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July 21, 2022

Office seen at:
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Re: Howell, Nadine
DOB: 06/18/1976
DOA: 02/05/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: A 46-year-old right-hand dominant female involved in a motor vehicle accident on 02/05/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front driver'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 Kings County Hospital and was treated and released the same day. The patient presents today complaining of left shoulder pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 5 months with no relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Diabetes, hypertension, hyperlipidemia, depression, anxiety, and questionable DVT. There is a previous history of trauma in MVA.

PAST SURGICAL HISTORY: Gastric sleeve in May 2021, appendectomy I992, D and C in 1994, C-section in 1993 and 1996.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking HCTZ, metformin, and amlodipine. No AC at this time.

SOCIAL HISTORY: The patient smokes one-fourth pack of cigarettes per day. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 10 minutes 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: lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 9.5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain.

Left knee: Left knee pain is 9.5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes popping.

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 or irregular heart rate. The patient has 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 4 inches, weight is 245 pounds, and BMI is 42. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, trapezius, proximal biceps tendon, coracoid and deltoid. 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 135/180 degrees, adduction 30/45 degrees, forward flexion 130/180 degrees, extension 40/60 degrees, internal rotation 65/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 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 left lower extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 02/22/2022, shows interstitial tear at the attachment of the infraspinatus tendon superimposed on infraspinatus and supraspinatus tendinitis. Associated subdeltoid/subacromial bursitis. Evidence of rotator cuff impingement secondary to thickening of the coracoacromial ligament and moderate acromioclavicular joint disease. Tenosynovitis of the extra articular long head of the biceps tendon. Tearing of the posterior glenoid labrum with a glenohumeral joint effusion. Chondral thinning on both sides of the glenohumeral joint. Evidence of adhesive capsulitis. Hypointense T1 marrow signal which may be related to underlying anemia or myeloproliferative disorder. Recommend correlation with hematological lab values.

ASSESSMENT:

1. S46.012A Partial rotator cuff, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.02 Adhesive capsulitis, left shoulder.
4. M75.82 Shoulder tendinitis, left shoulder.
5. S43.432A Glenoid labral tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M75.52 Bursitis, left shoulder.
8. M25.512 Pain, left shoulder.
9. S49.92XA Injury, left shoulder.
10. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
11. M25.412 Joint effusion, left shoulder.
12. M23.92 Internal derangement, left knee.
13. M25.462 Joint effusion, left knee.
14. S80.912A Injury, left knee.
15. M25.562 Pain, 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 left shoulder and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left knee 3 days/week.
6. Recommend steroid injections with pain management for left shoulder. The patient refuses due to side effects.
7. MRI ordered of left knee to rule out ligament tear and/or synovial injury.
8. The patient was being prepared for left shoulder arthroscopy on 04/29/2022. Right leg was swollen, surgery was canceled, and the patient had to go to the hospital. The patient was placed on DVT prophylaxis Eliquis for one month. The patient needs to be cleared by PCP, vascular, and hematologist prior to scheduling surgery for questionable unprovoked DVT.
9. Discussed left 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.

10. The patient needs medical clearance prior to surgery. The patient will need clearance from PCP, vascular, and hematologist.
11. 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 left 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.
12. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
13. All the benefits and risks of the left 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.
14. All the questions in regard to the procedure were answered.
15. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left 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.
16. 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

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

MS/AEI