

UK Sinha Physician, P.C.

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August 3, 2022

Office seen at:
Tatay Ninong Physical Therapy
1314 Coney Island Ave
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Phone# (718) 377-0100

Re: Francique, Bernadette
DOB: 05/15/1982
DOA: 06/13/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She 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 she 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 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with medication.

Right knee: Right knee pain is 8/10, 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, medication, physical therapy, and ice.

Left knee: Left knee pain is 8/10, 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, medication, physical therapy, and ice.

Right wrist: Right wrist pain is 9/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

Right elbow: Right elbow pain is 8/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, trapezius, 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. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 120/180 degrees, adduction 40/45 degrees, forward flexion 125/180 degrees, extension 45/60 degrees, internal rotation 55/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella. There is crepitus appreciated. There is heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 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 right lower extremity.

The left knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 130/130 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 right wrist reveals pain to palpation over the ulnar styloid, distal radius. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70 /80 degrees, extension 60 /70 degrees, radial deviation 15/20 degrees, ulnar deviation 20/30 degrees.

The right elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 4/5. There is tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. 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 knee, done on 07/14/2022, shows a grade I injury of the medial collateral ligament is seen. There is no laxity. A horizontal tear is seen peripherally at the posterior body of the medial meniscus. An interstitial tear of the ACL is seen, as described. There is no laxity. MRI of the left knee, done on 07/26/2022, shows horizontal tear seen at the lateral meniscus at the anterior horn and anterior body, as described. Adjacent soft tissue edema is seen and a focal parameniscal cyst. An interstitial tear of the ACL is noted, as described. There is no attenuation. Moderate contusion overlies the patellar tendon. A small baker's cyst is seen.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M75.21 Bicipital tendinitis, right shoulder.
9. M25.511 Pain, right shoulder.
10. S49.91XA Injury, right shoulder.
11. M67.211 Hypertrophic synovitis, right shoulder.
12. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
13. M25.411 Joint effusion, right shoulder.
14. S83.241A Medial meniscus tear, right knee.
15. M23.91 Internal derangement, right knee.
16. S83.511A Anterior cruciate ligament sprain, right knee.
17. M94.261 Chondromalacia, right knee.
18. S83.31XA Tear articular cartilage, right knee.
19. M22.2X1 Patellofemoral chondral injury, right knee.
20. M25.461 Joint effusion, right knee.
21. S80.911A Injury, right knee.
22. M25.561 Pain, right knee.
23. M65.161 Synovitis, right knee.
24. M24.661 Adhesions, right knee.
25. S83.242A Medial meniscus tear, left knee.
26. M23.92 Internal derangement, left knee.
27. S83.519A Anterior cruciate ligament tear, left knee.
28. S83.512A Anterior cruciate ligament sprain, left knee.
29. S83.412A Medial collateral ligament sprain, left knee.
30. M94.262 Chondromalacia, left knee.
31. S83.32XA Tear articular cartilage, left knee.
32. M22.2X2 Patellofemoral chondral injury, left knee.
33. M25.462 Joint effusion, left knee.
34. S80.912A Injury, left knee.
35. M25.562 Pain, left knee.

- 36. M65.162 Synovitis, left knee.
- 37. M24.662 Adhesions, left knee.
- 38. Internal derangement, right wrist.
- 39. Sprain, right elbow.

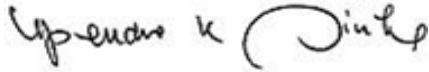
PLAN:

- 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 knee, left knee, right wrist and right elbow.
- 4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
- 5. Continue physical therapy for right shoulder, right knee, left knee, right wrist and right elbow. 3 days/week.
- 6. Discussed right 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.
- 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 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 right 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 right knee and the patient will be scheduled for right 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.

IMPAIRMENT RATING: 100%. The patient is currently not working. Last date of work was 06/13/2022.

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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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

UKS/AEI