UK Sinha Physician, P.C.

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August 8, 2022

Office seen at:
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Re: Barton, Gwendolyn
DOB: 07/17/1995
DOA: 04/22/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, right knee, and left knee.

HISTORY OF PRESENT ILLNESS: A 67-year-old right-hand dominant female involved in a motor vehicle accident on 04/22/2022. The patient was a rear passenger and was wearing a seatbelt. The patient was at a stop light and a truck hit them from behind. 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 did not go to any hospital that same day. The patient presents today complaining of right shoulder, left shoulder, right knee, and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times per week with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Diabetes. There is no previous history of trauma.

PAST SURGICAL HISTORY: The patient had bilateral total knee replacement in 1993, revision left side in 2016.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking metformin, Gabapentin, and Atarax.

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

ADL CAPABILITIES: The patient states that she can walk for 5 blocks. She can stand for 20 minutes before she has to sit. She can sit for 20 minutes before needing to change positions secondary to pain. 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 heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 9/10, described as constant sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Right knee: Right knee pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes buckling.

Left knee: Left knee pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes buckling.

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 5 inches, weight is 189 pounds, and BMI is 31.4. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and proximal biceps tendon. 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. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 90/180 degrees, adduction 35/45 degrees, forward

flexion 110/180 degrees, extension 50/60 degrees, internal rotation 40/90 degrees, and external rotation 45/90 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. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 40/45 degrees, forward flexion 115/180 degrees, extension 50/60 degrees, internal rotation 50/90 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.

The right knee reveals tenderness along the medial joint line. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 degrees and extension -5/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The left knee reveals tenderness along the medial joint line. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 degrees and extension -5/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 07/14/2022, shows moderate AC joint arthrosis with capsular hypertrophy and osteophytes. High-grade partial tear of the anterior supraspinatus tendon at the insertion with severe tendinopathy and fraying of the remainder of the tendon. Tendinopathy and bursal surface fraying of the infraspinatus tendon. Tendinopathy of the subscapularis tendon. Moderate biceps tenosynovitis. The biceps anchor is intact. Circumferential tear of the labrum. Glenohumeral joint narrowing with high-grade cartilage loss. Irregular low signal within the humeral neck. Similar to the left shoulder likely a benign region of the sclerosis or chronic marrow changes. Moderate-sized joint effusion. Moderate subacromial/subdeltoid bursitis. MRI of the left shoulder, done on 07/14/2022, high grade supraspinatus tendon at the insertion and critical zone with severe tendinopathy and fraying of the remainder of the tendon. Partial tear of the infraspinatus tendon at the insertion with additional tendinopathy and bursal surface fraying of the remainder of the tendon. Longitudinal tear, tendinopathy, and tenosynovitis of the long head of the biceps tendon. The biceps anchor is intact. Tendinopathy of the subscapularis tendon. Circumstantial tear of the labrum. Small joint effusion. Mild subacromial bursitis. Glenohumeral joint narrowing with diffuse full-thickness, cartilage loss, and inferior osteophytes. Bone marrow signal within the humeral neck without edematous or aggressive features likely indicating possibly from repetitive stress. MRI of the right knee, done on 07/15/2022, status post arthroplasty which causes

susceptibility artifact limiting evaluation. No fracture or evidence of hardware loosening. The knee is in a slight extension position. Tendinopathy and enthesopathy of the distal quadriceps tendon. Tendinopathy of this patellar tendon. High-grade patellar cartilage loss. Small joint effusion. MRI of the left knee, done on 07/22/2022, shows status post total knee replacement without abnormality of the interface of metallic hardware with the native components of the knee joint or malalignment. Patellar and quadriceps tendinosis with patella baja on exuberant spur formation at the anterosuperior patella with patellofemoral effusion. Atrophic vastus lateralis muscle at the visualized distal thigh

ASSESSMENT:

1. M75.121 Complete rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. S43.431A Labral tear, right shoulder.
6. M75.41 Impingement, right shoulder.
7. M65.811 Tenosynovitis, right shoulder.
8. M75.51 Bursitis, right shoulder.
9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. M67.211 Hypertrophic synovitis, right shoulder.
13. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
14. M25.411 Joint effusion, right shoulder.
15. S46.012A Partial rotator cuff tear, left shoulder.
16. M24.812 Internal derangement, left shoulder.
17. M75.02 Adhesive Capsulitis, left shoulder.
18. M75.82 Shoulder tendinitis, left shoulder.
19. S43.432A Labral tear, left shoulder.
20. S43.432A SLAP tear, left shoulder.
21. M75.42 Impingement, left shoulder.
22. M65.812 Tenosynovitis, left shoulder.
23. M75.52 Bursitis, left shoulder.
24. M75.22 Bicipital Tendinitis, left shoulder.
25. M25.512 Pain, left shoulder.
26. S49.92XA Injury, left shoulder.
27. M67.212 Hypertrophic synovitis, left shoulder.
28. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
29. M25.461 Joint effusion, right knee.
30. S80.911A Injury, right knee.
31. M25.561 Pain, right knee.
32. M65.161 Synovitis, right knee.
33. M24.661 Adhesions, right knee.
34. M25.462 Joint effusion, left knee.
35. S80.912A Injury, left knee.

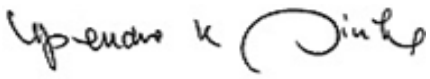
36. M25.562 Pain, left knee.
37. M65.162 Synovitis, left knee.
38. M24.662 Adhesions, left knee.

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 left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, and left knee 3 days/week.
6. Plan for injection of bilateral knees (status post bilateral TKR).
7. 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.
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 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.
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 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.
12. All the questions in regard to the procedure were answered.
13. 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.
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.



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