

Ketan D.Vora, DO, P.C.

WC / (NF) LIEN

Location: Dr. Cruz Pt

Patient Name: Marydean Mendez

Date of Visit: 7/14/22

DOB: 7/9/1978

M (F)

Handed: (R) / L

DOA: 6/6/22

Age:

Height: 5'2

Weight: 130

Chief complaint: right/left shoulder right/left knee

Left Hip

Work Hx:

Handedness: right / left

Type of Injury: ☒ Auto Accident *restrained/unrestrained* ☐ Work-Accident Other: _____

☒ Pedestrian ☐ Bicyclist ☐ Driver ☐ Front Passenger ☐ behind the driver ☐ rear set mid back passenger

Part of your vehicle involved: ☐ Rear end ☐ Front End ☐ Driver's side front ☐ Driver's side rear ☐ Passenger side front ☐ Passenger side rear ☐ T-bone driver's side ☐ T-bone passenger side ☐ Air bags deployed ☐ Air bags not deployed ☐ seat belt ☐ no seat belt

Police: *were / were not* at the scene of the accident.

Hospital: Yes / (No) Hospital name: _____ via ambulance / car _____

PMH: Diabetes, HBP, (Asthma) Cardiac disease, None _____

PSH: None _____

Current Meds: None Albuterol

Drug Allergies: Yes / No _____

Social Hx: ☐ Smoker ☐ Non-Smoker ☐ Alcohol

Doing PT/Chiro: _____ weeks/months In states good/no/little relief/in the states pain is interfering with day-to-day activities

PRESENT COMPLAINTS:

Right shoulder: pain /10, constant ☐ intermittent ☐ sharp ☐ stabbing ☐ dull ☐ achy pain.

☐ Worse with range of motion ☐ slightly improved with rest ☐ unable to reach overhead or behind back ☐ is frequently woken up at night due to pain.

Left shoulder: pain 8/10, constant ☐ intermittent ☒ sharp ☐ stabbing ☒ dull ☒ achy pain.

☐ Worse with range of motion ☐ slightly improved with rest ☐ unable to reach overhead or behind back ☒ is frequently woken up at night due to pain.

Right knee: pain /10, constant ☐ intermittent ☐ sharp ☐ stabbing ☐ dull ☐ achy pain.

☐ Worse with Ambulation ☐ slightly improved with rest ☐ unable / Difficulty with raising for my chair or walking up and down stairs. Patient also notes clicking ☐ popping ☐ buckling ☐ and intermittent locking ☐.

Left knee: pain /10, constant ☐ intermittent ☐ sharp ☐ stabbing ☐ dull ☐ achy pain.

☐ Worse with Ambulation ☐ slightly improved with rest ☐ unable / Difficulty with raising for my chair or walking up and down stairs. Patient also notes clicking ☐ popping ☐ buckling ☐ and intermittent locking ☐.

ROS:

no fevers chills or night sweats temperature taking at the time of Exam was _____ eyes: no blurry vision double vision and vision changes _____ skin: clear no rashes _____ Nuro: no headaches or dizziness _____ vision: no blurry vision double vision of vision changes _____ respiratory: no wheezing coughing shortness of breath or difficulty breathing _____ Cardiovascular: no chest pain murmurs irregular heart rate or hypertension _____ gastrointestinal: no nausea vomiting diarrhea constipation jaundice so changes in bowel _____ histological: no active bleeding bruising anemia blood clotting disorders _____

PHYSICAL EXAMINATION:

Right Shoulder: swelling / tenderness to palpation on the _____
 positive/negative for Drop arm positive/ negative cross-over positive/negative empty can
 test positive/negative Hawkins positive/negative O'Brien's positive/negative impingement
 sign,
 ROM: active abduction ____/180 passive abduction ____/180 int. rotation ____/90
 ext. rotation ____/90 internal rotation to Sacrum/mid back
 ____ has no motor or sensory deficit of the left upper extremity.

Left Shoulder: swelling / tenderness to palpation on the labrum
 positive/negative for Drop arm positive/ negative cross-over positive/negative empty can
 test positive/negative Hawkins positive/negative O'Brien's positive/negative impingement
 sign,
 ROM: active abduction 120/180 passive abduction 120/180 int. rotation 75/90
 ext. rotation 90/90 internal rotation to Sacrum/mid back
 ____ has no motor or sensory deficit of the left upper extremity.

Right Knee: Pain to palpation over _____
 Positive/Negative for McMurray, positive/negative Lachmans positive/negative
 Patellofemoral grinding test positive/negative Anterior posterior drawer
 ROM: flexion ____/130 extension ____/5 ____ Knee is stable with varus and valgus stress test.
 ____ has no motor or sensory deficit of the right lower extremity.

Left Knee: Pain to palpation over _____
 Positive/Negative for McMurray, positive/negative Lachmans positive/negative
 Patellofemoral grinding test positive/negative Anterior posterior drawer
 ROM: flexion ____/130 extension ____/5 ____ Knee is stable with varus and valgus stress test.
 ____ has no motor or sensory deficit of the right lower extremity.

Dx:

R Sh	L Sh	R Kn	L Kn
Rotator cuff tear	Rotator cuff tear	Medial meniscus tear	Medial meniscus tear
Labral tear	Labral tear ✓	Lateral meniscus tear	Lateral meniscus tear
SLAP tear	SLAP tear	Medial & lat meniscus tear	Medial & lat meniscus tear

Impingement	Impingement	ACL tear	ACL tear
Bursitis	Bursitis	Strain MCL	Strain MCL
Tendinitis	Tendinitis	Strain ACL	Strain ACL
		Joint effusion	Joint effusion
		PF chondral injury	PF chondral injury

Plan:

__ Informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage _____.

__ Started on a course of anti-inflammatory and muscle relaxant medications _____ mg _____ PO
 __ BID/TID/QID _____ mg _____ PO __ BID/TID/QID _____

__ Start or continue Physical Therapy 2 / 3 / 4 times a week for _____.

__ Start on a course of Therapeutics Injections _____.

__ MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury (If symptoms persist/mandatory)

__ MRI () Shoulder, () Elbow, () Wrist, () Knee to rule out ligament tear and/or Synovial injury,
 other _____.

__ Continue physical therapy.

__ Follow up in __ weeks / months.

__ discussed right/left shoulder right/left knee _____ Arthroscopy versus conservative management
 with the patient, the patient states that due to the continual pain and lack of Relief with physical therapy and the
 inability to perform day-to-day activities due to pain Patient will like to consider/move forward with surgery/
 Surgery but first would like to discuss all options with family members and lawyer