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July 25, 2022

RE: Abdus Choudhury

DOB: 05/03/1975

DOA: 11/29/2021

Location: TS Chiropractic Wellness, Richmond Hill

**ORTHOPEDIC RE-EVALUATION**

**IMPAIRMENT:** 60%

**WORK STATUS:** Working part-time.

**CHIEF COMPLAINT:** Right shoulder and right knee pain.

**HISTORY OF PRESENT ILLNESS:** This is a right-handed 47-year-old male presents for a follow-up visit of the injuries sustained in a work-related incident which occurred on the date of 11/29/2021. Patient states that there is still pain in right shoulder and left knee despite undergoing conservative treatment with physical therapy.

The patient complains of right shoulder pain that is 2/10, with 10 being the worst. Pain is worse with reaching overhead and reaching back.

The patient complains of right knee pain that is 2/10, with 10 being the worst, which is intermittent. Pain is worse with going up and down stairs. Patient has clicking of the right knee. Right knee pain is improved with medications. Steroid injection was given in 06/2022 with moderate relief of pain.

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

Right shoulder reveals no erythema, swelling, heat. Tenderness to palpation of the trapezius. Hawkins test is positive. Range of motion reveals abduction 160 degrees, adduction 40 degrees, forward flexion 170 degrees, internal rotation to L3, and external rotation 80 degrees. Grip strength is 5-/5.

Right knee reveals no erythema, swelling, heat. Tenderness upon palpation of the patella. Patellofemoral grind test is positive. Patient has right knee crepitus with range of motion. ROM is as follows: Forward flexion is 120 degrees, normal is 130 degrees. There is no motor or sensory deficit of the right lower extremity.

**DIAGNOSTIC STUDIES:**

02/04/2022 - MRI of the right knee reveals ACL sprain, patellar paratenonitis.

01/22/2022 - MRI of the right shoulder reveals impingement morphology, tendinopathy supraspinatus.

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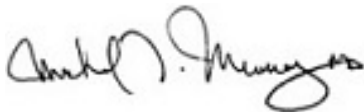
**FINAL DIAGNOSES:**

M25.511 Right shoulder pain.  
M75.81 Right shoulder tendinitis.  
S83.511D Right knee ACL sprain.  
M25.561 Right knee pain.  
M25.461 Right knee effusion.

**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 and right knee 3 days/week.
5. Follow up in 4 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 diagnosis rendered is causally related to the injury the patient incurred on 05/03/2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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Nadezhda Bababekova, NP-BC  
Michael Murray, MD

NB/AEI