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July 26, 2022

Re: Anthony, Kerline
DOB: 08/22/1960
DOA: 08/28/2020
Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, right knee and right ankle pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 61-year-old right-handed dominant female, involved in a work-related accident on 08/28/2020. Patient works as a therapist in a hospital, and when coming out for lunch she tripped and fell hurting her shoulder on the right side of the body. The patient went to Urgent Care and was treated and released the same day. The patient presents today complaining of right shoulder, right knee, and right ankle pain. The patient was attending physical therapy for the last two years with no relief. Patient had two intra-articular steroid injection with no improvement of pain.

Right shoulder pain is 10 out of 10, described as constant pain. The patient is unable to perform overhead activities or behind the back and is frequently woken up at night due to pain.

Right knee pain is 6 out of 10, described as intermittent pain. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking of the knee. Pain is improved with rest.

Right Ankle: Right ankle pain is 6 out of 10, described as intermittent pain. Worse with range of motion and ambulation and improves with rest and medication.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: ASPIRIN, CHEST PAIN.

MEDICATIONS: The patient is taking Naproxen.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol.

ADL CAPABILITIES: The patient states that she can walk for 1-2 block. She can stand for 5 minutes before she has to sit. She can sit for 5 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

REVIEW OF SYSTEMS: General: No fever, chills, night sweats, weight gain, or weight loss.

PHYSICAL EXAMINATION: The patient's height is 5 feet 7 inches, weight is 190 pounds, and BMI is 29.8.

Right Shoulder: No heat, erythema, swelling noted. Reveals tenderness to palpation on the supraspinatus, AC joint and subacromial space. Positive empty test. Positive Hawkins test. Positive impingement test. Range of motion, abduction is 130 degrees, normal is 180 degrees; forward flexion is 140 degrees, normal is 180 degrees; external rotation is 60 degrees, normal is 90 degrees. Adduction 20 degrees, internal rotation to the side. The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: No heat, erythema, swelling noted. Tenderness to palpation along superior and inferior patella. Patient has crepitus of the knee. Positive patellofemoral grinding test. Range of motion, flexion is 120 degrees, normal is 135 degrees. Muscle strength is 4/5.

Right Ankle: Reveals swelling of the lateral malleolus. Tenderness to palpation noted in the lateral aspect of the right ankle. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 30/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees. Muscle strength is 4/5.

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 10/21/2020, Supraspinatus tendon is enlarged and inhomogeneous representing tendinosis/tendinopathy, extending toward its anterior leading edge where there is fraying of the bursal margin of the distal supraspinatus tendon. subscapularis tendinosis/tendinopathy of an enlarged caliber of the distal subscapularis tendon. Anterolaterally down sloping Type II acromion. Fluid in the long head biceps tendon sheath with may be seen with tenosynovitis. Subcortical reactive changes and thinning of the cortex at the lateral humeral convexity. Posterior labrum is small with erosion and superficial tear, extending posteroinferiorly.
Right knee MRI, done on 02/10/2021, Anteromedial subcutaneous edema coalescing anterior to the medical retinaculum. Sprain of the medial collateral ligament anteriorly. Sprain of the proximal femoral fibular ligament. Proximal popliteus tendinosis/tendinopathy.
06/10/2021 - MRI of the Right Ankle: Posterior tibial tendinopathy with peritendinous edema. Achilles tendinopathy. 5 mm spur with traction edema, soft tissue edema and no fracture.

FINAL DIAGNOSES:

1. M25.511 Pain, right shoulder
2. M75.81 Shoulder tendinitis, right shoulder

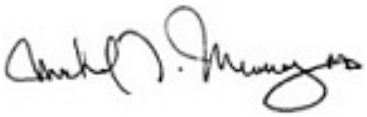
3. S43.431A Labral tear, right shoulder.
4. M75.41 Impingement, right shoulder.
5. Chondromalacia, right knee
6. M23.91 Internal derangement, right knee
7. S83.411A MCL sprain, right knee
8. M25.61 Pain, right knee
9. PF chondral injury, right knee
10. M25.571 Pain, right ankle

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue with cold compresses for right shoulder, right knee, and right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right knee, and right ankle 3 days/week.
6. Discussed right shoulder, right knee, and right ankle 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 right shoulder surgery.
7. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder 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.
8. The patient needs medical clearance prior to surgery. Workers' Compensation Board authorization needed prior to surgery.
9. Follow up in 4-6 weeks.

IMPAIRMENT RATING: Patient is currently and temporarily 60% disabled.

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 08/28/2020. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI