

# UK Sinha Physician, P.C.

102-31 Jamaica Ave.

Richmond Hill, NY 11418

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

[usinhaorthopedics@gmail.com](mailto:usinhaorthopedics@gmail.com)

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June 7, 2022

Office seen at:

Rehab Time PT PC

2088B Flatbush Avenue

Brooklyn, NY 11234

Phone # (718) 975-8179

Re: Martino, Emil

DOB: 02/13/1972

DOA: 04/23/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder, left shoulder and neck pain.

**HISTORY OF PRESENT ILLNESS:** A 50-year-old male involved in a motor vehicle accident on 04/23/2022. The patient was a passenger and was wearing a seatbelt. The vehicle was struck on the rear passenger side. The airbags did not deploy. The EMS arrived. 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 and neck pain sustained in the motor vehicle accident. The patient was attending physical therapy 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 muscle relaxer.

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

**ADL CAPABILITIES:** As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: lifting heavy objects.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 5/10, described as constant, sharp, stabbing, dull, achy pain. The patient is able to reach overhead or behind the back and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 6/10, described as constant, 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.

**REVIEW OF SYSTEMS:** Temperature taken at the time of exam was 98.6 degrees Fahrenheit.

**General:** No fever, night sweats, weight gain, or weight loss. The patient has chills.

**HEENT:** No double vision, eye pain, eye redness, decreased hearing, earache. The patient has ear ringing, nosebleeds, sore throat or hoarseness.

**Endocrine:** No cold intolerance, appetite changes or hair changes.

**Skin:** Clear, no rashes or lesions.

**Neuro:** The patient has headaches and dizziness.

**Respiratory:** No wheezing, coughing, or difficulty breathing. The patient has shortness of breath.

**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 8 inches, weight is 185 pounds, and BMI is 28.1. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 120/180 degrees, adduction 40/45 degrees, forward flexion 110/180 degrees, extension 60/60 degrees, internal rotation 70/90 degrees, and external rotation 30/90 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 crepitus appreciated. There is no heat, swelling, erythema, or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Positive Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 115/180 degrees, adduction 30/45 degrees, forward flexion 95/180 degrees, extension 45/60 degrees, internal rotation 30/90 degrees, and external rotation 25/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 05/17/2022, shows mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule. Post-surgical changes in the humeral head.

**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. S43.431A Labral tear, right shoulder.
6. M75.41 Impingement, right shoulder.
7. M65.811 Tenosynovitis, right shoulder.
8. M75.51 Bursitis, right shoulder.
9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. M67.211 Hypertrophic synovitis, right shoulder.
13. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
14. M25.411 Joint effusion, right shoulder.
15. S46.012A Partial rotator cuff tear, left shoulder.
16. M24.812 Internal derangement, left shoulder.
17. M75.02 Adhesive Capsulitis, left shoulder.
18. M75.82 Shoulder tendinitis, left shoulder.
19. S43.432A Labral tear, left shoulder.
20. M75.42 Impingement, left shoulder.
21. M65.812 Tenosynovitis, left shoulder.
22. M75.52 Bursitis, left shoulder.
23. M75.22 Bicipital Tendinitis, left shoulder.
24. M25.512 Pain, left shoulder.
25. S49.92XA Injury, left shoulder.
26. M67.212 Hypertrophic synovitis, left shoulder.
27. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
28. M25.412 Joint effusion, left shoulder.

**PLAN:**

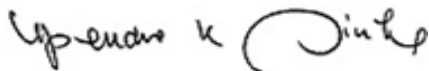
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder and left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left shoulder 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left shoulder.  
The patient refuses due to side effects.
7. 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 proceed with surgery.
8. The patient needs medical clearance 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 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.

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 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.
12. All the questions in regard to the procedure were answered.
13. 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.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.
15. MRI ordered of left shoulder to rule out ligament tear and/or synovial injury.

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

MS/AEI