

**KDV Medical, P.C.**

Tel #: 1-877-SPINE-DR

Fax: (347) 708-8499

October 17, 2022

Re: Payano, Gloria

DOB: 01/19/1971

DOA: 06/13/2022

Location: 82nd Street - Ortho

**ORTHOPEDIC RE-EVALUATION**

**CHIEF COMPLAINT:** Right shoulder and left shoulder pain.

**HISTORY OF PRESENT ILLNESS:** This is a 51-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a motor related incident on 06/13/2022.

Right shoulder pain is 6/10, described as intermittent pain. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain. Pain is temporarily relieved with physical therapy.

Left shoulder pain is 9/10, described as constant pain. The patient complains of weakness and clicking. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

**PHYSICAL EXAMINATION:**

Right 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. Positive Impingement test. Range of motion, abduction is 140 degrees, normal is 180 degrees; forward flexion is 150 degrees, normal is 180 degrees; internal rotation to L5; external rotation is 70 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

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. Positive Impingement test. Positive O'Brien's test. Positive Cross-over test. Range of motion, abduction is 110 degrees, normal is 180 degrees; Forward flexion is 130 degrees, normal is 180 degrees; internal rotation to PSIS; external rotation is 60 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

**DIAGNOSTIC STUDIES:**

Right shoulder MRI, done on 07/29/2022, Rotator cuff tendinosis with moderate grade partial thickness tear of the infraspinatus tendon and low-grade partial-thickness tear of the supraspinatus tendon. Biceps tenosynovitis without tear. Mild AC joint and glenohumeral joint osteoarthritis. Mild Bursitis.

Left shoulder MRI, done on 07/29/2022, Rotator cuff tendinosis with moderate grade partial thickness tear of the infraspinatus tendon and low-grade partial-thickness tear of the supraspinatus tendon. Mild to moderate bursitis. Biceps tenosynovitis without tear. Findings suggesting nondisplaced posterior superior labral tear. Mild AC joint and glenohumeral joint Osteoarthritis.

**FINAL DIAGNOSES:**

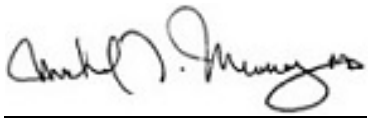
1. Bursitis, right shoulder - M75.51
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011A
4. Tenosynovitis, right shoulder - M65.811
5. Partial rotator cuff tear, left shoulder - S46.012A
6. Bursitis, left shoulder - M75.52
7. Labral tear, left shoulder. - S43.432A
8. Pain, left shoulder - M25.512
9. Tenosynovitis, left shoulder - M65.812

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue physical therapy for right/left shoulder 3 days/week.
4. Discussed left 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 surgery. 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 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. Discussed the length of the arthroscopy and the postoperative instructions. All the benefits and risks of the left 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.
5. The patient needs medical clearance prior to surgery.
6. All the questions in regard to the procedure were answered.
7. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left shoulder surgery. 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. Patient requested date in December 2022.
8. 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 right shoulder and left shoulder on June 13, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

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A handwritten signature in black ink, appearing to read "Michael Murray". The signature is fluid and cursive, with a large initial "M".

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Nadezhda Bababekova, NP-BC  
Michael Murray, MD

NB/AEI