

# UK Sinha Physician, P.C.

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July 15, 2022

Office seen at:

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

Re: Rosario, Domingo  
DOB: 02/14/1988  
DOA: 03/18/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left shoulder, right knee, left knee, left elbow, left ankle, neck and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 34-year-old right-hand dominant male involved in a motor vehicle accident on 03/18/2022. The patient was a driver and was wearing a seatbelt. The vehicle was T-boned on the driver's side. The airbags deployed. The EMS arrived on the scene. The police were not called to the scene of the accident. The patient was transported via ambulance to Metropolitan Hospital Center and was treated and released the same day. The patient presents today complaining of left shoulder, right knee, left knee, left elbow, left ankle, neck and low back 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 not working.

**PAST MEDICAL HISTORY:** Noncontributory.

**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.

**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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness, and clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right knee: Right knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has no difficulty rising from a chair or going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling. Worse with range of motion and improves with rest, medication, physical therapy, and 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, 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 155 pounds, and BMI is 24.3. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, proximal biceps tendon. There is no swelling, heat, 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 120/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 75/90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals tenderness along the superior pole of patella, inferior pole of the patella. There is no heat, erythema, crepitus or deformity appreciated. There is swelling

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 right lower extremity.

The left knee reveals tenderness along the medial joint line. There is no heat, swelling, erythema, or deformity appreciated. There is crepitus 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 04/19/2022, shows anterior cruciate ligament sprain sequelae. Suprapatellar fat pad impingement. MRI of the left knee, done on 04/19/2022, shows edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain.

**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. M75.42 Impingement, left shoulder.
6. M65.812 Tenosynovitis, left shoulder.
7. M75.52 Bursitis, left shoulder.
8. M75.22 Bicipital tendinitis, left shoulder.
9. M25.512 Pain, left shoulder.
10. S49.92XA Injury, left shoulder.
11. M67.212 Hypertrophy synovitis, left shoulder.
12. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
13. M25.412 Joint effusion, left shoulder.
14. M23.91 Internal derangement, right knee.
15. S83.511A Anterior cruciate ligament sprain, right knee.
16. S83.411 Medial collateral ligament sprain, right knee.
17. M25.461 Joint effusion, right knee.
18. M12.569 Traumatic arthropathy, right knee.
19. S80.911A Injury, right knee.
20. M25.561 Pain, right knee.
21. M65.161 Synovitis, right knee.
22. M24.661 Adhesions, right knee.
23. M23.92 Internal derangement, left knee.
24. S83.512A Anterior cruciate ligament sprain, left knee.
25. S83.412A Medial collateral ligament sprain, left knee.
26. M94.262 Chondromalacia, left knee.
27. M22.2X2 Patellofemoral chondral injury, left knee.
28. M25.462 Joint effusion, left knee.

- 29. M12.569 Traumatic arthropathy, left knee.
- 30. S80.912A Injury, left knee.
- 31. M25.562 Pain, left knee.
- 32. M65.162 Synovitis, left knee.
- 33. 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, right knee and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, right knee and left knee 3 days/week.
6. Discussed left 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.
7. 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 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the left 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left 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.
12. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

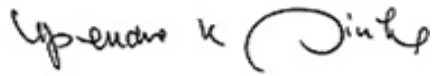
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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.

Rosario, Domingo

July 15, 2022

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A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style.

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

UKS/AEI