

# UK Sinha Physician, P.C.

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September 26, 2022

Office seen at:  
Graham Wellness Medical P.C.  
150 Graham Avenue Suite A  
Brooklyn, NY 11206  
Phone# (718) 218-6616

Re: Hernandez, Alexander  
DOB: 05/30/1973  
DOA: 06/04/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

**HISTORY OF PRESENT ILLNESS:** A 49-year-old right-hand dominant male involved in a motor vehicle accident on 06/04/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front driver 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 left shoulder and right knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3.5 months with no relief.

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

**PAST MEDICAL HISTORY:** Noncontributory. There is a previous history of trauma, MVA about 2 years ago.

**PAST SURGICAL HISTORY:** Right knee arthroscopy about 2 years ago and appendectomy about 20 years ago.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

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

**SOCIAL HISTORY:** The patient smokes one-half a pack of cigarettes per day. 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 less 5 minutes before he has to sit. He can sit for less than 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: 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:** Left shoulder: Left shoulder pain is 10/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain.

Right knee: Right 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.

**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 11 inches, weight is 260 pounds, and BMI is 36.3. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, and proximal biceps tendon. 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. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 105/180 degrees, adduction 35/45 degrees, forward flexion 115/180 degrees, extension 45/60 degrees, internal rotation 40/90 degrees, and external rotation 55/90 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, lateral joint line, superior pole of patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman

test. Negative patellofemoral grinding test. Negative anterior drawer. Positive posterior drawer. Range of motion reveals flexion 80/130 degrees and extension 4/5 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 06/29/2022, shows multifocal tears of the glenoid labrum with paralabral cysts adjacent to the posterior inferior and anterior inferior glenoid. Background of severe glenohumeral joint arthrosis. Supraspinatus, infraspinatus, and subscapularis tendinitis. Mild acromioclavicular joint disease. MRI of the right knee, done on 06/29/2022, shows oblique tear of medial meniscal body with medial extrusion of body segment and reactive marrow edema signal at the medial corner of the medial tibial plateau. Oblique tear at the anterior horn of lateral meniscus. Partial thickness chondral fissuring at the posterior lateral tibial plateau. Joint effusion. Small loculated fluid/ganglion cyst formation within Hoffa fat, anterior to the medial tibial plateau. Insertional quadriceps tendinitis. Soft tissue edema about the anterior knee.

**ASSESSMENT:**

1. M24.812 Internal derangement, left shoulder.
2. M75.82 Shoulder tendinitis, left shoulder.
3. S43.432A Labral tear, left shoulder.
4. M75.42 Impingement, left shoulder.
5. S49.92XA Injury, left shoulder.
6. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
7. M19.012 Primary osteoarthritis, left shoulder.
8. M25.412 Joint effusion, left shoulder.
9. S83.241A Medial meniscus tear, right knee.
10. M23.200 Lateral meniscus derangement, right knee.
11. M23.91 Internal derangement, right knee.
12. S83.31XA Tear articular cartilage, right knee.
13. M22.2X1 Patellofemoral chondral injury, right knee.
14. M25.461 Joint effusion, right knee.
15. 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. Recommend steroid injections with pain management for left shoulder and right knee.  
The patient refuses due to side effects.
7. Discussed left 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 wants to think about surgery.

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 left 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.
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 left 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 2 weeks for decision.

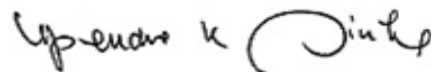
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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



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Board Certified Orthopedic Surgeon