

# UK Sinha Physician, P.C.

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July 27, 2022

Office seen at:  
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79-09B Northern Boulevard  
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Phone# (718) 507-1438

Re: Lopez, Juan  
DOB: 06/19/2002  
DOA: 05/01/2022

## FOLLOW-UP NOTE

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

**HISTORY OF PRESENT ILLNESS:** The patient presents today in follow up with continued pain in the left shoulder and right wrist.

**ADL CAPABILITIES:** The patient states that he/she 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:** Left shoulder: Left 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 and able to reach behind the back.

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 and carrying. Worse with range of motion and improves with rest.

**PHYSICAL EXAMINATION:** The left shoulder reveals tenderness to palpation over supraspinatus tendon region and deltoid. 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 35/45 degrees, forward flexion 120/180

degrees, extension 50/60 degrees, internal rotation 65/90 degrees, and external rotation 65/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right wrist reveals 4/5 grip strength. 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.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 07/12/2022, shows a bursal surface tear is seen anteriorly at the supraspinatus tendon. Tendinosis changes are seen at the supraspinatus and infraspinatus tendons. There is no fracture or bone bruise. MRI of the right wrist, done on 07/12/2022, shows a prominent soft tissue contusion is noted laterally over the carpus. There is bone bruising seen at the trapezoid and trapezium and distal scaphoid prominently. An oblique hairline fracture of the distal scaphoid is seen minimally involving the waist of the scaphoid seen on images #6 and #7 of series #4. A focal globular tear is seen medially at the triangular fibrocartilage.

**ASSESSMENT:**

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. M25.512 Pain, left shoulder.
5. S49.92XA Injury, left shoulder.
6. M25.412 Joint effusion, left shoulder.
7. Contusion, right wrist.
8. Hairline fracture of distal scaphoid, right wrist.
9. Tear of triangular fibrocartilage, right 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 left shoulder and right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and right wrist 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and right wrist. The patient refuses due to side effects.
7. Discussed left shoulder and right wrist 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 shoulder and right 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 left shoulder and right 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. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left 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.

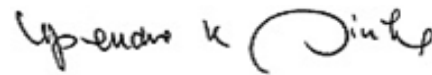
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to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

MS/AEI



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