

UK Sinha Physician, P.C.

102-31 Jamaica Ave.

Richmond Hill, NY 11418

Ph: 718-480-1130 Fax: 718-480-1132

usinhaorthopedics@gmail.com

June 6, 2022

Office seen at:

Gurvansh Anand Chiropractic PC

2598 3rd Avenue

Bronx, NY 10454

Phone#: (718) 975-7144

Re: Richards, Reinford

DOB: 05/14/1962

DOA: 02/28/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 60-year-old right-hand dominant male involved in a motor vehicle accident on 02/28/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear end. 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 the hospital and was treated and released the same day (hospital name is unknown). The patient presents today complaining of right shoulder, left shoulder and right knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Thyroid.

PAST SURGICAL HISTORY: Right inguinal hernia repair in 2006.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Synthroid.

SOCIAL HISTORY: The patient smokes socially. The patient drinks alcohol occasionally.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He 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 he 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: Right shoulder: Right 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.

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 8/10, 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. The patient also notes buckling. 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 185 pounds, and BMI is 29.9. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, trapezius, and proximal biceps tendon. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus appreciated. Positive 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 35/45 degrees, forward flexion 120/180 degrees, extension 35/60 degrees, internal rotation 55/90 degrees, and external rotation 55/90 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, trapezius, and proximal biceps tendon. There is no swelling, heat, erythema, or deformity

appreciated. There is crepitus 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 140/180 degrees, adduction 40/45 degrees, forward flexion 135/180 degrees, extension 35/60 degrees, internal rotation 50/90 degrees, and external rotation 50/90 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, lateral joint line, superior pole of patella, and inferior pole of the patella. There is no heat, erythema, or deformity appreciated. There is swelling and crepitus appreciated. Negative McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 degrees and extension 3/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 03/31/2022, shows AC joint arthrosis. Supraspinatus tendinopathy with 5 x 7 mm full-thickness insertional tear and more extensive undersurface articular tear. Mild atrophy. Capsular thickening which can be seen with adhesive capsulitis. Biceps tendinopathy with tenosynovitis. MRI of the left shoulder, done on 03/31/2022, shows AC joint arthrosis. Rotator cuff tendinopathy and fraying. Anterior inferior labral tear. Superior labral fraying with labral foramen. Capsular thickening which can be seen with adhesive capsulitis. Glenohumeral arthrosis. MRI of the right knee, done on 03/31/2022, shows arthrosis with joint effusion. Hamstring and gastrocnemius tendinopathy with soft tissue edema. Anterior cruciate ligament mucoid change with interstitial ganglia.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M65.811 Tenosynovitis, right shoulder.
6. M75.21 Bicipital tendinitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. S46.012A Partial rotator cuff tear, left shoulder.
12. M24.812 Internal derangement, left shoulder.
13. M75.02 Adhesive capsulitis, left shoulder.
14. M75.82 Shoulder tendinitis, left shoulder.
15. S43.432A Labral tear, left shoulder.
16. M75.42 Impingement, left shoulder.
17. M25.512 Pain, left shoulder.
18. S49.92XA Injury, left shoulder.
19. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
20. M19.012 Primary osteoarthritis, left shoulder.

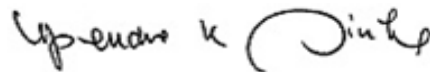
21. M25.412 Joint effusion, left shoulder.
22. S83.519A Anterior cruciate ligament tear, right knee.
23. S83.511A Anterior cruciate ligament sprain, right knee.
24. M25.461 Joint effusion, right knee.
25. S80.911A Injury, right knee.
26. M25.561 Pain, right knee.
27. M17.11 Osteoarthritis, right knee.

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, and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, and right knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, and right knee. The patient refuses due to side effects.
7. Discussed right shoulder, left shoulder, and right knee arthroscopy versus conservative management with the patient. The patient refused surgical intervention.
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 right shoulder, left shoulder, and right 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, and right 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 on a p.r.n. basis.

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.



Richards, Reinford
June 6, 2022
Page 2 of 2

Mellita Shakhmurov, PA-C

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

MS/AEI