

UK Sinha Physician, P.C.

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August 10, 2022

Office seen at:

Baxter Medical Care, PC
8106 Baxter Ave # Mc2
Elmhurst, NY 11373
Phone# (718) 639-1110

Re: Salas, Saul
DOB: 01/01/1972
DOA: 05/21/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that he can walk for 2 blocks. He can stand for 1/2 hour before he has to sit. He can sit for 30 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: garden, play sports, driving, lifting heavy objects, childcare, carrying heavy objects, shopping, running errands, kneeling, squatting, negotiating stairs, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness and popping. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Right wrist: Right wrist pain is 8-9/10, described as constant and intermittent, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving.

Left wrist: Left wrist pain is 5/10, described as intermittent, dull, achy pain. Admits to weakness.

PHYSICAL EXAMINATION: The right wrist reveals pain to palpation over the distal radius and scaphoid. Grip strength is 3/5. Range of motion reveals flexion 45/80 degrees, extension 45/70 degrees, radial deviation 15/20 degrees, ulnar deviation 15/30 degrees.

The left wrist reveals pain to palpation over the distal radius and scaphoid. Grip strength is 4/5. Range of motion reveals flexion 70/80 degrees, extension 65/70 degrees, radial deviation 20/20 degrees, ulnar deviation 20/30 degrees. Tender and scaphoid, will do x-ray.

DIAGNOSTIC TESTING: MRI of the right wrist, done on 07/19/2022, shows scapholunate ligament shows significant hyperintense signal with no widening of scapholunate interval compatible with focal interstitial tear. MRI of the left wrist, done on 07/12/2022, shows normal findings.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M75.51 Bursitis, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. M67.211 Hypertrophic synovitis, right shoulder.
8. Partial tear scapholunate ligament, right wrist.
9. Sprain, left 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 right shoulder, right wrist, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right wrist and left wrist 3 days/week.
6. Discussed 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.
7. The patient needs medical clearance prior to surgery. 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 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 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 right wrist and the patient will be scheduled for right wrist surgery. On the day of the surgery, before the procedure, the

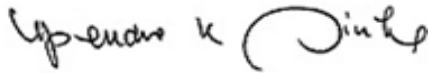
surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.

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.

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