**Patient Name:** POINTDUJOUR, JONES

**Date of Birth:** 03/20/1977

**Date of Service:** 02/23/2022

**History of Present Illness:**  
This is a 44 year-old right hand dominant male who was involved in a motor vehicle accident in November 2021. The patient states he was the restrained driver of a vehicle which was involved in a rear end collision while yielding. Patient injured Right Shoulder, Right Knee in the accident. The patient is here today for orthopedic evaluation. Patient has not tried PT.

The patient complains of right shoulder pain that is rated at 5/10, with 10 being the worst, which is sharp in nature. The right shoulder pain radiates into fingers along with numbness/tingling.

The patient complains of right knee pain that is rated at 3-4/10, with 10 being the worst, which is sharp in nature.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Right shoulder surgery, rotator cuff and labrum in 2014.

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. Patient works in Sherriff's office.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 6 feet 3 inches tall, weighs 220 pounds.  
**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 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.

**Right 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 140 degrees (180 degrees normal), forward flexion 150 degrees with pain (180 degrees normal), Internal rotation 45 degrees (80 degrees normal), and external rotation 45 degrees (90 degrees normal).

**Diagnostic Imaging:**  
11/29/2021 - MRI of the right shoulder reveals AC joint arthrosis. Supraspinatus tendinopathy and fraying with low-grade articular and interstitial tear within the fraying at the anterior insertion. A 3-mm cystic change in the humeral head with no fracture. Capsular thickening which can be seen with adhesive capsulitis. Biceps tenosynovitis.  
11/29/2021 - MRI of the right knee reveals medial collateral ligament sprain at the femur. Hamstring and gastrocnemius tendinopathy with soft tissue edema. Patella alta with lateral subluxation, patellofemoral cartilage defects, and joint effusion. Osgood-Schlatter’s disease with 10-mm nonunited fracture of the anterior tibial tuberosity with soft tissue edema. Anterior cruciate ligament mucoid change.

**Assessment and Plan:**  
Diagnosis: Biceps tenosynovitis, tendinopathy, fraying, and supraspinatus tear, right shoulder.  
Plan: PT.

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

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.**