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July 25, 2022

Re: Matos, Erica

DOB: 10/18/1982

DOA: 05/18/2022

Location: TS Chiropractic Wellness, Richmond Hill

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 39-year-old right-handed dominant female, involved in a motor vehicle accident on 05/18/2022. Patient was the driver when another vehicle rear ended her, 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 was transported via ambulance to NS LIJ Manhasset Hospital and was treated and released the same day. The patient was attending physical therapy for the last 2 months with temporary relief of pain.

Right shoulder pain is 7-8 out of 10, described as intermittent pain. The patient is unable to reach overhead or behind the back is frequently woken up at night due to pain.

Right knee pain is 7-8 out of 10, described as intermittent pain. The patient reports clicking and buckling of the knee. The patient has difficulty raising from a chair and walking up and down stairs.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: ASPIRIN CAUSES HIVES/DIFFICULTY BREATHING. LATEX CAUSES ITCHING. ERYTHROMYCIN CAUSES HIVES/DIFFICULTY BREATHING.

MEDICATIONS: The patient is not taking any medication at this time.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally.

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: Lifting heavy objects, carrying heavy objects, kneeling, squatting, negotiating stairs, 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 1 inch, weight is 122 pounds. Patient is alert, oriented and cooperative.

Right Shoulder: Reveals no erythema, swelling, heat. Tenderness to palpation on the supraspinatus and AC joint. Positive empty can test. Positive Hawkins test. Positive impingement test. Positive lift-off test. Range of motion, adduction is 30 degrees, normal is 45 degrees; abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; internal rotation to L4 degrees, normal is 90 degrees; external rotation is 80 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: Reveals no erythema, swelling, heat. Tenderness along the lateral joint line and inferior patella. Positive patellofemoral grinding test. Range of motion, flexion is 120 degrees, normal is 135 degrees. Muscle strength is 4/5. Stable varus/valgus. No motor or sensory deficit.

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 06/08/2022, impingement. tendinosis/tendonitis with intrasubstance tearing of the subscapularis and supraspinatus tendons. Glenohumeral joint effusion. Hypoplastic labrum and biceps tendon. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. AC joint narrowing with acromion spurring.

Right knee MRI, done on 06/08/2022, partial LCL tear. Joint effusion. The ACL is thickened and heterogeneous with fluid intercondylar notch. Quadriceps and patellar tendinosis/tendonitis. Supra and infrapatellar plica.

FINAL DIAGNOSES:

1. M25.511 Pain, right shoulder
2. S46.011A Partial rotator cuff tear, right shoulder
3. M75.81 Shoulder tendinitis, right shoulder
4. M75.41 Impingement, right shoulder.
5. M25.461 Joint effusion, right knee
6. M25.561 Pain, right knee

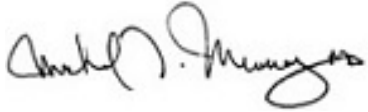
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for right shoulder and right knee 3 days/week.
5. Discussed right shoulder 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 think about surgery.
6. 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 diagnosis rendered is causally related to the

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injury the patient incurred on 05/18/2022. 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", written over a horizontal line.

Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI