

# UK Sinha Physician, P.C.

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July 06, 2022

Office seen at:  
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Re: Espindola Lopez, Matilde  
DOB: 09/20/1983  
DOA: 10/22/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

**HISTORY OF PRESENT ILLNESS:** A 38-year-old right-hand dominant female involved in a motor vehicle accident on 10/22/2021. The patient was taking something out of her car when the bus hit the patient and her car. The EMS arrived on the scene. The police were 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 knee and left ankle pain sustained in the motor vehicle 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:** Diabetes and hypertension.

**PAST SURGICAL HISTORY:** Cholecystectomy in April 2010.

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

**MEDICATIONS:** The patient is taking losartan and metformin.

**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 2-3/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead, unable to reach behind the back. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 7/10, described as intermittent, 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 popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left ankle: Left ankle pain is 8/10, described as constant, 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, and 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 2 inches, weight is 186 pounds, and BMI is 34.

The right shoulder reveals tenderness to palpation over supraspinatus tendon region and deltoid. There is no heat, swelling, erythema, crepitus, 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 120/180 degrees, adduction 30/45 degrees, forward flexion 120/180 degrees, extension 45/60 degrees, internal rotation 60/90 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 and superior pole of patella. There is crepitus appreciated. There is no heat, swelling, 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 110/130 degrees and extension 3/5 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 lateral malleolar aspect. Tenderness to palpation noted in the lateral aspect. ROM: Dorsiflexion 10/20 degrees, plantar flexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 11/04/2021, shows a midsubstance tear is seen anteriorly at the supraspinatus tendon. Tendinitis/bursitis changes are seen at the supraspinatus and infraspinatus tendons. There is no fracture or bone bruise. MRI of the left knee, done on 11/04/2022, shows an interstitial tear of the ACL is seen as noted. There is no laxity. A small baker's cyst is noted. MRI of the left ankle, done on 12/03/2021, prominent soft tissue contusions are seen, which are greater laterally. There is some subtle bone bruising at the distal fibula at the endosteal location. There is posterior tibial tenosynovitis. A tear is seen distally of the posterior tibial tendon. Moderate joint effusion is seen of the tibiotalar joint, which is likely reactive. Mild peritendinitis adjacent to the distal Achilles tendon is seen.

**ASSESSMENT:**

1. M24.811 Internal derangement, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. S43.431A Labral tear, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M75.51 Bursitis, right shoulder.
6. M25.511 Pain, right shoulder.
7. S49.91XA Injury, right shoulder.
8. M23.92 Internal derangement, left knee.
9. S83.512A Anterior cruciate ligament sprain, left knee.
10. S83.412A Medial collateral ligament sprain, left knee.
11. M94.262 Chondromalacia, left knee.
12. M25.462 Joint effusion, left knee.
13. S80.912A Injury, left knee.
14. M25.562 Pain, left knee.
15. Grade III lateral collateral ligament, left ankle.
16. Sinus tarsi syndrome, left ankle.

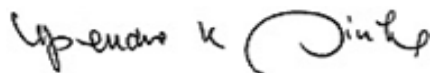
**PLAN:**

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 knee and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left knee and left ankle 3 days/week.
6. Discussed 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.

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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 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 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 left ankle and the patient will be scheduled for left ankle 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.



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Board Certified Orthopedic Surgeon

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