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July 06, 2022

Office seen at:
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Re: Bunay, Jorge
DOB: 03/14/1970
DOA: 11/26/2021

FOLLOW-UP NOTE

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

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

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 constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left shoulder: Left shoulder pain is 6/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Right knee: Right knee pain is 6-7/10, 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, medication, physical therapy, and ice.

Left knee: Left knee pain is 6/10, 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, medication, physical therapy, and ice.

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.6 degrees Fahrenheit.
General: No fever, chills, night sweats, weight gain, or weight loss.
HEENT: No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness.
Endocrine: No cold intolerance, appetite changes or hair changes.
Skin: Clear, no rashes or lesions.
Neuro: No headaches, dizziness, vertigo or tremor.
Respiratory: No wheezing, coughing, shortness of breath or difficulty breathing.
Cardiovascular: No chest pain, murmurs, irregular heart rate or hypertension.
GI: No nausea, vomiting, diarrhea, constipation, jaundice or changes in bowel habits.
GU: No blood in urine, painful urination, loss of bladder control or urinary retention.
Hematology: No active bleeding, bruising, anemia or blood clotting disorders.
Psychiatric: No anxiety, change in sleep pattern, depression or suicidal thoughts.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint and deltoid. There is crepitus appreciated. There is no heat, erythema, crepitus, or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 35/45 degrees, forward flexion 110/180 degrees, extension 45/60 degrees, internal rotation 60/90 degrees, and external rotation 60/90 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 deltoid. There is crepitus appreciated. There is no heat, erythema, crepitus, or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 110/180 degrees, adduction 35/45 degrees, forward flexion 120/180 degrees, extension 45/60 degrees, internal rotation 60/90 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 and lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative

anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 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 and lateral joint line. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 100/130 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 left lower extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 12/21/2021, shows a midsubstance tear is seen anteriorly at the proximal supraspinatus tendon. Minimal involvement of the articular surface is seen anteriorly. A focal oblique tear is seen at the superior labrum anteriorly involving the proximal biceps tendon. There is no attenuation or subluxation. MRI of the left shoulder, done on 01/12/2022, shows a focal articular surface tear is noted anteriorly at the infraspinatus tendon, as noted. Tendinitis changes are seen at the supraspinatus and infraspinatus tendons. There is an oblique tear seen at the midsubstance of the superior labrum anteriorly, as noted. There is no attenuation or displacement. MRI of the right knee, done on 12/21/2021, a complex partially folded tear of the medial meniscus is noted from the mid body to the posterior horn. A folded component is suspected at the posterior horn, correlation for clicking or limitation of motion is recommended. There is an interstitial tear of the ACL. There is a grade I injury of the medial collateral ligament. There is a contusion over the patellar tendon. MRI of the left knee, done on 01/12/2022, shows a horizontal tear is seen from the anterior body to the posterior horn of the medial meniscus, as noted. There is partial extrusion of the mid body of the medial meniscus measuring 3 mm. a tear of the meniscal femoral ligament is suspected. There is a grade I to II injury of the medial collateral ligament. There is a contusion over the patellar tendon, as described.

ASSESSMENT:

1. M75.121 Complete rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, 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. M25.511 Pain, right shoulder.
9. S49.91XA Injury, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. S46.012A Partial rotator cuff tear, left shoulder.
12. M24.812 Internal derangement, left shoulder.
13. M75.02 Adhesive capsulitis, left shoulder.
14. M75.82 Shoulder tendinitis, left shoulder.
15. S43.432A Labral tear, left shoulder.
16. M75.42 Impingement, left shoulder.

17. M65.812 Tenosynovitis, left shoulder.
18. M75.52 Bursitis, left shoulder.
19. M25.512 Pain, left shoulder.
20. S49.92XA Injury, left shoulder.
21. M25.412 Joint effusion, left shoulder.
22. S83.241A Medial meniscus tear, right knee.
23. M23.91 Internal derangement, right knee.
24. S83S83.511A Anterior cruciate ligament sprain, right knee.
25. S83.411 Medial collateral ligament sprain, right knee.
26. M94.261 Chondromalacia, right knee.
27. M25.461 Joint effusion, right knee.
28. S80.911A Injury, right knee.
29. M25.561 Pain, right knee.
30. S83.242A Medial meniscus tear, left knee.
31. M23.92 Internal derangement, left knee.
32. S83.512A Anterior cruciate ligament sprain, left knee.
33. S83.412 Medial collateral ligament sprain, left knee.
34. M94.262 Chondromalacia, left knee.
35. M25.462 Joint effusion, left knee.
36. S80.912A Injury, left knee.
37. M25.562 Pain, left knee.

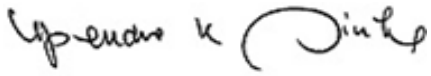
PLAN:

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 left shoulder. The patient refuses due to side effects.
7. 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 wants to think about 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 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.
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 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.
11. All the questions in regard to the procedure were answered.

12. Follow up in 2 weeks.

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.



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Board Certified Orthopedic Surgeon

MS/AEI