

KDV Medical P.C.

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August 31, 2022

Re: Garcia, Juan

DOB: 03/12/1984

DOA: 03/08/2022

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 38-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work-related incident on 03/08/2022.

Left shoulder pain is 2/10, described as intermittent pain. The patient reports pain with reaching overhead and behind. Pain is temporarily improved with rest and physical therapy.

Left knee pain is 2/10, described as intermittent, pain. The patient has difficulty walking up and down stairs. Pain is temporarily improved with physical therapy.

PHYSICAL EXAMINATION:

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the AC joint. Positive Empty Can test. Positive Hawkins test. Range of motion, abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; internal rotation to L5, normal is 90 degrees; external rotation is 80 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

Left Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the patella. Positive patellofemoral grinding test. Range of motion reveals flexion is 120 degrees, normal is 135 degrees. Knee is stable with varus and valgus stress test. Muscle strength is 4/5, quad atrophy.

DIAGNOSTIC STUDIES:

Left shoulder MRI, done on 05/05/2022, Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.

Left knee MRI, done on 05/13/2022, Anterior cruciate ligament sprain sequelae. Suprapatellar fat pad impingement.

FINAL DIAGNOSES:

1. Internal derangement, left shoulder - M24.812
2. Pain, left shoulder - M25.512
3. Internal derangement, left knee - M23.92
4. Pain, left knee - M25.562

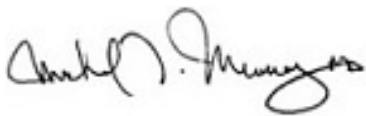
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5. Quadriceps atrophy, left knee.

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 left shoulder and left knee 3 days/week.
5. Continue home stretching/strengthening exercises as demonstrated in the office.
6. Ice the knee 3-4 times per day times 1-2 weeks.
7. 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 diagnosis rendered is causally related to the injuries the patient incurred on the left shoulder and left knee on March 08, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI