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| Jul 09,2019 | DOA: 05/09/2019 |

Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
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Re: Roselia Harris   
  
Dear Dr. \_\_\_\_\_\_\_\_\_\_\_

**HISTORY**   
On 07/09/2019, Ms. Roselia Harris, a 72-year-old female presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 05/09/2019. The patient was seen at the Bronx, Westchester Ave. office During the accident, the patient reports injuries to bilateral shoulders and right knee.   
  
**PRESENT COMPLAINTS:**   
**LEFT SHOULDER:** The patient complains of left shoulder pain that is 8/10 with 10 being the worst, which is sharp, dull and achy in nature. The shoulder pain worsens with raising the arm, lifting objects and overhead activities. The shoulder pain is improved with.   
  
**RIGHT SHOULDER:** The patient complains of right shoulder pain that is 8/10 with 10 being the worst, which is sharp, dull and achy in nature. The shoulder pain worsens with raising the arm, lifting objects and overhead activities. The shoulder pain is improved with.   
  
**RIGHT KNEE:** The patient complains of right knee pain that is 8/10, with 10 being the worst, which is sharp, dull and achy in nature. The knee pain increases with squatting, walking, climbing upstairs and standing. The knee pain is improved with.   
  
**REVIEW OF SYSTEMS:** Negative for weight loss, fever, dizziness, diplopia, seizures, memory impairment, gingival bleeding, hoarseness, chest pain, palpitation, cough, hemoptysis, dysphagia, nausea, jaundice, hematemesis, melena, constipation, diarrhea, constipation, urinary retention, dysuria, frequency, incontinence, bruising, arthritis, stiffness and skin rash.   
  
**PAST MEDICAL HISTORY:** Positive for diabetes, high blood pressure and asthma.  
**MEDICATIONS:** Pain medication, metformin and lisinopril.  
**FAMILY HISTORY:** Noncontributory.  
**PAST SURGICAL HISTORY:** Positive for cataract surgery.  
**SOCIAL HISTORY:** The patient denies smoking,drinking,drugs and social drinking.  
**ALLERGIES:** No known drug allergies.  
**WORK HISTORY:** Patient has continued work despite the pain.   
  
**PHISYCIAL EXAMINATION:**   
Height is \_ feet \_ inch, weight is \_\_\_ lbs. Examination of the face and head reveals no abnormalities. Examination of the neck is supple with no JVD or palpable masses along the thyroid and other areas. Examination of the cardiovascular system reveals the heart to have a regular rate and rhythm. S1 and S2 are heard without splits. On auscultation, there are no obvious murmurs or clicks. Examination of the pulmonary system reveals both lung fields to be clear to auscultation. No rales, rhonchi or wheezes are heard. The abdomen is soft, non-tender and non-distended with bowel sounds present in all four quadrants. There is no costovertebral angle tenderness bilaterally. The radial, brachial, femoral, popliteal, dorsalis pedis and posterior tibial pulses are present bilaterally and symmetrical.   
  
**MUSCULOSKELETAL EXAMINATION:**   
LEFT SHOULDER: reveals tenderness upon palpation of the .   
ROM is as follows: abduction is 60-70 degrees, normal is 180 degrees; flexion is 40-60 degrees, normal is 180 degrees.  
  
RIGHT SHOULDER: reveals tenderness upon palpation of the .   
ROM is as follows: abduction is 70 degrees, normal is 180 degrees; flexion is 60 degrees, normal is 180 degrees.  
  
RIGHT KNEE: reveals tenderness upon palpation of the . There is effusion noted., Tests positive for and McMurray's.   
  
**DIAGNOSTIC STUDIES:**   
05/23/2019 - MRI of the left shoulder MRI report of the left shoulder is positive for a high-grade tear involving more than 50% of the rotator cuff. There is a SLAP tear. There is a tear of the anterior labrum as well. There are degenerative changes of the glenohumeral joint along with the AC joint involvement.   
06/06/2019 - MRI of the right shoulder MRI report of the right shoulder is positive for a partial tear of the rotator cuff along with a tear of the labrum and avulsion of the anterior glenoid periosteum and large joint effusion along with bursal effusion. There is a tear of the anterior and inferior labrum. There is osteal tear of the posterior labrum as well along with joint effusion and degenerative changes.   
05/23/2019 - MRI of the right knee .   
  
**DIAGNOSES:**   
4. Partial tear of the right shoulder, M75.101. 5. Partial tear of the left shoulder, M75.102. 1. Labral tear, right shoulder, S43.431A. 2. Labral tear, left shoulder, S43.432A. 3. Impingement syndrome, right shoulder, M75.41 4. Impingement syndrome, left shoulder, M75.42.   
1. Internal derangement, right knee, M23.91. 2. Tear of the medial and possibly lateral menisci, right knee, S83.241A, S83.281A. 3. Possible partial tear of the posterior cruciate ligament, right knee, S83.521A.   
  
**GOAL:** 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.  
  
**PLAN:**  
**SCHEDULE RIGHT KNEE SURGERY:** Treatment options were discussed with the patient, which include living with the problem, conservative management or possible surgery. As the patient remains symptomatic despite several weeks of conservative treatments, including physical therapy and medications, the patient was given the option to proceed with right knee arthroscopy. The nature of this type of procedure and expected postoperative course was explained to the patient. Potential risks and benefits of the proposed surgery were also explained. Possible complications include, but are not limited to, risks associated with anesthesia, bleeding or infection, potential nerve damage, wound healing issues, failure to achieve pain relief, DVT and PE to name a few, all of which may lead to the need for further surgery. The patient expresses an understanding of these risks. All questions and concerns were addressed. The patient indicated that given the severity of their pain and lack of improvement despite conservative management, they would like to move forward with surgery. As such, the patient will be referred for medical clearance, if necessary, and may schedule the procedure at their convenience.  
  
  
  
**FOLLOW-UP:** As needed