**Patient Name:** CHOUDHRY, TARIQ

**Date of Birth:** 10/01/1957

**Date of Service:** 06/27/2022

**History of Present Illness:**  
This is a 64 year-old male who was involved in a motor vehicle accident on 12/26/21. Patient was a restrained driver of a vehicle which was involved in a rear end collision while driving. Patient injured Right Shoulder, Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 5 months of PT 3x a week.  
  
The patient complains of right knee pain that is 8/10 with 10 being the worst, which is sharp, shooting, dull, and throbbing in nature. Pain increases with walking and improves with relaxing and laying down.  
  
The patient complains of right shoulder pain that is 8/10 with 10 being the worst, which is sharp, shooting, dull, and throbbing in nature.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Diabetic medications.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient smokes cigarettes and is a nondrinker.

**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

**Right Knee:**  
Examination of the knee revealed tenderness on palpation of the lateral and medial joint line. There was no effusion. There was no atrophy of the quadriceps noted. Lachman’s test was negative. Anterior drawer sign and Posterior drawer sign were each negative. Patellofemoral crepitus was present. Lateral and medial McMurray was positive. Valgus & Varus stress test was stable. Range of motion: Flexion 100 degrees (150 degrees normal), extension 0 degrees with pain (0 degrees normal).

**Right Shoulder:**  
Examination of the shoulder revealed tenderness to palpation of the AC joint and rotator cuff. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and Neer's tests were positive. Drop arm, and apprehension tests were negative. Range of motion: Abduction 125 degrees(180 degrees normal), forward flexion 135 degrees (180 degrees normal), internal rotation 50 degrees (80 degrees normal), and external rotation 50 degrees (90 degrees normal).

**Diagnostic Imaging:**  
03/16/2022 - MRI of the right knee reveals complete tear of the posterior horn and body of the medial meniscus extending Into the anterior horn. There is posterior capsular disruption with subcapsular fluid and soft tissue edema. Tear of the free margin of the body of the lateral meniscus. There is also posterior capsular disruption with subcapsular fluid. Complete tears of the anterior and posterior cruciate ligaments. High-grade partial tears of the medial and lateral collateral ligament and Insertion of the popliteus tendon. Extrusion of the medial meniscus Into the meniscofemoral space. Tricompartmental degenerative changes. High-grade chondral defects at the anterior and posterior aspects of both medial and lateral femoral condyles. Large Joint effusion with evidence of multiple osteochondral loose bodies within the suprapatellar bursal effusion. Circumferential soft tissue edema.

**Assessment and Plan:**  
Diagnosis: 1. Meniscus tear, right knee.  
 2. Posterior cruciate tear and Anterior cruciate tear, right knee.  
Plan: X-rays of the right knee.

The patient’s Right Shoulder, Right Knee were examined   
MRI of the Right Knee was reviewed.   
Patient is to return to the office on 07/05/22.

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. Patient is considered 100% temporarily disabled.  
  
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.**