

UK Sinha Physician, P.C.

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November 15, 2022

Re: Paltooram, Khamchan
DOB: 08/01/1981
DOA: 08/29/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left shoulder pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in follow up with continued pain in the left shoulder. This patient comes from Merrick Medical PC, 243-51 Merrick Blvd, Rosedale, NY 11422.

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: Left shoulder: Left shoulder pain is 5/10, described as constant, 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. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

The patient had comminuted minimally displaced greater tuberosity fracture of left shoulder.

PHYSICAL EXAMINATION: The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. There is no swelling, heat, 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. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 90/180 degrees, adduction 30/45 degrees, forward flexion 90/180 degrees, extension 45/60 degrees, internal rotation 40/90 degrees, and external rotation 45/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 10/06/2022, shows subacute displaced greater tuberosity fracture. Supraspinatus tendinosis. Glenohumeral joint effusion. MRI of the left shoulder, done on 11/01/2022, shows bone marrow edema and supraspinatus tendinosis.

ASSESSMENT:

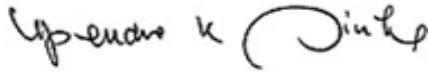
1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M25.512 Pain, left shoulder.
4. S49.92XA Injury, left shoulder.

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 shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder 3 days/week.
6. 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.



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UKS/AEI