

KDV Medical P.C.

Tel #: 1-877-SPINE-DR

Fax: (347) 708-8499

August 31, 2022

Re: Singh, Aneisha

DOB: 06/03/2008

DOA: 12/18/2021

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Left shoulder, right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 14-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a motor vehicle accident on 12/18/2021.

Left shoulder pain is 3/10, weak pain. The patient reports pain with reaching overhead and behind. Pain is temporarily improved with rest, medication, ice, and therapy.

Right knee pain is 2-3/10, weak pain. The patient has difficulty walking up and down stairs. Pain is temporarily improved with rest, medication, ice, and therapy.

Left knee pain is 2-3/10, pain. The patient has difficulty walking up and down stairs. Pain is temporarily improved with rest, medication, ice, and therapy.

PHYSICAL EXAMINATION:

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the trapezius and proximal biceps. Range of motion, abduction is 160 degrees, normal is 180 degrees; forward 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.

Right 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. Muscle strength is 4-/5.

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:

Left shoulder MRI, done on 03/06/2022, Unremarkable.

Re: Singh, Aneisha
Page 2

Right knee MRI, done on 03/09/2022, Mild suprapatellar joint effusion. Mild lateral patellar subluxation. Distal lateral femoral metaphyseal edema compatible with micro trabecular stress related injury.

Left knee MRI, done on 03/11/2022, Small joint effusion. Trochlear dysplasia. No meniscal tear. Intact cruciate and collateral ligaments. The articular cartilage is preserved.

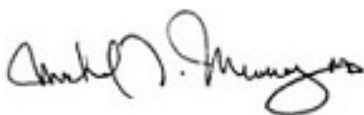
FINAL DIAGNOSES:

1. Internal derangement, right knee - M23.91
2. Joint effusion, right knee - M25.461
3. Internal derangement, left shoulder - M24.812
4. Pain, left shoulder - M25.512
5. Internal derangement, left knee - M23.92
6. Joint effusion, left knee - M25.462
7. 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 home stretching and strengthening exercises as demonstrated and provided in the clinic.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, right/left knee 3 days/week.
6. 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 diagnoses rendered is causally related to the injuries the patient incurred on the left shoulder, right knee, and left knee on December 18, 2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI