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October 03, 2022

Office seen at:
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Re: Rocher, Doris
DOB: 01/24/1949
DOA: 07/12/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder and right hip pain.

HISTORY OF PRESENT ILLNESS: A 73-year-old right-hand dominant female involved in a motor vehicle accident on 07/12/2022. 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 did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to Mercy Medical Center and was treated and released the same day. The patient presents today complaining of left shoulder and right hip pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2.5 months with no relief.

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

PAST SURGICAL HISTORY: Lumbar surgery about 20 years ago and bilateral TKA about 20 years ago.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking metoprolol 25 mg b.i.d.

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

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 8-9/10, described as constant, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with rest.

The patient is ambulating with cane since accident.

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

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 2 inches, weight is 160 pounds, and BMI is 29.3. The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. There is crepitus appreciated. There is no heat, swelling, erythema or deformity 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 125/180 degrees, extension 45/60 degrees, internal rotation 45/90 degrees, and external rotation 50/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right hip reveals negative Trendelenburg test. Tenderness to palpation in the greater trochanter. Range of motion is limited and painful. ROM: Abduction 35/45 degrees, adduction 30/35 degrees, flexion 85/120 degrees, extension 25/30 degrees, internal rotation 35/45 degrees, and external rotation 30/45 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 08/13/2022, shows increased signal of the glenoid humeral joint AC joint indicating microtrabecular fracture from trauma sequela. Increased signal at the anterior leading edge and fluid seen inferiorly in the supraspinatus tendon indicating partial tear at the articular surface. There is no muscle tendon tear or retraction. Tendinopathy of the supraspinatus tendon but no muscle tendon retraction. Moderate fluid seen in the subacromial and subdeltoid bursa indicating bursitis. AC hypertrophy with type III acromion contributing to supraspinous outlet obstruction. Longitudinal split of the biceps tendon and within the supra groove. Narrowing of the glenohumeral joint with moderate joint effusion. MRI of the right hip, done on 08/13/2022, shows linear interstitial tearing of the hamstring at the origin of the right hip. There is no muscle tendon retraction. Multiple uterine fibroids. Right trochanteric bursitis.

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. M75.52 Bursitis, left shoulder.
6. M25.512 Pain, left shoulder.
7. S49.92XA Injury, left shoulder.
8. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
9. M25.412 Joint effusion, left shoulder.
10. Type III acromion, left shoulder.
11. Tear of the hamstring, right hip.
12. Bursitis, right hip.
13. Pain, right hip.
14. Injury, right hip.

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 and right hip.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and right hip 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and right hip. The patient refuses due to side effects.
7. Discussed left 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. The patient needs medical clearance prior to surgery.
9. 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 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.

10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the left 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.
12. All the questions in regard to the procedure were answered.
13. 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.
14. 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

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

MS/AEI