

KDV Medical, P.C.

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September 28, 2022

Re: Camara, Mariam

DOB: 02/13/1999

DOA: 06/16/2022

Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

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

HISTORY OF PRESENT ILLNESS: This is a 23-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a motor vehicle accident on 06/16/2022.

Right shoulder pain is 7/10, described as sharp, 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 8/10, described as constant. The patient complains of stiffness. The patient has difficulty with walking up and down stairs. The patient also has clicking of the right knee. Pain is worse with prolonged walking and standing.

Right ankle pain is 7-8/10, described as constant pain. Worse with standing, walking, and climbing.

PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the subacromial space. Positive Empty Can test. Positive Hawkins test. Positive Lift-Off test. Range of motion, abduction is 160 degrees, normal is 180 degrees; forward flexion is 170 degrees, normal is 180 degrees; internal rotation to L5; external rotation is 80 degrees, normal is 90 degrees.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over the patella. Range of motion, flexion is 120 degrees, normal is 135 degrees and full extension. Positive patellofemoral grinding test. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength 4-/5.

Right Ankle: Reveals swelling of the lateral malleolus. Tenderness to palpation noted in the joint line of the right ankle. ROM: Dorsiflexion 20/20 degrees, plantarflexion 30/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees. Pain noted with plantar flexion. Negative anterior drawer test.

DIAGNOSTIC STUDIES:

Right shoulder MRI, done on 07/19/2022, Tendinosis within the supra and infraspinatus tendons as well as in the distal subscapularis tendon. Fluid in the subcoracoid recess of the Joint.

Right knee MRI, done on 07/19/2022, Faint signal in the posterior horn of the medial meniscus with inferior articular extension consistent with subtle tear. Sprain along the posterior inferior fibers of the anterior cruciate ligament. Fluid in the suprapatellar recess of the joint. MRI examination of the Right Shoulder without gadolinium.

08/02/2022 - MRI of the Right Ankle: Focus of osseous edema within the medial talus extending to the Subchondral region and subjacent to the insertion of the tibiotalar component of the deltoid ligament. Contusion with micro trabecular fracture versus partial avulsion of the insertion of the tibiotalar component of the ligament is suspected. No definite cortical disruption seen. Intrastance tear of the tibial component of the deltoid ligament. Effusion within the tibial talar joint.

FINAL DIAGNOSES:

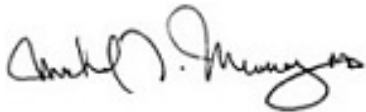
1. Joint Effusion, right shoulder - M25.411
2. Pain, right shoulder - M25.511
3. Tendinitis, right shoulder - M75.81
4. ACL sprain, right knee - S83.511A
5. Joint effusion, right knee - M25.461
6. Medial Meniscus tear, right knee - S83.241A
7. Pain, right knee - M25.561
8. Contusion versus fracture, right ankle
9. Tibial talar tear, right ankle.

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, and right ankle 3 days/week.
5. X-ray ordered of Right ankle to rule out injury.
6. Discussed right knee arthroscopy versus conservative management with the patient due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain. Patient declined arthroscopy at this time and requested to continue with physical therapy.
7. Follow up in 4-6 weeks.

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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 right shoulder, right knee, right ankle on June 16, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", written over a horizontal line.

Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI