

UK Sinha Physician, P.C.

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September 08, 2022

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

Re: Bulgado, Coralisse
DOB: 02/21/1988
DOA: 08/17/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 34-year-old right-hand dominant female involved in a motor vehicle accident on 08/17/2022. 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 did not go to any hospital that same day. The patient presents today complaining of left shoulder, right knee, left knee, and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 weeks with no relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Diabetes, asthma, and PTSD. There is no previous history of trauma.

PAST SURGICAL HISTORY: C-section in 2019.

DRUG ALLERGIES: ASPIRIN, IBUPROFEN, AND PENICILLIN.

MEDICATIONS: The patient is taking pain medications p.r.n., albuterol p.r.n., metformin 500 mg, trazodone 75 mg, clonazepam p.r.n., Wellbutrin 300 mg, and Topamax 75 mg.

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 she can walk for 1-2 blocks. 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 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. 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.

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 has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Left knee: Left 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 has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Left ankle: Left ankle pain is 10/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing. 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. The patient has asthma.

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 240 pounds, and BMI is 39.9. 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. Positive O'Brien test. Positive

impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 40/45 degrees, forward flexion 125/180 degrees, extension 45/60 degrees, internal rotation 45/90 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 no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 75/130 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 lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 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.

The left ankle reveals positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 09/02/2022, shows partial interstitial tear and tendinopathy of the supraspinatus tendon at the critical zone. Low-grade interstitial tear at the infraspinatus musculotendinous junction. Tendinopathy of the subscapularis tendon. Biceps tenosynovitis. Blunted and frayed anterior and posterior labrum. MRI of the right knee, done on 09/01/2022, shows lateral patellar subluxation and tilt. Free edge truncation and radial tearing involving the body and body-anterior horn junction of the medial meniscus. Attenuation of the anteromedial bundle of the ACL compatible with partial tear. Paucity of synovial fluid at the level of the patellofemoral articulation and anteriorly at the tibiofemoral articulation. Slight baja position to the patella with tendinosis/tendinopathy greater distally. More prominent degree of tendinosis/tendinopathy involving the distal quadriceps tendon. Thickening and sprain of the fibular collateral ligament at its femoral attachment site. MRI of the left knee, done on 09/01/2022, shows lateral patellar tilt. Strain of the medial collateral ligament at its femoral attachment as well as the fibular collateral ligament at its femoral attachment site. Focal shallow inferior surface tear of the body of the lateral meniscus fairly broad based. Free edge truncation and radial tearing involving the medial meniscal body. Edema in the prepatellar subcutaneous tissues. Synovial fluid at the patellofemoral articular surface. MRI of the left ankle, done on 9/02/2022, shows partial tear of the ATFL. Small joint effusion.

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. S43.432A Labral tear, left shoulder.
5. M75.42 Impingement, left shoulder.
6. M65.812 Tenosynovitis, left shoulder.
7. M25.512 Pain, left shoulder.
8. S49.92XA Injury, left shoulder.
9. M25.412 Joint effusion, left shoulder.
10. S83.241A Medial meniscus tear, right knee.
11. M23.91 Internal derangement, right knee.
12. S83.519A Anterior cruciate ligament tear, right knee.
13. M25.461 Joint effusion, right knee.
14. S80.911A Injury, right knee.
15. M25.561 Pain, right knee.
16. M67.51 Medial plica, right knee.
17. S83.282A Lateral meniscus tear, left knee.
18. M23.92 Internal derangement, 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. Partial tear of the ATFL, left ankle.
24. Joint effusion, left ankle.
25. Pain, left ankle.

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

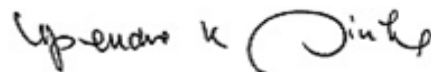
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the 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

MS/AEI



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Board Certified Orthopedic Surgeon