

**KDV Medical P.C.**

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August 18, 2022

Re: Payano, Gloria

DOB: 01/19/1971

DOA: 06/13/2022

Location: 82nd Street-Ortho

**INITIAL ORTHOPEDIC CONSULTATION**

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

**HISTORY OF PRESENT ILLNESS:** This is an initial orthopedic evaluation for a 51-year-old right-handed dominant female, involved in a motor vehicle accident on 06/13/2022. Patient's vehicle was rear ended. Patient did not go to the hospital. The patient was a driver and was wearing a seatbelt. The EMS did not arrived on the scene. The patient presents today complaining of right shoulder, left shoulder pain sustained in the motor vehicle accident. The patient has been treated with physical therapy for the last two to three weeks with good relief.

Right shoulder pain is 7/10, described as intermittent, pain. Patient has, stiffness. The patient is able to reach overhead but unable to reach behind the back and is frequently woken up at night due to pain.

Left shoulder pain is 10/10, described as constant, pain. Patient has, weakness, popping, clicking. The patient is unable to reach overhead or behind the back and is frequently woken up at night due to pain.

**PAST MEDICAL HISTORY:** Anemia.

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking B12.

**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 she 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, weight is 165 pounds. Patient is alert, oriented and cooperative.

Right Shoulder: No heat, erythema or swelling noted. The patient has no motor or sensory deficit of the right upper extremity. Range of motion, abduction is 140 degrees, normal is 180 degrees; forward flexion is 160 degrees, normal is 180 degrees; internal rotation is 75 degrees, normal is 90 degrees; external rotation is 75 degrees, normal is 90 degrees.

Left Shoulder: No heat, erythema or swelling noted. The patient has no motor or sensory deficit of the left upper extremity. Range of motion, abduction is 160 degrees, normal is 180 degrees; forward flexion is 160 degrees, normal is 180 degrees; internal rotation is 70 degrees, normal is 90 degrees; external rotation is 70 degrees, normal is 90 degrees.

**DIAGNOSTIC STUDIES:** Right shoulder MRI, done on 07/29/2022, Rotator cuff tendinosis with moderate grade partial thickness tear of the infraspinatus tendon and low-grade partial-thickness tear of the supraspinatus tendon. Biceps tenosynovitis without tear. Mild AC joint and glenohumeral joint osteoarthritis. Mild Bursitis.

Left shoulder MRI, done on 07/29/2022, Rotator cuff tendinosis with moderate grade partial thickness tear of the infraspinatus tendon and low-grade partial-thickness tear of the supraspinatus tendon. Mild to moderate bursitis. Biceps tenosynovitis without tear. Findings suggesting nondisplaced posterior superior labral tear. Mild AC joint and glenohumeral joint Osteoarthritis.

**FINAL DIAGNOSES:**

1. Pain, right shoulder - M25.511
2. Partial rotator cuff tear, right shoulder - S46.011A
3. Partial rotator cuff tear, left shoulder - S46.012A
4. Pain, left shoulder - M25.512

**PLAN:**

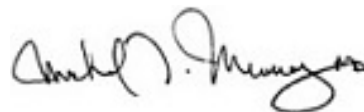
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue physical therapy for bilateral shoulders 3 days/week.
4. Patient is contemplating surgery.

**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 June 13, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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Rehan Khan, FNP-BC  
RK/AEI



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Michael Murray, MD