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October 13, 2022

Office seen at:
S.P. Physical Therapy
1320 Louis Nine Boulevard
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Phone# (347) 862-0003

Re: Harris, Kevin
DOB: 06/21/1955
DOA: 06/18/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: A 67-year-old right-hand dominant male involved in a motor vehicle accident on 06/18/2022. The patient was a driver 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 Lenox Hill Hospital and was treated and released the same day. The patient presents today complaining of right shoulder pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 4 months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Hypertension, hyperlipidemia, cardiac disease, and CHF. There is a previous history of trauma, MVA about 6 years ago.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: PENICILLIN AND HEPARIN.

MEDICATIONS: The patient is taking lisinopril, HCTZ, Coreg, and Crestor.

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

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest and medication.

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: The patient has cardiac disease, hypertension, hyperlipidemia, and CHF. No chest pain, murmurs, irregular heart rate.
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 9 inches, weight is 205 pounds, and BMI is 30.3. The right shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 115/180 degrees, adduction 35/45 degrees, forward flexion 130/180 degrees, extension 45/60 degrees, internal rotation 45/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the right upper extremity.

DIAGNOSTIC TESTING: MRI of the right shoulder, done on 10/02/2022, supraspinatus tendon again demonstrates interstitial CID-type partial tear measuring 1 cm extending to its root attachment on the humerus where there is again subcortical reactive change involving the anterosuperior margin of the humeral head at the anterosuperior margin of the greater tuberosity. Underlying tendinosis of the supraspinatus again present. Again, infraspinatus tendinosis/tendinopathy which is not appreciably changed. Subscapularis tendon demonstrates new partial tear involving its interstitial portion measuring 11 mm in size located distally. Intracapsular long head of the biceps tendinosis/tendinopathy again present at its critical zone. Again, acromioclavicular joint hypertrophic change which appears progressive since the previous study and associated with joint space narrowing with spur formation abutting the underlying musculotendinous junction of the supraspinatus and exacerbated by anteriorly

downsloping type II acromial configuration which abuts the underlying supraspinatus. Progressing glenohumeral joint space narrowing with progressing chondral surface erosion particularly anteriorly and superiorly with progressing glenohumeral spur formation. Erosion and superficial tear progressing at the anterior labrum and now diffuse superior labral tear with erosion that has also progressed. Inferior humeral head spur formation, as well as superior and inferior glenoid spur formation.

ASSESSMENT:

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M75.21 Bicipital tendinitis, right shoulder.
7. M25.511 Pain, right shoulder.
8. S49.91XA Injury, right shoulder.
9. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
10. M25.411 Joint effusion, right shoulder.
11. Type II acromion, right shoulder.

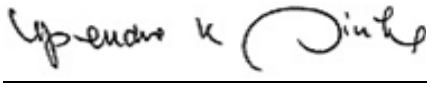
PLAN:

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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder 3 days/week. The patient would like to do physical therapy targeting right shoulder first. If no improvement, will consider intervention.
6. Recommend steroid injections with pain management for right shoulder. The patient refuses due to side effects.
7. 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 wants to think about surgery.
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 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 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 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 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.



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