

# UK Sinha Physician, P.C.

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

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September 13, 2022

Office seen at:

Merrick Medical PC  
243-51 Merrick Blvd  
Rosedale, NY 11422  
Phone# (718) 413-5499

Re: Ramlaul, Louise  
DOB: 02/15/1936  
DOA: 05/05/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, left elbow, neck, and low-back pain.

**HISTORY OF PRESENT ILLNESS:** An 86-year-old right-hand dominant female involved in a motor vehicle accident on 05/05/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front passenger's side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Long Island Jewish Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, left elbow, neck, and low-back pain sustained in the motor vehicle accident. The patient was attending physical therapy 2-3 times a week with little relief.

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

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

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking losartan and Tylenol.

**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 1 block. She can stand for 1 hour before she has to sit. She can sit for 5 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: garden, play sports, driving, lifting heavy objects, carrying heavy objects, laundry, negotiating stairs, and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 8/10, described as intermittent, 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 8/10, described as intermittent, 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 hip: No pain.

Left elbow: Left elbow pain is 1/10 and asymptomatic. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

**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 2 inches, weight is 110 pounds, and BMI is 20.1. The right 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 140/180 degrees, adduction 40/45 degrees, forward flexion 160/180 degrees, extension 50/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 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 crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Negative cross-over 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 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 80/90 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 hip reveals no groin pain at all. Internal rotation of the right hip, pain less. ROM: Abduction 45/45 degrees, adduction 35/35 degrees, flexion 120/120 degrees, extension 30/30 degrees, internal rotation 45/45 degrees, and external rotation 45/45 degrees.

The left elbow is asymptomatic Range of motion reveals flexion 150/150 degrees, extension 150/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

**DIAGNOSTIC TESTING:** CT scan of the right shoulder, done on 08/630/2022, shows calcific tendonitis of the supraspinatus and infraspinatus tendons. Mild osteoarthritis in the glenohumeral joint. Moderate AC joint arthrosis. CT scan of the left shoulder, done on 08/30/2022, shows suggestion of partial tearing of the supraspinatus tendon. MRI of the shoulder can be obtained for further assessment. If the patient cannot have an MRI, shoulder ultrasound can be obtained for further assessment. Mild to moderate right humeral joint arthrosis. Moderate AC joint arthrosis. No fractures. CT scan of the left elbow, done on 08/30/2022, shows suggestion of partial tearing of the common extensor tendon origin. MRI of the elbow can be obtained for further assessment. No fractures. CT scan of the right hip, done on 08/30/2022, shows mild to moderate osteoarthritis in the right hip joint. No fractures.

**ASSESSMENT:**

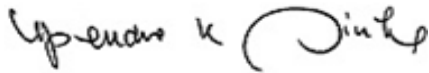
1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. S46.012A Partial rotator cuff tear, left shoulder.
5. M24.812 Internal derangement, left shoulder.
6. M75.02 Adhesive Capsulitis, left shoulder.
7. M75.42 Impingement, left shoulder.
8. M75.52 Bursitis, left shoulder.
9. M25.512 Pain, left shoulder.
10. S49.92XA Injury, 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, left shoulder, and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, and left elbow 3 days/week.
6. The patient does not want MRI (severe claustrophobia). The patient does not want arthroscopic surgery.
7. Follow up in 4 weeks.

**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", written over a horizontal line.

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

UKS/AEI