

**Ketan D. Vora, D.O., P.C.**

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July 26, 2022

Re: Pervizi, Rozina

DOB: 07/08/1972

DOA: 09/25/2021

Location: Cruz Banting Imelda MD PT

**INITIAL ORTHOPEDIC CONSULT EXAMINATION**

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

**HISTORY OF PRESENT ILLNESS:** This is an initial orthopedic evaluation for a 50-year-old right-handed dominant female, involved in a work related accident on 09/25/2021. Patient works in housekeeping, she was standing on a chair reaching for something, the chair slid and she fell to the ground on right side, and hit her head and lost consciousness. The EMS arrived on the scene. The patient was transported via ambulance to Northwell Hospital, x-rays done which were negative. She was treated and released the same day. The patient presents today complaining of right shoulder and left shoulder pain. The patient is currently being treated with physical therapy.

Right shoulder pain is 8 out of 10, described as constant pain. The patient is unable to reach overhead or to the back and is frequently woken up at night due to pain. She reports stiffness and weakness.

Left shoulder pain is 8 out of 10, described as constant pain. The patient is unable to reach overhead or to the back and is frequently woken up at night due to pain. She has stiffness and weakness.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking Aleve.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient drinks occasional alcohol.

**ADL CAPABILITIES:** As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, and shopping.

**PHYSICAL EXAMINATION:** The patient's height is 5 feet 3 inches, weight is 152 pounds.

Right Shoulder: Reveals tenderness to palpation on the supraspinatus, AC joint, and subacromial space. Positive empty 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; external rotation is 60 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Left Shoulder: Reveals tenderness to palpation on the supraspinatus, AC joint, and subacromial space. Positive empty test. Positive Hawkins test. Positive impingement test. Range of motion, abduction is 100 degrees, normal is 180 degrees; flexion is 120 degrees, normal is 180 degrees; 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 11/30/2021, partial-thickness tearing within the supra and infraspinatus tendons is identified. Tear within the intra-articular portion of biceps tendon. Fluid within the subacromial and subdeltoid bursa as well as within the subcoracoid recess of the joint.

Left shoulder MRI, done on 10/22/2021, partial-thickness tearing within the supra and infraspinatus tendons is identified. Tear within the infra-articular portion of biceps tendon is also identified. Fluid within the subacromial bursa.

**FINAL DIAGNOSES:**

1. S46.011A Partial rotator cuff tear, right shoulder
2. M75.01 Adhesive Capsulitis, right shoulder
3. M75.51 Bursitis, right shoulder
4. M25.511 Pain, right shoulder
5. M75.41 Impingement, right shoulder.
6. S46.012A Partial rotator cuff tear, left shoulder
7. M75.02 Adhesive Capsulitis, left shoulder
8. M75.42 Impingement, left shoulder
9. M75.52 Bursitis, left shoulder
10. M25.512 Pain, left shoulder

**PLAN:**

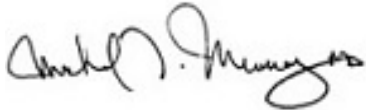
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for right/left shoulder 3 days/week.
5. Continue with core stretching exercises.
6. Follow up in 4-6 weeks.

**IMPAIRMENT RATING:** Patient is currently and temporarily 60% disabled.

Re: Pervizi, Rozina

Page 3

**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 on 09/25/2021. 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