# UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132


October 13, 2022

Office seen at:
S.P. Physical Therapy
1320 Louis Nine Boulevard
Bronx, NY 10459
Phone# (347) 862-0003

Re: Alix, Aida
DOB: 01/06/1960
DOA: 05/26/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, left knee, and left ankle pain.

**HISTORY OF PRESENT ILLNESS:** A 62-year-old right-hand dominant female involved in a slip and fall accident on 05/26/2022. The patient was walking on street commercial, fell on a crack on the street and fell, impact on elbows and knee. The police were not 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, left knee, and left ankle pain sustained in the slip and fall accident. The patient was attending physical therapy for the last 4 months with no relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory. There is a previous history of trauma, MVA in 2015.

**PAST SURGICAL HISTORY:** C-section in 2000, cholecystectomy in 1991, and right knee arthroscopy in 2015.

**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 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 8-9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and able to reach behind the back, but is unable to sleep at night due to pain. Worse with range of motion and improves with rest.

Left shoulder: Left shoulder pain is 8-9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and able to reach behind the back, but is unable to sleep at night due to pain. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 5-6/10, 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. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest.

Left ankle:  Left ankle pain is 5-6/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing. 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 5 inches, weight is 185 pounds, and BMI is 30.8. The right 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 90/180 degrees, adduction 35/45 degrees, forward flexion 105/180 degrees, extension 35/60 degrees, internal rotation 40/90 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 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 105/180 degrees, adduction 40/45 degrees, forward flexion 115/180 degrees, extension 40/60 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, lateral joint line, superior pole of the patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 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.

The left ankle reveals swelling noted over lateral malleolar aspect. Positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the medial aspect and lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 30/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 06/09/2022, shows high-grade partial tear of the supraspinatus tendon at the insertion with severe tendinopathy and fraying of the remainder of the tendon. Tendinopathy of the infraspinatus tendon. Interstitial tear of the central and inferior fibers of the subscapularis tendon with moderate tendinopathy. Tear of the superior labrum. Subcortical cystic change and bone edema at the superior humeral head. Mild subacromial bursitis. MRI of the left shoulder, done on 06/10/2022, shows partial tear of the supraspinatus tendon at the insertion with tendinopathy and bursal surface fraying. Tendinopathy and bursal surface fraying of the infraspinatus tendon. Tendinopathy of the subscapularis tendon. Tear of the superior labrum. Mild subacromial bursitis. Moderate AC joint arthrosis with capsular sprains, osteophytes, and a small effusion. MRI of the left knee, done on 06/10/2022, shows complex tear of the body and posterior horn of the medial meniscus. Complex tear of the anterior horn, body, and posterior horn of the lateral meniscus with a 4 mm parameniscal cyst along the anterior horn. Patellofemoral joint narrowing with high-grade cartilage loss and subchondral cystic change. Cartilage loss of the medial and lateral compartments. Small joint effusion. Edema within the suprapatellar fat pad. MRI of the left ankle, done on 06/10/2022, shows bone contusion with moderate bone edema of the medial talar head. Tenosynovitis of the posterior tibial tendon. Tenosynovitis of the peroneus brevis and longus tendons. Partial tear and

sprain of the ATFL. Partial tear, thickening, and sprain of the calcaneofibular ligament with reactive bone edema at the calcaneal insertion. Small joint effusion. Subcutaneous edema at the lateral ankle.

**ASSESSMENT:**

1. M75.121 Complete rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M75.51 Bursitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M25.411 Joint effusion, right shoulder.
10. S46.012A Partial rotator cuff tear, left shoulder.
11. M24.812 Internal derangement, left shoulder.
12. M75.82 Shoulder tendinitis, left shoulder.
13. S43.432A Labral tear, left shoulder.
14. M75.42 Impingement, left shoulder.
15. M75.52 Bursitis, left shoulder.
16. M25.512 Pain, left shoulder.
17. S49.92XA Injury, left shoulder.
18. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
19. M25.412 Joint effusion, left shoulder.
20. S83.242A Medial meniscus tear, left knee.
21. S83.282A Lateral meniscus tear, left knee.
22. M23.92 Internal derangement, left knee.
23. M25.462 Joint effusion, left knee.
24. S80.912A Injury, left knee.
25. M25.562 Pain, left knee.
26. M17.12 Osteoarthritis, left knee.
27. Injury, left ankle.
28. Effusion, left ankle.
29. Pain, left ankle.
30. Tenosynovitis, left ankle.
31. Tear of the anterior talofibular ligament, left ankle.
32. Tear of the calcaneofibular ligament, left ankle.
33. Joint effusion, left ankle.

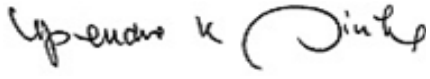
**PLAN:**

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, left knee, and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.

5. Continue physical therapy for right shoulder, left shoulder, left knee, and left ankle 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, left knee, and left ankle. The patient refuses due to side effects.
7. Discussed right shoulder, left shoulder, left knee, and left ankle 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.
8. The patient needs medical clearance prior to surgery.
9. 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, left shoulder, left knee, and left ankle 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the right shoulder, left shoulder, left knee, and left ankle 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right shoulder, left shoulder, left knee, and left ankle 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.
14. 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.



Mellita Shakhmurov, PA-C

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

MS/AEI