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May 31, 2022

Office seen at:
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430 W Merrick Road
Valley Stream, NY 11580
Phone# (516) 612-7288

Re: McLennon, Denny
DOB: 05/07/1971
DOA: 02/14/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: A 51-year-old right-hand dominant male involved in a motor vehicle accident on 02/14/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. 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 was transported via ambulance to Queens Hospital Center and was treated and released the same day. The patient presents today complaining of right shoulder and right knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with no relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Right hip replacement 3 weeks ago.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: Unable to recall BP medication. No blood thinner.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol socially.

ADL CAPABILITIES: The patient states that he can walk for 5 blocks. He can stand for 15 minutes before he has to sit. He can sit for 10 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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, kneeling, and squatting. The patient ambulates with a cane.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead and unable to reach behind the back. Worse with range of motion and improves with rest.

Right knee: Right knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has no difficulty going up and down stairs. The patient also notes clicking, popping, and buckling. 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, 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 8 inches, weight is 240 pounds, and BMI is 36.5. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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 130/180 degrees, adduction 30/45 degrees, forward flexion 125/180 degrees, extension 40/60 degrees, internal rotation 55/90 degrees, and external rotation 50/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The right knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 03/30/2022, shows presence of AC joint impingement. Fluid in the subdeltoid bursa and joint capsule compatible with

tenosynovitis/bursitis with increased signal in the myotendinous supraspinatus for which clinical evaluation for superimposed acute strain/interstitial tear of the myotendinous supraspinatus is requested as discussed in the body of the report. Mild fluid in the subcoracoid bursa compatible with subcoracoid bursitis. MRI of the right knee, done on 03/30/2022, shows presence of joint fluid compatible with synovitis. Swelling of the MCC compatible with grade I MCC sprain. Posteromedial meniscal grade 2B signal as discussed in the body of the report. Clinical confirmation of a posterolateral meniscal tear is requested.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, 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. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
9. M24.011 Loose bodies, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. S83.241A Medial meniscus tear, right knee.
12. M23.91 Internal derangement, right knee.
13. M25.461 Joint effusion, right knee.
14. S80.911A Injury, right knee.
15. M25.561 Pain, right knee.
16. M65.161 Synovitis, right knee.
17. MCC sprain, right 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 and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and right knee. The patient refuses due to side effects.
7. Discussed right shoulder and right knee 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 and right knee 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 and right knee 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 knee and the patient will be scheduled for right knee surgery after medical clearance. 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

Upendra K. Sinha, MD