

UK Sinha Physician, P.C.

102-31 Jamaica Ave.

Richmond Hill, NY 11418

Ph: 718-480-1130 Fax: 718-480-1132

usinhaorthopedics@gmail.com

June 13, 2022

Office seen at:

Multispecialty Clinic

102-28 Jamaica Avenue

Jamaica, NY 11418

Phone# (718) 441-5440

Re: Reyes, Barbara

DOB: 12/06/1955

DOA: 04/13/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 27-year-old right-hand dominant female involved in a motor vehicle accident on 04/13/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the passenger's front side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of right shoulder, left shoulder, right knee, left knee, neck, and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 4 days/week with little relief. Neck and low back being followed by chiro.

WORK HISTORY: The patient is currently not working. Last work day was April 12, 2022, was working as CNA.

PAST MEDICAL HISTORY: Hypertension and thyroid. History of prior trauma in March 2019 (work injury), not settled yet.

PAST SURGICAL HISTORY: Right arthroscopy in 2020 by Dr. Cohen.

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 drinks alcohol occasionally. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for one-half block. She can stand for 20 minutes before she has to sit. She can sit for 25 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: garden, play sports, lifting heavy objects, carrying heavy objects, laundry, shopping, 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. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and popping. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain.

Right knee: Right knee pain is 10/10, described as constant, 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 10/10, described as constant, 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, and buckling.

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 6 inches, weight is 220 pounds, and BMI is 35.5. The right shoulder reveals shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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. Positive O'Brien test. Negative impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 165/180 degrees, adduction 45/45 degrees, forward flexion 170/180

degrees, extension 50/60 degrees, internal rotation 45/90 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 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. Positive O'Brien test. Negative 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 160/180 degrees, extension 50/60 degrees, internal rotation 40/90 degrees, and external rotation 70/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130 degrees and extension -10/5 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, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130 degrees and extension -10/5 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 knee, done on 05/06/2022, shows there is a broad region of suggestive maceration primarily throughout the body of the medial meniscus suggesting a complex tear. There is also suspicion of a smaller tear with possible maceration in the body of the lateral meniscus. Patchy marrow edema throughout the femoral tibial articulations, more prominent in the medial compartment suggesting although subchondral fracture not excluded. Recommend follow-up preferably CT of the right knee, or at the very least x-rays of the right knee. If neither of these are clinically feasible, then a short interval follow-up MRI right knee in 2 months recommended to evaluate for potential fracture evolution. Tricompartmental osteoarthritis as described with small joint effusion.

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. M67.211 Hypertrophic synovitis, right shoulder.
13. M89.311 Acromioclavicular joint hypertrophy, 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. M67.212 Hypertrophic synovitis, left shoulder.
26. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
27. M25.412 Joint effusion, left shoulder.
28. S83.241A Medial meniscus tear, right knee.
29. M23.200 Lateral meniscus derangement, right knee.
30. M23.91 Internal derangement, right knee.
31. S83.511A Anterior cruciate ligament sprain, right knee.
32. S83.411A Medial collateral ligament sprain, right knee.
33. M94.261 Chondromalacia, right knee.
34. M22.2X1 Patellofemoral chondral injury, right knee.
35. M25.461 Joint effusion, right knee.
36. M12.569 Traumatic arthropathy, right knee.
37. S80.911A Injury, right knee.
38. M25.561 Pain, right knee.
39. M65.161 Synovitis, right knee.
40. M24.10 Chondral lesion, right knee.
41. M24.661 Adhesions, right knee.
42. S83.242A Medial meniscus tear, left knee.
43. S83.282A Lateral meniscus tear, left knee.
44. M23.92 Internal derangement, left knee.
45. S83.512A Anterior cruciate ligament sprain, left knee.
46. S83.412A Medial collateral ligament sprain, left knee.
47. M94.262 Chondromalacia, left knee.
48. S83.32XA Tear articular cartilage, left knee.
49. M22.2X2 Patellofemoral chondral injury, left knee.
50. M25.462 Joint effusion, left knee.
51. M12.569 Traumatic arthropathy, left knee.
52. S80.912A Injury, left knee.

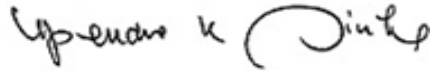
- 53. M25.562 Pain, left knee.
- 54. M65.162 Synovitis, left knee.
- 55. M24.10 Chondral lesion, left knee.
- 56. M24.662 Adhesions, left knee.

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, left shoulder, right knee, and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, and left knee 3 days/week.
6. Discussed right knee and left 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.
7. The patient needs medical clearance prior to 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 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 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. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left 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.

A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style.

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

MS/AEI