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October 03, 2022

Re: Khan, Ayub

DOB: 10/12/1958

DOA: 04/19/2022

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a 63-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work related incident on 04/19/2022. Patient is working part time.

Right shoulder pain is 3/10, described as intermittent pain. The patient complains of stiffness. The patient is frequently woken up at night due to pain. Pain is temporarily relieved with rest.

IMPAIRMENT RATING: Patient is currently working part-time.

PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus. Positive Yergason test. Range of motion, abduction is 170 degrees, normal is 180 degrees; Adduction is 40 degrees, normal is 45 degrees; forward flexion is 170 degrees, normal is 180 degrees; extension is 60 degrees, normal is 60 degrees; internal rotation 90, normal is 90 degrees; external rotation is 75 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 09/23/2022, Impingement. The tendons of the rotator cuff reveal discontinuity and gapping with a complete rotatory cuff tear of the supraspinatus, subscapularis and infraspinatus portions of the cuff. Hypoplastic labrum and biceps tendon. AC joint narrowing with acromion spurring. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

FINAL DIAGNOSES:

1. Pain, right shoulder - M25.511

PLAN:

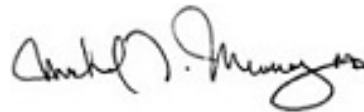
2. Imaging studies and clinical examinations were reviewed with the patient.
3. All treatment options discussed with the patient.
4. Continue physical therapy for right shoulder 3 days/week.

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 accepts the surgery.
6. 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.
7. The patient will follow up in 4 weeks.

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 are causally related to the injury the patient incurred on the right shoulder on April 19, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Rehan Khan, FNP-BC
RK/AEI



Michael Murray, MD