

UK Sinha Physician, P.C.

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August 08, 2022

Office seen at:

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Re: Sanchez, Carlos
DOB: 12/23/1962
DOA: 11/08/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 59-year-old right-hand dominant male involved in a motor vehicle accident on 11/08/2021. The patient was a front passenger and was wearing a seatbelt. The patient was parked and a truck came and hit him from the back. The vehicle was struck on the rear side. The airbags did not deploy. The EMS did not arrive 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, left shoulder, right knee, and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for 2 times per week with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: High blood pressure. There is no previous history of trauma.

PAST SURGICAL HISTORY: The patient had arthroscopy of right shoulder by Dr. Bannon in September 2021. The patient had arthroscopy of the left knee by Dr. Bannon in September 2020.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

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 he can walk for 3 blocks. He can stand for 15 minutes before he has to sit. He can sit for 20 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, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has 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.

Right knee: Right knee pain is 3/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs.

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.

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 159 pounds, and BMI is 24.9. 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. Negative O'Brien test. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 140/180 degrees, adduction 40/45 degrees, forward flexion 160/180 degrees, extension 50/60 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 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. 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 120/180 degrees, extension 50/60 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. There is crepitus appreciated. There is no heat, swelling, 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 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 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 110/130 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 left lower extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 03/16/2022, shows tendinopathy and bursal surface fraying of the supraspinatus and infraspinatus tendons. Tear and blunting of the anterior and posterior labrum. Mild AC joint arthrosis. Lateral downsloping acromion which may be causing impingement. MRI of the right knee, done on 03/24/2022, shows peripheral tear involving the medial meniscal body-posterior horn junction extending into the body involving its inferior meniscal surface in close proximity to the capsular margin. Medial collateral ligament strain at its femoral attachment site. Inhomogeneity of the distal quadriceps and focally at the distal patellar tendon representing insertional tendinosis/tendinopathy with edema in the prepatellar subcutaneous tissues. MRI of the left knee, done on 03/16/2022, shows local edema deep to the ITB which can be seen with ITB friction syndrome. Findings compatible with an Osgood-Schlatter with insertional tendinosis of the patellar tendon and fragmentation of the anterior tibial tuberosity. Mild quadriceps tendinosis. Small knee effusion. Anterior soft tissue swelling.

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. M65.811 Tenosynovitis, right shoulder.
6. M75.51 Bursitis, right shoulder.
7. M75.21 Bicipital tendinitis, right shoulder.
8. M25.511 Pain, right shoulder.
9. S49.91XA Injury, right shoulder.

10. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
11. M25.411 Joint effusion, right shoulder.
12. M24.812 Internal derangement, left shoulder.
13. M75.02 Adhesive capsulitis, left shoulder.
14. M75.82 Shoulder tendinitis, left shoulder.
15. S43.432A Labral tear, left shoulder.
16. S43.432A SLAP tear, left shoulder.
17. M75.42 Impingement, left shoulder.
18. M65.812 Tenosynovitis, left shoulder.
19. M75.52 Bursitis, left shoulder.
20. M75.22 Bicipital tendinitis, left shoulder.
21. M25.512 Pain, left shoulder.
22. S49.92XA Injury, left shoulder.
23. S46.102A Biceps tendon tear, left shoulder.
24. M67.212 Hypertrophic synovitis, left shoulder.
25. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
26. M25.412 Joint effusion, left shoulder.
27. S83.241A Medial meniscus tear, right knee.
28. M23.91 Internal derangement, right knee.
29. S83.511A Anterior cruciate ligament sprain, right knee.
30. S83.411 Medial collateral ligament sprain, right knee.
31. M94.261 Chondromalacia, right knee.
32. S83.31XA Tear articular cartilage, right knee.
33. M22.2X1 Patellofemoral chondral injury, 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. S83.242A Medial meniscus tear, left knee.
41. M23.92 Internal derangement, left knee.
42. S83.512A Anterior cruciate ligament sprain, left knee.
43. S83.412A Medial collateral ligament sprain, left knee.
44. M94.262 Chondromalacia, left knee.
45. S83.32XA Tear articular cartilage, left knee.
46. M22.2X2 Patellofemoral chondral injury, left knee.
47. M25.462 Joint effusion, left knee.
48. M12.569 Traumatic arthropathy, left knee.
49. S80.912A Injury, left knee.
50. M25.562 Pain, left knee.
51. M65.162 Synovitis, left knee.

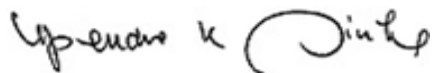
PLAN:

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, left shoulder, right knee, and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, and left knee 3 days/week.
6. The patient had torn medial meniscus right knee but very little symptoms but has increased pain in left knee.
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 wants to think about surgery.
8. The patient needs medical clearance prior to surgery.
9. 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. 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.
12. All the questions in regard to the procedure were answered.
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.



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

UKS/AEI