

# UK Sinha Physician, P.C.

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June 20, 2022

Office seen at:  
Gurvansh Anand Chiropractic PC  
2598 3<sup>rd</sup> Avenue  
Bronx, NY 10454  
Phone#: (718) 975-7144

Re: Ferrante, Frank  
DOB: 04/30/1978  
DOA: 03/05/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder and left shoulder pain.

**HISTORY OF PRESENT ILLNESS:** A 44-year-old right-hand dominant male involved in a motor vehicle accident on 03/05/2022. 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 not called to the scene of the accident. The patient was transported via car to Brookdale University Hospital Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder and left shoulder pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 14 weeks with little relief.

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

**PAST MEDICAL HISTORY:** Diabetes and hypertension.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking metformin 100 mg b.i.d. and amlodipine 10 mg.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient does not drink alcohol.

**ADL CAPABILITIES:** 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, reaching overhead, laundry, shopping, running errands, and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 5-6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no stiffness, weakness, popping, or clicking. The patient is able to reach overhead but unable to reach behind the back. Worse with range of motion and improves with physical therapy.

Left shoulder: Left shoulder pain is 5-6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no stiffness, weakness, popping, or clicking. The patient is able to reach overhead but unable to reach behind the back. Worse with range of motion and improves with physical therapy.

**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:** The patient has hypertension but no chest pain, murmurs or irregular heart rate.

**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 5 inches, weight is 219 pounds, and BMI is 36.4. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, proximal biceps tendon. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 135/180 degrees, adduction 30/45 degrees, forward flexion 125/180 degrees, extension 45/60 degrees, internal rotation 55/90 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 shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, trapezius, proximal biceps tendon, coracoid, deltoid, scapula spine. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus appreciated. Negative drop arm test. Negative 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 145/180 degrees, adduction 35/45 degrees, forward flexion 135/180 degrees, extension 50/60 degrees, internal rotation 65/90 degrees, and external rotation 60/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the left upper extremity.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 04/11/2022, shows partial tear of the supraspinatus tendon at the insertion with tendinopathy and bursal surface fraying. Tendinopathy and bursal surface fraying of the infraspinatus tendon. Partial tear of the superior fibers of the subscapularis tendon at the insertion with tendinopathy. Biceps tenosynovitis. Tear of the superior and anterior labrum. Mild subacromial bursitis. MRI of the left shoulder, done on 04/11/2022, shows tendinopathy and bursal surface fraying of the supraspinatus and infraspinatus tendons. Partial tear of the subscapularis tendon at the insertion. Biceps tenosynovitis. Tear of the anterior labrum. Blunted posterior labrum.

**ASSESSMENT:**

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M65.811 Tenosynovitis, right shoulder.
6. M75.51 Bursitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M25.411 Joint effusion, right shoulder.
10. S46.012A Partial rotator cuff tear, left shoulder.
11. M75.82 Shoulder tendinitis, left shoulder.
12. S43.432A Labral tear, left shoulder.
13. M65.812 Tenosynovitis, left shoulder.
14. M25.512 Pain, left shoulder.
15. S49.92XA Injury, left shoulder.
16. 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 right shoulder and left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left shoulder 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left shoulder. The patient refuses due to side effects.
7. Discussed right shoulder and left shoulder arthroscopies versus conservative management with the patient. The patient refused any surgical intervention at this time because he is unable to make work accommodations.
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 right shoulder and left shoulder pathologies 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.

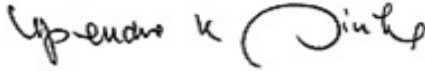
10. All the benefits and risks of the right shoulder and left shoulder arthroscopies have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
11. All the questions in regard to the procedure were answered.
12. Follow up on a p.r.n. basis.

**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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Mellita Shakhmurov, PA-C  
MS/AEI



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Board Certified Orthopedic Surgeon