

# UK Sinha Physician, P.C.

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September 19, 2022

Office seen at:  
JL Medical PC  
172-17 Jamaica Avenue  
Jamaica, NY 11432  
Phone# (929) 499-3003

Re: McDonald, Denor  
DOB: 11/21/1991  
DOA: 08/12/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, neck, and low-back pain.

**HISTORY OF PRESENT ILLNESS:** A 30-year-old right-hand dominant male involved in a motor vehicle accident on 08/12/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. The police were called to the scene of the accident. The patient went by car to Long Island Jewish Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, neck, and low-back pain sustained in the motor vehicle accident. The patient was attending physical therapy 4 times a week with little relief.

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

**PAST MEDICAL HISTORY:** Noncontributory. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking Motrin and muscle relaxant.

**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 1/2 hour before he has to sit. He can sit for 30 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, childcare, carrying heavy objects, laundry, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 6-7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, 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.

Left shoulder: Left shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, 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.

**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 175 pounds, and BMI is 25.8. 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. abduction 140/180 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 right upper extremity.

The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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 110/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 70/90 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.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 09/02/2022, shows impingement. Glenohumeral joint effusion. AC joint narrowing and acromion spurring. Hypoplastic biceps tendon. The anterior and posterior labrum are partially torn and disrupted. Tendinosis/tendonitis with intrasubstance tearing of the subscapularis, supraspinatus and infraspinatus portion of the cuff. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. MRI of the left shoulder, done on 09/14/2022, shows impingement. The tendons of the rotator cuff are tendinopathic with tendinosis/tendonitis of the supraspinatus, subscapularis and infraspinatus portion of the cuff. Hypoplastic labrum. The biceps tendon is partially torn. AC joint narrowing and acromion spurring. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

**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. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. S46.012A Partial rotator cuff tear, left 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. M75.42 Impingement, left shoulder.
17. M65.812 Tenosynovitis, left shoulder.
18. M75.52 Bursitis, left shoulder.
19. M25.512 Pain, left shoulder.
20. S49.92XA Injury, left shoulder.
21. S46.102A Biceps tendon tear, left shoulder.
22. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
23. M25.412 Joint effusion, left shoulder.

**PLAN:**

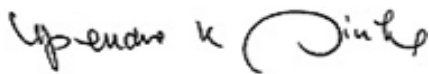
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder and left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left shoulder 3 days/week.
6. Discussed left shoulder 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.

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 left shoulder 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 left shoulder 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. 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

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