

# UK Sinha Physician, P.C.

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August 24, 2022

Office seen at:

Tatay Ninong Physical Therapy  
1314 Coney Island Ave  
Brooklyn, NY 11230  
Phone# (718) 377-0100

Re: Evans, Casimir  
DOB: 01/18/1957  
DOA: 12/07/2021

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of left shoulder, neck and back pain.

**HISTORY OF PRESENT ILLNESS:** The patient presents today in followup with continued pain in the neck and back pain but no pain in the left shoulder.

**ADL CAPABILITIES:** The patient states that he 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:** The patient does not complain of any pain in any joints. The patient has neck and back pain which he claims is a lot better.

**PHYSICAL EXAMINATION:** The left shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, swelling, erythema, crepitus 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 150/180 degrees, adduction 40/45 degrees, forward flexion 160/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 80/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 02/09/2022, shows a tear is seen at the upper aspect of the subscapularis tendon, as described. Tendinosis changes are seen at the supraspinatus and infraspinatus tendons.

**ASSESSMENT:**

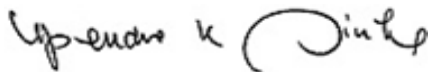
1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive capsulitis, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. S43.432A Labral tear, left shoulder.
5. S43.432A SLAP tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M65.812 Tenosynovitis, left shoulder.
8. M75.52 Bursitis, left shoulder.
9. M75.22 Bicipital tendinitis, left shoulder.
10. M25.512 Pain, left shoulder.
11. S49.92XA Injury, left shoulder.
12. M67.212 Hypertrophic synovitis, left shoulder.
13. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
14. M25.412 Joint effusion, left shoulder.

**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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder 3 days/week.
6. The patient is discharged to follow up on a p.r.n. basis.

**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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Board Certified Orthopedic Surgeon

UKS/AEI