

**KDV Medical, P.C.**  
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October 03, 2022

Re: Thermonfils, Hakeem  
DOB: 11/01/1992  
DOA: 04/25/2022  
Location: TS Chiropractic Wellness

**ORTHOPEDIC RE-EVALUATION**

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

**HISTORY OF PRESENT ILLNESS:** This is a 29-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work related incident on 04/25/2022.

Right shoulder pain is 7/10. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

Left shoulder pain is 7/10. The patient reports pain with reaching overhead and behind.

**IMPAIRMENT RATING:** Patient is currently working full-time with restrictions.

**PHYSICAL EXAMINATION:**

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the proximal biceps. Positive Empty Can test. Positive Hawkins test. Positive Impingement test. Positive Yergason test. Positive Cross-over test. Range of motion, abduction is 150 degrees, normal is 180 degrees; adduction 35, normal is 45 degrees; forward flexion is 140 degrees, normal is 180 degrees; extension is 45 degrees, normal is 60 degrees; internal rotation is 65, normal is 90 degrees; external rotation is 70 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 supraspinatus, AC joint, trapezius, and proximal biceps. Positive Drop arm test. Positive Hawkins test. Positive Yergason test. Positive Cross-over test. Range of motion, abduction is 160 degrees, normal is 180 degrees; adduction 40, normal is 45 degrees; forward flexion is 160 degrees, normal is 180 degrees; extension is 45 degrees, normal is 60 degrees; internal rotation is 65, normal is 90 degrees; external rotation is 75 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 05/24/2022, Partial-thickness bursal surface tear of the supraspinatus tendon. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.

Left shoulder MRI, done on 05/24/2022, Partial-thickness undersurface tear of the supraspinatus tendon. AC joint hypertrophy may contribute to rotator cuff impingement.

**FINAL DIAGNOSES:**

1. Injury, right shoulder - S49.91XD
2. Internal derangement, right shoulder - M24.811
3. Pain, right shoulder - M25.511
4. Injury, left shoulder - S49.92XD
5. Internal derangement, left shoulder - M24.812
6. Pain, left shoulder - M25.512

**PLAN:**

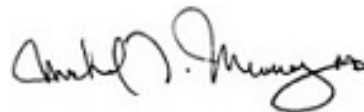
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for right/left shoulder 3 days/week.
5. Discussed right / left shoulder arthroscopy 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.
6. Workers' Compensation Board authorization needed prior to surgery.
7. The patient will follow up in 4 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 and left shoulder on July 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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Rehan Khan, FNP-BC  
RK/AEI



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Michael Murray, MD