**Patient Name:** LOPEZ, EDWARDO

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

**Date of Service:** 03/28/2022

**History of Present Illness:**  
This is a 59 year-old right hand dominant male who presents for orthopedic follow-up evaluation. Patient is doing PT, which is helping.

The patient complains of left shoulder pain that is 4/10, with 10 being the worst, which is constant in nature.

The patient complains of right knee pain that is 8/10, with 10 being the worst.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Left shoulder surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
Naproxen.

**Allergies:**  
No known drug allergies

**Social History:**  
 Somking,

**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 tenderness on palpation at medial joint line and lateral joint line. There was no effusion. There was no atrophy of the quadriceps noted. Lachman’s test was negative. Anterior drawer sign was positive. Posterior drawer sign was negative. Patellofemoral crepitus was present. Valgus & Varus stress test was stable. Range of motion Flexion 125 degrees (150 degrees normal ) Extension 0 degrees (0 degrees normal ). Pain with full extension.

**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 135 degrees (180 degrees normal ) Forward flexion 140 degrees(180 degrees normal ) Internal rotation 60 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: Status post left shoulder arthroscopy.  
Plan: Recommend to continue with PT.

The patient’s Left Shoulder, Right Knee were examined   
MRI of the Left Shoulder, Right Knee were reviewed.   
Patient is to return to the office p.r.n.

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.**