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Initial Comprehensive Medical Evaluation

Date: 07/01/2022

RE: Jasmine Jackson Tapper

DOB: 12/31/1964

DOA: 08/05/2021

Location: Cruz Banting Imelda MD PT, North Bronx

Case Type: WC

1st Evaluation

Work Status: Not working-temporarily totally disabled.

HISTORY:

On 07/01/2022, Ms. Jasmine Jackson Tapper, a right-handed 57-year-old female presents for the evaluation of the injuries sustained in a work-related incident which occurred on the date of 08/05/2021. Patient work as a HHA when on lunch time she was sitting on a chair, and the chair broke making her fall on her left side hurting her left shoulder. The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to left shoulder.

CHIEF COMPLAINTS:

The patient complains of left shoulder pain that is 6/10, with 10 being the worst, which is dull and achy in nature. Left shoulder pain is worsened with movement, lifting objects, rotation, walking and overhead activities.

REVIEW OF SYSTEMS: The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

PAST MEDICAL HISTORY: HTN.

PAST SURGICAL / HOSPITALIZATION HISTORY: Brain Sx 2015.

MEDICATIONS: Enalapril.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Unknown.

PHYSICAL EXAM:

General: The patient presents in an uncomfortable state.

Neurological Exam: Patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

Deep Tendon Reflexes: Are 2+ and equal.

Sensory Examination: It is intact.

Manual Muscle Strength Testing: Is 5/5 normal.

Left Shoulder Examination: Reveals tenderness upon palpation of the left shoulder. Neer's test is positive and Hawkins test is positive. ROM is as follows: Abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; external rotation is 75 degrees, normal is 90 degrees and internal rotation is 70 degrees, normal is 90 degrees.

GAIT: Normal.

Diagnostic Studies:

8/23/2021 - MRI of the left shoulder reveals partial-thickness tear of the supra and infraspinatus tendons as well as tear within the intra-articular biceps tendon. Tear of the superior labrum. Fluid in the subacromial and subdeltoid bursa as well as within the bicipital groove.

The above diagnostic studies were reviewed.

Diagnoses:

1. M24.812 Internal derangement, left shoulder.
2. M75.02 Adhesive Capsulitis, left shoulder.
3. M75.82 Shoulder tendinitis, left shoulder.
4. S43.432A SLAP tear, left shoulder.
5. M75.42 Impingement, left shoulder.
6. M25.512 Pain, left shoulder.
7. S49.92XA Injury, left shoulder.
8. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
9. M25.412 Joint effusion, left shoulder.
10. Type II acromion, left shoulder.

Plan:


1. The MRI was reviewed with the patient as well as the clinical examination findings.
2. All treatment options discussed with the patient.
3. Discussed left shoulder arthroscopy versus conservative management with the patient. The patient has not improved despite a year of physical therapy. She continues to have pain in her left shoulder. The left shoulder MRI is positive for a partial-thickness tear of the supra and infraspinatus tendons as well as tear within the intra-articular biceps tendon. I reviewed the results of the left shoulder MRI with the patient. The standard of care tear of the supra and infraspinatus tendons as well as tear within the intra-articular biceps tendon is arthroscopic surgery and not physical therapy, although she has received more than a year of physical therapy without any relief. Today, the details of left

shoulder arthroscopic surgery were discussed with her. All the pros and cons were discussed with her including the remote possibility of an infection requiring further surgery and the remote possibility of clotting, for which I will be giving her aspirin in the postoperative period. She will also be on a CPM machine with ice packs on the left shoulder in the postoperative period. All postoperative management was discussed with her. There is no guarantee that she will recover perfectly after the surgery.

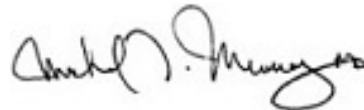
4. Patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, patient would like to move forward with surgery.
5. All the questions in regard to the procedure were answered.
6. The patient will follow up 1-2 weeks 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.



Rehan Khan, FNP-BC
RK/AEI



Michael Murray, MD