UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

August 17, 2022

Office seen at:
Chiro 4226
4226-A 3rd Ave
Bronx, NY 10457
Phone# (718) 684-7676

Re: Tejada, Kenia A
DOB: 12/05/1976
DOA: 01/21/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: A 45-year-old right-hand dominant female involved in a motor vehicle accident on 01/21/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was T-boned on the passenger's side. The airbags deployed. The EMS arrived. The police were called to the scene of the accident. The patient was transported via ambulance to Englewood Hospital and was treated and released the same day. The patient presents today complaining of right shoulder and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 7 months with no relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension. There is no previous history of trauma.

PAST SURGICAL HISTORY: C-section in 1992.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: Unable to recall**.**

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 12 blocks. She can stand for 15 minutes before she has to sit. She can sit for 30 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 9-10/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 9-10/10, 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 intermittent locking. Worse with range of motion and improves with rest.

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 or irregular heart rate. The patient has 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 1 inch, weight is 154 pounds, and BMI is 29.1. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 120/180 degrees, adduction 30/45 degrees, forward flexion 135/180 degrees, extension 45/60 degrees, internal rotation 45/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left knee reveals tenderness along the medial joint line, superior pole of patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, 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 85/130 degrees and extension 4/5 degrees. Knee is stable with varus

and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity. Mass/lipoma questionable about 4-5 cm superior patella now mobile with tenderness.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 07/15/2022, shows intact right shoulder; osteophyte formation at the acromioclavicular joint. Tendinopathy and partial tear of the supraspinatus tendon and infraspinatus tendon, with probable calcific tendinitis as noted above. Tendinopathy of the subscapularis tendon. Intact glenohumeral joint with effusion. Biceps tendinopathy. MRI of the left knee, done on 07/15/2022, shows no fracture or focal bony lesion. Nondisplaced tear of the posterior horn of the medial meniscus. Strain of the medial collateral ligament. Severe prepatellar bursitis and additional focal or focal lesion which may represent a benign lipoma, with follow-up recommended. Effusion.

ASSESSMENT:

1. M75.121 Complete rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M75.21 Bicipital tendinitis, right shoulder.
6. M25.511 Pain, right shoulder.
7. S49.91XA Injury, right shoulder.
8. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
9. M25.411 Joint effusion, right shoulder.
10. S83.242A Medial meniscus tear, left knee.
11. M23.92 Internal derangement, left knee.
12. S83.412A Medial collateral ligament sprain, left knee.
13. M25.462 Joint effusion, left knee.
14. S80.912A Injury, left knee.
15. M25.562 Pain, left knee.
16. M70.42 Prepatellar bursitis, left knee.

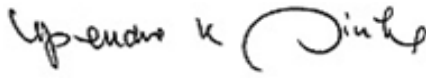
PLAN:

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 and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left knee. The patient refuses due to side effects.
7. Discussed right shoulder 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. Left knee will have doc/PCP for evaluation of mass questionable lipoma.
8. The patient needs medical clearance prior to surgery.

9. 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 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the right shoulder 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.
12. All the questions in regard to the procedure were answered.
13. 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.
14. 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.



Mellita Shakhmurov, PA-C

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

MS/AEI