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June 13, 2022

Office seen at:

Multispecialty Clinic

102-28 Jamaica Avenue

Jamaica, NY 11418

Phone# (718) 441-5440

Re: Rampersaud, Liloutie

DOB: 12/01/1954

DOA: 02/27/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, right knee, right ankle and right elbow pain.

HISTORY OF PRESENT ILLNESS: A 67-year-old right-hand dominant female involved in a motor vehicle accident on 02/27/2022. The patient was a pedestrian. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient went by car to Jamaica Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, right knee, right ankle and right elbow pain sustained in the motor vehicle accident. The patient was attending physical therapy for 4 times per week with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Diabetes, hypertension.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking insulin, metformin, aspirin and losartan.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol occasionally. 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: Right shoulder: Right shoulder pain is 10/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness. 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 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 difficulty going up and down stairs. The patient also notes clicking, popping, and buckling. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right elbow: Right wrist pain is 10/10, described as constant, dull, achy pain. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, physical therapy, and ice. Positive epicondylitis.

Right ankle: Right ankle pain is 10/10, described as intermittent, dull, achy pain. 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, 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 6 inches, weight is 153 pounds, and BMI is 24.7. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 95/180 degrees, adduction 30/45 degrees, forward flexion 100/180 degrees, extension 40/60 degrees, internal rotation 30/90 degrees, and external rotation 35/90 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 medial joint line, lateral joint line, superior pole of patella, inferior pole of the patella. 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 110/130 degrees and extension full. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The right elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 4/5. There is tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension full, supination 75/90 degrees, pronation 75/90 degrees.

The right ankle reveals swelling, hematoma and bruises noted over anterior, posterior, lateral malleolar aspect. Positive anterior drawer test. Tenderness to palpation noted in the medial and lateral aspect. Range of motion is full / limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 12/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 04/11/2022, shows tendinosis supraspinatus and infraspinatus with high-grade interstitial type tear supraspinatus as well as interstitial delaminating tear at the junction of the 2 tendons that extends that appears to have oblique extension through both the articular and bursal. Tendinosis subscapularis with high-grade partial tear involving the cephalad subs pill is sectional fibers. Fibrillation/tear superior and posterior superior labrum with tendinosis of the proximal bicep tendon, which is seen medially subluxed front the cephalad aspect of the groove. Moderate subacromial subdeltoid bursitis. MRI of the right knee, done on 04/05/2022, shows intermediate grade chondrosis along the medial patellar ridge which may be from recent onset of repetitive trauma. MRI of the right elbow, done on 04/11/2022, shows lateral epicondylitis or tendinosis and intermediate grade interstitial type tear common extensor tendon origin. Tendinosis involving the distal biceps tendon insertion fibers. MRI of the right ankle, done on 04/05/2022, shows small talocalcaneal effusion around the middle talar facet, and with adjacent hyperintense signal in a regular to concerning for at least partial tear of the anterior aspect of the deltoid ligament. Small talofibular effusion attenuating both anterior and posterior talofibular ligaments, more concerning for tear in the anterior talofibular ligament. There is also small posterior talofibular and subtalar fusion with flexor hallucis longus tendinopathy. Moderate inferior calcaneal spurring with moderate thickening central cord plantar fascia, which may be attributed to a more chronic fasciitis. Enthesopathic changes at the Achilles tendon insertion.

ASSESSMENT:

1. M75.121 Complete 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. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
14. M25.411 Joint effusion, right shoulder.
15. S83.241A Medial meniscus tear, right knee.
16. M23.91 Internal derangement, right knee.
17. S83.519A Anterior cruciate ligament tear, right knee.
18. S83.511A Anterior cruciate ligament sprain, right knee.
19. M94.261 Chondromalacia, right knee.
20. M22.2X1 Patellofemoral chondral injury, right knee.
21. M25.461 Joint effusion, right knee.
22. S80.911A Injury, right knee.
23. M25.561 Pain, right knee.
24. M65.161 Synovitis, right knee.
25. M24.661 Adhesions, right knee.
26. Lateral epicondylitis, right elbow.
27. Partial tear of anterior aspect of the deltoid ligament, right ankle.
28. Tear in the anterior talofibular ligament, right elbow.

PLAN:

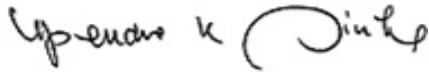
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, right knee, right elbow, and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee, right elbow, and right ankle 3 days/week.
6. 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.
7. The patient needs medical clearance 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 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. 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.



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

MS/AEI