UK Sinha Physician, P.C.

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

August 10, 2022

Office seen at: Baxter Medical Care, PC 8106 Baxter Ave # Mc2 Elmhurst, NY 11373 Phone# (718) 639-1110

Re: Lantigua, Michael

DOB: 04/25/1997 DOA: 07/11/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 25-year-old right-hand dominant male involved in a motor vehicle accident on 07/11/2022. The patient was riding an electric scooter, hit by another car. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Elmhurst Hospital Center and was treated and released the same day. The patient presents today complaining of right shoulder, left elbow, right wrist, left wrist, neck, and low-back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times a week with little relief.

WORK HISTORY: The patient is currently working full-time in IT department.

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 morphine.

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 he can walk for 2 blocks. He can stand for 14 minutes before he has to sit. He can sit for 2 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: play sports, lifting heavy objects, carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 6/10, 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. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right wrist: Right wrist pain is 6/10, described as intermittent, dull, achy pain. Admits to numbness, tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left wrist: Left wrist pain is 7/10, described as intermittent, dull, achy pain. Admits to numbness, tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left elbow: Left elbow pain is 8/10, described as constant, dull, achy pain. Admits to numbness, tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

The patient had hairline fracture of head of radius of left elbow healing well (had post splint for 1 week).

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 10 inches, weight is 230 pounds, and BMI is 33.0. The right shoulder reveals swelling to palpation over supraspinatus tendon region. There is crepitus appreciated. There is no heat, swelling, erythema or deformity

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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. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 100/180 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 right upper extremity.

The right wrist reveals pain to palpation over the distal radius, 4/5 grip strength. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

The left wrist reveals pain to palpation over the ulnar styloid and distal radius, 4/5 grip strength. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 20/30 degrees.

The left elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 4/5. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 135/150 degrees, extension -15/150 degrees, supination 75/90 degrees, pronation 75/90 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 08/01/2022, shows mild fluid in subacromial-subdeltoid bursa. Mild joint effusion. MRI of the left elbow, done on 08/01/2022, shows bone marrow edema along the ulnar and humeral aspect of the radiohumeral joint. Joint effusion.

ASSESSMENT:

- 1. M24.811 Internal derangement, right shoulder.
- 2. M75.01 Adhesive capsulitis, right shoulder.
- 3. M75.41 Impingement, right shoulder.
- 4. M65.811 Tenosynovitis, right shoulder.
- 5. M75.51 Bursitis, right shoulder.
- 6. M25.511 Pain, right shoulder.
- 7. S49.91XA Injury, right shoulder.
- 8. M67.211 Hypertrophic synovitis, right shoulder.
- 9. M25.411 Joint effusion, right shoulder.
- 10. Nondisplaced fracture of head of radius, left elbow.
- 11. Internal derangement, right wrist.
- 12. Internal derangement, 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 right shoulder, right wrist, left wrist, and left elbow.
- 4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
- 5. Continue physical therapy for right shoulder, right wrist, left wrist, and left elbow 3 days/week.

- 6. MRI of the left wrist ordered today. Awaiting MRI results of right wrist. The patient has MRI of the right shoulder and left elbow.
- 7. Follow up in 4 weeks.

<u>CAUSALITY</u>: 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.

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

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