

UK Sinha Physician, P.C.

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July 29, 2022

Office seen at:

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Phone# (718) 402-5200

Re: Pressley, Wanda
DOB: 07/19/1962
DOA: 09/27/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 60-year-old left-hand dominant male involved in a motor vehicle accident on 09/27/2021. The patient was a rear passenger and was wearing a seatbelt. The airbags did not deploy. The EMS arrived on the scene. The patient was transported via ambulance to NYC Health + Hospitals/Lincoln Medical Center and was treated and released the same day. The patient presents today complaining of left shoulder, left knee, neck, and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 to 4 times per week with little relief.

PAST MEDICAL HISTORY: Hypertension. There is no previous history of trauma.

PAST SURGICAL HISTORY: The patient had left knee arthroscopy in February 2022 and left shoulder arthroscopy in May 2022 by Dr. _____.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking hydrochlorothiazide and vitamin D 10 mg daily.

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 he can walk for 1 block. He can stand for 5 minutes before he has to sit. He can sit for 10 minutes 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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, kneeling, and squatting.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and popping. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Left knee: Left knee pain is 3/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes popping and buckling.

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 or irregular heart rate. The patient has 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 245 pounds, and BMI is 40.8. The left shoulder reveals tenderness to palpation over proximal biceps tendon. 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 90/180 degrees, adduction 40/45 degrees, forward flexion 100/180 degrees, extension 40/60 degrees, internal rotation 40/90 degrees, and external rotation 45/90 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. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 degrees and extension - 10/5 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 02/09/2022, shows labral tearing. Erosive disease. Impingement and outlet syndrome. Cuff tendinosis and tendinitis and tendinopathy. Synovitis. MRI of the left knee, done on 12/31/2021, shows narrowed femoral and

tibial compartments as described. Partial tear of lateral collateral ligament. Iliotibial band syndrome, hypertrophy of Gerdy's tubercle, proximal fibula. Tears of the posterior horn of the medial and lateral menisci. Quadriceps tendinosis and/or tendinitis. Partial anterior cruciate ligament tear. Lateral patellar tilt and subluxation consistent with medial retinacular strain. Prepatellar edema and/or bursitis. Suprapatellar plica. Patellar spurring. Chondromalacia of posterior patellar surface.

ASSESSMENT:

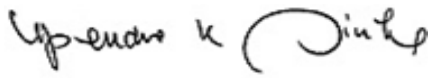
1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.02 Adhesive Capsulitis, left shoulder.
4. M75.82 Shoulder tendinitis, left shoulder.
5. S43.432A Labral tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M65.812 Tenosynovitis, left 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.
16. S83.242A Medial meniscus tear, left knee.
17. S83.282A Lateral meniscus tear, left knee.
18. M23.92 Internal derangement, left knee.
19. S83.512A Anterior cruciate ligament sprain, left knee.
20. S83.412A Medial collateral ligament sprain, left knee.
21. M94.262 Chondromalacia, left knee.
22. S83.32XA Tear articular cartilage, left knee.
23. M22.2X2 Patellofemoral chondral injury, left knee.
24. M25.462 Joint effusion, left knee.
25. M12.569 Traumatic arthropathy, left knee.
26. S80.912A Injury, left knee.
27. M25.562 Pain, left knee.
28. M24.10 Chondral lesion, left knee.
29. 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 6 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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon

UKS/AEI