

# UK Sinha Physician, P.C.

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November 07, 2022

Office seen at:  
Graham Wellness Medical P.C.  
150 Graham Avenue Suite A  
Brooklyn NY 11206  
Phone# (718) 218-6616

Re: Negron, Wanda  
DOB: 09/10/1972  
DOA: 10/19/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

**HISTORY OF PRESENT ILLNESS:** A 50-year-old right-hand dominant female involved in a motor vehicle accident on 10/19/2022. The patient was a driver and was wearing a seatbelt. The patient is coming from passenger side to driver side door and the other driver drove into her. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Brookdale Hospital Medical Center and was treated and released the same day. The patient presents today complaining of left shoulder and left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 weeks with no relief.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Diabetes, hypertension, hyperlipidemia, CA of the breast in remission, and cervical CA. There is a previous history of trauma, MVA in 2014.

**PAST SURGICAL HISTORY:** Left breast mastectomy in 2018, reconstruction of left breast in 2019, TAH BSO in November of 2020, and left kidney stone removal in her 20s.

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

**MEDICATIONS:** The patient is taking metformin, Exemestane, potassium citrate, lisinopril HCTZ, simvastatin, metoprolol, and unable to recall the rest.

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

**ADL CAPABILITIES:** As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 8-9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and able to reach behind the back, but is unable to sleep at night due to pain. Worse with range of motion and improves with rest.

Left wrist: Left wrist pain is 10/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving. 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 6 inches, weight is 245 pounds, and BMI is 39.5. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, 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 105/180 degrees, adduction 35/45 degrees, forward flexion 115/180 degrees, extension 40/60 degrees, internal rotation 40/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left wrist reveals pain to palpation over the ulnar styloid and scaphoid. Grip strength is 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 11/03/2022, shows interstitial tear of distal infraspinatus tendon superimposed on infraspinatus, supraspinatus, and subscapularis

tendinitis. Associated subdeltoid/subacromial bursal edema. MRI of the left wrist, done on 11/03/2022, shows findings consistent with severe de Quervain's tenosynovitis. Edema within the adjacent subcutaneous soft tissues. Full-thickness tear of the central articular disc of the TFCC. Partial tear of the membranous component of the scapholunate ligament complex. Extensor carpi ulnaris tendon is subluxed from the ulnar groove and perched onto the ulnar styloid. This is consistent with attendance of sheath injury.

**ASSESSMENT:**

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. M75.42 Impingement, left shoulder.
5. M75.52 Bursitis, left shoulder.
6. M25.512 Pain, left shoulder.
7. S49.92XA Injury, left shoulder.
8. M25.412 Joint effusion, left shoulder.
9. De Quervain's tenosynovitis, left wrist.
10. Tear of the triangular fibrocartilage complex, left wrist.
11. Tear of the scapholunate ligament complex sheath injury, left wrist.
12. Injury, left wrist.
13. Pain, left wrist.
14. Effusion, left 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 and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left wrist 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and left wrist. The patient refuses due to side effects.
7. Discussed left shoulder and left wrist 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 and left wrist 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 and left wrist 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 wrist and the patient will be scheduled for left wrist 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.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

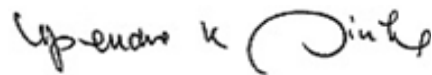
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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.



Mellita Shakhmurov, PA-C

MS/AEI



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Board Certified Orthopedic Surgeon