

UK Sinha Physician, P.C.

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August 22, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC
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Phone# (718) 402-5200

Re: Baldera, Lorena
DOB: 11/28/1996
DOA: 03/08/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that she can walk for 5 blocks. She can stand for 30 minutes before she has to sit. She can sit for 20 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, laundry, shopping, running errands, kneeling, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead and unable to reach behind the back.

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

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

PHYSICAL EXAMINATION: The left shoulder reveals tenderness to palpation over supraspinatus tendon region. 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. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of

motion, as per goniometer, abduction 145/180 degrees, adduction 40/45 degrees, forward flexion 160/180 degrees, extension 55/60 degrees, internal rotation 60/90 degrees, and external rotation 75/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the left upper extremity.

The right 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 125/130 degrees and extension 4/5 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 120/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 05/18/2022, shows partial-thickness undersurface tear of the supraspinatus tendon. Tenosynovitis of the extra articular long head of the biceps tendon. MRI of the right knee, done on 04/30/2022, shows linear interstitial tearing of the distal quadriceps tendon superimposed on tendinitis. Suprapatellar fat pad impingement. MRI of the left knee, done on 04/30/2022, shows edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain. Significant edema in the prepatellar region compatible with trauma sequelae.

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M65.812 Tenosynovitis, left shoulder.
4. M25.512 Pain, left shoulder.
5. S49.92XA Injury, left shoulder.
6. M25.412 Joint effusion, left shoulder.
7. M25.461 Joint effusion, right knee.
8. S80.911A Injury, right knee.
9. M25.561 Pain, right knee.
10. M25.462 Joint effusion, left knee.
11. S80.912A Injury, left knee.
12. M25.562 Pain, left knee.
13. Tear quadriceps tendon, left 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 left shoulder, right knee, and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, right knee, and left knee 3 days/week.
6. Recommend steroid injections with pain management for left shoulder, right knee, and left knee. The patient refuses due to side effects.
7. The patient has no pain and does not warrant any intervention at this time.
8. Follow up on a p.r.n. basis.

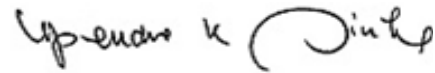
IMPAIRMENT RATING: 0%. The patient is currently working.

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.

Mellita Shakhmurov, PA-C

MS/AEI



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