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June 13, 2022

Office seen at:

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Phone# (718) 441-5440

Re: Marcano, Mayering

DOB: 07/29/1988

DOA: 02/09/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 33-year-old right-hand dominant female involved in a motor vehicle accident on 02/09/2022. The patient was a front passenger in a bus. The vehicle was struck on the rear side. The airbags did not deploy. EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Elmhurst Hospital and was treated and released the same day. The patient presents today complaining of right shoulder, right knee and left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3-4 times a week with little relief.

PAST MEDICAL HISTORY: Noncontributory. 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. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 30 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: garden, play sports, lifting heavy objects, carrying heavy objects, laundry, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Arthroscopy done by other doctor.

Right knee: Right knee pain is 10/10, 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. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left wrist: Left wrist pain is 9/10, described as constant, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving. 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 right shoulder arthroscopy done by different doctor.

The right knee reveals swelling along the medial joint line and lateral joint line. There is heat, swelling and crepitus appreciated. There is no erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 degrees and extension -10/5 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 wrist reveals pain to palpation over the ulnar styloid and distal radius. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 65/70 degrees, radial deviation 15/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 04/01/2022, shows moderate AC arthrosis with lateral downsloping of the distal acromion with acromiohumeral space measuring 7 mm with a small subacromial subdeltoid bursitis. Tendinosis supraspinatus and infraspinatus with bursal and articular surface fraying. Tendinosis subscapularis. MRI of the right knee, done on 03/25/2022, shows ACL demonstrates broad interstitial increased signal in the mid and distal segments with a superimposed dorsal lateral surface irregularity and slight discontinuity, along the posterolateral bundle insertional fibers from which the tear is not

excluded. Discoid lateral meniscus. MRI of the left wrist, done on 03/18/2022, TFCC fraying concerning for tear at the articular disc and meniscal homologue. Medial positioning of the extensor carpi ulnaris of the ulnar groove with tendinopathy.

ASSESSMENT:

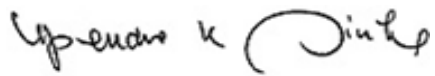
1. Status post right shoulder arthroscopy done by another doctor.
2. M23.91 Internal derangement, right knee.
3. S83.519A Anterior cruciate ligament tear, right knee.
4. S83.511A Anterior cruciate ligament sprain, right knee.
5. S83.411A Medial collateral ligament sprain, right knee.
6. M94.261 Chondromalacia, right knee.
7. S83.31XA Tear articular cartilage, right knee.
8. M22.2X1 Patellofemoral chondral injury, right knee.
9. M25.461 Joint effusion, right knee.
10. S80.911A Injury, right knee.
11. M25.561 Pain, right knee.
12. M65.161 Synovitis, right knee.
13. M24.10 Chondral lesion, right knee.
14. M24.661 Adhesions, right knee.
15. Torn TFC, left wrist.

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, right knee and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee and left wrist 3 days/week.
6. Left wrist brace ordered to decrease strain on injured tissue and decrease pain.
7. Discussed left wrist 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 wants to think about 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 wrist 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 wrist 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. 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.

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

MS/AEI