UK Sinha Physician, P.C.

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November 14, 2022

Office seen at:
Baxter Medical Care, PC
8106 Baxter Ave # Mc2
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Re: Robinson, Andrew
DOB: 01/25/1963
DOA: 09/02/2022

FOLLOW-UP NOTE

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

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

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 6-7/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 4-5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left knee: Left 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.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region. 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. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 160/180 degrees, adduction 40/45 degrees, forward flexion 140/180 degrees, extension 50/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 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, 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. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 170/180 degrees, adduction 40/45 degrees, forward flexion 150/180 degrees, extension 50/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the superior pole of patella. There is no heat, swelling, erythema, or deformity appreciated. There is crepitus appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 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.

DIAGNOSTIC TESTING: CAT scan of the right shoulder, done on 09/19/2022, shows type II acromion. These factors can contribute to rotator cuff impingement. Right shoulder is otherwise unremarkable. However, CT has limited evaluation of rotator cuff tendons and soft tissue pathology. If there is further clinical concern, MRI of the right shoulder may be obtained as clinically warranted. CAT scan of the left shoulder, done on 09/19/2022, shows type I downsloping and inferior lateral lying acromion. These factors can contribute to rotator cuff impingement. Left shoulder is otherwise unremarkable. However, CT has limited evaluation of rotator cuff tendons and soft tissue pathology. If there is further clinical concern, MRI of the left shoulder may be obtained as clinically warranted. MRI of the left knee, done on 09/21/2022, shows anterior cruciate ligament sprain sequelae. Infrapatellar fat pad impingement.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M24.812 Internal derangement, left shoulder.

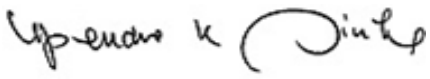
7. M75.02 Adhesive capsulitis, left shoulder.
8. M75.42 Impingement, left shoulder.
9. M25.512 Pain, left shoulder.
10. S49.92XA Injury, left shoulder.
11. M25.412 Joint effusion, left shoulder.
12. M23.92 Internal derangement, left knee.
13. M12.569 Traumatic arthropathy, left knee.
14. S80.912A Injury, left knee.
15. M25.562 Pain, left knee.

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 and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder and left knee 3 days/week.
6. The patient is at high risk for any operation at this time.

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.



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