

UK Sinha Physician, P.C.

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August 08, 2022

Office seen at:

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Re: Jackson, Tiffany
DOB: 01/06/1980
DOA: 03/27/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, right knee, right wrist, neck, mid-back and low-back pain.

HISTORY OF PRESENT ILLNESS: A 42-year-old right-hand dominant female involved in a motor vehicle accident on 03/27/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front and rear driver's side. The patient was parking and a car came and hit the 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 went by car to Metropolitan Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee and right wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 weeks with little relief.

WORK HISTORY: The patient is currently not working.

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

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

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 2 blocks. She can stand for 15 minutes before she has to sit. She can sit for 30 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: gardening, play sports, lifting heavy objects, child care, carrying heavy objects, reaching overhead, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising (minimal exercise).

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead, unable to reach 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 weakness, popping, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Right knee: Right knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

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 dizziness or tremor. The patient has headache and vertigo.

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 change in sleep pattern, depression or suicidal thoughts. The patient has social anxiety.

PHYSICAL EXAMINATION: The patient's height is 5 feet 6 inches, weight is 250 pounds, and BMI is 40.3. The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 35/45 degrees, forward flexion 100/180 degrees, extension 50/60 degrees, internal rotation 75/90 degrees, and external rotation 75/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 140/180 degrees, adduction 40/45 degrees, forward flexion 120/180 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 left upper extremity.

The right knee reveals tenderness along the medial joint line and lateral joint line. There is no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 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.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 05/20/2022, shows Tendinopathy and bursal surface fraying of the supraspinatus and infraspinatus tendons. Tendinopathy of the subscapularis tendon. Tear of the anterior/superior labrum. MRI of the left shoulder, done on 05/19/2022, shows tendinopathy of the supraspinatus and infraspinatus tendons. Tendinopathy of the subscapularis tendon. Tear of the superior and anterior labrum. MRI of the right knee, done on 05/18/2022, shows anterior cruciate ligament highly attenuated and partially torn anteromedial bundle with a thickened and sprained posterolateral bundle associated with peri cruciate edema. Medial meniscus body truncation and free margin tearing extending towards the body – anterior horn junction. The remnant of meniscal body and body-anterior horn junction is mostly extruded outside the medial and anteromedial tibiofemoral joint margin. Thin elongated popliteal cyst. Free edge truncating and radial tear also involving the lateral meniscal body which its remnant is excluded outside the lateral tibiofemoral joint contributing to lateral tibiofemoral joint space narrowing compartment.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. S43.431A Labral tear, right shoulder.
6. M75.41 Impingement, right shoulder.
7. M65.811 Tenosynovitis, right shoulder.
8. M75.51 Bursitis, right shoulder.
9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
13. M25.411 Joint effusion, right shoulder.
14. M24.812 Internal derangement, left shoulder.

15. M75.02 Adhesive capsulitis, left shoulder.
16. M75.82 Shoulder tendinitis, left shoulder.
17. S43.432A Labral tear, left shoulder.
18. M75.42 Impingement, left shoulder.
19. M65.812 Tenosynovitis, left shoulder.
20. M75.52 Bursitis, left shoulder.
21. M75.22 Bicipital tendinitis, left shoulder.
22. M25.512 Pain, left shoulder.
23. S49.92XA Injury, left shoulder.
24. M67.212 Hypertrophic synovitis, left shoulder.
25. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
26. M25.412 Joint effusion, left shoulder.
27. S83.241A Medial meniscus tear, right knee.
28. M23.200 Lateral meniscus derangement, right knee.
29. M23.91 Internal derangement, right knee.
30. S83.511A Anterior cruciate ligament sprain, right knee.
31. S83.411 Medial collateral ligament sprain, right knee.
32. S83.31XA Tear articular cartilage, right knee.
33. M22.2X1 Patellofemoral chondral injury, right knee.
34. M25.461 Joint effusion, right knee.
35. M12.569 Traumatic arthropathy, right knee.
36. S80.911A Injury, right knee.
37. M25.561 Pain, right knee.
38. M65.161 Synovitis, right knee.
- 39. M24.661 Adhesions, right knee.**

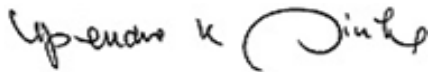
PLAN:

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, left shoulder and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder and right knee 3 days/week.
- 6. Discussed right shoulder arthroscopy versus conservative management with the patient.**
The patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, the patient would like to proceed with surgery.
7. The patient needs medical clearance prior to surgery.
8. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right shoulder pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.

10. All the benefits and risks of the right shoulder arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
11. All the questions in regard to the procedure were answered.
12. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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

UKS/AEI