

KDV Medical P.C.

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August 31, 2022

Re: Colon, Karla

DOB: 08/28/1990

DOA: 07/13/2022

Location: TS Chiropractic Wellness

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 32-year-old right-hand dominant female, involved in a motor vehicle accident on 07/13/2022. Patient was the driver when another car rear ended her. No airbags deployed. The patient did not go to the hospital thus far. The patient presents today complaining of left shoulder and left knee pain sustained in the motor related accident. The patient has been treated with physical therapy for the last 5 weeks without adequate relief.

Left shoulder pain is 8/10, described as intermittent pain. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

Left knee pain is 6-7/10, described as intermittent, stiffness and weakness with pain. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Breast Augmentation.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Tylenol prn.

SOCIAL HISTORY: The patient smokes one to two cigars per day. The patient drinks alcohol occasionally.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She can sit for 5 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging 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 4 inches, weight is 166 pounds. Patient is alert, oriented and cooperative.

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus AC joint. Positive Empty Can test. Positive Hawkins test. Positive Impingement test. Positive Lift-Off test. Range of motion, abduction is 150 degrees, normal is 180 degrees; forward flexion is 160 degrees, normal is 180 degrees; internal rotation to L5; external rotation is 70 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

Left Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the medial joint line and patella. Positive McMurray test. Positive patellofemoral grinding test. Range of motion reveals flexion is 120 degrees, normal is 135 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC STUDIES: Left shoulder MRI, done on 08/04/2022 revealed tendinosis/tendonitis with thickening of the supraspinatus and subscapularis portions of the cuff. Impingement. Labral hypoplasia. AC joint narrowing with acromion spurring. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. Left knee MRI, done on 08/25/2022 revealed tearing of the medial meniscus. Partial ACL tear. Partial LCL tear. Joint effusion. Supra and infrapatellar plica. Quadriceps and patellar tendinosis/tendonitis. Patella alta.

FINAL DIAGNOSES:

1. Impingement, left shoulder - M75.42
2. Pain, left shoulder - M25.512
3. Tendinitis, left shoulder - M75.82
4. ACL tear, left knee - S83.519A
5. Joint effusion, left knee - M25.462
6. Medial Meniscus tear, left knee - S83.242A
7. Pain, left knee - M25.562
8. LCL tear, left knee. -

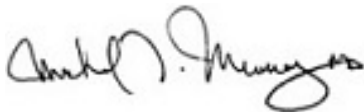
PLAN:

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 left shoulder, left knee 3 days/week.
5. Discussed left shoulder, left 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 consents to left knee surgery and would like to proceed with left knee surgery on 9/22/2022.
6. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal

derangement and other left knee pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient. Discussed the length of the arthroscopy and the postoperative instructions. All the benefits and risks of the left knee arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.

7. All the questions in regard to the procedure were answered.
8. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left 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.

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 is causally related to the injuries the patient incurred on the left shoulder and left knee on July 13, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI