

UK Sinha Physician, P.C.

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July 13, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Tavarez, Rodolfo
DOB: 10/22/1973
DOA: 08/20/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: A 48-year-old right-hand dominant male involved in a work-related accident on 08/20/2021. The patient was a construction worker who while working stumbled over a pipe and fell. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient was transported via ambulance to NYC Health + Hospitals/Woodhull and was treated and released the same day. The patient presents today complaining of right shoulder and right knee pain sustained in the work-related accident.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension. There is no history of previous trauma.

PAST SURGICAL HISTORY: Right shoulder surgery in January 2022 and right knee arthroscopy in February 2022.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: Unable to recall.

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: garden, play sports, driving, lifting heavy objects, carrying heavy objects, childcare, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest. Status post right shoulder arthroscopy.

Right knee: Right knee pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes intermittent locking. Status post right knee arthroscopy.

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 or irregular heart rate. The patient has 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 5 inches, weight is 140 pounds, and BMI is 23.3. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. There is no heat, swelling, erythema, crepitus 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 160/180 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 right upper extremity.

The right knee reveals tenderness along the lateral joint line and superior pole of patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 degrees and extension 5/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC TESTING: MRI of the right knee, done on 10/11/2021, shows a prominent interstitial tear of the ACL is noted. There is no laxity. A horizontal tear is seen exiting inferiorly noted at the mid and posterior body of the medial meniscus. There is a contusion over the patellar tendon. A small joint effusion is seen without evidence of a loose body. There is a grade I injury of the medial collateral ligament.

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. S43.431A SLAP tear, right shoulder.
7. M75.41 Impingement, right shoulder.
8. M65.811 Tenosynovitis, right shoulder.
9. M75.51 Bursitis, right shoulder.
10. M75.21 Bicipital tendinitis, right shoulder.
11. M25.511 Pain, right shoulder.
12. S49.91XA Injury, right shoulder.
13. S46.101A Biceps tendon tear, right shoulder.
14. M67.211 Hypertrophic synovitis, right shoulder.
15. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
16. M25.411 Joint effusion, right shoulder.
17. M23.91 Internal derangement, right knee.
18. S83.511A Anterior cruciate ligament sprain, right knee.
19. S83.411 Medial collateral ligament sprain, right knee.
20. S83.31XA Tear articular cartilage, right knee.
21. M25.461 Joint effusion, right knee.
22. M12.569 Traumatic arthropathy, right knee.
23. S80.911A Injury, right knee.
24. M25.561 Pain, right knee.
25. M65.161 Synovitis, right knee.
26. M24.661 Adhesions, right 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 right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and right knee.
The patient accepts and the patient was given cortisone injection to right shoulder and right knee.
7. Follow up in 4 weeks.

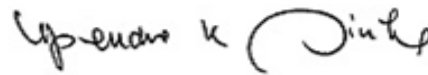
IMPAIRMENT RATING: 100%.

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.

Mellita Shakhmurov, PA-C

MS/AEI



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