

Ketan D.Vora, DO, P.C.

WC / NF / LIEN

Location: Dr. Cruz PT

Patient Name: Shaquan Rolling

Date of Visit: 7/15/22

DOB: 1/24/1978 **(M)** / F

Handed: **(R)** / L

DOA: 7/23/21

Age: 43

Height: 5'10

Weight: 180

Chief complaint: right/left shoulder right/left knee

Work Hx: 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 /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.

Left 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.

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
 Positive/Negative for McMurray, positive/negative Lachmans positive/negative
 Patellofemoral grinding test positive/negative Anterior posterior drawer
 ROM: flexion 95 /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

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 8/17/22 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