

5/24/2022

(00237)-Hopson John

Date of Birth - 9/2/1965 Sex - Male Marital Status - Single

Address: 3449 Corsa Avenue, Bronx, NY, 10469
Phone #: (347) 462-5746

Social Security# - 081-58-4994

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 12/27/2019

Time/Place Accident - New Jersey Turnpike

Policy Report - Yes

Date of Visit - 1/30/2020

Condition Related to : Auto Accident

Insurance Company : State Farm Mutual Automobile Insurance Co.

Address: P.O. Box 106107

Atlanta, GA, 30348

Phone: 800-258-9884 Fax:

Claim# - 4603T225F

NF-2 - No

Policy Adjuster - Gill Goradin 309.622.7671

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Marc C. Saperstein Firm Name - Davis, Saperstein & Salomon, P.C.

Attorney Address - 375 Cedar Lane, Teaneck, New Jersey 07666

Attorney Phone - (201) 907-5000 Fax - 201-692-0044

Contact Person - Marc ext: 2211

Other Insurance -
Medicare -

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

3474625746 Tel:

usinhaorthopedics@gmail.com

Fax:

Date: 05-25-2022

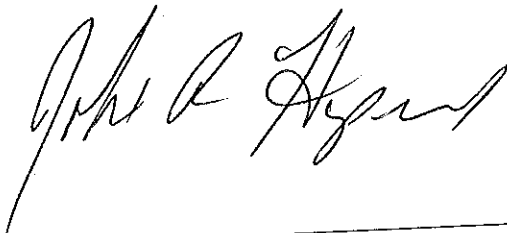
NF Forms

I, John R. Agnew hereby authorize UK Sinha Physician, P.C.
to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Attorney Lien document
5. HIPAA (OCA official Form NO.: 960)

WC Forms

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form NO.: 960)



(Please sign within the box with black ink)

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 113418

INITIAL INTAKE SHEET

Patient Name: Hopson 10th WC NF LIEN M F DOA: 12/29/2019

DOB: 9/2/1965 Age: 66 Height: 5'7 Weight: 205 Handed: R L

Chief Complaint: R/SH L/SH R/KN L/KN R/Elb L/Elb R/Hip L/Hip R/Ank L/Ank

Type of Injury: MVA Work-Related Y N Degree of Disability: 25 %

Asymptomatic prior to accident Y N History of prior trauma: Y N Wrist as a teen

Pain in: _____

Other: _____

Pedestrian Bicyclist Motorcyclist Bus pass. Driver Front Pass. Rear Pass

Vehicle hit: Rear Front Driver-side front Driver side rear Passenger side front

Airbags deployed: Y N EMS Arrived: Y N Police at Scene: Y N

Went to Hospital: Y N Hospital name: New Jersey

PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA

PSH: None 1/10 B/L knee arthroscopy with DR. DDD 2020

Meds: None / Pain meds PRN In leg trauma / sp shot w spine 12 removal

Drug Allergy: Y N

Soc. His: Smoke Y N ppd Alcohol Y N Recreational Drugs Y N

PT/Chiro: Y N Duration: 3 Weeks/Months/Years Relief: Good Little None

Walk: Y N 2 blocks Stand: Y N mins Sit Y N mins

Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead

Laundry Shopping Errands Kneel Squat Stairs Exercise

PRESENT COMPLAINTS:

R SH Pain 9/10
Constant Intermittent
Stiff Weak Pop Click
Reach overhead Y / N
Reach back Y / N
Unable to sleep at night
Imp w/ Rest Med PT Ice

L SH Pain 9/10
Constant Intermittent
Stiff Weak Pop Click
Reach overhead Y / N
Reach back Y / N
Unable to sleep at night
Imp w/ Rest Med PT Ice

R KN Pain 9/10
Constant Intermittent
Stiff Weak
Diff rising from chair Y / N
Diff w/ stairs Y / N
Click Pop Buck Lock
Imp w/ Rest Med PT Ice

L KN Pain 7/10
Constant Intermittent
Stiff Weak
Diff rising from chair Y / N
Diff w/ stairs Y / N
Click Pop Buck Lock
Imp w/ Rest Med PT Ice

R HIP Pain 9/10
Constant Intermittent Lock
Pain w/ stand walk climb
Standing from sitting
Imp w/ Rest Med PT Ice

L HIP Pain 9/10
Constant Intermittent Lock
Pain w/ stand walk climb
Standing from sitting
Imp w/ Rest Med PT Ice

R ANK Pain 9/10
Constant Intermittent
Pain w/ stand walk climb
Imp w/ Rest Med PT Ice

L ANK Pain 9/10
Constant Intermittent
Pain w/ stand walk climb
Imp w/ Rest Med PT Ice

R WRI Pain 9/10
Constant Intermittent
Weak Numb Tingle
Pain w/ lift carry drive
Imp w/ Rest Med PT Ice

L WRI Pain 9/10
Constant Intermittent
Weak Numb Tingle
Pain w/ lift carry drive
Imp w/ Rest Med PT Ice

R ELB Pain 9/10
Constant Intermittent
Weak Numb Tingle
Pain w/ lift carry drive
Imp w/ Rest Med PT Ice

L ELB Pain 9/10
Constant Intermittent
Weak Numb Tingle
Pain w/ lift carry drive
Imp w/ Rest Med PT Ice

Other Complaints: _____

ROS:

General: Fevers chills night sweats weight gain weight loss
HEENT: Double vision eye pain eye red. hearing loss earache ear ringing nose bleeds sore throat hoarseness
Endocrine: Cold intolerance appetite changes hair changes
Skin: Clear no rashes or lesions
Neuro: Headaches dizziness vertigo tremors
Respiratory: Wheezing coughing shortness of breath difficulty breathing
Cardiovascular: Chest pain murmurs irregular heart rate hypertension
GI: Nausea vomiting diarrhea constipation jaundice change in bowel habits
GU: Blood in urine painful urination loss of bladder control urinary retention
Hematology: Active bleeding bruising anemia blood clotting disorders
Psychiatric: Anxiety change in sleep pattern depression suicidal thoughts

PHYSICAL EXAMINATION:

C SPINE: Pain Sharp Shoot Burn Constant Intermittent Numb Tingling Radiates to R L
 Pain w/ neck bend lift carry Improves w/ Rest Med PT Ice
 ROM: Flex. ___/45 Ext. ___/45 R Lat Flex. ___/45 L Lat Ext. ___/45 Rot ___/60

L SPINE: Pain Sharp Shoot Burn Constant Intermittent Numb Tingling Radiates to R L
 Pain w/ stand walk sit bend Improves w/ Rest Med PT Ice
 ROM: Flex. ___/80 Ext. ___/25 R Lat Flex. ___/35 L Lat Ext. ___/45 Sac Hip Flex ___/45

R/SH: Swelling/Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula
 Heat Erythema Crepitus Deformity
 Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy
 O'Brien's Impingement Lift off test Hawkins
 ROM: Abd. ___/180 Add. ___/45 For Flex. ___/180 Ext. ___/60 IR ___/90 ER ___/90
 IR: sacrum mid back ___ no motor or sensory deficit

L/SH: Swelling/Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula
 Heat Erythema Crepitus Deformity
 Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy
 O'Brien's Impingement Lift off test Hawkins
 ROM: Abd. ___/180 Add. ___/45 For Flex. ___/180 Ext. ___/60 IR ___/90 ER ___/90
 IR: sacrum mid back ___ no motor or sensory deficit

R /KN: Swelling/Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa
 Heat Swelling Erythema Crepitus Deformity
 McMurray Lachmans Pat. fem. grind Ant. draw Post. draw
 ROM: Flexion 80/130 Extension 3/5 X Stable varus/valgus X no motor or sensory deficit
L /KN: Swelling/Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa
 Heat Swelling Erythema Crepitus Deformity
 McMurray Lachmans Pat. fem. grind Ant. draw Post. draw
 ROM: Flexion 90/130 Extension 4/5 X Stable varus/valgus X no motor or sensory deficit

R/HIP: Swelling/Hematoma/Effusion/bruise Trendelenburg +ve -ve
 Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.
 ROM: Abd. ___/45 Add. ___/35 Flex. ___/120 Ext. ___/30 IR ___/45 ER ___/45

L/HIP: Swelling/Hematoma/Effusion/bruise Trendelenburg +ve -ve
 Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. ___/45 Add. ___/35 Flex. ___/120 Ext. ___/30 IR ___/45 ER ___/45

R/ANK: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion ___/20 Plantar flex. ___/50 Inversion ___/15 Eversion ___/15

L/ANK: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion ___/20 Plantar flex. ___/50 Inversion ___/15 Eversion ___/15

R/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ___/5 grip strength Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ___/80 Extension ___/70 Radial dev. ___/20 Ulnar dev. ___/30

L/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ___/5 grip strength Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ___/80 Extension ___/70 Radial dev. ___/20 Ulnar dev. ___/30

R/ELB: Swell Erythema Bruise Deltoid atrophy ___/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ___/150 Extension ___/150 Supin. ___/90 Pron. ___/90

L/ELB: Swell Erythema Bruise Deltoid atrophy ___/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ___/150 Extension ___/150 Supin. ___/90 Pron. ___/90

Dx:

Right Shoulder

S46.011A Partial rot cuff tear
M75.121 Complete rot cuff tear
M24.811 Internal derangement
M75.01 Adhesive Capsulitis
M75.81 Shoulder tendinitis
S43.431A Labral tear
S43.431A SLAP tear
M75.41 Impingement
M65.811 Tenosynovitis
M75.51 Bursitis
M75.21 Bicipital tendinitis
M25.511 Pain
S49.91XA Injury
S46.101A Biceps tendon tear
M24.10 Glenoid chondr defect
M94.211 Chondromal, glen/HH
M67.211 Hypertroph. synovitis
M89.311 AC joint hypertrophy
M24.011 Loose Bodies
M25.311 Shoulder instability
M19.011 Primary osteoarthritis
M25.411 Joint Effusion

Left Shoulder

S46.012A Partial rot cuff tear
M75.122 Complete rot cuff tear
M24.812 Internal derangement
M75.02 Adhesive Capsulitis
M75.82 Shoulder tendinitis
S43.432A Labral tear
S43.432A SLAP tear
M75.42 Impingement
M65.812 Tenosynovitis
M75.52 Bursitis
M75.22 Bicipital Tendinitis
M25.512 Pain
S49.92XA Injury
S46.102A Biceps tendon tear
M24.10 Glenoid chondr defect
M94.212 Chondromal, glen/HH
M67.212 Hypertroph. synovitis
M89.312 AC joint hypertrophy
M24.012 Loose Bodies
M25.312 Shoulder instability
M19.012 Primary osteoarthritis
M25.412 Joint Effusion

Right Knee

~~S83.241A Med. Men. tear~~
~~S83.281A Lat. Men. tear~~
~~M23.91 Internal derangement~~
S83.519A ACL tear
S83.511A ACL sprain
~~S83.411 MCL sprain~~
M94.261 Chondromalacia
S83.31XA Tear artic. cartilage
M22.2X1 PF chondral injury
~~M25.461 Joint effusion~~
~~M12.569 Trauma. arthropathy~~
~~S80.911A Injury~~
~~M25.561 Pain~~
M65.161 Synovitis
M23.40 Loose body in knee
M24.10 Chondral lesion
M93.261 Osteochondral lesion
~~M17.11 Osteoarthritis~~
M24.661 Adhesions
M67.51 Medial plica
M25.761 Osteophyte
M70.41 Prepatellar bursitis

MCL lax

Left Knee

~~S83.242A Med. Men. tear~~
~~S83.282A Lat. Men. tear~~
~~M23.92 Internal derangement~~
S83.519A ACL tear
S83.512A ACL sprain
~~S83.412A MCL sprain~~
M94.262 Chondromalacia
S83.32XA Tear artic. cartilage
M22.2X2 PF chondral injury
~~M25.462 Joint effusion~~
~~M12.569 Trauma. arthropathy~~
~~S80.912A Injury~~
~~M25.562 Pain~~
M65.162 Synovitis
M23.40 Loose body in knee
M24.10 Chondral lesion
M93.262 Osteochondral lesion
M17.12 Osteoarthritis
M24.662 Adhesions
M67.52 Medial plica
M25.762 Osteophyte
M70.42 Prepatellar bursitis

cartilage loss

cartilage loss

during this case
with DR. DSSD
1/P B/L Arthroscopy

Right Hip	Left Hip	Right Ankle	Left Ankle
Right Wrist	Left Wrist	Right Elbow	Left Elbow
C Spine	L Spine		

Plan:

☒ Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK
R/WRI L/WRI R/ELB L/ELB C Spine L Spine

Patient ☐ Accepts ☒ Refuses.

☐ Brace ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB

☐ MRI ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB C Spine L Spine

☒ Follow up in Post Weeks / Months / PRN.

☒ Discussed R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB C Spine L Spine

☒ Proceed w/ Sx ☐ Wants to think about it ☐ Proceed with _____ Sx after rehab on _____

☒ Med Clearance needed prior to Sx ☐ W/C authorization needed prior to Sx

☒ Patient consents to R/KN L/KN Sx.

☐ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on _____

After clearance

OPERATIVE REPORT

PATIENT NAME: HOPSON, JOHN
DATE OF OPERATION: 8/26/2020

MR#: 489787
ROOM:

OPERATION: ARTHROSCOPIC DEBRIDEMENT PARTIAL MEDIAL AND LATERAL MENISCAL TEARS, ARTHROSCOPIC SYNOVECTOMY, ARTHROSCOPIC CHONDROPLASTY MEDIAL FEMORAL CONDYLE AND PATELLOFEMORAL JOINT.

SURGEON: ANDREW J. DOWD, M.D.

PREOPERATIVE DIAGNOSIS: INTERNAL DERANGEMENT LEFT KNEE.

POSTOPERATIVE DIAGNOSIS: MEDIAL AND LATERAL MENISCAL TEARS LEFT KNEE, SYNOVITIS MULTIPLE COMPARTMENTS LEFT KNEE, CHONDROMALACIA MEDIAL FEMORAL CONDYLE LEFT KNEE, AND CHONDROMALACIA, ADVANCED, PATELLOFEMORAL JOINT LEFT KNEE.

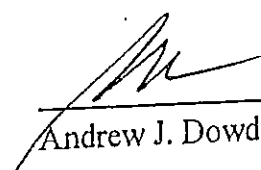
PROCEDURE: The patient was brought to the operating room. The left knee was prepped and draped in the usual sterile manner after the patient was induced with anesthesia. Once induced the left knee was marked. An anterolateral portal was made and an arthroscope was inserted. Inspection revealed a tear of the posterior medial meniscus seen in oblique pattern, fairly large in size. Synovitis was seen anteromedially.

Chondromalacia was seen on the medial femoral condyle. Hyperemic synovitis was seen in the intercondylar notch and in the anterolateral compartment. The lateral meniscus showed a small anterior lateral tear oriented in an oblique manner. Chondromalacia was seen on the undersurface of the patella as well. This was moderately advanced at this location. Synovitis was seen inferior to the patella.

A medial portal was made next and a shaver was introduced. Debridement of the synovitis in multiple compartments was done first following which the medial meniscus was debrided with the knee under valgus positioning and once debrided a smoother edge was noted. The torn portion was resected entirely. Anteromedial synovectomy and chondroplasty was then performed. The knee was placed into a figure-of-four configuration.

A small anterolateral meniscus was debrided next following which synovitis in the anterolateral compartment was removed. The intercondylar notch was cleared of synovitis exposing two normal cruciate ligaments. The knee was extended. A chondroplasty was performed on the undersurface of the patella which had a significantly larger involvement than the sulcus side of the patellofemoral joint. Once debrided a smoother surface was seen.

Synovitis inferior to the patella was removed next using a shaver. The knee was irrigated well and the instruments were removed. The portal sites were closed and injected with a Marcaine and lidocaine mixture. A sterile dressing was applied. The patient transferred to the Recovery Area in a stable condition.



Andrew J. Dowd, M.D.

OPERATIVE REPORT

PATIENT NAME: HOPSON, JOHN
DATE OF OPERATION: 6/17/2020

MR#: 489787
ROOM: AMS

OPERATION:

1. ARTHROSCOPIC PARTIAL MEDIAL AND LATERAL MENISCECTOMIES.
2. ARTHROSCOPIC CHONDROPLASTY MULTIPLE COMPARTMENTS INCLUDING SEPARATE COMPARTMENT OF PATELLOFEMORAL JOINT.
3. ARTHROSCOPIC SYNOVECTOMY MULTIPLE COMPARTMENTS.

SURGEON: ANDREW J. DOWD, M.D.

PREOPERATIVE DIAGNOSIS: INTERNAL DERANGEMENT OF THE RIGHT KNEE.

POSTOPERATIVE DIAGNOSIS:

1. MEDIAL AND LATERAL MENISCAL TEARS RIGHT KNEE.
2. CHONDROMALACIA OF MULTIPLE COMPARTMENTS INCLUDING SEPARATE COMPARTMENT AT THE PATELLOFEMORAL JOINT RIGHT KNEE.
3. SYNOVITIS RIGHT KNEE.

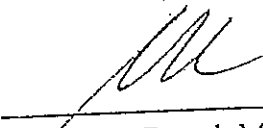
PROCEDURE: The patient was brought to the Operating Room, given Ancef and anesthesia. He was prepped and draped in the usual sterile manner. The right knee was marked.

Anterolateral portal was made. Arthroscope was inserted. Inspection revealed tearing of the medial and lateral meniscal cartilages in multiple locations. Synovitis was seen anteromedially and laterally as well as in the intercondylar notch and inferior to the patella. Chondromalacia was seen on the lateral tibial plateau, medial femoral condyle and both sides of the patellofemoral joint.

A medial portal was made next using the spinal needle to the right location. Shaver was introduced medially. Debridement of synovitis throughout thoracic kyphosis was done first. Medial meniscus was debrided at the torn areas next. Once debrided, a smoother edge was noted. Chondroplasty was performed where indicated on the medial femoral condyle.

The knee was placed into a figure-of-four configuration. Next, partial lateral meniscectomy was performed using the shaver. Debridement of the lateral meniscus was done posteriorly and along the lateral portal where tearing was seen. The knee was extended and chondroplasty performed on both sides of the patellofemoral joint. Synovitis inferior to the patella was resected at this time as well.

The knee was then irrigated and instruments removed. Closure was performed with 3-0 nylon. A sterile dressing was applied. The patient was transferred to the Recovery Area in stable condition.



Andrew J. Dowd, M.D.