

UK Sinha Physician, P.C.

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August 08, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC
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Phone # (718) 402-5200

Re: Quezada, Gustavo
DOB: 05/11/1979
DOA: 01/19/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: A 43-year-old right-hand dominant male involved in a work-related accident on 01/19/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side, pushed over and later struck on the driver's door. The airbags did not deploy. The patient was transported via ambulance to Bellevue Hospital and was treated and released the same day. The patient presents today complaining of left shoulder and left knee pain sustained in the work-related accident. The patient was attending physical therapy for the last 3 times per week with little relief.

WORK HISTORY: The patient is currently working.

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

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is not taking any medication at this time.

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 1/2 block. He can stand for 5 minutes before he has to sit. He 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 he is unable to do the following activities: play sports.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness and popping. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Left knee: Left knee pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. The patient also notes popping and buckling.

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 6 feet, weight is 198 pounds, and BMI is 26.9. The left shoulder reveals tenderness to palpation over AC joint. There is no heat, swelling, 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 160/180 degrees, adduction 40/45 degrees, forward flexion 160/180 degrees, extension 50/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Negative 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.

DIAGNOSTIC TESTING: MRI of the left knee, done on 03/16/2022, shows bone contusion of the medial subchondral aspect of the patella. Grade I signal in the posterior horn of the medial meniscus compatible with trauma sequelae. Significant edema in the prepatellar region

compatible with trauma sequelae. MRI of the left shoulder, done on 03/05/2022, shows tear of the superior glenoid labrum. Severe acromioclavicular joint disease may contribute to rotator cuff impingement.

ASSESSMENT:

1. M75.82 Shoulder tendinitis, left shoulder.
2. S43.432A Labral tear, left shoulder.
3. M75.42 Impingement, left shoulder.
4. M65.812 Tenosynovitis, left shoulder.
5. M75.52 Bursitis, left shoulder.
6. M75.22 Bicipital tendinitis, left shoulder.
7. M25.512 Pain, left shoulder.
8. S49.92XA Injury, left shoulder.
9. M67.212 Hypertrophic synovitis, left shoulder.
10. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
11. M25.412 Joint effusion, left shoulder.
12. M23.92 Internal derangement, left knee.
13. S83.512A Anterior cruciate ligament sprain, left knee.
14. S83.412A Medial collateral ligament sprain, left knee.
15. M22.2X2 Patellofemoral chondral injury, left knee.
16. M25.462 Joint effusion, left knee.
17. M12.569 Traumatic arthropathy, left knee.
18. S80.912A Injury, left knee.
19. M25.562 Pain, left knee.
20. M65.162 Synovitis, left knee.
21. M24.662 Adhesions, left knee.

PLAN:

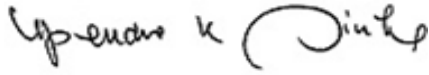
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left knee 3 days/week.
6. Follow up in 4 weeks.

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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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

UKS/AEI