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Initial Comprehensive Medical Evaluation

Date: 06/20/2022

RE: Ruben Cruz

DOB: 11/15/1990

Location: TS Chiropractic Wellness, Richmond Hill

Case Type: WC

1st Evaluation

Work Status: Not working-temporarily totally disabled.

Defers any injections at this time. Knee pain has improved somewhat. Continue PT. Follow-up in 1 month.

HISTORY:

On 06/20/2022, Mr. Ruben Cruz, a right-handed 31-year-old male presents for the evaluation of the injuries sustained in a work-related incident which occurred on the date of 03/10/2022. The patient states that an EMS team did not arrive at the scene. He went to hospital via ambulance same day the accident occurred. He was evaluated and released. The patient works in the airport maintenance, was cleaning up, did not realize there was a black ice on the ground and the patient slipped and fell. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to left shoulder and left knee.

CHIEF COMPLAINTS:

The patient complains of left shoulder pain that is 5/10, with 10 being the worst, which is dull and achy in nature. Left shoulder pain is worsened with movement, lifting objects and walking. Left shoulder pain is improved with therapy.

The patient complains of left knee pain that is 3/10, with 10 being the worst. Left knee pain is worsened with walking, climbing stairs and squatting. Left knee pain is improved with resting and 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.

Left Shoulder Examination: Reveals tenderness upon palpation of the left AC joint and scapular region with muscle spasm present at trapezius muscle. Neer's test is positive and Hawkins test is positive. ROM is as follows: Abduction is 110 degrees, normal is 180 degrees; flexion is 120 degrees, normal is 180 degrees; external rotation is 60 degrees, normal is 90 degrees and internal rotation is 70 degrees, normal is 90 degrees.

Left Knee Examination: Reveals tenderness upon palpation of the left medial region. ROM is as follows: Forward flexion is 120 degrees, normal is 130 degrees.

GAIT: Normal.

Diagnostic Studies:

05/03/2022 - MRI of the left knee reveals ACL sprain, gastrocnemius strain.

04/19/2022 - MRI of the left shoulder reveals mild subluxation of AC joint with significant hypertrophy of joint capsule.

The above diagnostic studies were reviewed.

Diagnoses:

Left shoulder pain - (M25.512).

Left shoulder sprain/strain - (S43.402A).

Internal derangement, left knee - (M23.92).

Left knee pain - (M25.562).

Left knee sprain/strain - (S83.92).

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.

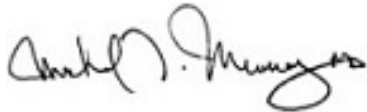
Care: Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

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. Ruben Cruz sustained to left shoulder and left knee are causally related to the incident that occurred on 03/10/2022 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