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June 6, 2022

Office seen at:
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Re: Rascoe, Dorethea
DOB: 08/28/1966
DOA: 02/28/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and left shoulder pain.

HISTORY OF PRESENT ILLNESS: A 55-year-old right-hand dominant female involved in a motor vehicle accident on 02/28/2022. The patient was a front seat passenger and was wearing a seatbelt. The vehicle was struck on the rear end. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Harlem Hospital Center and was treated and released the same day. The patient presents today complaining of right shoulder and left shoulder pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief. The patient had last MVA in 2017.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking amlodipine 10 mg and hydrochlorothiazide 25 mg.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol.

ADL CAPABILITIES: The patient states that she can walk for 5 blocks. She can stand for 10 minutes before she has to sit. She can sit for 30 minutes before needing to change positions secondary to pain. 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 heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with medication and physical therapy.

Left shoulder: Left shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain. Worse with range of motion and improves with medication and physical therapy.

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.6 degrees Fahrenheit.
General: No fever, chills, night sweats, weight gain, or weight loss.
HEENT: No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, 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 bowel habits.
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 1 inches, weight is 210 pounds, and BMI is 41.0. The right shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, trapezius, proximal biceps tendon. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus appreciated. Negative drop arm test. Positive crossover test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 135/180 degrees, adduction 30/45 degrees, forward flexion 120/180 degrees, extension 35/60 degrees, internal rotation 55/90 degrees, and external rotation 50/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, trapezius, proximal biceps tendon. There is no swelling, heat, erythema, or deformity appreciated. There is crepitus appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 135/180 degrees, adduction 30/45 degrees, forward flexion 120/180 degrees, extension 35/60 degrees, internal rotation 55/90 degrees, and external rotation 50/90

degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 03/31/2022, shows AC joint arthrosis. Rotator cuff tendinopathy. 4 mm traction cyst proximal to the insertion of supraspinatus with no fracture. Capsular thickening which can be seen with adhesive capsulitis. MRI of the left shoulder, done on 03/31/2022, shows AC joint arthrosis with lateral acromial spur. Supraspinatus tendinopathy and fraying with ill-defined articular tear within the fraying at the insertion. Infraspinatus tendinopathy with 4 mm cyst proximal to the insertion with no fracture. Capsular thickening which can be seen with adhesive capsulitis. Biceps tendinopathy and tenosynovitis.

ASSESSMENT:

1. M24.811 Internal derangement, right shoulder.
2. M75.01 Adhesive capsulitis, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
5. M25.411 Joint effusion, right shoulder.
6. S46.012A Partial rotator cuff tear, left shoulder.
7. M24.812 Internal derangement, left shoulder.
8. M75.02 Adhesive capsulitis, left shoulder.
9. M75.82 Shoulder tendinitis, left shoulder.
10. M75.42 Impingement, left shoulder.
11. M65.812 Tenosynovitis, left shoulder.
12. M25.512 Pain, left shoulder.
13. S49.92XA Injury, left shoulder.
14. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
15. M25.412 Joint effusion, left shoulder.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right shoulder and left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left shoulder 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left shoulder. The patient refuses due to side effects.
7. Discussed right shoulder and left shoulder arthroscopy versus conservative management with the patient. The patient refuses surgical intervention.
8. 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 and 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.

10. All the benefits and risks of the right shoulder and 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.
11. All the questions in regard to the procedure were answered.
12. Follow up on a p.r.n. basis.

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.

Mellita Shakhmurov, PA-C

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon

MS/AEI