

# UK Sinha Physician, P.C.

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June 22, 2022

Office seen at:

P.R. Medical, P.C.  
79-09B Northern Boulevard  
Jackson Heights, NY 11372  
Phone# (718) 507-1438

Re: Florez, Brandon  
DOB: 04/15/1995  
DOA: 05/09/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, right knee, left elbow, right wrist and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 27-year-old right-hand dominant male involved in a work-related accident on 05/09/2022. The patient was moving a trolley, there was a hole in the ground, his foot got stuck in the hole and he fell down. The patient went to Bellevue Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, right knee, left elbow, right wrist and low back pain sustained in the work-related accident. The patient was attending physical therapy for the last 2-3 times per week with little relief.

**WORK HISTORY:** The patient is currently not working.

**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. The patient does not use recreational drugs.

**ADL CAPABILITIES:** The patient states that he can walk for 2 blocks. He can stand for 1 hour before he has to sit. He can sit for 1-2 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: garden, play sports, driving, lifting heavy objects, shopping, running errands, kneeling, squatting, negotiating stairs, and jogging.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 8/10, 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.

Left shoulder: Left shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and behind the back and unable to sleep at night due to pain.

Right knee: Right knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right wrist: Right wrist pain is 7/10, described as intermittent, 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.

Left elbow: Left elbow pain is 6/10, described as intermittent, dull, achy pain. 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 3 inches, weight is 280 pounds, and BMI is 35. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and proximal biceps tendon. There is no heat, swelling, 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. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 160/180 degrees, adduction 40/45 degrees, forward flexion 125/180 degrees, extension 60/60 degrees, internal rotation 65/90 degrees, and external rotation 60/90

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. There is no heat, swelling, 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. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 165/180 degrees, adduction 45/45 degrees, forward flexion 150/180 degrees, extension 60/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals swelling and erythema. There is no heat, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 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 right lower extremity.

The right wrist reveals pain to palpation over the ulnar styloid. There is no swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

The left elbow reveals swelling, erythema, bruise, and deltoid atrophy. There is tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension 150/150 degrees, supination 85/90 degrees, pronation 85/90 degrees.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 06/06/2022, shows a partial-thickness tear seen at the subscapularis tendon at the upper aspect. Tendinitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the left shoulder, done on 05/26/2022, shows a focal bursal surface tear is seen anteriorly at the supraspinatus tendon, as noted. Tendinitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the right knee, done on, 05/19/2022, shows a vertical tear is noted in the inner edge seen at the mid body of the medial meniscus. The ACL and PCL are intact. There is no fracture.

**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. S43.431A Labral tear, right shoulder.
6. M75.41 Impingement, right shoulder.
7. M65.811 Tenosynovitis, right shoulder.
8. M75.51 Bursitis, right shoulder.

9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. S46.101A Biceps tendon tear, right shoulder.
13. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
14. M25.411 Joint effusion, right shoulder.
15. S46.012A Partial rotator cuff tear, left shoulder.
16. M24.812 Internal derangement, left shoulder.
17. M75.02 Adhesive Capsulitis, left shoulder.
18. M75.82 Shoulder tendinitis, left shoulder.
19. S43.432A Labral tear, left shoulder.
20. S43.432A SLAP tear, left shoulder.
21. M75.42 Impingement, left shoulder.
22. M65.812 Tenosynovitis, left shoulder.
23. M75.52 Bursitis, left shoulder.
24. M75.22 Bicipital Tendinitis, left shoulder.
25. M25.512 Pain, left shoulder.
26. S49.92XA Injury, left shoulder.
27. S46.102A Biceps tendon tear, left shoulder.
28. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
29. M25.412 Joint effusion, left shoulder.
30. M23.91 Internal derangement, right knee.
31. S83.511A Anterior cruciate ligament sprain, right knee.
32. S83.411 Medial collateral ligament sprain, right knee.
33. M94.261 Chondromalacia, right knee.
34. S83.31XA Tear articular cartilage, right knee.
35. M22.2X1 Patellofemoral chondral injury, right knee.
36. M25.461 Joint effusion, right knee.
37. M12.569 Traumatic arthropathy, right knee.
38. S80.911A Injury, right knee.
39. M25.561 Pain, right knee.
40. M65.161 Synovitis, right knee.
41. M24.10 Chondral lesion, right knee.
42. M17.11 Osteoarthritis, right knee.
43. M76.51 Patellar tendinitis, right knee.
44. Triangular fibrocartilage complex tear, right wrist.
45. Bony contusion, left elbow.

**PLAN:**

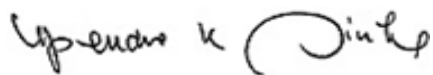
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, right knee, left elbow, and right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy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

6. Discussed right 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 proceed with surgery.
7. Workers' Compensation Board authorization needed prior to 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 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 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. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee 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.
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

**IMPAIRMENT RATING:** 75%.

**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.



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Board Certified Orthopedic Surgeon

MS/AEI