**Patient Name:** LOPEZ, EDWARDO

**Date of Birth:** 06/10/1963

**Date of Service:** 01/28/2022

**History of Present Illness:**  
This is a 58 year-old left hand dominant male who was involved in a motor vehicle on \_\_\_\_\_. Patient states that he was a restrained driver of a vehicle, which was involved in a rear end collision while stopped. Patient injured Left Shoulder, Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 6 weeks of PT.

Patient complains of left shoulder pain that is 8/10 with 10 being the worst, which is constant and sharp in nature. Left shoulder pain radiates to hand and is associated with numbness/tingling. Pain increases with lifting overhead.

Patient complains of right knee pain that is 7/10 with 10 being the worst, which is sharp and shooting in nature. Right knee pain radiates down to toes and is associated with numbness/tingling. Pain increases with laying down and sitting and improves with lidocaine cream..

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Appendectomy

**Past Accident/Injuries:**

**Daily Medications:**  
\_\_\_\_\_Acid Reflux - C.

**Allergies:**  
No known drug allergies

**Social History:**  
 Noncontributory. Patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 10 inches tall, weighs 214 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 right knee revealed tenderness on palpation of the medial/lateral joint line and patellofemoral region. There was no effusion. There was no atrophy of the quadriceps noted. Medial McMurray's test was positive. 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 125 degrees (150 degrees normal), Extension 0 degrees (0 degrees normal) with pain.

**Left Shoulder:**  
Examination of the left shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins test was positive. O'brien's test was positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 90 degrees (180 degrees normal), Forward flexion 125 degrees with pain (180 degrees normal), Internal rotation 45 degrees (80 degrees normal), External rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
12/02/2021 - MRI of the left shoulder reveals severe arthrosis of glenohumeral joint with joint effusion and synovitis. Circumferential labral tear. Biceps tendinopathy with interstitial tearing at the horizontal segment and anchor and tenosynovitis. Capsular thickening which can be seen with adhesive capsulitis. AC joint arthrosis. Rotator cuff tendinopathy and fraying with focal full-thickness insertional tear of anterior supraspinatus. No muscle atrophy.  
12/02/2021 - MRI of the Right Knee reveals medial meniscal tear. Lateral meniscal tear. Tricompartmental arthrosis with joint effusion. Hamstring and gastrocnemius tendinopathy with insertional tear and bursitis. Anterior cruciate ligament mucoid change with interstitial ganglia and interstitial tear. Patella alta with lateral subluxation. Medial collateral ligament sprain at the femur.

**Assessment and Plan:**  
Diagnosis: 1. Medial and lateral meniscus tear, right knee.  
 2. Labral tear and rotator cuff tear, left shoulder.  
Plan: Right knee arthroscopy discussed and left shoulder arthroscopy discussed on 02/07/22.

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 02/07/22.

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 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 02/07/22.

The patient’s Left Shoulder, Right Knee were examined   
MRI of the Left Shoulder, Right Knee were reviewed.   
The patient at the present time is advised to undergo MC.  
Patient is to return to the office in 4 weeks on 02/28/22.

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.**