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July 25, 2022

RE: Robert Caballero

DOB: 03/20/1976

DOA: 05/03/2022

Location: TS Chiropractic Wellness, Richmond Hill

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder and left shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a right-handed 46-year-old male presenting today for a follow-up visit following a motor vehicle accident which occurred on the date of 05/03/2022. The patient states that there is still pain in the right and left shoulder despite undergoing conservative treatment with physical therapy.

Right shoulder pain is 7/10. Patient has intermittent pain that is worsened with activity. The patient has difficulty reaching overhead and reaching back. Pain is temporarily improved with medications.

Left shoulder pain is 7/10. Patient has intermittent pain that is worsened with activity. The patient has difficulty reaching overhead and reaching back. Pain is temporarily improved with medications.

PHYSICAL EXAMINATION:

Right shoulder reveals no erythema, swelling, heat. 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 30 degrees, forward flexion 160 degrees, internal rotation to L5, and external rotation 60 degrees. The patient has no motor or sensory deficit of the right upper extremity. Grip strength is 5-/5.

Left shoulder reveals no erythema, swelling, heat. Tenderness to palpation on the supraspinatus, AC joint, and subacromial space. Range of motion reveals abduction 140 degrees, adduction 30 degrees, forward flexion 150 degrees, internal rotation to L5, and external rotation 50 degrees. The patient has no motor or sensory deficit of the left upper extremity. Grip strength is 5-/5.

DIAGNOSTIC STUDIES:

06/08/2022 - MRI of the left shoulder reveals bone contusion humeral head at supraspinatus insertion, partial-thickness bursal surface tear of supraspinatus tendon.

06/08/2022 - MRI of the right shoulder reveals bone contusion humeral head at supraspinatus insertion, partial thickness undersurface tear of supraspinatus tendon.

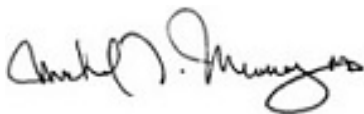
FINAL DIAGNOSES:

1. M25.512 - Left shoulder pain.
2. S46.012D - Partial rotator cuff tear of the left shoulder.
3. M75.52 – Bursitis, left shoulder.
4. Contusion, left shoulder.
5. M25.511 - Right shoulder pain.
6. Contusion, right shoulder.
7. S46.011D - Partial rotator cuff tear of the right shoulder.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for the left and right shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left and right shoulder 3 days/week.
6. 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 left and right shoulder surgery.
7. 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left 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.
12. Medical clearance needed prior to surgery.
13. Follow up in 4 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 diagnosis rendered is causally related to the injury the patient incurred on 05/03/2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

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