

UK Sinha Physician, P.C.

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September 26, 2022

Office seen at:
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Re: Pardo, Richard
DOB: 03/15/2003
DOA: 08/18/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, right elbow, neck, and low back pain.

HISTORY OF PRESENT ILLNESS: A 19-year-old right-hand dominant male involved in a motor vehicle accident on 08/18/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the front passenger's side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to St. Mary's Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, right elbow, neck, and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy 4-5 times a week with little relief.

WORK HISTORY: The patient is currently not working. The patient goes to school.

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

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Motrin, muscle relaxant, Lidocaine gel, and albuterol inhaler p.r.n.

SOCIAL HISTORY: The patient is a smoker. The patient does not drink alcohol. The patient does use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 1 block. He can stand for 1 hour before he has to sit. He can sit for 1/2 hour 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: garden, play sports, driving, lifting heavy objects, carrying heavy objects, laundry, kneeling, squatting, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, 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 elbow: Right elbow pain is 7/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

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 patient's height is 5 feet 9 inches, weight is 145 pounds, and BMI is 21.4. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, trapezius, and proximal biceps tendon. 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. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 95/180 degrees, adduction 35/45 degrees, forward flexion 90/180 degrees, extension 40/60 degrees, internal rotation 45/90 degrees, and external rotation 45/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The right elbow reveals there is tenderness to palpation over the lateral epicondyle. Range of motion reveals flexion 140/150 degrees, extension 0/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

DIAGNOSTIC TESTING: Pending.

ASSESSMENT:

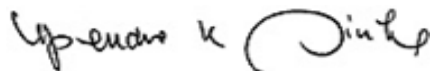
1. M24.811 Internal derangement, right shoulder.
2. M75.41 Impingement, right shoulder.
3. M25.511 Pain, right shoulder.
4. S49.91XA Injury, right shoulder.
5. The patient has posttraumatic lateral epicondylitis, right elbow.

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 and right elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right elbow 3 days/week.
6. Return after MRI of the right shoulder and right elbow.
7. Follow up in 2 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.



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Board Certified Orthopedic Surgeon

UKS/AEI