

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

August 30, 2022

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

Re: Persaud, Ajit
DOB: 05/05/1996
DOA: 06/25/2022

FOLLOW-UP NOTE

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

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

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: Garden, play sports, driving, lifting heavy objects, childcare, 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 intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead and unable to reach behind the back. Worse with range of motion and improves with ice.

Left shoulder: Left shoulder pain is 5-6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead and able to reach 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 and AC joint. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Positive 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 145/180 degrees, adduction 40/45 degrees, forward flexion 150/180

degrees, extension 50/60 degrees, internal rotation 75/90 degrees, and external rotation 70/90 degrees. Internal rotation to the mid back. 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 crepitus appreciated. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Negative impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 135/180 degrees, adduction 40/45 degrees, forward flexion 150/180 degrees, extension 50/60 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 07/21/2022, shows mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule. Tenosynovitis of the extra articular long head of the biceps tendon. MRI of the left shoulder, done on 08/18/2022, shows supraspinatus outlet obstruction.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.41 Impingement, right shoulder.
3. M65.811 Tenosynovitis, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
7. M25.411 Joint effusion, right shoulder.
8. M24.812 Internal derangement, left shoulder.
9. M75.42 Impingement, left shoulder.
10. S49.92XA Injury, left shoulder.
11. M25.412 Joint effusion, left shoulder.
12. Supraspinatus outlet obstruction, 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 accepts. The patient was given card.
7. Follow up in 4-6 weeks after physical therapy and injection and if no improvement will consider interventions offered.

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

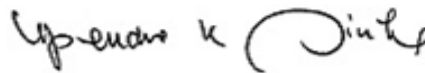
is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

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.

A handwritten signature in black ink, consisting of a large, stylized 'S' shape with a horizontal line extending to the right.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, appearing to read 'U.K. Sinha' with a stylized flourish at the end.

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon