

# UK Sinha Physician, P.C.

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November 08, 2022

Office seen at:  
Dolphin Family Chiropractic, P.C.  
430 W Merrick Road  
Valley Stream, NY 11580  
Phone# (516) 612-7288

Re: Davis, Tyesha  
DOB: 07/03/1986  
DOA: 05/13/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder, left knee, right hip, left hip and left ankle pain.

**HISTORY OF PRESENT ILLNESS:** A 36-year-old right-hand dominant female involved in a motor vehicle accident on 05/13/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front driver's side. The airbags deployed. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of left shoulder, left knee, right hip, left hip and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 months with little relief.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Noncontributory. There is a previous history of motor vehicle accident in 2021.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking pain medications p.r.n.

**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 5 minutes before she has to sit. She 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 she 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:** Left shoulder: Left shoulder pain is 10/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness. The patient is able to reach overhead and behind the back but unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair or going up and down stairs. Worse with range of motion and improves with rest, physical therapy.

Right hip: Right hip pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing from sitting. Worse with range of motion and improves with rest, physical therapy.

Left hip: Left hip pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing from sitting. Worse with range of motion and improves with rest, physical therapy.

Left ankle: Left ankle pain is 4/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest. Worse with range of motion and improves with rest, physical therapy.

**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 160 pounds, and BMI is 29.3. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, proximal biceps tendon. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of

motion, as per goniometer, abduction 110/180 degrees, adduction 35/45 degrees, forward flexion 120/180 degrees, extension 45/60 degrees, internal rotation 40/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee is non-tender. There is no heat, swelling, erythema, or deformity appreciated. There is crepitus appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The right hip examination is within normal limits.

The left hip examination is within normal limits.

The left ankle examination is within normal limits.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 08/30/2022, shows malalignment of the AC joint with impingement. Findings compatible with myotendinous supraspinatus strain/interstitial tear with associated tenosynovitis/bursitis. The visualized portions of the labrum appear intact. MRI of the left knee, done on 07/01/2022, shows there is approximately 4.5 and 9.2 mm suggestive ganglionic cyst along the mid/distal ACL, which may pose risk for rupture in the setting of trauma. No other significant abnormality. MRI of the right hip, done on 08/12/2022, shows mild lateral hip joint narrowing with fraying and tear of the superior labrum. Joint effusion with no fracture. MRI of the left hip, done on 08/12/2022, shows left gluteus medius and minimus tendinosis associated trochanteric bursitis noted. No evidence for fracture, arthropathy, joint effusion. MRI of the left ankle, done on 07/01/2022, shows small talofibular fluid which is likely these are logical otherwise no other significant abnormality.

**ASSESSMENT:**

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, 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. M25.512 Pain, left shoulder.
8. S49.92XA Injury, left shoulder.
9. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
10. M25.412 Joint effusion, left shoulder.
11. M23.92 Internal derangement, left knee.
12. M25.462 Joint effusion, left knee.
13. S80.912A Injury, left knee.
14. M25.562 Pain, left knee.
15. Ganglionic cyst, left knee.

16. Internal derangement, right hip.
17. Pain, right hip.
18. Injury, right hip.
19. Effusion, right hip.
20. Internal derangement, right hip.
21. Tear of superior labrum, right hip.
22. Internal derangement, left hip.
23. Pain, left hip.
24. Injury, left hip.
25. Bursitis, left hip.
26. Internal derangement, left hip.
27. Effusion, left hip.
28. Pain, left ankle.
29. Injury, 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 left shoulder, left knee, right hip, left hip and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, left knee, right hip, left hip and left ankle 3 days/week.
6. Recommend steroid injections with pain management for left shoulder, left knee, right hip, left hip and left ankle. The patient refuses due to side effects.
7. Discussed left shoulder, left knee, right hip, left hip and left ankle arthroscopies 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 left shoulder, left knee, right hip, left hip and left ankle pathologies 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, left knee, right hip, left hip and left ankle arthroscopies 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.

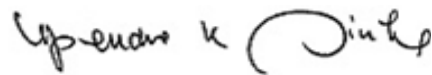
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

**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.



Mellita Shakhmurov, PA-C  
MS/AEI



U.K. Sinha, MD, MS (Ortho), FAAOS  
Board Certified Orthopedic Surgeon