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Initial Comprehensive Medical Evaluation

Date: 06/20/2022

RE: Concepcion Hernandez

DOB: 10/21/1962

DOA: 12/25/2021

Location: TS Chiropractic Wellness, Richmond Hill

Case Type: NF

1st Evaluation

Discussed risks/benefits of surgical option with interpreter and she wishes to proceed; will schedule right shoulder RCR/SLAP repair on 07/17/22. Continue PT.

HISTORY:

On 06/20/2022, Ms. Concepcion Hernandez, a right-handed 59-year-old female presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 12/25/2021. The patient was seen at the Dr. Tara Smith Ortho. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to right shoulder and right knee.

CHIEF COMPLAINTS:

The patient complains of right shoulder pain that is 8/10, with 10 being the worst, which is sharp in nature. Right shoulder pain is worsened with movement, lifting objects and overhead activities. Right shoulder pain is improved with therapy.

The patient complains of right knee pain that is 5/10, with 10 being the worst, which is dull and achy in nature. Right knee pain is worsened with climbing stairs. Right knee 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: Noncontributory.

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.

Right shoulder Examination: Reveals tenderness upon palpation of the right AC joint, supraspinatus and scapular region with muscle spasm present at trapezius muscle. Neer's test is positive, Hawkins test is positive and drop arm test is positive. ROM is as follows: Abduction is 90 degrees, normal is 180 degrees; flexion is 80 degrees, normal is 180 degrees; external rotation is 30 degrees, normal is 90 degrees and internal rotation is 30 degrees, normal is 90 degrees.

Right Knee Examination: Reveals tenderness upon palpation of the right medial region. ROM is as follows: Forward flexion is 110 degrees, normal is 130 degrees.

GAIT: Normal.

Diagnostic Studies:

01/12/2022 - MRI of the right shoulder reveals full-thickness tear supraspinatus tendon with retraction, moderate SLAP tear.

01/12/2022 - MRI of the right knee reveals patellar chondral injury about the medial facet.

The above diagnostic studies were reviewed.

Diagnoses:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M25.411 Joint effusion, right shoulder.
7. S83.411A Medial collateral ligament sprain, right knee.
8. M25.461 Joint effusion, right knee.
9. S80.911A Injury, right knee.
10. M25.561 Pain, right knee.

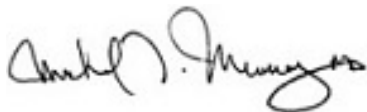
Plan:

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 right shoulder 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 wants to think about 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 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 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.

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 specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

AFFIRMATION: Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby affirm under penalty of perjury that the statements contained herein are true and accurate.



Michael Murray, MD
Kevin Ball, PA

Dictated but not proofread