

UK Sinha Physician, P.C.

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June 29, 2022

Re: Acevedo, Anthony
DOB: 12/14/1982
DOA: 09/24/2018

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, right knee, left knee, right hip, left hip, 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 work-related accident on 09/24/2018. The patient was transported via ambulance to Long Island Jewish Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, left knee, right hip, left hip, 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 no relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n., gabapentin, meclizine, diclofenac, lidocaine, and cannabis.

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

ADL CAPABILITIES: The patient states that he can walk for 1 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: garden, play sports, 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 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 and able to reach 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.

Left shoulder: Left shoulder pain is 10/10, 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 knee: Right knee pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Left knee: Left knee pain is 10/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes buckling and intermittent locking.

Right hip: Right hip pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing, walking, climbing, and standing from sitting.

Left hip: Left hip pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing, walking, climbing, and standing from sitting.

Left ankle: Left ankle pain is 10/10, described as constant, dull, achy pain. The patient has pain with standing, walking, and climbing.

Right wrist: Right wrist pain is 5/10, described as constant, dull, achy pain. Admits to numbness and tingling. The patient has pain with lifting and carrying.

Left wrist: Left wrist pain is 10/10, described as constant, dull, achy pain. Admits to numbness and tingling. The patient has pain with lifting, carrying, and driving.

Left elbow cubital release on 05/22/2020. The patient is walking with cane. Carpal tunnel release on 05/22/2020

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 204 pounds, and BMI is 27.7. The right shoulder reveals tenderness to palpation over supraspinatus tendon region. 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 140/180 degrees, adduction 35/45 degrees, forward flexion 150/180 degrees, extension 50/60 degrees, internal rotation 50/90 degrees, and external rotation 85/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals swelling/tenderness to palpation over supraspinatus tendon. There is no heat, erythema, crepitus, or deformity appreciated. . Negative drop arm test. Positive 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 90/180 degrees, adduction 30/45 degrees, forward flexion 95/180 degrees, extension 50/60 degrees, internal rotation 40/90 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. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 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. There is no heat, swelling, 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 25/130 degrees and extension -15/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The patient had 3 dislocations left shoulder 3 months ago with spontaneous reduction. The patient had both hips cortisone injections in the past.

The left ankle reveals swelling, hematoma and bruises noted over anterior/posterior/lateral malleolar aspect. ROM: Dorsiflexion 10/20 degrees, plantarflexion 30/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 05/08/2020, shows evidence of prior surgery. There is mild supraspinatus tendinosis with low-grade interstitial tearing. Mild infraspinatus and scapularis tendinosis. Poor visualization of the intraarticular long head biceps tendon raising question of prior tear or intervention. Mild glenohumeral and minimal acromioclavicular degenerative changes. Chronic-appearing tear of the posterior/superior labrum. Small glenohumeral effusion.

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. M75.51 Bursitis, right shoulder.
9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. M67.211 Hypertrophic synovitis, right shoulder.
13. M25.411 Joint effusion, right shoulder.
14. S46.012A Partial rotator cuff tear, left shoulder.
15. M24.812 Internal derangement, left shoulder.
16. M75.02 Adhesive Capsulitis, left shoulder.
17. M75.82 Shoulder tendinitis, left shoulder.
18. S43.432A SLAP tear, left shoulder.
19. M75.42 Impingement, left shoulder.
20. M65.812 Tenosynovitis, left shoulder.
21. M75.52 Bursitis, left shoulder.
22. M75.22 Bicipital Tendinitis, left shoulder.
23. M25.512 Pain, left shoulder.
24. S49.92XA Injury, left shoulder.
25. S46.102A Biceps tendon tear, left shoulder.
26. M67.212 Hypertrophic synovitis, left shoulder.
27. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
28. M25.312 Shoulder instability, left shoulder.
29. M25.412 Joint effusion, left shoulder.
30. M23.91 Internal derangement, right knee.
31. S83.511A Anterior cruciate ligament sprain, right knee.
32. S83.411 Medial collateral ligament sprain, right knee.
33. S83.31XA Tear articular cartilage, right knee.
34. M22.2X1 Patellofemoral chondral injury, right knee.
35. M25.461 Joint effusion, right knee.
36. S80.911A Injury, right knee.
37. M25.561 Pain, right knee.
38. M65.161 Synovitis, right knee.

39. M24.10 Chondral lesion, right knee.
40. M24.661 Adhesions, right knee.
41. S83.242A Medial meniscus tear, left knee.
42. S83.282A Lateral meniscus tear, left knee.
43. M23.92 Internal derangement, left knee.
44. S83.512A Anterior cruciate ligament sprain, left knee.
45. M94.262 Chondromalacia, left knee.
46. S83.32XA Tear articular cartilage, left knee.
47. M22.2X2 Patellofemoral chondral injury, left knee.
48. M25.462 Joint effusion, left knee.
49. M12.569 Traumatic arthropathy, left knee.
50. S80.912A Injury, left knee.
51. M25.562 Pain, left knee.
52. M65.162 Synovitis, left knee.
53. M24.10 Chondral lesion, left knee.
54. M93.262 Osteochondral lesion, left knee.
55. M24.662 Adhesions, left knee.
56. Partial tear drop ? after 2 degree to lumbar pathology, left ankle.

PLAN:

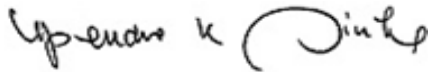
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, right knee, left knee, right hip, left hip, left ankle, right wrist, left wrist, neck and low back pain.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, left knee, right hip, left hip, left ankle, right wrist, left wrist, neck and low back 3 days/week.
6. Discussed right shoulder, left shoulder, right knee, left knee, right hip, left hip, left ankle, right wrist, and left wrist 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.
7. 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, left shoulder, right knee, left knee, right hip, left hip, left ankle, right wrist, and left wrist 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, left shoulder, right knee, left knee, right hip, left hip, left ankle, right wrist, and left wrist 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: 100%.

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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