# KDV Medical P.C.

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August 23, 2022

RE: Rosa, Anthony
DOB: 01/15/1975
DOA: 11/06/2021
Location: Cruz Banting Imelda MD PT

## ORTHOPEDIC RE-EVALUATION

**CHIEF COMPLAINT:** Bilateral shoulder pain and right knee pain.

**HISTORY OF PRESENT ILLNESS:** This is a 47-year-old right-handed dominant male, who presents for a follow-up sustaining injuries in a motor vehicle accident on 11/06/2021. The patient has been treated with physical therapy without adequate relief.

Right shoulder pain is 6/10. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain. Patient's pain is improved with therapy.

Left shoulder pain is 7-9/10, described as constant. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain. Patient states there is no improvement in pain.

Right knee pain is 5/10, described as intermittent. Worse with ambulation and standing. The patient has difficulty raising from a chair and walking up and down stairs. The patient also reports clicking.

**PHYSICAL EXAMINATION:** Patient is alert, oriented and cooperative.

Right Shoulder: No swelling, heat, erythema noted. Reveals tenderness to palpation on the AC joint, and subacromial space. Positive empty can test. Positive Hawkins test. Positive O'Brien test. Range of motion, abduction is 150 degrees, normal is 180 degrees; flexion is 170 degrees, normal is 180 degrees; external rotation is 80 degrees, normal is 90 degrees. Right shoulder internal rotation to L4. The patient has no motor or sensory deficit of the right upper extremity.

Left Shoulder: No swelling, heat, erythema noted. Reveals tenderness to palpation of the supraspinatus, AC joint, and subacromial space. Positive empty can test. Positive Hawkins test. Range of motion, abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; external rotation is 70 degrees, normal is 90 degrees. Left shoulder, internal rotation to L5. The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: No swelling, heat, erythema noted. Reveals pain to palpation over medial and lateral joint line and patella. Positive McMurray test and positive patellofemoral grinding test. Range of

motion reveals flexion is 120 degrees, normal is 135 degrees. Stable varus and valgus test. No motor or sensory deficits. Muscle strength 4-/5.

**DIAGNOSTIC STUDIES:**

Right shoulder MRI, done on 04/25/2022, Supraspinatus tendon is inhomogeneous extending toward its anterior leading edge and distally representing tendinosis/tendinopathy, where there is obscuring of the peritendinous fat with peritendinous edema. Distal subscapularis tendinosis/tendinopathy. Capsular bulging of acromioclavicular joint associated with a laterally down sloping type II acromion that abuts the underlying supraspinatus. Focal superior labral tear 12 o'clock location extending partly but not completely into the biceps anchor. Cortical erosion lateral humeral head convexity with subcortical reactive bone marrow changes.

Left shoulder MRI, done on 05/13/2022, Supraspinatus tendon becomes bulbous and inhomogeneous toward its anterior leading edge and distally representing tendinosis/tendinopathy where it is obscuring the adjacent peritendinous fat. Focal subcortical cystic change at the anterior and lateral humeral head convexity with thinning of the overlying cortex. Distal infraspinatus tendinosis/tendinopathy present. Distal subscapularis tendinosis/tendinopathy. Acromioclavicular joint space narrowing accompanied by laterally downsloping type II acromion which abuts the underlying musculotendinous junction of the supraspinatus. Superior labral tear at the superior to slightly posterosuperior labrocartilaginous junction of the labrum without extension to the biceps anchor. Mild glenoid spur formation anteriorly.

Right knee MRI, done on 12/28/2021, Tear within the posterior horn of the medial meniscus. partial tearing of the anterior cruciate ligament. Sprain along the femoral attachment the medial collateral ligament. Subtle osseous edema in the fibular head likely reflecting underlying contusion. No discrete fracture seen. Cystic change in the proximal tibia is also identified. Joint effusion.

**FINAL DIAGNOSES:**

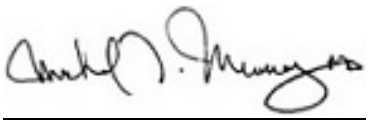
1. M75.81 Shoulder tendinitis, right shoulder
2. M25.511 Pain, right shoulder
3. S43.431D Labral tear, right shoulder.
4. M75.42 Impingement, left shoulder
5. M25.512 Pain, left shoulder
6. S43.432D Labral tear, left shoulder.
7. M75.82 Shoulder tendinitis, left shoulder.
8. S83.519D ACL tear, right knee
9. M25.461 Joint effusion, right knee
10. S83.411A MCL sprain, right knee
11. S83.241A Medial Meniscus tear, right knee
12. M25.61 Pain, right knee
13. Contusion, right knee

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.

4. Continue physical therapy for bilateral shoulders and right knee 3 days/week.
5. Discussed right and left shoulder, right knee 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 left shoulder surgery.
6. Discussed the length of the arthroscopy and the postoperative instructions in detail.
7. All the benefits and risks of the right knee arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
8. The patient needs medical clearance prior to surgery.
9. All the questions with regard to the procedure were answered.
10. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left shoulder surgery scheduled for 9/22/2022. 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.

**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 injuries the patient incurred on the right knee and bilateral shoulders on 11/06/2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI