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July 06, 2022

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Re: Feroj Hossain, Fahim
DOB: 12/31/1983
DOA: 03/01/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, right knee, left knee, right ankle, left ankle, right wrist, left wrist, neck and low back pain.

HISTORY OF PRESENT ILLNESS: A 39-year-old right-hand dominant male involved in a worked related accident on 03/01/2022. 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 did not arrive on the scene. The police were not 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, left knee, right ankle, left ankle, right wrist, left wrist, neck and low back pain sustained in the work-related accident. The patient was attending physical therapy for the last 3 weeks with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Diabetes, hyperlipidemia, and asthma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking metformin, atorvastatin, and Albuterol.

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, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 7-8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has popping and clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, and physical therapy.

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 or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, and physical therapy.

Right knee: Right knee pain is 6/10, described as intermittent, 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, and buckling. Worse with range of motion and improves with rest, medication, and physical therapy.

Left knee: Left knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has 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, and physical therapy.

Right ankle: Right ankle pain is 6/10, described as intermittent, dull, achy pain. Patient with standing, walking and climbing. Worse with range of motion and improves with rest, meds and PT.

Left ankle: Left ankle pain is 6/10, described as intermittent, dull, achy pain. Patient with standing, walking and climbing. Worse with range of motion and improves with rest, meds and PT.

Right wrist: Right wrist pain is 8/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, and physical therapy.

Left wrist: Left wrist pain is 8/10, described as constant, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, and physical therapy.

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 190 pounds, and BMI is 30.7. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, proximal biceps tendon and deltoid. 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 35/45 degrees, forward flexion 110/180 degrees, extension 45/60 degrees, internal rotation 60/90 degrees, and external rotation 60/90 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, AC joint and proximal biceps tendon. 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 35/45 degrees, forward flexion 105/180 degrees, extension 45/60 degrees, internal rotation 60/90 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 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.

The left 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 left lower extremity.

The right ankle reveals swelling, hematoma and bruises noted over anterior/posterior/lateral malleolar aspect. Positive/Negative anterior drawer test. Positive/Negative inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantar flexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The left ankle reveals swelling, hematoma and bruises noted over anterior aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the medial aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantar flexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The right wrist reveals pain to palpation anteriorly. 3/5 grip strength. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 60/80 degrees, extension 60/70 degrees, radial deviation 10/20 degrees, ulnar deviation 20/30 degrees.

The left wrist reveals pain to palpation anteriorly. 3/5 grip strength. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 60/80 degrees, extension 55/70 degrees, radial deviation 150/20 degrees, ulnar deviation 20/30 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 04/05/2022, shows a moderate partial-thickness tear is seen at the scapularis tendon at the upper aspect. There is no attenuation. Tendinosis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the left shoulder, done on 04/29/2022, shows an insertional tendinopathy is seen at the distal supraspinatus tendon. A bursal surface tear is seen anteriorly at the supraspinatus tendon. There is no fracture or bone bruise. There is no impingement. MRI of the right wrist, done on 05/08/2022, shows a focal bone bruise is seen ventrally at the proximal scaphoid. There is no ligamentous injury.

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. M25.511 Pain, right shoulder.
9. M25.411 Joint effusion, right shoulder.
10. S46.012A Partial rotator cuff tear, left shoulder.
11. M24.812 Internal derangement, left shoulder.
12. M75.02 Adhesive Capsulitis, left shoulder.
13. M75.82 Shoulder tendinitis, left shoulder.
14. S43.432A Labral tear, left shoulder.
15. M75.42 Impingement, left shoulder.
16. M65.812 Tenosynovitis, left shoulder.
17. M75.52 Bursitis, left shoulder.

18. M75.22 Bicipital Tendinitis, left shoulder.
19. M25.512 Pain, left shoulder.
20. S49.92XA Injury, left shoulder.
21. M25.412 Joint effusion, left shoulder.
22. S83.241A Medial meniscus tear, right knee.
23. M23.91 Internal derangement, right knee.
24. S83.511A Anterior cruciate ligament sprain, right knee.
25. S83.411 Medial collateral ligament sprain, right knee.
26. M25.461 Joint effusion, right knee.
27. S80.911A Injury, right knee.
28. M25.561 Pain, right knee.
29. S83.242A Medial meniscus tear, left knee.
30. M23.92 Internal derangement, left knee.
31. S83.512A Anterior cruciate ligament sprain, left knee.
32. S83.412A Medial collateral ligament sprain, left knee.
33. M94.262 Chondromalacia, left knee.
34. M25.462 Joint effusion, left knee.
35. S80.912A Injury, left knee.
36. M25.562 Pain, left knee.
37. Internal derangement, right wrist.
38. Internal derangement, left wrist.
39. Sprain, right ankle.
40. Sprain, left ankle.

PLAN:

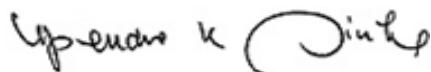
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, right knee, left knee, right ankle, left ankle, right wrist, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, left knee, right ankle, left ankle, right wrist, and left wrist 3 days/week.
6. Discussed right shoulder and 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 would like to proceed with surgery.
7. The patient needs medical clearance prior to surgery. Workers' Compensation Board authorization needed prior to 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 right shoulder and 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.
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 right shoulder and 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.
11. All the questions in regard to the procedure were answered.
12. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left shoulder 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.
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

IMPAIRMENT RATING: 50%.

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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Board Certified Orthopedic Surgeon

MS/AEI