

UK Sinha Physician, P.C.

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November 01, 2022

Office seen at:
Gurvansh Anand Chiropractic PC
2598 3rd Avenue
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Phone#: (718) 975-7144

Re: Gurley, Wanda
DOB: 05/30/1956
DOA: 04/28/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: 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, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has 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. Worse with range of motion and improves with rest.

Left shoulder: No pain.

Left wrist: No pain.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 120/180 degrees, adduction 40/45 degrees, forward flexion 135/180 degrees, extension 45/60 degrees, internal rotation 50/90 degrees, and external

rotation 65/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder is nontender. 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. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 155/180 degrees, adduction 40/45 degrees, forward flexion 170/180 degrees, extension 45/60 degrees, internal rotation 65/90 degrees, and external rotation 80/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the left upper extremity.

The left wrist is nontender. Grip strength is 5/5. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 75/80 degrees, extension 65/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 09/06/2022, shows no fracture; osteophytes at the acromioclavicular joint. Tendinopathy and partial tear of the supraspinatus tendon and the infraspinatus tendon. Tendinopathy of the subscapular tendon. Intact glenohumeral joint. Effusion. MRI of the left wrist, done on 06/30/2022, shows bone bruise in the lunate bones; no fracture. Increased distance between the scaphoid and lunate bones with strain of the scapholunate ligament. Otherwise, intact joint spaces. No additional focal soft tissue abnormality.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. M25.411 Joint effusion, right shoulder.
8. No pain, left shoulder.
9. Injury, left wrist.
10. Scapholunate ligament strain, left wrist.

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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder 3 days/week.
6. Recommend steroid injections with pain management for right shoulder. The patient refuses due to side effects.

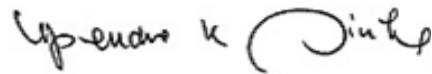
7. Discussed right shoulder arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, the patient wants to think about surgery.
8. It is medically 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 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 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 in 4 weeks.

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.



Mellita Shakhmurov, PA-C
MS/AEI



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Board Certified Orthopedic Surgeon