

# UK Sinha Physician, P.C.

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July 15, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC  
14 Bruckner Blvd  
Bronx, NY 10454  
Phone # (718) 402-5200

Re: Cabrera, Francisco  
DOB: 09/05/1985  
DOA: 01/30/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, right knee, left knee, left elbow, left hip, left ankle, neck, mid back and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 36-year-old right-hand dominant male involved in a motor vehicle accident on 01/30/2022. The patient was a pedestrian. The patient was struck by a truck. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Harlem Hospital Center where he was in coma for 40 days. The patient presents today complaining of right shoulder, left shoulder, right knee, left knee, left elbow, left hip, left ankle, neck, mid back and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 5.5 months with little relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is not taking any medication at this time.

**SOCIAL HISTORY:** The patient is a smoker. The patient does not drink alcohol.

**ADL CAPABILITIES:** The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He 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 he is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and behind the back but unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and behind the back but unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right knee: Right knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice. The patient walks with a cane.

Left knee: Left knee pain is 10/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left ankle: Left ankle pain is 5/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest. The patient has pain with standing, walking, climbing, standing from sitting. Worse with range of motion and improves with rest, medications, physical therapy, and ice.

**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. There is no swelling, heat, 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 160/180 degrees, adduction 40/45 degrees, forward flexion 140/180 degrees, extension 50/60 degrees, internal rotation 75/90 degrees, and external rotation 75/90 degrees. 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 swelling, heat, 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 150/180 degrees, adduction 40/45 degrees, forward flexion 145/180 degrees, extension 55/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals tenderness along the medial 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 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 right lower extremity.

The left knee reveals tenderness along the medial joint line, superior pole of patella. There is no heat, swelling, erythema, or deformity appreciated. 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 100/130 degrees and extension -10/5 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 left shoulder, done on 03/23/2022, shows extensive T2W and PDFS hyperintense signal in the lateral aspect of the humeral head extending into the humeral shaft with associated internal geographic foci of altered signal-probable bone infarct. Suggested dedicated imaging correlation. Tenosynovitis of the extra articular long head of the biceps tendon. Partial-thickness bursal surface tear of the supraspinatus tendon. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear. Type II SLAP tear. MRI of the left knee, done on 03/23/2022, shows extensive areas of geographic T2W hypointense signal with surrounding bone marrow edema in the proximal tibial and fibular metaphysis extending into the proximal shafts-probable bone infarct. Suggested dedicated imaging correlation. Linear interstitial tearing of the distal quadriceps tendon superimposed on tendinitis. Grade I signal in the posterior horn of the medial meniscus compatible with trauma sequelae. MRI of the left ankle, done on 04/04/2022, shows linear

interstitial tearing of the peroneus longus tendon with no tendon retraction. Tenosynovitis of the tibialis posterior and flexor digitorum tendons.

**ASSESSMENT:**

1. M24.811 Internal derangement, right shoulder.
2. M25.511 Pain, right shoulder.
3. S49.91XA Injury, right shoulder.
4. M24.812 Internal derangement, left shoulder.
5. M25.512 Pain, left shoulder.
6. S49.92XA Injury, left shoulder.
7. M23.91 Internal derangement, right knee.
8. S80.911A Injury, right knee.
9. M25.561 Pain, right knee.
10. S83.242A Medial meniscus tear, left knee.
11. M23.92 Internal derangement, left knee.
12. S80.912A Injury, left knee.
13. M25.562 Pain, left knee.
14. Grade III sprain of lateral collateral ligament, left ankle.

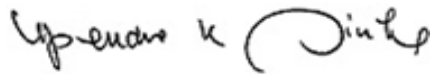
**PLAN:**

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, left knee and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, left knee and left ankle 3 days/week.
6. Discussed left knee 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. 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 left knee 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the left knee 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left knee 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.

12. 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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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

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