

KDV Medical P.C.

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August 23, 2022

RE: Dell-Johnson, Letura

DOB: 02/25/1951

DOA: 01/01/2021

Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Bilateral shoulder pain.

HISTORY OF PRESENT ILLNESS: This patient is a 71-year-old right-hand dominant female presenting today for a follow-up visit who sustained injuries in a work-related accident on January 1, 2021. Patient is doing physical therapy without adequate relief.

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

Left shoulder: Pain is 7/10, described as constant. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

WORK HISTORY: The patient is currently not working.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled.

PHYSICAL EXAMINATION: Patient is alert, oriented and cooperative.

Right shoulder reveals no heat, swelling or erythema. Patient has tenderness to palpation over the supraspinatus, AC joint, and subacromial space. Positive empty can test. Positive Hawkins test. Positive O'Brien test. Positive impingement sign. Range of motion, abduction is 120 degrees, normal is 180 degrees; flexion is 130 degrees, normal is 180 degrees; external rotation is 60 degrees, normal is 90 degrees. Right shoulder internal rotation to side. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals no heat, swelling or erythema. Healed surgical scars are noted. Patient has tenderness to palpation of the supraspinatus, trapezius and bicipital groove. Positive impingement sign. Range of motion, abduction is 120 degrees, normal is 180 degrees; flexion is 130 degrees, normal is 180 degrees; external rotation is 70 degrees, normal is 90 degrees. Left shoulder, internal rotation to PSIS. The patient has no motor or sensory deficit of the right upper extremity.

DIAGNOSTIC STUDIES:

MRI of the left shoulder, done on June 02, 2021, shows partial thickness tear of the supra and infraspinatus tendons. Tear within the superior and inferior labrum. AC joint arthrosis. Fluid in the subacromial and subdeltoid bursa as well as within the subcoracoid recess.

MRI of the right shoulder, done on June 02, 2021, shows partial thickness tear of the supra and infraspinatus tendons. Intrasubstance Tear within the superior labrum. Joint effusion and fluid in the subacromial and subdeltoid bursa.

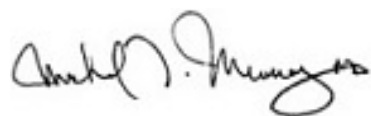
FINAL DIAGNOSES:

1. S46.011D Partial rotator cuff tear, right shoulder.
2. S43.431D Labral tear, right shoulder.
3. M25.411 Joint effusion, right shoulder.
4. M25.511 Pain, right shoulder
5. Status post arthroscopy, left shoulder.
6. M75.02 Adhesive capsulitis, left shoulder.
7. M25.512 Pain, left 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 bilateral shoulders 3 days/week.
5. Discussed 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 continue with right shoulder surgery. Discussed the length of the arthroscopy and the postoperative instructions in detail. All the benefits and risks of the 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. Pending WC approval for surgery.
6. All the questions with regard to the procedure were answered.

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 right and left shoulders on 01/01/2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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