**Patient Name:** CHOUDHRY, TARIQ

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

**Date of Service:** 07/18/2022

**History of Present Illness:**  
The patient is seen here for Orthopedic follow up evaluation.

The patient complains of right shoulder pain that is 6/10 with 10 being the worst, which is sharp, shooting, dull, and throbbing in nature. Pain increases with raising overhead.

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.

**Past Medical History:**  
Diabetes.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Metformin.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**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 clicking in knee when bending. There is tenderness on palpation of the lateral/medial joint line. There was no effusion. There was no atrophy of the quadriceps noted. Lateral and medial McMurray was positive. Lachman’s test was negative. Anterior drawer sign and Posterior drawer sign were each negative. Patellofemoral crepitus was present. 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 at the AC joint and RTC insertion. 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 105 degrees (180 degrees normal), internal rotation 50 degrees (80 degrees normal), and external rotation 50 degrees (90 degrees normal).

**Diagnostic Imaging:**  
06/29/2022 - X-ray of the right knee reveals moderate tricompartmental osteoarthritic changes with multiple loose bodies likely related to osteoarthritis or calcific synovial osteochondromatosis.

**Assessment and Plan:**  
Diagnosis: 1. Labral tear and rotator cuff tear, right shoulder.  
 2. Meniscus tear, posterior cruciate ligament tear, and anterior cruciate ligament tear, right knee.  
Plan: Consider right knee TKR and right knee Orthovisc. Schedule right shoulder arthroscopy.

The patient has failed conservative management which has included physical therapy, oral medications, and injections. The MRI was reviewed with the patient as well as the clinical examination findings. I have gone over all treatment options with the patient. At this time, I have discussed the benefits and risks of Right shoulder arthroscopy, acromioplasty, subacromial decompression, debridement of rotator cuff versus possible rotator cuff repair, biceps tenotomy versus tenodesis and all other related procedures with the patient. I answered all their questions in regards to the procedure. The patient verbally consents to the procedure.

The patient’s Right Shoulder, Right Knee were examined   
X-ray of the Right Knee was reviewed.   
The patient at the present time is advised to continue with PT and undergo medical clearance.  
Patient is to return to the office 2 months after knee injection and 2 weeks' postoperative.

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.**