

Ketan D.Vora, DO, P.C.

Location: Dr. Cruz PT (WC) NF / LIEN

Patient Name: Stephanie Rodriguez

Date of Visit: 7/15/22

DOB: 11/12/1980

M (F)

Handed: R / L

DOA: 6/29/21

Age: 41

Height: 5'5

Weight: 254

Chief complaint: right/left shoulder (right/left) knee

Bilateral knee

Work Hx: not working

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 DM2

PSH: None _____

Current Meds: None _____

Drug Allergies: (Yes) No Penicillin

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 10/10, 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 10/10, 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 8/10, 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 4/10, 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 _____
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.

Right Knee: Pain to palpation over patella
Positive/Negative for McMurray, positive/negative Lachmans positive/negative
Patellofemoral grinding test positive/negative Anterior posterior drawer
ROM: flexion 110/130 extension 125 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 130/130 extension 125 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	<u>R</u> 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

Bursitis

Tendinitis

Impingement

Bursitis

Tendinitis

ACL tear

Strain MCL

Strain ACL

Joint effusion

PF chondral injury

ACL tear

Strain MCL

Strain ACL

Joint effusion

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 8/18/20 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