

UK Sinha Physician, P.C.

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August 16, 2022

Office seen at:
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Re: Punch, John
DOB: 09/19/1998
DOA: 03/15/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right shoulder pain.

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

ADL CAPABILITIES: 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, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 3/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has clicking. The patient is able to reach overhead, able to reach behind the back. Worse with range of motion and improves with rest physical therapy.

PHYSICAL EXAMINATION: The right 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. Positive empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 145/180 degrees, adduction 45/45 degrees, forward flexion 165/180 degrees, extension 50/60 degrees, internal rotation 55/90 degrees, and external rotation 75/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 05/26/2022, shows no acute pathology. The rotator cuff structures are intact. The visualized portions of the labrum are intact.

In the given clinical setting of trauma, the study is inconclusive which implies the need for further clinical investigation.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M25.411 Joint effusion, right shoulder.

PLAN:

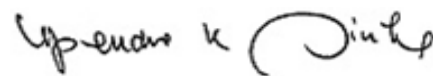
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder 3 days/week.
6. Recommend steroid injections with pain management for right shoulder. The patient refuses due to side effects.
7. The pain and range of motion during physical exam do not warrant any surgical intervention.
8. Follow up on an as needed 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.

Mellita Shakhmurov, PA-C

MS/AEI



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