May 20, 2024

**Re:**     Ms. Priya PR Patel   
**DOB:**  10/30/2000   
**DOA:**  05/05/2024   
**Location:**   1  
, ation

**INITIAL ORTHOPEDIC CONSULTATION**  
  
**CHIEF COMPLAINT:** Knee,shoulder and LowBack pain.

**HISTORY OF PRESENT ILLNESS:**

The patient is a 23-year-old female, \_\_\_right/left hand dominant, who presents to the office for an orthopaedic evaluation complaining of Knee,shoulder and LowBack pain. that started after a test on 05/05/2024.

\_\_Accdesc \_\_.

\_\_\_bodypart HPI\_\_

\_\_Last note\_\_

CC

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory

**DRUG ALLERGIES:** No known drug allergies

**CURRENT MEDICATIONS*:***The patient is taking \_\_\_\_ pain medications p.r.n. The patient is not taking any medication at this time.

**SOCIAL HISTORY:**

**IMPAIRMENT RATING:**

**ADL CAPABILITIES:** AdL

**REVIEW OF SYSTEMS:** No fever, chills, night sweats, weight gain, or weight loss.

**PHYSICAL EXAMINATION:** Height \_\_ feet inches, weight \_\_ pounds.

PE

**DIAGNOSTIC STUDIES:** 05/09/2024 - CT-Scan of the cervical spine cb, HNP at hnp1.  
  
The above diagnostic studies were reviewed.

**FINAL DIAGNOSES:**

Assessment

**PLAN:**

1. All treatment options discussed with the patient.
2. Cold compresses for \_\_\_\_\_right/left shoulder, right/left knee.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. \_\_\_\_\_Recommend steroid injections with pain management for \_\_\_\_\_right/left shoulder, right/left knee. The patient \_\_\_\_\_accepts/refuses due to side effects.
5. to proceed with surgery.
6. to think about surgery.
7. will proceed with \_\_\_\_\_ surgery after appropriate rehabilitation has been done on \_\_\_\_\_.
8. The patient needs medical clearance prior to surgery. \_\_\_\_\_Workers' Compensation Board authorization needed prior to surgery.
9. The patient verbally consents for the arthroscopy of \_\_\_\_\_right/left knee, right/left shoulder and the patient will be scheduled for right shoulder/left shoulder/right knee/left knee\_\_\_\_\_ surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
10. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.
11. New Treatment

1. **Request bilateral lumbar trigger point injection:** Because the patient presents with tender palpable taut bands/trigger points with referral patterns as noted on todayÃ¢â‚¬â„¢s exam, and the patient has had conservative care with several weeks of physical therapy along with anti-inflammatories, I would like to request trigger point injections under ultrasound guidance those noted trigger points under ultrasound guidance on those noted trigger points. This injection should decrease pain and inflammation and assist the therapist to obtain an in

**CAUSALITY:**It is within a certain degree of medical certainty, that the history presented by Ms. Priya PR Patel, the objective physical findings as well as the diagnosis rendered knee,shoulder,lowback is causally related to the injury the patient incurred on the 05/05/2024.  These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

**Procedure Note: (Bilateral) Lumbar Trigger Point Injection Under Ultrasound Guidance**

**Diagnosis:** Myofascial pain syndrome M79.1, myofascial trigger point M79.1 and muscle spasms.

**Procedure:** Trigger point injection of the paraspinal muscle(s):

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**Technique:** After obtaining informed consent, the patientâ€™s muscle(s) were palpated for the painful area of complaint.

An exquisitely painful area of the above muscles was detected. Palpation over this taut band of muscle caused a twitch response and a referred pain pattern. At this time, the area was marked and sprayed with topical ethyl chloride. The medication combination below was drawn using a 22 gauge 1 Â½ inch needle.  The skin was prepped and a 27 gauge 1 1/4 inch needle replaced the 22 gauge needle, which was then introduced through the skin and subcutaneous tissues down into the taut band of muscle. After aspiration to make sure that the needle was not inside a vessel, a mixture of the following medication was injected in the above trigger point regions.

**\_6\_cc of 1% lidocaine          (#Dose) (Default dose\_1\_cc of 40mg/cc of depomedrol)**

The mixture was injected after **aspiration was negative for blood or air. The ultrasound machine was also used to visualize the medication going past the adipose tissue and into the muscles to avoid any vulnerable areas such as arteries, veins and nerves**. After aspiration to make sure that the needle was not inside a vessel, a mixture of the following medication was injected in the above trigger point regions. As no fluid was aspirated out, no sample was sent to the lab for cytology.

The patient tolerated the procedure well and was discharged without complications. This should stand for the letter of medical necessity for the requested procedure.

**Signature:** #Sign