UK Sinha Physician, P.C.

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

June 21, 2022

Office seen at:
Graham Wellness Medical P.C.
150 Graham Avenue Suite A
Brooklyn NY 11206
Phone# (718) 218-6616

Re: Anderson, Afflina
DOB: 07/31/1953
DOA: 12/06/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder, left knee and left elbow pain.

HISTORY OF PRESENT ILLNESS: A 68-year-old right-hand dominant female involved in a motor vehicle accident on 12/06/2021. The patient was a bus passenger and was wearing a seatbelt. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Wyckoff Heights Medical Center and was treated and released the same day. The patient presents today complaining of left shoulder, left knee and left elbow pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times per week with good relief.

WORK HISTORY: The patient is currently 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 she can walk for 3 blocks. She can stand for 15 minutes before she has to sit. She can sit for 30 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: garden, play sports, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, and popping. The patient is unable to reach overhead, unable to reach 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.

Left knee: Left knee pain is 10/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left elbow: Left elbow pain is 2/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

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 180 pounds, and BMI is 29. The left knee reveals tenderness along the medial joint line, 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, as per goniometer, abduction 110/180 degrees, forward flexion 85/180 degrees, internal rotation 30/90 degrees, and external rotation 65/90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, inferior pole of the patella, popliteal fossa. There is no heat, erythema or deformity appreciated. There is swelling and crepitus 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 -10/5

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 elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 5/5. There is tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension full, supination 85/90 degrees, pronation 85/90 degrees.

DIAGNOSTIC TESTING: MRI of the left knee, done on 02/11/2022, shows bony contusions of the articular margin of the patella and anterior aspect of the lateral femoral condyle, likely post injury sequelae. Hyperintense PD signal about the anterior cruciate ligament consistent with sprain sequelae. Focal full-thickness chondral loss in -thy patellofemoral compartment with subchondral cystic change/marrow edema signal at the medial trochlear sulcus. Soft tissue edema about the knee. Joint effusion.

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.02 Adhesive Capsulitis, left shoulder.
4. M75.82 Shoulder tendinitis, left shoulder.
5. S43.432A Labral tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M65.812 Tenosynovitis, left shoulder.
8. M75.52 Bursitis, left shoulder.
9. M75.22 Bicipital Tendinitis, left shoulder.
10. M25.512 Pain, left shoulder.
11. S49.92XA Injury, left shoulder.
12. S46.102A Biceps tendon tear, left shoulder.
13. M67.212 Hypertrophic synovitis, left shoulder.
14. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
15. M25.412 Joint effusion, left shoulder.
16. S83.242A Medial meniscus tear, left knee.
17. S83.282A Lateral meniscus tear, left knee.
18. M23.92 Internal derangement, left knee.
19. S83.519A Anterior cruciate ligament tear, left knee.
20. S83.512A Anterior cruciate ligament sprain, left knee.
21. S83.412A Medial collateral ligament sprain, left knee.
22. M94.262 Chondromalacia, left knee.
23. S83.32XA Tear articular cartilage, left knee.
24. M22.2X2 Patellofemoral chondral injury, left knee.
25. M25.462 Joint effusion, left knee.
26. M12.569 Traumatic arthropathy, left knee.
27. S80.912A Injury, left knee.
28. M25.562 Pain, left knee.
29. M65.162 Synovitis, left knee.

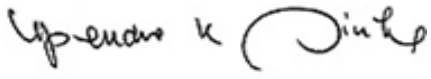
30. M24.10 Chondral lesion, left knee.
31. M24.662 Adhesions, left knee.
32. Myofascial pain, left elbow; not much objective finding.

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, left knee, and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, left knee, and left elbow 3 days/week.
6. Discussed 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.
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 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 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 left knee and the patient will be scheduled for left 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.



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

MS/AEI