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August 10, 2022

Office seen at:
Baxter Medical Care, PC
8106 Baxter Ave # Mc2
Elmhurst, NY 11373
Phone# (718) 639-1110

Re: Vega-Rios, Emerson
DOB: 12/17/1999
DOA: 06/10/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 29-year-old right-hand dominant male involved in a motor vehicle accident on 06/10/2022. The patient was riding a scooter hit by a car and fell down on the right side. The patient was transported via ambulance to NYC Health + Hospital/ Elmhurst and was treated and released the same day. The patient presents today complaining of left shoulder, right knee, right ankle, right wrist, left wrist, neck and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times a week with little relief.

WORK HISTORY: The patient is currently working as a full-time bartender.

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 not taking any medication at this time.

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 5 blocks. He can stand for 6 hours before he has to sit. He can sit for 1-1/2 hours 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: lifting heavy objects, carrying heavy objects, laundry, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: 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.

Right knee: Right knee pain is 8/10, 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. The patient also notes clicking, popping, buckling, and intermittent locking.

Right ankle: Right ankle pain is 6/10, described as intermittent, dull, achy pain. Pain with standing.

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 6 feet 2 inches, weight is 155 pounds, and BMI is 19.9. The left shoulder reveals tenderness to palpation over 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. Negative 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 155/180 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 no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer.

Range of motion reveals flexion 115/130 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 right ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 45/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The right wrist reveals pain to palpation over the distal radius/ scaphoid. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

The left wrist reveals pain to palpation over the ulnar styloid and distal radius. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 65/80 degrees, extension 55/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 08/08/2022, shows increased signal at the anterior leading edge of the supraspinatus indicating tendinopathy. Fluid seen in the subacromial subdeltoid bursa indicating bursitis. AC hypertrophy contributing with supraspinous outlet obstruction. Biceps tendon has a longitudinal split is within the bicipital groove with tenosynovitis present. MRI of the right knee, done on 08/01/2022, shows anterior cruciate ligament sprain sequelae. Grade II signal in posterior horn of medial meniscus. Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain. MRI of the right ankle, done on 08/08/2022, fluid and increased signal seen within the sinus tarsus Fluids seep in the anterior subtalar and posterior subtalar joints. Increased bone marrow signal in the anterior calcaneus from trauma sequela. MRI of the right wrist, done on 07/12/2022, shows bone contusion of the medial cuneiform - compatible with trauma sequelae. Linear interstitial tearing of the flexor digitorum tendon at the insertion at the 2nd digit with no tendon retraction.

ASSESSMENT:

1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive Capsulitis, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. M75.42 Impingement, left shoulder.
5. M65.812 Tenosynovitis, left shoulder.
6. M75.52 Bursitis, left shoulder.
7. M75.22 Bicipital Tendinitis, left shoulder.
8. M25.512 Pain, left shoulder.
9. S49.92XA Injury, left shoulder.
10. S46.102A Biceps tendon tear, left shoulder.
11. M25.412 Joint effusion, left shoulder.
12. S83.241A Medial meniscus tear, right knee.
13. M23.91 Internal derangement, right knee.

14. M25.461 Joint effusion, right knee.
15. M12.569 Traumatic arthropathy.
16. S80.911A Injury, right knee.
17. M25.561 Pain, right knee.
18. M65.161 Synovitis, right knee.
19. M24.661 Adhesions, right knee.
20. Grade III sprain lateral collateral ligament, right ankle.
21. Bony contusion carpal bone, right wrist.
22. Torn TFC, left wrist.
23. No fracture seen, rule out Lisfranc injury, right foot.

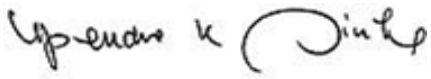
PLAN:

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, right knee, right ankle, right wrist, and left wrist,
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, right knee, right ankle, right wrist, left wrist 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. Plan injection for right ankle, right foot, right wrist, and left wrist. The patient might need arthroscopy of left shoulder and left wrist. PT order given.
12. Follow up in 4 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.



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Board Certified Orthopedic Surgeon

UKS/AEI