

# UK Sinha Physician, P.C.

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August 8, 2022

Office seen at:

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Phone # (718) 402-5200

Re: Fuentes, Maria  
DOB: 12/02/1987  
DOA: 12/17/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, right knee, left knee, right elbow, left elbow, right ankle, left ankle, right wrist, mid back and low back.

**HISTORY OF PRESENT ILLNESS:** A 24-year-old right-hand dominant female involved in a motor vehicle accident on 12/17/2021. The patient was a driver and was wearing a seatbelt. The patient was coming off service road, there was a truck in the middle, and they were in traffic, and someone hit her. 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 did not go to any hospital that same day. The patient presents today complaining of right shoulder, right knee, left knee, right elbow, left elbow, right ankle, left ankle, and right wrist 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:** Sciatica. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** The patient had arthroscopy in left shoulder 2 months ago by another doctor.

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

**MEDICATIONS:** The patient is taking muscle relaxants and lidocaine.

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

**ADL CAPABILITIES:** The patient states that she can walk for 4 blocks. She can stand for 10 minutes before she has to sit. She can sit for 15 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: Play sports, lift, carry, laundry, kneeling, squatting, negotiating stairs, and jogging.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 7/10, 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 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, able to reach behind the back.

Right knee: Right 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 clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 8/10, 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 clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right ankle: Right ankle pain is 7/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest.

Left ankle: Left ankle pain is 7/10, described as intermittent, dull, achy pain. 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 7 inches, weight is 120 pounds, and BMI is 18.8. 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. 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 130/180 degrees, extension 50/60 degrees, internal rotation 70/90 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 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 170/180 degrees, adduction 40/45 degrees, forward flexion 170/180 degrees, extension 55/60 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 knee reveals tenderness along the medial joint line and lateral joint line. There is no heat, swelling, 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 120/130 degrees and extension 0/5 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 no heat, swelling, 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 120/130 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.

The right ankle reveals swelling noted over lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The left ankle reveals swelling noted over lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the medial/lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 02/17/2022, shows joint effusion. Attenuated cuff tendons. Cuff tendinosis and tendinitis. Erosion and/or osteochondral defect. Impingement and outlet syndrome. Hypoplastic labrum and biceps tendon. MRI of the left knee, done on 03/31/2022, shows partial ACL tear. Grade I to II LCL sprain. Some joint space narrowing. Some degree of joint fluid. Supra and infrapatellar plica. Hypertrophic tibial tuberosity. Bone lesions in distal femur and proximal tibia as described, consider followup postcontrast MRI x-ray correlation for further evaluation. MRI of the right ankle, done on 04/26/2022, shows Partial tear of deltoid ligament Joint fluid. Distal radioulnar joint fluid. Poroneat ligament instability complex. Mid hindfoot and subtalar joint narrowing. Tibiotalar joint narrowing. MRI of the left ankle, done on 03/17/2022, shows mortise narrowing. Some degree of joint fluid. No other focal findings appreciated.

**ASSESSMENT:**

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M75.21 Bicipital tendinitis, right shoulder.
9. M25.511 Pain, right shoulder.
10. S49.91XA Injury, right shoulder.
11. S46.101A Biceps tendon tear, right shoulder.
12. M24.10 Glenoid chondral defect, right shoulder.
13. M67.211 Hypertrophic synovitis, right shoulder.
14. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
15. M25.411 Joint effusion, right 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. S46.102A Biceps tendon tear, left shoulder.
28. M24.10 Glenoid chondral defect, left shoulder.
29. M25.412 Joint effusion, left shoulder.
30. M23.91 Internal derangement, right knee.
31. S83.511A Anterior cruciate ligament sprain, right knee.
32. M94.261 Chondromalacia, right knee.

- 33. S83.31XA Tear articular cartilage, right knee.
- 34. M25.461 Joint effusion, right knee.
- 35. M12.569 Traumatic arthropathy, right knee.
- 36. S80.911A Injury, right knee.
- 37. M25.561 Pain, right knee.
- 38. M65.161 Synovitis, right knee.
- 39. M24.661 Adhesions, right knee.
- 40. M23.92 Internal derangement, left knee.
- 41. S83.512A Anterior cruciate ligament sprain, left knee.
- 42. S83.412A Medial collateral ligament sprain, left knee.
- 43. M94.262 Chondromalacia, left knee.
- 44. S83.32XA Tear articular cartilage, left knee.
- 45. M22.2X2 Patellofemoral chondral injury, left knee.
- 46. M25.462 Joint effusion, left knee.
- 47. S80.912A Injury, left knee.
- 48. M25.562 Pain, left knee.
- 49. M65.162 Synovitis, left knee.
- 50. M23.40 Loose body in knee, left knee.
- 51. M24.10 Chondral lesion, left knee.
- 52. M24.662 Adhesions, left knee.
- 53. Minimal symptoms, right ankle.
- 54. Minimal symptoms, left ankle.

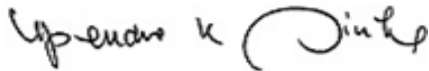
**PLAN:**

- 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, left knee, right ankle, and left ankle pain.
- 4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
- 5. Continue physical therapy for right shoulder, left shoulder, right knee, left knee, right ankle, and left ankle pain 3 days/week.
- 6. MRI ordered of right shoulder and right knee to rule out ligament tear and/or synovial injury.
- 7. Discussed left 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. 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 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.
- 9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.

10. All the benefits and risks of the left 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.
11. All the questions in regard to the procedure were answered.
12. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left knee 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.
13. Follow up in 2 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.



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