# UK Sinha Physician, P.C.

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Office seen at:
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Re: Julia, Veronica
DOB: 10/24/1962
DOA: 06/22/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right shoulder and right hip pain.

**HISTORY OF PRESENT ILLNESS:** A 59-year-old right-hand dominant female involved in a motor vehicle accident on 06/22/2022. The patient was a driver 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 called to the scene of the accident. The patient was transported via ambulance to New York Downtown Hospital and was treated and released the same day. The patient presents today complaining of right shoulder and right hip pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months with little relief.

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

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

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking Enalapril 10 mg and HCTZ 37.5 mg.

**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 3 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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, and running errands.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has 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 and ice.

Right hip: Right hip pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing, walking, climbing, standing from sitting. Worse with range of motion and improves with ice.

**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 or irregular heart rate. The patient has 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 150 pounds, and BMI is 25. The right 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. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 120/180 degrees, adduction 40/45 degrees, forward flexion 135/180 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 right upper extremity.

The right hip reveals negative Trendelenburg test. Tenderness to palpation in the greater trochanter, groin, and medial thigh. Range of motion is limited and painful. ROM: Abduction 35/45 degrees, adduction 30/35 degrees, flexion 90/120 degrees, extension 15/30 degrees, internal rotation 35/45 degrees, and external rotation 30/45 degrees.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 09/09/2022, shows impingement and outlet syndrome. Cuff tendinosis and tendinitis. No other focal findings. MRI

of the right hip, done on 08/22/2022, shows bilateral hip joint narrowing symmetrically, arthritically. Magnetic susceptibility artifact anteriorly on the sagittal view. Prominent parametrium and uterine deviation to the right. Osteitis pubis. No other focal findings.

**ASSESSMENT:**

1. M24.811 Internal derangement, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M25.411 Joint effusion, right shoulder.
7. Hip narrowing, right hip.
8. Injury, right hip.
9. Pain, right hip.
10. Osteitis pubis, right hip.

**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 and right hip.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for 4 weeks for the right shoulder and right hip. If pain does not improve, will consider intervention.
6. Recommend steroid injections with pain management for right shoulder and right hip. The patient accepts.
7. Follow up in 4 weeks.

**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

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Board Certified Orthopedic Surgeon

MS/AEI