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Initial Comprehensive Medical Evaluation

Date: 06/30/2022

RE: Nicholas Mantalis

DOB: 11/22/1998

Location: Woodside-Ortho

Case Type: NF

1st Evaluation

The patient is doing PT/chiro x3 weeks.

HISTORY:

On 06/30/2022, Mr. Nicholas Mantalis, a right-handed 23-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 06/13/2022. The patient was seen at the Woodside-Ortho. The patient states he was the front seat passenger of a vehicle which was involved in a rear-end collision. The patient states that an EMS team arrived. He went to hospital via car same day the accident occurred. He was evaluated and released. The patient was a front seat passenger when crossing an intersection another car rear-ended them, no airbags deployed. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to bilateral shoulders and bilateral knees.

CHIEF COMPLAINTS:

The patient complains of left shoulder pain that is 10/10, with 10 being the worst, which is sharp in nature.

The patient complains of right shoulder pain that is 6/10, with 10 being the worst, which is sharp in nature.

The patient complains of left knee pain that is 10/10, with 10 being the worst, which is sharp in nature. Left knee pain is worse with ambulation. The patient also notes clicking, popping, and buckling.

The patient complains of right knee pain that is 6/10, with 10 being the worst, which is sharp in nature.

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: Noncontributory.

PAST SURGICAL/HOSPITALIZATION HISTORY: Noncontributory.

MEDICATIONS: None.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: The patient admits smoking and drinking.

PHYSICAL EXAM:

General: The patient presents in an uncomfortable state.

Vitals: Height 6', weight 225 lbs.

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 Shoulder Examination: Reveals tenderness upon palpation of the left anterior glenohumeral joint. Negative for Drop arm test. Negative for crossover test. Positive O'Brien's and positive impingement sign. ROM is as follows: Active abduction is 180 degrees, normal is 180 degrees; passive abduction is 170 degrees, normal is 180 degrees; external rotation is 80 degrees, normal is 90 degrees and internal rotation is 60 degrees, normal is 90 degrees.

Right shoulder Examination: Drop arm test is negative. Negative crossover. ROM is as follows: Active abduction is 180 degrees, normal is 180 degrees; passive abduction is 170 degrees, normal is 180 degrees; external rotation is 80 degrees, normal is 90 degrees and internal rotation is 60 degrees, normal is 90 degrees. Positive O'Brien's and positive impingement sign of the right shoulder.

Left Knee Examination: ROM is as follows: Flexion is 100 degrees, normal is 130 degrees. Left knee is stable with varus and valgus stress test and has no motor or sensory deficits of the left lower extremity.

Right Knee Examination: ROM is as follows: Flexion is 100 degrees, normal is 130 degrees. Right knee is stable with varus and valgus stress test and has no motor or sensory deficits of the right lower extremity.

GAIT: Normal.

Diagnostic Studies: None reviewed.

Diagnoses:

Patellofemoral chondral injury of the bilateral knees.

Left shoulder pain - (M25.512).
Left shoulder sprain/strain - (S43.402A).
Right shoulder pain - (M25.511).
Right shoulder sprain/strain - (S43.401A).
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).

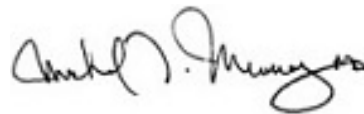
Plan:

1. **Request MRI of the right shoulder:** I have advised the patient that this study should be performed immediately because if any ligamentous tears are present, then we need to address the injury immediately with an orthopedic surgery consult.
2. **Request MRI of the left shoulder:** I have advised the patient that this study should be performed immediately because if any ligamentous tears are present, then we need to address the injury immediately with an orthopedic surgery consult.
3. **Request MRI of the right knee:** I have advised the patient that this study should be performed immediately because if any ligamentous tears are present, then we need to address the injury immediately with an orthopedic surgery consult.
4. **Request MRI of the left knee:** I have advised the patient that this study should be performed immediately because if any ligamentous tears are present, then we need to address the injury immediately with an orthopedic surgery consult.
5. **Physical therapy:** The patient is to continue physical therapy.

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 the specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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RK/AEI



Michael Murray, MD