

UK Sinha Physician, P.C.

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November 04, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC
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Bronx, NY 10454
Phone# (718) 402-5200

Re: Galindez, Yajaira
DOB: 09/20/1982
DOA: 01/25/2022

FOLLOW-UP NOTE

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

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

PAST MEDICAL HISTORY: Positive for ulcerative colitis.

MEDICATIONS: The patient is taking mesalamine 1.2 g.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She 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 she 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 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 6/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is able to reach overhead and able to reach behind the back.

Right knee: Right knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has

difficulty going up and down stairs. The patient also notes clicking, popping, and intermittent locking.

Right wrist: Right wrist pain is 8/10, described as intermittent, dull, achy pain. Admits to tingling.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative 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 140/180 degrees, adduction 40/45 degrees, forward flexion 120/180 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 heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative 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 125/180 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 left upper extremity.

The right knee reveals tenderness along the superior pole of patella and inferior pole of the patella. There is no heat, swelling, erythema, crepitus or deformity appreciated. Positive 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 right lower extremity.

The right wrist reveals grip strength is 4/5. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 80/80 degrees, extension 70/70 degrees, radial deviation 20/20 degrees, ulnar deviation 30/30 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 03/16/2022, shows tear of the superior glenoid labrum. Partial-thickness undersurface tear of the supraspinatus tendon. Tenosynovitis of the extra articular long head of the biceps tendon. MRI of the left shoulder, done on 03/24/2022, shows tenosynovitis of the extra articular long head of the biceps tendon. Partial-thickness undersurface tear of supraspinatus tendon. AC joint hypertrophy may contribute to rotator cuff impingement. MRI of the right knee, done on 04/21/2022, shows edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain. MRI of the right wrist, done on 07/20/2022, shows normal findings.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M65.811 Tenosynovitis, right shoulder.
6. M25.511 Pain, right shoulder.
7. S49.91XA Injury, right shoulder.
8. M25.411 Joint effusion, right shoulder.
9. Tear of superior glenoid labrum, right shoulder.
10. S46.012A Partial rotator cuff tear, left shoulder.
11. M24.812 Internal derangement, left shoulder.
12. M75.82 Shoulder tendinitis, left shoulder.
13. M75.42 Impingement, left shoulder.
14. M65.812 Tenosynovitis, left shoulder.
15. M25.512 Pain, left shoulder.
16. S49.92XA Injury, left shoulder.
17. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
18. M25.412 Joint effusion, left shoulder.
19. M23.91 Internal derangement, right knee.
20. M25.461 Joint effusion, right knee.
21. S80.911A Injury, right knee.
22. M25.561 Pain, right knee.
23. Sprain, right wrist. MRI normal.

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 and right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee and right wrist 3 days/week.
6. The patient is status post right shoulder injection with minimal improvement.
7. Discussed right shoulder, left shoulder, right knee and right wrist arthroscopies 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 would like to proceed with surgery.
8. The patient needs medical clearance and Workers' Compensation Board authorization has been received.
9. 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 right shoulder, left shoulder, right knee and right wrist pathologies in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.

10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the right shoulder, left shoulder, right knee and right wrist arthroscopies have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

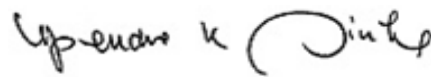
IMPAIRMENT RATING: 50%. The patient is currently working.

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