

UK Sinha Physician, P.C.

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November 04, 2022

Office seen at:

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Phone# (718) 402-5200

Re: Pena, Lidia
DOB: 05/02/1998
DOA: 06/07/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right shoulder pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in follow up with continued pain in the right 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 has stiffness and clicking. The patient is able to reach overhead and behind the back but unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, proximal biceps tendon. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus 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 120/180 degrees, adduction 40/45 degrees, forward flexion 135/180 degrees, extension 45/60 degrees, internal rotation 45/90 degrees, and external rotation 55/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 08/23/2022, shows attenuated cuff tendinosis and tendinitis. Hypoplastic labrum and biceps tendon partially torn.

ASSESSMENT:


1. M24.811 Internal derangement, right shoulder.
2. S43.431A Labral tear, right shoulder.
3. M75.41 Impingement, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. S46.101A Biceps tendon tear, right shoulder.
7. M25.411 Joint effusion, right shoulder.

PLAN:

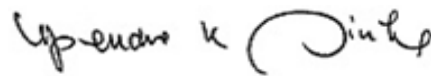
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder 3 days/week.
6. The patient is status post right shoulder injection with moderate relief in pain.
7. The sign and symptoms were improving post injection and physical therapy.
8. Follow up in 1 month. The patient will be considered for right shoulder arthroscopic surgery if pain worsens.

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



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Board Certified Orthopedic Surgeon