

# UK Sinha Physician, P.C.

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June 21, 2022

Office seen at:  
Graham Wellness Medical P.C.  
150 Graham Avenue Suite A  
Brooklyn NY 11206  
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Re: Ayala, Sergio  
DOB: 02/11/1958  
DOA: 05/31/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder pain.

**HISTORY OF PRESENT ILLNESS:** A 63-year-old male involved in a motor vehicle accident on 05/31/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front passenger side. The airbags did not deploy. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to Wyckoff Hospital and was treated and released the same day. The patient presents today complaining of left shoulder pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times per week with no 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 Naprosyn and muscle relaxant.

**SOCIAL HISTORY:** The patient smokes 10 cigarettes per day. The patient does not drink alcohol. The patient does not use recreational drugs.

**ADL CAPABILITIES:** The patient states that he can walk for 1 block. He can stand for 30 minutes before he has to sit. He can sit for 60 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 sport, 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 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient is unable to reach overhead, unable to reach 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.

**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 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 110/180 degrees, adduction 30/45 degrees, forward flexion 140/180 degrees, extension 50/60 degrees, internal rotation 60/90 degrees, and external rotation 70/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 06/12/2022, shows tear of the anterior superior glenoid labrum. Interstitial tear at the attachment of the infraspinatus tendon superimposed on infraspinatus and supraspinatus tendinitis. Associated subdeltoid/subacromial bursitis. Evidence of rotator cuff impingement secondary to anterolateral downsloping of the acromion

**ASSESSMENT:**

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M75.02 Adhesive Capsulitis, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. S43.432A Labral tear, left shoulder.
5. M75.42 Impingement, left shoulder.
6. M65.812 Tenosynovitis, left shoulder.

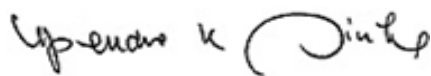
7. M75.52 Bursitis, left shoulder.
8. M75.22 Bicipital Tendinitis, left shoulder.
9. M25.512 Pain, left shoulder.
10. S49.92XA Injury, left shoulder.
11. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
12. M25.412 Joint effusion, left shoulder.

**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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder 3 days/week.
6. Follow up in 4 weeks and will consider left shoulder arthroscopy during the next visit.

**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

MS/AEI