

KDV Medical P.C.

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September 12, 2022

Re: Perez, Gaudencio

DOB: 08/30/1974

DOA: 07/13/2022

Location: 82nd Street - Ortho

INITIAL ORTHOPEDIC CONSULTATION

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

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 48-year-old right-handed dominant male, involved in a work-related accident on 07/13/2022. Patient was working in a Deli as a dishwasher. While on a break, riding the bike, a car hit him trying to enter a parking spot. The patient went via ambulance to Bellevue Hospital and was treated and released the same day. X-rays were negative. The patient presents today complaining of right shoulder, right knee, and left knee pain sustained in the work-related accident. The patient has been treated with physical therapy for the last 6 weeks without adequate relief of pain.

Right shoulder pain is 8/10, described as intermittent pain. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

Right knee pain is 4/10, described as intermittent pain. The patient has difficulty raising from a chair and walking up and down stairs.

Left knee pain is 6/10, described as constant and sharp. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking of the left knee. Pain is worse with ambulation.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is not taking any medication at this time.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol socially.

WORK HISTORY: The patient is currently working.

IMPAIRMENT RATING: The patient is currently and temporarily 60 % disabled.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He can sit for 5 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that he has difficulty doing the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

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

PHYSICAL EXAMINATION: The patient's height is 5 feet 7 inches, weight is 168 pounds. Patient is alert, oriented and cooperative.

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus and AC joint. Positive Empty Can test. Positive Hawkins test. Range of motion, abduction is 150 degrees, normal is 180 degrees; forward flexion is 160 degrees, normal is 180 degrees; internal rotation to L5; external rotation is 80 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: Examination reveals tenderness to palpation on the patella and medial joint line. Patellofemoral grind test is positive. Range of motion is from 0 to 120 degrees of flexion. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

Left Knee: Examination reveals tenderness to palpation on the patella, medial and lateral joint lines. Patellofemoral grind test and McMurray test are positive. Range of motion is from 0 to 110 degrees of flexion. 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 08/12/2022, Partial-thickness undersurface tear of the supraspinatus tendon. Mild fluid in subacromial subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear. Mild acromioclavicular joint disease contributing to rotator cuff impingement.

Right knee MRI, done on 08/12/2022, Anterior cruciate ligament sprain sequela. Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain. Joint effusion.

FINAL DIAGNOSES:

1. Bursitis, right shoulder - M75.51
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011A
4. Tendinitis, right shoulder - M75.81
5. ACL sprain, right knee - S83.511A
6. Joint effusion, right knee - M25.461
7. Pain, right knee - M25.561
8. Internal derangement, left knee - M23.92

9. Pain, left knee - M25.562

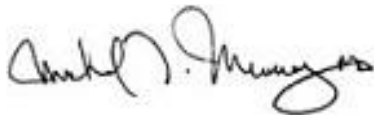
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PLAN:

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 knee 3 days/week.
5. Patient is pending Left knee MRI to rule out meniscus/ligament tear and/or synovial injury.
6. Discussed right shoulder 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, the patient would like to proceed with surgery. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right shoulder pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient. Discussed the length of the arthroscopy and the postoperative instructions. All the benefits and risks of the right shoulder arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence. All the questions in regard to the procedure were answered.
7. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
8. Workers' Compensation Board authorization needed prior to surgery.
9. Follow up in 4-6 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 is causally related to the injuries the patient incurred on the right shoulder, right knee, and left knee on July 13, 2022.

These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI