UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

.

August 03, 2022

Office seen at:
Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Ali, Mohammad
DOB: 09/10/1980
DOA: 05/16/2022

FOLLOW-UP NOTE

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

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

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 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has weakness. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

Left shoulder: Left shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. 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 7-8/10, described as intermittent, 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, buckling, and intermittent locking.

Left knee: Left knee pain is 8/10, described as intermittent, 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, buckling, and intermittent locking.

Left elbow: Left elbow pain is 1-2/10, described as intermittent, dull, achy pain. Denies weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

PHYSICAL EXAMINATION: The right knee reveals tenderness along the medial joint line and superior pole of patella. here is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 degrees and extension 0/5 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, superior pole of patella, and inferior pole of the patella. There is no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 95/130 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 left lower extremity.

The left elbow reveals negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension 0/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 06/23/2022, shows a focal mid substance tear is seen distally at the supraspinatus tendon, as described. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. MRI of the left knee, done on 07/13/2022, shows a horizontal tear exiting inferiorly is noted from the anterior body to the posterior horn of the medial meniscus. There is 3 mm extrusion of the mid body of the medial meniscus with an associated tear of the meniscofemoral ligament. There is a grade I to II injury of the medial collateral ligament. There is a contusion over the patellar tendon, as noted. There is a focal interstitial tear of the proximal ACL without evidence of laxity or anterior translation of the tibia. MRI of the left elbow, done on 07/06/2022, shows a prominent soft tissue contusion is seen overlying the triceps tendon and olecranon. Tendinopathy changes are seen at the triceps tendon, as noted. Partial-thickness tear is seen at the origin of the common extensor tendon group with an overlying contusion and tendinopathy changes.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.

5. M75.41 Impingement, right shoulder.
6. M65.811 Tenosynovitis, right shoulder.
7. M75.51 Bursitis, right shoulder.
8. M75.21 Bicipital tendinitis, right shoulder.
9. M25.511 Pain, right shoulder.
10. S49.91XA Injury, right shoulder.
11. M67.211 Hypertrophic synovitis, right shoulder.
12. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
13. M25.411 Joint effusion, right shoulder.
14. M24.812 Internal derangement, left shoulder.
15. M75.02 Adhesive Capsulitis, left shoulder.
16. M75.82 Shoulder tendinitis, left shoulder.
17. S43.432A Labral tear, left shoulder.
18. M75.42 Impingement, left shoulder.
19. M65.812 Tenosynovitis, left shoulder.
20. M75.52 Bursitis, left shoulder.
21. M75.22 Bicipital Tendinitis, left shoulder.
22. M25.512 Pain, left shoulder.
23. S49.92XA Injury, left shoulder.
24. S46.102A Biceps tendon tear, left shoulder.
25. M67.212 Hypertrophic synovitis, left shoulder.
26. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
27. M25.412 Joint effusion, left shoulder.
28. M23.91 Internal derangement, right knee.
29. S83.511A Anterior cruciate ligament sprain, right knee.
30. S83.411 Medial collateral ligament sprain, right knee.
31. M94.261 Chondromalacia, right knee.
32. M22.2X1 Patellofemoral chondral injury, right knee.
33. M25.461 Joint effusion, right knee.
34. M12.569 Traumatic arthropathy, right knee.
35. S80.911A Injury, right knee.
36. M25.561 Pain, right knee.
37. M65.161 Synovitis, right knee.
38. M24.661 Adhesions, right knee
39. S83.242A Medial meniscus tear, left knee.
40. M23.92 Internal derangement, left knee.
41. S83.512A Anterior cruciate ligament sprain, left knee.
42. S83.412A Medial collateral ligament sprain, left knee.
43. S83.32XA Tear articular cartilage, left knee.
44. M22.2X2 Patellofemoral chondral injury, left knee.
45. M25.462 Joint effusion, left knee.
46. M12.569 Traumatic arthropathy, left knee.
47. S80.912A Injury, left knee.
48. M25.562 Pain, left knee.
49. M65.162 Synovitis, left knee.

50. M24.662 Adhesions, left knee.
51. Doing well. No pain, sprain, left elbow.

PLAN:

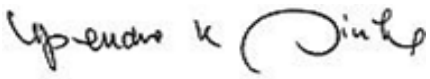
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, right knee, left knee, and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, right knee, left knee, and left elbow 3 days/week.
6. Discussed left knee 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. The patient needs medical clearance prior to surgery. Workers' Compensation Board authorization needed prior to surgery.
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 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 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. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left 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.
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

IMPAIRMENT RATING: 50%. The patient is currently working part-time (Uber driver) since 07/28/2022.

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