UK Sinha Physician, P.C.

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September 14, 2022

Office seen at:
Alignment Chiropractic P.C.
4720 Avenue N
Brooklyn, NY 11234
Phone# (718) 258-7800

Re: St. Surin, Jean
DOB: 02/27/1974
DOA: 06/29/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right shoulder, left shoulder, left knee, left elbow, neck, and low-back pain.

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

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 stiffness, weakness, popping, and clicking. 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 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, weakness, popping, and clicking. The patient is unable to reach overhead, unable to reach behind the back, and unable to sleep at night due to pain.

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 6-7/10, described as constant, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving.

PHYSICAL EXAMINATION: The right shoulder reveals tenderness to palpation over supraspinatus tendon region. There is no heat, swelling, 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 95/180 degrees, adduction 40/45 degrees, forward flexion 110/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 80/90 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 proximal biceps tendon. There is no heat, swelling, 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 115/180 degrees, adduction 40/45 degrees, forward flexion 115/180 degrees, extension 50/60 degrees, internal rotation 80/90 degrees, and external rotation 80/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left knee reveals tenderness along the medial joint line and superior pole of 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 115/130 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 left lower extremity.

The left elbow reveals there is tenderness to palpation over the lateral epicondyle. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension 130/150 degrees, supination 80/90 degrees, pronation 80/90 degrees.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 08/02/2022, shows partial non-retracted articular surface tear of the distal aspect of the supraspinatus tendon. MRI of the left shoulder, done on 08/02/2022, shows finding suggesting a tear of the mid portion of the posterior glenoid labrum. MRI of the left knee, done on 08/10/2022, shows peripheral tear of the posterior horn of the medial meniscus. Tendinosis of the distal aspect of the quadriceps tendon. Small joint effusion. MRI of the left elbow, done on 08/10/2022, shows finding suggesting a partial tear of the superior aspect of the lateral collateral ligament. Soft tissue edema along the posterior aspect of the proximal forearm. Small-to-moderate joint effusion.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.01 Adhesive capsulitis, right shoulder.
4. M75.41 Impingement, right shoulder.
5. M25.511 Pain, right shoulder.
6. S49.91XA Injury, right shoulder.
7. M24.812 Internal derangement, left shoulder.
8. S43.432A Labral tear, left shoulder.
9. M75.42 Impingement, left shoulder.
10. M25.512 Pain, left shoulder.
11. S49.92XA Injury, left shoulder.
12. S83.242A Medial meniscus tear, left knee.
13. M23.92 Internal derangement, left knee.
14. M25.462 Joint effusion, left knee.
15. M12.569 Traumatic arthropathy, left knee.
16. S80.912A Injury, left knee.
17. M25.562 Pain, left knee.
18. Partial tear of the superior aspect of the lateral collateral ligament, left elbow.

PLAN:

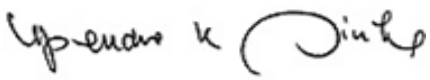
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder, left shoulder, left knee, and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, left shoulder, left knee, and left elbow 3 days/week.
6. Discussed right 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 would like to proceed with surgery.
7. 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 right 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder 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.

12. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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

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