# UK Sinha Physician, P.C.

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July 06, 2022

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Re: Bello, Edward
DOB: 11/02/1980
DOA: 06/13/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder, and right knee pain.

**HISTORY OF PRESENT ILLNESS:** A 41-year-old right-hand dominant male involved in a motor vehicle accident on 06/13/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear 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 NewYork-Presbyterian Hospital and was treated and released the same day. The patient presents today complaining of left shoulder and right knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3-4 weeks with little relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Bypass surgery 2 times, bilateral eye cataract surgery, right shoulder arthroscopy in 2019.

**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 1/2 block. He can stand for 5 minutes before he has to sit. He 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 he is unable to do the following activities: driving, lifting heavy objects, , kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness, popping, and clicking. The patient is unable to reach overhead and unable to reach 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 8-9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and 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.

**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 6 inches, weight is 230 pounds, and BMI is 37.1. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint and deltoid. There is no heat, swelling, erythema, crepitus, or deformity appreciated. Negative drop arm test. Positive 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 110/180 degrees, adduction 35/45 degrees, forward flexion 110/180 degrees, extension 45/60 degrees, internal rotation 45/90 degrees, and external rotation 50/90 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 lateral joint line and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion

110/130 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 right lower extremity.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 06/21/2022, shows a focal bursal surface tear is seen anteriorly at the supraspinatus tendon, as noted. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. There is no fracture. There is no bone bruise. There is no impingement. MRI of the right knee, done on 06/21/2022, shows a horizontal mildly complex tear of the lateral meniscus is seen from the anterior horn to the posterior horn. There is no folded component. Small joint effusion is seen without evidence of a loose body.

**ASSESSMENT:**

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.42 Impingement, left shoulder.
4. M65.812 Tenosynovitis, left shoulder.
5. M75.52 Bursitis, left shoulder.
6. M25.512 Pain, left shoulder.
7. S49.92XA Injury, left shoulder.
8. M25.412 Joint effusion, left shoulder.
9. M23.200 Lateral meniscus derangement, right knee.
10. M23.91 Internal derangement, right knee.
11. S83.511A Anterior cruciate ligament sprain, right knee.
12. S83.411 Medial collateral ligament sprain, right knee.
13. M94.261 Chondromalacia, right knee.
14. M25.461 Joint effusion, right knee.
15. S80.911A Injury, right knee.
16. M25.561 Pain, right knee.

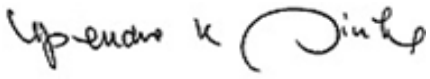
**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder and right knee
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and right knee 3 days/week.
6. Discussed 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 proceed with 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 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 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.
11. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right 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.
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.



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