**Patient Name:** MOCTEZUMA, YAZMIN

**Date of Birth:** 02/28/1983

**Date of Service:** 04/25/2022

**History of Present Illness:**  
This is a 39 year-old female who was involved in a motor vehicle accident on 01/27/22. Patient states she was waiting for light to change to cross the street when a car jumped the curve and hit her. Patient injured Left Shoulder, Right Shoulder, Left Knee, Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 2-3 months of PT, which is helping.

Patient complains of bilateral shoulder pain that is 8/10 with 10 being the worst. Shoulder pain increases with moving and lifting.

Right Shoulder

Patient complains of bilateral knee pain that is 8/10 with 10 being the worst, radiating to legs. Knee pain increases with moving and stairs.

Right Knee

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Gallbladder removal.

**Past Accident/Injuries:**

**Daily Medications:**  
None.

**Allergies:**  
No known drug allergies

**Social History:**  
No ETOH, nonsmoker.

**Physical Examination:**  
**General Appearance:** Patient is a well-developed, well-nourished female in no acute distress. Awake, alert, and oriented x 3. Mood and affect are normal.  
**Gait and Station:** Gait is normal.

**Left and Right Knee:**  
Examination of the left 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.  
  
Examination of the right 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.

**Left and Right Shoulder:**  
Examination of the left shoulder revealed tenderness to palpation of the AC joint and rotator cuff. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer’s and Obrien’s Tests were positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 140 degrees (180 degrees normal), forward flexion 140 degrees(180 degrees normal), internal rotation 40 degrees (80 degrees normal), external rotation 70 degrees(90 degrees normal).  
  
Examination of the right shoulder revealed tenderness to palpation of the AC joint and rotator cuff. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer’s and Obrien’s Tests were positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 135 degrees (180 degrees normal), forward flexion 145 degrees (180 degrees normal), internal rotation 50 degrees (80 degrees normal), external rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
03/01/22 - MRI of the left shoulder reveals low-grade tear of anterior talofibular ligament and calcaneofibular ligament. Nondepressed fracture of the plantar head of the talus with diffuse marrow edema throughout the talar body. Partial tear of the dorsal talonavicular joint capsule. Spurring at the dorsal margin of the joint with no significant arthrosis. Peroneal tendinopathy and tenosynovitis. 5-mm os peroneum with no fracture. Posterior tibial tendinopathy with tenosynovitis.  
03/01/22 - MRI of the right shoulder reveals low-grade tear of anterior talofibular ligament and calcaneofibular ligament. Nondepressed fracture of the plantar head of the talus with diffuse marrow edema throughout the talar body. Partial tear of the dorsal talonavicular joint capsule. Spurring at the dorsal margin of the joint with no significant arthrosis. Peroneal tendinopathy and tenosynovitis. 5-mm os peroneum with no fracture. Posterior tibial tendinopathy with tenosynovitis.  
03/01/22 - MRI of the right knee reveals contusion of medial tibial metaphysis. Soft tissue edema. Lateral subluxation of patella with 50% cartilage fissuring over the mid lateral patellar facet.

**Assessment and Plan:**  
Diagnosis: Rotator cuff tear, bilateral shoulders.  
Plan: Recommend left shoulder arthroscopy.

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.

The patient’s Left Shoulder, Right Shoulder, Left Knee, Right Knee were examined   
MRI of the Left Shoulder, Right Shoulder, \_\_\_\_\_Left Knee, Right Knee were reviewed.

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.**