

UK Sinha Physician, P.C.

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August 25, 2022

Office seen at:
Dolphin Family Chiropractic, P.C.
430 W Merrick Road
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Phone# (516) 612-7288

Re: Williams, Shanise
DOB: 08/06/1975
DOA: 06/24/2022

FOLLOW-UP NOTE

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

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left shoulder and left elbow.

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: play sports, driving, lifting heavy objects, childcare, carrying heavy objects, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with medication and ice.

Left elbow: Left elbow pain is 6/10, described as constant, dull, achy pain. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with medication.

PHYSICAL EXAMINATION: The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of

motion, as per goniometer, abduction 130/180 degrees, adduction 40/45 degrees, forward flexion 135/180 degrees, extension 45/60 degrees, internal rotation 60/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left elbow muscle strength is 4/5. There is tenderness to palpation over the medial epicondyle and lateral epicondyle. Positive Varus test. Positive Valgus test. Negative Tinel sign. Range of motion reveals flexion 130/150 degrees, extension 135/150 degrees, supination 65/90 degrees, pronation 75/90 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 07/22/2022, shows malalignment of the AC joint with impingement. Findings compatible with myotendinous supraspinatus strain/interstitial tear with associated tenosynovitis/bursitis as discussed in the body of the report. The visualized portions of the labrum appear unremarkable. MRI of the left elbow, done on 07/22/2022, shows presence of elbow joint fluid compatible with synovitis. The visualized ligamentous and tendinous structures are intact. The osseous structures are intact. In the given clinical setting of trauma, the study is otherwise inconclusive which implies the need for further clinical investigation.

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. M75.42 Impingement, left shoulder.
5. M65.812 Tenosynovitis, left shoulder.
6. M75.52 Bursitis, left shoulder.
7. M25.512 Pain, left shoulder.
8. S49.92XA Injury, left shoulder.
9. M25.412 Joint effusion, left shoulder.
10. Pain, left elbow.
11. Synovitis, left elbow.

PLAN:

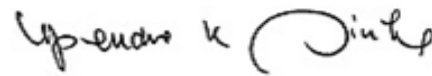
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left elbow 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and left elbow.
The patient refuses due to side effects.
7. Discussed left shoulder and left elbow arthroscopy 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 wants to think about surgery.

8. 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 left shoulder and left elbow pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. All the benefits and risks of the left shoulder and left elbow arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
11. All the questions in regard to the procedure were answered.
12. Follow up in 3-4 weeks for decision.

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



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MS/AEI