

UK Sinha Physician, P.C.

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June 29, 2022

Office seen at:

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

Re: Vernet, Lillian
DOB: 11/12/1959
DOA: 04/25/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, right knee and neck pain.

HISTORY OF PRESENT ILLNESS: A 62-year-old right-hand dominant female involved in accident on 04/25/2022. The police were not called to the scene of the accident. The patient was transported via ambulance to Elmhurst Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, right knee and neck pain sustained in the accident. The patient was attending physical therapy for the last 3 weeks with no relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Forxiga and Tylenol.

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 she can walk for 1 block. She can stand for 10 minutes before she has to sit. She 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 she is unable to do the following activities: Garden, play sports, driving, lifting heavy

objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient is unable to reach overhead or 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 knee: Right knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes buckling and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice. The patient has long leg brace and walking with cane.

The patient is vaccinated.

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 9 inches, weight is 174 pounds, and BMI is 25.7. 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. 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 35/45 degrees, forward flexion 95/180 degrees, extension 50/60 degrees, internal rotation 55/90 degrees, and external rotation 75/90 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, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 45/130 degrees and extension -15/5 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 06/28/2022, shows partial-thickness undersurface tear of the supraspinatus tendon. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seep with full thickness rotator cuff tear. MRI of the right knee, done on 05/13/2022, shows comminuted nondisplaced patellar fracture. Undersurface tear of the posterior horn of the medial meniscus. Tear of the body lateral meniscus. Diffuse patellofemoral chondral loss including high-grade chondromalacia patella along the superior median ridge and adjacent medial and lateral facets. Mild diffuse chondral thinning along the medial femoral condyle. Patellar tendinosis. Synovitis beneath the ITB. Small joint effusion/synovitis and edema within the subcutaneous fat.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. S43.431A Labral tear, right shoulder.
6. M75.41 Impingement, right shoulder.
7. M65.811 Tenosynovitis, right shoulder.
8. M75.51 Bursitis, right shoulder.
9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. M67.211 Hypertrophic synovitis, right shoulder.
13. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
14. M25.411 Joint effusion, right shoulder.
15. S83.241A Medial meniscus tear, right knee.
16. M23.200 Lateral meniscus derangement, right knee.
17. M23.91 Internal derangement, right knee.
18. S83.519A Anterior cruciate ligament tear, right knee.
19. S83.511A Anterior cruciate ligament sprain, right knee.
20. M94.261 Chondromalacia, right knee.
21. M22.2X1 Patellofemoral chondral injury, right knee.
22. M25.461 Joint effusion, right knee.
23. S80.911A Injury, right knee.
24. M25.561 Pain, right knee.
25. M65.161 Synovitis, right knee.
26. M24.10 Chondral lesion, right knee.
27. M24.661 Adhesions, right knee.

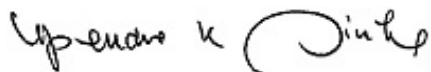
PLAN:

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. 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 think about surgery.
7. 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. 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.
10. All the questions in regard to the procedure were answered.

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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Board Certified Orthopedic Surgeon

MS/AEI