KDV Medical P.C.

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August 31, 2022

Re: Choudhury, Abdus DOB: 05/03/1975 DOA: 11/29/2021

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: This is a 47-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work-related incident on 11/29/2021.

Right shoulder pain is 0-2/10, described as intermittent pain. Pain is worse with prolonged use.

Right knee pain is 2/10, described as intermittent pain. The patient has difficulty raising from a chair and walking up and down stairs. Pain is temporarily improved with rest, medication, ice, and therapy, Pain is worsened with prolonged ambulation.

IMPAIRMENT RATING: Patient is currently and temporarily 60% disabled and is working part-time.

PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the trapezius. Positive Hawkins test. Range of motion, abduction is 160 degrees, normal is 180 degrees; forward flexion is 170 degrees, normal is 180 degrees; internal rotation is to L4; external rotation is 90 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the patella. 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 reports numbness and tingling radiating down the right lower extremity to toes.

DIAGNOSTIC STUDIES:

Right shoulder MRI, done on 01/22/2022, Impingement morphology. Tendinopathy/tendinitis of the supraspinatus tendon.

Right knee MRI, done on 02/04/2022, Anterior cruciate ligament sprain sequelae. Joint effusion. Patellar paratenonitis.

FINAL DIAGNOSES:

1. Pain, right shoulder - M25.511

Re: Choudhury, Abdus

Page 2

- 2. Tendinitis, right shoulder. -
- 3. ACL tear, right knee S83.519A
- 4. 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 anti-inflammatory and muscle relaxant medications p.r.n.
- 4. Continue physical therapy for right shoulder, right knee 3 days/week.
- 5. Patient needs pain management evaluation for lumbar radiculopathy.
- 6. Follow up in 4-6 weeks.

<u>CAUSALITY:</u> 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 shoulder and right knee on November 29, 2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

Nadezhda Bababekova, NP-BC Michael Murray, MD

NB/AEI