

Ketan D. Vora, D.O., P.C.

Tel #: 1-877-SPINE-DR

Fax: (347) 708-8499

July 26, 2022

Re: Camara, Mariam

DOB: 02/13/1999

DOA: 06/16/2022

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 32-year-old right-handed dominant female, involved in a motor vehicle accident on 05/19/2022. Patient was the driver when another car struck her on the front passenger side, no airbags deployed. The patient was wearing a seatbelt. The EMS arrived on the scene. The police were called to the scene of the accident. The patient went to Citi MD Urgent Care where he was treated and released the same day. The patient presents today complaining of right shoulder and right knee pain. The patient has been treated with physical therapy without adequate relief.

Right shoulder pain is 7 out of 10, described as intermittent pain. The patient is unable to reach overhead or behind the back and is frequently woken up at night due to pain. Pain temporarily improved with PT and ice.

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

PAST MEDICAL HISTORY: Anemia.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking ferrous sulfate.

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 8 inches, weight is 132 pounds.

Right Shoulder: Reveals tenderness to palpation on the supraspinatus space. Positive empty test. Range of motion, abduction is 130 degrees, normal is 180 degrees; flexion is 130 degrees, normal is 180 degrees; internal rotation to L5 degrees, normal is 90 degrees; external rotation is 60 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: Reveals tenderness to palpation over the superior and inferior patella. Crepitus noted. Positive patellofemoral grinding test. Range of motion reveals flexion is 120 degrees, normal is 135 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength is 4+/5.

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 07/19/2020, tendinosis within the supra and infraspinatus tendons as well as in the distal subscapularis tendon. Fluid in the subcoracoid recess of the Joint.

Right knee MRI, done on 07/19/2022, faint signal in the posterior horn of the medial meniscus with inferior articular extension consistent with subtle tear. Sprain along the posterior inferior fibers of the anterior cruciate ligament. Fluid in the suprapatellar recess of the joint.

FINAL DIAGNOSES:

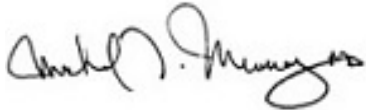
1. M25.511 Pain, right shoulder.
2. M75.81 Shoulder tendinitis, right shoulder.
3. M25.461 Joint effusion, right knee.
4. S83.241A Medial Meniscus tear, right knee.
5. M25.561 Pain, right knee.

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 and right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for rights shoulder and right knee 3 days/week.
6. Follow up in 4 weeks.

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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 06/16/2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", is positioned above a horizontal line.

Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI