# KDV Medical, P.C.

Tel #: 1-877-SPINE-DR Fax: (347) 708-8499

September 28, 2022

Re: Proko, Jorgjiano DOB: 12/04/2003 DOA: 11/24/2021

Location: Cruz Banting Imelda MD PT

#### **ORTHOPEDIC RE-EVALUATION**

**CHIEF COMPLAINT:** Right shoulder and left shoulder pain.

**HISTORY OF PRESENT ILLNESS:** This is an 18-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a motor vehicle accident on 11/24/2021.

Right shoulder pain is 5/10, described as intermittent pain. The patient reports pain with reaching overhead and behind. Patient has pain with sleeping on the shoulder.

Left shoulder pain is 5/10, described as intermittent pain. The patient reports pain with reaching overhead and behind. Patient has pain with sleeping on the shoulder. Pain is improved with rest, medication, PT, and ice.

### PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the bicipital groove. Range of motion, abduction is 170 degrees, normal is 180 degrees; forward flexion is 180 degrees, normal is 180 degrees; internal rotation to L2; external rotation is 90 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the bicipital groove. Range of motion, abduction is 170 degrees, normal is 180 degrees; forward flexion is 180 degrees, normal is 180 degrees; internal rotation to L2; external rotation is 90 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

### **DIAGNOSTIC STUDIES:**

Right shoulder MRI, done on 12/01/2021, Partial-thickness tearing within the supra and infraspinatus tendons is Identified. Fluid in the subacromial and subdeltoid bursa. Left shoulder MRI, done on 12/08/2021, Signal and fluid along the proximal intra-articular portion of biceps tendon and level the biceps anchor consistent with a sprain. The supra and infraspinatus tendons and subscapularis tendons are intact.

## FINAL DIAGNOSES:

1. Bursitis, right shoulder - M75.51

Re: Proko, Jorgjiano

Page 2

- 2. Pain, right shoulder M25.511
- 3. Partial rotator cuff tear, right shoulder S46.011A
- 4. Internal derangement, left shoulder M24.812
- 5. Pain, left shoulder M25.512

### **PLAN:**

- 1. Imaging studies and clinical examinations were reviewed with the patient.
- 2. All treatment options discussed with the patient.
- 3. Continue home stretching and strengthening exercises as demonstrated and provided in the clinic
- 4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
- 5. Continue physical therapy for right/left shoulder 3 days/week.
- 6. Patient declined right shoulder arthroscopy.
- 7. Follow up in 4-6 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 diagnoses rendered are causally related to the injuries the patient incurred on the right shoulder and left shoulder on November 24, 2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

Nadezhda Bababekova, NP-BC

Michael Murray, MD

NB/AEI