

KDV Medical P.C.

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August 23, 2022

Re: Proko, Jorgjiano

DOB: 12/04/2003

DOA: 11/24/2021

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Right shoulder and left shoulder pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for an 18-year-old right-hand dominant male, involved in a motor vehicle accident on 11/24/2021. Patient was the driver when another car rear-ended him. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient went via ambulance to Jacobi Hospital and was treated and released the same day. The patient presents today complaining of right shoulder and left shoulder pain sustained in the motor related accident. The patient has been treated with physical therapy for the last 9 months without adequate relief. The patient states that the pain is interfering with day-to-day activities.

Right shoulder pain is 5/10, described as intermittent pain. Patient also notes clicking. The patient is unable to reach overhead and behind the back and is frequently woken up at night due to pain. Pain is temporarily improved with therapy.

Left shoulder pain is 2/10, described as intermittent with heavy lifting. Pain is temporarily improved with therapy.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is not taking any medication at this time.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol.

WORK HISTORY: The patient is currently working.

IMPAIRMENT RATING: Patient is currently and temporarily 50% disabled.

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: driving, carrying, reaching overhead, and exercising.

REVIEW OF SYSTEMS: General: No fever, chills, night sweats, weight gain, or weight loss.

PHYSICAL EXAMINATION: The patient's height is 6 feet 3 inches, weight is 195 pounds. Patient is alert, oriented and cooperative.

Right 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 160 degrees, normal is 180 degrees; forward flexion is 170 degrees, normal is 180 degrees; internal rotation is to L3 degrees, normal is 90 degrees; external rotation is 80 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 bicipital groove. Range of motion, abduction is 160 degrees, normal is 180 degrees; forward flexion is 180 degrees, normal is 180 degrees; internal rotation to L2 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 12/01/2021, Partial-thickness tearing within the supra and infraspinatus tendons is Identified. Fluid in the subacromial and subdeltoid bursa.

Left shoulder MRI, done on 12/08/2021, Signal and fluid along the proximal intra-articular portion of biceps tendon and level the biceps anchor consistent with a sprain. The supra and infraspinatus tendons and subscapularis tendons are intact.

FINAL DIAGNOSES:

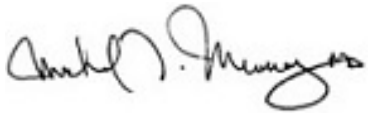
1. Bursitis, right shoulder - M75.51
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011A
4. Pain, left shoulder - M25.512

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue home stretching and strengthening exercises as demonstrated and provided in the clinic.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right/left shoulder 3 days/week.
6. Discussed right/ left shoulder arthroscopy versus conservative management with the patient due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain. Patient declined arthroscopy at this time and requested to continue with conservative treatment.
7. Follow up in 4-6 weeks p.r.n.

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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 of the bilateral shoulders on November 24, 2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", is positioned above a horizontal line.

Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI