

UK Sinha Physician, P.C.

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August 15, 2022

Office seen at:
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4250 White Plains Road
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Re: Diallo, Aissatou
DOB: 06/23/1970
DOA: 04/08/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, right knee, and left knee pain.

HISTORY OF PRESENT ILLNESS: A 52-year-old left-hand dominant female involved in a motor vehicle accident on 04/08/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient went by car to NYC Health Jacobi Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 4 months with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory. There is no previous history of trauma.

PAST SURGICAL HISTORY: C-section in 2017 and thyroid nodule removal in 2021.

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 1/2 block. 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: lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 7/10, 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.

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 4/10, described as intermittent, 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. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 9/10, 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 and intermittent locking. 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.

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 190 pounds, and BMI is 30.7. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, and proximal biceps tendon. 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 50/60 degrees, internal rotation 45/90 degrees, and external rotation 65/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, and proximal biceps tendon. There is erythema and crepitus appreciated. There is no heat swelling 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 135/180 degrees, adduction 40/45 degrees, forward flexion 145/180 degrees, extension 50/60 degrees, internal rotation 45/90 degrees, and external rotation 45/90 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 lateral joint line, superior pole of patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 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 medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 04/26/2022, shows intact acromioclavicular joint with signal abnormality within and surrounding the joint. Tendinosis and partial tear of the bursal surface of the distal supraspinatus tendon with fluid in the subacromial/subdeltoid bursa. MRI of the left shoulder, done on 04/26/2022, shows widening of the acromioclavicular joint with undersurface hypertrophy which may be causing impingement. Tendinosis and partial tear of the bursal surface of the distal supraspinatus with fluid present in the subacromial/subdeltoid bursa. MRI of the right knee, done on 06/08/2022, shows subchondral cystic changes in the tibial plateau and in the anteromedial aspect of the medial femoral condyle. Sprain or partial tear of the anterior cruciate ligament and the medial collateral ligament. Extensive subcutaneous swelling and edema in the anterior aspect of the knee. Marked attenuation of the medial patellar retinaculum with lateral tracking of the patella and suprapatellar effusion. MRI of the left knee, done on partial tear of the anterior cruciate ligament. Chondromalacia patella with lateral tracking of the patella and suprapatellar effusion. Subcutaneous swelling and edema in the anterior aspect of the knee.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M65.811 Tenosynovitis, right shoulder.
6. M25.511 Pain, right shoulder.
7. S49.91XA Injury, right shoulder.
8. M25.411 Joint effusion, right shoulder.
9. S46.012A Partial rotator cuff tear, left shoulder.
10. M24.812 Internal derangement, left shoulder.
11. M75.82 Shoulder tendinitis, left shoulder.
12. M75.42 Impingement, left shoulder.
13. M25.512 Pain, left shoulder.
14. S49.92XA Injury, left shoulder.
15. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
16. M25.412 Joint effusion, left shoulder.
17. M23.91 Internal derangement, right knee.
18. S83.519A Anterior cruciate ligament tear, right knee.
19. S83.511A Anterior cruciate ligament sprain, right knee.
20. S83.411 Medial collateral sprain, right knee.
21. M25.461 Joint effusion, right knee.
22. S80.911A Injury, right knee.
23. M25.561 Pain, right knee.
24. M23.92 Internal derangement, left knee.
25. S83.519A Anterior cruciate ligament tear, left knee.
26. M94.262 Chondromalacia, left knee.
27. M25.462 Joint effusion, left knee.
28. S80.912A Injury, left knee.
29. M25.562 Pain, left knee.

PLAN:

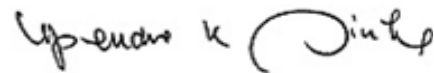
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, right knee, and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical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

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



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

MS/AEI