UK Sinha Physician, P.C.

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

August 09, 2022

Office seen at:
Alignment Chiropractic P.C.
4720 Avenue N
Brooklyn, NY 11234
Phone# (718) 258-7800

Re: Dixon, Trevis
DOB: 05/27/1997
DOA: 06/05/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, left knee, neck and mid back pain.

HISTORY OF PRESENT ILLNESS: A 25-year-old male involved in a motor vehicle accident on 06/05/2022. 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 went by car to Kings County Hospital Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, left knee, neck and mid back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times a week with little relief.

WORK HISTORY: The patient is currently not working.

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

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking ibuprofen.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use any recreational drugs.

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 weakness, popping, and 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 rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 7-8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness, and 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 rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 6-7/10, 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 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 5 feet 9 inches, weight is 175 pounds, and BMI is 25.8. The left shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus 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. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 40/45 degrees, forward flexion 125/180 degrees, extension 50/60 degrees, internal rotation 45/90 degrees, and external rotation 70/90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 06/23/2022, shows partial intrasubstance tear of the distal aspect of the infraspinatus tendon. Fluid in the subacromial bursa. MRI of the left shoulder, done on 06/23/2022, shows finding suggesting a tear of the inferior aspect of the posterior glenoid labrum. MRI of the left knee, done on 06/08/2022, shows tendinosis of the distal aspect of the quadriceps tendon. Lateral tilting of the patella. Small joint effusion.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M25.511 Pain, right shoulder.
9. S49.91XA Injury, right shoulder.
10. M67.211 Hypertrophy synovitis, right shoulder.
11. M25.411 Joint effusion, right shoulder.
12. M24.812 Internal derangement, left shoulder.
13. M75.02 Adhesive capsulitis, left shoulder.
14. S43.432A Labral tear, left shoulder.
15. M75.42 Impingement, left shoulder.
16. M65.812 Tenosynovitis, left shoulder.
17. M75.52 Bursitis, left shoulder.
18. M25.512 Pain, left shoulder.
19. S49.92XA Injury, left shoulder.
20. M67.212 Hypertrophy synovitis, left shoulder.
21. M25.412 Joint effusion, left shoulder.
22. M23.92 Internal derangement, left knee.
23. M25.462 Joint effusion, left knee.
24. M12.569 Traumatic arthropathy, left knee.
25. S80.912A Injury, left knee.
26. M25.562 Pain, left knee.
27. M65.162 Synovitis, left knee.
28. M24.662 Adhesions, left knee.

PLAN:

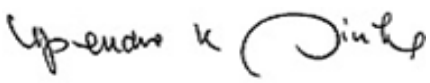
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder and left knee 3 days/week.
6. Discussed left shoulder 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 proceed with surgery.

7. 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 left shoulder 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.
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 shoulder 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 verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left shoulder surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
12. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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.



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