**Patient Name:** KATZ, MONA

**Date of Birth:** 11/22/1952

**Date of Service:** 11/24/2021

**History of Present Illness:**  
This is a 69 year-old right\_left hand dominant male who was involved in a motor vehicle /work related accident on . Accident description. Patient injured Left Shoulder, Right Shoulder, Left Hip, Right Hip, Left Knee, Right Knee, Left Ankle/Foot, Right Ankle/Foot in the accident. The patient is here today for orthopedic evaluation. Patient has tried \_\_\_\_\_ months of PT.

**WC injury details:**  
WC injury details \_\_\_\_\_\_\_ (Mechanism of injury to involved body parts / Patient is \_\_\_not working)

Left Shoulder

Right Shoulder

Left Hip

Right Hip

Left Knee

Right Knee

Left Ankle/Foot

Right Ankle/Foot

**Past Medical History:**  
Arthritis, hearing loss, high blood pressure, urinary tract infection, thyroid disease, drug addiction.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**  
Patient presents with general pain. Patient has history of overdosing on meds. Temp 97.0. Medications were reviewed.

**Daily Medications:**  
Levothyroxine, valium, Tylenol.

**Allergies:**  
No known drug allergies

**Social History:**

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5\_\_feet 1\_\_ inches tall weighs \_\_\_ 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

Examination reveals a \_\_\_\_\_. There is no heat, swelling, effusion, erythema, crepitus, instability, or atrophy appreciated. Range of motion reveals dorsiflexion at \_\_ degrees (20 degrees normal), plantar flexion at \_\_ degrees (40 degrees normal), sub inversion at \_\_ degrees (30 degrees normal), and sub eversion at \_\_ degrees (20 degrees normal). Drawer – negative.

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 \_\_ (100 degrees normal)with pain at end range of motion; extension \_\_ (30 degrees normal) with pain at end range of motion ;abduction \_\_ (40 degrees normal) with pain at end range of motion; adduction \_\_ (20 degrees normal) with pain at end range of motion; internal rotation \_\_ (50 degrees normal)with pain at end range of motion; external rotation \_\_ ( 40 degrees normal) with pain at end range of motion. Muscle strength is \_\_/5.

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 \_\_ degrees(150 degrees normal ) Extension \_\_ degrees(0 degrees normal ) The calf touches the back of the thigh at \_\_ degrees of flexion (normal for the patient).

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:**

**Assessment and Plan:**  
Diagnosis: 1.\_\_\_\_\_\_\_   
 2.\_\_\_\_\_\_\_  
Recommend \_\_\_\_\_\_\_\_\_\_

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 Left and 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 Left and 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 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 Shoulder, Left Hip, Right Hip, Left Knee, Right Knee, Left Ankle/Foot, Right Ankle/Foot were examined   
MRI of the Left Shoulder, Right Shoulder, Left Hip, Right Hip, Left Knee, Right Knee, Left Ankle/Foot, Right Ankle/Foot were reviewed.   
The patient at the present time is advised to \_\_\_\_\_\_.Patient is to return to the office \_\_\_\_\_\_\_\_\_\_\_\_

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.**