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November 14, 2022

Office seen at:
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8106 Baxter Ave # Mc2
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Phone# (718) 639-1110

Re: Quilambaqui, Alejandro

DOB: 11/09/2011 DOA: 07/13/2022

FOLLOW-UP NOTE

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

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

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 3-4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, behind the back and able to sleep at night without pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 3-4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, behind the back and able to sleep at night without pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left ankle: Left ankle pain is 4/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, climbing, standing from sitting. Worse with range of motion and improves with rest, medications, physical therapy, and ice.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no swelling, heat, erythema, crepitus or deformity

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appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 160/180 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 mid back. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no swelling, heat, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 170/180 degrees, adduction 45/45 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 mid back. The patient has no motor or sensory deficit of the left upper extremity.

The left ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Tenderness to palpation noted in the lateral aspect. Range of motion is full but painful. ROM: Dorsiflexion 20/20 degrees, plantarflexion 50/50 degrees, inversion 15/15 degrees, eversion 15/15 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 10/24/2022, shows mild joint effusion. Minimal sub-coracoid fluid. MRI of the left shoulder, done on 10/24/2022, shows normal findings. MRI of the left ankle, done on 10/17/2022, shows linear interstitial tearing of the peroneus longus tendon noted with no tendon retraction.

ASSESSMENT:

- 1. M24.811 Internal derangement, right shoulder.
- 2. M75.41 Impingement, right shoulder.
- 3. M25.511 Pain, right shoulder.
- 4. S49.91XA Injury, right shoulder.
- 5. M24.812 Internal derangement, left shoulder.
- 6. M75.42 Impingement, left shoulder.
- 7. M25.512 Pain, left shoulder.
- 8. S49.92XA Injury, left shoulder.
- 9. Sprain, left ankle.

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 and left ankle.
- 4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
- 5. Continue physical therapy for right shoulder, left shoulder and left ankle 3 days/week.
- 6. Follow up in 4 weeks.

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<u>CAUSALITY</u>: 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

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UKS/AEI