

# UK Sinha Physician, P.C.

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June 8, 2022

Office seen at:

PR Medical PC

79-09B Northern Blvd

Jackson Heights, NY 11372

Phone# (718) 507-1438

Re: Ruiz, Jose

DOB: 09/29/1960

DOA: 04/01/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, right knee, and right ankle pain.

**HISTORY OF PRESENT ILLNESS:** A 61-year-old right-hand dominant male involved in a motor vehicle accident on 04/01/2022. The patient was a driver and was wearing a seatbelt. The vehicle was T-boned and struck on the rear passenger side. 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 taken via car to North Shore Queens Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee and right ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief.

**WORK HISTORY:** The patient is currently working full time in maintenance.

**PAST MEDICAL HISTORY:** Cardiac - heart attack in 2009.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking Plavix and aspirin

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

**ADL CAPABILITIES:** The patient states that he can walk for 3 blocks. He can stand for 24 minutes before he has to sit. He can sit for 14 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 sports, carrying heavy objects, reaching overhead, shopping, kneeling, squatting, negotiating stairs, and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 5-6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

Right knee: Right knee pain is 4/10, described as intermittent, 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

Right ankle: Right ankle pain is 6/10, described as intermittent, dull, achy pain. Pain with climbing 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, 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 patient's height is 5 feet 6 inches, weight is 148 pounds, and BMI is 23.9. The right shoulder reveals 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 115/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 45/60 degrees, internal rotation 70/90 degrees, and external rotation 70/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals positive 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 120/180 degrees, adduction 45/45 degrees, forward flexion 130/180 degrees, extension 55/60 degrees, internal rotation 75/90 degrees, and external rotation 80/90

degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, inferior pole of the patella. There is swelling. There is no heat, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 degrees and extension full. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The right ankle reveals ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 05/16/2022, shows a tear is seen at the subscapularis tendon at the upper aspect. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. There is no fracture or bone bruise. There is no impingement. MRI of the left shoulder, done on 04/14/2022, shows a mid substance and bursal surface area is seen at the ventral to anterior aspect of the supraspinatus tendon as noted. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons.

**ASSESSMENT:**

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M75.21 Bicipital tendinitis, right shoulder.
9. M25.511 Pain, right shoulder.
10. S49.91XA Injury, right shoulder.
11. M67.211 Hypertrophic synovitis, right shoulder.
12. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
13. M25.411 Joint effusion, right shoulder.
14. S46.012A Partial rotator cuff tear, left shoulder.
15. M24.812 Internal derangement, left shoulder.
16. M75.02 Adhesive Capsulitis, left shoulder.
17. M75.82 Shoulder tendinitis, left shoulder.
18. S43.432A Labral tear, left shoulder.
19. M75.42 Impingement, left shoulder.
20. M65.812 Tenosynovitis, left shoulder.
21. M75.52 Bursitis, left shoulder.
22. M75.22 Bicipital tendinitis, left shoulder.
23. M25.512 Pain, left shoulder.
24. S49.92XA Injury, left shoulder.
25. M67.212 Hypertrophic synovitis, left shoulder.

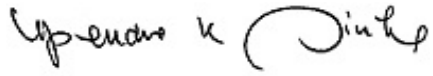
26. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
27. M25.412 Joint effusion, left shoulder.
28. Grade III sprain of lateral collateral ligament, right ankle.

**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, left shoulder, right knee, and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, and right ankle 3 days/week.
6. Discussed right shoulder 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
7. The patient needs medical clearance and cardiac clearance due to history of heart attack prior to 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 right shoulder 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 right shoulder 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 right shoulder and the patient will be scheduled for right shoulder 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.

A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style with a large, prominent loop at the end.

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U.K. Sinha, MD, MS (Ortho), FAAOS  
Board Certified Orthopedic Surgeon

MS/AEI