



October 30, 2014

Dan Zezza
Corporate Management Group
404 Broadway Avenue
Saint Paul Park, MN 55071

RE: Employee: Jeffrey C. Fennern
DOB: 04/18/1966
DOI: 10/19/2014

Dear Mr. Zezza:

SUBJECTIVE:

The patient is here for followup last week. He says his right shoulder feels about the same. He is having trouble lifting his daughter because of his right shoulder pain. He has trouble lifting the right shoulder above his head. He has not noticed any improvement in the right shoulder pain. It hurts mainly over the superior aspect of the shoulder. He says that the pain in his right forearm is completely resolved. He had some superficial abrasions over this area, which have resolved. No pain in the right elbow or elsewhere in the right upper extremity. He says the pain in his right knee has also resolved. He said previously it hurt in the back of the right knee but that lasted only 2 days and he has had no further pain in the right knee. He is concerned today because now he has developed some left-sided low back pain. He is not sure if he hit his back when he fell. He says the back started hurting 4 or 5 days after the fall. He says he has intermittent left buttock pain radiating into the calf. He has no pain in his left leg at this time. He did notice some bruising in the left thigh after the fall but has no pain at this time anywhere in the left lower leg. He says the left leg pain has happened 3 times and once lasted about 12 hours. He has not noticed weakness or numbness in his legs. He denies dysfunction of his bladder or bowels and denies saddle anesthesia.

OBJECTIVE:

General: The patient is alert, in no apparent distress. His right shoulder appears normal. No gross deformity. He abducts the right shoulder to about 80 degrees. Internal rotation of the right shoulder limited. Complains of some tenderness to palpation diffusely about the superior aspect of the right shoulder. Positive impingement sign of the right shoulder. His neck is supple and nontender throughout. No edema, erythema, or ecchymosis over his right shoulder. Remainder of the right upper extremity is nontender. Right forearm nontender throughout. Right elbow, hand, and wrist nontender. Right biceps muscle is nontender and has no palpable defect. Sensory intact over his upper and lower extremities. Strong radial pulse in his upper extremities. DTRs active and symmetric throughout. Sensory intact. Strength normal in his lower extremities. Some decreased strength in right upper extremity due to his shoulder pain.

Right knee appears normal. No gross deformity. He has full range of motion of the right knee. No tenderness to palpation anywhere over the right knee including over the posterior aspect. DTRs active and symmetric in his lower extremities. Sensory intact over his lower extremities. Strength 5/5 in his lower extremities. Straight leg raising negative bilaterally. Negative list, sag, and bowstring test bilaterally.

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His back appears normal. No edema, erythema, or ecchymosis. No vertebral point tenderness to palpation percussion over his thoracic or lumbar spine. Some tenderness to palpation diffusely over the left side of his low back. No CVA tenderness.

Left lower extremity has no gross deformity. There is some resolving ecchymosis over the medial aspect of left thigh. No tenderness to palpation anywhere over his left thigh, left knee, or lower extremity. No edema or erythema over his left leg. CNS is intact distally over the left lower extremity.

X-RAYS:

X-rays of his LS spine show diffuse degenerative changes. No acute fractures or other abnormalities in the LS spine x-rays.

ASSESSMENT:

1. Right knee pain – resolved.
2. Right forearm contusion/ abrasion – resolved.
3. Persistent right shoulder pain.
4. Low back pain with intermittent left radicular symptoms.

PLAN:

I have reviewed the prior x-ray results with the patient including of the right knee, which shows some significant heterotopic bone formation along the posterior aspect of the right knee joint. I have given the patient a printed copy of this x-ray report and I have recommended he take it to his personal physician for further evaluation. His right knee symptoms have entirely resolved at this time. He has persistent right shoulder pain. We will pursue MRI of his right shoulder. I have referred him for physical therapy twice weekly to address both his shoulder pain and his low back pain. He may work with maximum lifting, pushing, pulling of 10 pounds. No bending, twisting, turning, kneeling, or squatting. No overhead reaching or ladder climbing. With the right arm, no operating power vibrating tools, coarse manipulation, torquing, crimping, or heavy lifting. He is to recheck here in 1 week, recheck sooner for worsening. Local ice.

Sincerely,


Electronically signed by Susan Richner, M.D. on 11/6/2014 1:20:00 PM CST / Onlivia
SR/R1298