

# UK Sinha Physician, P.C.

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September 08, 2022

Office seen at:  
S.P. Physical Therapy  
1320 Louis Nine Boulevard  
Bronx, NY 10459  
Phone# (347) 862-0003

Re: Davis, Dhavon  
DOB: 10/21/1989  
DOA: 02/26/2022

## FOLLOW-UP NOTE

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

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

**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: Garden, play sports, driving, lifting heavy objects, childcare, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Left shoulder: Left shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. 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 trapezius. 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 135/180 degrees, adduction 35/45 degrees, forward flexion 130/180 degrees, extension 45/60 degrees, internal rotation 70/90 degrees, and external rotation 65/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 04/04/2022, shows low lying acromion with impingement of rotator cuff, in an appropriate clinical setting. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

**ASSESSMENT:**

1. M24.812 Internal derangement, left shoulder.
2. M75.82 Shoulder tendinitis, left shoulder.
3. M75.42 Impingement, left shoulder.
4. M65.812 Tenosynovitis, left shoulder
5. M25.512 Pain, left shoulder.
6. S49.92XA Injury, left shoulder.
7. M25.412 Joint effusion, left 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 left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder 3 days/week.
6. Recommend steroid injections with pain management for left shoulder. The patient refuses due to side effects.
7. Discussed left shoulder 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 left shoulder 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 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 an as needed basis.

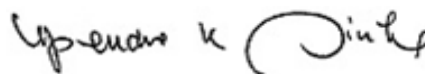
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to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

A handwritten signature in black ink, consisting of a large, stylized 'S' shape with a horizontal line extending to the right.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, featuring a cursive 'U.K. Sinha' with a large, stylized 'S' at the end.

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