Patient: NHI
Reference:

Patient Details

First name:		NHI number:	
Last name:		Date of birth:	
Gender:	Female	Telephone:	
Address 1:			
Address 2 (Current):			
ACC45/Claim Number:			

Referral Details

HealthLink Account:		Service Provider:	
Message Date:	25/02/2021 15:13:06	Date Collected:	22/02/2021
Referral Type:	SCU	Referral Description:	Shared Care Update

Report

Observation Reference:	UNKNOWN
Observation Description:	MN MEDICAL NOTES
Relevant DateTime:	22/02/2021

Result

Observation Result ID:	MN
Observation Result Description:	
Observation Result Value:	22 February 2021

Dear

Thank you for referring to our Rooms.

I had the pleasure of meeting with this afternoon at .

has a history of being involved in a MVA on the During this incident she sustained a comminuted proximal humerus fracture. She received an open reduction and internal fixation in Hospital. Subsequently, she was seen during 2015 and there was a diagnosis made of an inflammatory reaction in the

left shoulder and there was a possibility of an infected internal fixation.

had a removal of the instrumentation on the 11th July 2015. The postoperative MC&S results failed to confirm an infected internal fixation.

Today, nforms us that the pain in the left shoulder whilst sitting still is 1/10. As soon as she becomes active and performs activities around the house the pain is graded as 8/10. She complains of pain whilst lying on the shoulder and she has interruption of her sleep.

She indicated to the anterior lateral aspect of the greater tuberosity as the area which is most painful and describes this as a deep inside type pain. According to she feels a crunching sensation whilst moving the shoulder and reports all types of movements are painful. She is only using paracetamol to control the symptoms in the left shoulder. She cannot use non steroidal anti-inflammatories due to the interaction with her bipolar medication. She is also known to have hypothyroidism with obesity.

Clinical Assessment
Passive movements in the left shoulder show external rotation is to 30 degrees compared to the opposite right at 45 degrees. Internal rotation on the left side can

go to T10 level whilst the opposite right side is to T8. Anterior flexion is up to 100 degrees and beyond this she becomes uncomfortable. The opposite right is to 175 degrees.

has no signs of impingement at this stage, there is minimal tenderness over the AC joint. Assessment of the rotator cuff shows good internal rotation against resistance while contracting the subscapularis tendon and this is graded as 5/5 and not painful. External rotation against resistance is uncomfortable and graded as 4/5. Anterior flexion against resistance shows contraction of the supraspinatus being tender and her contraction is only limited to 100 degrees of anterior flexion. This is graded as 4/5.

We reviewed the x-rays performed on the 3rd February 2021. There is an absence of internal fixation. There is a deformity of the proximal humerus with a prominent greater tuberosity. There is cystic formation in the proximal part of the humerus.

Ultrasound scan done today at Mokoia Radiology does not have an report available yet.

Clinical Diagnosis
This is a patient with an old comminuted proximal humerus fracture from several years ago. She has symptoms of pain whilst contracting the rotator cuff. We suspect the possibility of a subacromial tendinitis with the possibility of a rotator cuff tear, specifically the supraspinatus and infraspinatus tendons.

We will have a telephonic review with the patient in 1 week to give feedback of the ultrasound report.