

UK Sinha Physician, P.C.

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August 03, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Martinez, Bonifacio
DOB: 05/06/1967
DOA: 12/03/2021

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that he can walk for 1 block. He can stand for 30 minutes before he has to sit. He can sit for 1 hour 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, driving, lifting heavy objects, carrying heavy objects, childcare, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, 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.

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

Right ankle: Right ankle pain is 8/10, described as constant, dull, achy pain. The patient has pain with standing, walking, and climbing.

PHYSICAL EXAMINATION: The patient's height is 5 feet 6 inches, weight is 200 pounds, and BMI is 32.3. The right shoulder reveals tenderness to palpation over supraspinatus tendon

region, AC joint, and trapezius. 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. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 90/180 degrees, adduction 35/45 degrees, forward flexion 90/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 70/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The right knee reveals tenderness along the medial joint line and lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 degrees and extension -10/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The right ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 02/25/2022, shows high-grade partial versus complete non retracted rotator cuff tear involving the supraspinatus and infraspinatus tendons extending to the distal insertion. Partial tear of the anterior superior distal insertion of the subscapularis tendon. Tear of the anterior superior labrum with associated joint and subcoracoid bursal effusion. MRI of the right knee, done on 02/25/2022, shows flap tear of the inferior articular surface of the posterior horn medial meniscus extending into the body of the meniscus. There is posterior capsular disruption with soft tissue edema and a 2 centimeter thin popliteal cyst. Intra substance tear of the posterior horn of the lateral meniscus. Moderate to high-grade partial tear of the anterior cruciate ligament. There is a 2 centimeter osteochondral defect at the anterior aspect of the lateral femoral condyle extending into the trochlea. There is a 1 centimeter osteochondral defect at the anterior aspect of the medial femoral condyle. There is also 1.5 centimeter osteochondral defect at the lateral patellar facet with associated soft tissue edema and adjacent partial tear of the lateral patellar retinaculum. Prepatellar and infrapatellar soft tissue edema. Joint effusion.

ASSESSMENT:

1. M75.121 Complete rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. S43.431A Labral tear, right shoulder.
6. M75.41 Impingement, right shoulder.
7. M65.811 Tenosynovitis, right shoulder.
8. M75.51 Bursitis, right shoulder.

9. M75.21 Bicipital tendinitis, right shoulder.
10. M25.511 Pain, right shoulder.
11. S49.91XA Injury, right shoulder.
12. S46.101A Biceps tendon tear, right shoulder.
13. M67.211 Hypertrophic synovitis, right shoulder.
14. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
15. M25.411 Joint effusion, right shoulder.
16. S83.241A Medial meniscus tear, right knee.
17. M23.91 Internal derangement, right knee.
18. S83.519A Anterior cruciate ligament tear, right knee.
19. S83.511A Anterior cruciate ligament sprain, right knee.
20. S83.411 Medial collateral ligament sprain, right knee.
21. M94.261 Chondromalacia, right knee.
22. S83.31XA Tear articular cartilage, right knee.
23. M22.2X1 Patellofemoral chondral injury, right knee.
24. M25.461 Joint effusion, right knee.
25. M12.569 Traumatic arthropathy, right knee.
26. S80.911A Injury, right knee.
27. M25.561 Pain, right knee.
28. M65.161 Synovitis, right knee.
29. M24.10 Chondral lesion, right knee.
30. M24.661 Adhesions, right knee.
31. Grade III sprain lateral collateral ligament, right ankle.

PLAN:

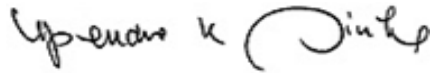
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, right knee, and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee, and right ankle 3 days/week.
6. 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 would like to proceed with surgery.
7. Workers' Compensation Board authorization needed 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 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. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder 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.

IMPAIRMENT RATING: 100%. The patient is currently not working.

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