

# UK Sinha Physician, P.C.

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July 13, 2022

Office seen at:

Tatay Ninong Physical Therapy  
1314 Coney Island Ave  
Brooklyn, NY 11230  
Phone# (718) 377-0100

Re: Moreno, Santiago  
DOB: 09/09/1989  
DOA: 09/28/2018

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, left knee, and left wrist pain.

**HISTORY OF PRESENT ILLNESS:** A 33-year-old right-hand dominant male involved in a work-related accident on 09/28/2018. The patient was working in construction when he fell from a scaffold. The EMS arrived on the scene. The patient was transported via ambulance to Maimonides Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, left knee, and left wrist pain sustained in the work related accident. The patient was attending physical therapy for the last 3.5 years with good relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Bilateral shoulder arthroscopy, left knee and left wrist arthroscopy for this case.

**DRUG ALLERGIES:** TYLENOL.

**MEDICATIONS:** The patient is taking pain medications p.r.n.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient drinks alcohol socially. The patient does not use recreational drugs.

**ADL CAPABILITIES:** The patient states that he can walk for 10 blocks. He can stand for 60 minutes before he has to sit. He 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 he is unable to do the following activities: garden, play sports, driving, lifting heavy objects, carrying heavy objects, childcare, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 1-2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has clicking. The patient is unable to reach overhead and unable to reach behind the back.

Left shoulder: Left shoulder pain is 1-2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has clicking. The patient is unable to reach overhead and unable to reach behind the back.

Left knee: Left knee pain is 2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. The patient also notes clicking.

Left wrist: Left wrist pain is 3/10, described as intermittent, dull, achy pain. The patient has pain with lifting and carrying.

**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 180 pounds, and BMI is 29. The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is crepitus appreciated. There is no heat, swelling, erythema 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. Negative Hawkins test. Range of motion, as per goniometer, abduction 135/180 degrees, adduction 30/45 degrees, forward flexion 140/180 degrees, extension 40/60 degrees, internal rotation 60/90 degrees, and external rotation 65/90 degrees. Internal rotation to the mid back. 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 crepitus appreciated. There is no heat, swelling, erythema 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. Negative Hawkins test. Range of motion, as per goniometer, abduction 135/180 degrees, adduction 30/45 degrees, forward flexion 140/180 degrees, extension 40/60 degrees, internal rotation 60/90 degrees, and external rotation 65/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the left upper extremity.

The left knee is nontender. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 130/130 degrees and extension -5/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The left wrist is nontender. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 75/80 degrees, extension 55/70 degrees, radial deviation 20/20 degrees, ulnar deviation 30/30 degrees.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 03/28/2019, shows erosion and/or subchondral cyst. Impingement. Cuff tendinosis and/or tendinitis. Small amount of joint fluid. Small axillary lymph nodes. No other findings of significance. MRI of the left shoulder, done on 11/07/2018, shows a bursal surface tear is seen posteriorly at the infraspinatus tendon, as noted. A moderate tendinitis/bursitis is seen involving the supraspinatus and infraspinatus tendons. There is no labral injury. There is no fracture. MRI of the left knee, done on 03/11/2019, shows subacromial/subdeltoid bursitis. Subchondral cysts at the insertion of the infraspinatus tendon. MRI of the left knee, done on 03/05/2019, shows lateral and medial meniscal tears as described. Partial ACL tear. Baker's cyst versus pes anserine bursitis. Effusion. MRI of the left wrist, done on 05/28/2019, shows soft tissue edema along the lateral aspect of the wrist.

**ASSESSMENT:**

1. M25.511 Pain, right shoulder.
2. S49.91XA Injury, right shoulder.
3. M25.411 Joint effusion, right shoulder.
4. Status post arthroscopy, right shoulder.
5. M25.512 Pain, left shoulder.
6. S49.92XA Injury, left shoulder.
7. M25.412 Joint effusion, left shoulder.
8. Status post arthroscopy, left shoulder.
9. M25.462 Joint effusion, left knee.
10. S80.912A Injury, left knee.
11. M25.562 Pain, left knee.
12. Status post arthroscopy, left knee.
13. Status post arthroscopy, left wrist.

**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, left knee, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, left knee, and left wrist 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, left knee, and left wrist. The patient refuses due to side effects.
7. Follow up on a p.r.n. basis as the patient has occasional, very minimal pain.

**IMPAIRMENT RATING:** 100%.

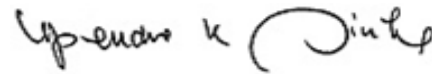
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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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Mellita Shakhmurov, PA-C

MS/AEI



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