

UK Sinha Physician, P.C.

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

September 12, 2022

Office seen at:

Baxter Medical Care, PC
8106 Baxter Ave # Mc2
Elmhurst, NY 11373
Phone# (718) 639-1110

Re: Lantigua, Michael
DOB: 04/25/1997
DOA: 07/11/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that he can walk for 2 blocks. He can stand for 14 minutes before he has to sit. He can sit for 2 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: play sports, lifting heavy objects, carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 5-6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain.

Right wrist: Right wrist pain is 6-7/10, described as intermittent, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving.

Left wrist: Left wrist pain is 5/10, described as intermittent, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving.

Left elbow: Left elbow pain is 2-3/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving.

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. 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 145/180 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 right wrist reveals pain to palpation over the ulnar styloid and distal radius. Grip strength is 4/5. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 60/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

The left wrist reveals pain to palpation over the scaphoid. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 75/80 degrees, extension 65/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

The left elbow reveals muscle strength is 5/5. There is tenderness to palpation over the lateral epicondyle. Positive Varus test. Positive Valgus test. Negative Tinel sign. Range of motion reveals flexion 110/150 degrees, extension 100/150 degrees, supination 60/90 degrees, pronation 65/90 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 08/01/2022, shows mild fluid in subacromial-subdeltoid bursa. Mild joint effusion. MRI of the right wrist, done on 08/25/2022, shows partial thickness tear of the peripheral (medial) aspect of the TFCC. MRI of the left wrist, done on 08/25/2022, shows partial tear of the scapholunate ligament. MRI of the left elbow, done on 08/25/2022, shows partial tear of the scapholunate ligament. MRI of the left elbow, done on 08/25/2022, shows bone marrow edema along ulnar and humeral aspect of radio humeral joint. Joint effusion.

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. M25.411 Joint effusion, right shoulder.
7. Torn TFC, right wrist.
8. Partial tear of the scapholunate ligament, no gap, left wrist.
9. Pain, left elbow.

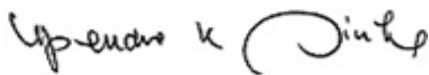
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, right wrist, left wrist, and left elbow.

4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right wrist, left wrist, and left elbow 3 days/week.
6. Discussed right wrist 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 would like to proceed with surgery.
7. 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 wrist 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right wrist 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right wrist and the patient will be scheduled for right wrist 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.
12. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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.



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

UKS/AEI