicep tendon is not seen clearly and seen to displaced away from bicipital grove. Mild tendonosis of supraspinatus tendon for the length of 1.6 mm. Post-operative changes in humeral head. Artifacts noted around AC joint. MRI of the right knee, done on 09/07/2022, shows sprain remains within the MCL, which demonstrates heterogeneous intrasubstance signal abnormality and thickening approaching the proximal insertion and some edema superficially. Horizontal tear within the body of the medial

meniscus approaching the junction with the posterior horn. Tear also noted within the posterior horn and body of the lateral meniscus with truncation and fraying of the free edge. Patellofemoral chondromalacia remains with diffuse thinning of the patellofemoral articular cartilage which is down to the bone of patellar articular surface and prominent subchondral fibrocystic focus over the patellar apex. Insertional tendinosis distal quadriceps and distal patellar tendons. Effusion and synovitis within the knee joint. Small Baker's cyst which dissects inferiorly along the medial margin of the gastrocnemius. MRI of the left knee, done on 09/08/2022, shows horizontal intrasubstance tear remains within the posterior horn and body of the medial meniscus extending to the capsular insertion but does not appear to extend to a free articular surface. The grade 2 signal remains within the body of the lateral meniscus. Thinning of the articular cartilage in the medial joint compartment and small spurs line the medial joint margin. The lateral patellar tilt remains and patellofemoral chondromalacia with diffuse thinning of the patellofemoral articular cartilage. Subchondral fibrocystic changes and erosion of the overlying articular cartilage in the femoral trochlea and medial patellar facet. Subchondral bone cyst measuring up to 8 mm and surrounding marrow edema within the posteromedial aspect of the lateral femoral condyle adjacent to the insertion side of the ACL which is new since the prior exam. 1 cm bone cyst remains within the proximal tibia slightly medial to the midline which is stable. Sprain of the medial collateral ligament which demonstrates heterogeneous intrasubstance signal abnormality approaching the proximal insertion on the medial femoral condyle and edema superficially. Moderate-sized knee joint effusion and synovitis. Small popliteal fluid collection within the medial gastrocnemius/semimembranosus bursa extending into the pes anserinus bursa at the posteromedial aspect of the knee. MRI of the right ankle, done on 09/08/2022, shows tendinopathy of the peroneus longus and brevis tendons. Partial tear and sprain of the ATFL. Partial tear and sprain of the distal calcaneofibular ligament. MRI of the left ankle, done on 09/08/2022, shows interstitial tear and sprain of the ATFL, which is lax. Sprain of the calcaneofibular ligament. Sprain of the deltoid ligament.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M23.91 Internal derangement, right knee.
4. M23.92 Internal derangement, left knee.
5. M24.871 Internal derangement, right ankle.
6. M24.872 Internal derangement, left ankle.

PLAN:

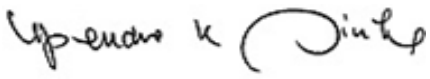
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, right knee, left knee, right ankle, and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, left knee, right ankle, and left ankle 3 times a week for 4 weeks.
6. Discussed left 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 wants to think about surgery.

7. The patient needs medical clearance 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 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.
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 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.
11. All the questions in regard to the procedure were answered.
12. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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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