

# UK Sinha Physician, P.C.

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July 28, 2022

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

Re: McKenzie, Tuniqua  
DOB: 07/01/1985  
DOA: 04/01/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

**HISTORY OF PRESENT ILLNESS:** A 37-year-old right-hand dominant female involved in a motor vehicle accident on 04/01/2022. The patient was a bus passenger and was wearing a seatbelt. The bus stopped short due to heavy cut off and flew from seat to seat in front, hit right knee and left knee. 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 St. John's Episcopal Hospital and was treated and released the same day. The patient presents today complaining of left shoulder, right knee, and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3.5 months with no relief.

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

**PAST MEDICAL HISTORY:** Asthma, no last attack as per patient. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** D&C in 2006.

**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 drinks alcohol socially. The patient uses recreational drugs daily.

**ADL CAPABILITIES:** The patient states that she can walk for 3 blocks. She can stand for 60 minutes before she has to sit. She can sit for 20 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: play sports, lifting heavy objects, childcare, 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, popping, and clicking. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest.

Right knee: Right knee pain is 9/10, described as intermittent, 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. Worse with range of motion and improves with physical therapy.

Left knee: Left knee pain is 9/10, described as intermittent, 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. Worse with range of motion and improves with 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 5 inches, weight is 185 pounds, and BMI is 30.8. 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 135/180 degrees, adduction 40/45 degrees, forward flexion 140/180 degrees, extension 50/60 degrees, internal rotation 65/90 degrees, and external rotation 60/90 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, superior pole of patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 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 right lower extremity.

The left knee reveals tenderness along the medial joint line and superior pole of patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130 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.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 05/26/2022, shows supraspinatus and subscapularis tendinosis/tendinopathy with heterogeneous intrasubstance signal abnormality distally. Synovial fluid collecting within the axillary recess of the glenohumeral joint and a small bursal fluid collection within the subscapularis recess. Hypertrophic changes of the AC joint and ventrally downsloping acromion which abuts the bursal surface of the rotator cuff. MRI of the right knee, done on 07/17/2022, shows thickening and sprain of the medial collateral ligament extending to its femoral attachment site. Free edge truncation and radial tearing with superimposed horizontal tear involving the body of the medial meniscus extending toward the body-anterior horn junction with posterior extrusion of the remnant outside the medial tibiofemoral joint compartment contributing to medial tibiofemoral joint space narrowing. Edema surrounding the sprained medial collateral ligament at the level of the joint line surrounding the medial meniscal tear. Sprain of the anterior cruciate ligament with pericruciate edema with sprain extending to its femoral attachment site. Paucity of patellofemoral synovial fluid and also synovial fluid anteriorly at the tibiofemoral articulation. Edema in the prepatellar subcutaneous tissues. MRI of the left knee, done on 07/17/2022, shows medial collateral ligament strain extending to its femoral attachment site. Anterior cruciate ligament strain. Paucity of synovial fluid at the level of the patellofemoral articulation and anteriorly at the tibiofemoral articulation. Inhomogeneity of the distal quadriceps tendon representing tendinosis/tendinopathy. Edema of the prepatellar subcutaneous tissues.

**ASSESSMENT:**

1. M24.812 Internal derangement, left shoulder.
2. M75.82 Shoulder tendinitis, left shoulder.
3. M75.42 Impingement, left shoulder.
4. M25.512 Pain, left shoulder.
5. S49.92XA Injury, left shoulder.
6. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
7. M25.412 Joint effusion, left shoulder.
8. Type II acromion, left shoulder.
9. S83.241A Medial meniscus tear, right knee.

10. M23.91 Internal derangement, right knee.
11. S83.511A Anterior cruciate ligament sprain, right knee.
12. S83.411 Medial collateral ligament sprain, right knee.
13. M25.461 Joint effusion, right knee.
14. S80.911A Injury, right knee.
15. M25.561 Pain, right knee.
16. M65.161 Synovitis, right knee.
17. M23.92 Internal derangement, left knee.
18. S83.512A Anterior cruciate ligament sprain, left knee.
19. S83.412A Medial collateral ligament sprain, left knee.
20. M25.462 Joint effusion, left knee.
21. S80.912A Injury, left knee.
22. M25.562 Pain, left knee.
23. M65.162 Synovitis, left knee.

**PLAN:**

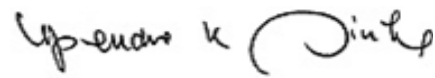
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder, right knee, and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, right knee, and left knee 3 days/week.
6. Recommend steroid injections with pain management for left shoulder, right knee, and left knee. The patient refuses due to side effects.
7. Discussed left shoulder, right knee, and left knee 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. 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, right knee, and left knee 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 left shoulder, right knee, and left knee 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 knee and the patient will be scheduled for right knee 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.

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Mellita Shakhmurov, PA-C

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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

MS/AEI