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Date: 07/25/2022

RE: Davis Clement
DOB: 02/16/1955
DOA: 06/15/2022
Location: Woodside-Ortho

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Left shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a right-handed 67-year-old male presenting for a follow-up evaluation after sustaining injuries in a motor vehicle accident which occurred on the date of 06/15/2022. Patient has been undergoing conservative management with physical therapy without adequate relief of pain of the left shoulder.

The patient complains of left shoulder pain is 6 out of 10, described as constant pain. The patient reports pain with reaching overhead and behind. The patient has stiffness and is unable to sleep at night.

ADL CAPABILITIES: The patient states that he can walk for 5 blocks. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: Lifting, carrying heavy objects, and shopping.

PHYSICAL EXAM
Left Shoulder: There is no swelling, heat, erythema noted. Tenderness to palpation on the AC joint and subacromial space. O'Brien's test is positive, impingement test is positive, Lift-off Test is positive, and Hawkins test is positive. ROM is as follows: Abduction is 140 degrees; adduction is 30 degrees, forward flexion is 150 degrees; external rotation is 60 degrees, and internal rotation to PSIS. Grip strength is 4/5.

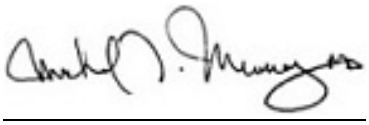
DIAGNOSTIC STUDIES: 07/08/22 - MRI of the left shoulder reveals fraying and tear of the superior labrum and anterior inferior labrum. Biceps tendinopathy. Capsular thickening which can be seen with adhesive capsulitis. AC joint arthrosis with narrowing of the supraspinatus outlet, which can be seen with impingement. No rotator cuff tear.
None reviewed.

DIAGNOSES:
1. M75.02 Adhesive capsulitis, left shoulder
2. M25.512 - Pain, left shoulder.
3. S43.432D Labral tear, left shoulder.
4. M75.42 Impingement, left shoulder.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue cold compresses for the left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder 3 days/week.
6. Discussed left 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 left shoulder surgery.
7. 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 left 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the left 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left shoulder surgery on 08/17/2022. 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.
12. Medical clearance is needed prior to Surgery.

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 06/15/2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI