UK Sinha Physician, P.C.

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September 08, 2022

Office seen at:
S.P. Physical Therapy
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Re: Sepulveda, Cynthia
DOB: 01/09/1998
DOA: 02/11/2022

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 she can walk for 1-5 blocks. She can stand for 15 minutes before she has to sit. She can sit for 15 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: lifting heavy objects, carrying heavy objects, childcare, reaching overhead, laundry, shopping, and running errands.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 7-8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is unable to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest. The patient is status post arthroscopy of the right shoulder.

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

MVA resulting in femur fracture as per the patient has healed, was following at Jacobi Medical Center.

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. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 135/180 degrees, adduction 40/45 degrees, forward flexion 150/180 degrees, extension 55/60 degrees, internal rotation 55/90 degrees, and external rotation 75/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity. The patient has status post arthroscopy, incisions healed.

The left knee reveals tenderness along the medial joint line and 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 80/130 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 patient ambulated with cane and with brace.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 09/05/2022, shows tendinopathy of the supraspinatus and infraspinatus tendons progressed from the previous exam. Tear of the anterior labrum, progressed from the previous exam. MRI of the left knee, done on 09/07/2022, shows tear of the free edge of the body of the lateral meniscus. Cartilage thinning of the lateral compartment.

ASSESSMENT:

1. M25.511 Pain, right shoulder.
2. S49.91XA Injury, right shoulder.
3. M25.411 Joint effusion, right shoulder.
4. Status post arthroscopy, right shoulder.
5. S83.282A Lateral meniscus tear, left knee.
6. M23.92 Internal derangement, left knee.
7. M25.462 Joint effusion, left knee.
8. M25.562 Pain, 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. Recommend steroid injections with pain management for right shoulder and left knee. The patient refuses due to side effects.
7. Discussed left knee 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.

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 left knee 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 left knee 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 left knee and the patient will be scheduled for left knee 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.

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

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

MS/AEI