

KDV Medical P.C.

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September 12, 2022

Re: Cardenas, Nilson

DOB: 03/31/1955

DOA: 06/21/2022

Location: 82nd Street - Ortho

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 67-year-old right-hand dominant male, involved in a motor vehicle accident on 06/21/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the passenger side. 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 New York Presbyterian Hospital and was treated and released the same day. X-rays were negative. The patient presents today complaining of right shoulder pain sustained in the motor vehicle accident. Patient has been treated with conservative management including physical therapy without adequate relief of pain.

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.

PAST MEDICAL HISTORY: Positive for DM and HTN.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Metformin and lisinopril.

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

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, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

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

PHYSICAL EXAMINATION: The patient's height is 5 feet 7 inches, weight is 187 pounds. Patient is alert, oriented and cooperative.

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. Positive Lift-Off test. Range of motion, abduction is 150 degrees, normal is 180 degrees; forward flexion is 160 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.

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 07/27/2022, Rotator cuff tendinosis with a moderate grade partial thickness tear of the supraspinatus tendon with the torn tendon fibers retracted 12 mm medially. Low to moderate grade. partial thickness tear of the subscapular is tendon. Low-grade partial thickness tear with intrasubstance delamination of the infraspinatus tendon. Mild AC joint osteoarthritis with mild to moderate bursitis. Superior labial anterior posterior tear extending to the anterior labrum. Mild biceps tenosynovitis without biceps tendon tear.

FINAL DIAGNOSES:

1. Impingement, right shoulder. - M75.41
2. Labral tear, right shoulder. - S43.431A
3. Pain, right shoulder - M25.511
4. Partial rotator cuff tear, right shoulder - S46.011A
5. Tendinitis, right shoulder - M75.81

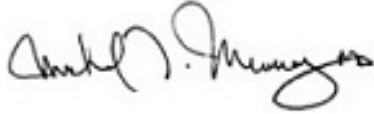
PLAN:

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 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 surgery in late October. 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. All the questions in regard to the procedure were answered.
6. 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.
7. The patient needs medical clearance prior to surgery.
8. The patient will follow up 4-6 weeks.

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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 diagnoses rendered is causally related to the injury the patient incurred on the right shoulder on June 21, 2022. 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