October 04, 2024

**Re:**     Mr. Topiwala Purav   
**DOB:**  11/04/2024   
**DOA:**     
**Location:**   Bayside-Ortho

**INITIAL ORTHOPEDIC CONSULTATION**  
  
**CHIEF COMPLAINT:** Neck,Right shoulder,right knee,left knee and lowback pain.

**HISTORY OF PRESENT ILLNESS:**

~The patient can walk for 1/2 block and can stand for 5 minutes before the patient has to sit. The patient can sit for 5 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient is unable to do the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

**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:** 1

**IMPAIRMENT RATING:** 1

**ADL CAPABILITIES:**

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

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

The right shoulder reveals tenderness to palpation/swelling over \_\_\_\_\_supraspinatus tendon region, AC joint, trapezius, proximal biceps tendon, coracoid, deltoid, scapula spine. There is no swelling, heat, erythema, crepitus or deformity appreciated. / There is crepitus appreciated. Positive/Negative drop arm test. Positive/Negative cross-over test. Positive/Negative empty can test. Positive/Negative Yergason test. Positive/Negative deltoid atrophy. Positive/Negative Oâ€™Brien test. Positive/Negative impingement sign. Positive/Negative Lift-off test. Positive/Negative Hawkins test. AROM as per goniometer: Abduction \_\_\_\_\_/180 degrees, adduction \_\_\_\_\_/45 degrees, forward flexion \_\_\_\_\_/180 degrees, extension \_\_\_\_\_/60 degrees, internal rotation \_\_\_\_\_/90 degrees, and external rotation \_\_\_\_\_/90 degrees. Internal rotation to the \_\_\_\_\_sacrum/mid back. The patient has no motor or sensory deficit of the right upper extremity.

The left knee reveals tenderness along the \_\_\_\_\_ medial joint line, lateral joint line, superior pole of patella, inferior pole of the patella, popliteal fossa. There is no heat, swelling, erythema, crepitus or deformity appreciated. / There is crepitus appreciated. Positive/Negative McMurray test. Positive/Negative Lachman test. Positive/Negative patellofemoral grinding test. Positive/Negative anterior drawer. Positive/Negative posterior drawer. AROM as per goniometer: Flexion \_\_\_\_\_/130 degrees and extension \_\_\_\_\_/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

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**DIAGNOSTIC STUDIES:** None Reviewed

**FINAL DIAGNOSES:**

* M54.08 - Panniculitis affecting regions of neck & back, Sacral and Sacrococcygeal region
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**PLAN:**

* undefined
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* Imaging studies and clinical examinations were reviewed with the patient.
* All treatment options discussed with the patient.
* Cold compresses for \_\_\_\_\_right/left shoulder, right/left knee.

1. **Procedure - Right lumbar trigger point injection:** Because the patient presents with tender palpable taut bands/trigger points with referral patterns as noted on todayâ€™s exam, and the patient has had conservative care with several weeks of physical therapy along with anti-inflammatories, I have performed trigger point injection 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 increase in range of motion to expedite recovery.

**CAUSALITY:**It is within a certain degree of medical certainty, that the history presented by Mr. Topiwala Purav, the objective physical findings as well as the diagnosis rendered neck,right shoulder,right knee,left knee,lowback is causally related to the injury the patient incurred on the .  These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

**Procedure Note: (Right) 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):

**(L4/5/S1 paraspinal muscles, L3/4 paraspinal muscles.)**

**Technique:** After obtaining informed consent, the patient’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 ½ 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.