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**Initial Comprehensive Medical Evaluation**

Date: 06/20/2022

RE: Victor Garcia

DOB: 08/26/1965

Location: TS Chiropractic Wellness, Richmond Hill

Case Type: WC

1<sup>st</sup> Evaluation

**Degree of Disability:** 100%.

**Work Status:** Not working-temporarily totally disabled.

Discussed cortisone injections and surgery for bilateral knees and he wishes to defer at this time. Continue PT. Follow-up in 1 month.

**HISTORY:**

On 06/20/2022, Mr. Victor Garcia, a right-handed 56-year-old male presents for the evaluation of the injuries sustained in a work-related incident which occurred on the date of 06/04/2018. The patient states that an EMS team did not arrive at the scene. The patient works in a super market unloading the truck, the patient was working with electric jack lost control and fell back. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to bilateral knees and left ankle.

**CHIEF COMPLAINTS:**

The patient complains of left knee pain that is 7-8/10, with 10 being the worst, which is throbbing and dull in nature. Left knee pain is worsened with movement, walking, climbing stairs and squatting. Left knee pain is improved with therapy.

The patient complains of right knee pain that is 7-8/10, with 10 being the worst, which is throbbing, pulsating and dull in nature. Right knee pain is worsened with movement, walking, climbing stairs and squatting. Right knee pain is improved with therapy.

The patient complains of left ankle pain. The patient complains of pain specifically at the Achilles tendon side of ankle.

**REVIEW OF SYSTEMS:** The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

**PAST MEDICAL HISTORY:** High blood pressure, prediabetic.

**PAST SURGICAL/HOSPITALIZATION HISTORY:** Left ankle surgery.

**MEDICATIONS:** None.

**ALLERGIES:** None.

**SOCIAL HISTORY:** Unknown.

**PHYSICAL EXAM:**

**General:** The patient presents in an uncomfortable state.

**Neurological Examination:** The patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

**Deep Tendon Reflexes:** Are 2+ and equal.

**Sensory Examination:** It is intact.

**Manual Muscle Strength Testing:** Testing is 5/5 normal.

**Left Knee Examination:** Reveals tenderness upon palpation of the left medial and peripatellar region. McMurray's test is positive. ROM is as follows: Extension is 5 degrees, normal is 0 degrees and forward flexion is 110 degrees, normal is 130 degrees.

**Right Knee Examination:** Reveals tenderness upon palpation of the right medial region. McMurray's test is positive. ROM is as follows: Extension is 5 degrees, normal is 0 degrees and forward flexion is 120 degrees, normal is 130 degrees.

**Left Ankle Examination:** Range of motion is mildly decreased with local tenderness upon palpation of the medial malleolus.

**GAIT:** Normal.

**Diagnostic Studies:**

03/29/2022 - MRI of the right knee reveals grade II signal posterior horn medial meniscus, prepatellar edema.

09/08/2021 - MRI of the left ankle: Small plantar calcaneal spur, tendinopathy at insertion of Achilles tendon into the calcaneus.

08/21/2021 - MRI of the left knee reveals type II hyperintense signal posterior horn medial meniscus, patellar and trochlear chondral injury and chondromalacia, pes anserine bursitis, semimembranosus bursitis.

The above diagnostic studies were reviewed.

**Diagnoses:**

Internal derangement, left knee - (M23.92).

Left knee pain - (M25.562).

Left knee sprain/strain - (S83.92).

Internal derangement, right knee - (M23.91).

Right knee pain - (M25.561).  
Right knee sprain/strain - (S83.91).  
Achilles tendinitis/bursitis, left leg - (M76.62).  
Pain in left ankle - (M25.572).

**Plan:**

1. **Physical therapy:** The patient is to start physical therapy 3 times a week for 4-6 weeks.

**Procedures:** If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

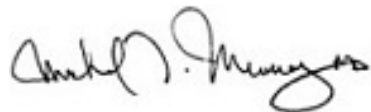
**Care:** Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

**Goals:** To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.

**Precautions:** Universal.

**Follow-up:** 1 month.

It is my opinion that the injuries and symptoms Mr. Victor Garcia sustained to left knee, right knee and left ankle are causally related to the incident that occurred on 06/04/2018 as described by the patient.



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Michael Murray, MD  
Kevin Ball, PA

Dictated but not proofread