UK Sinha Physician, P.C.

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September 02, 2022

Re: Acevedo, Anthony
DOB: 12/14/1982
DOA: 09/24/2018

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left shoulder pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left shoulder.

PAST SURGICAL HISTORY: The patient had arthroscopy of the left shoulder (biceps tenodesis) on 08/16/2019 (Dr. Katzman). The patient had arthroscopy of the left knee twice on 02/01/2019 and on 02/21/2020.

ALLERGIES: Aluminum and mercury.

ADL CAPABILITIES: The patient states that he can walk for 1 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: garden, play sports, 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 intermittent, sharp, stabbing, dull, achy pain. The patient has weakness, popping, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

The patient had Popeye deformity (left) shoulder with significant local pain and tenderness, bicipital groove of left shoulder. Complaint of neck pain (was recommended for cervical fusion) and also low back pain. No other medical problem.

PHYSICAL EXAMINATION: The left shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 90/180 degrees, adduction 40/45 degrees, forward flexion 90/180

degrees, extension 40/60 degrees, internal rotation 30/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 05/08/2020, shows evidence of prior surgery. There is mild supraspinatus tendinosis with low-grade interstitial tearing. Mild infraspinatus and scapularis tendinosis. Poor visualization of the intraarticular long head biceps tendon raising question of prior tear or intervention. Mild glenohumeral and minimal acromioclavicular degenerative changes. Chronic-appearing tear of the posterior/superior labrum. Small glenohumeral effusion.

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.02 Adhesive capsulitis, left shoulder.
4. S43.432A Labral tear, left shoulder.
5. M75.42 Impingement, left shoulder.
6. M75.22 Bicipital Tendinitis, left shoulder.
7. M25.512 Pain, left shoulder.
8. S49.92XA Injury, left shoulder.

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
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder 3 days/week.
6. Discussed left shoulder 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. Workers' Compensation Board authorization needed prior to 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 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 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. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left shoulder surgery. On the day of the surgery, before the procedure, the

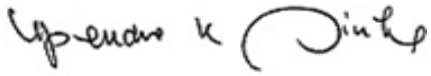
surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.

13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

IMPAIRMENT RATING: 100%. The patient is currently not working.

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.



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UKS/AEI