

KDV Medical, P.C.

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September 28, 2022

Re: Merino, Reyes

DOB: 03/08/1967

DOA: 12/24/2017

Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder, right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 55-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a work related incident on 12/24/2017.

Right shoulder pain is 6/10, described as constant, intermittent pain. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

Right knee pain is 6/10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. The patient also has clicking and buckling of the right knee. Pain is worse with prolonged ambulation.

Left knee pain is 6/10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. The patient also has clicking and buckling of the left knee. Pain is worse with prolonged ambulation.

PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint, and subacromial space. Positive Empty Can test. Positive Hawkins test. Positive Impingement test. Positive Lift-Off test. Positive O'Brien test. Range of motion, abduction is 140 degrees, normal is 180 degrees; forward flexion is 150 degrees, normal is 180 degrees; internal rotation to side; external rotation is 60 degrees, normal is 90 degrees.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line, and patella. Range of motion, flexion is 120 degrees, normal is 135 degrees and full extension. Positive patellofemoral grinding test. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength 3/5.

Left Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line, and patella. Range of motion, flexion is 120 degrees, normal is 135 degrees and full extension. Positive patellofemoral grinding test. Left knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity. Muscle strength 3/5.

FINAL DIAGNOSES:

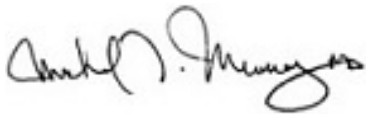
1. SLAP tear, right shoulder - S43.431A
2. Bursitis, right shoulder - M75.51
3. Impingement, right shoulder. - M75.41
4. Pain, right shoulder - M25.511
5. Tendinitis, right shoulder - M75.81
6. Chondromalacia, right knee - M94.261
7. Joint effusion, right knee - M25.461
8. Pain, right knee - M25.561
9. ACL sprain, left knee - S83.512A
10. Pain, left knee - M25.562

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/left knee 3 days/week.
5. Discussed right shoulder arthroscopy versus conservative management with the patient due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain. Patient declined arthroscopy at this time and requested to continue with conservative management.
6. Follow up in 4-6 weeks.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled and is not working.

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, right knee, and left knee on December 24, 2017. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI