UK Sinha Physician, P.C.

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

September 12, 2022

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

Re: Vega-Rios, Emerson
DOB: 12/17/1999
DOA: 06/10/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left shoulder, right ankle, right wrist, left wrist, neck and back pain.

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

ADL CAPABILITIES: The patient states that he can walk for 5 blocks. He can stand for 6 hours before he has to sit. He can sit for 1-1/2 hours 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: lifting heavy objects, carrying heavy objects, laundry, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 7/10, described as constant, 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.

Right ankle: Right ankle pain is 6-7/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing.

Right wrist: Right wrist pain is 4/10, described as intermittent, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving.

Left wrist: Left wrist pain is 5/10, described as intermittent, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving.

The patient came back with x-ray (done on 09/07/2022) of right foot/right ankle/right wrist with no fracture seen.

PHYSICAL EXAMINATION: The left shoulder reveals tenderness to palpation over proximal biceps tendon and coracoid. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Positive 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 110/180 degrees, adduction 40/45 degrees, forward flexion 115/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 75/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper 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 45/50 degrees, inversion 15/15 degrees, eversion 10/15 degrees.

The right wrist reveals pain to palpation over the ulnar styloid and distal radius. Grip strength is 4/5. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

The left wrist reveals pain to palpation over the ulnar styloid and distal radius. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 75/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 30/30 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 08/08/2022, shows increased signal at the anterior leading edge of the supraspinatus indicating tendinopathy. Fluid seen in the subacromial subdeltoid bursa indicating bursitis. AC hypertrophy contributing with supraspinatus outlet obstruction. Biceps tendon has a longitudinal split is within the bicipital groove with tenosynovitis present. MRI of the right ankle, done on 08/08/2022, fluid and increased signal seen within the sinus tarsus Fluids seen in the anterior subtalar and posterior subtalar joints. Increased bone marrow signal in the anterior calcaneus from trauma sequela. MRI of the right wrist, done on 07/12/2022, shows bone contusions of the scaphoid and lunate. Scapholunate ligament shows significant hyperintense signal with no widening of scapholunate interval compatible with focal interstitial tear. MRI of the left wrist, done on 07/12/2022, shows partial thickness tear of the peripheral (medial) aspect of the TFCC. MRI of the right foot, done on 08/01/2022, shows bony contusion of the medial cuneiform bone.

ASSESSMENT:

1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. M75.42 Impingement, left shoulder.

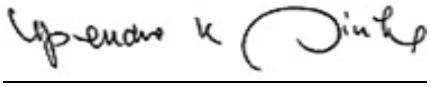
5. M65.812 Tenosynovitis, left shoulder.
6. M75.52 Bursitis, left shoulder.
7. M75.22 Bicipital tendinitis, left shoulder.
8. M25.512 Pain, left shoulder.
9. S49.92XA Injury, left shoulder.
10. S46.102A Biceps tendon tear, left shoulder.
11. Sinus tarsi syndrome, right ankle.
12. Sprain of the scapholunate ligament, no widening, right wrist.
13. Partial tear of the TFCC, left wrist.
14. Bony contusion, medial cuneiform bone, right 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 left shoulder, right ankle, right wrist, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, right ankle, right wrist, and left wrist 3 days/week.
6. Discussed left 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 wants to think about surgery.
7. 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 left 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the left 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.
10. All the questions in regard to the procedure were answered.
11. 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