

UK Sinha Physician, P.C.

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August 25, 2022

Office seen at:

Dolphin Family Chiropractic, P.C.
430 W Merrick Road
Valley Stream, NY 11580
Phone# (516) 612-7288

Re: Hardy, Devoyesha
DOB: 11/16/1986
DOA: 05/13/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that she can walk for 10 blocks. She can stand for 3-4 hours before she has to sit. She can sit with issues. 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, 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 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 medication.

Left shoulder: Left shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and unable to reach behind the back. Worse with range of motion and improves with medication.

Right knee: Right knee pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking and intermittent locking. Worse with range of motion and improves with medication.

Left knee: Left knee pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes buckling and intermittent locking. Worse with range of motion and improves with medication.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint and proximal biceps tendon. There is no heat, swelling, erythema, crepitus, or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 130/180 degrees, adduction 30/45 degrees, forward flexion 135/180 degrees, extension 45/60 degrees, internal rotation 60/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

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 140/180 degrees, adduction 35/45 degrees, forward flexion 140/180 degrees, extension 50/60 degrees, internal rotation 65/90 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 right knee reveals tenderness along the lateral 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. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 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 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. 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.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 07/05/2022, shows supraspinatus and infraspinatus tendinosis with a rim rent tear toward the attachment of the posterior infraspinatus, and broad bursal surface tear toward the anterior attachment of supraspinatus. Acromioclavicular osteoarthritis with inflammatory. Changes of joint capsule. Increased signal also noted along the course of coracohumeral and coracoacromial ligaments.

Subacromial/subdeltoid bursitis. Glenohumeral small effusion and suspicion of anteroinferior labral tear. Small free fluid in the subcoracoid recess with subscapularis tendinosis and sprain of the superior glenohumeral ligament. MRI of left shoulder, done on 07/05/2022, shows suggestive shoulder impingement with low-lying acromion on both supraspinatus and infraspinatus tendons; both with tendinosis and bursal surface fraying with tear along the superior margins. There are also concomitant mild inflammatory changes of the acromioclavicular joint capsule and mild subacromial bursitis. Mild subscapularis tendinopathy and sprain of the superior glenohumeral ligament. MRI of the right knee, done on 06/22/2022, shows small joint effusion and horizontal tear at the very peripheral free margin of the body lateral meniscus. MRI of the left knee, done on 06/27/2022, shows small joint fluid which is likely physiological otherwise no other significant abnormality.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.81 Shoulder tendinitis, right shoulder.
5. S43.431A Labral tear, right shoulder.
6. M75.51 Bursitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M19.011 Primary osteoarthritis, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. Sprain superior glenohumeral ligament, right shoulder.
12. S46.012A Partial rotator cuff tear, left shoulder.
13. M24.812 Internal derangement, left shoulder.
14. M75.82 Shoulder tendinitis, left shoulder.
15. M75.42 Impingement, left shoulder.
16. M75.52 Bursitis, left shoulder.
17. M25.512 Pain, left shoulder.
18. S49.92XA Injury, left shoulder.
19. M25.412 Joint effusion, left shoulder.
20. Sprain superior glenohumeral ligament, left shoulder.
21. M23.200 Lateral meniscus derangement, right knee.
22. M23.91 Internal derangement, right knee.
23. M25.461 Joint effusion, right knee.
24. S80.911A Injury, right knee.
25. M25.561 Pain, right knee.
26. M23.92 Internal derangement, left knee.
27. M25.462 Joint effusion, left knee.
28. S80.912A Injury, left knee.
29. M25.562 Pain, left knee.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.

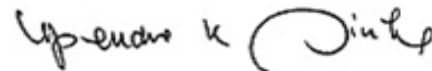
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, right knee, and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, and left knee 3 days/week.
6. Recommend steroid injections with pain management for right shoulder, left shoulder, right knee, and left knee. The patient refuses due to side effects.
7. Discussed right shoulder, left shoulder, right knee, and left knee arthroscopy versus conservative management with the patient. The patient refuses surgical intervention.
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, left shoulder, right knee, 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 right shoulder, left shoulder, right knee, 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 on a p.r.n. 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



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