

UK Sinha Physician, P.C.

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August 30, 2022

Office seen at:

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Re: Trail, Christopher
DOB: 05/22/1972
DOA: 02/19/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 50-year-old right-hand dominant male involved in a motor vehicle accident on 02/19/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front-end driver 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 Long Island Jewish Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder, right knee and right ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 months with good relief.

WORK HISTORY: The patient is currently working.

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

PAST SURGICAL HISTORY: Right wrist surgery on 04/09/2022. The patient was being followed by orthopedist, Dr. Tomasello.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking amlodipine 10 mg, valsartan 160 mg and pain medications p.r.n.

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 block. He can stand with no issues before he has to sit. He can sit with no issues 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: reaching overhead.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 1-2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with physical therapy.

Right knee: Right knee pain has no pain.

Right ankle: Right ankle has no pain.

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 7 inches, weight is 253 pounds, and BMI is 39.6. 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. Positive 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 145/180 degrees, adduction 45/45 degrees, forward flexion 160/180 degrees, extension 55/60 degrees, internal rotation 55/90 degrees, and external rotation 80/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the right upper extremity.

The right knee within normal limits.

The right ankle within normal limits.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 03/30/2022, shows trace amount of fluid seen in the glenohumeral joint. Distal anterolateral supraspinatus tendinosis/tendinopathy

identified. Humeral surface irregularity with marginal spurring and erosion seen underlying the supraspinatus. Hypertrophic change in the acromioclavicular joint extending to impinge the supraspinatus. Laterally and anteriorly downsloping acromion abuts the supraspinatus. Distal anterolateral subscapularis tendinosis/tendinopathy also identified. Marginal humeral surface irregularity seen underlying the subscapularis above the level of the bicipital groove. MRI of the right knee, done on 03/11/2022, shows minimal central femoral tibial effusion with. ACL findings mostly compatible with intrasubstance degeneration; however, there are subtle areas of both dorsal and undersurface irregularity at the tibial attachment, and a concomitant tear cannot be excluded. Recommend close clinical follow-up and if needed a short interval repeat MRI of the right knee in 3 months, however if there are worsening symptoms arthroscopy should be considered at this time. MRI of the right ankle, done on 03/11/2022, shows posterior tibiotalar effusion, with concomitant hyperintense soft tissue signal and contour irregularity concerning for tear of the posterior talofibular ligament, flexor hallucis longus tendinopathy with peritendinous fluid and also concern for dorsal surface tear at the myotendinous junction on series 7 images 7-12. There is also smaller anterior talofibular effusion and sprain of the anterior talofibular ligament.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M89.311 Acromioclavicular joint hypertrophy, right shoulder.

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 right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee, and right ankle 3 days/week.
6. Recommend steroid injections with pain management for right shoulder. The patient refuses due to side effects.
7. No intervention needed as the pain and range of motion does not indicate surgery.
8. Follow up on a p.r.n. 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.

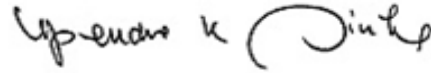
AFFIRMATION: Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby

affirm under penalty of perjury that the statements contained herein are true and accurate.

A handwritten signature in black ink, consisting of a large, stylized 'S' shape with a horizontal line extending to the right.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, featuring a cursive 'U.K.' followed by a large, stylized 'S' shape.

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