

Ketan D.Vora, DO, P.C.

WC / NF / LIEN

Location: Woodsboro Ortho

Patient Name: Manuel Sarmiento

Date of Visit: 6/30/22

DOB: 7/2/93 M F

Handed: R / L

DOA: 03/08/21

Age: 28

Height: 5'6

Weight: 160

Chief complaint: right left shoulder right/left knee

Work Hx: Demolition worker

Handedness: right / left

pt reports working on the roof & it caved underneath him

Type of Injury: Auto Accident restrained/unrestrained ☒ Work-Accident Other: _____

☐ Pedestrian ☐ Bicyclist ☐ Driver ☐ Front Passenger ☐ behind the driver ☐ rear set mid back passenger

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: _____ via ambulance / car _____

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

PSH: None

Current Meds: None

Drug Allergies: Yes / No

Social Hx: ☐ Smoker ☒ Non-Smoker ☒ Alcohol

Doing PT/Chiro: 3 weeks/months In states good/no/little relief/in the states pain is interfering with day-to-day activities

PRESENT COMPLAINTS:

Right shoulder: pain 10/10, constant ☐ intermittent ☐ sharp ☐ stabbing ☐ dull ☐ achy pain. *No 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 10/10, 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 10/10, 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 10/10, 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 ☐.

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 _____
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 180 /180 passive abduction 180 /180 int. rotation 70 /90
ext. rotation 90 /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 Anterior & posterior glenohumeral joint
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 100 /180 passive abduction 100 /180 int. rotation 45 /90
ext. rotation 60 /90 internal rotation to Sacrum/mid back
___ has no motor or sensory deficit of the left upper extremity.

Right 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.

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
Rotator cuff tear	Rotator cuff tear	Medial meniscus tear	Medial meniscus tear
Labral tear	Labral tear	Lateral meniscus tear	Lateral meniscus tear
SLAP tear	<u>SLAP tear</u>	Medial & lat meniscus tear	Medial & lat meniscus tear

Impingement

Bursitis

Tendinitis

Impingement

Bursitis

Tendinitis

ACL tear

Strain MCL

Strain ACL

Joint effusion

PF chondral injury

ACL tear

Strain MCL

Strain ACL

Joint effusion

PF chondral injury

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

___ BID/TID/QID _____ mg _____ PO _____ BID/TID/QID _____

___ Start or continue Physical Therapy 2 / 3 / 4 times a week for _____.

___ 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 () 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

✓ will obtain authorization for ~~surgery~~ Left shoulder arthroscopy possible SLAP repair.