

# UK Sinha Physician, P.C.

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September 14, 2022

Office seen at:  
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Re: Richardson, Annette  
DOB: 01/10/1963  
DOA: 08/04/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder pain.

**HISTORY OF PRESENT ILLNESS:** A 59-year-old right-hand dominant female involved in a motor vehicle accident on 08/04/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags did not deploy. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to Lenox Hill Hospital and was treated and released the same day. The patient presents today complaining of left shoulder pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 1 month with little relief.

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

**PAST MEDICAL HISTORY:** Asthma and migraines. There is a previous history of trauma, MVA in 2011.

**PAST SURGICAL HISTORY:** C-section in 1984, tonsil removal as a child, laparoscopic cholecystectomy in 2006, and TAH-BSO in 2013.

**DRUG ALLERGIES:** PENICILLIN, TORADOL, DEXAMETHASONE, AND KEFLEX.

**MEDICATIONS:** The patient is taking Flovent, albuterol, and rizatriptan.

**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 she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She can sit for 5 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: lifting heavy objects, carrying heavy objects, reaching overhead, running errands, and exercising.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. 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.

**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 4 inches, weight is 210 pounds, and BMI is 36. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, 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 110/180 degrees, adduction 35/45 degrees, forward flexion 125/180 degrees, extension 45/60 degrees, internal rotation 40/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 08/22/2022, shows hypertrophy of the acromioclavicular capsule with associated arthropathic changes. A positive slope to the acromion is seen with these findings producing impression upon the bursal surface of the supraspinatus muscle/tendon. Small to moderate amount of fluid in the subacromial-subdeltoid bursa consistent with bursitis. Trace to small amount of fluid in the shoulder joint. Delaminating tear at the musculotendinous junction of the infraspinatus tendon/muscle with an articular surface tear of the distal anterior inserting infraspinatus tendon as well as the distal mid to posterior inserting supraspinatus tendon. Please read above for complete report.

**ASSESSMENT:**

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. M75.42 Impingement, left shoulder.
5. M75.52 Bursitis, left shoulder.
6. M25.512 Pain, left shoulder.
7. S49.92XA Injury, left shoulder.
8. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
9. M25.412 Joint effusion, left shoulder.
10. Type II acromion, 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 left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder 3 days/week.
6. Status post left shoulder injection with MD office about 1 month ago with no improvement.
7. 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 wants to think about 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 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.
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 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 2 weeks for decision.

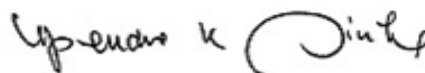
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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, consisting of a large, stylized 'S' shape with a horizontal line extending to the right.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, featuring a cursive 'U.K.' followed by a large, stylized 'S' shape.

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