**Patient Name:** RODRIGUEZ, LISA

**Date of Birth:** 10/11/1991

**Date of Service:** 06/27/2022

**History of Present Illness:**  
This is a 30 year-old left hand dominant female who was involved in a motor vehicle on 09/03/21. Patient was states that while crossing the street, she was struck by a vehicle. Patient injured Left Shoulder, Left Knee in the accident. The patient is here today for orthopedic evaluation. Patient has been undergoing PT since February 2x a week for both knee and shoulder.

The patient complains of left shoulder pain that is rated at 6/10 with 10 being the worst, which is sharp, shooting, and throbbing in nature. Pain increases by everything and improves with Tylenol, ice, barely always has pain.

The patient complains of left knee pain that is rated at 9/10 with 10 being the worst, which is sharp, shooting, and throbbing in nature. Pain increases by everything and improves with Tylenol, ice, barely always has pain. Patient states that pain some days are okay, but most days are bad.

**Past Medical History:**  
Anemia.

**Past Surgical History:**  
Noncontributory.

**Past Accident/Injuries:**

**Daily Medications:**  
Tylenol.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. Patient is not 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 Knee:**  
Examination of the knee revealed tenderness on palpation of the medial compartment. 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 present. Valgus & Varus stress test was stable. Range of motion: Flexion 125 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, drop arm, and apprehension tests were negative.

**Diagnostic Imaging:**  
02/07/2022 - MRI of the left knee reveals findings most compatible with a tear in the body/posterior horn of the medial meniscus as described above. Possible ACL sprain. However, the ACL does appear intact. Small joint effusion.  
02/09/2022 - MRI of the left shoulder reveals mild supraspinatus tendinopathy. Small amount of fluid in the subcoracoid bursa.

**Assessment and Plan:**  
Diagnosis: Left knee medial meniscus tear.  
Plan: Left knee arthroscopy.

The patient has failed conservative management which has included physical therapy, oral medications. 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 knee arthroscopy, chondroplasty, synovectomy, partial vs total meniscectomy 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, Left Knee were examined   
MRI of the Left Shoulder, Left Knee were reviewed.   
The patient at the present time is advised to obtain medical clearance.  
Patient is to return to the office postop.

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.**