

KDV Medical, P.C.

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October 03, 2022

Re: Cruz, Ruben

DOB: 11/15/1990

DOA: 03/10/2022

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 31-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work related incident on 03/10/2022.

Left shoulder pain is 6/10. The patient reports pain with reaching overhead and behind.

Left knee pain is 1/10. Pain is improved with rest.

IMPAIRMENT RATING: Patient is currently not working. Temporarily totally disabled.

PHYSICAL EXAMINATION:

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the AC joint and trapezius. The patient has no motor or sensory deficit of the left upper extremity.

Left Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over the inferior patella. Range of motion, flexion is 120 degrees, normal is 135 degrees and extension 0 degrees, normal is 5 degrees. Positive posterior drawer test. Left knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC STUDIES:

Left shoulder MRI, done on 04/19/2022, Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.

Left knee MRI, done on 05/03/2022, Anterior cruciate ligament sprain sequelae. Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain.

FINAL DIAGNOSES:

1. AC joint hypertrophy, left shoulder - M89.312
2. Injury, left shoulder - S49.92XA
3. Pain, left shoulder - M25.512
4. ACL sprain, left knee - S83.512A
5. Injury, left knee - S80.912A
6. MCL sprain, left knee - S83.412A

7. Pain, left knee - M25.562

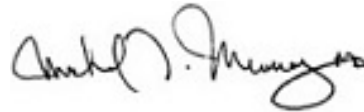
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue physical therapy for left shoulder and left knee 3 days/week.
4. Discussed left shoulder and left knee 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 accepts left shoulder surgery.
5. Workers' Compensation Board authorization needed prior to surgery.
6. The patient will follow up in 4 weeks.

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 diagnoses rendered are causally related to the injury the patient incurred on the left shoulder and left knee on March 10, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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RK/AEI



Michael Murray, MD