

UK Sinha Physician, P.C.

102-31 Jamaica Ave.

Richmond Hill, NY 11418

Ph: 718-480-1130 Fax: 718-480-1132

usinhaorthopedics@gmail.com

June 7, 2022

Office seen at:

Merrick Medical PC

243-51 Merrick Blvd

Rosedale, NY 11422

Phone# (718) 413-5499

Re: Kabir, Fakir

DOB: 01/10/1973

DOA: 03/25/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 48-year-old right-hand dominant male involved in a work related motor vehicle accident on 03/25/2022. The patient was a driver and was wearing a seatbelt. While on work duty as Lyft driver, the vehicle was struck on the passenger's front 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, left knee, and left wrist pain sustained in the work related motor vehicle accident. The patient was attending physical therapy for the last 2.5 months with little relief.

WORK HISTORY: The patient is currently working as Lyft driver.

PAST MEDICAL HISTORY: Diabetes, hypertension, and hyperlipidemia.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: ASA 81 mg, atorvastatin 20 mg, metformin 500 mg, and metoprolol succinate 25 mg.

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 he can walk for 10 blocks. He can stand for 30 minutes before he has to sit. He 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 he is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with physical therapy.

Left knee: Left knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes intermittent locking. Worse with range of motion and improves with medication.

Left wrist: Left wrist pain is 6/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, and tingling. The patient has pain with lifting, carrying, and driving. 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.

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 5 inches, weight is 190 pounds, and BMI is 31.6. The right 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 130/180 degrees, adduction 30/45 degrees, forward flexion 125/180 degrees, extension 35/60 degrees, internal rotation 60/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left knee reveals tenderness along the medial joint line and the lateral joint line. There is crepitus appreciated. There is no heat, swelling, 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 85/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The left wrist reveals pain to palpation over the distal radius and scaphoid. Grip strength is 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 50/70 degrees, radial deviation 15/20 degrees, ulnar deviation 20/30 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 05/04/2022, shows AC joint arthrosis with lateral acromial spur. 10 mm full thickness insertional supraspinatus tear with bursitis, 2-mm traction cyst in the humeral head and no fracture. No muscle atrophy. Anterior capsular thickening, which can be seen with adhesive capsulitis. MRI of the left knee, done on 05/05/2022, shows grade II peripheral signal in the body of the lateral meniscus with intermediate probability of a tear. No meniscocapsular separation. Grade I sprain of MCL. Small synovial effusion. MRI of the left wrist, done on 05/05/2022, shows positive ulnar variance and evidence for ulnolunate impingement. Intrasubstance signal within the TFCC, possibility of intrasubstance tear not excluded.

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. M75.41 Impingement, right shoulder.
6. M75.51 Bursitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. Humeral head cyst, right shoulder.
12. S83.282A Lateral meniscus tear, left knee.
13. M23.92 Internal derangement, left knee.
14. S83.412A Medial collateral ligament sprain, left knee.
15. M25.462 Joint effusion, left knee.
16. S80.912A Injury, left knee.
17. M25.562 Pain, left knee.
18. Impingement, left wrist.
19. TFCC tear, left wrist.
20. Pain, left wrist.

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 knee, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left knee, and left wrist 3 days/week.

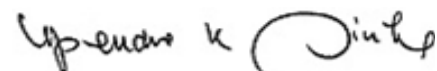
6. Recommend steroid injections with pain management for right shoulder, left knee, and left wrist. The patient refuses due to side effects.
7. Discussed right shoulder and left knee arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, the patient would like to proceed with surgery.
8. The patient needs medical clearance prior to surgery. Workers' Compensation Board authorization needed prior to surgery.
9. 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 and 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the right shoulder and 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right shoulder and left knee 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.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

IMPAIRMENT RATING: 25%.

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



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

MS/AEI