

Ketan D.Vora, DO, P.C.

Location: Dr. Cruz Pt (WC) NF / LIEN
Patient Name: Christopher Dietz Date of Visit: 7/15/22
DOB: 01/05/1965 (M) F Handed: (R) L DOA: 12/12/20
Age: 56 Height: 5'7 Weight: 175
Chief complaint: right/left shoulder (right/left knee) Right wrist
Work Hx: working Handedness: right / left
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 Amlodipine & Albuterol as needed
Drug Allergies: Yes (No) _____
Social Hx: Smoker Non-Smoker Alcohol
Doing PT/Chiro: _____ weeks/months In states good/no/little relief/in the states pain is interfering with day-to-day activities

PRESENT COMPLAINTS:

Right shoulder: pain 4/10, 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 /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 7/10, 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.

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 labrum
 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 160 / 180 passive abduction 160 / 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 _____
 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 passive abduction ____ / 180 int. rotation ____ / 90
 ext. rotation ____ / 90 internal rotation to Sacrum/mid back
 ___ has no motor or sensory deficit of the left upper extremity.

Right Knee: Pain to palpation over Patella
 Positive / Negative for McMurray, positive / negative Lachmans positive / negative
 Patellofemoral grinding test positive / negative Anterior posterior drawer
 ROM: flexion 120 / 130 extension 0 / 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	SLAP tear	Medial & lat meniscus tear	Medial & lat meniscus tear

Supra & Infrat

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

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