UK Sinha Physician, P.C.

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August 8, 2022

Office seen at:
Liberty Rhea Ranada Ebarle PT PC
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Phone # (718) 402-5200

Re: Freeman, Mary
DOB: 06/05/1957
DOA: 04/22/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 65-year-old right-hand dominant female involved in a motor vehicle accident on 04/22/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was hit by a truck from the back. The patient did not go to any hospital that same day. The patient presents today complaining of right shoulder, left shoulder, and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for 2-3 times a week with little relief.

WORK HISTORY: The patient is currently working.

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

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Meloxicam.

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 2 blocks. She can stand for 20 minutes before she has to sit. She 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 she is unable to do the following activities: gardening, play sports, driving, lifting heavy

objects, child care, carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 9/10, 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.

Left shoulder: Left shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain.

Left knee: Left knee pain is 8/10, described as intermittent, 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, popping, buckling, and intermittent locking.

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 5 feet 5 inches, weight is 225 pounds, and BMI is 37.4. The right shoulder reveals tenderness to palpation over supraspinatus tendon region. 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 120/180 degrees, adduction 40/45 degrees, forward flexion 110/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 70/90 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 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. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 100/180 degrees, adduction

35/45 degrees, forward flexion 90/180 degrees, extension 40/60 degrees, internal rotation 45/90 degrees, and external rotation 45/90 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, superior pole of patella, and inferior pole of the patella. There is crepitus and swelling appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 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 right shoulder, done on 07/14/2022, shows high-grade partial articular sided tear of the supraspinatus tendon at the critical zone with tendinopathy of the remainder of the tendon. High-grade partial articular sided tear of the infraspinatus tendon at the critic-al zone insertion with. Tear of the long head of the biceps tendon from the biceps anchor. The tendon is not visualized likely retracted distally. Tear of the superior and anterior labrum. Moderate size joint effusion. Mild subacromial bursitis. Moderate AC joint arthrosis. MRI of the left shoulder, done on 07/14/2022, moderate AC joint arthrosis with capsular hypertrophy. High-grade partial tear of the anterior supraspinatus tendon at the insertion and critical zone with severe tendinopathy and fraying of the remainder of the tendon. Torn fibers are retracted to the joint level. Tendinopathy of the infraspinatus tendon. Tendinopathy of the subscapularis tendon. MRI of the left knee, done on 07/15/2022, shows complex tear and maceration of the body and posterior horn of the medial meniscus partially extending into the posterior root with extrusion of the body. Interstitial tear and sprain of the ACL. Medial compartment joint narrowing with high-grade cartilage loss and marginal osteophytes. High-grade patellofemoral cartilage loss. Tendinopathy of the patellar tendon. Small joint effusion.

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. M25.412 Joint effusion, left shoulder.
27. S83.242A Medial meniscus tear, left knee.
28. S83.282A Lateral meniscus tear, left knee.
29. M23.92 Internal derangement, left knee.
30. S83.512A Anterior cruciate ligament sprain, left knee.
31. S83.412A Medial collateral ligament sprain, left knee.
32. M94.262 Chondromalacia, left knee.
33. S83.32XA Tear articular cartilage, left knee.
34. M22.2X2 Patellofemoral chondral injury, left knee.
35. M25.462 Joint effusion, left knee.
36. S80.912A Injury, left knee.
37. M25.562 Pain, left knee.
38. M65.162 Synovitis, left knee.
39. M24.662 Adhesions, left knee.

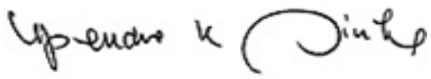
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder and left knee
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, and left knee 3 days/week.
6. 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 would like to proceed with surgery.
7. The patient needs medical clearance prior to 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. 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.
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.



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UKS/AEI