

**KDV Medical, P.C.**

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October 17, 2022

Re: Torres, Jeffry

DOB: 01/07/1993

DOA: 09/21/2022

Location: 82nd Street - Ortho

**INITIAL ORTHOPEDIC CONSULTATION**

**CHIEF COMPLAINT:** Left shoulder and left 4th digit finger pain.

**HISTORY OF PRESENT ILLNESS:** This is an initial orthopedic evaluation for a 29-year-old right-hand dominant male, involved in a work-related accident on 09/21/2022. Patient is a clerk at Elmhurst Hospital, while transferring boxes he heard a pop in his left shoulder. The patient went to Elmhurst Hospital and was treated and released the same day. The patient presents today complaining of left shoulder pain sustained in the work related accident. The patient has been treated with physical therapy for the last 3 weeks with good relief.

Left shoulder pain is 8/10, described as constant, intermittent pain. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

Left 4th digit finger pain is 5/10, described as achy. Pain is worse with flexion and extension of the digit.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Appendectomy.

**DRUG ALLERGIES:** SHELLFISH, CAUSES HIVES.

**IMPAIRMENT RATING:** The patient is currently and temporarily 100% disabled and not working.

**ADL CAPABILITIES:** As a direct result of the injuries sustained in this accident, the patient states that he has difficulty doing the following activities: driving, lifting heavy objects, carrying, reaching overhead, shopping, and running errands.

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

**PHYSICAL EXAMINATION:** The patient's height is 5 feet 5 inches, weight is 170 pounds.

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint, and subacromial space. Positive Empty Can test. Positive Hawkins test.

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Positive Impingement test. Positive Lift-Off test. Positive O'Brien's 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 70 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

Left hand/4th digit (ring finger): No swelling, heat or erythema. Full range of motion of the hand. 4th digit pain with range of motion at DIP. Tenderness to palpation to distal and middle phalanx. No trigger finger noted.

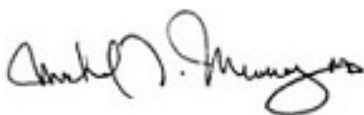
**FINAL DIAGNOSES:**

1. Internal derangement, left shoulder - M24.812
2. Pain, left shoulder - M25.512
3. Left hand/4th digit internal derangement. -

**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 shoulder 3 days/week.
5. MRI ordered of left shoulder to rule out ligament tear and/or synovial injury.
6. Obtain finger splint for left ring finger; wear 1-2 weeks with activity.
7. The patient will 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 diagnoses rendered are causally related to the injuries the patient incurred on the left shoulder and left fourth digit on September 21, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI