

# UK Sinha Physician, P.C.

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November 04, 2022

Re: Almanzar, Francisco

DOB: 07/06/1988

DOA: 06/10/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

**HISTORY OF PRESENT ILLNESS:** A 34-year-old right-hand dominant male involved in a work-related motor vehicle accident on 06/10/2022. The patient was a driver and was wearing a seatbelt. The patient was double parked and another vehicle came and slammed into his car from the back. The vehicle was struck on the rear end. The airbags did not deploy. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to San Juan Health Center and was treated and released the same day. The patient presents today complaining of right shoulder, right knee, neck, and low back pain sustained in the work-related motor vehicle accident. The patient was attending physical therapy 3-4 times a week 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 Advil.

**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 1/2 block. He can stand for 5 minutes before he has to sit. He can sit for 5 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, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain.

Right knee: Right knee pain is 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.

The patient had cortisone injection of the right shoulder one month ago, helped for 1-2 weeks.

**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 6 feet 1 inches, weight is 243 pounds, and BMI is 32.1. 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 90/180 degrees, adduction 25/45 degrees, forward flexion 95/180 degrees, extension 45/60 degrees, internal rotation 30/90 degrees, and external rotation 45/90 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 superior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative 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 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 09/02/2022, shows interstitial tear of length 6 mm at the attachment of the supraspinatus tendon. Mild bone marrow edema in lateral aspect of humeral head. Grade I AC joint injury. MRI of the right knee, done on 08/08/2022, shows grade II signal in posterior region compatible with trauma sequelae. Joint

effusion. EMG/NCV study done on 08/15/2022, shows evidence of bilateral C4-C5 and bilateral C5-C6 radiculopathy. The electrodiagnostic study reveals evidence of a bilateral sensorimotor median nerve neuropathy at the wrist. This is consistent with the clinical diagnosis of carpal tunnel syndrome. Also, the electrodiagnostic study reveals evidence of sensorimotor peripheral neuropathy affecting the upper extremities.

**ASSESSMENT:**

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
7. M25.411 Joint effusion, right shoulder.
8. S83.241A Medial meniscus tear, right knee.
9. M23.91 Internal derangement, right knee.
10. M25.461 Joint effusion, right knee.
11. M12.569 Traumatic arthropathy, right knee.
12. S80.911A Injury, right knee.
13. M25.561 Pain, right knee.

**PLAN:**

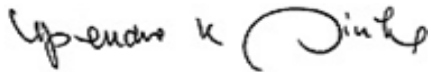
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right knee 3 days/week.
6. MRI of the right knee, done on 08/08/2022, shows torn medial meniscus.
7. MRI of the right shoulder, done on 09/02/2022, shows partial tear of the supraspinatus. EMG of both upper extremities done on 08/15/2022, shows double cross syndrome bilaterally, increased symptoms in right side, night pain positive and dropping objects from right hand.
8. Discussed right shoulder arthroscopy with manipulation 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 think about surgery.
9. Workers' Compensation Board authorization needed prior to surgery.
10. 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.
11. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.

12. 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.
13. All the questions in regard to the procedure were answered.
14. Follow up in 4 weeks.

**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.



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Board Certified Orthopedic Surgeon

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