

UK Sinha Physician, P.C.

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August 3, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Zkaria, Mohammed
DOB: 03/21/1985
DOA: 06/16/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that he can walk for 2-3 blocks. He can stand for 1-2 hours before he has to sit. He can sit for ½ hour 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, 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 weakness and clicking. The patient is able to reach overhead and behind the back and unable to sleep at night due to pain.

Left knee: Left knee pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region. 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. 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 120/180 degrees, adduction 40/45 degrees, forward flexion 130/180 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 knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 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: MRI of the right shoulder, done on 07/11/2022, shows a focal articular surface tear is noted anteriorly at the supraspinatus tendon. There is no attenuation or muscular atrophy. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the left knee, done on 07/18/2022, a prominent contusion is seen overlying the patellar tendon, as noted. A horizontal peripheral tear is noted at the posterior body of the medial meniscus. Small joint effusion is seen without evidence of a loose body. Grade I chondromalacia is seen overlying the patella at the central aspect.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. S43.431A Labral tear, right shoulder.
6. S43.431ASLAP tear, right shoulder.
7. M75.41 Impingement, right shoulder.
8. M65.811 Tenosynovitis, right shoulder.
9. M75.51 Bursitis, right shoulder.
10. M75.21 Bicipital tendinitis, right shoulder.
11. M25.511 Pain, right shoulder.
12. S49.91XA Injury, right shoulder.
13. M67.211 Hypertrophic synovitis, right shoulder.
14. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
15. M25.411 Joint effusion, right shoulder.
16. S83.242A Medial meniscus tear, left knee.
17. M23.92 Internal derangement, left knee.
18. S83.512A Anterior cruciate ligament sprain, left knee.
19. S83.412A Medial collateral ligament sprain, left knee.
20. M94.262 Chondromalacia, left knee.
21. S83.32XA Tear articular cartilage, left knee.
22. M22.2X2 Patellofemoral chondral injury, left knee.
23. M25.462 Joint effusion, left knee.
24. M12.569 Traumatic arthropathy, left knee.
25. S80.912A Injury, left knee.
26. M25.562 Pain, left knee.

- 27. M65.162 Synovitis, left knee.
- 28. M24.662 Adhesions, 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 and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left knee 3 days/week.
6. Discussed right shoulder 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. Workers' Compensation Board authorization needed prior to 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 right shoulder 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 right shoulder 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. 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.
13. 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 full time as an Uber driver.

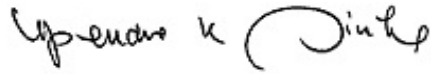
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the 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.

Zkaria, Mohammed

August 3, 2022

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A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style.

U.K. Sinha, MD, MS (Ortho), FAAOS

Board Certified Orthopedic Surgeon

UKS/AEI