

KDV Medical, P.C.

Tel #: 1-877-SPINE-DR

Fax: (347) 708-8499

October 03, 2022

Re: Fernandez, Miguel

DOB: 10/13/1992

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 29-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a motor vehicle accident on 08/04/2022.

Right shoulder pain is 8/10, described as constant pain. The patient complains of weakness and stiffness. The patient reports pain with reaching overhead and behind.

Right knee pain is 9/10, described as constant. The patient complains of weakness and 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. 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 40 degrees, normal is 45 degrees, forward flexion is 160 degrees, normal is 180 degrees; internal rotation to 70 degrees, normal is 90 degrees; external rotation is 80 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line. Positive McMurray test. Positive anterior drawer and posterior drawer. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC STUDIES:

Right shoulder MRI, done on 08/25/2022, Impingement. Erosions and/or osteochondral defects of the proximal humerus. Tendinosis/tendonitis with intrasubstance tearing of the subscapularis, infraspinatus and supraspinatus portions of the cuff. Anterior and posterior labral tearing. AC narrowing and acromion spurring. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

Right knee MRI, done on 08/25/2022, Partial ACL tear. Partial LCL tear. Joint effusion. Supra and infrapatellar plica. Quadriceps and patellar tendinosis / tendonitis.

FINAL DIAGNOSES:

1. Injury, right shoulder - S49.91XD
2. Labral tear, right shoulder. - S43.431D
3. Pain, right shoulder - M25.511
4. Injury, right knee - S80.911A
5. ACL tear, right knee - S83.519D
6. Pain, right knee - M25.561

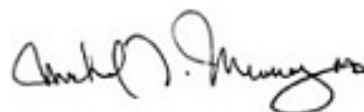
PLAN:

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 and right knee 3 days/week.
4. Discussed right shoulder and 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 surgery.
5. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee surgery. 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. The patient is scheduled for right knee surgery on 10/06/2022.
6. The patient will follow-up in 4-6 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 injuries the patient incurred on the right shoulder and right knee on August 04, 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