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May 31, 2022

Office seen at:

Dolphin Family Chiropractic, P.C.

430 W Merrick Road

Valley Stream, NY 11580

Phone# (516) 612-7288

Re: Eweka, Ese

DOB: 12/25/1970

DOA: 03/30/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 51-year-old right-hand dominant female involved in a motor vehicle accident on 03/30/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear 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 Franklin Hospital Medical Center and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, right knee, left knee, and right wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Right shoulder arthroscopy in 2012, C-section in 2002, and TAH BSO in 2016.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n. and amlodipine 5 mg.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol socially. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 30 minutes before she has to sit. She can sit for 60 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: play sports, driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, and jogging.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead, able 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.

Left shoulder: Left shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right knee: Right knee pain is 10/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness. 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. Worse with range of motion and improves with medication.

Left knee: Left knee pain is 7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness. 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, medication, physical therapy, and ice.

Right wrist: Right wrist pain is 7/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, and tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

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 or irregular heart rate. The patient has 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 170 pounds, and BMI is 25.8. The right shoulder reveals tenderness to palpation over supraspinatus tendon

region, AC joint, trapezius, and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 130/180 degrees, adduction 30/45 degrees, forward flexion 135/180 degrees, extension 40/60 degrees, internal rotation 55/90 degrees, and external rotation 50/90 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, trapezius, and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 135/180 degrees, adduction 30/45 degrees, forward flexion 140/180 degrees, extension 35/60 degrees, internal rotation 60/90 degrees, and external rotation 55/90 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 and lateral joint line. There is no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 degrees and extension 3/5 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 medial joint line and lateral joint line. There is no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 90/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The right wrist reveals pain to palpation over the distal radius and scaphoid. Grip strength is 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 65/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 05/02/2022, shows both supraspinatus and infraspinatus tendinosis; with articular surface tear toward the attachment of the posterior infraspinatus with subtendinous fluid. Series 5 image 7. There is a more broad interstitial signal at the conjoined region of the infraspinatus and supraspinatus compatible with bursa' surface and articular surface fraying at these insertional fibers. Acromioclavicular osteoarthritis with hyperintense signal within and surrounding the joint capsule suggesting both capsular sprain and possible tear of the acromioclavicular ligaments. Increased signal also noted throughout the rotator cuff interval and suggesting sprain of both coracohumeral and coracoacromial ligaments. Glenohumeral joint space narrowing with mild chondral loss, and

suspect superimposed inferior labral tear between approximate 5:00 and 6:00 axes. Small free fluid in the subcoracoid recess with subscapularis tendinosis and sprain of the superior glenohumeral ligament. Biceps tendinopathy. MRI of the left shoulder, done on 05/02/2022, shows suggestive shoulder impingement predominantly over the conjoined region of the infraspinatus and supraspinatus fibers. Infraspinatus tendinosis with rim rent tear and at this level there is also subcortical edematous and cystic change of the posterior humeral head further indicating either contusion or sequelae of repetitive trauma. Series 5 image 5. Mild inflammatory changes of the AC joint capsule and mild subacromial bursitis. Focal hyperintense signal concerning for tear with blunting of the inferior labrum between approximate 5:00-6:00 axes. There is also focal contusion in the anterior humeral head where there is overlying subscapularis tendinopathy and also concern for undersurface tear toward humeral attachment. Series 6 images 7-10, and also small amount of free fluid or proximal extending to the subcoracoid recess. There is also sprain of the superior glenohumeral ligament. MRI of the right knee, done on 05/10/2022, shows subcortical edema central to slightly anterolateral tibial plateau with osteochondral injury measuring up to 9.5 x 8.9 mm. At the above there is focal ground the undersurface hyperintense signal and irregular to concerning for tear more along the posterolateral ACL, bundle insertional fibers. Series 6 image 11, series 4 image 11. There is also tear of the anterior horn lateral meniscus with associated 14.3 x 4.5 x. 6.5 mm partially septated anti lobulated per meniscal cyst. Series 4 image 6, series 6 Image 11. MRI of the left knee, done on 05/10/2022, shows intrasubstance increased signal with distinct linear type defect concerning for horizontal tear toward the anterior root lateral meniscus series 4 images 10-12, with slightly more concentrated surrounding femoral tibial effusion. Within the ACL, there is broad intrasubstance increased signal with delamination primarily along the undersurface of the mid and distal segments suggesting comminution both central intrasubstance degeneration as well as suspicion of an undersurface superimposed tear at the insertional fibers. Trochlear osteophytosis with areas of high-grade and full thickness chondral loss and subchondral marrow edema involving the inferior trochlear groove and medial trochlear cartilage. Intermediate grade chondrosis of the weightbearing medial tibiofemoral compartment also noted.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M75.21 Bicipital tendinitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. S46.012A Partial rotator cuff tear, left shoulder.
12. M24.812 Internal derangement, left shoulder.
13. M75.82 Shoulder tendinitis, left shoulder.
14. S43.432A Labral tear, left shoulder.
15. M75.42 Impingement, left shoulder.
16. M75.52 Bursitis, left shoulder.

17. M25.512 Pain, left shoulder.
18. S49.92XA Injury, left shoulder.
19. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
20. M25.412 Joint effusion, left shoulder.
21. S83.281A Lateral meniscus tear, right knee.
22. M23.91 Internal derangement, right knee.
23. S83.519A Anterior cruciate ligament tear, right knee.
24. M25.461 Joint effusion, right knee.
25. S80.911A Injury, right knee.
26. M25.561 Pain, right knee.
27. S83.282A Lateral meniscus tear, left knee.
28. M23.92 Internal derangement, left knee.
29. S83.519A Anterior cruciate ligament tear, left knee.
30. M22.2X2 Patellofemoral chondral injury, left knee.
31. M25.462 Joint effusion, left knee.
32. S80.912A Injury, left knee.
33. M25.562 Pain, left knee.
34. Tear, right wrist.
35. TFC, right wrist.
36. Synovitis, right wrist.
37. Pain, right 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, left knee, and right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, left knee, and right knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, right knee, left knee, and right wrist. The patient refuses due to side effects.
7. Discussed right shoulder, left shoulder, right knee, and left 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.
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, left shoulder, right knee, and left 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.
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, left shoulder, right knee, and left 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.

12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee surgery after clearance. 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.

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.

Mellita Shakhmurov, PA-C
MS/AEI

Upendra K. Sinha, MD