

# UK Sinha Physician, P.C.

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June 21, 2022

Office seen at:

Merrick Medical PC  
243-51 Merrick Blvd  
Rosedale, NY 11422  
Phone# (718) 413-5499

Re: Blackman, Ashel  
DOB: 11/20/2000  
DOA: 03/15/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder and left hip pain.

**HISTORY OF PRESENT ILLNESS:** A 21-year-old right-hand dominant female involved in a motor vehicle accident on 03/15/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the front driver's side. The airbags did not deploy. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of right shoulder, left shoulder and left hip pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months with good 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 taking pain medications p.r.n.

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

**ADL CAPABILITIES:** The patient states that she can walk for 2 blocks. She can stand for 60 minutes before she has to sit. She can sit for 60 minutes 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: lifting heavy objects, carrying heavy objects, running errands.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. 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.

Left shoulder: Left shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. 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.

Left hip: No 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 4 inches, weight is 175 pounds, and BMI is 30. The right shoulder reveals no tenderness. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Range of motion, as per goniometer, abduction 175/180 degrees, adduction 45/45 degrees, forward flexion 170/180 degrees, extension 55/60 degrees, internal rotation 85/90 degrees, and external rotation 85/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals no tenderness. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Range of motion, as per goniometer, abduction 175/180 degrees, adduction 45/45 degrees, forward flexion 175/180 degrees, extension 60/60 degrees, internal rotation 85/90 degrees, and external rotation 80/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the left upper extremity.

The left hip reveals no deformity and no tenderness.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 04/26/2022, shows AC joint arthrosis with capsular hypertrophy. Brand surface tear/fraying of the supraspinatus tendon with

tendinopathy. Tendinopathy of the Infraspinatus tendon. Tendinopathy/thickening of the subscapularis tendon. Tear of the anterior labrum. MRI of the left shoulder, done on 04/26/2022, shows tendinopathy and bursal surface tear/fraying of the supraspinatus tendon. Tendinopathy of the infraspinatus tendon. Biceps tenosynovitis. Small effusion. Mild subacromial/subdeltoid bursitis. MRI of the left hip, done on 05/24/2022, shows no evidence of labral tear or muscle injury.

**ASSESSMENT:**

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. S43.431A Labral tear, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
8. S46.012A Partial rotator cuff tear, left shoulder.
9. M75.82 Shoulder tendinitis, left shoulder.
10. M75.42 Impingement, left shoulder.
11. M65.812 Tenosynovitis, left shoulder.
12. M75.52 Bursitis, left shoulder.
13. M25.512 Pain, left shoulder.
14. S49.92XA Injury, left shoulder.
15. M25.412 Joint effusion, left shoulder.
16. Injury, left hip.

**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 hip.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, and left hip 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left shoulder. The patient refuses due to side effects.
7. Discussed right shoulder and left shoulder arthroscopy versus conservative management with the patient. The patient does not want surgical intervention as range of motion is not impaired and there is minimal pain.
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 shoulder and 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.
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 shoulder and 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.

11. All the questions in regard to the procedure were answered.
12. Follow up on an as needed basis.

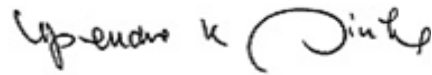
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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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MellitaShakhmurov, PA-C

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Board Certified Orthopedic Surgeon