UK Sinha Physician, P.C.

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November 15, 2022

Office seen at:
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Phone#: (718) 975-7144

Re: Calderon, Maria
DOB: 10/20/1942
DOA: 07/28/2022

FOLLOW-UP NOTE

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

HISTORY OF PRESENT ILLNESS: The patient presents today in follow up with continued pain in the right shoulder and left shoulder and for evaluation of pain in the right knee and left knee.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She 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 she 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 9/10, described as constant, 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.

Left shoulder: Left shoulder pain is 7/10, 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.

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 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 and medication.

Left knee: Left knee pain is 8/10, described as constant sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and 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 and medication.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, proximal biceps tendon, and scapula spine. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive drop arm test. Positive cross-over test. Positive empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 95/180 degrees, adduction 35/45 degrees, forward flexion 110/180 degrees, extension 40/60 degrees, internal rotation 35/90 degrees, and external rotation 50/90 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 and AC joint. 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 110/180 degrees, adduction 40/45 degrees, forward flexion 125/180 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 left upper extremity.

The right knee reveals tenderness along the medial joint line. There is no heat, swelling, erythema or deformity appreciated. There is crepitus 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 3/5 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. There is no heat, swelling, erythema or deformity appreciated. There is crepitus appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 80/130 degrees and extension 3/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 09/25/2022, shows intact right shoulder; osteophytes at the acromioclavicular joint. Tear and retraction the supraspinatus tendon. Tendinopathy and tear of the infraspinatus tendon. Tendinopathy of the subscapularis tendon. Intact right humeral joint. Effusion and additional anterior fluid collection consistent

with ganglion cyst. Biceps tendinopathy. MRI of the left shoulder, done on 09/25/2022, shows no fracture or focal bony lesion. Intact acromioclavicular and glenohumeral joints. Tendinopathy and partial tear of the supraspinatus tendon. Tendinopathy of the infraspinatus tendon. Intact glenohumeral joint with effusion. MRI of the right knee, done on 09/27/2022, shows bone bruises in the medial femoral condyle and medial tibial plateau, and in the patella; no fracture. Nondisplaced tear of the posterior horn of the medial meniscus. Tear of the medial collateral ligament. Chondromalacia patella. Effusion. Prepatellar and pretibial bursitis. MRI of the right knee, done on 09/27/2022, shows bone bruises in the medial femoral condyle and medial tibial plateau; no fracture. Nondisplaced tear of the posterior horn of the medial meniscus. Strain of the medial collateral ligament. Chondromalacia patella. Effusion. Prepatellar and pretibial bursitis.

ASSESSMENT:

1. M75.121 Complete rotator cuff tear, right shoulder.
2. M24.81 1 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M75.21 Bicipital tendinitis, right shoulder.
6. M25.511 Pain, right shoulder.
7. S49.91XA Injury, right shoulder.
8. M89.3 11 Acromioclavicular joint hypertrophy, right shoulder.
9. M25.41 1 Joint effusion, right shoulder.
10. S46.012A Partial rotator cuff tear, left shoulder.
11. M24.812 Internal derangement, left shoulder.
12. M75.82 Shoulder tendinitis, left shoulder.
13. M75.42 Impingement, left shoulder.
14. M25.512 Pain, left shoulder.
15. S49.92XA Injury, left shoulder.
16. M25.412 Joint effusion, left shoulder.
17. S83.241A Medial meniscus tear, right knee.
18. M23.91 Internal derangement, right knee.
19. S83.411 Medial collateral ligament sprain, right knee.
20. M94.261 Chondromalacia, right knee.
21. M25.461 Joint effusion, right knee.
22. S80.911A Injury, right knee.
23. M25.561 Pain, right knee.
24. M70.41 Prepatellar bursitis, right knee.
25. S83.242A Medial meniscus tear, left knee.
26. M23.92 Internal derangement, left knee.
27. M94.262 Chondromalacia, left knee.
28. M25.462 Joint effusion, left knee.
29. S80.912A Injury, left knee.
30. M25.562 Pain, left knee.
31. M70.42 Prepatellar bursitis, left knee.
32. Medial collateral ligament tear, 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 arthroscopies 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.
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 right shoulder, left shoulder, right knee and left knee pathologies 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, left shoulder, right knee and left knee arthroscopies 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 shoulder and left knee and the patient will be scheduled for right 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.
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

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