UK Sinha Physician, P.C.

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September 30, 2022

Re: Acevedo, Joseph
DOB: 10/28/1976
DOA: 08/31/2022

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 he can walk for 1/2 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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 7/10, described as constant, 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.

Left shoulder: Left shoulder pain is 9/10, described as constant, 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.

Right knee: Right knee pain is 9/10, 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, buckling, and intermittent locking.

Left knee: Left knee pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over trapezius and proximal biceps tendon. 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. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 150/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 80/90 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 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. 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 100/180 degrees, extension 50/60 degrees, internal rotation 50/90 degrees, and external rotation 70/90 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 appreciated. There is no heat, erythema, crepitus 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 superior pole of patella and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 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 right shoulder, done on 09/22/2022, shows rotator cuff tendinosis with low-grade partial thickness tears of the supraspinatus and subscapularis tendons and a low to moderate grade intrasubstance delaminating partial thickness tear of the infraspinatus tendon. No high-grade or full-thickness tendon tear. Moderate to severe AC joint osteoarthrosis with mild bursitis with findings suggesting subacromial impingement. Mild glenohumeral joint osteoarthrosis. MRI of the left shoulder, done on 09/22/2022, shows no significant interval change since the prior study. There is moderate to severe AC joint osteoarthrosis and mild bursitis with findings suggesting subacromial impingement. Low-grade partial-thickness tears of the supraspinatus and infraspinatus tendons and a low to moderate grade intrasubstance partial thickness tear of the subscapularis tendon remain unchanged. No high-grade or full-thickness tendon tear. Biceps tenosynovitis without tear. MRI of the right knee, done on 09/11/2022, shows severe lateral, moderate to severe patellofemoral, mild medial compartmental osteoarthritis as detailed. Peripheral horizontal tear of the anterior horn, and

partial thickness radial tear superimposed on degenerative tear of the body and posterior horn of the lateral meniscus. Mild mucoid degeneration of the ACL. Small joint effusion and synovitis. Multiloculated effusion and synovitis distends the infra-Hoffatic recess. Edema superolateral aspect of Hoffa's fat pad, a finding associated patellar instability. Patella alta. MRI of the left knee, done on 09/11/2022, shows moderate to severe patellofemoral, and mild lateral compartmental osteoarthritis as detailed above. Edema superolateral aspect of the Hoffa's fat pad, a finding associated with patellar instability. Small joint effusion. Small popliteal cyst. No meniscal tear. Intact cruciate and collateral ligaments.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M75.51 Bursitis, right shoulder.
5. S46.012A Partial rotator cuff tear, left shoulder.
6. M24.812 Internal derangement, left shoulder.
7. M75.02 Adhesive capsulitis, left shoulder.
8. M75.82 Shoulder tendinitis, left shoulder.
9. M75.42 Impingement, left shoulder.
10. M65.812 Tenosynovitis, left shoulder.
11. M75.52 Bursitis, left shoulder.
12. M25.512 Pain, left shoulder.
13. S49.92XA Injury, left shoulder.
14. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
15. M25.412 Joint effusion, left shoulder.
16. S83.241A Medial meniscus tear, right knee.
17. M23.200 Lateral meniscus derangement, right knee.
18. M23.91 Internal derangement, right knee.
19. S83.511A Anterior cruciate ligament sprain, right knee.
20. M22.2X1 Patellofemoral chondral injury, right knee.
21. M25.461 Joint effusion, right knee.
22. M12.569 Traumatic arthropathy, right knee.
23. S80.911A Injury, right knee.
24. M25.561 Pain, right knee.
25. M65.161 Synovitis, right knee.
26. M24.10 Chondral lesion, right knee.
27. M93.261 Osteochondral lesion.
28. M24.661 Adhesions, right knee
29. M23.92 Internal derangement, left knee.
30. M94.262 Chondromalacia, left knee.
31. S83.32XA Tear articular cartilage, left knee.
32. M22.2X2 Patellofemoral chondral injury, left knee.
33. M25.462 Joint effusion, left knee.
34. M12.569 Traumatic arthropathy, left knee.
35. S80.912A Injury, left knee.

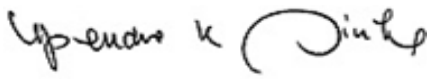
36. M25.562 Pain, left knee.
37. M65.162 Synovitis, left knee.
38. M24.10 Chondral lesion, left knee.
39. M93.262 Osteochondral lesion, left knee.

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. 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.
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 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.
10. All the questions in regard to the procedure were answered.
11. 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.
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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