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July 26, 2022

Re: Rosa, Anthony
DOB: 01/15/1975
DOA: 11/06/2021
Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, left shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 47-year-old right-handed dominant male, involved in a motor vehicle accident on 11/06/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the driver-side. The airbags did not deploy. The EMS arrived on the scene. The police were not called to the scene of the accident. The patient was transported via ambulance to hospital and was treated and released the same day. The patient presents today complaining of right shoulder, left shoulder, and right knee pain. The patient has been treated with physical therapy for the last 7 months with no relief.

PAST MEDICAL HISTORY: Positive for DM2.

PAST SURGICAL HISTORY: Left Knee surgery in 2014.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Metformin.

SOCIAL HISTORY: The patient is a smoker. The patient drinks alcohol occasionally.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He can sit for 5 minutes before needing to change positions secondary to pain. 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 heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, climbing stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder pain is 6-7 out of 10, described as intermittent. The patient is unable to reach overhead or behind the back and is frequently woken up at night due to pain.

Left shoulder pain is 7-9 out of 10, described as intermittent. The patient is unable to reach overhead or behind the back and is frequently woken up at night due to pain.

Right knee pain is 7-9 out of 10, described as intermittent. Worse with ambulation and standing. The patient has difficulty raising from a chair and walking up and down stairs. The patient also reports clicking. Patella muscle strength 4-/5.

REVIEW OF SYSTEMS: General: No fever, chills, night sweats, weight gain, or weight loss.

PHYSICAL EXAMINATION: The patient's height is 6 feet 3 inches, weight is 280 pounds, and BMI is 35. Patient is alert, oriented and cooperative.

Right Shoulder: Reveals tenderness to palpation on the supraspinatus, AC joint, and subacromial space. Positive empty test. Positive Hawkins test. Positive O'Brien test. Lift off test positive bilaterally. The patient has no motor or sensory deficit of the right upper extremity. Range of motion, abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; external rotation is 80 degrees, normal is 90 degrees. Right shoulder Adduction 30 degrees, internal rotation to L4

Left Shoulder: Reveals tenderness to palpation of the supraspinatus, AC joint, and subacromial space. Positive empty test. Positive Hawkins test. Positive O'Brien test. The patient has no motor or sensory deficit of the right upper extremity. Range of motion, abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; external rotation is 70 degrees, normal is 90 degrees. Left shoulder Adduction 30 degrees, internal rotation to L5.

Right Knee: Reveals pain to palpation over medial and lateral joint line. Positive McMurray test. and positive patellofemoral grinding test. Range of motion reveals flexion is 120 degrees, normal is 135 degrees. Stable varus and valgus test. No motor or sensory deficits.

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 04/25/2022, Supraspinatus tendon is inhomogeneous extending toward its anterior leading edge and distally representing tendinosis/tendinopathy, where there is obscuring of the peritendinous fat with peritendinous edema. Distal subscapularis tendinosis/tendinopathy. Capsular bulging of acromioclavicular joint associated with a laterally down sloping type II acromion that abuts the underlying supraspinatus. Focal superior labral tear 12 o'clock location extending partly but not completely into the biceps anchor. Cortical erosion lateral humeral head convexity with subcortical reactive bone marrow changes.
Left shoulder MRI, done on 05/13/2022, Supraspinatus tendon becomes bulbous and inhomogeneous toward its anterior leading edge and distally representing tendinosis/tendinopathy where it is obscuring the adjacent peritendinous fat. Focal subcortical cystic change at the anterior and lateral humeral head convexity with thinning of the overlying cortex. Distal infraspinnatus tendinosis/tendinopathy present. Distal subscapularis tendinosis/tendinopathy. Acromioclavicular joint space narrowing accompanied by laterally downsloping type II acromion which abuts the underlying musculotendinous junction of the supraspinatus. Superior labral tear at the superior to slightly posterosuperior labrocartilaginous junction of the labrum without extension to the biceps anchor. Mild glenoid spur formation anteriorly.
Right knee MRI, done on 12/28/2021, Tear within the posterior horn of the medial meniscus. partial tearing of the anterior cruciate ligament. Sprain along the femoral attachment the medial

collateral ligament. Subtle osseous edema in the fibular head likely reflecting underlying contusion. No discrete fracture seen. Cystic change in the proximal tibia is also identified. Joint effusion.

FINAL DIAGNOSES:

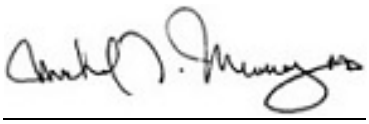
1. M75.81 Shoulder tendinitis, right shoulder
2. M25.511 Pain, right shoulder
3. S43.431A Labral tear, right shoulder.
4. M75.41 Impingement, right shoulder.
5. S83.519A ACL tear, right knee
6. M25.461 Joint effusion, right knee
7. S83.411A MCL sprain, right knee
8. S83.241A Medial Meniscus tear, right knee
9. M25.61 Pain, right knee
10. Contusion, right knee
11. M75.42 Impingement, left shoulder
12. M25.512 Pain, left shoulder
13. S43.432A Labral tear, left shoulder.
14. M25.512 Left shoulder pain.
15. M75.82 Shoulder tendinitis, left shoulder.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Apply cold compresses for right knee 3-4 times per day.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee 3 days/week.
6. Discussed right and left shoulder, right knee 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 would like to proceed with right knee surgery.
7. The patient needs medical clearance prior to surgery.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right knee 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.
10. All the questions with regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee surgery scheduled for 8/18/2022. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.

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 11/6/2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI