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July 25, 2022

RE: Hakeem Thermonfils

DOB: 11/01/1992

DOA: 04/25/2022

Location: TS Chiropractic Wellness, Richmond Hill

ORTHOPEDIC RE-EVALUATION

IMPAIRMENT: 100%

WORK STATUS: Not working-temporarily totally disabled.

CHIEF COMPLAINT: Right and left shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a right-handed 29-year-old male presents for follow-up evaluation of the injuries sustained in a work-related incident which occurred on 04/25/2022. Patient states that there is still pain in bilateral shoulders despite undergoing conservative treatment with physical therapy.

The patient complains of left shoulder pain 5/10, has difficulty reaching overhead, to the back, and to the side. Patient also reports increased pain with sleeping on shoulder.

The patient complains of right shoulder pain 7/10, has difficulty reaching overhead, to the back, and to the side. Patient also reports increased pain with sleeping on shoulder.

PHYSICAL EXAMINATION: Patient is alert, oriented and cooperative.

Left shoulder reveals no heat, swelling, erythema. Tenderness to palpation on the supraspinatus and AC joint. Hawkins test, Impingement test, and Empty can test are positive. Range of motion reveals abduction 150 degrees, adduction 40 degrees, forward flexion 160 degrees, internal rotation to L3, and external rotation 90 degrees.

Right shoulder reveals no heat, swelling, erythema. Tenderness to palpation on the supraspinatus, AC joint, and subacromial space. Hawkins test, Impingement test, and Empty can test are positive. Range of motion reveals abduction 130 degrees, adduction 30 degrees, forward flexion 140 degrees, internal rotation to L5, and external rotation 60 degrees.

DIAGNOSTIC STUDIES:

05/24/2022 - MRI of the left shoulder reveals partial-thickness undersurface tear of supraspinatus tendon, AC joint hypertrophy.

05/24/2022 - MRI of the right shoulder reveals partial-thickness bursal surface tear of supraspinatus tendon, mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen in full-thickness rotator cuff tear.

FINAL DIAGNOSES:

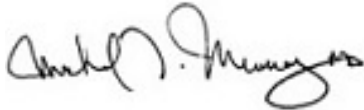
1. M25.512 - Left shoulder pain.
2. S46.012D - Partial rotator cuff tear of the left shoulder.
3. M75.42 – Impingement, left shoulder.
4. M25.511 - Right shoulder pain.
5. M75.41 – Impingement, right shoulder.
6. S46.011D - Partial rotator cuff tear of the right shoulder.
7. M75.51 – Bursitis, right shoulder.

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 left and right shoulder 3 days/week.
5. Discussed left and 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 right shoulder surgery.
6. 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 left and 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.
7. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
8. All the benefits and risks of the left and 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.
9. All the questions in regard to the procedure were answered.
10. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder surgery on 08/18/22. 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.
11. WC authorization needed prior to surgery.
12. Follow up in 4 weeks.

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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 04/25/2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

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

Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI