UK Sinha Physician, P.C.

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September 22, 2022

Office seen at:
Dolphin Family Chiropractic, P.C.
430 W Merrick Road
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Phone# (516) 612-7288

Re: Welch, Jennifer
DOB: 12/13/1982
DOA: 04/04/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 15 minutes before she has to sit. She can sit for 15 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: Play sports, driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness, popping, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with rest.

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

Left knee: Left knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, buckling, and intermittent locking. Worse with range of motion and improves with rest.

Left hip: Left hip pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing, walking, climbing, and standing from sitting. Worse with range of motion and improves with rest.

Left wrist: Left wrist pain is 7/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

Left elbow: Left wrist pain is 7/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

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. 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 120/180 degrees, adduction 40/45 degrees, forward flexion 135/180 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 right upper extremity.

The right knee reveals tenderness along the medial joint line, superior pole of patella, and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130 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 and lateral joint line. There is crepitus appreciate. 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 95/130 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.

The left hip reveals full ROM and negative Trendelenburg test. Tenderness to palpation in the greater trochanter, groin, medial thigh. Range of motion is full.

The left wrist reveals pain to palpation over the ulnar styloid. There is swelling, erythema, and bruise noted. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 65/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

The left elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 4/5. There is tenderness to palpation over lateral epicondyle. Positive Varus test. Positive

Valgus test. Positive Tinel sign. Range of motion reveals flexion 130/150 degrees, extension 125/150 degrees, supination 75/90 degrees, pronation 70/90 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 08/20/2022, shows moderate rotator cuff tendinopathy and bursitis with associated 2 mm linear articular surface partial thickness mid-distal supraspinatus tendon tear. MRI of the right knee, done on 08/20/2022, shows horizontal tear is seen involving the posterior horn of the medial meniscus with joint effusion. Sprain injury is seen at distal anterior cruciate ligament. MRI of the left knee, done on 05/22/2022, shows Baker's cyst measuring up to 3.1 cm. No other significant abnormality. MRI of the left elbow, done on 04/30/2022, shows There is a small posterolateral radiocapitellar effusion with extensor insertional tendinopathy and concern for undersurface tear with peritendinous fluid, as well as sprain of the radial (lateral) collateral ligament. Series 5 image 13 and series 7 image 10. MRI of the left wrist, done on 04/30/2022, shows adductor pollicis brevis and flexor carpi radialis tendinopathy, with dorsal surface fraying and tear at the myotendinous junction of the flexor carpi radialis, and with a subadjacent approximate 9.4 x 4.8.x 9.9 mm suggestive ganglionic cyst just dorsal to the second metacarpal base. Series 7 image 8, series 4 image 15. There is also small loculated fluid in the triquetral pisiform interval, with sprain of the volar carpal ligament. Series 4 image 9. MRI of the left hip, done on 05/14/2022, shows no significant abnormality.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M75.51 Bursitis, right shoulder.
6. M25.511 Pain, right shoulder.
7. S49.91XA Injury, right shoulder.
8. M25.411 Joint effusion, right shoulder.
9. S83.241A Medial meniscus tear, right knee.
10. M23.91 Internal derangement, right knee.
11. S83.511A Anterior cruciate ligament sprain, right knee.
12. M25.461 Joint effusion, right knee.
13. S80.911A Injury, right knee.
14. M25.561 Pain, right knee.
15. M23.92 Internal derangement, left knee.
16. M25.462 Joint effusion, left knee.
17. S80.912A Injury, left knee.
18. M25.562 Pain, left knee.
19. Baker cyst, left knee.
20. Tear at myotendinous junction of the flexor carpi radialis, left wrist.
21. Sprain of volar carpal ligament, left wrist.
22. Pain, left hip.

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 knee, left knee, left hip, left elbow, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee, left knee, left hip, left elbow, and left wrist 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, right knee, left knee, left hip, and left elbow. The patient refuses due to side effects.
7. Discussed right shoulder and right 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 right shoulder and right 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 right shoulder and right 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 4 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

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon

MS/AEI