UK Sinha Physician, P.C.

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August 05, 2022

Re: Belfon, Kari
DOB: 07/18/1979
DOA: 02/08/2021

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 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: 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 able 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 intermittent, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has no difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Left wrist: Left wrist pain is 4/10, described as intermittent, dull, achy pain. Denies weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

Left elbow: Left elbow pain is 6/10, described as constant/intermittent, dull, achy pain. The patient has lateral epicondylitis.

PHYSICAL EXAMINATION: The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, and deltoid. 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 35/45 degrees, forward flexion 110/180 degrees, extension 45/60 degrees, internal rotation 60/90

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.

The right knee reveals tenderness along the medial joint line and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, 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 105/130 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 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 75/80 degrees, extension 70/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

The left elbow reveals muscle strength is 4/5. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension 140/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

DIAGNOSTIC TESTING: MRI of the right knee, done on 08/25/2022, shows no meniscal tear, ligamentous or osteochondral injury. Patella Alta with high-grade cartilage thinning of the lateral patellar facet and milder cartilage thinning of the lateral femoral trochlea. Mild edema of the superior lateral infrapatellar fat pad likely related to friction with patellar maltracking. Minimal effusion.

ASSESSMENT:

1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. S43.432A Labral tear, left shoulder.
5. M75.42 Impingement, left shoulder.
6. M65.812 Tenosynovitis, left shoulder.
7. M75.52 Bursitis, left shoulder.
8. M75.22 Bicipital tendinitis, left shoulder.
9. M25.512 Pain, left shoulder.
10. S49.92XA Injury, left shoulder.
11. M67.212 Hypertrophic synovitis, left shoulder.
12. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
13. M25.412 Joint effusion, left shoulder.
14. S83.241A Medial meniscus tear, right knee.
15. M23.91 Internal derangement, right knee.
16. S83.511A Anterior cruciate ligament sprain, right knee.
17. S83.411 Medial collateral ligament sprain, right knee.
18. M94.261 Chondromalacia, right knee.
19. M22.2X1 Patellofemoral chondral injury, right knee.
20. M25.461 Joint effusion, right knee.

21. M12.569 Traumatic arthropathy, right knee.
22. S80.911A Injury, right knee.
23. M25.561 Pain, right knee.
24. M65.161 Synovitis, right knee.
25. M24.661 Adhesions, right knee
26. M76.51 Prepatellar bursitis, right knee.
27. Sprain, left wrist.
28. Lateral epicondylitis, left elbow.

PLAN:

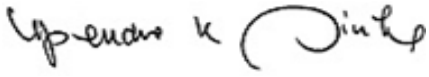
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder, right knee, left wrist, and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, right knee, left wrist, and left elbow 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. 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 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.
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 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.
11. All the questions in regard to the procedure were answered.
12. 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.
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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