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July 26, 2022

Re: Solomon, Ainah

DOB: 09/04/1977

DOA: 01/27/2017

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation of a 44-year-old right-handed dominant female, involved in a work related accident on 01/27/2021. Patient was a PCA in Jacobi Medical Center. Patient was transferring a patient in the OR, when trying to move the patient, the patient pulled her hurting her right shoulder. The patient did not go to the hospital thus far. Patient had right shoulder arthroscopy on April 20th, 2020 with another orthopedic surgeon. The patient presents today complaining of right shoulder pain. The patient is currently undergoing physical therapy.

Right shoulder pain is 8 out of 10, described as constant, pressure/pulling pain. The patient is unable to reach overhead or to the back and is frequently woken up at night due to pain.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Positive for high cholesterol.

PAST SURGICAL HISTORY: Right shoulder arthroscopy on 04/20/2020.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Aleve.

SOCIAL HISTORY: The patient is a nonsmoker, drinks alcohol occasionally.

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: Lifting heavy objects, carrying, reaching overhead, and shopping.

REVIEW OF SYSTEMS: General: No fever, chills, night sweats, weight gain, or weight loss.

PHYSICAL EXAMINATION: The patient's height is 5 feet 9 inches, weight is 168 pounds, and BMI is 24.8.

Right Shoulder: Reveals tenderness to palpation on the supraspinatus and trapezius. Positive empty test. Positive Hawkins test. Positive lift off test. Range of motion, abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; internal rotation to L5, external rotation is 75 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 07/29/2021, partial thickness tearing of the supraspinatus tendon as well as tear within the intra articular biceps tendon. Tear within the superior labrum. AC Joint Arthrosis. Fluid within the glenohumeral joint.

11/30/2018 - MRI of the Right Shoulder: There is an acutely inflamed and severely degenerative right acromioclavicular joint, resulting in moderate impingement of the supraspinatus musculotendinous junction. A mild subacromial bursitis is seen. Supraspinatus tendinosis is present. No rotator cuff tear is present. Good Alignment. There is a tenosynovitis of the biceps tendon without tear.

03/13/2017 - MRI of the Right Shoulder: Mild diffuse rotator cuff tendinosis. There is no rotator cuff tendon tear. Moderate degenerative change at the acromioclavicular joint. Moderate impingement. Trace subacromial/subdeltoid bursitis. Small old Hill-Sachs deformity. Small tear within the anterior inferior labrum.

FINAL DIAGNOSES:

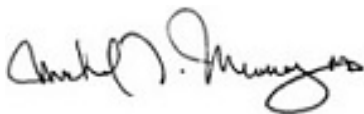
1. M25.511 Pain, right shoulder
2. Status post arthroscopy, right shoulder.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Start 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 shoulder 3 days/week.
6. Follow up in 4-6 weeks p.r.n.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled.

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 01/27/2017. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

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