

UK Sinha Physician, P.C.

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September 20, 2022

Office seen at:
Gurvansh Anand Chiropractic PC
2598 3rd Avenue
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Re: Ozuna, Flor
DOB: 10/11/1989
DOA: 05/03/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 30 minutes before she has to sit. She can sit for 15 minutes 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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, shopping, squatting, negotiating stairs, and jogging.

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 able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with rest and medication.

Left shoulder: Left shoulder pain is ____/10, described as ____ constant/intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, 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, medication, physical therapy, and ice.

Right knee: Right knee pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has no difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking and popping. Worse with range of motion and improves with rest.

Left knee: Left knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. 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. Worse with range of motion and improves with rest.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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 130/180 degrees, adduction 30/45 degrees, forward flexion 135/180 degrees, extension 40/60 degrees, internal rotation 50/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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 130/180 degrees, adduction 30/45 degrees, forward flexion 135/180 degrees, extension 40/60 degrees, internal rotation 50/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right knee reveals tenderness along the superior pole of patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Positive Lachman test. Negative patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 06/30/2022, shows intact acromioclavicular joint. No fractures or edema of the distal clavicle. Tendinosis and partial tears of the distal bursal surfaces or the supraspinatus and infraspinatus tendons with fluid in the subacromial-subdeltoid bursa and the glenohumeral joint. Biceps tendinosis. No fractures or acute labral tear. MRI of the left shoulder, done on 07/31/2022, shows partial tear of the bursal surface of the supraspinatus tendon near the attachment site. Intact biceps anchor complex. No fracture or acute labral tear. MRI of the right knee, done on 06/30/2022, shows partial tear of the anterior cruciate ligament with intra-articular joint effusion. Suprapatellar effusion. Signal abnormality present in the superior lateral tibia and the fibular head likely post-traumatic edema.

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. M75.21 Bicipital tendinitis, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. M25.411 Joint effusion, right shoulder.
8. S46.012A Partial rotator cuff tear, left shoulder.
9. M24.812 Internal derangement, left shoulder.
10. M75.42 Impingement, left shoulder.
11. M25.512 Pain, left shoulder.
12. S49.92XA Injury, left shoulder.
13. M25.412 Joint effusion, left shoulder.
14. M23.91 Internal derangement, right knee.
15. S83.519A Anterior cruciate ligament tear, right knee.
16. M25.461 Joint effusion, right knee.
17. S80.911A Injury, right knee.
18. M25.561 Pain, right knee.

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

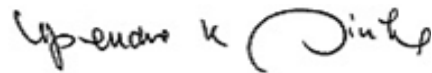
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the 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



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