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June 28, 2022

Office seen at:
KMR Medical
222-01 Hempstead Avenue
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Phone # (929) 206-5188

Re: Faison, Sade
DOB: 04/02/1996
DOA: 04/12/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, left wrist, neck and low back pain.

HISTORY OF PRESENT ILLNESS: A 26-year-old left-hand dominant female involved in a motor vehicle accident on 04/12/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front driver's side. The airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to North Shore Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, left wrist, neck and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 weeks with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Tylenol.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 5 blocks. She can stand for 30 minutes before she has to sit. She can sit for 30 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: garden, plays ports, driving, lifting heavy objects, carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, popping, and clicking. The patient is unable to reach overhead and able to reach behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. 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, medication, physical therapy, and ice.

Left wrist: Left wrist pain is 4/10, described as constant, dull, achy pain. Admits to weakness, numbness. The patient has pain with lifting and carrying. 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 7 inches, weight is 190 pounds, and BMI is 29.8. The right 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 120/180 degrees, adduction 40/45 degrees, forward flexion 110/180 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 right upper extremity.

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 130/180 degrees, adduction 45/45 degrees, forward flexion 125/180 degrees, extension 55/60 degrees, internal rotation 75/90 degrees, and external rotation 75/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left wrist reveals pain to palpation over the ulnar styloid/ distal radius/ scaphoid. There is swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 75/80 degrees, extension 65/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees. Not much objective findings.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 05/10/2022, shows low-lying distal acromion with adjacent subacromial subdeltoid bursitis. Tendinosis supraspinatus with bursal surface fibrillation and tear toward the anterior insertional fibers. Tendinosis of proximal biceps tendon. MRI of the left shoulder, done on 05/04/2022, shows suggestive shoulder impingement predominantly on the supraspinatus, with bursal surface tear toward the anterior insertional fibers. Series 5 image 11. AC joint mild arthrosis and mild subacromial bursitis. Biceps tendinopathy. Small free fluid in the subcoracoid recess with subscapularis tendinosis and sprain of the superior glenohumeral ligament. MRI of the left wrist, done on 05/18/2022, shows Small radioscaphoid effusion and with approximate 9.0 x 5.7 x 7.9 mm loculated fluid collection along the ventral aspect of the radial scaphoid interval suggestive of a ganglionic cyst. Series 4 image 7. There is also small loculated fluid in the triquetral pisiform interval sprain of the volar intercarpal ligament. There is 4 image 8. Small DRUJ effusion and with suspect tear of the volar radioulnar ligament. Series 7 image 7, series 4 image 5.

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. M67.211 Hypertrophic synovitis, right shoulder.
13. M25.411 Joint effusion, right shoulder.
14. S46.012A Partial rotator cuff tear, left shoulder.
15. M24.812 Internal derangement, left shoulder.
16. M75.02 Adhesive Capsulitis, left shoulder.

17. M75.82 Shoulder tendinitis, left shoulder.
18. S43.432A Labral tear, left shoulder.
19. M75.42 Impingement, left shoulder.
20. M65.812 Tenosynovitis, left shoulder.
21. M75.52 Bursitis, left shoulder.
22. M75.22 Bicipital tendinitis, left shoulder.
23. M25.512 Pain, left shoulder.
24. S49.92XA Injury, left shoulder.
25. S46.102A Biceps tendon tear, left shoulder.
26. M24.10 Glenoid chondral defect, left shoulder.
27. M67.212 Hypertrophic synovitis, left shoulder.
28. M25.412 Joint effusion, left shoulder.
29. Post traumatic synovitis, left wrist.

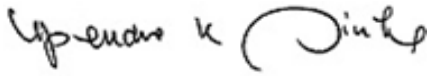
PLAN:

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 wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder and left wrist 3 days/week.
6. Discussed right shoulder, left and left wrist 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. 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, left shoulder and left wrist 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 right shoulder, left shoulder, and left wrist 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. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder. 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.
12. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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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MS/AEI