

06/08/2022

(02086)-Larman Maxine C

Date of Birth - 03/13/1961 Sex - Female Marital Status - Single

Address: 1815 Edeenwald Ave Apt#PH,Bronx,NY,10466

Phone #: (929) 228-4966

Social Security# - 717-41-1817

Employer or Company Name:

Address:

Emergency Name: Pauline Carman *Sister* 1347-247-4176

Work Phone #:

Date of Accident - 04/02/2022

Time/Place Accident - Gunhill Rd

Policy Report - Yes

Date of Visit - 04/06/2022

Condition Related to : Auto Accident

Insurance Company : Integon National Insurance Co.

Address: P.O.Box 22086

Burlington,NJ,27215

Phone: 518--431-6410 Fax:

Claim# - 9WINY04085

Claim Address - PO Box 1623

Winston Salem, NC, 27102-1623

NF-2 - Yes Sending Date - 04/27/2022

Policy Effective Date -

Policy# - INT60205267303

Policy holder - Shoshana Morgan

WCB# -

Carrier case # -

To Attorney - Gregory Spektor Firm Name - Gregory Spektor & Associates P.C.

Attorney Address -

Attorney Phone - 718-528-5272 Fax - 718-528-3370

Contact Person -

Other Insurance -

Medicare -

UK Sinha Physician, P.C.

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

Date: 6-8-22

NF Forms

I, Maxine Carman hereby authorize **UK Sinha Physician, P.C.**

to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Attorney Lien document
5. HIPAA (OCA official Form NO.: 960)

WC Forms

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form NO.: 960)

Maxine Carman

(Please sign within the box with black ink)

102-31 Jamaica Ave.
Richmond Hill, NY 11418

WC NF LIEN

___Pedestrian ___Bicyclist ___Motorcyclist ___Bus pass. ___Driver ___Front Pass. ___Rear Pass
Vehicle hit: Rear Front Driver-side front Driver side rear Passenger side front
 Passenger side rear T-Boned Driver side T-Bone Passenger side
Airbags deployed: Y / N **EMS Arrived:** Y / N **Police at Scene:** Y / N
Went to Hospital: Y / N **Hospital name:** Mantilone getkaun **Amb. Car**
PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA
PSH: None Section 85, 88 Abdominal pain, abdominal hernia
Meds: None /Pain meds PRN Amoxicillin 10mg Atenolol 90mg HTN
Drug Allergy: Y / N
Soc. His: Smoke Y / N ppd Alcohol Y / N Recreational Drugs Y / N
PT/Chiro: Y / N **Duration:** 2 Weeks /Months/Years **Relief:** Good Little None
Walk: Y / N 2 blocks **Stand:** Y / N 12 mins **Sit** Y / N 45 mins
Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead
Laundry Shopping Errands Kneel Squat Stairs Jog Exercise

<u>RSH</u>	Pain <u>1</u> /10	<u>LSH</u>	Pain <u> </u> /10	<u>RKN</u>	Pain <u> </u> /10	<u>LKN</u>	Pain <u> </u> /10
Constant <u>Intermittent</u>		Constant Intermittent		Constant Intermittent		Constant Intermittent	
Stiff Weak Pop Click		Stiff Weak Pop Click		Stiff Weak		Stiff Weak	
Reach overhead <u>Y</u> / N		Reach overhead Y / N		Diff rising from chair Y / N		Diff rising from chair Y / N	
Reach back <u>Y</u> / N		Reach back Y / N		Diff w/ stairs Y / N		Diff w/ stairs Y / N	
Unable to sleep at night		Unable to sleep at night		Click Pop Buckl Lock		Click Pop Buckl Lock	
Imp w/ Rest Med PT Ice		Imp w/ Rest Med PT Ice		Imp w/ Rest Med PT Ice		Imp w/ Rest Med PT Ice	

<u>R HIP</u> Pain ____/10 Constant Intermittent Pain w/stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<u>L HIP</u> Pain ____/10 Constant Intermittent Pain w/stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<u>R ANK</u> Pain ____/10 Constant Intermittent Pain w/stand walk climb Imp w/ Rest Med PT Ice	<u>L ANK</u> Pain ____/10 Constant Intermittent Pain w/stand walk climb Imp w/ Rest Med PT Ice
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R WRI Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L WRI Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	R ELB Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L ELB Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice
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Other Complaints: _____

ROS:**General:** Fevers chills night sweats weight gain weight loss**HEENT:** Double vision eye pain eye red. hearing loss earache ear ringing nose bleeds sore throat hoarseness**Endocrine:** Cold intolerance appetite changes hair changes**Skin:** Clear no rashes or lesions**Neuro:** Headaches dizziness vertigo tremors**Respiratory:** Wheezing coughing shortness of breath difficulty breathing**Cardiovascular:** Chest pain murmurs irregular heart rate hypertension**GI:** Nausea vomiting diarrhea constipation jaundice change in bowel habits**GU:** Blood in urine painful urination loss of bladder control urinary retention**Hematology:** Active bleeding bruising anemia blood clotting disorders**Psychiatric:** Anxiety change in sleep pattern depression suicidal thoughts**PHYSICAL EXAMINATION:****C SPINE:** Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L

Pain w/ neck bend lift carry Improves w/ Rest Med PT Ice

ROM: Flex. ____/45 Ext. ____/45 R Lat Flex. ____/45 L Lat Ext. ____/45 Rot ____/60

L SPINE: Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L

Pain w/ stand walk sit bend Improves w/ Rest Med PT Ice

ROM: Flex. ____/80 Ext. ____/25 R Lat Flex. ____/35 L Lat Ext. ____/45 Sac Hip Flex ____/45

R /SH: Swelling /Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula

Heat Erythema Crepitus Deformity

Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy

O'Brien's Impingement Lift off test Hawkins

ROM: Abd. 25/180 Add. 30/45 For Flex. 130/180 Ext. 45/60 IR 65/90 ER 60/90IR: sacrum mid back no motor or sensory deficit**L /SH:** Swelling/Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula

Heat Erythema Crepitus Deformity

Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy

O'Brien's Impingement Lift off test Hawkins

ROM: Abd. ____/180 Add. ____/45 For Flex. ____/180 Ext. ____/60 IR ____/90 ER ____/90

IR: sacrum mid back ____no motor or sensory deficit

R /KN: Swelling /Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa

Heat Swelling Erythema Crepitus Deformity

McMurray Lachmans Pat. fem. grind Ant. draw Post. draw

ROM: Flexion ____/130 Extension ____/5 Stable varus/valgus ____no motor or sensory deficit

L /KN: Swelling /Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa

Heat Swelling Erythema Crepitus Deformity

McMurray Lachmans Pat. fem. grind Ant. draw Post. draw

ROM: Flexion ____/130 Extension ____/5 Stable varus/valgus ____no motor or sensory deficit

R /HIP: Swelling /Hematoma / Effusion / bruise _____ Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. ____/45 Add. ____/35 Flex. ____/120 Ext. ____/30 IR ____/45 ER ____/45

L /HIP: Swelling /Hematoma / Effusion / bruise _____ Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. ____/45 Add. ____/35 Flex. ____/120 Ext. ____/30 IR ____/45 ER ____/45

R/ANK: Swell /Hemato/ bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion ____/20 Plantar flex. ____/50 Inversion ____/15 Eversion ____/15

L/ANK: Swell /Hemato/ bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion ____/20 Plantar flex. ____/50 Inversion ____/15 Eversion ____/15

R/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ____/5 grip strength Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ____/80 Extension ____/70 Radial dev. ____/20 Ulnar dev. ____/30

L/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ____/5 grip strength Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ____/80 Extension ____/70 Radial dev. ____/20 Ulnar dev. ____/30

R/ELB: Swell Erythema Bruise Deltoid atrophy ____/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ____/150 Extension ____/150 Supin. ____/90 Pron. ____/90

L/ELB: Swell Erythema Bruise Deltoid atrophy ____/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ____/150 Extension ____/150 Supin. ____/90 Pron. ____/90

Dx:

Right Shoulder	Left Shoulder	Right Knee	Left Knee
S46.011A Partial rot cuff tear	S46.012A Partial rot cuff tear	S83.241A Med. Men. tear	S83.242A Med. Men. tear
<u>M75.121 Complete rot cuff tear</u>	M75.122 Complete rot cuff tear	S83.281A Lat. Men. tear	S83.282A Lat. Men. tear
<u>M24.811 Internal derangement</u>	M24.812 Internal derangement	M23.91 Internal derangement	M23.92 Internal derangement
M75.01 Adhesive Capsulitis	M75.02 Adhesive Capsulitis	S83.519A ACL tear	S83.519A ACL tear
<u>M75.81 Shoulder tendinitis</u>	M75.82 Shoulder tendinitis	S83.511A ACL sprain	S83.512A ACL sprain
S43.431A Labral tear	S43.432A Labral tear	S83.411 MCL sprain	S83.412A MCL sprain
S43.431A SLAP tear	S43.432A SLAP tear	M94.261 Chondromalacia	M94.262 Chondromalacia
<u>M75.41 Impingement</u>	M75.42 Impingement	S83.31XA Tear artic. cartilage	S83.32XA Tear artic. cartilage
<u>M65.811 Tenosynovitis</u>	M 65.812 Tenosynovitis	M22.2X1 PF chondral injury	M22.2X2 PF chondral injury
<u>M75.51 Bursitis</u>	M75.52 Bursitis	M25.461 Joint effusion	M25.462 Joint effusion
M75.21 Bicipital tendinitis	M 75.22 Bicipital Tendinitis	M12.569 Trauma. arthropathy	M12.569 Trauma. arthropathy y
<u>M25.511 Pain</u>	M25.512 Pain	S80.911A Injury	S80.912A Injury
<u>S49.91XA Injury</u>	S49.92XA Injury	M25.561 Pain	M25.562 Pain
S46.101A Biceps tendon tear	S46.102A Biceps tendon tear	M65.161 Synovitis	M65.162 Synovitis
M24.10 Glenoid chondr defect	M24.10 Glenoid chondr defect	M23.40 Loose body in knee	M23.40 Loose body in knee
M94.211 Chondromal, glen/HH	M94.212 Chondromal, glen/HH	M24.10 Chondral lesion	M24.10 Chondral lesion
M67.211 Hypertroph. synovitis	M67.212 Hypertroph. synovitis	M93.261 Osteochondral lesion	M93.262 Osteochondral lesion
<u>M89.311 AC joint hypertrophy</u>	M89.312 AC joint hypertrophy	M17.11 Osteoarthritis	M17.12 Osteoarthritis
M24.011 Loose Bodies	M24.012 Loose Bodies	M24.661 Adhesions	M24.662 Adhesions
M25.311 Shoulder instability	M25.312 Shoulder instability	M67.51 Medial plica	M67.52 Medial plica
M19.011 Primary osteoarthritis	M19.012 Primary osteoarthritis	M25.761 Osteophyte	M25.762 Osteophyte
<u>M25.411 Joint Effusion</u>	M25.412 Joint Effusion	M70.41 Prepatellar bursitis	M70.42 Prepatellar bursitis

Right Hip	Left Hip	Right Ankle	Left Ankle
Right Wrist	Left Wrist	Right Elbow	Left Elbow
C Spine	L Spine		

Plan:

☒ Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK
R/WRI L/WRI R/ELB L/ELB C Spine L Spine

Patient ☐ Accepts ☒ Refuses.

☐ Brace ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB

☐ MRI ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB C Spine L Spine

☒ Follow up in 10 days Weeks / Months / PRN.

☒ Discussed R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB C Spine L Spine

☒ Proceed w/ Sx ☐ Wants to think about it ☐ Proceed with _____ Sx after rehab on _____

☒ Med Clearance needed prior to Sx. ☐ W/C authorization needed prior to Sx

☒ Patient consents to R/SH Sx.

☒ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on _____

After medical clearance