

UK Sinha Physician, P.C.

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June 28, 2022

Office seen at:
KMR Medical
222-01 Hempstead Avenue
Queens Village, NY 11429
Phone # (929) 206-5188

Re: Elimse, Liphete
DOB: 02/01/1997
DOA: 04/17/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 25-year-old right-hand dominant male involved in a motor vehicle accident on 04/17/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear passenger side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient went by car to Long Island Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, neck and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 weeks with little relief.

WORK HISTORY: The patient is working at JFK Warehouse as of 07/04/2022.

PAST MEDICAL HISTORY: Hepatitis B.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking ibuprofen.

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

ADL CAPABILITIES: The patient states that he can walk for 10 blocks. He can stand for 10 minutes before he has to sit. He can sit for 60 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: Garden, play sports, 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 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, 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 shoulder: Left shoulder pain is 6/10, 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.

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 9 inches, weight is 157 pounds, and BMI is 23.2. 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 90/180 degrees, adduction 40/45 degrees, forward flexion 95/180 degrees, extension 30/60 degrees, internal rotation 30/90 degrees, and external rotation 50/90 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 erythema and 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 145/180 degrees, adduction 35/45 degrees, forward flexion 150/180

degrees, extension 50/60 degrees, internal rotation 60/90 degrees, and external rotation 85/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 06/08/2022, shows infraspinatus tendinosis with a broad undersurface fraying suggesting Vein- more toward the anterior insertional fibers toward the conjoined region overlying the greater tubercle. Series 5 image 7. There is hyperintense, curvilinear signal suggesting not only small glenohumeral effusion, but also raising suspicion for concomitant tear of the anteroinferior labrum between approximately 3:00 and 6:00 positions 6 images 11, 12. MRI of the left shoulder, done on 06/08/2022, shows there is tendinosis of the conjoined region between supraspinatus and infraspinatus fibers with articular undersurface fraying suspicious for tear just overlying the greater tuberosity. Series 5 images 6-9. Subscapularis tendinopathy with subtendinous fluid extending into the subcoracoid recess.

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. M89.311 Acromioclavicular joint hypertrophy, 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. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
26. M25.412 Joint effusion, left shoulder.

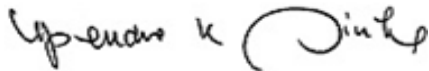
PLAN:

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 and left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left shoulder 3 days/week.
6. Discussed right shoulder and left 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. 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 and left 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.
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 and left 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.
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 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.
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.



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

MS/AEI