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Initial Comprehensive Medical Evaluation

Date: 06/20/2022

RE: Carlton Morrison

DOB: 08/12/1973

Location: TS Chiropractic Wellness, Richmond Hill

Case Type: NF

1st Evaluation

Discussed intraarticular cortisone injection and he defers at this time; briefly discussed surgical options but he wishes to defer. Continue PT/HEP. Follow-up in 1 month.

HISTORY:

On 06/20/2022, Mr. Carlton Morrison, a right-handed 48-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 11/19/2021. The patient states he was the restrained driver of a vehicle which was involved in a rear-end collision. The patient states that an EMS team arrived. He went to hospital via ambulance same day the accident occurred. He was evaluated and released. The patient was the driver parked in lot waiting for wife to come out of the supermarket when rear-ended. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to and bilateral shoulders.

CHIEF COMPLAINTS:

The patient complains of left shoulder pain that is 5/10, with 10 being the worst, which is dull and achy in nature. Left shoulder pain is worsened with movement, lifting objects, rotation and overhead activities. Left shoulder pain is improved with therapy.

The patient complains of right shoulder pain that is 7/10, with 10 being the worst, which is dull and achy in nature. Right shoulder pain is worsened with movement and lifting objects. Right shoulder pain is improved with therapy.

REVIEW OF SYSTEMS: The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

PAST MEDICAL HISTORY: None.

PAST SURGICAL/HOSPITALIZATION HISTORY: Noncontributory.

MEDICATIONS: None.

ALLERGIES: None.

SOCIAL HISTORY: Unknown.

PHYSICAL EXAM:

General: The patient presents in an uncomfortable state.

Neurological Examination: The patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

Deep Tendon Reflexes: Are 2+ and equal.

Sensory Examination: It is intact.

Manual Muscle Strength Testing: Testing is 5/5 normal.

Left Shoulder Examination: Reveals tenderness upon palpation of the left AC joint, supraspinatus and scapular region with muscle spasm present at trapezius muscle. Neer's test is positive and Hawkins test is positive. ROM is as follows: Abduction is 140 degrees, normal is 180 degrees; flexion is 150 degrees, normal is 180 degrees; external rotation is 50 degrees, normal is 90 degrees and internal rotation is 50 degrees, normal is 90 degrees.

Right shoulder Examination: Reveals tenderness upon palpation of the right AC joint, supraspinatus and scapular region with muscle spasm present at trapezius muscle. Neer's test is positive and Hawkins test is positive. ROM is as follows: Abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; external rotation is 70 degrees, normal is 90 degrees and internal rotation is 70 degrees, normal is 90 degrees.

GAIT: Normal.

Diagnostic Studies:

12/09/2021 - MRI of the left shoulder reveals impingement, supraspinatus tendinopathy.

12/09/2021 - MRI of the right shoulder reveals impingement, supraspinatus tendinopathy.

The above diagnostic studies were reviewed.

Diagnoses:

Left shoulder pain - (M25.512).

Left shoulder sprain/strain - (S43.402A).

Rotator cuff impingement of the left shoulder - (M75.42).

Right shoulder pain - (M25.511).

Right shoulder sprain/strain - (S43.401A).

Rotator cuff impingement of the right shoulder - (M75.41).

Plan:

1. **Physical therapy:** The patient is to start physical therapy 3 times a week for 4-6 weeks.

Procedures: If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

Care: Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

Goals: To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.

Precautions: Universal.

Follow-up: 1 month.

It is my opinion that the injuries and symptoms Mr. Carlton Morrison sustained to left shoulder and right shoulder are causally related to the incident that occurred on 11/19/2021 as described by the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", is written above a horizontal line.

Michael Murray, MD
Kevin Ball, PA

Dictated but not proofread