

# UK Sinha Physician, P.C.

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October 28, 2022

Re: St. Surin, Jean

DOB: 02/27/1974

DOA: 06/29/2022

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of right shoulder, left shoulder, left knee, left elbow, neck, and back pain.

**HISTORY OF PRESENT ILLNESS:** The patient presents today in followup with continued pain in the right shoulder, left shoulder, left knee, left elbow, neck, and back. The patient comes from Alignment Chiropractic P.C., 4720 Avenue N, Brooklyn, NY 11234.

**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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right shoulder: Right shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Left knee: Left knee pain is 7/10. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, and buckling.

Left elbow: Left elbow pain is 9/10, 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 120/180 degrees, adduction 40/45 degrees, forward flexion 130/180 degrees, extension 50/60 degrees, internal rotation 70/90 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 shoulder reveals tenderness to palpation over AC joint and proximal biceps tendon. 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 130/180 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 left upper extremity.

The left knee reveals tenderness along the medial joint line and superior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative 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.

The left elbow reveals muscle strength is 4/5. There is tenderness to palpation over the lateral epicondyle. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension 0/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 08/02/2022, shows partial non-retracted articular surface tear of the distal aspect of the supraspinatus tendon. MRI of the left shoulder, done on 08/02/2022, shows finding suggesting a tear of the mid portion of the posterior glenoid labrum. MRI of the left knee, done on 08/10/2022, shows peripheral tear of the posterior horn of the medial meniscus. Tendinosis of the distal aspect of the quadriceps tendon. Small joint effusion. MRI of the left elbow, done on 08/10/2022, shows finding suggesting a partial tear of the superior aspect of the lateral collateral ligament. Soft tissue edema along the posterior aspect of the proximal forearm. Small-to-moderate joint effusion.

**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. M75.41 Impingement, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. S46.012A Partial rotator cuff tear, left shoulder.
8. M24.812 Internal derangement, left shoulder.

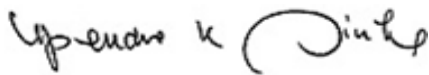
9. M75.02 Adhesive capsulitis, left shoulder.
10. M75.42 Impingement, left shoulder.
11. M25.512 Pain, left shoulder.
12. S49.92XA Injury, left shoulder.
13. S83.242A Medial meniscus tear, left knee.
14. M23.92 Internal derangement, left knee.
15. M25.462 Joint effusion, left knee.
16. M12.569 Traumatic arthropathy, left knee.
17. S80.912A Injury, left knee.
18. M25.562 Pain, left knee.
19. Lateral epicondylitis, 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, left shoulder, left knee, and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, left knee, and left elbow 3 days/week.
6. Follow up on a p.r.n. basis.

**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.



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UKS/AEI