Ketan D.Vora, DO, P.C.

WC / NF / LIEN

Location : Woodside ortho

Patient Name: Mihail Mantalis Date of Visit: 6/30/22

DOB: 11/18/1993 M / F Handed: R / L DOA: 6/13/22

Age: 28 Height: 5'10 Weight: 205

Chief complaint: right/left shoulder right/left knee B. Lateral Shoulder

Work Hx: Handedness: right / left

Type of Injury: _Auto Accident *restrained/unrestrained* _Work-Accident Other: _____

__Pedestrian __Bicyclist __Driver __Front Passenger __behind the driver ___rear set mid back passenger

Part of your vehicle involved: ___Rear end ___Front End ___Driver's side front ___Driver's side rear ___Passenger side front ___Passenger side rear ___T-bone driver's side ___T-bone passenger side _Air bags deployed _Air bags not deployed _seat belt _ no seat belt

Police: *were / were* not at the scene of the accident.

Hospital: *Yes / No* Hospital name: _____ via ambulance / car_____

PMH: Diabetes, HBP, Asthma, Cardiac disease, None _____

PSH: None _____

Current Meds: None _____

Drug Allergies: Yes / No _____

Social Hx: _Smoker X_Non-Smoker _Alcohol

Doing PT/Chiro: __1__weeks/months In states good/no/little relief/in the states pain is interfering with day-to-day activities

PRESENT COMPLAINTS:

Right shoulder: pain 6/10, constant _intermittent __sharp __stabbing __dull __achy pain. __Worse with range of motion _slightly improved with rest __unable to reach overhead or behind back __is frequently woken up at night due to pain.

Left shoulder: pain 6/10, constant _intermittent __sharp __stabbing __dull __achy pain. __Worse with range of motion _slightly improved with rest __unable to reach overhead or behind back __is frequently woken up at night due to pain.

Right knee: pain 10/10, constant _intermittent __sharp __stabbing __dull __achy pain. __Worse with Ambulation __slightly improved with rest __unable /Difficulty with raising for my chair or walking up and down stairs. Patient also notes clicking___ popping ___buckling___ and intermittent locking___.

Left knee: pain 6/10, constant _intermittent __sharp __stabbing __dull __achy pain. __Worse with Ambulation __slightly improved with rest __unable /Difficulty with raising for my chair or walking up and down stairs. Patient also notes clicking___ popping ___buckling___ and intermittent locking___.

ROS:

no fevers chills or night sweats temperature taking at the time of Exam was_____. eyes: no blurry vision double vision and vision changes_____. skin: clear no rashes_____. Nuro: no headaches or dizziness_____. vision: no blurry vision double vision of vision changes_____. respiratory: no wheezing coughing shortness of breath or difficulty breathing_____. Cardiovascular: no chest pain murmurs irregular heart rate or hypertension_____. gastrointestinal: no nausea vomiting diarrhea constipation jaundice so changes in bowel_____. histological: no active bleeding bruising anemia blood clotting disorders_____.

PHYSICAL EXAMINATION:

Right Shoulder: swelling / tenderness to palpation on the post shoulder.
positive/negative for Drop arm positive/ negative cross-over positive/negative empty can test positive/negative Hawkins positive/negative O'Brien's positive/negative impingement sign,
ROM: active abduction 180 /180 passive abduction 170 /180 int. rotation 70/90 ext/ rotation 90 /90 internal rotation to Sacrum/mid back
✓ has no motor or sensory deficit of the left upper extremity.

Left Shoulder: swelling / tenderness to palpation on the post shoulder
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ROM: active abduction 180 /180 passive abduction 170 /180 int. rotation 70/90 ext. rotation 90 /90 internal rotation to Sacrum/mid back
✓ has no motor or sensory deficit of the left upper extremity.

Right Knee: Pain to palpation over medial joint line
Positive/Negative for McMurray, positive/negative Lachmans positive/negative Patellofemoral grinding test positive/negative Anterior posterior drawer
ROM: flexion 100 /130 extension 0 /5 ✓ Knee is stable with varus and valgus stress test.
✓ has no motor or sensory deficit of the right lower extremity.

Left Knee: Pain to palpation over_____
Positive/Negative for McMurray, positive/negative Lachmans positive/negative Patellofemoral grinding test positive/negative Anterior posterior drawer
ROM: flexion 120 /130 extension 0 /5 ✓ Knee is stable with varus and valgus stress test.
✓ has no motor or sensory deficit of the right lower extremity.

Dx:

R Sh	L Sh	R Kn	L Kn
Rotator cuff tear	Rotator cuff tear	Medial meniscus tear	Medial meniscus tear
Labral tear	Labral tear	Lateral meniscus tear	Lateral meniscus tear
SLAP tear	SLAP tear	Medial & lat meniscus tear	Medial & lat meniscus tear

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Impingement	Impingement	ACL tear	ACL tear
Bursitis	Bursitis	Strain MCL	Strain MCL
Tendinitis	Tendinitis	Strain ACL	Strain ACL
		Joint effusion	Joint effusion
Internal derangement	"	PF chondral injury	PF chondral injury
		"	"

Plan:

__ Informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage_____.

__Started on a course of anti-inflammatory and muscle relaxant medications _____mg ___PO ___BID/TID/QID _____ _____ mg ___PO ___BID/TID/QID _____

__Start or continue Physical Therapy 2 / 3 / 4 times a week for_____.

__Start on a course of Therapeutics Injections _____..

__ MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury (If symptoms persist/mandatory)

_✓_MRI ( ) Shoulder, ( ) Elbow, ( ) Wrist, (✓) Knee to rule out ligament tear and/or Synovial injury, other_____.

_✓_Continue physical therapy.

_✓_Follow up in 4 weeks / months.

__ discussed right/left shoulder right/left knee _____ Arthroscopy versus conservative management with the patient, the patient states that due to the continual pain and lack of Relief with physical therapy and the inability to perform day-to-day activities due to pain Patient will like to consider/move forward with surgery/ Surgery but first would like to discuss all options with family members and lawyer