

**Ketan D. Vora, D.O., P.C.**

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July 15, 2022

Office seen at:

Cruz Banting Imelda MD PT, North Bronx

Re: Mendez, Maydean

DOB: 07/09/1978

DOA: 06/06/2022

**INITIAL ORTHOPEDIC CONSULT EXAMINATION**

**CHIEF COMPLAINT:** Left shoulder and left hip pain.

**HISTORY OF PRESENT ILLNESS:** A 44-year-old right-handed dominant female, involved in an auto accident as a pedestrian on 06/06/2022. The patient did not go to the hospital thus far. Patient was a pedestrian when crossing the street a car hit her on the left side. The patient reports no injury to the head and no loss of consciousness. She is complaining of headaches as a result of the accident. The headaches started after the accident and are persistent. The headaches are global. During the accident the patient reports injuries to left shoulder and left hip. The patient was attending physical therapy for the last week with little relief.

**PAST MEDICAL HISTORY:** Asthma.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** TRAMADOL.

**MEDICATIONS:** The patient is taking Albuterol.

**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: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

**PRESENT COMPLAINTS:** Left Shoulder: Left shoulder pain is 8/10, described as constant, sharp, dull, achy pain. The patient is unable to reach overhead or behind the back and is frequently woken up at night due to pain.

The patient complains of left hip pain that is 8/10, with 10 being the worst, which is sharp, dull, achy and in nature. The hip pain increases with sitting, activities and.

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

**HEENT:** No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nose

bleeds, sore throat, or hoarseness. **Endocrine:** No cold intolerance, appetite changes, or hair changes. **Skin:** Clear, no rashes or lesions. **Neuro:** No headaches, dizziness, vertigo, or tremor. **Respiratory:** No wheezing, coughing, shortness of breath, or difficulty breathing. **Cardiovascular:** No chest pain, murmurs, irregular heart rate, or hypertension. **GI:** No nausea, vomiting, diarrhea, constipation, jaundice, or changes in BM. **GU:** No blood in urine, painful urination, loss of bladder control, or urinary retention. **Hematology:** No active bleeding, bruising, anemia, or blood clotting disorders. **Psychiatric:** No anxiety, change in sleep pattern, depression, or suicidal thoughts.

**PHYSICAL EXAMINATION:** The patient's height is 5 feet 2 inches, weight is 130 pounds.

The left shoulder reveals swelling/tenderness to palpation over labrum. Positive/ cross-over test. Positive empty can test. Positive Hawkins test. Range of motion, as per goniometer, abduction 180/180 degrees, adduction 170/180 degrees, internal rotation 75/90 degrees, and external rotation 90/90 degrees.

**DIAGNOSTIC STUDIES:** Left shoulder MRI, done on 06/14/2022, shows of the left shoulder: partial-thickness tearing along the bursal surface of the supraspinatus tendon. Intrasubstance tear/tendinosis of the proximal intra-articular biceps tendon at the biceps anchor. Blunting of the superior labrum consistent with a tear. Osseous edema within the distal clavicle at the level of the acromioclavicular joint suspicious for contusion with soft tissue edema surrounding the ac joint and joint effusion within the ac joint. Fluid in the subacromial bursa and subcoracoid recess of the glenohumeral joint.

06/14/2022 - MRI of the left hip: No Fracture or dislocation of the left hip. Bulky appearing uterus suggesting leiomyomatous changes with small amount of free pelvic fluid.

**FINAL DIAGNOSES:**

1. S43.432A Traumatic labral tear, left shoulder.
2. M25.512 Left shoulder pain.
3. M25.552 Left hip pain.

**PLAN:**

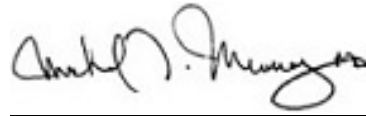
1. Informed on the use of over-the counter NSAIDs, and demonstrates a clear understanding of the indicated usage.
2. Continue physical therapy 2-3 times a week for one month.
3. The MRI was reviewed with the patient as well as the clinical examination findings.
4. All treatment options discussed with the patient.
5. 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 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.

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Rehan Khan, FNP-BC  
RK/AEI

A handwritten signature in black ink, appearing to read 'Michael Murray', written over a horizontal line.

Michael Murray, MD