

# UK Sinha Physician, P.C.

102-31 Jamaica Ave.  
Richmond Hill, NY 11418  
Ph: 718-480-1130 Fax: 718-480-1132

---

August 29, 2022

Office seen at:  
Primavera PT, P.C.  
4250 White Plains Road  
Bronx, NY 10466  
Phone# (718) 515-1080

Re: Brown, Jasmine  
DOB: 06/27/1991  
DOA: 06/30/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder, left knee and left ankle pain.

**HISTORY OF PRESENT ILLNESS:** A 31-year-old right-hand dominant female involved in a motor vehicle accident on 06/30/2022. The patient was a driver and was wearing a seatbelt. The patient was parked and someone hit the driver's side and the patient hurt the right shoulder. The vehicle was struck on the rear driver side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient went to the Harlem Hospital Center 2 days after accident and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, left knee, and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3 times per week with little relief.

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

**PAST MEDICAL HISTORY:** Asthma. There is a previous history of trauma 7 years ago and the case was settled.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking albuterol when needed.

**SOCIAL HISTORY:** The patient is smoking 5 cigarettes per day. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

**ADL CAPABILITIES:** The patient states that she can walk for 2-3 blocks. She can stand for 2 hours before she has to sit. She can sit for 2 hours 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: Garden, play sports, driving, carrying heavy objects, laundry, kneeling, squatting, negotiating stairs, and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 8/10, described as constant, 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.

Left shoulder: Left shoulder pain is 7/10, 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.

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 clicking, popping, and buckling.

Left ankle: Left ankle pain is 7/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing.

**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 1 inches, weight is 175 pounds, and BMI is 33.1. 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 70/90 degrees, and external rotation 70/90 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 105/180 degrees, adduction 30/45 degrees, forward flexion 90/180 degrees, extension 50/60 degrees, internal rotation 40/90 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 left knee reveals tenderness along the superior pole of patella and inferior pole of the patella. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 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 left lower extremity.

The left ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. ROM: Dorsiflexion 15/20 degrees, plantarflexion 45/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 08/02/2022, shows acromioclavicular joint hypertrophy impinging upon the supraspinatus muscle tendon complex. High-grade partial tear of the distal supraspinatus tendon near the attachment site and tendinosis and undersurface tear of the infraspinatus tendon. Fluid in the subacromial-subdeltoid bursa. Biceps tendinosis. MRI of the left knee, done on 08/02/2022, shows sprain or partial tear of the anterior cruciate ligament. Suprapatellar and intra-articular joint effusion.

**ASSESSMENT:**

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M75.51 Bursitis, right shoulder.
6. M25.511 Pain, right shoulder.
7. S49.91XA Injury, right shoulder.
8. S46.012A Partial rotator cuff tear, left shoulder.
9. M24.812 Internal derangement, left shoulder.
10. M75.02 Adhesive Capsulitis, left shoulder.
11. M75.82 Shoulder tendinitis, left shoulder.
12. M75.42 Impingement, left shoulder.
13. M65.812 Tenosynovitis, left shoulder.
14. M75.52 Bursitis, left shoulder.

15. M25.512 Pain, left shoulder.
16. S49.92XA Injury, left shoulder.
17. M67.212 Hypertrophic synovitis, left shoulder.
18. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
19. M25.412 Joint effusion, left shoulder.
20. M23.92 Internal derangement, left knee.
21. S83.512A Anterior cruciate ligament sprain, left knee.
22. M12.569 Traumatic arthropathy, left knee.
23. S80.912A Injury, left knee.
24. M25.562 Pain, left knee.
25. M24.662 Adhesions, left knee.

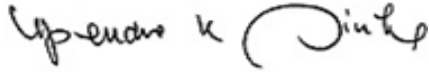
**PLAN:**

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, 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, left knee, and left ankle 3 days/week.
6. Discussed left 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. 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 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 left 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.
11. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left 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.
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

UKS/AEI