UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

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August 10, 2022

Office seen at:
Baxter Medical Care, PC
8106 Baxter Ave # Mc2
Elmhurst, NY 11373
Phone# (718) 639-1110

Re: Gurung, Srijana
DOB: 06/15/1971
DOA: 06/12/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left shoulder pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left shoulder.

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 15 minutes before she has to sit. She can sit for 1/2 hour before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: garden, play sports, driving, laundry, shopping, running errands, and kneeling.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 4-5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain.

Neck and back predominant pain and moderate pain in base of the thumb.

PHYSICAL EXAMINATION: The left shoulder reveals tenderness to palpation over supraspinatus tendon region / AC joint /trapezius / proximal biceps tendon /coracoid / deltoid /scapula spine. 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 160/180 degrees, adduction 40/45 degrees, forward flexion 160/180 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.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 07/21/2022, shows mild fluid in subacromial-subdeltoid and subcoracoid bursa. MRI of the left wrist, done on 07/14/2022, shows normal findings.

ASSESSMENT:

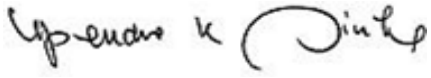
1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M75.42 Impingement, left shoulder.
4. M65.812 Tenosynovitis, left shoulder.
5. M75.52 Bursitis, left shoulder.
6. M25.512 Pain, left shoulder.
7. S49.92XA Injury, left shoulder.
8. M67.212 Hypertrophic synovitis, left shoulder.
9. M25.412 Joint effusion, left shoulder.
10. The patient has mild early OA of CMC joint, left thumb.

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 and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left wrist 3 days/week.
6. Thumb Spica brace ordered to decrease strain on injured tissue and decrease pain.
7. 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.



U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon

UKS/AEI