

UK Sinha Physician, P.C.

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

November 14, 2022

Office seen at:

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

Re: Toledo, Jose
DOB: 04/28/1975
DOA: 07/08/2022

FOLLOW-UP NOTE

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

HISTORY OF PRESENT ILLNESS: The patient presents today in follow up with continued pain in the right knee, left knee and right ankle and for evaluation of pain in the right shoulder and left shoulder.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He can sit for 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 he is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 1/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, behind the back and able to sleep at night without pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 1/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, behind the back and able to sleep at night without pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right knee: Right knee pain is 1-2/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair or going up and down stairs. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left knee pain is 1/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair or going up and down stairs. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right ankle: Right ankle pain is 1-2/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest, medications, physical therapy, and ice.

PHYSICAL EXAMINATION: The right shoulder is nontender. There is no swelling, heat, 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. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 170/180 degrees, adduction 40/45 degrees, forward flexion 175/180 degrees, extension 55/60 degrees, internal rotation 85/90 degrees, and external rotation 85/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder is nontender. There is no swelling, heat, 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. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 175/180 degrees, adduction 40/45 degrees, forward flexion 175/180 degrees, extension 50/60 degrees, internal rotation 85/90 degrees, and external rotation 90/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the left upper extremity.

The right knee is nontender. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 125/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The left knee is nontender. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 125/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

The right ankle reveals tenderness to palpation noted in the lateral aspect. Range of motion is full. ROM: Dorsiflexion 20/20 degrees, plantarflexion 50/50 degrees, inversion 15/15 degrees, eversion 15/15 degrees.

DIAGNOSTIC TESTING: MRI of the right knee, done on 08/23/2022, shows anterior cruciate ligament sprain sequelae. Significant edema in the prepatellar region compatible with trauma sequelae. MRI of the left knee, done on 08/02/2022, shows anterior cruciate ligament sprain

sequelae. Horizontal tear of the posterior horn of the medial meniscus. MRI of the right ankle, done on 08/30/2022, shows mild bone marrow edema in lateral aspect of talar bone. Degenerative changes around ankle joint.

ASSESSMENT:

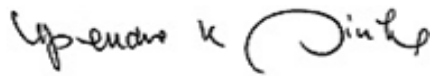
1. M24.811 Internal derangement, right shoulder.
2. M25.511 Pain, right shoulder.
3. S49.91XA Injury, right shoulder.
4. M24.812 Internal derangement, left shoulder.
5. M25.512 Pain, left shoulder.
6. S49.92XA Injury, left shoulder.
7. M23.91 Internal derangement, right knee.
8. M12.569 Traumatic arthropathy, right knee.
9. S80.911A Injury, right knee.
10. M25.561 Pain, right knee.
11. M23.92 Internal derangement, left knee.
12. M12.569 Traumatic arthropathy, left knee.
13. S80.912A Injury, left knee.
14. M25.562 Pain, left knee.
15. Sprain, getting better, 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, left shoulder, right knee, left knee and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, left knee and right ankle 3 days/week.
6. The patient has minimal symptoms in both shoulders, both knees and right ankle. No significant clinical findings observed.
7. Follow up p.r.n.

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.

A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style with a large, prominent loop at the end of the last name.

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