

Ketan D.Vora, DO, P.C.

WC / NF / LIEN

Location : _____

Patient Name: Michael Alessandro Date of Visit: _____

DOB: 8/19/69 M / F Handed: R / L DOA: _____

Age: _____ Height: 5-9 Weight: 232

Chief complaint: right/left shoulder right left neck back pain

Work Hx: Vertical Technician Handedness: right / left

Type of Injury: Auto Accident restrained/unrestrained Work-Accident Other: walk by up stairs
Pedestrian Bicyclist Driver Front Passenger behind the driver rear set mid back neck back passenger

Part of your vehicle involved: Rear end Front End Driver's side front Driver's side rear
Passenger side front Passenger side rear T-bone driver's side T-bone passenger
side Air bags deployed Air bags not deployed seat belt no seat belt

Police: were / were not at the scene of the accident.

Hospital: Yes No Hospital name: initially PCP evaluate via ambulance / car _____

PMH: Diabetes, HBP, Asthma, Cardiac disease, None DA

PSH: None sp BK corpal tunnel BK

Current Meds: None lorazepam, lorazepam propanolol, sp b2

Drug Allergies: Yes / No

Social Hx: Smoker Non-Smoker Alcohol strongly drugs

Doing PT/Chiro: _____ weeks/months In states good/no/little relief/in the states pain is interfering with day-to-day activities can't do flow for bursts

PRESENT COMPLAINTS:

Right shoulder: pain /10, constant intermittent sharp stabbing dull achy pain.
Worse with range of motion slightly improved with rest unable to reach overhead or behind back is frequently woken up at night due to pain.

Left shoulder: pain /10, constant intermittent sharp stabbing dull achy pain.
Worse with range of motion slightly improved with rest unable to reach overhead or behind back is frequently woken up at night due to pain.

Right knee: pain /10, constant intermittent sharp stabbing dull achy pain.
Worse with Ambulation slightly improved with rest unable /Difficulty with raising for my chair or walking up and down stairs. Patient also notes clicking popping buckling and intermittent locking .

Left knee: pain 7-8/10, constant intermittent sharp stabbing dull achy pain.
Worse with Ambulation slightly improved with rest unable /Difficulty with raising for my chair or walking up and down stairs. Patient also notes clicking popping buckling and intermittent locking .
worse

ROS:

no fevers chills or night sweats temperature taking at the time of Exam was _____. eyes: no blurry vision double vision and vision changes _____. skin: clear no rashes _____. Nuro: no headaches or dizziness _____. vision: no blurry vision double vision of vision changes _____. respiratory: no wheezing coughing shortness of breath or difficulty breathing _____. Cardiovascular: no chest pain murmurs irregular heart rate or hypertension _____. gastrointestinal: no nausea vomiting diarrhea constipation jaundice so changes in bowel _____. histological: no active bleeding bruising anemia blood clotting disorders _____.

PHYSICAL EXAMINATION:

Right Shoulder: swelling / tenderness to palpation on the _____
positive/negative for Drop arm positive/ negative cross-over positive/negative empty can
test positive/negative Hawkins positive/negative O'Brien's positive/negative impingement
sign,
ROM: active abduction____/180 passive abduction____/180 int. rotation____/90
ext. rotation____/90 internal rotation to Sacrum/mid back
____ has no motor or sensory deficit of the left upper extremity.

Left Shoulder: swelling / tenderness to palpation on the _____
positive/negative for Drop arm positive/ negative cross-over positive/negative empty can
test positive/negative Hawkins positive/negative O'Brien's positive/negative impingement
sign,
ROM: active abduction____/180 passive abduction____/180 int. rotation____/90
ext. rotation____/90 internal rotation to Sacrum/mid back
____ has no motor or sensory deficit of the left upper extremity.

Right Knee: Pain to palpation over _____
Positive/Negative for McMurray, positive/negative Lachmans positive/negative
Patellofemoral grinding test positive/negative Anterior posterior drawer
ROM: flexion ____/130 extension____/5 ____ Knee is stable with varus and valgus stress test.
____ has no motor or sensory deficit of the right lower extremity.

Left Knee: Pain to palpation over _____
Positive/Negative for McMurray, positive/negative Lachmans positive/negative
Patellofemoral grinding test positive/negative Anterior posterior drawer
ROM: flexion 120/130 extension 125 ____ Knee is stable with varus and valgus stress test.
____ has no motor or sensory deficit of the right lower extremity.

*Ho ab L knee pain -> caused by radiation of pain
early in the circle (L) anterior & medial*

Dx:

R Sh	L Sh	R Kn	L Kn
Rotator cuff tear	Rotator cuff tear	Medial meniscus tear	Medial meniscus tear
Labral tear	Labral tear	Lateral meniscus tear	Lateral meniscus tear
SLAP tear	SLAP tear	Medial & lat meniscus tear	Medial & lat meniscus tear

PRN

Impingement	Impingement	ACL tear	ACL tear
Bursitis	Bursitis	Strain MCL	Strain MCL
Tendinitis	Tendinitis	Strain ACL	Strain ACL
		Joint effusion	Joint effusion
		PF chondral injury	PF chondral injury

Plan:

☒ Informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage

☒ Started on a course of anti-inflammatory and muscle relaxant medications _____ mg _____ PO *See Belu*
 _____ mg _____ PO _____ BID/TID/QID

☒ Start or continue Physical Therapy 2 / 3 / 4 times a week for *8800 units Low Back Rehab*
 _____ Start on a course of Therapeutics Injections _____ *can be*

_____ MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury (If symptoms persist/mandatory)

_____ MRI () Shoulder, () Elbow, () Wrist, () Knee to rule out ligament tear and/or Synovial injury, *small*
 other _____ *or other*

_____ Continue physical therapy.

_____ Follow up in _____ weeks / months.

_____ discussed right/left shoulder right/left knee _____ Arthroscopy versus conservative management with the patient, the patient states that due to the continual pain and lack of Relief with physical therapy and the inability to perform day-to-day activities due to pain Patient will like to consider/move forward with surgery/ Surgery but first would like to discuss all options with family members and lawyer

1) *gabapentin 1000 PO BID #30*

2) *Mobic 975 PO #15*

3) *Flexeril 100 QHS #20*

4) *Voltaren*

- 2% diclofenac cream topical

*will Rx 2-3 weeks & reassess OR
 schedule*