

ANJANI SINHA MEDICAL P.C.

ORTHOPEDIC SURGEON

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ANJANI SINHA, M.D., M.S. (Ortho)

September 19, 2019

DOA: 06/29/2019

Aleksandr Kopach, PA-C
82-25 Queens Boulevard, Suite 1A
Elmhurst, NY 11373

Re: Beatriz Jurado
DOB: 11/21/1971

Dear Mr. Kopach:

HISTORY:

The patient is a 47-year-old woman, who was a passenger of the motor vehicle that was involved in an accident on 06/29/2019. She sustained multiple skeletal injuries including injury to the right shoulder. On an emergent basis, she was taken to Lenox Hill Hospital where she was treated and released. She has been receiving physical therapy and chiropractic treatment for the past 2 months since the time of accident. She is here for an orthopedic evaluation of the right shoulder because of the continued pain.

PRESENT COMPLAINTS:

She complains of pain in her right shoulder, which is not improving with physical therapy. According to her, pain level is 7 on a scale of 1-10. She feels tingling often in her right upper extremity.

PAST MEDICAL HISTORY:

Positive for high cholesterol.

PAST SURGICAL HISTORY:

Positive for tubal ligation and C-section.

CURRENT MEDICATIONS:

Anticholesterol medication.

ALLERGIES:

None.

PHYSICAL EXAMINATION:

Her height is 5 feet 4 inches. She weighs 157 pounds. Examination of the head, neck, chest and abdomen is benign. She is an alert, oriented, and cooperative woman. Gait – she has a normal gait.

RIGHT SHOULDER: There is tenderness to palpation on the anterior superior aspect of the right shoulder. Impingement sign, Hawkins test and O'Brien test are positive. Drop sign is negative. Range of motion; abduction is 90 degrees, forward flexion is 100 degrees, internal rotation is 10 degrees, and external rotation is 15 degrees. She has no motor or sensory deficit of the right upper extremity.

MRI of the right shoulder is positive for tendinitis and tenosynovitis with labral and SLAP tear.

If the given history is correct, the injury to right shoulder is related to the accident on 06/29/2019.

FINAL DIAGNOSES:

1. Traumatic partial rotator cuff tear, right shoulder.
2. Traumatic impingement syndrome, right shoulder.
3. Traumatic bursitis, right shoulder.
4. Traumatic tendinitis, right shoulder.
5. Traumatic labral tear, right shoulder.

TREATMENT/PLAN:

The patient has not improved with 2 months of physical therapy. Her MRI is suspicious for labral tear and a SLAP tear. The standard of care for a labral tear is arthroscopic surgery and not physical therapy, although she has done almost 8 weeks of physical therapy without much improvement. Today, the details of arthroscopic surgery of the right shoulder were discussed with her including the possibility of infection requiring further surgery and the remote possibility of re-tear of the rotator cuff in the postoperative period. Because of continued pain at a level of 7, she wants to proceed with surgery. A tentative date of surgery has been set for 09/28/2019 at North Queens Surgical Center. After the surgery, she will have physical therapy for at least 6 to 8 weeks to regain full mobility and strength of her right upper extremity. In the meantime, she was advised to continue with physical therapy.

I, Anjani Sinha, M.D., being duly licensed to practice medicine in the state of New York hereby affirm under the penalty of perjury that the statements contained herein are true and accurate to the best of my knowledge.

Sincerely yours,



ANJANI SINHA, M.D., M.S.