

KDV Medical, P.C.

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October 03, 2022

Re: Rosario, Roberto

DOB: 04/07/1992

DOA: 08/04/2022

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: This is a 30-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a motor related accident on 08/04/2022.

Right shoulder pain is 9/10, described as constant. The patient complains weakness. The patient reports pain with reaching overhead and behind.

Right knee pain is 9/10. The patient complains of weakness, stiffness. The patient has difficulty raising from a chair and walking up and down stairs.

PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus. Positive Empty Can test. Positive Yergason test. Range of motion, abduction is 140 degrees, normal is 180 degrees; adduction 30, normal is 45 degrees; forward flexion is 150 degrees, normal is 180 degrees; extension is 45 degrees, normal is 60 degrees; internal rotation is 60, normal is 90 degrees; external rotation is 70 degrees, normal is 90 degrees. . The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line. Positive McMurray test. Anterior drawer test is positive. Posterior drawer test is positive. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC STUDIES:

Right shoulder MRI, done on 08/25/2022, Impingement. Tendinosis/tendonitis with intrasubstance tearing of the subscapularis, infraspinatus and supraspinatus portions of the cuff. Anterior and posterior labral tearing. The biceps tendon is hypo plastic. AC narrowing and acromion spurring. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. Supra and infrapatellar plica. Quadriceps and patellar tendinosis/tendonitis. Right knee MRI, done on 08/25/2022, Partial ACL tear with thickening and heterogeneity. Joint effusion. Tearing of both media] and lateral menisci. Supra and infrapatellar plica. Quadriceps and patellar tendinosis/tendonitis.

FINAL DIAGNOSES:

1. Injury, right shoulder - S49.91XD
2. Pain, right shoulder - M25.511
3. Shoulder instability, right shoulder - M25.311
4. Injury, right knee - S80.911D
5. Lateral Meniscus tear, right knee - S83.281D
6. Medial Meniscus tear, right knee - S83.241D
7. Pain, right knee - M25.561

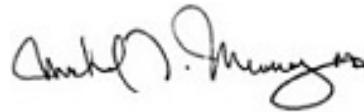
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue physical therapy for right shoulder, right knee 3 days/week.
4. Discussed right 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 consents to right shoulder surgery scheduled for 10/19/22.
5. The patient will follow up in 4 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 diagnoses rendered are causally related to the injury the patient incurred on the right shoulder and right knee on July 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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RK/AEI



Michael Murray, MD