

# UK Sinha Physician, P.C.

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October 10, 2022

Office seen at:

Baxter Medical Care, PC  
8106 Baxter Ave # Mc2  
Elmhurst, NY 11373  
Phone# (718) 639-1110

Re: Vega-Rios, Emerson  
DOB: 12/17/1999  
DOA: 06/10/2022

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of left shoulder, right ankle, right wrist, and left wrist pain.

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

**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:** Left shoulder: Left shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and unable to reach behind the back.

Right ankle: Right ankle pain is 5/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing.

Right wrist: Right wrist pain is 4/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving.

Left wrist: Left wrist pain is 5/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving.

The patient is using Lidocaine cream.

**PHYSICAL EXAMINATION:** The left shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Positive Yergason test. Positive deltoid atrophy. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 170/180 degrees, adduction 40/45 degrees, forward flexion 170/180 degrees, extension 50/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The right ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. ROM: Dorsiflexion 15/20 degrees, plantarflexion 45/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The right wrist reveals pain to palpation over the distal radius. Grip strength is 4/5. Range of motion reveals flexion 75/80 degrees, extension 60/70 degrees, radial deviation 20/20 degrees, ulnar deviation 30/30 degrees.

The left wrist reveals pain to palpation over the distal radius. Grip strength 4/5. Range of motion reveals flexion 75/80 degrees, extension 60/70 degrees, radial deviation 20/20 degrees, ulnar deviation 30/30 degrees.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on 08/08/2022, shows increased signal at the anterior leading edge of the supraspinatus indicating tendinopathy. Fluid seen in the subacromial subdeltoid bursa indicating bursitis. AC hypertrophy contributing with supraspinous outlet obstruction. Biceps tendon has a longitudinal split is within the bicipital groove with tenosynovitis present. MRI of the right ankle, done on 08/08/2022, fluid and increased signal seen within the sinus tarsus. Fluids seep in the anterior subtalar and posterior subtalar joints. Increased bone marrow signal in the anterior calcaneus from trauma sequela. MRI of the right wrist, done on 07/12/2022, shows bone contusion of the medial cuneiform - compatible with trauma sequelae. Linear interstitial tearing of the flexor digitorum tendon at the insertion at the 2nd digit with no tendon retraction.

**ASSESSMENT:**

1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive Capsulitis, left shoulder.
3. M25.512 Pain, left shoulder.
4. S49.92XA Injury, left shoulder.
5. Sinus tarsi syndrome, right ankle.
6. Sprain, right wrist.
7. Sprain, left wrist.

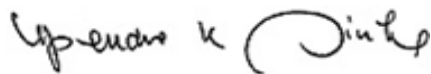
**PLAN:**

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, right ankle, right wrist, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, right ankle, right wrist, and left wrist 3 days/week.
6. Discussed left shoulder 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.
7. 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left shoulder 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.
12. 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.



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

UKS/AEI