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August 08, 2022

Office seen at:
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Re: Ho-Sang, Dorothy
DOB: 08/09/1957
DOA: 01/10/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder, right knee, left knee, neck, mid-back, and low-back pain.

HISTORY OF PRESENT ILLNESS: A 64-year-old right-hand dominant female involved in a motor vehicle accident on 01/10/2022. The patient was a driver and was wearing a seatbelt. The airbags did not deploy. The EMS arrived on the scene. The police were not called to the scene of the accident. The patient was transported via ambulance to Saint Barnabas Medical Center and was treated and released the same day. The patient presents today complaining of left shoulder, right knee, left knee, neck, mid-back, and low-back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times per week with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: High blood pressure. There is no previous history of trauma.

PAST SURGICAL HISTORY: The patient had arthroscopy right knee in 2015, had right total knee replacement in 2017, and left total knee replacement in 2018.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Tylenol and muscle relaxant.

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 she can walk for 1 block. She can stand for 15 minutes before she has to sit. She can sit for 1 hour before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she 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: Left shoulder: Left shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

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 2 inches, weight is 220 pounds, and BMI is 40.2. 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 90/180 degrees, adduction 35/45 degrees, forward flexion 90/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 70/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 05/18/2022, shows the supraspinatus tendon is prominently enlarged and inhomogeneous with severe tendinosis. Superimposed partial-thickness tearing involving the distal supraspinatus tendon measuring up to 1.5 cm, primarily interstitial tearing. The infraspinatus and subscapularis tendons are inhomogeneous with tendinosis/tendinopathy. Interstitial partial tear involving the distal 1 cm of the subscapularis tendon. Volume loss and atrophy of the infraspinatus muscle of a moderate severity. Hypertrophic acromioclavicular joint changes accompanied by an anterolaterally downsloping Type II acromion with note made that there is a mesoacromion. Intracapsular long head of biceps tendinosis/tendinopathy. Glenohumeral joint space narrowing with chondral surface erosion involving the glenoid, particularly central and inferiorly, and subcortical cystic

change anteroinferiorly at the glenoid and anteriorly with multiple subcortical cystic foci in these regions. The posterior labrum is eroded and torn extending posteroinferiorly. The anterior labrum is also eroded and torn at the labrocartilaginous junction. Intramuscular fatty atrophy of the deltoid. The patient was not able to remain still for the examination. Clarity reduction on the examination related to combination of patient's body habitus and patient motion. Best obtainable study was performed in this respect.

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.02 Adhesive capsulitis, left shoulder.
4. M75.82 Shoulder tendinitis, left shoulder.
5. S43.432A Labral tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M65.812 Tenosynovitis, left shoulder.
8. M75.52 Bursitis, left shoulder.
9. M75.22 Bicipital tendinitis, left shoulder.
10. M25.512 Pain, left shoulder.
11. S49.92XA Injury, left shoulder.
12. S46.102A Biceps tendon tear, left shoulder.
13. M67.212 Hypertrophic synovitis, left shoulder.
14. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
15. M25.412 Joint effusion, left shoulder.

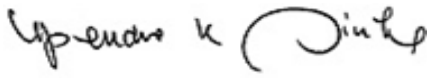
PLAN:

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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder 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 think about 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. Follow up in 4 weeks.

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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