UK Sinha Physician, P.C.

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Phone# (718) 413-5499

November 14, 2022

Office seen at:
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243-51 Merrick Blvd
Rosedale, NY 11422
Phone# (718) 413-5499

Re: Campbell, Jasmine
DOB: 02/08/1990
DOA: 06/03/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: 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, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, popping, and clicking. The patient is unable to reach overhead or behind the back. Worse with range of motion and improves with rest and physical therapy.

Left shoulder: Left shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, popping, and clicking. The patient is unable to reach overhead or behind the back. Worse with range of motion and improves with rest and physical therapy.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus appreciated. Negative drop arm test. Positive cross-over test. Negative 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 115/180 degrees, adduction 40/45 degrees, forward flexion 140/180 degrees, extension 45/60 degrees, internal rotation 50/90 degrees, and external

rotation 65/90 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. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus appreciated. Negative drop arm test. Positive cross-over test. Negative 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 115/180 degrees, adduction 40/45 degrees, forward flexion 140/180 degrees, extension 45/60 degrees, internal rotation 50/90 degrees, and external rotation 65/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 07/06/2022, shows tendinopathy of the anterior limb edge of the supraspinatus. Subacromial subdeltoid fluid/bursitis. Tenosynovitis of the long head biceps tendon. MRI of the left shoulder, done on 07/06/2022, shows no rotator cuff injury. Subacromial subdeltoid bursitis present.

ASSESSMENT:

1. M75.81 Shoulder tendinitis, right shoulder.
2. M65.81 1 Tenosynovitis, right shoulder.
3. M25.511 Pain, right shoulder.
4. S49.91XA Injury, right shoulder.
5. M75.52 Bursitis, left shoulder.
6. M25.512 Pain, left shoulder.
7. S49.92XA Injury, left shoulder.

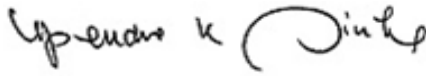
PLAN:

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 and left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left shoulder 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left shoulder. The patient refuses due to side effects.
7. Physical exam and pain not warranting any arthroscopy at this time and the patient refused any surgical intervention.
8. 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.

Mellita Shakhmurov, PA-C
MS/AEI



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