

UK Sinha Physician, P.C.

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November 08, 2022

Office seen at:
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172-17 Jamaica Avenue
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Phone# (929) 499-3003

Re: Mane De La Rosa, Alberto
DOB: 01/07/1982
DOA: 08/19/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 40-year-old right-hand dominant male involved in a motor vehicle accident on 08/19/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was parked and someone struck on the rear end. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Jamaica Hospital Medical Center and was treated and released the same day. The patient presents today complaining of left shoulder, left knee, right wrist, right elbow, 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 full time.

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 not taking any medication at this time.

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: 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, unable to reach behind the back, and unable to sleep at night due to pain.

Left knee: Left knee pain is 5/10, 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.

Right wrist: Right wrist pain is 5/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

Right elbow: Right elbow pain is 7/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

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 11 inches, weight is 218 pounds, and BMI is 30.4. The left 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 160/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees,

internal rotation 70/90 degrees, and external rotation 80/90 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 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.

The right wrist reveals pain to palpation over the ulnar styloid and distal radius. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 55/70 degrees, radial deviation 20/20 degrees, ulnar deviation 30/30 degrees.

The right elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is ____/5. There is tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. Positive/Negative Varus test. Positive/Negative Valgus test. Positive/Negative Tinel sign. Range of motion reveals flexion ____/150 degrees, extension ____/150 degrees, supination ____/90 degrees, pronation ____/90 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 10/01/2022, shows partial-thickness bursal surface tear of the supraspinatus tendon. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full-thickness rotator cuff tear. MRI of the left knee, done on 10/19/2022, shows presence of joint fluid compatible with synovitis. The anterior and posterior cruciate ligaments as well as the medial and lateral collateral ligament complexes are intact. The meniscal structures are intact. In the given clinical setting of trauma, the study is otherwise inconclusive which implies the need for further clinical investigation. MRI of the right elbow, done on 10/01/2022, shows linear interstitial tearing of the triceps tendon at the level of its insertion. Hyperintense signal at the origin of the common flexor tendon compatible with partial tear. MRI of the right wrist, done on 10/19/2022, shows findings consistent with carpal tunnel syndrome. Findings compatible with partial tear of the TFCC as discussed in the body of the report. The visualized ligamentous and tendinous structures are otherwise intact.

ASSESSMENT:

1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M75.42 Impingement, left shoulder.
4. M75.52 Bursitis, left shoulder.
5. M25.512 Pain, left shoulder.
6. S49.92XA Injury, left shoulder.
7. M25.412 Joint effusion, left shoulder.
8. M65.162 Synovitis, left knee.
9. Torn triangular fibrocartilage complex, right wrist.
10. Carpal tunnel syndrome, right wrist.

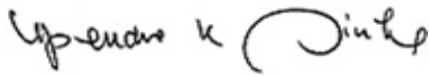
11. Bony contusion tip of olecranon process, right elbow.

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, left knee, right wrist, and right elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, left knee, right wrist, and right elbow 3 days/week.
6. X-ray of the right elbow and EMG of both upper extremities.
7. Follow up in 2 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.



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

UKS/AEI