**Patient Name:** MANNING, KEVIN

**Date of Birth:** 02/17/1978

**Date of Service:** 06/27/2022

**History of Present Illness:**  
This is a 44 year-old right hand dominant male who was involved in a motor vehicle accident on 05/20/22. The patient was driving a motorcycle when a car cut him off. Patient injured Left Shoulder, Left Knee, Right Wrist in the accident. The patient is here today for orthopedic evaluation. Patient has been doing Chiro. No PT.

The patient complains of left shoulder pain.

The patient complains of left knee pain that is rated at 8/10 with 10 being the worst, which is sharp in nature. Pain increases when walking and moving around and improves with laying down.

The patient complains of right hand pain only when trying to pick things up that is rated at 5/10 with 10 being the worst. The patient also had nondisplaced right wrist fracture.

**Past Medical History:**  
High blood pressure.

**Past Surgical History:**  
Repair of herniated disc in 2014, left wrist surgery, and lumbar spine surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
Naproxen 5 mg, cyclobenzaprine 5 mg, chlorothalidone 25 mg , amlodipine 5 mg, pantoprazole 40 mg.

**Allergies:**  
Penicillin.

**Social History:**  
Noncontributory. The patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 6 feet \_\_\_\_\_7 inches tall.  
**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

**Left Knee:**  
Not examined due to wound in left knee pain.

**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.

**Diagnostic Imaging:**  
06/03/2022 - MRI of the left shoulder reveals AC joint arthrosis. Lateral acromial spur. Supraspinatus tendinopathy without tear. Biceps tendinopathy and tenosynovitis. Capsular thickening more noted anterior which can be seen with adhesive capsulitis. Subscapularis insertional tendinopathy and fraying with 3-mm cyst in the humeral head and no fracture.  
06/03/2022 - MRI of the left knee reveals Contusion of anterior lateral tibia with deep infrapatellar bursitis and diffuse anterior soft tissue edema. Prepatellar bursitis. Contusion of the inferior tip of the patella. Patella alta with lateral subluxation and thickened medial plica. Joint effusion. Ruptured popliteal cyst. Thickening of iliotibial band at the femur which can be seen with iliotibial band syndrome.  
06/03/2022 - MRI of the right wrist reveals nondisplaced fracture of the scaphoid. Marrow edema of proximal hamate which could be due to contusion or reactive change from cartilage loss not visualized on this study. Volar extrinsic ligament sprain with 10-mm ganglion at the origin. Joint effusion.

**Assessment and Plan:**  
Diagnosis: 1. Rotator cuff tear, left shoulder.  
 2. Left knee open wound.  
Plan: Physical therapy for shoulder. No PT on left knee due to wound healing.

The patient’s Left Shoulder, Left Knee, Right Wrist were examined   
MRI of the Left Shoulder, Left Knee, Right Wrist were reviewed.   
Patient is to return to the office on 08/07/22.

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.**