KDV Medical, P.C.
Tel #: 1-877-SPINE-DR
Fax: (347) 708-8499

October 03, 2022

Re: Inoa, Axel
DOB: 02/29/1996
DOA: 08/04/2022
Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: This is a 26-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a motor related accident on 08/04/2022.

Right shoulder pain is 8-9/10, described as intermittent pain. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain. Pain is temporarily relieved with rest and ice.

Right knee pain is 8-9/10. The patient complains of weakness, stiffness. The patient has difficulty raising from a chair and walking up and down stairs.

PHYSICAL EXAMINATION:
Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, trapezius and proximal biceps. Positive Empty Can test. Positive Cross-over test. Positive Impingement test. Positive Yergason test. Range of motion, abduction is 160 degrees, normal is 180 degrees; Adduction is 40 degrees, normal is 45 degrees; forward flexion is 160 degrees, normal is 180 degrees; extension is 40 degrees, normal is 60 degrees; internal rotation is 60, normal is 90 degrees; external rotation is 80 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line. Range of motion, flexion is 110 degrees, normal is 135 degrees and extension 0 degrees, normal is 5 degrees. Positive McMurray test. Posterior drawer test is positive. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC STUDIES:
Right shoulder MRI, done on 08/25/2022, Impingement. The biceps tendon is hypoplastic. The anterior and posterior labrum are partially torn. Tendinosis/tendonitis infraspinatus and supraspinatus portions of the cuff. AC narrowing and acromion spurring. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

Right knee MRI, done on 08/25/2022, Joint effusion. Tearing of both medial and lateral menisci. Thickened and partial torn ACL with fluid floor of the inter condylar notch. Supra and infrapatellar plica. Quadriceps and patellar tendinosis/tendonitis.

FINAL DIAGNOSES:

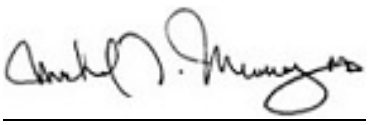
1. Biceps tendon tear, right shoulder - S46.101D
2. Impingement, right shoulder. - M75.41
3. Injury, right shoulder - S49.91XD
4. Pain, right shoulder - M25.511
5. Injury, right knee - S80.911A
6. Joint effusion, right knee - M25.461
7. Lateral Meniscus tear, right knee - S83.281D
8. Medial Meniscus tear, right knee - S83.241D
9. Pain, right knee - M25.561

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue physical therapy for right shoulder, right knee 3 days/week.
4. Discussed right shoulder and 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 consents to right shoulder arthroscopy on 10/20/2022.
5. The patient will follow up in 4 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 are causally related to the injury the patient incurred on the right shoulder and right knee on July 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

Rehan Khan, FNP-BC
RK/AEI



Michael Murray, MD