

UK Sinha Physician, P.C.

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August 16, 2022

Office seen at:

Merrick Medical PC
243-51 Merrick Blvd
Rosedale, NY 11422
Phone# (718) 413-5499

Re: Blackman, Ashel
DOB: 11/20/2000
DOA: 03/15/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: 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, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead, unable to reach behind the back. Worse with range of motion and improves with physical therapy.

Left shoulder: Left shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is unable to reach overhead, unable to reach behind the back. Worse with range of motion and improves with physical therapy.

PHYSICAL EXAMINATION: The right shoulder reveals no tenderness. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Range of motion, as per goniometer, abduction 175/180 degrees, adduction 45/45 degrees, forward flexion 170/180 degrees, extension 55/60 degrees, internal rotation 85/90 degrees, and external rotation 85/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals no tenderness. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Range of motion, as per goniometer, abduction

175/180 degrees, adduction 45/45 degrees, forward flexion 175/180 degrees, extension 60/60 degrees, internal rotation 85/90 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.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 04/26/2022, shows AC joint arthrosis with capsular hypertrophy. Brand surface tear/fraying of the supraspinatus tendon with tendinopathy. Tendinopathy of the Infraspinatus tendon. Tendinopathy/thickening of the subscapularis tendon. Tear of the anterior labrum. MRI of the left shoulder, done on 04/26/2022, shows tendinopathy and bursal surface tear/fraying of the supraspinatus tendon. Tendinopathy of the infraspinatus tendon. Biceps tenosynovitis. Small effusion. Mild subacromial/subdeltoid bursitis.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. S43.431A Labral tear, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
8. S46.012A Partial rotator cuff tear, left shoulder.
9. M75.82 Shoulder tendinitis, left shoulder.
10. M75.42 Impingement, left shoulder.
11. M65.812 Tenosynovitis, left shoulder.
12. M75.52 Bursitis, left shoulder.
13. M25.512 Pain, left shoulder.
14. S49.92XA Injury, left shoulder.
15. M25.412 Joint effusion, left shoulder.

PLAN:

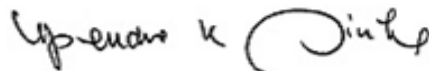
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder and left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left shoulder 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left shoulder. The patient refuses due to side effects.
7. No intervention is needed as the pain is not warranting surgery at this time and patient refuses.
8. 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.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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