

# UK Sinha Physician, P.C.

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July 13, 2022

Office seen at:

Tatay Ninong Physical Therapy  
1314 Coney Island Ave  
Brooklyn, NY 11230  
Phone# (718) 377-0100

Re: Velasquez, Julio  
DOB: 07/10/1983  
DOA: 01/05/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder, right knee, left knee, left ankle, neck, and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 39-year-old right-hand dominant male involved in a work-related accident on 05/05/2022. The patient slipped and slid down the stairs while working in a grocery store. The patient went by car to Maimonides Medical Center and was treated and released the same day. The patient presents today complaining of left shoulder, right knee, left knee, left ankle, neck, and low back pain sustained in the work-related accident. The patient was attending physical therapy for 4 times per week 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 taking pain medications p.r.n.

**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 1 block. He can stand for 1/2 minutes before he has to sit. He can sit for 1 minute 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,

childcare, carrying heavy objects, shopping, running errands, kneeling, squatting, negotiating stairs, and exercising.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, 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. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right knee: Right knee pain is 9/10, described as constant, 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 and popping. Worse with range of motion and improves with rest. The patient is using a cane.

Left knee: Left knee pain is 8/10, described as constant, 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, buckling, and intermittent locking.

Left ankle: Left ankle pain is 4-5/10, described as intermittent, dull, achy pain. The patient has pain with walking. 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, 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 2 inches, weight is 145 pounds, and BMI is 26.5. The left shoulder reveals tenderness to palpation over supraspinatus tendon region and proximal biceps tendon. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. 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 125/180 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 left upper extremity.

The right knee reveals tenderness along the lateral joint line and inferior pole of the patella. 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 - 5/5 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 lateral joint line, superior pole of patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema 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 left lower extremity.

The left ankle reveals 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 02/09/2022, shows moderate tendinitis/bursitis changes are seen, which are greater anteriorly. A midsubstance tear is seen at the anterior margin of the distal supraspinatus tendon. Minimal joint effusion is seen without evidence of a loose body. There is no subluxation. MRI of the right knee, done on 03/16/2022, shows a horizontal tear is seen at the lateral meniscus noted from the anterior horn to the posterior horn, as described. The tear appears folded at the anterior horn. There is a focal interstitial tear of the proximal ACL. There is a contusion over the patellar tendon and patella. MRI of the left knee, done on 03/09/2022, shows prominent bone bruise and subchondral impaction is seen posteriorly at the lateral femoral condyle, as noted. There is flattening of the cortex with moderate contour deformity posteriorly. Complex tear of the lateral meniscus is seen from the anterior horn to the posterior horn, as described. The tear is likely folded at the posterior body and posterior horn. A mild interstitial tear of the ACL is seen, as noted. There is a very prominent soft tissue contusion over the patellar tendon extending medially and laterally. Tendinopathy changes are seen proximally at the patellar tendon. Grade I injury of the lateral collateral ligament is seen. MRI of the left ankle, done on 02/23/2022, shows a partial-thickness tear is noted laterally at the anterior talofibular ligament. There is no laxity. Mild tenosynovitis changes are seen at the posterior tibial tendon sheath. There is a focal soft tissue contusion noted laterally over the hindfoot.

**ASSESSMENT:**

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.02 Adhesive Capsulitis, left shoulder.
4. M75.82 Shoulder tendinitis, left shoulder.
5. S43.432A Labral tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M65.812 Tenosynovitis, left shoulder.

8. M75.52 Bursitis, left shoulder.
9. M75.22 Bicipital Tendinitis, left shoulder.
10. M25.512 Pain, left shoulder.
11. S49.92XA Injury, left shoulder.
12. M67.212 Hypertrophic synovitis, left shoulder.
13. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
14. M25.412 Joint effusion, left shoulder.
15. M23.200 Lateral meniscus derangement, right knee.
16. M23.91 Internal derangement, right knee.
17. S83.511A Anterior cruciate ligament sprain, right knee.
18. S83.411 Medial collateral ligament sprain, right knee.
19. M94.261 Chondromalacia, right knee.
20. S83.31XA Tear articular cartilage, right knee.
21. M22.2X1 Patellofemoral chondral injury, right knee.
22. M25.461 Joint effusion, right knee.
23. M12.569 Traumatic arthropathy, right knee.
24. S80.911A Injury, right knee.
25. M25.561 Pain, right knee.
26. M65.161 Synovitis, right knee.
27. M24.10 Chondral lesion, right knee.
28. M24.661 Adhesions, right knee
29. S83.282A Lateral meniscus tear, left knee.
30. M23.92 Internal derangement, left knee.
31. S83.512A Anterior cruciate ligament sprain, left knee.
32. S83.412A Medial collateral ligament sprain, left knee.
33. S83.32XA Tear articular cartilage, left knee.
34. M22.2X2 Patellofemoral chondral injury, left knee.
35. M25.462 Joint effusion, left knee.
36. M12.569 Traumatic arthropathy, left knee.
37. S80.912A Injury, left knee.
38. M25.562 Pain, left knee.
39. M65.162 Synovitis, left knee.
40. M24.10 Chondral lesion, left knee.
41. M24.662 Adhesions, left knee.
42. Grade III sprain 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 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 left shoulder, right knee, left knee, and left ankle 3 days/week.
6. Discussed right 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

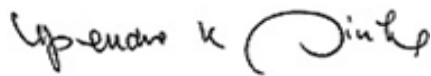
inability to perform day-to-day activities due to pain, the patient would like to proceed with surgery.

7. Workers' Compensation Board authorization needed prior to surgery.
8. 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 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. All the benefits and risks of the right 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.
11. All the questions in regard to the procedure were answered.
12. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right 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.
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

**IMPAIRMENT RATING:** 50%.

**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