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June 8, 2022

Office seen at:

PR Medical PC

79-09B Northern Blvd

Jackson Heights, NY 11372

Phone# (718) 507-1438

Re: Jones, Hellean

DOB: 01/02/1964

DOA: 02/12/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 58-year-old right-hand dominant female involved in a motor vehicle accident on 02/12/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front driver side. The airbags deployed. The patient was transported via ambulance to New York Presbyterian Flushing and was treated and released the same day. The patient presents today complaining of right shoulder, right knee and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for 4 times per weeks months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Kidney transplant, colon cancer last year with 6 months of chemotherapy.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is not taking any medication at this time.

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 3 blocks. She can stand for 20 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: carrying heavy objects, reaching overhead, kneeling, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and 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 5/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has no difficulty rising from a chair and no difficulty going up and down stairs. The patient also notes clicking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 5/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has no difficulty rising from a chair and no difficulty going up and down stairs. The patient also notes clicking. Worse with range of motion and improves with rest, medication, 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: Headaches, dizziness.

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 1 inches, weight is 230 pounds, and BMI is 43.5. The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, 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 105/180 degrees, adduction 40/45 degrees, forward flexion 115/180 degrees, extension 40/60 degrees, internal rotation 35/90 degrees, and external rotation 65/90 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 lateral joint line, superior pole of patella, inferior pole of the patella. There is no heat, swelling, erythema, crepitus or deformity appreciated.

Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 degrees and extension full. 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 lateral joint line, superior pole of patella, inferior pole of the patella. There is no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 degrees and extension full. 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 knee, done on 02/23.2022, shows an articular surface tear is noted anteriorly of the supraspinatus tendon. Tendinitis changes are seen at the supraspinatus and infraspinatus tendons, as noted. A partial-thickness tear is seen at the subscapularis tendon with laxity, the joint effusion is seen without evidence of a loose body. MRI of the right knee, done on 04/22/2022, shows an interstitial tear of the ACL is noted diffusely with surrounding reactive changes. A horizontal tear is seen peripherally at the anterior horn of the lateral meniscus. There is a contusion over the proximal patellar tendon. Patella alta is noted. MRI of the left knee, done on 04/22/2022, shows a horizontal tear of the anterior horn of the lateral meniscus is noted. There is a grade I injury of the medial collateral ligament. a small focal contusion is seen overlying the proximal patellar tendon and laterally over the lateral femoral condyle.

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. M25.511 Pain, right shoulder.
10. S49.91XA Injury, right shoulder.
11. M67.211 Hypertrophic synovitis, right shoulder.
12. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
13. M25.411 Joint effusion, right shoulder.
14. M23.200 Lateral meniscus derangement, right knee.
15. M23.91 Internal derangement, right knee.
16. S83.511A Anterior cruciate ligament sprain, right knee.
17. M94.261 Chondromalacia, right knee.
18. M22.2X1 Patellofemoral chondral injury, left knee.
19. M25.461 Joint effusion, right knee.
20. M12.569 Trauma arthropathy, right knee.
21. S80.911A Injury, right knee.

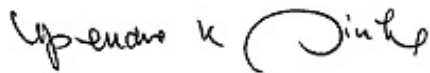
- 22. M25.561 Pain, right knee.
- 23. M65.161 Synovitis, right knee.
- 24. M24.661 Adhesions, right knee.
- 25. S83.282A Lateral meniscus tear, left knee.
- 26. M23.92 Internal derangement, left knee.
- 27. S83.512A Anterior cruciate ligament sprain, left knee.
- 28. M94.262 Chondromalacia, left knee.
- 29. S83.32XA Tear articular cartilage, left knee.
- 30. M22.2X2 Patellofemoral chondral injury, left knee.
- 31. M25.462 Joint effusion, left knee.
- 32. S80.912A Injury, left knee.
- 33. M25.562 Pain, left knee.
- 34. M65.162 Synovitis, left knee.
- 35. M24.10 Chondral lesion, left knee.
- 36. M24.662 Adhesions, 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, right knee, and left knee.
- 4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
- 5. Continue physical therapy for right shoulder, right knee, and left knee 3 days/week.
- 6. Follow up in 1 month.

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.



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

MS/AEI