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July 19, 2022

Office seen at:
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Re: Cruz, Norris
DOB: 08/18/1974
DOA: 05/30/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that he can walk for 3-4 blocks. He can stand for half an hour 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: garden, play sports, drive, carrying heavy objects, shopping, running errands, kneeling, squatting, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

Left knee: Left knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

Right ankle: Right ankle pain is 4/10, described as intermittent, dull, achy pain. Pain with walking. Worse with range of motion and improves with rest.

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. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 160/180 degrees, adduction 40/45 degrees, forward flexion 120/180 degrees, extension 50/60 degrees, internal rotation 75/90 degrees, and external rotation 75/90 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. There is no heat, 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. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 170/180 degrees, adduction 40/45 degrees, forward flexion 140/180 degrees, extension 50/60 degrees, internal rotation 75/90 degrees, and external rotation 75/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line and superior pole of 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 110/130 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 left lower extremity.

The right ankle reveals swelling, hematoma and bruises noted over anterior aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is full. ROM: Dorsiflexion 20/20 degrees, plantarflexion 50/50 degrees, inversion 15/15 degrees, eversion 15/15 degrees.

DIAGNOSTIC TESTING: MRI of the left knee, done on 06/14/2022, shows anterior cruciate ligament sprain sequelae. Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain. MRI of the right ankle, done on 06/14/2022, shows hyperintense signal of the fibular attachment of the posterior talofibular ligament compatible with a partial tear.

ASSESSMENT:

1. S83.242A Medial meniscus tear, left knee.
2. M23.92 Internal derangement, left knee.
3. S83.519A Anterior cruciate ligament tear, left knee.
4. S83.512A Anterior cruciate ligament sprain, left knee.
5. S83.412A Medial collateral ligament sprain, left knee.

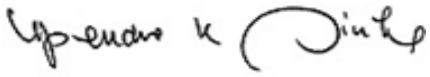
6. M94.262 Chondromalacia, left knee.
7. S83.32XA Tear articular cartilage, left knee.
8. M22.2X2 Patellofemoral chondral injury, left knee.
9. M25.462 Joint effusion, left knee.
10. S80.912A Injury, left knee.
11. M25.562 Pain, left knee.
12. M65.162 Synovitis, left knee.
13. M24.10 Chondral lesion, left knee.
14. M24.662 Adhesions, left knee.
15. Grade III sprain of lateral collateral ligament, right ankle.
16. Posttraumatic impingement, right 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 left knee and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee and right ankle 3 days/week.
6. Discussed left 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 needs medical clearance 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 left 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 left 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 left knee and the patient will be scheduled for left 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.

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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