**Patient Name:** PERBI, AMARIS

**Date of Birth:** 09/05/1981

**Date of Service:** 05/17/2022

**History of Present Illness:**  
This is a 41 year-old right hand dominant male who was involved in a motor vehicle accident on 08/10/2021 . The patient states he was the rear passenger with seatbelt on of a vehicle which was involved in driver side collision. Patient injured Right Shoulder, Left Knee, Right Knee, right elbow in the accident. The patient is here today for orthopedic evaluation.

The patient complains of right shoulder pain that is rated at 8/10, with 10 being the worst, which is sharp, dull, and shooting in nature. Pain increases with movement, \_\_\_\_\_\_ and improves with rest.

The patient complains of bilateral pain that is rated at 8/10, with 10 being the worst, which is sharp, dull, and shooting in nature. Pain increases with movement, \_\_\_\_\_\_ and improves with rest.

The patient complains of right elbow pain that is rated at 8/10, with 10 being the worst, which is sharp, dull, and shooting in nature. Pain increases with movement, \_\_\_\_\_\_ and improves with rest.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**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

**Left and Right Knee:**  
Examination of the left knee revealed tenderness on palpation. Bilateral mild swelling noted. No erythema. 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 125 degrees (150 degrees normal ) Extension 0 degrees(0 degrees normal )   
  
Examination of the right knee revealed tenderness on palpation. Bilateral mild swelling noted. No erythema. 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 120 degrees (150 degrees normal ) Extension -5 degrees(0 degrees normal ) Negative calf tenderness.

**Right Shoulder:**  
Examination of the shoulder revealed tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Neers and O'Brien's test were positive. Range of motion Abduction 145 degrees (180 degrees normal ) Forward flexion 140 degrees(180 degrees normal ) Rotation was limited by right elbow pain.

**Other:**  
Examination of right elbow reveals a large scar over \_\_\_\_\_ compartment. Limited range of motion at \_\_\_\_\_\_\_. Hypersensitivity to touch. There is no heat, swelling, effusion, erythema, crepitus, instability, or atrophy appreciated.

**Diagnostic Imaging:**  
10/22/2021 – MRI of the left knee reveals meniscocapsular injury at the posterior horn-body junction of the medial meniscus. Patella alta. Thickened plica with no discrete cartilage defect. Joint effusion. Quadriceps insertional tendinopathy and low-grade medial insertional tear.  
  
10/22/2021 – MRI of the right knee reveals meniscocapsular injury ofthe posterior horn of the medial meniscus.Patella alta. Thickened medial plica with no discrete patellofemoral cartilage defect. Quadriceps insertional tendinopathy and fraying with low-grade longitudinal central and medial insertional tears. Anterior cruciate ligament mucoid change.  
10/22/2021 – MRI of the right elbow reveals thickened lateral and superior synovial fold with joint effusion. This can be seen with impingement in the right clinical setting. Triceps insertional tendinopathy and fraying “ith soft tissue edema and no bursitis. Hlypertrophy of the medial head of the triceps impinging on the ulnar nerve. This is nonspecific although can be seen with ulnar neuropathy in the right clinical setting.  
10/22/2021 – MRI of the right shoulder reveals AC joint hypettrophy. No rotator cuff tear. Capsular thickening which can be seen with adhesive capsulitis. Blunting and defonnity of anterior inferior labrum compatible with tear. Labial foramen. Biceps tendinopathy. Glenhumeral joint effusion.

**Assessment and Plan:**  
Diagnosis: 1. Bilateral knee pain right more than left.   
 2. Internal derangement of right shoulder.  
 3. Right elbow degloving injury with possible CRPS (RSD).  
Plan: Recommend EMG UE for right elbow nerve damage.

The patient’s Right Shoulder, Left Knee, Right Knee, right elbow were examined   
MRI of the Right Shoulder, Left Knee, Right Knee, right elbow 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.**