

UK Sinha Physician, P.C.

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June 28, 2022

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

Re: Welch, Jennifer
DOB: 12/13/1982
DOA: 04/04/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 39-year-old right-hand dominant female involved in a motor vehicle accident on 04/04/2022. 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 arrived on the scene. The police were called to the scene of the accident. The patient went by car to Franklin Hospital and was treated and released the same day. The patient presents today complaining of left shoulder, left knee, left elbow, left wrist and left hip pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2.5 weeks with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Right knee surgery in 2017.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n.

SOCIAL HISTORY: The patient smokes one-fourth pack of cigarettes per day. The patient drinks alcohol socially. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 15 minutes before she has to sit. She can sit for 15 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, 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 constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes buckling and intermittent locking. Worse with range of motion and improves with rest.

Left hip: Left hip pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing, walking, climbing, standing from sitting. Worse with range of motion and improves with rest.

Left wrist: Left wrist pain is 7/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

Left elbow: Left wrist pain is 7/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

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 7 inches, weight is 130 pounds, and BMI is 20.4. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint and proximal biceps. 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 130/180 degrees, adduction 40/45 degrees, forward

flexion 135/180 degrees, extension 45/60 degrees, internal rotation 65/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line and lateral joint line. There is crepitus appreciate. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative 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.

The left hip reveals full ROM and negative Trendelenburg test. Tenderness to palpation in the greater trochanter, groin, medial thigh. Range of motion is full.

The left wrist reveals pain to palpation over the ulnar styloid. There is swelling, erythema, and bruise noted. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 65/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

The left elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 4/5. There is tenderness to palpation over lateral epicondyle. Positive Varus test. Positive Valgus test. Positive Tinel sign. Range of motion reveals flexion 130/150 degrees, extension 125/150 degrees, supination 75/90 degrees, pronation 70/90 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 05/22/2022, shows moderate hypertrophic osteoarthritis of the AC joint with type II acromion morphology, indenting into the rotator cuff space resulting in impingement in appropriate setting clinical. Moderate subacromial subdeltoid bursitis. MRI of the left knee, done on 05/22/2022, shows Baker's cyst measuring up to 3.1 cm. No other significant abnormality. MRI of the left elbow, done on 04/30/2022, shows There is a small posterolateral radiocapitellar effusion with extensor insertional tendinopathy and concern for undersurface tear with peritendinous fluid, as well as sprain of the radial (lateral) collateral ligament. Series 5 image 13 and series 7 image 10. MRI of the left wrist, done on 04/30/2022, shows adductor pollicis brevis and flexor carpi radialis tendinopathy, with dorsal surface fraying and tear at the myotendinous junction of the flexor carpi radialis, and with a subadjacent approximate 9.4 x 4.8 x 9.9 mm suggestive ganglionic cyst just dorsal to the second metacarpal base. Series 7 image 8, series 4 image 15. There is also small loculated fluid in the triquetral pisiform interval, with sprain of the volar carpal ligament. Series 4 image 9. MRI of the left hip, done on 05/14/2022, shows no significant abnormality.

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M75.122 Complete rotator cuff tear, left shoulder.
3. M24.812 Internal derangement, left shoulder.
4. M75.82 Shoulder tendinitis, left shoulder.
5. M75.42 Impingement, left shoulder.
6. M75.52 Bursitis, left shoulder.

7. M25.512 Pain, left shoulder.
8. S49.92XA Injury, left shoulder.
9. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
10. M25.412 Joint effusion, left shoulder.
11. Type II acromion, left shoulder.
12. M23.92 Internal derangement, left knee.
13. M25.462 Joint effusion, left knee.
14. S80.912A Injury, left knee.
15. M25.562 Pain, left knee.
16. Baker cyst, left knee.
17. Tear at myotendinous junction of the flexor carpi radialis, left wrist.
18. Sprain of volar carpal ligament, left wrist.
19. Pain, left hip.

PLAN:

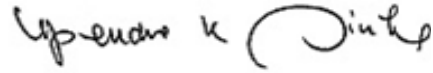
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder, left knee, left elbow, left wrist and left hip.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical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

MellitaShakhmurov, PA-C

MS/AEI

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

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