

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

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July 01, 2022

Office seen at:

Cruz Banting Imelda MD PT, North Bronx

Re: Dell-Johnson, Lettura

DOB: 02/25/1951

DOA: 01/01/2021

**INITIAL ORTHOPEDIC CONSULT EXAMINATION**

**CHIEF COMPLAINT:** Bilateral shoulder pain, left greater than right.

**HISTORY OF PRESENT ILLNESS:** A 71-year-old right-hand dominant female involved in a work-related accident on January 01, 2021. The patient was lifting a patient and injured her bilateral shoulder. The patient went to ER at Montefiore Hospital. The patient presents today complaining of left and right shoulder pain sustained in the work-related accident. Patient is doing PT for 3 weeks with little relief

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Hypertension and hyperlipidemia.

**PAST SURGICAL HISTORY:** Left shoulder arthroscopy on April 11, 2022.

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

**MEDICATIONS:** The patient is taking Naproxen, Tramadol.

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

**PRESENT COMPLAINTS:** Right shoulder: Pain is 8-9 out of 10, described as constant, intermittent, stabbing pain. Worse with range of motion and slightly improved with rest. The patient is able to reach overhead or behind the back and is frequently woken up at night due to pain.

Left shoulder: Pain is 9 out of 10, described as constant, intermittent, sharp, stabbing, dull, achy pain. Worse with range of motion and slightly improved with rest. The patient is unable to reach overhead or behind the back and is frequently woken up at night due to pain.

**REVIEW OF SYSTEMS: General:** No fevers, chills, night sweats, weight gain, or weight loss.

**HEENT:** No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nose bleeds, sore throat, or hoarseness. **Endocrine:** No cold intolerance, appetite changes, or hair

changes. **Skin:** Clear, no rashes or lesions. **Neuro:** No headaches, dizziness, vertigo, or tremor. **Respiratory:** No wheezing, coughing, shortness of breath, or difficulty breathing. **Cardiovascular:** No chest pain, murmurs, irregular heart rate, or hypertension. **GI:** No nausea, vomiting, diarrhea, constipation, jaundice, or changes in BM. **GU:** No blood in urine, painful urination, loss of bladder control, or urinary retention. **Hematology:** No active bleeding, bruising, anemia, or blood clotting disorders. **Psychiatric:** No anxiety, change in sleep pattern, depression, or suicidal thoughts.

**PHYSICAL EXAMINATION:** The patient's height is 5 feet 6 inches, weight is 210 pounds, and BMI is 33.9. The right shoulder reveals minimal residual swelling. Negative cross-over test. Positive empty can test. Positive Hawkins test. Positive O'Brien test. Positive impingement sign. Range of motion, as per goniometer, active abduction is 110/180 degrees, passive abduction is 120/180 degrees, internal rotation is 45/90 degrees, and external rotation is 30/90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals mild residual swelling. Positive drop arm test. Positive cross-over test. Positive empty can test. Positive Hawkins test. Positive O'Brien test. Positive impingement sign. Range of motion, as per goniometer, active abduction is 60/180 degrees, passive abduction is 70/180 degrees, internal rotation is 35/90 degrees, and external rotation is 25/90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

Patient has neurologically intact bilateral upper extremities.

Status post left arthroscopy. Arthroscopy wound healed well.

**DIAGNOSTIC TESTING:** MRI of the left shoulder, done on June 02, 2021, shows partial thickness tear of the supra and infraspinatus tendons. Tear within the superior and inferior labrum. AC joint arthrosis. Fluid in the subacromial and subdeltoid bursa as well as within the subcoracoid recess.

MRI of the right shoulder, done on June 02, 2021, shows partial thickness tear of the supra and infraspinatus tendons. Intrastance Tear within the superior labrum. Joint effusion and fluid in the subacromial and subdeltoid bursa.

**ASSESSMENT:**

1. Rotator cuff tear, right shoulder.
2. Labral tear, right shoulder.
3. Superior labrum anterior posterior tear, right shoulder.
4. Impingement, right shoulder.
5. Bursitis, right shoulder.
6. Tendinitis, right shoulder.
7. Rotator cuff tear, left shoulder.
8. Labral tear, left shoulder.
9. Superior labrum anterior posterior tear, left shoulder.
10. Impingement, left shoulder.

11. Bursitis, left shoulder.
12. Tendinitis with involvement of biceps tendon, left shoulder.

**PLAN:**

1. Informed on the use of over-the counter NSAIDs, and demonstrates a clear understanding of the indicated usage.
2. Started on a course of anti-inflammatory and muscle relaxant medications, Baclofen 10 mg p.o. #15, Mobic 15 mg p.o. q.h.s. #30, Flexeril 10 mg p.o. q.h.s. #15, Voltaren cream b.i.d., Diclofenac 2% cream topical, methylprednisone (Medrol Dosepak) as directed on pack, Colace 10 mg b.i.d., and Dulcolax p.o.
3. Continue physical therapy 2-3 a week for one month.
4. The MRI was reviewed with the patient as well as the clinical examination findings.
5. All treatment options discussed with the patient.
6. Follow up in 4 weeks.
7. Discussed right shoulder arthroscopy versus conservative management with the patient. 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, patient is willing to postpone at least for one month (lives alone)
8. All the benefits and risks of the right shoulder arthroscopy has been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
9. All the questions in regard to the procedure were answered.

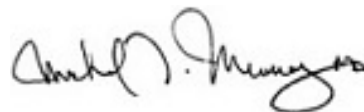
**IMPAIRMENT RATING:** 50%.

**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 the specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

**AFFIRMATION:** Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby affirm under penalty of perjury that the statements contained herein are true and accurate.



Rehan Khan, FNP-BC  
RK/AEI



Michael Murray, MD