

KDV Medical, P.C.

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September 28, 2022

Re: Correa, Fernando

DOB: 06/02/1999

DOA: 07/22/2022

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 23-year-old right-hand dominant male, involved in a work related accident on 07/22/2022. Patient was moving heavy crates in a truck and developed pain over the course of a week on the right shoulder. The patient went via car to Metropolitan Hospital and was treated and released the same day with pain medications. The patient presents today complaining of right shoulder pain sustained in the work related accident.

Right shoulder pain is 6/10, described as intermittent pain. The patient complains of weakness. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain. Pain is improved with rest, medication, physical therapy, and ice.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: SHRIMP, ITCHING OF THROAT.

MEDICATIONS: The patient is taking ibuprofen prn pain.

WORK HISTORY: The patient is currently not working.

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

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that has difficulty with the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

PHYSICAL EXAMINATION: The patient's height is 5 feet 10 inches, weight is 275 pounds. Patient is alert, oriented and cooperative.

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint. Positive Empty Can test. Positive Hawkins test. Range of motion,

abduction is 150 degrees, normal is 180 degrees; forward flexion is 160 degrees, normal is 180 degrees; internal rotation to L4; external rotation is 80 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 09/09/2022, Stenosis with punctate intrasubstance tear of the supraspinatus tendon. AC joint arthrosis. Fluid in the subacromial and sub coracoid bursa.

FINAL DIAGNOSES:

1. Bursitis, right shoulder - M75.51
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011A

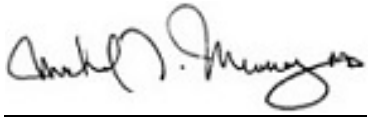
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for right shoulder 3 days/week.
5. 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. 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. Discussed the length of the arthroscopy and the postoperative instructions. 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.
6. All the questions in regard to the procedure were answered.
7. Workers' Compensation Board authorization needed prior to surgery.
8. 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.
9. The patient will follow up 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 injury the patient incurred on the right shoulder on July 22, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

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A handwritten signature in black ink, appearing to read "Michael Murray". The signature is written in a cursive, flowing style with a large initial "M".

Nadezhda Bababekova, NP-BC

Michael Murray, MD

NB/AEI