

# UK Sinha Physician, P.C.

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June 8, 2022

Office seen at:

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79-09B Northern Blvd

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Phone# (718) 507-1438

Re: Penafel, Tonny

DOB: 03/13/1961

DOA: 04/27/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder and left knee pain.

**HISTORY OF PRESENT ILLNESS:** A 61-year-old male involved in a work-related motor vehicle accident on 04/27/2022. The patient was a Lyft driver and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags did not deploy. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient was taken via car to Mount Sinai Hospital and was treated and released after 2 days. The patient presents today complaining of left shoulder and left knee pain sustained in the work-related motor vehicle accident. The patient was attending physical therapy for the last 1-1/2 months with little relief.

**WORK HISTORY:** The patient is currently working driving Lyft car full-time.

**PAST MEDICAL HISTORY:** Diabetes.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking metformin 500 mg.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient does not drink alcohol.

**ADL CAPABILITIES:** The patient states that he can walk for 3 blocks. He can stand for 1 hour before he has to sit. He can sit with no problem. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: play sports, driving, carrying heavy objects.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with ice.

Left knee: Left knee pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. 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 medication.

**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 left shoulder reveals negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 40/45 degrees, forward flexion 150/180 degrees, extension 40/60 degrees, internal rotation 70/90 degrees, and external rotation 65/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals swelling and crepitus. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 degrees and extension -5/5 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 left knee, done on 05/27/2022, shows an interstitial tear of the ACL is noted, as described. This is greater at the mid-to-distal third. The PCL is unremarkable. There is diffuse attenuation of the medial meniscus at the mid body to posterior horn. A horizontal tear is seen from the anterior body to the posterior horn of the medial meniscus. There is a grade I injury of the medial collateral ligament. Lateral collateral ligament is unremarkable. There is a focal contusion over the proximal patellar tendon. Small-to-moderate joint effusion is seen without evidence of a loose body.

**ASSESSMENT:**

1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. S43.432A Labral tear, left shoulder.
5. M75.42 Impingement, left shoulder.
6. M65.812 Tenosynovitis, left shoulder.
7. M75.52 Bursitis, left shoulder.
8. M75.22 Bicipital Tendinitis, left shoulder.
9. M25.512 Pain, left shoulder.
10. S49.92XA Injury, left shoulder.
11. M67.212 Hypertrophic synovitis, left shoulder.
12. M25.412 Joint effusion, left shoulder.
13. S83.242A Medial meniscus tear, left knee.
14. M23.92 Internal derangement, left knee.
15. S83.512A Anterior cruciate ligament sprain, left knee.
16. S83.412A Medial collateral ligament sprain, left knee.
17. M94.262 Chondromalacia, left knee.
18. M25.462 Joint effusion, left knee.
19. M12.569 Trauma, arthropathy, left knee.
20. S80.912A Injury, left knee.
21. M25.562 Pain, left knee.
22. M65.162 Synovitis, left knee.
23. M24.10 Chondral lesion, left knee.
24. M24.662 Adhesions, left knee.

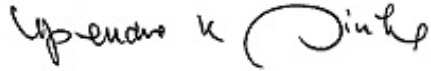
**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left knee 3 days/week.
6. MRI ordered of the left shoulder to rule out ligament tear or synovial injury.
7. 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 think about surgery.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. 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.
10. All the questions in regard to the procedure were answered.
11. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

**IMPAIRMENT RATING:** 50%.

**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.

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

MS/AEI