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June 8, 2022

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Re: Del Pilar, Marlene

DOB: 10/31/2009

DOA: 02/27/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 12-year-old right-hand dominant female involved in a motor vehicle accident on 02/27/2022. The patient was a pedestrian. The vehicle hit on the front side. The police were called to the scene of the accident. The patient was transported via ambulance to Elmhurst Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 4 months with little relief.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient takes Tylenol sometimes.

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 4-5 blocks. She can stand for one-half hour 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: garden, carrying heavy objects, kneeling, squatting, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is able to reach overhead and behind the back and unable to sleep at night due to pain.

Right knee: Right knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking.

Left knee: Left knee pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has no difficulty rising from a chair and no difficulty going up and down stairs.

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 right shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. There is no heat, erythema, crepitus 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. Positive Hawkins test. Range of motion, as per goniometer, abduction 170/180 degrees, adduction 40/45 degrees, forward flexion 165/180 degrees, extension 50/60 degrees, internal rotation 80/90 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 along the supraspinatus region. Range of motion, as per goniometer, abduction 165/180 degrees, adduction 40/45 degrees, forward flexion 170/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 80/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals tenderness along the 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 125/130 degrees and extension 0/5 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 superior pole of patella and inferior pole of the patella. There is crepitus appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 degrees and extension 0/5 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 shoulder, done on 04/22/2022, shows a focal soft tissue contusion is noted posteriorly at the deltoid musculature. Tendinosis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the left shoulder, done on 04/22/2022, shows tendinosis changes are seen at the supraspinatus and infraspinatus tendons, as described. There is slight disorganization of the fibers of the subscapularis tendon at the upper aspect. A low-grade strain is noted at the subscapularis tendon. MRI of the right knee, done on 04/22/2022, shows a grade I injury of the medial collateral ligament is noted. there is no laxity. A small joint effusion is seen without evidence of a loose body. MRI of the left knee, done on 04/22/2022, shows a focal contusion is seen overlying the patellar tendon, as described. There is slight disorganization of the fibers of the ACL at the mid aspect. A focal interstitial tear is noted.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M75.51 Bursitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M25.411 Joint effusion, right shoulder.
10. M24.812 Internal derangement, left shoulder.
11. M75.02 Adhesive capsulitis, left shoulder.
12. M75.82 Shoulder tendinitis, left shoulder.
13. S43.432A Labral tear, left shoulder.
14. M75.42 Impingement, left shoulder.
15. M65.812 Tenosynovitis, left shoulder.
16. M75.52 Bursitis, left shoulder.
17. M25.512 Pain, left shoulder.
18. S49.92XA Injury, left shoulder.
19. M67.212 Hypertrophic synovitis, left shoulder.
20. M25.412 Joint effusion, left shoulder.

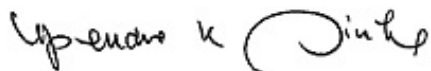
21. M23.91 Internal derangement, right knee.
22. S83.511A Anterior cruciate ligament sprain, right knee.
23. S83.411A Medial collateral ligament sprain, right knee.
24. M25.461 Joint effusion, right knee.
25. S80.911A Injury, right knee.
26. M25.561 Pain, right knee.
27. M65.161 Synovitis, right knee.
28. M24.661 Adhesions, right knee.
29. M23.92 Internal derangement, left knee.
30. S83.512A Anterior cruciate ligament sprain, left knee.
31. S83.412A Medial collateral ligament sprain, left knee.
32. M25.462 Joint effusion, left knee.
33. M12.569 Trauma arthropathy, left knee.
34. S80.912A Injury, left knee.
35. M25.562 Pain, left knee.
36. M65.162 Synovitis, left knee.
37. 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. Follow up in 4 weeks.

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.



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

MS/AEI