

UK Sinha Physician, P.C.

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July 27, 2022

Office seen at:

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Re: Reyes, Gladys
DOB: 12/05/1971
DOA: 06/15/2022

FOLLOW-UP NOTE

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

HISTORY OF PRESENT ILLNESS: The patient presents today in follow up with continued pain in the right shoulder, right hand, and left foot.

ADL CAPABILITIES: The patient states that she can walk for less than 5 blocks. She can stand for less than 5 minutes before she has to sit. She can sit for less than 5 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: lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, and exercising.

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

Right hand: Right hand pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has numbness, weakness, and tingling. The patient has pain with lifting and carrying. Worse with range of motion and improves with rest.

Left foot: Left foot pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has numbness, weakness, and tingling. The patient has pain with standing and walking. 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 35/60 degrees, internal rotation 50/90 degrees, and external rotation 45/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The right hand range of motion is intact. Sensations are intact.

The left foot range of motion is intact. Neurovascularly intact.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 07/12/2022, shows a bursal surface tear is seen posteriorly at the supraspinatus tendon. Tendinitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the right hand, done on 07/20/2022, shows a prominent soft tissue contusion is seen ventrally at the first digit, greater at the mid aspect. There is a focal contusion noted dorsally at the base of the first digit as well. MRI of the left foot, done on 07/20/2022, shows soft tissue contusions are seen dorsal to the fourth and fifth digits and the fourth and fifth MTP. There is no fractures or bone bruise. There is no tendon tear.

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. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M25.411 Joint effusion, right shoulder.
7. Pain, right hand.
8. Contusion, right hand.
9. Pain, left foot.
10. Contusion, left foot.

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

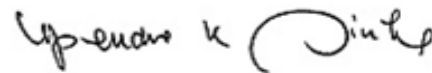
9. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right shoulder pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. 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.
12. All the questions in regard to the procedure were answered.
13. 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.
14. 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



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