KDV Medical P.C.
Tel #: 1-877-SPINE-DR
Fax: (347) 708-8499

August 31, 2022

Re: Uscategui, David
DOB: 03/10/1989
DOA: 04/19/2022
Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

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

HISTORY OF PRESENT ILLNESS: This is a 33-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a motor-vehicle related incident on 04/19/2022.

Right shoulder pain is 0-3/10, described as intermittent pain. The patient reports pain with reaching overhead and is frequently woken up at night due to pain. Pain has moderately improved with rest, medication, ice, therapy, and treatment.

Left shoulder pain is 0-3/10, described as intermittent pain. The patient reports pain with reaching behind. Pain has moderately improved with rest, medication, ice, therapy, and treatment.

Left knee pain is 0-3/10, described as intermittent pain. The patient has difficulty raising from a chair and walking up and down stairs. Pain has moderately improved with rest, medication, ice, and therapy. Pain is worse with prolonged use.

PHYSICAL EXAMINATION:
Right Shoulder: No heat, erythema or swelling noted. Range of motion, abduction is 160 degrees, normal is 180 degrees; flexion is 170 degrees, normal is 180 degrees; internal rotation to L3; external rotation is 90 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Left Shoulder: No heat, erythema or swelling noted. Range of motion, abduction is 160 degrees, normal is 180 degrees; flexion is 170 degrees, normal is 180 degrees; internal rotation to L3; external rotation is 90 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

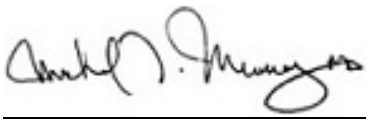
Left Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the patella. Positive patellofemoral grinding test. Range of motion reveals flexion is 130 degrees, normal is 135 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC STUDIES:
Right shoulder MRI, done on 05/12/2022, Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.
Left shoulder MRI, done on 05/12/2022, Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule. Tenosynovitis of the extra articular long head of the biceps tendon.
Left knee MRI, done on 06/03/2022, Anterior cruciate ligament sprain sequelae. Suprapatellar fat pad impingement.

FINAL DIAGNOSES:
1. Internal derangement, right shoulder - M24.811
2. Pain, right shoulder - M25.511
3. Internal derangement, left shoulder - M24.812
4. Pain, left shoulder - M25.512
5. ACL sprain, left knee - S83.512A
6. Pain, left knee - M25.562

PLAN:
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for right/left shoulder, left knee 3 days/week.
5. Follow up in 4-6 weeks.

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 the right shoulder, left shoulder, and left knee on April 19, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI