

# UK Sinha Physician, P.C.

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

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June 29, 2022

Office seen at:

Baxter Medical Care, PC  
8106 Baxter Ave # Mc2  
Elmhurst, NY 11373  
Phone# (718) 639-1110

Re: Bermeo, Wilmer  
DOB: 08/01/2002  
DOA: 12/07/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder, right knee, and left knee.

**HISTORY OF PRESENT ILLNESS:** A 19-year-old right-hand dominant male involved in a work-related accident on 12/07/2021. The patient fell down in an elevator while carrying heavy blocks at work. The EMS did not arrive on the scene. The police not called to the scene of the accident. The patient went by car to Summit Health and was treated and released the same day. The patient presents today complaining of right shoulder, right knee and left knee pain sustained in the work-related accident. The patient was attending physical therapy for the last 3 weeks with little relief.

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

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking pain medications p.r.n. and Tylenol.

**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 he can walk for 5 blocks. He can stand for 30 minutes before he has to sit. He can sit for 30 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states

that he is unable to do the following activities: garden, play sports, driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, popping, and clicking. The patient is unable to reach overhead or 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 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and 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 6/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and 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.

**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 7 inches, weight is 160 pounds, and BMI is 25.1. The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 115/180 degrees, adduction 30/45 degrees, forward flexion 110/180 degrees, extension 50/60 degrees, internal rotation 30/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of 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 110/130 degrees and extension -10/5 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 hand middle finger has full, painless ROM of PIP and DIP joints index finger.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 12/29/2021, shows normal MRI of the left shoulder. MRI of left knee, done on 01/10/2022, shows tear of the peripheral inferior articular surface of the posterior horn medial meniscus with mild subcapsular fluid. There is also a tear of the inferior articular surface of the posterior horn of the lateral meniscus. Moderate to high-grade partial tear of the anterior cruciate ligament. Chondral defect at the anterior aspect of the medial femoral condyle. Joint effusion. MRI of the left hand, done on 03/11/2022, shows Linear interstitial tearing of the flexor digitorum superficialis insertion on the 2nd digit.

**ASSESSMENT:**

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.02 Adhesive Capsulitis, left shoulder.
4. M75.82 Shoulder tendinitis, left shoulder.
5. S43.432A Labral tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M65.812 Tenosynovitis, left shoulder.
8. M75.52 Bursitis, left shoulder.
9. M75.22 Bicipital Tendinitis, left shoulder.
10. M25.512 Pain, left shoulder.
11. S49.92XA Injury, left shoulder.
12. M67.212 Hypertrophic synovitis, left shoulder.
13. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
14. M25.412 Joint effusion, left shoulder.
15. S83.241A Medial meniscus tear, right knee.
16. M23.200 Lateral meniscus derangement, right knee.
17. M23.91 Internal derangement, right knee.
18. S83.519A Anterior cruciate ligament tear, right knee.
19. S83.511A Anterior cruciate ligament sprain, right knee.
20. M25.461 Joint effusion, right knee.
21. S80.911A Injury, right knee.
22. M25.561 Pain, right knee.
23. M65.161 Synovitis, right knee.
24. M24.661 Adhesions, right knee.
25. S83.242A Medial meniscus tear, left knee.
26. S83.282A Lateral meniscus tear, left knee.
27. M23.92 Internal derangement, left knee.

28. S83.519A Anterior cruciate ligament tear, left knee.
29. S83.512A Anterior cruciate ligament sprain, left knee.
30. S83.412A Medial collateral ligament sprain, left knee.
31. M94.262 Chondromalacia, left knee.
32. S83.32XA Tear articular cartilage, left knee.
33. M22.2X2 Patellofemoral chondral injury, left knee.
34. M25.462 Joint effusion, left knee.
35. S80.912A Injury, left knee.
36. M25.562 Pain, left knee.
37. M65.162 Synovitis, left knee.
38. M24.10 Chondral lesion, left knee.
39. M24.662 Adhesions, left knee.
40. Left hand middle finger no evidence of flexor tendon injury

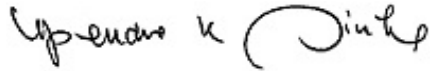
**PLAN:**

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, right knee and left knee
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, right knee and left knee 3 days/week.
6. The patient came for second opinion for his left index finger. The patient is going to see another ortho for his left knee.
7. Discussed right 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 would like to think about 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 right 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 right 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.

**IMPAIRMENT RATING:** 50%.

**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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