

KDV Medical P.C.

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August 31, 2022

Re: Gonzales, Cesar

DOB: 06/17/1983

DOA: 02/01/2022

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder and right knee pain.

HISTORY OF PRESENT ILLNESS: This is a 39-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a motor vehicle accident on 02/01/2022.

Right shoulder pain is 3/10, described as intermittent pain. The patient reports pain with reaching overhead and behind. Pain is temporarily improved with therapy. Pain is worsened with prolonged activity.

Right knee pain is 4/10, described as intermittent pain. The patient has difficulty raising from a chair and walking up and down stairs. Pain is temporarily improved with therapy. Pain is worsened with prolonged activity.

PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the AC joint. Scar noted. 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 degrees; external rotation is 80 degrees, normal is 90 degrees.

Right Knee: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the medial joint line and patella. Positive McMurray test. Positive patellofemoral grinding test. Range of motion reveals flexion is 120 degrees, normal is 135 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength is 5-/5.

DIAGNOSTIC STUDIES:

Right shoulder MRI, done on 03/01/2022, Interstitial tear at the attachment of the supraspinatus tendon. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear. Subcortical degenerative cystic changes in the superolateral humeral head near the supraspinatus tendon Insertion.

Right knee MRI, done on 03/10/2022, Osseous contusions at the anterior aspect of lateral femoral condyle and the inferior pole of the patella. Posterior medial meniscocapsular junction sprain.

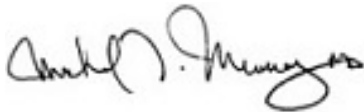
FINAL DIAGNOSES:

1. Bursitis, right shoulder - M75.51
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011A
4. Pain, right knee - M25.561
5. Contusion, right knee.
6. Meniscus sprain, right knee.

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 shoulder, right knee 3 days/week.
5. Discussed right shoulder arthroscopy versus conservative management with the patient.
Patient requested to continue conservative management at this time. Patient has a history of right shoulder labral repair and he declined surgery at this time.

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 and right knee on February 01, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI