UK Sinha Physician, P.C.

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July 29, 2022

Office seen at:
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Re: Bodre Linarez Jr, Julian
DOB: 04/03/1996
DOA: 05/19/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right shoulder and right elbow pain.

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

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

Right elbow: Right elbow pain is 9/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving.

Right shoulder and right elbow not getting better.

PHYSICAL EXAMINATION: The right 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. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 140/180 degrees, adduction 40/45 degrees, forward flexion 145/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 70/90

degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The right elbow reveals swelling, erythema, bruise, and deltoid atrophy. There is tenderness to palpation over the medial epicondyle. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension full, supination 90/90 degrees, pronation 90/90 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 07/15/2022, shows interstitial tear of length 5 mm at the attachment of the supraspinatus tendon. Mild fluid in subcoracoid bursa. MRI of the right elbow, done on 07/06/2022, shows PD fats at hyperintensities noted at common flexor origin - grade I injury. Subcutaneous edema noted along posteromedial aspect of elbow. Joint effusion.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M75.21 Bicipital tendinitis, right shoulder.
9. M67.211 Hypertrophy synovitis, right shoulder.
10. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
11. M25.411 Joint effusion, right shoulder.
12. Medial epicondylitis, right elbow.
13. Intact ulnar nerve, right elbow

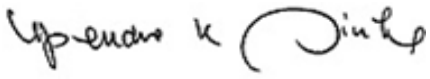
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder and right elbow
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right elbow 3 days/week.
6. Discussed right 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. 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 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.

9. All the benefits and risks of the right 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right 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.
12. 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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