

# UK Sinha Physician, P.C.

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October 31, 2022

Office seen at:

Merrick Medical PC  
243-51 Merrick Blvd  
Rosedale, NY 11422  
Phone# (718) 413-5499

Re: Husain, Shafeeque  
DOB: 04/28/1956  
DOA: 06/29/2022

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of right shoulder, right knee, right ankle, and right hip pain.

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

**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:** Right shoulder: Right shoulder pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, 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.

Right knee: Right knee pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, and buckling. The patient is walking with cane.

Right ankle: Right ankle pain is 8/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, climbing.

Right hip: Right 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.

**PHYSICAL EXAMINATION:** The right 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. Negative cross-over test. Negative empty can test. Negative 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 90/180 degrees, adduction 40/45 degrees, forward flexion 100/180 degrees, extension 40/60 degrees, internal rotation 60/90 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 superior pole of patella and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 105/130 degrees and extension -5/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The right hip reveals negative Trendelenburg test. Tenderness to palpation in the greater trochanter. Range of motion is limited and painful. ROM: Abduction 30/45 degrees, adduction 25/35 degrees, flexion 85/120 degrees, extension 15/30 degrees, internal rotation 35/45 degrees, and external rotation 30/45 degrees.

The right ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** CT of the right shoulder, done on 09/16/2022, shows no fracture or dislocation. Moderate AC joint arthrosis. No gross rotator cuff tear however evaluation is limited on CT. If clinically indicated MRI can be obtained for further evaluation. The patient cannot have an MRI shoulder ultrasound or CT arthrogram may provide additional information. CT of the right knee, done on 09/16/2022, shows suggestion of a tear of the posterior horn of the lateral meniscus and the body of the medial meniscus. MRI of the knee can be obtained for further assessment. No fractures. CT of the right hip, done on 09/16/2022, shows no fractures. Mild to moderate osteoarthritis in the right hip joint. CT of the right ankle, done on 09/16/2022, shows plantar calcaneal and retrocalcaneal spurring. No fractures. No CT evidence of tendon tear.

**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. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
7. M25.411 Joint effusion, right shoulder.
8. S83.241A Medial meniscus tear, right knee.
9. M23.200 Lateral meniscus derangement, right knee.
10. M23.91 Internal derangement, right knee.
11. M25.461 Joint effusion, right knee.
12. S80.911A Injury, right knee.
13. M25.561 Pain, right knee.
14. Osteoarthritis, right hip.
15. Effusion, right hip.
16. Pain, right hip.
17. Injury, right hip.
18. Plantar calcaneal and retrocalcaneal spurring, right ankle.
19. Pain, right ankle.
20. Injury, right ankle.
21. Internal derangement, right ankle.
22. Effusion, right ankle.

**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, right hip, and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee, right hip, and right ankle 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, right knee, right hip, and right ankle. The patient refuses due to side effects.
7. Discussed right shoulder, right knee, right hip, and right ankle 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 would like to proceed with surgery.
8. The patient needs medical clearance prior to surgery. Wrote letter to PCP for clearance and anticoagulation recommendation.
9. 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, right knee, right hip, and right ankle 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the right shoulder, right knee, right hip, and right ankle 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.

12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

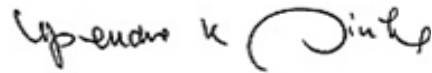
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to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