

**KDV Medical, P.C.**

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October 03, 2022

Re: Matos, Erica

DOB: 10/18/1982

DOA: 05/18/2022

Location: TS Chiropractic Wellness

**ORTHOPEDIC RE-EVALUATION**

**CHIEF COMPLAINT:** Right shoulder and right knee pain.

**HISTORY OF PRESENT ILLNESS:** This is a 39-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a motor related accident on 05/18/2022.

Right shoulder pain is 7/10, described as constant pain. The patient complains of weakness, stiffness. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain. Pain is temporarily relieved with ice.

Right knee pain is 5/10, described as intermittent. The patient has difficulty walking up and down stairs. Patient reports pain is improved with ice.

**PHYSICAL EXAMINATION:**

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus. Positive Empty Can test. Positive Cross-over test. Range of motion, abduction is 160 degrees, normal is 180 degrees; adduction 40, normal is 45 degrees; forward flexion is 160 degrees, normal is 180 degrees; extension is 45 degrees, normal is 60 degrees; internal rotation is 70, normal is 90 degrees; external rotation is 90 degrees, normal is 90 degrees. . The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over lateral joint line. Range of motion, flexion is 120 degrees, normal is 135 degrees and extension 0 degrees, normal is 5 degrees. Posterior drawer test is positive. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

**DIAGNOSTIC STUDIES:**

Right shoulder MRI, done on 06/08/2022, Impingement. Tendinosis/tendonitis with intrasubstance tearing of the subscapularis and supraspinatus tendons. Glenohumeral joint effusion. Hypoplastic labrum and biceps tendon. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. AC joint narrowing with acromion spurring.

Right knee MRI, done on 06/08/2022, Partial LCL tear. Joint effusion. The ACL is thickened and heterogeneous with fluid intercondylar notch. Quadriceps and patellar tendinosis/tendonitis. Supra and infrapatellar plica.

**FINAL DIAGNOSES:**

1. Injury, right shoulder - S49.91XD
2. Pain, right shoulder - M25.511
3. Shoulder instability, right shoulder - M25.311
4. Injury, right knee - S80.911D
5. Pain, right knee - M25.561
6. LCL Tear, right knee.

**PLAN:**

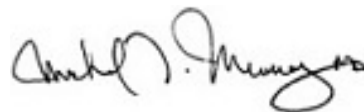
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for right shoulder, right knee 3 days/week.
5. Discussed right shoulder, right knee arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain.
6. The patient will follow up in 4 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 diagnoses rendered are causally related to the injury the patient incurred on the right shoulder and right knee on July 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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Rehan Khan, FNP-BC  
RK/AEI



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Michael Murray, MD