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Initial Comprehensive Medical Evaluation

Date: 06/20/2022

RE: Julissa Peralta

DOB: 10/17/1977

Location: TS Chiropractic Wellness, Richmond Hill

Case Type: NF

1st Evaluation

Defers IAI. Continue PT/HEP. Follow-up in 1 month.

HISTORY:

On 06/20/2022, Ms. Julissa Peralta, a right-handed 44-year-old female presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 05/03/2022. The patient states she was the front seat passenger of a vehicle which was involved in a T-boned collision. The patient states that an EMS team arrived. The patient was passenger front seat when another car ran the stop sign and T-boned the patient's vehicle. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to right shoulder and right knee.

CHIEF COMPLAINTS:

The patient complains of right shoulder pain that is 8/10, with 10 being the worst, which is sharp, dull and achy in nature. Right shoulder pain is worsened with lying, movement, lifting objects and overhead activities. Right shoulder pain is improved with therapy.

The patient complains of right knee pain that is 7/10, with 10 being the worst, which is dull and achy in nature. Right knee pain is worsened with walking, climbing stairs and squatting. Right knee pain is improved with therapy.

REVIEW OF SYSTEMS: The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL/HOSPITALIZATION HISTORY: Noncontributory.

MEDICATIONS: None.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Unknown.

PHYSICAL EXAM:

General: The patient presents in an uncomfortable state.

Neurological Examination: The patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

Deep Tendon Reflexes: Are 2+ and equal.

Sensory Examination: It is intact.

Manual Muscle Strength Testing: Testing is 5/5 normal.

Right shoulder Examination: Reveals tenderness upon palpation of the right AC joint, supraspinatus and scapular region with muscle spasm present at trapezius muscle. Neer's test is positive and Hawkins test is positive. ROM is as follows: Abduction is 110 degrees, normal is 180 degrees; flexion is 120 degrees, normal is 180 degrees; external rotation is 50 degrees, normal is 90 degrees and internal rotation is 40 degrees, normal is 90 degrees.

Right Knee Examination: Reveals tenderness upon palpation of the right medial region. ROM is as follows: Forward flexion is 120 degrees, normal is 130 degrees.

GAIT: Normal.

Diagnostic Studies:

06/08/2022 - MRI of the right shoulder reveals mild fluid in subacromial-subdeltoid bursa, AC joint hypertrophy, tenosynovitis of biceps tendon.

06/08/2022 - MRI of the right knee reveals gastrocnemius strain, patellar paratenonitis.

The above diagnostic studies were reviewed.

Diagnoses:

Right shoulder pain - (M25.511).

Right shoulder sprain/strain - (S43.401A).

Right knee pain - (M25.561).

Right knee sprain/strain - (S83.91).

Plan:

1. **Physical therapy:** The patient is to start physical therapy 3 times a week for 4-6 weeks.

Procedures: If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

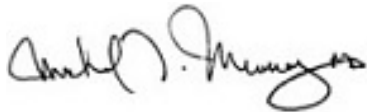
Care: Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

Goals: To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.

Precautions: Universal.

Follow-up: 1 month.

It is my opinion that the injuries and symptoms Ms. Julissa Peralta sustained to right shoulder and right knee are causally related to the incident that occurred on 05/03/2022 as described by the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", written over a horizontal line.

Michael Murray, MD
Kevin Ball, PA

Dictated but not proofread