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: Jauregui, Melania
DOB: 02/13/1987
DOA: 10/20/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and right ankle pain.

HISTORY OF PRESENT ILLNESS: A 35-year-old right-hand dominant female involved in a motor vehicle accident on 10/20/2021. The patient was a bicyclist. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to Mount Sinai Hospital and was treated and released the same day. The patient presents today complaining of right shoulder and right ankle pain sustained in the motor vehicle accident.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking aspirin.

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

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 8 minutes before she has to sit. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: play sports, carry and exercising.

PRESENT COMPLAINTS: Right shoulder: Right 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 or 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 ankle: Right ankle pain is 8/10, described as constant, dull, achy pain. Worse with range of motion and improves with rest. The patient has pain with standing, walking and climbing. Swelling in ankle and diffused ankle cartilage damage.

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 2 inches, weight is 165 pounds, and BMI is 30/2. The right shoulder reveals range of motion, as per goniometer, abduction 110/180 degrees, forward flexion 115/180 degrees, extension 40/60 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 right ankle reveals ROM: Dorsiflexion 10/20 degrees, plantarflexion 45/50 degrees, inversion 5/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 11/16/2021, shows partial-thickness tear is seen at the subscapularis tendon at the upper aspect. There is no attenuation. Mild tendinitis/bursitis changes are seen at the supraspinatus and infraspinatus tendon. MRI of the right ankle, done on 04/11/2022, shows lateral collateral ligaments, intermediate grade partial-thickness tear of the anterior talofibular ligament near the talar attachment (series 4 image 12) and low-grade partial-thickness tear of the calcaneofibular ligament near the fibular attachment (series 8 image 16). Lateral collateral ligament, partial-thickness tears of the anterior fibers near the talar attachments (series 8 image 14). Talocrural joint, 5 x 5 mm osteochondral lesion along the anterior medial tibial plafond and (series 8 image 13 and series 6 image 9). The talar dome articular cartilage appears intact. Synovitis with mildly prominent joint effusion. No evidence of joint bodies. Bones, medial malleolar stress reaction/contusion without visualized fracture line.

ASSESSMENT:
1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.

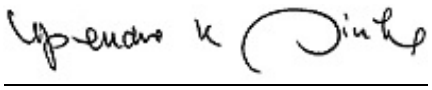
3. M75.01 Adhesive capsulitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M25.511 Pain, right shoulder.
9. S49.91XA Injury, right shoulder.
10. M67.211 Hypertrophic synovitis, right shoulder.
11. M25.411 Joint effusion, right shoulder.
12. Tear of anterior talofibular ligament, right 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 and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right ankle 3 days/week.
6. Recommend steroid injections with pain management for right shoulder. The patient accepts.
7. Discussed right 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.
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 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 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 right shoulder and the patient will be scheduled for right 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. 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
UKS/AEI