# KDV Medical, P.C.

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October 03, 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 3-4/10, described as intermittent pain. The patient reports pain with reaching behind and is frequently woken up at night due to pain. Pain is improved with rest and ice.

Left knee pain is 3-4/10, described as intermittent. The patient has difficulty walking up and down stairs. Patient reports pain is improved with rest and ice.

**IMPAIRMENT RATING:** Patient is currently working full-time.

### PHYSICAL EXAMINATION:

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint. Positive Empty Can test. Positive Yergason test. Range of motion, abduction is 160 degrees, normal is 180 degrees; Adduction is 40 degrees, normal is 45 degrees; forward flexion is 160 degrees, normal is 180 degrees; extension is 50 degrees, normal is 60 degrees; internal rotation is 75, normal is 90 degrees; external rotation is 90 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the left upper extremity.

Left Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial joint line. Posterior drawer test is positive. Left knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

## **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.

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#### FINAL DIAGNOSES:

- 1. AC joint hypertrophy, left shoulder M89.312
- 2. Injury, left shoulder S49.92XD
- 3. Pain, left shoulder M25.512
- 4. ACL tear, left knee S83.519D
- 5. Injury, left knee S80.912D
- 6. Pain, left knee M25.562

### 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, left knee 3 days/week.
- 5. Recommend steroid injections with pain management for left shoulder, left knee. Patient accepts.
- 6. Discussed left shoulder, left 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,
- 7. The patient will follow up in 4 weeks.

<u>CAUSALITY:</u> 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 left shoulder and left knee on July 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

Rehan Khan, FNP-BC

RK/AEI

Michael Murray, MD