# KDV Medical, P.C.
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September 28, 2022

Re: Yousaf, Muhammad
DOB: 05/19/1961
DOA: 08/18/2021
Location: Cruz Banting Imelda MD PT

## ORTHOPEDIC RE-EVALUATION

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

**HISTORY OF PRESENT ILLNESS:** This is a 61-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work related incident on 08/18/2021.

Right shoulder pain is 6/10, described as intermittent pain. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

Left knee pain is 6/10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. Pain is worse with prolonged walking and standing.

Right elbow pain is 8/10 with 10 being the worst, which is intermittent in nature with numbness and tingling. Patient has pain with lifting, carrying and driving.

Left hip pain is 7/10, described as intermittent. Pain is worse with standing from sitting, walking and climbing.

**PHYSICAL EXAMINATION:**
Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint, and subacromial space. Positive Empty Can test. Positive Obrein's test. Positive Hawkins test. Range of motion, abduction is 150 degrees, normal is 180 degrees; forward flexion is 160 degrees, normal is 180 degrees; internal rotation to L5; external rotation is 70 degrees, normal is 90 degrees. The patient reports intermittent numbness and tingling right upper extremity.

Left Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line, and patella. Patient has crepitus of the knee with ROM. Range of motion, flexion is 120 degrees, normal is 135 degrees and full extension. Positive McMurray test. Positive patellofemoral grinding test. Left knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity. Muscle strength is 3/5 with quadriceps atrophy.

Right Elbow: No heat, erythema, swelling noted. There is tenderness upon palpation over the medial and lateral epicondyle. Range of motion: extension is 0-130 degrees, normal is 150

degrees; Flexion is 130 degrees, normal is 150 degrees; Supination is 80 degrees, normal is 90 degrees; Pronation is 80 degrees, normal is 90 degrees. Pain with resisted wrist flexion/extension. Muscle strength is 4/5.

Left Hip: The left hip reveals tenderness to palpation noted in the greater trochanter. Range of motion is limited and painful. Positive Faber, positive straight leg raise test. ROM: Abduction 20 degrees, adduction 10 degrees, flexion 90 degrees, internal rotation 30 degrees, external rotation 30 degrees. Patient reports pain radiating below the knees.

**DIAGNOSTIC STUDIES:**
Right shoulder MRI, done on 09/20/2021, Partial-thickness tearing within the supra and infraspinatus tendons is identified. Tear within the superior labrum. AC joint arthrosis. Fluid in the subacromial and subdeltoid bursa as well as within the glenohumeral joint.
Left knee MRI, done on 11/08/2021, Tear within the posterior horn of both the medial lateral menisci. Intrasubstance tear/sprain of the posterior fibers of the anterior cruciate ligament. Chondromalacia patella medial patellar facet as well as osseous edema in the intercondylar region of the distal femur. Joint Effusion.
11/08/2021 - MRI of the left ankle reveals 1.0 cm area of focal cortical irregularity and cyst-like change within the talar neck suspicious for posttraumatic changes. No other fracture is identified. Tendinosis/Sprain of the distal posterior tibialis tendon with fluid in the tendon sheath. There is also punctate signal the distal peroneus brevis tendon at its insertion consistent with tendinosis/intrasubstance tear. Effusion within the tibiotalar and subtalar joints. Partial tear/sprain of the posterior talofibular ligament.
11/10/2021 - MRI of the left hip reveals No fracture or dislocation of the left hip identified. 2.1 x 1.6 cm right-sided perineural cyst at the S2 level. Partial visualization a small left-sided scrotal hydrocele.
12/23/2021 - MRI of the right elbow reveals intrasubstance tear within the distal triceps tendon as well as tendinosis/sprain of the distal brachialis tendon and sprain of the distal biceps tendon. Tendinosis within the common extensor tendon is also identified. Joint effusion. Cystic appearing area along the posterior aspect of the distal humerus. No other acute fracture or dislocation is identified.

**FINAL DIAGNOSES:**
1. Labral tear, right shoulder. - S43.431A
2. Partial rotator cuff tear, right shoulder - S46.011A
3. Right shoulder pain. – M25.511
4. Medial Meniscus tear, left knee - S83.242A
5. Lateral Meniscus tear, left knee - S83.282A
6. ACL sprain, left knee - S83.512A
7. Chondromalacia, left knee - M94.262
8. Joint effusion, left knee - M25.462
9. Left knee pain. – M25.562
10. Triceps tendon tear, right elbow.
11. Brachialis tendon sprain, right elbow.
12. Common extensor tendon tendinosis, right elbow.
13. Effusion, right elbow.

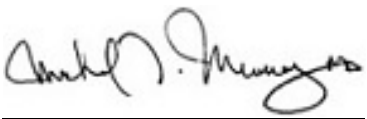
14. Pain, right elbow. -
15. Pain, left hip - M25.552
16. Cyst, left hip.
17. Internal derangement, left hip.
18. Lumbar radiculopathy.

**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 shoulder, left knee, left hip, and right elbow 3 days/week.
5. Discussed right elbow 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 surgery. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right elbow pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient. Discussed the length of the arthroscopy and the postoperative instructions. All the benefits and risks of the right elbow 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.
6. All the questions in regard to the procedure were answered.
7. Workers' Compensation Board authorization needed prior to surgery.
8. The patient verbally consents for the arthroscopy of the right elbow and the patient will be scheduled for right elbow surgery. 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. Obtain Tennis elbow brace and wear during activity.
9. The patient will follow up 4-6 weeks.

**IMPAIRMENT RATING:** Patient is currently and temporarily 100% disabled and is not working.

**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 diagnoses rendered are causally related to the injuries the patient incurred on right shoulder, left knee, right elbow and left hip on August 18, 2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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