

5/25/2022

**(00806)-Thompson Mark**

Date of Birth - 10/29/1986    Sex - Male    Marital Status - Single

Address: 1 Glenmore Rd #32, Middletown, NY, 10940

Phone #: (646) 599-2458

Social Security# - 129-74-0049

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 4/2/2022

Time/Place Accident - BRUCKNER BLVD & LAFAYETTE AVE, BRONX, NY

Date of Visit -

Condition Related to : Auto Accident

Insurance Company : Geico Indemnity Company

Address:

Phone:    Fax:

Claim# - 8726362170000002

Claim Address - P.O. Box 9507

Fredericksburg, VA 22403

NF-2 - Yes    Sending Date - 04/28/2022

Policy Effective Date -

Policy# - 6067038643

Policy holder - THOMPSON, MARK

WCB# -

Carrier case # -

Attorney - Adam R Oremland    Firm Name - Adam R Oremland Attorney at Law

Attorney Address - 2488 Grand Concourse, suite 415-416 Bronx NY 10458

Attorney Phone - 718.367.1700    Fax - 718.367.1701

Contact Person -

Other Insurance -

Medicare -

---

# UK Sinha Physician, P.C.

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

---

Date: 6/13/22

## NF Forms

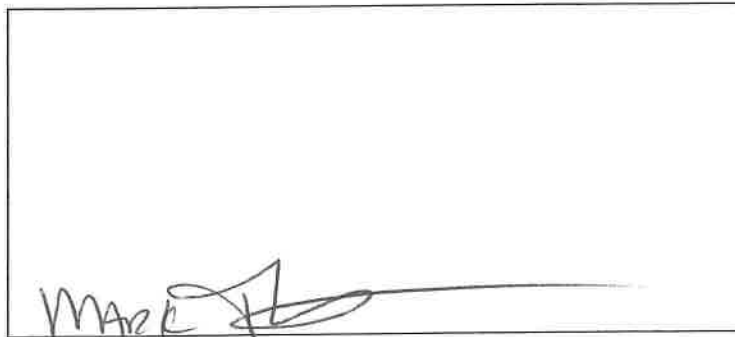
I, Mark Thompson hereby authorize **UK Sinha Physician, P.C.**

to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Attorney Lien document
5. HIPAA (OCA official Form N0.: 960)

## WC Forms

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form N0.: 960)



(Please sign within the box with black ink)

# UK Sinha Physician, P.C.

102-31 Jamaica Ave.  
Richmond Hill, NY 11418

## INITIAL INTAKE SHEET

WC ~~NF~~ LIEN

Patient Name: THOMPSON MARK M / F DOA: 4/2/2022  
DOB: 10/29/1986 Age: 35 Height: 5'8 Weight: 166 Handed: R / L  
Chief Complaint: R/SH L/SH R/KN L/KN R/Elb L/Elb R/Hip L/Hip R/Ank L/Ank  
R/Wri L/Wri Neck Mid-back Low-back  
Type of Injury: MVA Work-Related Working Y / N Degree of Disability: 25 %  
Asymptomatic prior to accident: Y / N History of prior trauma: Y / N

Pain in: \_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_ Pedestrian \_\_\_ Bicyclist \_\_\_ Motorcyclist \_\_\_ Bus pass. X Driver \_\_\_ Front Pass. \_\_\_ Rear Pass  
Vehicle hit: Rear Front Driver-side front Driver side rear Passenger side front  
Passenger side rear T-Boned Driver side T-Bone Passenger side  
Airbags deployed: Y / N EMS Arrived: Y / N Police at Scene: Y / N  
Went to Hospital: Y / N Hospital name: GARNET Health Amb. Car  
PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA  
PSH: None

Meds: None / Pain meds PRN  
Drug Allergy: Y / N  
Soc. His: Smoke Y / N ppd Alcohol Y / N Recreational Drugs Y / N  
PT/Chiro: Y / N Duration: 2 Weeks/Months/Years Relief: Good Little None  
Walk: Y / N 5 blocks Stand: Y / N 10 mins Sit Y / N 30 mins  
Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead  
Laundry Shopping Errands Kneel Squat Stairs Jog Exercise

### PRESENT COMPLAINTS:

|   |   |  |  |
|---|---|--|--|
| <b>R SH</b> Pain <u>5</u> /10<br>Constant Intermittent<br><del>Stiff Weak Pop Click</del><br>Reach overhead <u>Y</u> / N<br>Reach back <u>Y</u> / N<br>Unable to sleep at night<br>Imp w/ Rest Med PT Ice | <b>L SH</b> Pain <u>4</u> /10<br>Constant Intermittent<br><del>Stiff Weak Pop Click</del><br>Reach overhead <u>Y</u> / N<br>Reach back <u>Y</u> / N<br>Unable to sleep at night<br>Imp w/ Rest Med PT Ice | <b>R KN</b> Pain ___/10<br>Constant Intermittent<br>Stiff Weak<br>Diff rising from chair <u>Y</u> / N<br>Diff w/ stairs <u>Y</u> / N<br>Click Pop Buckl Lock<br>Imp w/ Rest Med PT Ice | <b>L KN</b> Pain ___/10<br>Constant Intermittent<br>Stiff Weak<br>Diff rising from chair <u>Y</u> / N<br>Diff w/ stairs <u>Y</u> / N<br>Click Pop Buckl Lock<br>Imp w/ Rest Med PT Ice |
| <b>R HIP</b> Pain ___/10<br>Constant Intermittent Lock<br>Pain w/ stand walk climb<br>Standing from sitting<br>Imp w/ Rest Med PT Ice   | <b>L HIP</b> Pain ___/10<br>Constant Intermittent Lock<br>Pain w/ stand walk climb<br>Standing from sitting<br>Imp w/ Rest Med PT Ice   | <b>R ANK</b> Pain ___/10<br>Constant Intermittent<br>Pain w/ stand walk climb<br>Imp w/ Rest Med PT Ice  | <b>L ANK</b> Pain ___/10<br>Constant Intermittent<br>Pain w/ stand walk climb<br>Imp w/ Rest Med PT Ice  |
| <b>R WRI</b> Pain ___/10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice   | <b>L WRI</b> Pain ___/10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice   | <b>R ELB</b> Pain ___/10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice  | <b>L ELB</b> Pain ___/10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice  |

Other Complaints: \_\_\_\_\_

**ROS:****General:** Fevers chills night sweats weight gain weight loss**HEENT:** Double vision eye pain eye red. hearing loss earache ear ringing nose bleeds sore throat hoarseness**Endocrine:** Cold intolerance appetite changes hair changes**Skin:** Clear no rashes or lesions**Neuro:** Headaches dizziness vertigo tremors**Respiratory:** Wheezing coughing shortness of breath difficulty breathing**Cardiovascular:** Chest pain murmurs irregular heart rate hypertension**GI:** Nausea vomiting diarrhea constipation jaundice change in bowel habits**GU:** Blood in urine painful urination loss of bladder control urinary retention**Hematology:** Active bleeding bruising anemia blood clotting disorders**Psychiatric:** Anxiety change in sleep pattern depression suicidal thoughts**PHYSICAL EXAMINATION:****C SPINE:** Pain Sharp Shoot Burn Constant Intermittent Numb Tingling Radiates to R L

Pain w/ neck bend lift carry Improves w/ Rest Med PT Ice

ROM: Flex. \_\_\_/45 Ext. \_\_\_/45 R Lat Flex. \_\_\_/45 L Lat Ext. \_\_\_/45 Rot \_\_\_/60

**L SPINE:** Pain Sharp Shoot Burn Constant Intermittent Numb Tingling Radiates to R L

Pain w/ stand walk sit bend Improves w/ Rest Med PT Ice

ROM: Flex. \_\_\_/80 Ext. \_\_\_/25 R Lat Flex. \_\_\_/35 L Lat Ext. \_\_\_/45 Sac Hip Flex \_\_\_/45

**R /SH:** Swelling /Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula

Heat Erythema Crepitus Deformity

Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy

O'Brien's Impingement Lift off test Hawkins

ROM: Abd. 35/180 Add. 40/45 For Flex. 30/180 Ext. 40/60 IR 65/90 ER 65/90

IR: sacrum mid back no motor or sensory deficit

**L /SH:** Swelling /Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula

Heat Erythema Crepitus Deformity

Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy

O'Brien's Impingement Lift off test Hawkins

ROM: Abd. 30/180 Add. 35/45 For Flex. 25/180 Ext. 35/60 IR 60/90 ER 55/90

IR: sacrum mid back no motor or sensory deficit

**R /KN:** Swelling /Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa

Heat Swelling Erythema Crepitus Deformity

McMurray Lachmans Pat. fem. grind Ant. draw Post. draw

ROM: Flexion \_\_\_/130 Extension \_\_\_/5 Stable varus/valgus no motor or sensory deficit

**L /KN:** Swelling /Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa

Heat Swelling Erythema Crepitus Deformity

McMurray Lachmans Pat. fem. grind Ant. draw Post. draw

ROM: Flexion \_\_\_/130 Extension \_\_\_/5 Stable varus/valgus no motor or sensory deficit

**R /HIP:** Swelling /Hematoma / Effusion / bruise Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. \_\_\_/45 Add. \_\_\_/35 Flex. \_\_\_/120 Ext. \_\_\_/30 IR \_\_\_/45 ER \_\_\_/45

**L /HIP:** Swelling /Hematoma / Effusion / bruise Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. \_\_\_\_/45 Add. \_\_\_\_/35 Flex. \_\_\_\_/120 Ext. \_\_\_\_/30 IR \_\_\_\_/45 ER \_\_\_\_/45

**R/ANK:** Swell /Hemato/ bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve  
Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion \_\_\_\_/20 Plantar flex. \_\_\_\_/50 Inversion \_\_\_\_/15 Eversion \_\_\_\_/15

**L/ANK:** Swell /Hemato/ bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve  
Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion \_\_\_\_/20 Plantar flex. \_\_\_\_/50 Inversion \_\_\_\_/15 Eversion \_\_\_\_/15

**R/WRI:** Pain to palp. → Ulnar styl. Distal rad. Scaphoid \_\_\_\_/5 grip strength Swell Erythema Bruise  
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion \_\_\_\_/80 Extension \_\_\_\_/70 Radial dev. \_\_\_\_/20 Ulnar dev. \_\_\_\_/30

**L/WRI:** Pain to palp. → Ulnar styl. Distal rad. Scaphoid \_\_\_\_/5 grip strength Swell Erythema Bruise  
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion \_\_\_\_/80 Extension \_\_\_\_/70 Radial dev. \_\_\_\_/20 Ulnar dev. \_\_\_\_/30

**R/ELB:** Swell Erythema Bruise Deltoid atrophy \_\_\_\_/5 musc stren Tender → Med Epi Lat Epi Ole Pro  
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion \_\_\_\_/150 Extension \_\_\_\_/150 Supin. \_\_\_\_/90 Pron. \_\_\_\_/90

**L/ELB:** Swell Erythema Bruise Deltoid atrophy \_\_\_\_/5 musc stren Tender → Med Epi Lat Epi Ole Pro  
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion \_\_\_\_/150 Extension \_\_\_\_/150 Supin. \_\_\_\_/90 Pron. \_\_\_\_/90

#### Dx:

| Right Shoulder                 | Left Shoulder                  | Right Knee                     | Left Knee                      |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| S46.011A Partial rot cuff tear | S46.012A Partial rot cuff tear | S83.241A Med. Men. tear        | S83.242A Med. Men. tear        |
| M75.121 Complete rot cuff tear | M75.122 Complete rot cuff tear | S83.281A Lat. Men. tear        | S83.282A Lat. Men. tear        |
| M24.811 Internal derangement   | M24.812 Internal derangement   | M23.91 Internal derangement    | M23.92 Internal derangement    |
| M75.01 Adhesive Capsulitis     | M75.02 Adhesive Capsulitis     | S83.519A ACL tear              | S83.519A ACL tear              |
| M75.81 Shoulder tendinitis     | M75.82 Shoulder tendinitis     | S83.511A ACL sprain            | S83.512A ACL sprain            |
| S43.431A Labral tear           | S43.432A Labral tear           | S83.411 MCL sprain             | S83.412A MCL sprain            |
| S43.431A SLAP tear             | S43.432A SLAP tear             | M94.261 Chondromalacia         | M94.262 Chondromalacia         |
| M75.41 Impingement             | M75.42 Impingement             | S83.31XA Tear artic. cartilage | S83.32XA Tear artic. cartilage |
| M65.811 Tenosynovitis          | M65.812 Tenosynovitis          | M22.2X1 PF chondral injury     | M22.2X2 PF chondral injury     |
| M75.51 Bursitis                | M75.52 Bursitis                | M25.461 Joint effusion         | M25.462 Joint effusion         |
| M75.21 Bicipital tendinitis    | M75.22 Bicipital Tendinitis    | M12.569 Trauma. arthropathy    | M12.569 Trauma. arthropathy    |
| M25.511 Pain                   | M25.512 Pain                   | S80.911A Injury                | S80.912A Injury                |
| S49.91XA Injury                | S49.92XA Injury                | M25.561 Pain                   | M25.562 Pain                   |
| S46.101A Biceps tendon tear    | S46.102A Biceps tendon tear    | M65.161 Synovitis              | M65.162 Synovitis              |
| M24.10 Glenoid chondr defect   | M24.10 Glenoid chondr defect   | M23.40 Loose body in knee      | M23.40 Loose body in knee      |
| M94.211 Chondromal, glen/HH    | M94.212 Chondromal, glen/HH    | M24.10 Chondral lesion         | M24.10 Chondral lesion         |
| M67.211 Hypertroph. synovitis  | M67.212 Hypertroph. synovitis  | M93.261 Osteochondral lesion   | M93.262 Osteochondral lesion   |
| M89.311 AC joint hypertrophy   | M89.312 AC joint hypertrophy   | M17.11 Osteoarthritis          | M17.12 Osteoarthritis          |
| M24.011 Loose Bodies           | M24.012 Loose Bodies           | M24.661 Adhesions              | M24.662 Adhesions              |
| M25.311 Shoulder instability   | M25.312 Shoulder instability   | M67.51 Medial plica            | M67.52 Medial plica            |
| M19.011 Primary osteoarthritis | M19.012 Primary osteoarthritis | M25.761 Osteophyte             | M25.762 Osteophyte             |
| M25.411 Joint Effusion         | M25.412 Joint Effusion         | M70.41 Prepatellar bursitis    | M70.42 Prepatellar bursitis    |

|             |            |             |            |
|-------------|------------|-------------|------------|
| Right Hip   | Left Hip   | Right Ankle | Left Ankle |
| Right Wrist | Left Wrist | Right Elbow | Left Elbow |
| C Spine     | L Spine    |             |            |

## Plan:

☒ Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK  
R/WRI L/WRI R/ELB L/ELB C Spine L Spine

Patient ☐ Accepts ☒ Refuses.

☐ Brace ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI  
R/ELB L/ELB

☐ MRI ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI  
R/ELB L/ELB C Spine L Spine

☒ Follow up in post op Weeks / Months / PRN.

☒ Discussed R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI  
R/ELB L/ELB C Spine L Spine

☒ Proceed w/ Sx ☐ Wants to think about it ☐ Proceed with ☐ Sx after rehab on \_\_\_\_\_

☐ Med Clearance needed prior to Sx. ☐ W/C authorization needed prior to Sx

☒ Patient consents to USH Sx.

☒ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on \_\_\_\_\_

THURSDAY June 23<sup>RD</sup>