UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132
usinhaorthopedics@gmail.com

June 8, 2022

Office seen at:
PR Medical PC
79-09B Northern Blvd
Jackson Heights, NY 11372
Phone# (718) 507-1438

Re: Bunay, Jorge
DOB: 03/14/1970
DOA: 11/26/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 52-year-old right-hand dominant male involved in a motor vehicle accident on 11/26/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear driver's 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 was transported via ambulance to Elmhurst Hospital and was treated and released the 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 the last 7 months with little relief.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking ibuprofen.

SOCIAL HISTORY: The patient is a nonsmoker. The does not drink alcohol.

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 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is able to reach overhead and behind the back and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 8/10, described as 8 constant/intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and 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 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. 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.

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

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.6 degrees Fahrenheit.
General: No fever, night sweats, weight gain, or weight loss. The patient has chills.
HEENT: No double vision, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness. The patient has eye pain.
Endocrine: No cold intolerance, appetite changes or hair changes.
Skin: Clear, no rashes or lesions.
Neuro: No vertigo or tremor. There are headaches and dizziness.
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 4 inches, weight is 160 pounds, and BMI is 27.5. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint. There is no heat, 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 165/180 degrees, adduction 15/45 degrees, forward flexion 160/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 70/90 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 crepitus appreciated. There is no heat, swelling, erythema 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 160/180 degrees, adduction 40/45 degrees, forward flexion 145/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 65/90 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 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 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, lateral joint line, superior pole of patella. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 degrees and extension full. 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 right shoulder, done on 12/21/2021, shows a midsubstance tear is seen anteriorly at the proximal supraspinatus tendon. Minimal involvement of the articular surface is seen anteriorly. A focal oblique tear is seen at the superior labrum anteriorly involving the proximal biceps tendon. There is no attenuation or subluxation. MRI of the left shoulder, done on 01/12/2022, shows a focal articular surface tear is noted anteriorly at the infraspinatus tendon, as noted. Tendinitis changes are seen at the supraspinatus and infraspinatus tendons. There is an oblique tear seen at the midsubstance of the superior labrum anteriorly, as noted. There is no attenuation or displacement. MRI of the right knee, done on 12/21/2021, a complex partially folded tear of the medial meniscus is noted from the mid body to the posterior horn. A folded component is suspected at the posterior horn, correlation for clicking or limitation of motion is recommended. There is an interstitial tear of the ACL. There is a grade I injury of the medial collateral ligament. There is a contusion over the patellar tendon. MRI of the left knee, done on 01/12/2022, shows a horizontal tear is seen from the anterior body to the posterior horn of the medial meniscus, as noted. There is partial extrusion of the mid body of the medial meniscus measuring 3 mm. a tear of the meniscal femoral ligament is suspected. There is a grade I to II injury of the medial collateral ligament. There is a contusion over the patellar tendon, as described.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.

5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M25.511 Pain, right shoulder.
9. S49.91XA Injury, right shoulder.
10. M67.211 Hypertrophic synovitis, right shoulder.
11. M25.411 Joint effusion, right shoulder.
12. Postoperative right shoulder by another doctor.
13. S46.012A Partial rotator cuff tear, left shoulder.
14. M24.812 Internal derangement, left shoulder.
15. M75.02 Adhesive capsulitis, left shoulder.
16. M75.82 Shoulder tendinitis, left shoulder.
17. S43.432A Labral tear, left shoulder.
18. M75.42 Impingement, left shoulder.
19. M65.812 Tenosynovitis, left shoulder.
20. M75.52 Bursitis, 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. M24.012 Loose Bodies, left shoulder.
27. M25.412 Joint effusion, left shoulder.
28. Postoperative left shoulder by another doctor.
29. S83.241A Medial meniscus tear, right knee.
30. M23.200 Lateral meniscus derangement, right knee.
31. M23.91 Internal derangement, right knee.
32. S83S83.511A Anterior cruciate ligament sprain, right knee.
33. M25.461 Joint effusion, right knee.
34. S80.911A Injury, right knee.
35. M25.561 Pain, right knee.
36. M65.161 Synovitis, right knee.
37. M24.10 Chondral lesion, right knee.
38. M24.661 Adhesions, right knee.
39. Postoperative right knee by another doctor.
40. S83.242A Medial meniscus tear, left knee.
41. S83.282A Lateral meniscus tear, left knee.
42. M23.92 Internal derangement, left knee.
43. S83.512A Anterior cruciate ligament sprain, left knee.
44. M94.262 Chondromalacia, left knee.
45. M22.2X2 Patellofemoral chondral injury, left knee.
46. M25.462 Joint effusion, left knee.
47. S80.912A Injury, left knee.
48. M25.562 Pain, left knee.
49. M65.162 Synovitis, left knee.
50. M24.662 Adhesions, 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 bilateral shoulders and bilateral knees.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for bilateral shoulders and bilateral knees 3 days/week.
6. The patient had cortisone injection to the left knee 2 weeks ago by another doctor and is feeling somewhat better. Recommend steroid injections with pain management for left knee. The patient accepts.
7. 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.
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 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 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.

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

MS/AEI