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August 31, 2022

Re: Thermonfils, Hakeem

DOB: 11/01/1992

DOA: 04/25/2022

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder and left shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a 29-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work related incident on 04/25/2022.

Right shoulder pain is 8/10, described as constant and weak pain. Patient has. The patient is unable to perform overhead, or behind the back and is frequently woken up at night due to pain. No improvement in pain.

Left shoulder pain is 5/10, described as intermittent pain. The patient reports pain with reaching overhead and behind. Pain is temporarily improved with rest, medication, ice, and therapy.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled and is not working.

PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, subacromial space, trapezius, and AC joint. Positive Empty Can test. Positive Hawkins test. Positive Impingement test. Range of motion, abduction is 130 degrees, normal is 180 degrees; flexion is 140 degrees, normal is 180 degrees; internal rotation to L5 degrees, normal is 90 degrees; external rotation is 60 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 and AC joint. Positive Empty Can test. Positive Hawkins test. Range of motion, abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; internal rotation to L3 degrees; external rotation is 90 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 05/24/2022, Partial-thickness bursal surface tear of the supraspinatus tendon. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.

Left shoulder MRI, done on 05/24/2022, Partial-thickness undersurface tear of the supraspinatus tendon. AC joint hypertrophy may contribute to rotator cuff impingement.

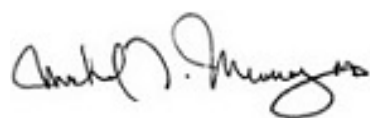
FINAL DIAGNOSES:

1. Bursitis, right shoulder - M75.51
2. Impingement, right shoulder. - M75.41
3. Pain, right shoulder - M25.511
4. Partial rotator cuff tear, right shoulder - S46.011A
5. Partial rotator cuff tear, left shoulder - S46.012A
6. Pain, left shoulder - M25.512

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/left 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 would like to proceed with right shoulder arthroscopy. 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.
6. 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 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.
9. Workers' Compensation Board authorization needed prior to surgery.
10. 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 is causally related to the injury the patient incurred on the right and left shoulders on April 25, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI