UK Sinha Physician, P.C.

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September 30, 2022

Re: Gil-Pena, Domingo
DOB: 12/31/1968
DOA: 06/20/2022

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. The patient comes from Bronx County Medical Care PC, 4014A Boston Rd, Bronx, NY 10475

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 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has popping and clicking. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. The patient had left shoulder arthroscopy on 05/20/2022. The patient is not going to physical therapy for the last 6-7 weeks. He did go to physical therapy postoperatively for 2 months. The patient had CPM for only 2 weeks and then quit.

PHYSICAL EXAMINATION: The left 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. 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 70/90 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 01/27/2022, shows tendinosis of the distal supraspinatus and infraspinatus. Distal subscapularis tendinosis. Hypertrophic change of the AC joint with narrowing of the subacromial space and a lateral downsloping type II acromion. Trace fluid in the subacromial bursa.

ASSESSMENT:

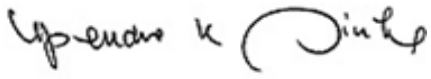
1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M75.42 Impingement, left shoulder.
4. M65.812 Tenosynovitis, left shoulder.
5. M25.512 Pain, left shoulder.
6. S49.92XA Injury, left shoulder.

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. Start physical therapy for left shoulder 3 days/week.
6. Recommend steroid injections with pain management for left shoulder. The patient accepts.
7. Cortisone injection for the left shoulder 0.25% Marcaine 3cc, Depo-Medrol 1 cc.
8. Naprosyn 500 mg b.i.d. for 3 weeks.
9. 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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