Ketan D.Vora, DO, P.C.

Location: Dr. Cruz PT WC/NF/LIEN
Location: 17: CIO & TI
Patient Name: Francisca Atampa VilchisDate of Visit: 7/15/22 DOB: 10/04/1974 MF Handed R L DOA: 03/31/2072
DOB: 10/04/1974 MF Handed R L DOA: 03/31/2072 Age: 47 Chief complaint: right/left shoulder right/left knee Bilataral Knee Ryght Anhle
Age: 47 Height: 9 9 Weight: 100 Right An File
Chief complaint: right/left shoulder right/left knee DIACCIAL FILE TVO
Work Hx: Not work hing Handedness: right / left
Type of Injury: _Auto Accident restrained/unrestrained _Work-Accident Other:
PedestrianBicyclistDriverFront Passengerbehind the driverrear set mid_back
passenger
Part of your vehicle involved:Rear endFront EndDriver's side frontDriver's side rear
Passenger side frontPassenger side rearT-bone driver's sideT-bone passenger
side _Air bags deployedAir bags not deployedseat 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: _SmokerAlcohol
Doing PT/Chiro: weeks/months In states good/no/little relief/in the states pain is interfering with day-to-
day activities
PRESENT COMPLAINTS:
Right shoulder: pain/10, constantintermittentsharpstabbingdullachy painWorse with range of motionslightly improved with restunable to reach overhead or behind
backis frequently woken up at night due to pain.
Left shoulder: pain
Worse with range of motionslightly improved with restunable to reach overhead or behind
backis frequently woken up at night due to pain.
Right knee: pain 7/10, constantintermittentsharpstabbingdullachy pain.
Worse with Ambulation vslightly 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 7/10, constant _infermittent 1/2 sharp _stabbing \(\begin{aligned} \text{dull Lachy pain.} \end{aligned} \)
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
or warking up and down states. I allone also notes enemists popping votesting and meaning

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ROS:			a di CErromitton	eves: no blurry
no fevers chills or night s	ψe	ats temperature taking a	t the time of Exam was skin: clear no rashes o blurry vision double vision coughing shortness of breath	eyes: no blurry Nuro: no
vision double vision and	√is	ion changes	Skin: clear no rashes	of vision
headaches or dizziness_	Ļ.	vision: n	o bluffy vision double vision	or difficulty
changes	- 1	Espiratory, no misses of		ata ar
breathing	₽₽	indiovasculai. No oncor po	diarrhan constir	nation laundice so changes in
hypertension	<u> </u>	gastrointestinal: no naus	a bruising anemia blood clott	ting disorders
bowel his	ito	logical: no active bleeding	g bruising anemia blood clott	
				*
PHYSICAL EXAMINA			on the	
Right Shoulder: swellin	ġ,	tenderness to palpation	on the	e/negative empty can
positive/negative for D	ťΟ	p arm positive/ negative/	active O'Rrien's positi	ve/negative impingement
test positive/negative		lawkins positive/ne	gativo o zirra	
sign,		(100	ve abduction/180	int. rotation/90
ROM: active abduct	10	n/180 passiv	/mid back	
/901	111	hternal rotation to Sactuit	Milia back	
_ has no motor or sense	Ϋ́	deficit of the left upper	extremity.	
		1		
Left Shoulder: swelling	/	tenderness to palpation of	n the	e/negative empty can
positive/negative for D	rc	p arm positive/ nega	tive cross-over positive O'Brien's positi	ive/negative impingement
test positive/negative	3 1	Hawkins positive/ite	gutivo o Dili i	
sign,		(1.00	ve abduction /180	int. rotation/90
ROM: active abduct	ţi٠	on/180 passi	ve abduction/180	
and notation (90)	1	internal folation to Sacrur	II/IIIIG DUCK	
has no motor or sens	φr	y deficit of the left upper	exiterinty.	
	.			
Right Knee: Pain to	þa	alpation over	e/negative Lachmans	positive/negative
- AR / INY a time of	Ь,	- M.A.Khurray nosiliy	e/negative Lacinians	posturi 8
Patellofemoral grinding	te	st positive/negative An	terior posterior drawer	s and valous stress test.
DOM. flavion 1201	1 -	(i) extension (// />	TIPE IS SERVICE WITH A SERVICE	3 mig 4mBm 1 man
has no motor or sens	þι	y deficit of the right lowe	er extremuty.	
Left Knee: Pain to	al	pation over	e/negative Lachmans iterior posterior drawer	nositive/negative
Positive/Negative	fo	r McMurray, positiv	e/negative Lacinians	positi (0,100
			terior posterior drawer Knee is stable with varu	e and valous stress test.
DOM: flavion ///	/111	RO extension $\ \ \ \ \ \ \ \ $	Klice is stable with vara	is and vargus serves to the
has no motor or sens	SO	ry deficit of the right low	er extremity.	
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Dx:				
R Sh	Ī	L Sh	R Kn	L Kn
KDII	-		3.5 12 1	Medial meniscus tear
Rotator cuff tear		Rotator cuff tear	Medial meniscus tear	Modific Inominant for
•		T alamal tana	Lateral meniscus tear	Lateral meniscus tear
Labral tear		Labral tear		
CT AD toom		SLAP tear	Medial & lat meniscus tear	Medial & lat meniscus
SLAP tear		Julii com		tear

		t ·						
Page 2								
Impingement		Impingement	ACL tear	ACL tear				
Bursitis		Bursitis	Strain MCL	Strain MCL				
Tendinitis		Tendinitis	Strain ACL	Strain ACL				
			Joint effusion	Joint effusion				
e.			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								
1100174								
Started on a course of anti-inflammatory and muscle relaxant medicationsmgPO								
BID/TID/QID	QID mgPOBID/TID/QID							
Start or aontinue Dhysical Therapy 2 / 3 / 4 times a week for								
Start of confine Physical Therapy 27 57 4 times a week 132 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 of the C-Spine, T-Spine, L-Spine to R/O discogenic injury (If symptoms persist/mandatory)								
MRI() Shoulder,	I() Shoulder, Elbow, () Wrist, () Knee to rule out ligament tear and/or Synovial injury,							
other	<u> </u>							
Continue physical therapy.								
Follow up in 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								
and the state of t								
Rf. aukle		rain - 9/u	pain Con St	ant when walking.				
Lateral A	pein - 9/10 pain con Stant when walking. Let le. Reduced Roll accord all planes.							
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