

# UK Sinha Physician, P.C.

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

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September 12, 2022

Office seen at:  
Graham Wellness Medical P.C.  
150 Graham Avenue Suite A  
Brooklyn NY 11206  
Phone# (718) 218-6616

Re: Heron, Xanneal  
DOB: 08/11/1999  
DOA: 08/30/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder pain.

**HISTORY OF PRESENT ILLNESS:** A 23-year-old right-hand dominant female involved in a motor vehicle accident on 08/20/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the front passenger's side. The airbags did not deploy. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of left shoulder pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 weeks with no relief.

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

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

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is unable to recall.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient drinks alcohol socially. The patient does use recreational drugs socially.

**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: lifting heavy objects, carrying heavy objects, reaching overhead, and laundry.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 8/10, described as constant, 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 rest and physical therapy.

**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 4 inches, weight is 240 pounds, and BMI is 41.2. The left shoulder reveals tenderness to palpation over supraspinatus tendon region 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 40/45 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 left upper extremity.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 09/06/2022, shows tearing of the anterosuperior glenoid labrum with a glenohumeral joint effusion. Tenosynovitis of the extra articular long head of the biceps tendon. Subdeltoid/subacromial bursal thickening and edema indicative of bursitis.

**ASSESSMENT:**

1. M24.812 Internal derangement, left shoulder.
2. M75.82 Shoulder tendinitis, left shoulder.
3. S43.432A Labral tear, left shoulder.
4. M75.42 Impingement, left shoulder.
5. M65.812 Tenosynovitis, left shoulder.
6. M75.52 Bursitis, left shoulder.

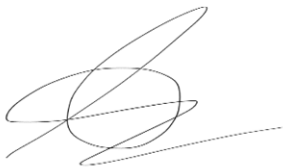
7. M75.22 Bicipital tendinitis, left shoulder.
8. M25.512 Pain, left shoulder.
9. S49.92XA Injury, left shoulder.
10. M25.412 Joint effusion, left shoulder.

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for 4 weeks for the left shoulder. If pain does not improve, will consider offering intervention.
6. Recommend steroid injections with pain management for left shoulder. The patient refuses due to side effects.
7. Follow up in 4 weeks.

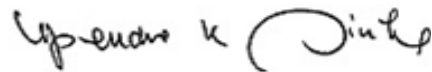
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to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



Mellita Shakhmurov, PA-C

MS/AEI



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