

# UK Sinha Physician, P.C.

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June 13, 2022

Office seen at:

Multispecialty Clinic

102-28 Jamaica Avenue

Jamaica, NY 11418

Phone# (718) 441-5440

Re: Nova, Jhojan

DOB: 02/09/1985

DOA: 04/12/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder and left knee pain.

**HISTORY OF PRESENT ILLNESS:** A 37-year-old male involved in a motor vehicle accident on 04/12/2022. 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 arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Jamaica Hospital and was treated and released the same day. The patient presents today complaining of right shoulder and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for 4 times/week with little relief.

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

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory. The patient had right shoulder arthroscopy by Dr. Gorum on June 9, 2022.

**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 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, laundry, shopping, kneeling, squatting, and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Postop done by other doctor.

Left knee: Left knee pain is 2/10, described as constant, 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.

**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, weight is 240 pounds, and BMI is 32.5. The right shoulder postop by another doctor.

The left knee reveals swelling 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. Negative 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 is 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 05/12/2022, shows supraspinatus tendinosis. No rotator cuff tendon tear. Low-lying acromion. Long head biceps tendinosis and tenosynovitis. MRI of the left knee, done on 05/05/2022, shows patella alta with lateral subluxation, minor cartilage fissuring over the patella apex and joint effusion. Quadriceps insertional tendinopathy and fraying. Anterior cruciate ligament mucoid change.

**ASSESSMENT:**

1. Status post right shoulder arthroscopy by another doctor.
2. M23.92 Internal derangement, left knee.
3. S83.519A Anterior cruciate ligament tear, left knee.
4. S83.512A Anterior cruciate ligament sprain, left knee.

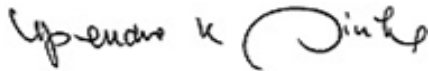
5. S83.412A Medial collateral ligament sprain, left knee.
6. M94.262 Chondromalacia, left knee.
7. M22.2X2 Patellofemoral chondral injury, left knee.
8. M25.462 Joint effusion, left knee.
9. S80.912A Injury, left knee.
10. M25.562 Pain, left knee.
11. M65.162 Synovitis, left knee.
12. M24.10 Chondral lesion, left knee.
13. 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 right shoulder and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left knee 3 days/week. If there is no improvement, the patient will consider left knee arthroscopy.
6. 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

MS/AEI