**Patient Name:** ELMAALEM, RACHID

**Date of Birth:** 06/25/1963

**Date of Service:** 02/23/2022

**History of Present Illness:**  
This is a 59 year-old right hand dominant male who was involved in a motor vehicle on 06/15/21. The patient states he was the restrained driver of a vehicle which was hit on back right side while he was driving. Patient injured Right Shoulder, Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried few months of PT.

The patient complains of right shoulder pain that is rated at 5/10, with 10 being the worst. The right shoulder pain increases with lifting arm and improves with rest.

The patient complains of right knee pain that is rated at 6-7/10, with 10 being the worst. The right knee pain radiates down to foot/toes along with numbness and tingling. Pain increases with climbing and improves with rest.

**Past Medical History:**  
Diabetes and high blood pressure.

**Past Surgical History:**  
Hemorrhoid surgery, neck surgery, eye surgery, gum and tooth

**Past Accident/Injuries:**

**Daily Medications:**  
Amlodipine, gabapentin, Pepcid, metformin.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient works as a crane mechanic.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 11 inches tall, weighs 245 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 tenderness on palpation of the lateral/medial joint line. There was no effusion. There was no atrophy of the quadriceps noted. McMurray's test was positive on medial/lateral right knee. 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 120 degrees (150 degrees normal), Extension 0 degrees (0 degrees normal).

**Right Shoulder:**  
Examination of the shoulder revealed no tenderness on palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative.

**Diagnostic Imaging:**  
11/23/2021 - MRI of the right knee reveals grade 1 sprain of the ACL. Grade 2 intrameniscal horizontal tear involving the posterior horn of the medial meniscus. Small joint effusion.  
11/23/2021 - MRI of the right shoulder reveals diffuse tendonitis involving the supraspinatus and infraspinatus tendons. Mild impingement of the supraspinatus outlet. Subacromial/subdeltoid bursitis. Biceps tenosynovitis.

**Assessment and Plan:**  
Diagnosis: Right knee meniscus tear.   
Plan: Right 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.

The patient’s Right Shoulder, Right Knee were examined   
MRI of the Right Shoulder, Right Knee were reviewed.   
The patient at the present time is advised to undergo MC.  
Patient is to return to the office on \_\_\_\_\_April 25, 2022.

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.**