# UK Sinha Physician, P.C.

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September 29, 2022

Office seen at:
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Re: Smith, Saquan
DOB: 12/30/1992
DOA: 06/16/2022

## FOLLOW-UP NOTE

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

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

**ADL CAPABILITIES:** The patient states that he can walk for 1.5 blocks. He can stand for 10 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 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest physical therapy.

Right knee: Right knee pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. Status post arthroscopy.

**PHYSICAL EXAMINATION:** The right shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. 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 130/180 degrees, adduction 35/45 degrees, forward flexion 135/180 degrees, extension 45/60 degrees, internal rotation 55/90 degrees, and external rotation 50/90 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 lateral joint line. Incisions are clean, dry, and intact. Nontender. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 degrees and extension 5/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 06/24/2022, shows rear of the posterior inferior glenoid labrum with a 9 x 4 mm paralabral cyst. Adjacent deep chondral fissuring with subchondral signal alteration. Tenosynovitis of the extra-articular long head of the biceps tendon. MRI of the right knee, done on 06/24/2022, shows high-grade partial tear of anterior cruciate ligament. Complex tear of the posterior horn and body of lateral meniscus with a large displaced meniscal flap adjacent to the anterior horn. Oblique flap tear at the posterior horn and body of medial meniscus. Large joint effusion.

**ASSESSMENT:**

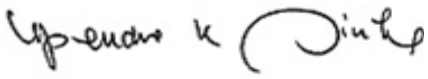
1. 24.811 Internal derangement, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. M65.811 Tenosynovitis, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. Tear of glenoid labrum, right shoulder.
7. Paralabral cyst, right shoulder.
8. M25.461 Joint effusion, right knee.
9. S80.911A Injury, right knee.
10. M25.561 Pain, right knee.
11. Status post arthroscopy, right 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 right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and right knee 3 days/week. If pain does not improve, will consider right shoulder arthroscopy.
6. Recommend steroid injections with pain management for right shoulder and right knee. The patient refuses due to side effects.
7. Follow up in 4 weeks.

**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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