

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

July 12, 2022

Office seen at:
S.P. Physical Therapy
1320 Louis Nine Boulevard
Bronx, NY 10459
Phone # (347) 862-0003

Re: Morales, Silvano
DOB: 05/05/1980
DOA: 02/23/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and right elbow pain.

HISTORY OF PRESENT ILLNESS: A 42-year-old left-hand dominant male involved in a motor vehicle accident on 02/23/2022. The patient was a bicyclist and had an impact over after flipping over after a car opened the door. 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 right shoulder pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Status post arthroscopy right shoulder (05/26/2022).

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 does not use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk with no issues. He can stand for 60 minutes before he has to sit. He can sit for 120 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: lifting heavy objects, carrying heavy objects, reaching overhead, running errands, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 1-2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead and unable to reach behind the back. Status post arthroscopy.

Right elbow: No pain.

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 8 inches, weight is 175 pounds, and BMI is 26.6. The right shoulder reveals crepitus. There is no heat, swelling, erythema 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. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 175/180 degrees, adduction 45/45 degrees, forward flexion 180/180 degrees, extension 60/60 degrees, internal rotation 90/90 degrees, and external rotation 90/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the right upper extremity

The right elbow reveals muscle strength is 5/5. Nontender. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 150/150 degrees, extension 150/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 04/08/2022, shows high-grade full-thickness tear of the distal supraspinatus tendon without retraction. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff. Type III acromion with impingement of rotator cuff, in an appropriate clinical setting. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. MRI of the right elbow, done on 05/23/2022, shows moderate thickening of the common extensor tendon consistent with lateral epicondylitis/tennis elbow, however intrasubstance partial tear of the common extensor

tendon cannot be excluded. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. Mild osteoarthritic changes.

ASSESSMENT:

1. M25.511 Pain, right shoulder.
2. Status post arthroscopy, right shoulder.
3. Partial tear of the common extensor, right elbow.

PLAN:

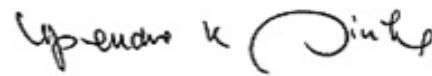
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder and right elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right elbow 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and right elbow. The patient refuses due to side effects.
7. No intervention since there is no pain in the elbow.
8. Follow up on a p.r.n. basis.

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