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Initial Comprehensive Medical Evaluation

Date: 06/20/2022

RE: Hakeem Thermonfils

DOB: 11/01/1992

Location: TS Chiropractic Wellness, Richmond Hill

Case Type: WC

1st Evaluation

Degree of Disability: 100%.

Work Status: Not working-temporarily totally disabled.

Wishes to defer injections at this time. MRI's reviewed. Continue PT/HEP. Briefly discussed surgical options and he wishes to defer at this time. Follow-up in 1 month.

HISTORY:

On 06/20/2022, Mr. Hakeem Thermonfils, a right-handed 29-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 04/25/2022. The patient states that an EMS team arrived. He went to hospital via ambulance same day the accident occurred. He was evaluated and released. The patient works as a fire alarm tech, was sleeping, woke up to a big crash, coworker told that they just got into a car accident both air bags went off, a taxi ran into their vehicle and then their vehicle ran into the car in front of them. The patient reports no injury to the head and no loss of consciousness. He is complaining of headaches as a result of the accident. The headaches started after the accident and are persistent. During the accident, the patient reports injuries to bilateral shoulders.

CHIEF COMPLAINTS:

The patient complains of left shoulder pain that is 6-7/10, with 10 being the worst, which is dull and achy in nature. Left shoulder pain is worsened with movement, lifting objects, rotation, walking and overhead activities. Left shoulder pain is improved with therapy.

The patient complains of right shoulder pain that is 6-7/10, with 10 being the worst, which is sharp, dull and achy in nature. Right shoulder pain is worsened with movement, lifting objects, rotation, walking, and overhead activities. Right shoulder pain is improved with therapy.

REVIEW OF SYSTEMS: The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

PAST MEDICAL HISTORY: None.

PAST SURGICAL/HOSPITALIZATION HISTORY: Noncontributory.

MEDICATIONS: None.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Unknown.

PHYSICAL EXAM:

General: The patient presents in an uncomfortable state.

Neurological Examination: The patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

Deep Tendon Reflexes: Are 2+ and equal.

Sensory Examination: It is intact.

Manual Muscle Strength Testing: Testing is 5/5 normal.

Left Shoulder Examination: Reveals tenderness upon palpation of the left AC joint, supraspinatus and scapular region. Neer's test is positive, Hawkins test is positive and reverse beer can test is positive. ROM is as follows: Abduction is 120 degrees, normal is 180 degrees; flexion is 110 degrees, normal is 180 degrees; external rotation is 60 degrees, normal is 90 degrees and internal rotation is 70 degrees, normal is 90 degrees.

Right shoulder Examination: Reveals tenderness upon palpation of the right scapular region. Neer's test is positive, Hawkins test is positive and reverse beer can test is positive. ROM is as follows: Abduction is 110 degrees, normal is 180 degrees; flexion is 120 degrees, normal is 180 degrees; external rotation is 50 degrees, normal is 90 degrees and internal rotation is 60 degrees, normal is 90 degrees.

GAIT: Normal.

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.

The above diagnostic studies were reviewed.

Diagnoses:

Bursitis of right shoulder - (M75.51).

Right shoulder pain - (M25.511).

Right shoulder sprain/strain - (S43.401A).

Rotator cuff tear (atraumatic) of the right shoulder - (M75.121).

Left shoulder pain - (M25.512).

Left shoulder sprain/strain - (S43.402A).

Rotator cuff tear (atraumatic) of the left shoulder - (M75.122).

Posttraumatic headaches.

Plan:

1. **Physical therapy:** The patient is to start physical therapy 3 times a week for 4-6 weeks.

Procedures: If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

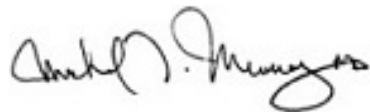
Care: Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

Goals: To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.

Precautions: Universal.

Follow-up: 1 month.

It is my opinion that the injuries and symptoms Mr. Hakeem Thermonfils sustained to left shoulder and right shoulder are causally related to the incident that occurred on 04/25/2022 as described by the patient.



Michael Murray, MD
Kevin Ball, PA

Dictated but not proofread