

Ketan D.Vora, DO, P.C.

WC / NF / LIEN

Location: Woodsider

Patient Name: Nicholas Mantalis

Date of Visit: 6/30/22

DOB: 11/22/98 M/F

Handed: R/L

DOA: 6/13/22

Age: 23

Height: 6'0"

Weight: 225 lbs

Chief complaint: right/left shoulder right/left knee

Work Hx:

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

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 6/10, 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 10/10, 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 6/10, 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 170 /180 int. rotation 60 /90
 ext. rotation 80 /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 Ant 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 180 /180 passive abduction 170 /180 int. rotation 60 /90
 ext. rotation 80 /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 100 /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 100 /130 extension 0 /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

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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

Internal
Displacement

11

11

11

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 4 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