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June 21, 2022

Office seen at:
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Re: Thomas, Ondean
DOB: 06/27/1961
DOA: 11/02/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 60-year-old right-hand dominant female involved in a motor vehicle accident on 11/02/2021. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the front side. The airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to St. John's 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 the last 7 months with good relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Diabetes, hypertension, and hyperlipidemia.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: PENICILLIN.

MEDICATIONS: The patient is taking metformin 1000 mg, amlodipine 10 mg, and Simvastatin.

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 60 minutes before she has to sit. She 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 she is unable to do the following activities: 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 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with physical therapy.

Right knee: Right knee pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has no difficulty rising from a chair and difficulty going up and down stairs. The patient also notes locking. Worse with range of motion and improves with rest and physical therapy.

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, weight is 156 pounds, and BMI is 30.5. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and proximal biceps tendon. There is no heat, swelling, erythema or deformity appreciated. There is crepitus appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 125/180 degrees, adduction 30/45 degrees, forward flexion 130/180 degrees, extension 45/60 degrees, internal rotation 60/90 degrees, and external rotation 55/90 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, lateral joint line. There is no heat, swelling, erythema or deformity appreciated. There is crepitus appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 degrees

and extension 3/5 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 tenderness along the medial joint line and lateral joint line. There is no heat, swelling, erythema or deformity appreciated. There is crepitus appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 3/5 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 04/15/2022, shows superior labral fraying and tear. Biceps tendinopathy. Glenohumeral joint effusion with no fracture. MRI of the left knee, done on 04/18/2022, shows chondromalacia lateral articular patellar facet. No meniscal, ligamentous or tendon tear. Small synovial effusion. MRI of the right knee, done on 04/18/2022, shows small synovial effusion. No meniscal or ligamentous/tendon tear or chondral defects identified.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M25.511 Pain, right shoulder.
7. M25.411 Joint effusion, right shoulder.
8. M23.91 Internal derangement, right knee.
9. M25.461 Joint effusion, right knee.
10. S80.911A Injury, right knee.
11. M25.561 Pain, right knee.
12. M23.92 Internal derangement, left knee.
13. M94.262 Chondromalacia, left knee.
14. M25.462 Joint effusion, left knee.
15. S80.912A Injury, left knee.
16. M25.562 Pain, 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. Recommend steroid injections with pain management for right shoulder, right knee and left knee. The patient refuses due to side effects.
7. Discussed right shoulder, right knee and left knee arthroscopy versus conservative management with the patient. The patient refuses surgical intervention as the physical therapy is helping.

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 shoulder, right knee and left 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 shoulder, right knee and left 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. Follow up on an as needed basis.

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.

MellitaShakhmurov, PA-C

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

MS/AEI