# UK Sinha Physician, P.C.

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e 9, 2022

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Re: Barrett, Carleen
DOB: 03/28/1972
DOA: 04/18/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder and left hip pain.

**HISTORY OF PRESENT ILLNESS:** A 50-year-old right-hand dominant female involved in a motor vehicle accident on 04/18/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags did not deploy. The EMS did not arrive 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 left shoulder and left hip pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 weeks with no relief.

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

**PAST MEDICAL HISTORY:** Hypertension.

**PAST SURGICAL HISTORY:** Right knee replacement in 2019, in 2021, and in 2022, left knee replacement in 2020, bilateral bunion surgery in 1995, and right hip replacement in 2019.

**DRUG ALLERGIES:** SULFA.

**MEDICATIONS:** Lisinopril 10 mg.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient drinks alcohol socially. The patient does not use recreational drugs.

**ADL CAPABILITIES:** The patient states that she can walk for 5 blocks. She can stand for 10 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: lifting heavy objects, carrying heavy objects, reaching overhead, and exercising. The patient walks with walker and cane.

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

Left hip: Left hip pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing from sitting. 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 or 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 4 inches, weight is 240 pounds, and BMI is 41.2. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, trapezius, 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. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 85/180 degrees, adduction 25/45 degrees, forward flexion 90/180 degrees, extension 40/60 degrees, internal rotation 25/90 degrees, and external rotation 25/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left hip reveals positive Trendelenburg test. Tenderness to palpation in the greater trochanter. Range of motion is limited and painful. ROM: Abduction 30/45 degrees, adduction 15/35 degrees, flexion 80/120 degrees, extension 15/30 degrees, internal rotation 25/45 degrees, and external rotation 25/45 degrees.

**DIAGNOSTIC TESTING:** CT scan of the left shoulder, done on 05/05/2022, shows moderate osteoarthritis of the glenohumeral joint. CT scan of the left hip, done on 05/05/2022, shows severe left hip joint osteoarthritis with a joint effusion.

**ASSESSMENT:**

1. M24.812 Internal derangement, left shoulder.
2. M75.82 Shoulder tendinitis, left shoulder.
3. M25.512 Pain, left shoulder.
4. S49.92XA Injury, left shoulder.
5. M19.012 Primary osteoarthritis, left shoulder.
6. M25.412 Joint effusion, left shoulder.
7. Osteoarthritis, left hip.

**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 and left hip.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left hip 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and left hip. The patient refuses due to side effects.
7. Discussed left shoulder 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 left shoulder 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 shoulder 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 shoulder and the patient will be scheduled for left shoulder surgery after medical clearance. 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. Refer for hip to past surgeon.

**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