

UK Sinha Physician, P.C.

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June 28, 2022

Office seen at:
Dolphin Family Chiropractic, P.C.
430 W Merrick Road
Valley Stream, NY 11580
Phone# (516) 612-7288

Re: Huston, Matthew
DOB: 04/27/1998
DOA: 03/19/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: A 24-year-old right-hand dominant male involved in a motor vehicle accident on 03/19/2022. 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 did not go to any hospital that same day. The patient presents today complaining of right shoulder and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months with good relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Asthma.

PAST SURGICAL HISTORY: Right inguinal hernia repair in 2020.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n.

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 5 blocks. He can stand for 10 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: play sports, driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, 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 able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 10/10, described as intermittent, 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, 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. The patient has asthma.

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 175 pounds, and BMI is 25.1. 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. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 130/180 degrees, adduction 35/45 degrees, forward flexion 125/180 degrees, extension 45/60 degrees, internal rotation 50/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left knee reveals tenderness along the medial joint line and lateral joint line. 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 85/130 degrees

and extension 3/5 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 right shoulder, done on 06/03/2022, shows presence of AC joint impingement. The rotator cuff structures are intact. The visualized portions of the labrum are unremarkable. In the given clinical setting of trauma, the study is otherwise inconclusive which implies the need for further clinical investigation. MRI of the left knee, done on 05/15/2022, shows presence of joint fluid compatible with synovitis. The anterior and posterior cruciate ligaments as well as the medial and lateral collateral ligament complexes are intact. The meniscal structures are intact. No acute osseous abnormalities. In the given clinical setting of trauma, the study is otherwise inconclusive which implies the need for further clinical investigation.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.41 Impingement, right shoulder.
3. M25.511 Pain, right shoulder.
4. S49.91XA Injury, right shoulder.
5. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
6. M25.411 Joint effusion, right shoulder.
7. M23.92 Internal derangement, left knee.
8. M25.462 Joint effusion, left knee.
9. S80.912A Injury, left knee.
10. M25.562 Pain, left knee.
11. M65.162 Synovitis, 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 right shoulder and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left knee.
7. Discussed right shoulder and left knee arthroscopy versus conservative management with the patient. The patient will consider arthroscopic intervention if the pain does not improve after PT of 4 weeks.
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 right shoulder and 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 right shoulder and 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.

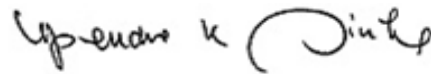
11. All the questions in regard to the procedure were answered.
12. Follow up in 4 weeks.

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.

Mellita Shakhmurov, PA-C

MS/AEI



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