UK Sinha Physician, P.C.

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August 10, 2022

Office seen at:
Baxter Medical Care, PC
8106 Baxter Ave # Mc2
Elmhurst, NY 11373
Phone# (718) 639-1110

Re: Cajas, Evelyn
DOB: 08/31/1977
DOA: 04/07/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: A 44-year-old right-hand dominant female involved in a motor vehicle accident on 04/07/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the rear passenger's side. The airbags deployed. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to New York Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, right knee and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 weeks with little relief.

WORK HISTORY: The patient is currently not working.

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

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n. morphine.

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 she can walk for 3 blocks. She can stand for 14 minutes before she has to sit. She 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 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: Right shoulder: Right shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. The patient has arthroscopy of right shoulder on 05/28/2022 by another doctor.

Right knee: Right knee pain is 5-6/10, 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 clicking, popping, buckling, and intermittent locking.

Left knee: Left knee pain is 6-7/10, 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 clicking, popping, 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 140 pounds, and BMI is 23.4. The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 165/180 degrees, adduction 40/45 degrees, forward flexion 170/180 degrees, extension 55/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 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. There is crepitus appreciated. There is no heat, swelling, 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 110/130 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 right lower extremity.

The left knee reveals swelling along the medial joint line. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 degrees and extension 0/5 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 right shoulder, done on 04/20/2022, shows presence of acromial impingement upon the myotendinous supraspinatus. Fluid in the subdeltoid bursa and joint capsule compatible with tenosynovitis/bursitis with increased signal in the myotendinous supraspinatus for which clinical evaluation for superimposed acute strain/interstitial tear of the myotendinous supraspinatus is requested as discussed in the body of the report. Mild to moderate fluid in the subcoracoid bursa compatible with subcoracoid bursitis. Sprain/interstitial tear of the coracohumeral ligament as described above. MRI of the right knee, done on 04/20/2022, shows posteromedial meniscal grade 2B signal as discussed in the body of the report. Clinical confirmation of a posteromedial meniscal tear is requested. Presence of joint fluid compatible with synovitis, a large dissecting popliteal cyst, and a small ganglion cyst along the anterior surface of the medial gastrocnemius muscle.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.41 Impingement, right shoulder.
3. Status post arthroscopy (done by another doctor).
4. S83.241A Medial meniscus tear, right knee.
5. M23.91 Internal derangement, right knee.
6. S83.411 Medial collateral ligament sprain, right knee.
7. S83.31XA Tear articular cartilage, right knee.
8. M25.461 Joint effusion, right knee.
9. M12.569 Traumatic arthropathy, right knee.
10. S80.911A Injury, right knee.
11. M25.561 Pain, right knee.
12. M65.161 Synovitis, right knee.
13. M24.661 Adhesions, right knee.
14. M23.92 Internal derangement, left knee.
15. M25.462 Joint effusion, left knee.
16. M12.569 Traumatic arthropathy, left knee.
17. S80.912A Injury, left knee.
18. M25.562 Pain, left knee.

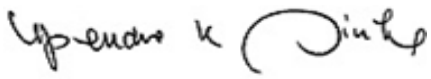
19. M65.162 Synovitis, left knee.
20. M24.662 Adhesions, left knee.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, right knee and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee and left knee 3 days/week.
6. MRI ordered of left knee to rule out ligament tear and/or synovial injury.
7. Discussed right knee 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.
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 knee 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 knee 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 knee and the patient will be scheduled for right knee 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.

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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