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WC / NF / LIEN

Location : _____

Patient Name: _____

Date of Visit: 4/11/2022

DOB: 2/25/1951 M/F

Handed: R / L

DOA: 04.11.2022

Age: _____

Height: 5'6"

Weight: 210 lbs

Chief complaint: right/left shoulder right/left knee

Right > Left Shoulder PAIN

Work Hx: _____

Handedness: right / left

Type of Injury: Auto Accident restrained/unrestrained Work-Accident Other: Lifting PT car
Pedestrian Bicyclist Driver Front Passenger behind the driver rear set mid back
passenger Hx of acute on chronic shoulder Fall with 6' from car

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: EO Montebello via ambulance / car _____

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

PSH: None Left shoulder Arthroscopy 4/11/22

Current Meds: None Aspirin, Tylenol

Drug Allergies: Yes / No

Social Hx: Smoker MA Non-Smoker Alcohol Socially

Doing PT/Chiro: 3 weeks/months in states good/no/little relief/in the states pain is interfering with day-to-day activities After OR: Reported PT before OR, or well

PRESENT COMPLAINTS:

Right shoulder: pain 8/10, 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 9/10, 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, 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 /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 .

Impingement

Impingement

ACL tear

ACL tear

Bursitis

Bursitis

Strain MCL

Strain MCL

Tendinitis

Tendinitis

Strain ACL

Strain ACL

Joint effusion

Joint effusion

PF chondral injury

PF chondral injury

Involve
ment of
Biceps

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 of ibuprofen
_____ mg _____ PO _____ BID/TID/QID

✓ Start or continue Physical Therapy 2x / 4 times a week for 4 weeks

✓ Start on a course of Therapeutics Injections not earlier than 3 months after

_____ 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 _____ 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

at least we want lives clean Wiley to proceed

1) Ibuprofen 400 PRN QID #15 Amoxicillin

2) Morphine 15mg PRN QID #30

3) Fentanyl 100mcg PRN QID #15

4) Valtrex cream BID

5) Mefenamic acid 250mg PO QID #15

6) Methylprednisolone (Mecorolase) as directed on label.

7) Colace 100mg BID #30

8) Dulcolax PRN

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 rotator cuff area
 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 110/180 passive abduction 120/180 int. rotation 40/90
 ext. rotation 30/90 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 rotator cuff area
 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 60/180 passive abduction 70/180 int. rotation 35/90
 ext. rotation 20/90 internal rotation to Sacrum/mid back
 ✓ has no motor or sensory deficit of the left upper extremity.

neurologically intact BIL U.E. POD # 70 Sp @ 8 hr Rot
Right Knee: Pain to palpation over Anterior
 Positive/Negative for McMurray, positive/negative Lachmans positive/negative
 Patellofemoral grinding test positive/negative Anterior posterior drawer no motion
 ROM: flexion ____/130 extension ____/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 ____/130 extension ____/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 |
|--------------------------|--------------------------|----------------------------|-------------------------------|
| <u>Rotator cuff tear</u> | <u>Rotator cuff tear</u> | Medial meniscus tear | Medial meniscus tear |
| <u>Labral tear</u> | <u>Labral tear</u> | Lateral meniscus tear | Lateral meniscus tear |
| <u>SLAP tear</u> | <u>SLAP tear</u> | Medial & lat meniscus tear | Medial & lat meniscus tear |

Acute
repeatedly
climb to post op
POD