

# UK Sinha Physician, P.C.

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June 8, 2022

Office seen at:

PR Medical PC

79-09B Northern Blvd

Jackson Heights, NY 11372

Phone# (718) 507-1438

Re: Navarro, Dangeleze

DOB: 12/27/2000

DOA: 02/06/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, right knee, right wrist and left wrist.

**HISTORY OF PRESENT ILLNESS:** A 21-year-old right-hand dominant female involved in a motor vehicle accident on 02/06/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear driver's side. The airbags deployed. The EMS arrived 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 shoulder, right knee, right wrist and left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 4 months with little relief.

**PAST MEDICAL HISTORY:** Asthma.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking lidocaine patches, (PCP) pain ointment.

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

**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: carrying heavy objects and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 9/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. 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 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is unable to reach overhead or 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 stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

The patient cannot sleep on the right side.

Right wrist: Right wrist pain is 8/10, described as constant, dull, achy pain. Worse with range of motion and improves with rest. Admits to weakness, numbness, tingling. The patient has difficulty holding objects.

Left wrist: Left wrist pain is 8/10, described as constant, dull, achy pain. Worse with range of motion and improves with rest. Admits to weakness, numbness, tingling. The patient has difficulty holding objects.

**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. The patient has asthma.

**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 patient's height is 5 feet 7 inches, weight is 150 pounds, and BMI is 23.5. The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is crepitus appreciated. There is no heat, swelling, erythema 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 95/180 degrees, adduction 30/45 degrees, forward flexion 110/180 degrees, extension 30/60 degrees, internal rotation 60/90 degrees, and external rotation 60/90

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, 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 100/180 degrees, forward flexion 100/180 degrees, extension 35/60 degrees, internal rotation 45/90 degrees, and external rotation 70/90 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, lateral joint line. There is swelling appreciated. There is no heat, erythema, crepitus or deformity 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 full. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The right wrist reveals grip strength is 4/5. Neurovascularly intact distally. Range of motion reveals flexion 75/80 degrees, extension 60/70 degrees, radial deviation 20/20 degrees, ulnar deviation 25/30 degrees.

The left wrist reveals pain to palpation over the ulnar styloid and distal radius. Grip strength is 4/5. Neurovascularly intact distally. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 02/14/2022, shows an articular surface tear is noted posteriorly at the infraspinatus tendon, as described. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. There is no fracture or bone bruise. There is no impingement. MRI of the left shoulder, done on 02/17/2022, some tendinosis of the supraspinatus and infraspinatus tendons without a discrete tear.

**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. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M75.21 Bicipital tendinitis, right shoulder.
9. M25.511 Pain, right shoulder.
10. S49.91XA Injury, right shoulder.
11. M67.211 Hypertrophic synovitis, right shoulder.
12. M25.411 Joint effusion, right shoulder.

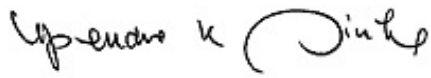
13. S46.012A Partial rotator cuff tear, left shoulder.
14. M24.812 Internal derangement, left shoulder.
15. M75.02 Adhesive Capsulitis, left shoulder.
16. S43.432A Labral tear, left shoulder.
17. M75.42 Impingement, left shoulder.
18. M65.812 Tenosynovitis, left shoulder.
19. M75.52 Bursitis, left shoulder.
20. M25.512 Pain, left shoulder.
21. S49.92XA Injury, left shoulder.
22. M67.212 Hypertrophic synovitis, left shoulder.
23. M25.412 Joint effusion, left shoulder.
24. M23.91 Internal derangement, right knee.
25. M94.261 Chondromalacia, right knee.
26. M22.2X2 Patellofemoral chondral injury, right knee.
27. M25.461 Joint effusion, right knee.
28. S80.911A Injury, right knee.
29. M25.561 Pain, right knee.
30. M65.161 Synovitis, right knee.
31. M24.10 Chondral lesion.
32. M24.661 Adhesions, right knee.
33. Sprain, posttraumatic synovitis, right wrist.
34. Sprain, posttraumatic synovitis, 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 shoulder, right knee, right wrist, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, right wrist, and left wrist 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 think about 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 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.
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 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.
10. All the questions in regard to the procedure were answered.

**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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