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September 28, 2022

Re: Anthony, Kerline
DOB: 08/22/1960
DOA: 08/28/2020
Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: This is a 62-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a work related incident on 08/28/2020. Patient had 2 steroid injections with no improvement.

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

Right knee pain is 7/10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking and buckling of the right knee. There is pain with ambulation.

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 Obrein's test. Positive Hawkins test. Positive Impingement test. Positive Lift-Off test. Range of motion, abduction is 130 degrees, normal is 180 degrees; forward flexion is 140 degrees, normal is 180 degrees; internal rotation to L5; external rotation is 70 degrees, normal is 90 degrees. The patient reports numbness and tingling with intermittent radiation down the fingers.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over the patella. Range of motion, flexion is 120 degrees, normal is 135 degrees and full extension. Positive Patellofemoral grinding test. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength is 4/5

DIAGNOSTIC STUDIES:
Right shoulder MRI, done on 10/21/2020, Supraspinatus tendon is enlarged and inhomogeneous representing tendinosis/tendinopathy, extending toward its anterior leading edge where there is fraying of the bursal margin of the distal supraspinatus tendon. subscapularis tendinosis/tendinopathy of an enlarged caliber of the distal subscapularis tendon. Anterolaterally down sloping Type II acromion. Fluid in the long head biceps tendon sheath with may be seen with tenosynovitis. Subcortical reactive changes and thinning of the cortex at the lateral humeral

convexity. Posterior labrum is small with erosion and superficial tear, extending posteroinferiorly.
Right knee MRI, done on 02/10/2021, Anteromedial subcutaneous edema coalescing anterior to the medical retinaculum. Sprain of the medial collateral ligament anteriorly. Sprain of the proximal femoral fibular ligament. Proximal popliteus tendinosis/tendinopathy.

FINAL DIAGNOSES:

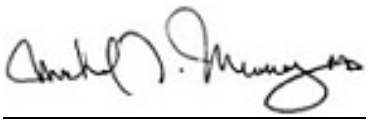
1. Pain, right knee - M25.561
2. MCL sprain, right knee - S83.411
3. PF chondral injury, right knee - M22.2X1
4. Labral tear, right shoulder. - S43.431A
5. Pain, right shoulder - M25.511
6. Shoulder tendinitis, right shoulder - M75.81
7. Impingement, right shoulder. - M75.41

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue with PT and home stretching/strengthening exercises for right knee as demonstrated and provided in the clinic.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee 3 days/week.
6. 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 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 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. Discussed the length of the arthroscopy and the postoperative instructions. 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.
7. All the questions in regard to the procedure were answered.
8. The patient needs Workers' Compensation Board authorization needed prior to surgery.
9. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right 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.
10. The patient will follow up in 4 weeks.

IMPAIRMENT RATING: Patient is currently working part-time and temporarily 60% disabled.

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 right knee on 08/28/2020. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI