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July 25, 2022

RE: Ruben Cruz

DOB: 11/15/1990

DOA: 03/10/2022

Location: TS Chiropractic Wellness, Richmond Hill

ORTHOPEDIC RE-EVALUATION

IMPAIRMENT: 100%

Work Status: Not working-temporarily totally disabled.

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: This is a right-handed 31-year-old male presents for a follow-up evaluation of the injuries sustained in a work-related incident which occurred on the date of 03/10/2022. Patient states that there is still pain in left shoulder and left knee despite undergoing conservative treatment with physical therapy. Patient is status post steroid injection 2 months ago.

The patient complains of left shoulder pain that is 8/10, which is intermittent. The patient has clicking of the left shoulder. Patient reports worsening of pain with overhead activities, reaching behind, and reaching to the side. Also, patient is unable to sleep at night due to pain.

The patient complains of left knee pain that is 3/10, which is intermittent. Patient reports an intra-articular steroid injection was given 2 months ago with moderate relief of pain. Pain is worsened with prolonged ambulation/standing, and going up and down stairs.

PHYSICAL EXAMINATION: Patient is alert, oriented and cooperative.

Left shoulder reveals no swelling, heat, erythema. Tenderness to palpation on the supraspinatus, AC joint, and trapezius. Hawkins test and Empty can test are positive. Range of motion reveals abduction 120 degrees, adduction 30 degrees, forward flexion 130 degrees, internal rotation to L5, and external rotation 60 degrees.

Left knee reveals no swelling, heat, erythema. Tenderness to palpation on the superior patella. Patellofemoral grinding test is positive. Range of motion reveals forward flexion is 130 degrees, normal is 130 degrees. Muscle strength is 5-/5. Knee is stable to varus/valgus test. Patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC STUDIES:

05/03/2022 - MRI of the left knee reveals ACL sprain, gastrocnemius strain.

04/19/2022 - MRI of the left shoulder reveals mild subluxation of AC joint with significant hypertrophy of joint capsule.

FINAL DIAGNOSES:

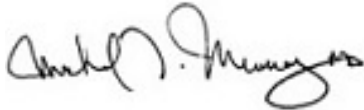
1. M25.512 - Left shoulder pain.
2. M24.812 – Left shoulder internal derangement.
3. M75.82 – Left shoulder tendinitis.
4. S83.512D Left knee ACL sprain.
5. Left knee Myofascial sprain.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for the left shoulder and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left knee 3 days/week.
6. Discussed left 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 proceed with left shoulder surgery.
7. 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 shoulder 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the left shoulder 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left shoulder surgery on 08/18/22. 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.
12. WC authorization needed prior to surgery.
13. Follow up in 4 weeks.

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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 injury the patient incurred on 03/10/2022. 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", is positioned above a horizontal line.

Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI