

KDV Medical, P.C.

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October 03, 2022

Re: Colon, Karla

DOB: 08/28/1990

DOA: 07/13/2022

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 32-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a motor related incident on 07/13/2022.

Left shoulder pain is 8/10, described as constant pain. The patient complains of weakness, stiffness. The patient reports pain with reaching overhead and behind.

Left knee pain is 8/10, described as constant. The patient complains of weakness. The patient has difficulty raising from a chair and walking up and down stairs.

PHYSICAL EXAMINATION:

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus. The patient has no motor or sensory deficit of the right upper extremity.

Left Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line. Range of motion, flexion is 100 degrees, normal is 135 degrees and extension 0 degrees, normal is 5 degrees. Positive McMurray test. Anterior drawer test is positive. Posterior drawer test is positive. 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 08/04/2022, Tendinosis/tendonitis with thickening of the supraspinatus and subscapularis portions of the cuff. Impingement. Labral hypoplasia. AC joint narrowing with acromion spurring. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

Left knee MRI, done on 08/25/2022, Tearing of the medial meniscus. Partial ACL tear. Partial LCL tear. Joint effusion. Supra and infrapatellar plica. Quadriceps and patellar tendinosis/tendonitis. Patella alta.

FINAL DIAGNOSES:

1. Injury, left shoulder - S49.92XA
2. Pain, left shoulder - M25.512
3. Tenosynovitis, left shoulder - M65.812

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4. Instability, left shoulder – M25.312
5. ACL tear, left knee - S83.519A
6. Injury, left knee - S80.912A
7. Pain, left knee - M25.562

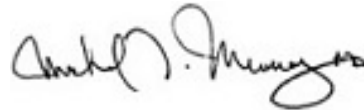
PLAN:

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, left knee 3 days/week.
4. Discussed left shoulder, 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 would like to proceed with left knee surgery on 10/20/2022.
5. 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 July 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Rehan Khan, FNP-BC
RK/AEI



Michael Murray, MD