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September 27, 2022

Office seen at:
Merrick Medical PC
243-51 Merrick Blvd
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Phone# (718) 413-5499

Re: Baker, Merle
DOB: 02/29/1952
DOA: 06/07/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right shoulder, left shoulder, right knee, and left knee pain.

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

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 1/2 hour before she has to sit. She can sit for 1 hour 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, driving, lifting heavy objects, childcare, carrying heavy objects, shopping, running errands, squatting, negotiating stairs, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 3/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 9/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, 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.

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 has difficulty going up and down stairs. The patient also notes clicking, popping, and buckling. Arthroscopy in 2004.

Left knee: Left knee pain is 1-2/10. TKR in 2015.

The patient had right knee arthroscopy in 2004. No MRI of the right shoulder (not done) hardly arm pain.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is crepitus appreciated. There is no heat, swelling, erythema 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 170/180 degrees, adduction 45/45 degrees, forward flexion 170/180 degrees, extension 60/60 degrees, internal rotation 90/90 degrees, and external rotation 90/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. There is crepitus appreciated. There is no heat, swelling, erythema 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 110/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive 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 -5/5 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 swelling crepitus. There is no heat, erythema, crepitus or deformity 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 left lower extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 09/16/2022, shows mild fluid in subacromial subdeltoid bursa. There is a mild joint effusion. AC joint arthrosis. MRI of the right knee, done on 06/25/2022, shows bone marrow edema seen at the medial lateral tibial plateau as well as the femoral condyles. Increased signal on the proton density along the ACL and ACL fibers are not visualized indicating a tear. Medial collateral ligament contains adjacent edema

and is bulging. Medial and lateral meniscal tears in the posterior horn. Suprapatellar joint effusion present, prepatellar edema. MRI of the left knee, done on 06/25/2022, shows limited study due to metallic artifact. Prepatellar likely fluid. Suprapatellar joint fluid present.

ASSESSMENT:

1. M75.41 Impingement, right shoulder.
2. M25.511 Pain, right shoulder.
3. S49.91XA Injury, right shoulder.
4. M24.812 Internal derangement, left shoulder.
5. M75.02 Adhesive Capsulitis, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M25.512 Pain, left shoulder.
8. S49.92XA Injury, left shoulder.
9. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
10. S83.241A Medial meniscus tear, right knee.
11. M23.200 Lateral meniscus derangement, right knee.
12. M23.91 Internal derangement, right knee.
13. S83.511A Anterior cruciate ligament sprain, right knee.
14. S83.411 Medial collateral ligament sprain, right knee.
15. M94.261 Chondromalacia, right knee.
16. S83.31XA Tear articular cartilage, right knee.
17. M22.2X1 Patellofemoral chondral injury, right knee.
18. M25.461 Joint effusion, right knee.
19. M12.569 Traumatic arthropathy, right knee.
20. S80.911A Injury, right knee.
21. M25.561 Pain, right knee.
22. M65.161 Synovitis, right knee.
23. M24.10 Chondral lesion, right knee.
24. M93.261 Osteochondral lesion, right knee.
25. M17.11 Osteoarthritis, right knee.
26. M24.661 Adhesions, right knee
27. M25.462 Joint effusion, left knee.
28. S80.912A Injury, left knee.
29. M25.562 Pain, left knee.
30. Had total knee replacement, left knee.

PLAN:

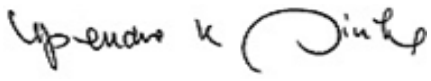
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, right knee, and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, and left knee 3 days/week.
6. Discussed right 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. The patient was supposed to have right knee arthroscopy, but canceled secondary to increased blood pressure.
8. The patient had medical clearance.
9. 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 right 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the right 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right 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.
14. 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.



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