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July 19, 2022

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Re: Kabir, Fakir
DOB: 01/10/1973
DOA: 03/25/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that he can walk for 10 blocks. He can stand for 30 minutes before he has to sit. He can sit for 30 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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 4-5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is able to reach overhead and behind the back. Worse with range of motion and improves with rest and physical therapy.

Left knee: Left knee pain is 4-5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has no difficulty rising from a chair and difficulty going up and down stairs. Worse with range of motion and improves with rest and physical therapy.

Left wrist: Left wrist pain is 3-4/10, described as intermittent, dull, achy pain. Denies weakness, numbness, and tingling. The patient has pain with lifting and carrying. Worse with range of motion and improves with rest.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region and proximal biceps tendon. 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 30/45 degrees, forward flexion 125/180 degrees, extension 35/60 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 right upper extremity.

The left knee reveals tenderness along the medial joint line and the lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity

The left wrist reveals pain to palpation over the distal radius and scaphoid. Grip strength is 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 50/70 degrees, radial deviation 15/20 degrees, ulnar deviation 20/30 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 05/04/2022, shows AC joint arthrosis with lateral acromial spur. 10 mm full thickness insertional supraspinatus tear with bursitis, 2-mm traction cyst in the humeral head and no fracture. No muscle atrophy. Anterior capsular thickening, which can be seen with adhesive capsulitis. MRI of the left knee, done on 05/05/2022, shows grade II peripheral signal in the body of the lateral meniscus with intermediate probability of a tear. No meniscocapsular separation. Grade I sprain of MCL. Small synovial effusion. MRI of the left wrist, done on 05/05/2022, shows positive ulnar variance and evidence for ulnolunate impingement. Intrasubstance signal within the TFCC, possibility of intrasubstance tear not excluded.

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. M75.41 Impingement, right shoulder.
6. M75.51 Bursitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. Humeral head cyst, right shoulder.
12. S83.282A Lateral meniscus tear, left knee.
13. M23.92 Internal derangement, left knee.

14. S83.412A Medial collateral ligament sprain, left knee.
15. M25.462 Joint effusion, left knee.
16. S80.912A Injury, left knee.
17. M25.562 Pain, left knee.
18. Impingement, left wrist.
19. TFCC tear, left wrist.
20. Pain, left wrist.

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 knee and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left knee and left wrist 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left knee and left wrist. The patient refuses due to side effects.
7. Discussed right shoulder, left knee and left wrist arthroscopy versus conservative management with the patient. The patient refuses any surgical intervention.
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, left knee and left 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.
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, left knee, and left 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.
11. All the questions in regard to the procedure were answered.
12. Follow up on an as needed basis.

IMPAIRMENT RATING: 25%. 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

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Board Certified Orthopedic Surgeon

MS/AEI