

# UK Sinha Physician, P.C.

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October 06, 2022

Office seen at:  
Gordon C Davis Medical PC  
1611 East New York Ave  
Brooklyn, NY 11212  
Phone# (718) 566-0022

Re: Sumpter, Alenia  
DOB: 09/13/1985  
DOA: 06/17/2022

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of right shoulder pain.

**HISTORY OF PRESENT ILLNESS:** The patient presents today in followup with continued pain in the right 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 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with medication and physical therapy.

**PHYSICAL EXAMINATION:** The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, and proximal biceps tendon. 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. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 130/180 degrees, adduction 35/45 degrees, forward flexion 135/180 degrees, extension 45/60 degrees, internal rotation 55/90 degrees, and external rotation 50/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 06/29/2022, shows blunting of the posterior superior glenoid labrum with a 4 mm paralabral cyst. Supraspinatus and infraspinatus tendinitis with subdeltoid/subacromial bursal edema.

**ASSESSMENT:**

1. M24.811 Internal derangement, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M25.411 Joint effusion, right shoulder.
7. Tear of the glenoid labrum, right shoulder.
8. Paralabral cyst, right 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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder 3 days/week.
6. Recommend steroid injections with pain management for right shoulder. The patient accepts.
7. Follow up in 4 weeks post-injection.

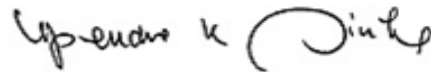
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to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