

KDV Medical P.C.

Tel #: 1-877-SPINE-DR

Fax: (347) 708-8499

August 31, 2022

Re: Fernandez, Miguel

DOB: 10/13/1992

DOA: 08/04/2022

Location: TS Chiropractic Wellness

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 29-year-old right-hand dominant male, involved in a motor vehicle accident on 08/04/2022. Patient was a rear passenger when another car hit them in the front passenger side. No airbags deployed. The patient went to New York Presbyterian Hospital and was treated and released the same day. The patient presents today complaining of right shoulder and right knee pain sustained in the motor related accident. The patient has been treated with physical therapy for the last 3 weeks without adequate relief.

Right shoulder pain is 7/10, described as constant pain. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

Right knee pain is 9/10, described as constant and aching. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking of the right knee.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Appendectomy, neck surgery.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking ibuprofen p.r.n. for pain.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally.

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: Play sports, lifting heavy objects, reaching overhead, shopping, kneeling, squatting, negotiating stairs, and jogging.

REVIEW OF SYSTEMS: General: No fever, chills, night sweats, weight gain, or weight loss.

PHYSICAL EXAMINATION: The patient's height is 5 feet 6 inches, weight is 140 pounds. Patient is alert, oriented and cooperative.

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint, deltoid, and subacromial space. Positive Cross-Over test. Positive Empty Can test. Positive Hawkins test. Positive O'Brien test. Positive Impingement test. Positive Lift-Off test. Range of motion, abduction is 110 degrees, normal is 180 degrees; forward flexion is 150 degrees, normal is 180 degrees; internal rotation to PSIS; external rotation is 60 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the medial joint line, lateral joint line, and patella. Positive McMurray test. Positive patellofemoral grinding test. Range of motion reveals flexion is 100 degrees, normal is 135 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength is 4/5.

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 08/25/2022 revealed impingement. Erosions and/or osteochondral defects of the proximal humerus. Tendinosis/tendonitis with intrasubstance tearing of the subscapularis, infraspinatus and supraspinatus portions of the cuff. Anterior and posterior labral tearing. AC narrowing and acromion spurring. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. Right knee MRI, done on 08/25/2022 revealed partial ACL tear. Partial LCL tear. Joint effusion. Supra and infrapatellar plica. Quadriceps and patellar tendinosis/ tendonitis.

FINAL DIAGNOSES:

1. Labral tear, right shoulder. - S43.431A
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011A
4. Shoulder tendinitis, right shoulder - M75.81
5. ACL tear, right knee - S83.519A
6. Joint effusion, right knee - M25.461
7. Pain, right knee - M25.561
8. LCL tear, right knee. -

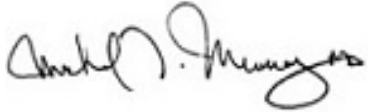
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for right shoulder, right knee 3 days/week.
5. Discussed right shoulder, right 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 think about arthroscopy at the next visit.
6. Follow up in 4-6 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 is causally related to the injuries the patient incurred on the right shoulder and right knee on August 04, 2022. These

Re: Fernandez, Miguel
Page 3

current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", is positioned above a horizontal line.

Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI