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Initial Comprehensive Medical Evaluation

Date: 06/20/2022

RE: Cesar Gonzales

DOB: 06/17/1983

Location: TS Chiropractic Wellness, Richmond Hill

Case Type: NF

1st Evaluation

MRI reviewed. Defers cortisone injection. Continue PT/HEP. Follow-up in 1 month.

HISTORY:

On 06/20/2022, Mr. Cesar Gonzales, a right-handed 39-year-old male presents for the evaluation of the injuries sustained as a pedestrian struck which occurred on the date of 02/01/2022. The patient states that an EMS team arrived. He went to Jamaica Hospital via ambulance same day the accident occurred. He was evaluated and released. The patient was a pedestrian crossing street when hit by a car. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to right shoulder and right knee.

CHIEF COMPLAINTS:

The patient complains of right shoulder pain that is 6/10, with 10 being the worst, which is dull and achy in nature. Right shoulder pain is worsened with movement, lifting objects and overhead activities. Right shoulder pain is improved with therapy.

The patient complains of right knee pain that is 4/10, with 10 being the worst, which is dull and achy in nature. Right knee pain is worsened with movement, walking, climbing stairs and squatting. Right knee pain is improved with therapy.

REVIEW OF SYSTEMS: The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL/HOSPITALIZATION HISTORY: Noncontributory.

MEDICATIONS: None.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Unknown.

PHYSICAL EXAM:

General: The patient presents in an uncomfortable state.

Neurological Examination: The patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

Deep Tendon Reflexes: Are 2+ and equal.

Sensory Examination: It is intact.

Manual Muscle Strength Testing: Testing is 5/5 normal.

Right shoulder Examination: Reveals tenderness upon palpation of the right AC joint, supraspinatus and scapular region. Neer's test is positive and Hawkins test is positive. ROM is as follows: Abduction is 160 degrees, normal is 180 degrees; flexion is 150 degrees, normal is 180 degrees; external rotation is 70 degrees, normal is 90 degrees and internal rotation is 80 degrees, normal is 90 degrees.

Right Knee Examination: Reveals tenderness upon palpation of the right medial region. ROM is as follows: Forward flexion is 125 degrees, normal is 130 degrees.

GAIT: Normal.

Diagnostic Studies:

03/01/2022 - MRI of the right shoulder reveals interstitial tear at attachment of supraspinatus tendon.

03/10/2022 - MRI of the right knee reveals osseous contusions at anterior aspect of lateral femoral condyle and inferior pole of patella.

The above diagnostic studies were reviewed.

Diagnoses:

Right shoulder pain - (M25.511).

Right shoulder sprain/strain - (S43.401A).

Rotator cuff tear (atraumatic) of the right shoulder - (M75.121).

Right knee pain - (M25.561).

Right knee sprain/strain - (S83.91).

Plan:

1. **Physical therapy:** The patient is to start physical therapy 3 times a week for 4-6 weeks.

Procedures: If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

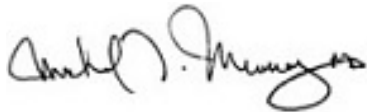
Care: Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

Goals: 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.

Precautions: Universal.

Follow-up: 1 month.

It is my opinion that the injuries and symptoms Mr. Cesar Gonzales sustained to right shoulder and right knee are causally related to the incident that occurred on 02/01/2022 as described by the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", written over a horizontal line.

Michael Murray, MD
Kevin Ball, PA

Dictated but not proofread