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May 31, 2022

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Phone# (516) 612-7288

Re: Milliner, Sean
DOB: 07/22/1986
DOA: 04/25/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder and left wrist pain.

HISTORY OF PRESENT ILLNESS: A 35-year-old left-hand dominant male involved in a motor vehicle accident on 04/25/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the front side. The airbags did not deploy. The EMS arrived on the scene. The police were 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 and left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 weeks with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

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. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 3 blocks. He can stand for 5 minutes before he has to sit. He can sit for less than 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: play sports, lifting heavy objects, carrying heavy objects, reaching overhead, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 9/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness, popping, and clicking. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain.

Left wrist: Left wrist pain is 7/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving. 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 9 inches, weight is 160 pounds, and BMI is 23.6. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, proximal biceps tendon, coracoid, and deltoid. 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. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 120/180 degrees, adduction 30/45 degrees, forward flexion 120/180 degrees, extension 35/60 degrees, internal rotation 50/90 degrees, and external rotation 45/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left wrist reveals pain to palpation over the ulnar styloid and scaphoid. Grip strength is 5/5. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 65/80 degrees, extension 50/70 degrees, radial deviation 15/20 degrees, ulnar deviation 20/30 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 05/26/2022, shows os acromiale. Grade II acromioclavicular separation with multiple unfused fragments. Correlate clinically. Insertional tendinosis of anterior fibers of the supraspinatus. Anteroinferior labral tear. MRI of the left wrist, done on 05/26/2022, shows istal attachment sprains of the triangular fibrocartilage. Dorsal intercarpal ligament sprain. Dorsal radiotriquetral ligament sprain.

ASSESSMENT:

1. M24.812 Internal derangement, left shoulder.
2. M75.82 Shoulder tendinitis, left shoulder.
3. S43.432A Labral tear, left shoulder.
4. M25.512 Pain, left shoulder.
5. S49.92XA Injury, left shoulder.
6. S46.102A Biceps tendon tear, left shoulder.
7. M25.412 Joint effusion, left shoulder.
8. Type II acromion, left shoulder.
9. Ligament sprain, left wrist.

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 left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left wrist 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and left wrist. 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 wants to think about 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 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 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. Follow up in 4 weeks.

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

Upendra K. Sinha, MD

MS/AEI