**Patient Name:** RAMIREZ, ANGELINA

**Date of Birth:** 11/13/1998

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

**History of Present Illness:**  
This is a 24 year-old right hand dominant female who was involved in a motor vehicle accident on 11/20/2019 . Patient was a restrained driver of a vehicle involved in a MVA. Patient injured bilateral shoulders and bilateral knees in the accident. The patient is here today for orthopedic evaluation.

The patient complains of bilateral shoulder pain that is 6/10, with 10 being the worst, which is dull, shooting and throbbing in nature. The bilateral shoulder pain increases with any movement. Bilateral shoulder pain improves with resting.

The patient complains of bilateral knee pain that is 7/10, with 10 being the worst, which gives out and is dull, shooting and throbbing in nature. The bilateral knee pain increases with any movement. Bilateral knee pain improves with resting.

**Past Medical History:**  
Asthma, arrhythmia, shortness of breath

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Larin Fe 1/20, albuterol sulfate 2.5/3 mL, Ventolin HFA 1 to 2 puffs

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**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 knee revealed tenderness on palpation at medial and lateral joint line and patellofemoral tenderness. 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 of left knee Flexion 110 degrees(150 degrees normal ) Extension 0 degrees(0 degrees normal ) and right knee Flexion 120 degrees (150 degrees normal), Extension 0 degrees (0 degrees normal).

**Left and Right Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Drop arm, and apprehension tests were negative. Hawkins and Neer's tests were positive. Range of motion for left shoulder reveals Abduction 100 degrees(180 degrees normal ) Forward flexion 90 degrees (180 degrees normal ) Internal rotation 80 degrees (80 degrees normal ) External rotation 70 degrees (90 degrees normal ).  
Range of motion for right shoulder reveals Abduction 90 degrees (180 degrees normal ) Forward flexion 80 degrees (180 degrees normal ) Internal rotation 80 degrees (80 degrees normal ) External rotation 60 degrees (90 degrees normal )

**Diagnostic Imaging:**  
04/24/2021 - MRI of the right shoulder reveals diffuse tendonitis involving the supraspinatus and infraspinatus tendons. Mild impingement of the supraspinatus outlet. Subacromial/subdeltoid bursitis.  
04/24/2021 - MRI of the left shoulder reveals diffuse tendonitis involving the supraspinatus and infraspinatus tendons. Mild impingement of the supraspinatus outlet.  
04/24/2021 - MRI of the left knee reveals grade 2 intrameniscal horizontal signal involving the posterior horn of the medial meniscus.  
04/24/2021 - MRI of the right knee reveals grade 2 intrameniscal horizontal signal involving the posterior horn of the medial meniscus. Localized subchondral bone contusion along the posterior surface of the medial femoral condyle.

**Assessment and Plan:**  
Diagnosis: 1. Medial meniscal tear, left knee.  
 2. Medial meniscal tear, right knee.  
 3. Left shoulder impingement.  
 4. Right shoulder impingement, bursitis.  
Recommend PT

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.   
Patient is to return to the office in 4 weeks.

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.**