UK Sinha Physician, P.C.

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July 27, 2022

Office seen at:
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Re: Tamat Lares, Byron
DOB: 11/20/2001
DOA: 03/26/2022

FOLLOW-UP NOTE

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

HISTORY OF PRESENT ILLNESS: The patient presents today in follow-up with continued pain in the right shoulder, left shoulder, and left ankle.

ADL CAPABILITIES: The patient states that he can walk for 4-5 blocks. He can stand for 3-4 minutes before he has to sit. 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, carry, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is unable to reach overhead and unable to reach behind the back. Worse with range of motion and improves with physical therapy.

Left shoulder: Left shoulder pain is 2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. Worse with range of motion and improves with physical therapy.

Left ankle: Left ankle pain is 3/10, described as intermittent, dull, achy pain. The patient has pain with walking.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over 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. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 160/180 degrees,

adduction 40/45 degrees, forward flexion 150/180 degrees, extension 60/60 degrees, internal rotation 70/90 degrees, and external rotation 65/90 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 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. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 170/180 degrees, adduction 40/45 degrees, forward flexion 170/180 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 left ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantar flexion 45/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 04/13/2022, shows mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. A bursal surface tear is seen at the mid-to-anterior aspect of the distal supraspinatus tendon. MRI of the left shoulder, done on 05/11/2022, shows a partial-thickness tear is seen at the subscapularis tendon at the upper aspect. There is no attenuation or laxity. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the left ankle, done on 05/25/2022, shows extensive bone bruising is seen at the distal fibula, this is greater laterally and distally. A fracture is seen at the paraxial plane at the distal fibula 12 mm above the tip of the lateral malleolus. Contusions are seen medially and laterally overlying the distal tibia and fibula. Extensive patchy bone bruising is seen at the mid and hindfoot. Partial-thickness tear of the anterior talofibular ligament is noted. Tenosynovitis changes are seen at the peroneal longus and brevis tendons.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. S43.431A Labral tear, right shoulder.
6. M75.41 Impingement, right shoulder.
7. M65.811 Tenosynovitis, right shoulder.
8. M75.51 Bursitis, right shoulder.
9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. M67.211 Hypertrophic synovitis, right shoulder.
13. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
14. M25.411 Joint effusion, right shoulder.
15. S46.012A Partial rotator cuff tear, left shoulder.

16. M24.812 Internal derangement, left shoulder.
17. M75.02 Adhesive capsulitis, left shoulder.
18. M75.82 Shoulder tendinitis, left shoulder.
19. S43.432A Labral tear, left shoulder.
20. M75.42 Impingement, left shoulder.
21. M65.812 Tenosynovitis, left shoulder.
22. M75.52 Bursitis, left shoulder.
23. M75.22 Bicipital tendinitis, left shoulder.
24. M25.512 Pain, left shoulder.
25. S49.92XA Injury, left shoulder.
26. M67.212 Hypertrophic synovitis, left shoulder.
27. M25.412 Joint effusion, left shoulder.
28. Bony contusion of left long fibula, left ankle.
29. Grade III sprain of the lateral collateral ligament, left ankle.

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, and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, and left ankle 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, and left ankle. The patient refuses due to side effects.
7. Discussed right shoulder, left shoulder, and left ankle arthroscopy versus conservative management with the patient. The patient refused any 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 shoulder, left shoulder, and left ankle 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 shoulder, left shoulder, and left ankle 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. Follow up on a p.r.n. basis.

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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MS/AEI	Board Certified Orthopedic Surgeon