UK Sinha Physician, P.C.

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June 21, 2022

Office seen at:
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150 Graham Avenue Suite A
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Phone# (718) 218-6616

Re: Shaw Hopkin, Billie
DOB: 05/15/1973
DOA: 05/31/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder, left knee, left hip, neck and low back pain.

HISTORY OF PRESENT ILLNESS: A 49-year-old right-hand dominant female involved in a motor vehicle accident on 05/31/2022. 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 arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Long Island Jewish Hospital and was treated and released the same day. The patient presents today complaining of left shoulder, left knee, left hip, neck and back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 4 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: Acetaminophen muscle relaxant.

SOCIAL HISTORY: The patient smokes 3-8 cigarettes a day. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 7 blocks. She can stand for 15 minutes before she has to sit. She can sit for 45 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: 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 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient is unable to reach overhead able to reach behind the back, and able 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 3/10, 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 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 5 inches, weight is 150 pounds, and BMI is 25. The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. There is crepitus appreciated. There is no heat, swelling, erythema 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 45/60 degrees, internal rotation 70/90 degrees, and external rotation 65/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line and lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 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 left lower extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 06/15/2022, shows tear of the anterior inferior glenoid labrum with an 11 x 11 mm paralabral cyst. Deep chondral fissuring with subchondral signal alteration at the anterior superior glenoid. Supraspinatus and infraspinatus tendinitis with subdeltoid/subacromial bursitis. Evidence of rotator cuff impingement secondary to anterior downsloping of the acromion. MRI of the left knee, done on 06/15/2022, shows evidence of superolateral Hoffa fat pad impingement. Soft tissue edema about the anterior knee. Small popliteal cyst.

ASSESSMENT:

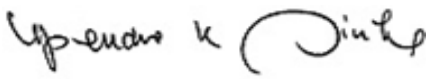
1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.02 Adhesive capsulitis, left shoulder.
4. M75.82 Shoulder tendinitis, left shoulder.
5. S43.432A Labral tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M65.812 Tenosynovitis, left 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. M67.212 Hypertrophic synovitis, left shoulder.
13. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
14. M25.412 Joint effusion, left shoulder.
15. S83.242A Medial meniscus tear, left knee.
16. S83.282A Lateral meniscus tear, left knee.
17. M23.92 Internal derangement, left knee.
18. S83.512A Anterior cruciate ligament sprain, left knee.
19. S83.412A Medial collateral ligament sprain, left knee.
20. M94.262 Chondromalacia, left knee.
21. M22.2X2 Patellofemoral chondral injury, left knee.
22. M25.462 Joint effusion, left knee.
23. M12.569 Traumatic arthropathy, left knee.
24. S80.912A Injury, left knee.
25. M25.562 Pain, left knee.
26. M65.162 Synovitis, left knee.
27. 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 left shoulder and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left knee 3 days/week.
6. Follow up in 4 weeks. The patient will consider left shoulder arthroscopy during the next visit.

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