

# UK Sinha Physician, P.C.

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October 31, 2022

Office seen at:  
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Re: Moor, Kanika  
DOB: 11/05/1991  
DOA: 04/23/2022

## FOLLOW-UP NOTE

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

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

**ADL CAPABILITIES:** The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She 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 she 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 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest and physical therapy.

Left knee: Left knee pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient has difficulty rising from a chair, but has no difficulty going up and down stairs. The patient also notes popping. Worse with range of motion and improves with rest and physical therapy.

**PHYSICAL EXAMINATION:** The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, and proximal biceps tendon. 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. Negative O'Brien test. Positive impingement sign. Positive Lift-off test.

Positive Hawkins test. Range of motion, as per goniometer, abduction 115/180 degrees, adduction 40/45 degrees, forward flexion 130/180 degrees, extension 45/60 degrees, internal rotation 45/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 90/130 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 05/25/2022, shows normal MRI of the left shoulder. MRI of the left knee, done on 06/07/2022, shows trace suprapatellar effusion. Trace joint effusion. There is attenuation of the posterior horn of the medial meniscus. ?Previous surgery versus acute injury. Please correlate with clinical data.

**ASSESSMENT:**

1. M24.812 Internal derangement, left shoulder.
2. M25.512 Pain, left shoulder.
3. S49.92XA Injury, left shoulder.
4. M25.412 Joint effusion, left shoulder.
5. M23.92 Internal derangement, left knee.
6. M25.462 Joint effusion, left knee.
7. S80.912A Injury, left knee.
8. M25.562 Pain, 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 and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left knee 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and left knee. The patient refuses due to side effects.
7. Discussed left shoulder and left knee 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 wants to think about 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 left knee 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 left knee 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. Follow up in 2 weeks for decision.

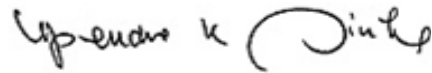
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to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