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August 8, 2022

Office seen at: Liberty Rhea Ranada Ebarle PT PC 14 Bruckner Blvd Bronx, NY 10454 Phone # (718) 402-5200

Re: Gomila, Yesy DOB: 10/11/1982 DOA: 10/26/2020

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder, right knee, left knee, neck and low back pain.

HISTORY OF PRESENT ILLNESS: A 39-year-old right-hand dominant female involved in a work-related accident on 03/01/2021. While at work, two people under her supervision got involved in a physical altercation. The patient intended to restrain one of them, got caught in the middle and punched in the back of her head, resulting in multiple body injuries. The patient did not go to any hospital that same day. The patient had pain in knees, neck and shoulders. The patient had injection of right knee, but still in pain. The patient had surgery of right shoulder on 01/28/2022. The patient presents today complaining of right shoulder, left shoulder, right knee and left knee pain sustained in the work-related accident. The patient was attending physical therapy for 3 times a week with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory. There is a previous history of trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking naproxen.

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

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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: play sports, lifting heavy objects, laundry, shopping, squatting, negotiating stairs, jogging and exercising.

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

Left shoulder: Left shoulder pain is 2-3/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has 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.

Right knee: Right knee pain is 7/10, 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.

Left knee: Left knee pain is 9/10, 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.

The patient had right shoulder arthroscopy on 01/28/2022. Left shoulder had minimal symptoms.

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 0 inches, weight is 165 pounds, and BMI is 32.2. The right 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. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Negative Hawkins

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test. Range of motion, as per goniometer, abduction 160/180 degrees, adduction40/45 degrees, forward flexion 170/180 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 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. Negative O'Brien test. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 170/180 degrees, adduction 45/45 degrees, forward flexion 170/180 degrees, extension 60/60 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 right knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 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 right lower extremity.

The left knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, 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 - 5/5 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 knee, done on 03/21/2021, shows anterior cruciate ligament sprain sequelae. Significant edema in the prepatellar region compatible with trauma sequelae. Joint effusion.

ASSESSMENT:

- 1. M75.01 Adhesive capsulitis, right shoulder.
- 2. M75.81 Shoulder tendinitis, right shoulder.
- 3. M75.41 Impingement, right shoulder.
- 4. M65.811 Tenosynovitis, right shoulder.
- 5. M75.51 Bursitis, right shoulder.
- 6. M75.21 Bicipital tendinitis, right shoulder.
- 7. M25.511 Pain, right shoulder.
- 8. S49.91XA Injury, right shoulder.
- 9. M67.211 Hypertrophic synovitis, right shoulder.
- 10. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
- 11. M25.411 Joint effusion, right shoulder.
- 12. S46.012A Partial rotator cuff tear, left shoulder.

- 13. M75.82 Shoulder tendinitis, left shoulder.
- 14. M75.42 Impingement, left shoulder.
- 15. M65.812 Tenosynovitis, left shoulder.
- 16. M75.52 Bursitis, left shoulder.
- 17. M25.512 Pain, left shoulder.
- 18. S49.92XA Injury, left shoulder.
- 19. M67.212 Hypertrophic synovitis, left shoulder.
- 20. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
- 21. M25.412 Joint effusion, left shoulder.
- 22. M23.91 Internal derangement, right knee.
- 23. S83.511A Anterior cruciate ligament sprain, right knee.
- 24. M25.461 Joint effusion, right knee.
- 25. M12.569 traumatic arthropathy, right knee.
- 26. S80.911A Injury, right knee.
- 27. M25.561 Pain, right knee.
- 28. M65.161 Synovitis, right 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, right knee and left knee
- 4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
- 5. Continue physical therapy for right shoulder, left shoulder, right knee and left knee 3 days/week.
- 6. MRI ordered of left knee to rule out ligament tear and/or synovial injury.
- 7. Follow up in 2 weeks.

IMPAIRMENT RATING: 50%.

<u>CAUSALITY</u>: 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.

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

apendo & wink

UKS/AEI