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September 09, 2022

Office seen at:
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Re: Bell, Noel
DOB: 09/30/1972
DOA: 07/04/2022

FOLLOW-UP NOTE

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

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

ADL CAPABILITIES: The patient states that he can walk for 4-5 blocks. He can stand for 1-2 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: garden, play sports, lifting heavy objects, childcare, carrying heavy objects, laundry, shopping, kneeling, squatting, negotiating stairs, and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 7-8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with rest and physical therapy.

Right knee: Right knee pain is 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 has 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.

PHYSICAL EXAMINATION: The left 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 155/180 degrees, adduction 45/45 degrees, forward flexion 140/180 degrees, extension 50/60 degrees, internal rotation 70/90 degrees, and external rotation 75/90 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 superior pole of patella and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 degrees and extension 4/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 07/22/2022, shows impingement. Synovitis. Effusion. Hypoplastic labrum and biceps tendon. Cuff tendinosis and/or tendinitis. MRI of the right knee, done on 08/25/2022, shows nonspecific distal femur cyst, small, few millimeter. Effusion. Partial ACL tear. Small menisci. Suprapatellar plica. Hypertrophic tibial tuberosity.

ASSESSMENT:

1. M24.812 Internal derangement, left shoulder.
2. M75.82 Shoulder tendinitis, left shoulder.
3. M75.42 Impingement, left shoulder.
4. M65.812 Tenosynovitis, left shoulder.
5. M25.512 Pain, left shoulder.
6. S49.92XA Injury, left shoulder.
7. M25.412 Joint effusion, left shoulder.
8. M23.91 Internal derangement, right knee.
9. S83.519A Anterior cruciate ligament tear, right knee.
10. M25.461 Joint effusion, right knee.
11. S80.911A Injury, right knee.
12. M25.561 Pain, right knee.
13. M67.51 Medial plica, right 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 left shoulder and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and right knee 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and right knee. The patient refuses due to side effects.
7. Discussed left shoulder and right knee arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical

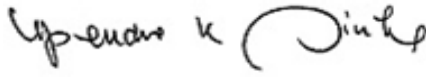
therapy and the inability to perform day-to-day activities due to pain, the patient wants to think about surgery.

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 and right knee 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 and right knee 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 for decision.

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



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MS/AEI