

UK Sinha Physician, P.C.

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July 13, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Martinez, Bonifacio
DOB: 05/06/1967
DOA: 12/03/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, right knee, right ankle, neck and low back pain.

HISTORY OF PRESENT ILLNESS: A 55-year-old right-hand dominant male involved in a work-related accident on 12/03/2021. The patient fell down from 5-6 feet height while working in construction. The police were not called to the scene of the accident. The patient was transported via ambulance to Jacobi Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, right knee, and right ankle pain sustained in the work-related 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: 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 1 block. He can stand for 30 minutes before he has to sit. He 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 he is

unable to do the following activities: garden, play sports, driving, lifting heavy objects, carrying heavy objects, childcare, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8-9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Right knee: Right knee pain is 8-9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has no difficulty rising from a chair and no difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Right ankle: Right ankle pain is 8/10, described as constant, dull, achy pain. Pain with walking and climbing.

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 6 inches, weight is 200 pounds, and BMI is 32.3. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive 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 95/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 70/90 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 right knee reveals tenderness along the medial joint line, lateral joint line and superior pole of patella. There is no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130

degrees and extension -15/5 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 ankle reveals swelling, hematoma and bruises noted over anterior, posterior and lateral malleolar aspect. Positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the medial and lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 02/25/2022, shows high-grade partial versus complete non-retracted rotator cuff tear involving the supraspinatus and infraspinatus tendons extending to the distal insertion. Partial tear of the anterior superior distal insertion of the sub scapularis tendon. Tear of the anterior superior labrum with associated joint and subcoracoid bursal effusion. MRI of the right knee, done on 02/25/2022, shows there is a flap tear of the inferior tibial surface of the posterior horn medial meniscus with posterior capsular disruption and soft tissue edema. There is a 2 centimeter thin popliteal cyst. The tear extends into the body of the meniscus. There is an intra substance tear of the posterior horn of the lateral meniscus. There is moderate to high-grade partial tear of the anterior cruciate ligament. The posterior cruciate ligament is intact. The medial and lateral collateral ligaments are intact. There is a 2 centimeter osteochondral defect at the anterior aspect of the lateral femoral condyles extends into the trochlea. There is also a 1 centimeter osteochondral defect at the anterior aspect of the medial femoral condyles. There is a 1.5 centimeter osteochondral defect at the lateral patellar facet with associated soft tissue edema and joint effusion. There is adjacent partial tear of the lateral patellar retinaculum with no subluxation. The quadriceps tendon and infrapatellar ligament are unremarkable. The patellofemoral ligaments and retinacula are intact. There is prepatellar and infrapatellar soft tissue edema. There is a joint effusion. There is marginal osteophyte formation at the superior pole the patella. MRI of the right ankle, done on 02/28/2022, There is a 1 centimeter avulsion fracture fragment projecting off the medial malleolus. There is also a 1 centimeter healed/ healing avulsion fracture projecting off the medial talar wall as well as a 6 millimeter intra-articular avulsion fracture at the medial talocalcaneal articulation. There is a 3 millimeter avulsion fracture fragment projecting off the medial malleolus, within the deltoid ligament suggesting a tear of the ligament. Clinical correlation is in order. There is a healed fracture of the posterior talus with ankylosis of the posterior subtalar joint. There is also a 3 millimeter avulsion fracture projecting off the dorsal distal aspect of the talus at the talonavicular joint. Diffuse bony demineralization.

ASSESSMENT:

1. M75.121 Complete 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. M67.211 Hypertrophic synovitis, right shoulder.
14. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
15. M25.411 Joint effusion, right shoulder.
16. S83.241A Medial meniscus tear, right knee.
17. M23.91 Internal derangement, right knee.
18. S83.519A Anterior cruciate ligament tear, right knee.
19. S83.411A Medial collateral ligament sprain, right knee.
20. M94.261 Chondromalacia, right knee.
21. S83.31XA Tear articular cartilage, right knee.
22. M22.2X2 Patellofemoral chondral injury, right knee.
23. M25.461 Joint effusion, right knee.
24. M12.569 Traumatic arthropathy, right knee.
25. S80.911A Injury, right knee.
26. M25.561 Pain, right knee.
27. M65.161 Synovitis, right knee.
28. M24.10 Chondral lesion, right knee.
29. M24.661 Adhesions, right knee.
30. Medial malleolus, right ankle.
31. Medial talus, right ankle.
32. Posterior talus, right ankle.

PLAN:

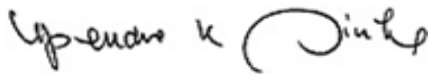
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, right knee, and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee, and right ankle 3 days/week.
6. Discussed right 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. The patient needs medical clearance prior to surgery. 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 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 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 shoulder and the patient will be scheduled for right 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.
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

IMPAIRMENT RATING: 100%.

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