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Initial Comprehensive Medical Evaluation

Date: 06/30/2022

RE: Mihail Mantalis
DOB: 11/18/1993
Location: Woodside-Ortho
Case Type: NF
1st Evaluation

The patient is doing chiro x 1 week.

HISTORY:
On 06/30/2022, Mr. Mihail Mantalis, a right-handed 28-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 06/13/2022. The patient was seen at the Woodside-Ortho. The patient states he was the restrained driver of a vehicle which was involved in a rear-end collision. The patient states that an EMS team arrived. The patient went to the hospital same day the accident occurred. He was evaluated and released. The patient was the driver when crossing an intersection another car rear-ended him, police arrived, no airbags deployed. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to bilateral shoulders and bilateral knees.

CHIEF COMPLAINTS:
The patient complains of left shoulder pain that is 6/10, with 10 being the worst, which is constant and intermittent. Left shoulder pain is worsened with range of motion. Left shoulder pain is slightly improved with rest.

The patient complains of right shoulder pain that is 6/10, with 10 being the worst, which is constant and intermittent. Right shoulder pain is worsened with range of motion. Right shoulder pain is slightly improved with rest.

The patient complains of left knee pain that is 6/10, with 10 being the worst, which is constant and intermittent.

The patient complains of right knee pain that is 10/10, with 10 being the worst, which is constant and intermittent. Right knee pain is worsened with ambulation. The patient also notes clicking and popping of the right knee.

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: The patient is a nonsmoker.

PHYSICAL EXAM:
General: The patient presents in an uncomfortable state.

Vitals: Height 5', weight 205 lbs.

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 swelling and tenderness to palpation on the posterior shoulder. Negative for Drop arm and cross-over. Hawkins test is positive. Positive O'Brien's and positive impingement sign. ROM is as follows: Active abduction is 180 degrees, normal is 180 degrees; passive abduction is 170 degrees, normal is 180 degrees; external rotation is 90 degrees, normal is 90 degrees and internal rotation is 70 degrees, normal is 90 degrees. No motor or sensory deficit of the left upper extremity.

Right shoulder Examination: Reveals swelling and tenderness to palpation on the posterior shoulder. Negative for Drop arm and cross-over. Hawkins test is positive. ROM is as follows: Active abduction is 180 degrees, normal is 180 degrees; passive abduction is 170 degrees, normal is 180 degrees; external rotation is 90 degrees, normal is 90 degrees and internal rotation is 70 degrees, normal is 90 degrees. Positive O'Brien's and positive impingement sign of the right shoulder. No motor or sensory deficit of the right upper extremity.

Left Knee Examination: ROM is as follows: Flexion is 120 degrees, normal is 130 degrees. Left knee is stable with varus and valgus stress test and has no motor or sensory deficits of the left lower extremity

Right Knee Examination: Reveals pain to palpation over medial joint line. ROM is as follows: Flexion is 100 degrees, normal is 130 degrees. Right knee is stable with varus and valgus stress test and has no motor or sensory deficits of right lower extremity.

GAIT: Normal.

Reveals tenderness upon palpation of the left medial region.

Diagnostic Studies: None reviewed.

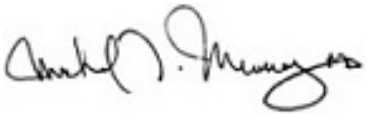
Diagnoses:
Patellofemoral chondral injury of bilateral knees.
Left shoulder pain - (M25.512).
Left shoulder sprain/strain - (S43.402A).
Right shoulder pain - (M25.511).
Right shoulder sprain/strain - (S43.401A).
Internal derangement, left knee - (M23.92).
Left knee pain - (M25.562).
Left knee sprain/strain - (S83.92).
Internal derangement, right knee - (M23.91).
Right knee pain - (M25.561).
Right knee sprain/strain - (S83.91).

Plan:

1. **Request MRI of the left shoulder:** I have advised the patient that this study should be performed immediately because if any ligamentous tears are present, then we need to address the injury immediately with an orthopedic surgery consult.
2. **Request MRI of the right shoulder:** I have advised the patient that this study should be performed immediately because if any ligamentous tears are present, then we need to address the injury immediately with an orthopedic surgery consult.
3. **Request MRI of the left knee:** I have advised the patient that this study should be performed immediately because if any ligamentous tears are present, then we need to address the injury immediately with an orthopedic surgery consult.
4. **Request MRI of the right knee:** I have advised the patient that this study should be performed immediately because if any ligamentous tears are present, then we need to address the injury immediately with an orthopedic surgery consult.
5. **Physical therapy:** The patient is to continue with physical therapy.

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 specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

Rehan Khan, FNP-BC
RK/AEI



Michael Murray, MD