**Patient Name:** DE VINGO, VINCENT

**Date of Birth:** 11/21/1949

**Date of Service:** 12/22/2021

**History of Present Illness:**  
The patient presents for follow up evaluation. Patient has tried 6 months of PT.

Patient complains of left shoulder pain.

Patient complains of Right Knee.

Patient complains of left wrist pain.

**Past Medical History:**  
Arthritis.

**Past Surgical History:**  
Right knee surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
Oxycodone and Oxycontin

**Allergies:**  
No known drug allergies

**Social History:**  
 Somking,

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 1 inches tall weighs 160 pounds   
**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 no tenderness on palpation. 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 not present. Valgus & Varus stress test was stable. Range of motion Flexion 110 degrees(150 degrees normal ) Extension 0 degrees(0 degrees normal )

**Left Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Range of motion Abduction \_\_ degrees(180 degrees normal ) Forward flexion \_\_ degrees(180 degrees normal ) Internal rotation \_\_ degrees (80 degrees normal ) External rotation \_\_ degrees(90 degrees normal )

**Diagnostic Imaging:**  
MRI of right knee reveals \_\_\_\_\_\_\_\_.

**Assessment and Plan:**  
Diagnosis: 1. Left shoulder rotator tear.   
 2. Right knee meniscal tear.  
 3. Left wrist derangement.  
Recommend Shoulder arthroscopy and knee arthroscopy.

The patient has failed conservative management which has included physical therapy, oral medications. 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 knee arthroscopy, chondroplasty, synovectomy, partial vs total meniscectomy 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 and will be scheduled on \_\_\_\_\_\_\_.

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 \_\_\_\_\_ 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 and will be scheduled on \_\_\_\_\_\_.

The patient’s Left Shoulder, Right Knee, left wrist were examined   
MRI of the Left Shoulder, Right Knee, left wrist were reviewed.   
The patient at the present time is advised to follow up with pain management.  
Patient is to return to the office in 4 weeks.

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.**