

**Ketan D. Vora, D.O., P.C.**

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July 25, 2022

Re: Uscategui, David

DOB: 03/10/1989

DOA: 04/19/2022

Location: TS Chiropractic Wellness, Richmond Hill

**INITIAL ORTHOPEDIC CONSULT EXAMINATION**

**CHIEF COMPLAINT:** Right shoulder, left shoulder and left knee pain.

**HISTORY OF PRESENT ILLNESS:** This is an initial orthopedic evaluation for a 33-year-old right-handed dominant male, involved in a motor vehicle accident on 04/19/2022. Patient was driving an electric bike when a car rear-ended his electric bike. The patient was transported via ambulance to Forest Hills Hospital, was treated and released the same day with pain medications. At the hospital, imaging studies were negative. The patient has been treated with physical therapy for the last 2 months without adequate relief.

Right shoulder pain is 5/10, described as an intermittent pain. Pain improves temporarily with medication and PT. The patient reports worsening pain with reaching overhead and reaching behind.

Left shoulder pain is 5/10, described as intermittent pain. The patient reports worsening pain with reaching overhead and reaching behind.

Left knee pain is 3/10. The patient has difficulty walking up and down stairs. Pain is worse with prolonged walking.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking ibuprofen and Tylenol. .

**SOCIAL HISTORY:** Patient is a nonsmoker. The patient drinks alcohol occasionally.

**ADL CAPABILITIES:** The patient states that he can walk for 2 blocks. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: Reaching overhead, kneeling, and squatting.

**REVIEW OF SYSTEMS: General:** No fever, chills, night sweats, weight gain, or weight loss.

**PHYSICAL EXAMINATION:** Patient is alert, oriented and cooperative.

Right Shoulder: Reveals no heat, erythema, swelling. Tenderness to palpation on the supraspinatus and AC joint. Positive Empty can test. Positive Hawkins test. Range of motion, abduction is 150 degrees, Adduction is 30 degrees, forward flexion is 160 degrees, internal rotation to L5, external rotation is 80 degrees. Grip strength 5-/5.

Left Shoulder: Reveals no heat, erythema, swelling. Tenderness to palpation on the trapezius. Positive Hawkins test. Range of motion, abduction is 160 degrees, adduction is 40 degrees; forward flexion is 170 degrees, internal rotation to L3, external rotation is 80 degrees. Grip strength 5-/5.

Left Knee: Reveals no heat, erythema, swelling. Tenderness to palpation over the patella. Positive patellofemoral grinding test. Range of motion reveals flexion is 120 degrees. Stable varus/valgus. No motor or sensory deficits. Muscle strength 5-/5.

**DIAGNOSTIC STUDIES:**

Right shoulder MRI, done on 05/12/2022, Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.

Left shoulder MRI, done on 05/12/2022, Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule. Tenosynovitis of the extra articular long head of the biceps tendon.

Left knee MRI, done on 06/03/2022, Anterior cruciate ligament sprain sequelae. Suprapatellar fat pad impingement.

**FINAL DIAGNOSES:**

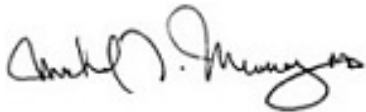
1. M24.811 - Internal derangement, right shoulder
2. M25.511 - Pain, right shoulder
3. M24.812 - Internal derangement, left shoulder
4. M25.512 - Pain, left shoulder
5. M23.92 - Internal derangement, left knee
6. S83.512A - ACL sprain, left knee
7. M25.562 - Pain, left knee

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue physical therapy for bilateral shoulders and left knee 3 days/week.
4. Follow up in 4-6 weeks.

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**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 injury the patient incurred on 04/19/2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", written over a horizontal line.

Nadezhda Bababekova, NP-BC  
Michael Murray, MD

NB/AEI