

UK Sinha Physician, P.C.

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July 25, 2022

Office seen at:
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Re: Banks, Shavon
DOB: 05/02/1979
DOA: 03/27/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: A 43-year-old right-hand dominant female involved in a motor vehicle accident on 03/27/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front end. The airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Holy Name Medical Center and was treated and released the same day. The patient presents today complaining of left shoulder and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 weeks with no relief.

WORK HISTORY: The patient is currently working.

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

PAST SURGICAL HISTORY: C-section in 2013.

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 drinks alcohol occasionally. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 2-3 blocks. She can stand for 25 minutes before she has to sit. She can sit for 15 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, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. Worse with range of motion and improves with rest. The patient is unable to reach overhead and unable to sleep at night due to pain but able to reach behind the back.

Left knee: Left knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. Worse with range of motion and improves with rest. The patient has difficulty rising from a chair and difficulty going up and down stairs.

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.3 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 170 pounds, and BMI is 28.3. The left shoulder reveals tenderness to palpation over supraspinatus tendon region, proximal biceps tendon. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus appreciated. Negative drop arm test. Negative 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 140/180 degrees, adduction 40/45 degrees, forward flexion 135/180 degrees, extension 45/60 degrees, internal rotation 70/90 degrees, and external rotation 65/90 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. There is no heat, swelling, erythema, or deformity appreciated. There is crepitus appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 degrees and extension 4/5 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 left shoulder, done on 05/03/2022, shows intact left shoulder; no fracture; inferior osteophyte formation at the acromioclavicular joint. Tendinopathy and tear of the supraspinatus tendon. Tendinopathy of the infraspinatus tendon. Intact glenohumeral joint. Effusion. MRI of the left knee, done on 05/03/2022, shows intact menisci, cruciate and collateral ligaments. Chondromalacia patella. Effusion. Pretibial bursitis

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. M25.512 Pain, left shoulder.
5. S49.92XA Injury, left shoulder.
6. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
7. M25.412 Joint effusion, left shoulder.
8. M23.92 Internal derangement, left knee.
9. M94.262 Chondromalacia, left knee.
10. M25.462 Joint effusion, left knee.
11. M25.562 Pain, 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 and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left knee 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and left knee. The patient refuses due to side effects.
7. Discussed left shoulder and 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 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 shoulder and 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.
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 and 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 4 weeks.

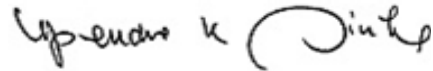
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered

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.

Mellita Shakhmurov, PA-C

MS/AEI

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