

UK Sinha Physician, P.C.

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July 15, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC
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Phone # (718) 402-5200

Re: Polo, Winton
DOB: 06/05/1986
DOA: 04/05/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder, left knee, right wrist, neck, mid back and low back pain.

HISTORY OF PRESENT ILLNESS: A 36-year-old right-hand dominant male involved in a motor vehicle accident on 04/05/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear end. 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 was transported via car to a hospital and was treated and released the same day. The patient presents today complaining of left shoulder, left knee, right wrist, neck, mid back and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months 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 not taking any medication at this time.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He 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 he 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: Left shoulder: Left shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, 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.

Left knee: Left knee pain is 8/10, 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.

Right wrist: Right wrist pain is 3-4/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, physical therapy, and ice. The patient claims getting better and not much pain.

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 left shoulder reveals tenderness to palpation over supraspinatus tendon region, proximal biceps tendon. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus 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 160/180 degrees, adduction 40/45 degrees, forward flexion 125/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 80/90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line, superior pole of patella, inferior pole of the patella. There is no heat, erythema, or deformity appreciated. There is swelling and crepitus appreciated. Positive McMurray test. Negative Lachman test. Negative

patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The right wrist reveals pain to palpation over the distal radius. 4/5 grip strength. There is no swelling, erythema, or bruise noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 75/80 degrees, extension 65/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

DIAGNOSTIC TESTING: MRI of the left knee, done on 04/27/2022, shows grade I signal intensity changes in the posterior horn of the medial meniscus compatible with trauma sequelae. Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain. Patellar tendonitis. MRI of the right wrist, done on 04/27/2022, shows bone contusion of the lunate. Scapholunate ligament focal interstitial tear.

ASSESSMENT:

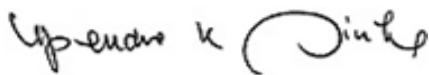
1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. S43.432A Superior labrum anterior posterior tear, left shoulder.
5. M75.42 Impingement, left shoulder.
6. M65.812 Tenosynovitis, left shoulder.
7. M75.52 Bursitis, left shoulder.
8. M75.22 Bicipital tendinitis, left shoulder.
9. M25.512 Pain, left shoulder.
10. S49.92XA Injury, left shoulder.
11. M67.212 Hypertrophy synovitis, left shoulder.
12. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
13. M25.412 Joint effusion, left shoulder.
14. S83.242A Medial meniscus tear, left knee.
15. M23.92 Internal derangement, left knee.
16. S83.512A Anterior cruciate ligament sprain, left knee.
17. S83.412A Medial collateral ligament sprain, left knee.
18. M94.262 Chondromalacia, left knee.
19. S83.32XA Tear of articular cartilage, left knee.
20. M22.2X2 Patellofemoral chondral injury, left knee.
21. M25.462 Joint effusion, left knee.
22. M12.569 Traumatic arthropathy, left knee.
23. S80.912A Injury, left knee.
24. M25.562 Pain, left knee.
25. M65.162 Synovitis, left knee.
26. M24.662 Adhesions, left knee.
27. Sprain, right wrist.

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, left knee and right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, left knee and right wrist 3 days/week.
6. The patient is awaiting MRI of left shoulder.
7. Discussed left 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 proceed with 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 left 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 left 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.
12. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left knee 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.
13. 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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UKS/AEI