# UK Sinha Physician, P.C.

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Office seen at:
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Re: Santana, Edwin
DOB: 07/12/1988
DOA: 12/27/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder and right knee pain.

**HISTORY OF PRESENT ILLNESS:** A 34-year-old right-hand dominant male involved in a motor vehicle accident on 12/27/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear end. 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 Mount Sinai Health System and was treated and released the same day. The patient presents today complaining of left shoulder and right knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 10 months with little relief.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Asthma. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** PENICILLIN.

**MEDICATIONS:** The patient is taking pain medications p.r.n.

**SOCIAL HISTORY:** The patient smokes one-fourth pack of cigarettes per day. The patient does not drink alcohol. The patient does not use recreational drugs.

**ADL CAPABILITIES:** The patient states that he can walk for 5 blocks. He can stand for 100 minutes before he has to sit. He can sit for 30 minutes 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: lifting heavy objects, carrying heavy objects, reaching overhead, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 7.5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. 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 physical therapy.

Right knee: Right knee pain is 8.5/10, 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 physical therapy.

**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 7 inches, weight is 200 pounds, and BMI is 31.3. The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 45/60 degrees, internal rotation 45/90 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.

The right knee reveals tenderness along the medial joint line and lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative 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.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 02/25/2022, shows AC joint arthrosis with spurring and ununited os acromiale. Narrowing of the supraspinatus outlet which can be seen with impingement. Rotator cuff tendinopathy. Tear of superior labrum extending below the equator. Biceps tendinopathy, tenosynovitis and interstitial tearing at the anchor. Glenohumeral arthrosis with joint effusion. Capsular thickening which can be seen with adhesive capsulitis. MRI of the right knee, done on 02/25/2022, shows lateral meniscal tear. Medial meniscal tear. Lateral subluxation of patella with thickened medial plica and no definitive cartilage defect.

**ASSESSMENT:**

1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. S43.432A Labral tear, left shoulder.
5. S43.431A SLAP tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M65.812 Tenosynovitis, left shoulder.
8. M75.22 Bicipital tendinitis, left shoulder.
9. M25.512 Pain, left shoulder.
10. S49.92XA Injury, left shoulder.
11. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
12. M19.012 Primary osteoarthritis, left shoulder.
13. M25.412 Joint effusion, left shoulder.
14. S83.241A Medial meniscus tear, right knee.
15. S83.281A Lateral meniscus tear, right knee.
16. M23.91 Internal derangement, right knee.
17. M25.461 Joint effusion, right knee.
18. S80.911A Injury, right knee.
19. M25.561 Pain, right knee.
20. M67.51 Medial plica, right 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 left shoulder and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and right knee 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and right knee. The patient refuses due to side effects.
7. Discussed left shoulder and 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**.**

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 and 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 left shoulder and 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.

**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

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

MS/AEI