

KDV Medical P.C.

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August 23, 2022

Re: Camara, Kadiatou

DOB: 05/04/1979

DOA: 04/19/2022

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Left shoulder pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 43-year-old right-hand dominant female, involved in a work related accident on 04/19/2022. Patient is a CNA, works at nursing home. She was helping a patient to take shower, while holding the curtains, pain started after constantly pulling the curtains. The patient went via car to Lincoln Hospital and was treated and released the same day. X-rays were negative. The patient presents today complaining of left shoulder pain sustained in the work related accident.

Left shoulder pain is 10/10, described as constant, pain. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain. Reports numbness and tingling of the left upper extremity digits.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Appendectomy.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Naproxen prn.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol.

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 she is unable to do the following activities: Driving, 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 6 inches, weight is 153 pounds. Patient is alert, oriented and cooperative.

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus and AC joint. Positive Empty Can test. Positive Hawkins test. Positive Impingement test. Range of motion, abduction is 130 degrees, normal is 180 degrees; forward flexion is 140 degrees, normal is 180 degrees; internal rotation to PSIS; external rotation is 80 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

DIAGNOSTIC STUDIES: Left shoulder MRI, done on 07/26/2022, Tendinosis with partial intrasubstance tear within the supraspinatus tendon. Cystic change in the humeral head.

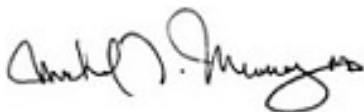
FINAL DIAGNOSES:

1. Partial rotator cuff tear, left shoulder - S46.012A
2. Pain, left shoulder - M25.512
3. Tendinitis, left shoulder - M75.82

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. Start physical therapy for left shoulder 3 days/week on approval of PT.
5. Discussed 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, she has agreed to left shoulder arthroscopy. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery. All the benefits and risks of the right knee 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. The patient will follow up with pain management for neck pain.
7. Follow up in 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 diagnosis rendered is causally related to the injury the patient incurred on the left shoulder on April 19, 2022. 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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