**Patient Name:** BELL, FUQUAN

**Date of Birth:** 07/22/1973

**Date of Service:** 09/30/2022

**History of Present Illness:**  
This is a 49 year-old right hand dominant male presents today for orthopedic evaluation. Patient was feeling pain in his left hip and decided to go to the hospital. Patient had 6 to 8 months of PT, last session was 2 years ago and has not had injections for pain relief.

The patient complains of left hip pain that is 7/10, with 10 being the worst, which is sharp, dull, and shooting in nature and sometimes associated with numbness and tingling. Hip pain radiates down to thigh. The hip pain is worsened with standing, being active. Pain is improved with rest, laying and sitting.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Right shoulder arthroscopy 10 years ago (2012), left hip replacement in 2009

**Past Accident/Injuries:**

**Daily Medications:**  
Methadone, Oxycodone.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient smokes half a pack cigarettes a day.

**Physical Examination:**  
**General Appearance:** Patient is a well-developed, well-nourished male in no acute distress. Awake, alert,   
and oriented x 3. Mood and affect are normal.  
**Gait and Station:** Gait is normal

**Left Hip:**  
Examination observation and palpation of the hip is positive for pain-limited range of motion, tenderness with muscle spasm and atrophy noted at lower extremity. Range of motion reveals flexion \_\_\_120 (100 degrees normal)with pain at end range of motion; abduction \_\_\_\_125 (40 degrees normal) with pain at end range of motion; internal rotation 30 (50 degrees normal)with pain at end range of motion; external rotation 30 ( 40 degrees normal) with pain at end range of motion.

**Diagnostic Imaging:**  
01/05/2009 - MRI of joint lower extremity reveals MR findings suspicious for avascular necrosis of the left femoral head. Reactive hyperemia of the left femoral neck and head.

**Assessment and Plan:**  
Diagnosis: Avascular necrosis of the left femoral head, left hip,

The patient’s Left Hip was examined   
MRI of the Left Hip was reviewed.   
Patient is to return to the office p.r.n.

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 specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.   
  
In response to the required COVID-19 mandates the following precautions have been taken. Doctors and Medical Assistants wore masks and gloves; examination rooms are completely disinfected after each use. Patient was required to wear a mask. Temperature scan was administered prior to examination. No more than 10 people were permitted in the waiting room at any time as this is the max that can be achieved while still maintaining six (6) feet social distancing guidelines. Only the patient was permitted in the examination room.



**L Sean Thompson, M.D.**