**Patient Name:** PHILLIPS, SEPTEMBER

**Date of Birth:** 06/14/1966

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

**History of Present Illness:**  
This is a 55 year-old female who was involved in a motor vehicle accident on 11/26/21. The patient states she was the restrained driver of a vehicle which was involved in a rear end collision while at stoplight. Patient injured Left Shoulder, Right Knee in the accident. The patient is here today for orthopedic evaluation. She complains of knee giving up. Patient has been doing PT 3x a week since April. Patient also had right knee intraarticular injection with good relief for a few days.

Patient complains of left shoulder pan that is 6-7/10 with 10 being the worst, which is sharp in nature. Resting increases the pain and improves with being active.

Patient complains of right knee pan that is 3-4/10 with 10 being the worst, which is sharp in nature. Resting increases the pain and improves with being active.

**Past Medical History:**  
Breast lesions, ear/sinus infections, high blood pressure, and high cholesterol.

**Past Surgical History:**  
Navel hernia 1978, breast surgery 1985, hysterectomy 2008.

**Past Accident/Injuries:**

**Daily Medications:**  
Rosuvastatin 2 mg and Micardis 40 mg/12.5 mg \_\_\_\_\_active.

**Allergies:**  
Seasonal allergies.

**Social History:**  
Smokes cigars socially. Patient is retired.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 6 inches tall, weighs 235 pounds   
**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:** Slightly antalgic gait.

**Right Knee:**  
Examination of the knee revealed no tenderness on palpation. Positive swelling. There was no effusion. There was no atrophy of the quadriceps noted. There was no instability. McMurray test was positive. Lachman’s test was negative. Anterior drawer sign and Posterior drawer sign were each negative. Patellofemoral crepitus was present. Valgus & Varus stress test was stable. Range of motion: Flexion 140 degrees (150 degrees normal), extension 0 degrees (0 degrees normal).

**Left Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins test was positive. Neer's test was positive. O'Brien's test was positive. Impingement sign was positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 160 degrees (180 degrees normal), forward flexion 160 degrees (180 degrees normal), internal rotation 65 degrees (80 degrees normal), external rotation 80 degrees (90 degrees normal).

**Diagnostic Imaging:**  
04/20/2022 - MRI of the left shoulder reveals anterior capsular thickening which can be seen with adhesive capsulitis. AC joint arthrosis. Supraspinatus tendinopathy and fraying with 5 x 4 mm high-grade likely full-thickness tear proximal to the insertion with bursitis and no muscle atrophy. 3-mm cyst at the humeral head insertion with no fracture.  
04/20/2022 - MRI of the right knee reveals medial meniscal tear. Arthrosis with joint effusion. Patella alta with lateral subluxation. Anterior cruciate ligament mucoid change. Hamstring and gastrocnemius tendinopathy with interstitial tears and bursitis.

**Assessment and Plan:**  
Diagnosis: 1. Rotator cuff tear, left shoulder.  
 2. Medial meniscus tear, right knee.  
Plan: \_\_\_\_\_Schedule for shoulder surgery. Motrin 600 mg. Continue PT for knee.

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 postoperative.

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.**