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July 15, 2022

Office seen at:

Cruz Banting Imelda MD PT, North Bronx

Re: Yousaf, Muhammad

DOB: 05/19/1961

DOA: 08/18/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 61-year-old right-handed dominant male, involved in a work related accident on 08/18/2021. Patient works for Paragon Security & Locksmith, when installing a security camera on a ladder he slipped and fell from the ladder hurting his right shoulder, left knee, right elbow, left hip and left ankle.

WORK HISTORY: The patient is not working.

PAST MEDICAL HISTORY: Diabetes mellitus type 2.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Metformin.

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 is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right Shoulder: Right shoulder pain is 6/10, described as intermittent, sharp, dull, achy pain. Slightly improves with rest. The patient is unable to reach overhead or behind the back and is frequently woken up at night due to pain.

Left Knee: Left knee pain is 6/10, described as intermittent, sharp, dull achy pain. The patient has difficulty raising from a chair and walking up and down stairs. The patient also notes clicking.

Right Elbow: The patient complains of right elbow pain that is 8/10 with 10 being the worst, which is sharp, dull, and achy in nature.

Left Hip: The patient complains of left hip pain that is 8/10, with 10 being the worst, which is sharp, dull, and achy in nature. The hip pain increases with sitting and activities.

PHYSICAL EXAMINATION: H: 5' 6" W: 180 pounds.

Right Shoulder Examination: Positive cross-over test. Positive empty can test. Positive Hawkins test. Range of motion, as per goniometer, abduction 160/180 degrees, adduction 160/180 degrees, internal rotation 70/90 degrees, and external rotation 90/90 degrees.

Left Knee Examination: Positive McMurray test. Positive anterior drawer. Positive posterior drawer. Range of motion reveals flexion 90/130 degrees and extension 0/5 degrees.

Right Elbow Examination: There is tenderness upon palpation of the elbow. Range of motion is mildly decreased. Tinel is

Left Hip Examination: Reveals tenderness upon palpation of the. Range of motion is mildly decreased. Tests:

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 09/20/2021, shows partial-thickness tearing within the supra and infraspinatus tendons is identified. Tear within the superior labrum. AC joint arthrosis. Fluid in the subacromial and subdeltoid bursa as well as within the glenohumeral joint.

Left knee MRI, done on 11/08/2021, shows tear within the posterior horn of both the medial lateral menisci. Intrasubstance tear/sprain of the posterior fibers of the anterior cruciate ligament. Chondromalacia patella medial patellar facet as well as osseous edema in the intercondylar region of the distal femur. Joint effusion.

11/08/2021 - MRI of the of the left ankle reveals 1.0 cm area of focal cortical irregularity and cyst-like change within the talar neck suspicious for posttraumatic changes. No other fracture is identified. Tendinosis/Sprain of the distal posterior tibialis tendon with fluid in the tendon sheath. There is also punctate signal the distal peroneus brevis tendon at its insertion consistent with tendinosis/intrasubstance tear. Effusion within the tibiotalar and subtalar joints. Partial tear/sprain of the posterior talofibular ligament.

11/10/2021 - MRI of the of the Left Hip reveals No fracture or dislocation of the left hip identified. 2.1 x 1.6 cm right-sided perineural cyst at the S2 level. Partial visualization a small left-sided scrotal hydrocele.

12/23/2021 - MRI of the right elbow reveals intrasubstance tear within the distal triceps tendon as well as tendinosis/sprain of the distal brachialis tendon and sprain of the distal biceps tendon. Tendinosis within the common extensor tendon is also identified. Joint effusion. Cystic

appearing area along the posterior aspect of the distal humerus. No other acute fracture or dislocation is identified.

FINAL DIAGNOSES:

1. S43.431A Traumatic labral tear, right shoulder.
2. M25.511 Right shoulder pain.
3. S83.242A Medial meniscal tear, left knee.
4. M25.562 Left knee pain.

PLAN:

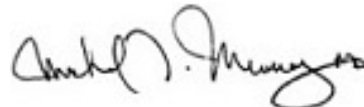
1. Informed on the use of over-the counter NSAIDs, and demonstrates a clear understanding of the indicated usage.
2. Continue physical therapy 2-3 a week for one month.
3. The MRI was reviewed with the patient as well as the clinical examination findings.
4. All treatment options discussed with the patient.
5. Follow up in 4 weeks.

IMPAIRMENT RATING: 100%.

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



Rehan Khan, FNP-BC
RK/AEI



Michael Murray, MD