

Ketan D.Vora, DO, P.C.

(WC) / NF / LIEN

Location: Dr. Cruz Pt

Patient Name: Alvaro moral-mendez

Date of Visit: 7/15/22

DOB: 12/04/1982

(M) F

Handed (R) / L

DOA: 05/04/2021

Age: 39

Height: 5'8

Weight: 298

Chief complaint: right/left shoulder right/left knee

Left knee

Work Hx: not working

Handedness: right / left

Type of Injury: Auto Accident restrained/unrestrained ☒ Work-Accident Other: _____

☐ Pedestrian ☐ Bicyclist ☐ Driver ☐ Front Passenger ☐ behind the driver ☐ rear set mid back passenger

Part of your vehicle involved: ☐ Rear end ☐ Front End ☐ Driver's side front ☐ Driver's side rear

☐ Passenger side front ☐ Passenger side rear ☐ T-bone driver's side ☐ T-bone passenger

side ☐ Air bags deployed ☐ Air bags not deployed ☐ seat belt ☐ no seat belt

Police: were / were not at the scene of the accident.

Hospital: Yes / ☒ No Hospital name: _____ via ambulance / car _____

PMH: Diabetes, HBP, Asthma, Cardiac disease, ☒ None _____

PSH: ☒ None _____

Current Meds: ☒ None _____

Drug Allergies: Yes / ☒ No _____

Social Hx: ☐ Smoker ☐ Non-Smoker ☐ Alcohol

Doing PT/Chiro: _____ weeks/months In states good/no/little relief/in the states pain is interfering with day-to-day activities

PRESENT COMPLAINTS:

Right shoulder: pain /10, constant ☐ intermittent ☐ sharp ☐ stabbing ☐ dull ☐ achy pain.

☐ Worse with range of motion ☐ slightly improved with rest ☐ unable to reach overhead or behind back ☐ is frequently woken up at night due to pain.

☒ **Left shoulder:** pain 9 /10, constant ☐ intermittent ☐ sharp ☐ stabbing ☒ dull ☐ achy pain.

☒ Worse with range of motion ☐ slightly improved with rest ☐ unable to reach overhead or behind back ☐ is frequently woken up at night due to pain.

Right knee: pain /10, constant ☐ intermittent ☐ sharp ☐ stabbing ☐ dull ☐ achy pain.

☐ Worse with Ambulation ☐ slightly improved with rest ☐ unable / Difficulty with raising for my chair or walking up and down stairs. Patient also notes clicking ☐ popping ☐ buckling ☐ and intermittent locking ☐.

☒ **Left knee:** pain 9 /10, constant ☐ intermittent ☐ sharp ☒ stabbing ☒ dull ☒ achy pain.

☒ Worse with Ambulation ☐ slightly improved with rest ☒ unable / Difficulty with raising for my chair or walking up and down stairs. Patient also notes clicking ☐ popping ☒ buckling ☐ and intermittent locking ☒.

ROS:

no fevers chills or night sweats temperature taking at the time of Exam was _____. eyes: no blurry vision double vision and vision changes _____. skin: clear no rashes _____. Nuro: no headaches or dizziness _____. vision: no blurry vision double vision of vision changes _____. respiratory: no wheezing coughing shortness of breath or difficulty breathing _____. Cardiovascular: no chest pain murmurs irregular heart rate or hypertension _____. gastrointestinal: no nausea vomiting diarrhea constipation jaundice so changes in bowel _____. histological: no active bleeding bruising anemia blood clotting disorders _____.

PHYSICAL EXAMINATION:

Right Shoulder: swelling / tenderness to palpation on the _____
 positive/negative for Drop arm positive/ negative cross-over positive/negative empty can
 test positive/negative Hawkins positive/negative O'Brien's positive/negative impingement
 sign,
 ROM: active abduction ____ /180 passive abduction ____ /180 int. rotation ____ /90
 ext. rotation ____ /90 internal rotation to Sacrum/mid back
 ____ has no motor or sensory deficit of the left upper extremity.

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 ext. rotation ____ /90 internal rotation to Sacrum/mid back
 ____ has no motor or sensory deficit of the left upper extremity.

Right Knee: Pain to palpation over _____
 Positive/Negative for McMurray, positive/negative Lachmans positive/negative
 Patellofemoral grinding test positive/negative Anterior posterior drawer
 ROM: flexion ____ /130 extension ____ /5 ____ Knee is stable with varus and valgus stress test.
 ____ has no motor or sensory deficit of the right lower extremity.

Left Knee: Pain to palpation over patella (inferior)
 Positive/Negative for McMurray, positive/negative Lachmans positive/negative
 Patellofemoral grinding test positive/negative Anterior posterior drawer
 ROM: flexion 80 /130 extension 0 /5 ____ Knee is stable with varus and valgus stress test.
 ____ has no motor or sensory deficit of the right lower extremity.

Dx:

R Sh	L Sh	R Kn	L Kn
Rotator cuff tear	Rotator cuff tear	? Medial meniscus tear ✓	Medial meniscus tear
Labral tear	Labral tear	Lateral meniscus tear	Lateral meniscus tear
SLAP tear	SLAP tear	Medial & lat meniscus tear	Medial & lat meniscus tear

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Impingement

Impingement

ACL tear

ACL tear

Bursitis

Bursitis

Strain MCL

Strain MCL

Tendinitis

Tendinitis

Strain ACL

Strain ACL

Joint effusion

Joint effusion

PF chondral injury

PF chondral injury

Plan:

__ Informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage _____.

__ Started on a course of anti-inflammatory and muscle relaxant medications _____mg ____PO

__ BID/TID/QID _____ mg ____PO ____BID/TID/QID _____

__ Start or continue Physical Therapy 2 / 3 / 4 times a week for _____.

__ Start on a course of Therapeutics Injections _____.

__ MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury (If symptoms persist/mandatory)

__ MRI () Shoulder, () Elbow, () Wrist, () Knee to rule out ligament tear and/or Synovial injury, other _____.

__ Continue physical therapy.

__ Follow up in __ weeks / months.

__ discussed right/left shoulder right/left knee _____ Arthroscopy versus conservative management with the patient, the patient states that due to the continual pain and lack of Relief with physical therapy and the inability to perform day-to-day activities due to pain Patient will like to consider/move forward with surgery/ Surgery but first would like to discuss all options with family members and lawyer