

# UK Sinha Physician, P.C.

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July 27, 2022

Office seen at:

P.R. Medical, P.C.  
79-09B Northern Boulevard  
Jackson Heights, NY 11372  
Phone# (718) 507-1438

Re: Ortigoza, Maria  
DOB: 05/27/1975  
DOA: 05/07/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder and right knee pain.

**HISTORY OF PRESENT ILLNESS:** A 47-year-old right-hand dominant female involved in a motor vehicle accident on 05/07/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front driver's side. The airbags did not deploy. The EMS did not arrive 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 and right knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Asthma, last attack on 07/01/2022. There is a previous history of trauma, MVA in 2015.

**PAST SURGICAL HISTORY:** C-section in 2007 and laparoscopic cholecystectomy in 2015.

**DRUG ALLERGIES:** MOTRIN, MORPHINE, DICLOFENAC, AND MIDAZOLAM.

**MEDICATIONS:** The patient is taking 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 she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She can sit for 5 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: jogging.

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

Right knee: Right knee pain is 3-4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no 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. The patient has asthma.

**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 1 inches, weight is 128 pounds, and BMI is 24.2. The right shoulder is nontender. 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. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 175/180 degrees, adduction 45/45 degrees, forward flexion 170/180 degrees, extension 55/60 degrees, internal rotation 85/90 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 is nontender. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. No posture test. Range of motion reveals flexion 115/130 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 right lower extremity.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 06/16/2022, shows tendinosis changes are seen at the supraspinatus and infraspinatus tendons. A midsubstance tear is seen at the anterior labrum at the lower aspect. MRI of the right knee, done on 07/14/2022, shows an interstitial tear of the ACL is noted. There is no attenuation or laxity.

**ASSESSMENT:**

1. M24.811 Internal derangement, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. S43.431A Labral tear, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M25.411 Joint effusion, right shoulder.
7. M23.91 Internal derangement, right knee.
8. S83.519A Anterior cruciate ligament tear, right knee.
9. S80.911A Injury, right knee.
10. M25.561 Pain, right knee.

**PLAN:**

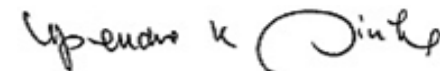
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and right knee.  
The patient refuses due to side effects.
7. Follow up on a p.r.n. basis. The patient does not have enough pain to indicate surgery.

**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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Board Certified Orthopedic Surgeon