## UK Sinha Physician, P.C.

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

July 15, 2022

Office seen at: Liberty Rhea Ranada Ebarle PT PC 14 Bruckner Blvd Bronx, NY 10454 Phone # (718) 402-5200

Re: Bodre Linarez, Julian Jr

DOB: 04/03/1996 DOA: 05/19/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, right elbow, neck and low back pain.

HISTORY OF PRESENT ILLNESS: A 26-year-old right-hand dominant male involved in a motor vehicle accident on 05/19/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front passenger 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 transported via ambulance to the hospital and was treated and released the same day. The patient presents today complaining of right shoulder, right elbow, neck and low back pain sustained in the motor vehicle accident. The patient has not been treated with physical therapy.

**WORK HISTORY:** The patient is currently working full-time in boiler repair.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is not taking any medication at this time.

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

**ADL CAPABILITIES:** 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, reaching overhead, laundry, shopping, running errands, and exercising.

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**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 9/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. 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 rest, medication, physical therapy, and ice.

Right elbow: Right wrist pain is 8/10, described as constant, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

**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 6 feet, weight is 250 pounds, and BMI is 33.9. The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no swelling, heat, erythema, crepitus or deformity appreciated. 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. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 160/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 70/90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

**DIAGNOSTIC TESTING:** MRI of the right elbow, done on 07/06/2022, shows PD fats at hyperintensities noted at common flexor origin - grade I injury. Subcutaneous edema noted along posteromedial aspect of elbow. Joint effusion.

## **ASSESSMENT:**

- 1. M24.811 Internal derangement, right shoulder.
- 2. M75.01 Adhesive capsulitis, right shoulder.
- 3. M75.81 Shoulder tendinitis, right shoulder.
- 4. S43.431A Labral tear, right shoulder.
- 5. M75.41 Impingement, right shoulder.
- 6. M65.811 Tenosynovitis, right shoulder.
- 7. M75.51 Bursitis, right shoulder.

- 8. M75.21 Bicipital tendinitis, right shoulder.
- 9. M67.211 Hypertrophy synovitis, right shoulder.
- 10. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
- 11. M25.411 Joint effusion, right shoulder.
- 12. Medial epicondylitis, right elbow.
- 13. Intact ulnar nerve, right elbow.

## 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 and right elbow.
- 4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
- 5. Continue physical therapy for right shoulder and right elbow 3 days/week.
- 6. The patient is awaiting MRI of right shoulder.
- 7. Follow up in 2 weeks.

<u>CAUSALITY</u>: 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.

U.K. Sinha, MD, MS (Ortho), FAAOS

Board Certified Orthopedic Surgeon

apendo k wink

**UKS/AEI**