**Patient Name:** RODRIGUEZ, VICENTE

**Date of Birth:** 10/21/1982

**Date of Service:** 03/28/2022

**History of Present Illness:**  
This is a 39-year-old right hand dominant male who was involved in a pedestrian struck on 09/10/2021. Patient states that he was hit on the left side. He was taken to RWJ Hospital via ambulance. At the hospital, patient had x-ray, CT, and MRI studies done. Patient injured Left Hip, Left Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT.

Patient complains of left hip pain that is 10/10 with 10 being the worst. The hip pain increases with working, walking and using stairs and improves with rest.

Patient complains of left knee pain that is 5/10 with 10 being the worst. The knee pain increases with working, walking and using stairs and improves with rest.Left Knee

**Past Medical History:**  
Asthma, ear/sinus infections, blood in stools, urinary tract infections, blood in urine.

**Past Surgical History:**  
Dental work.

**Past Accident/Injuries:**

**Daily Medications:**  
Methocarbamol, ibuprofen.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 5 inches tall, weighs 165 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

**Left Hip:**  
Examination observation and palpation of the hip reveals pain in greater trochanter and is positive for pain-limited range of motion, tenderness with muscle spasm and atrophy noted at lower extremity. Range of motion reveals flexion 80 (100 degrees normal); extension 15 (30 degrees normal); abduction 40 (40 degrees normal); adduction 20 (20 degrees normal); internal rotation 20 (50 degrees normal)with pain at end range of motion; external rotation 30 ( 40 degrees normal) with pain at end range of motion. Straight leg raise test is positive at 80 degrees with pain.

**Left Knee:**  
Examination of the knee revealed tenderness on palpation of the \_\_\_\_\_medial joint line. There was no effusion. There was no atrophy of the quadriceps noted. Lachman’s test was positive. 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 110 degrees(150 degrees normal), Extension 0 degrees(0 degrees normal).

**Diagnostic Imaging:**  
09/17/2021 - MRI of the left hip reveals subtle cam deformity. Anterior superior labral tear extending to the superior labrum with lateral spurring of the acetabulum and mild to moderate narrowing of the lateral hip joint. Joint effusion with no fracture. Lateral soft tissue edema over the hp joint compatible with a history of prior trauma. There is no discrete hematoma.  
09/17/2021 - MRI of the left knee reveals nondepressed fracture of the central and lateral of lateral tibial plateau with diffuse marrow edema and soft tissue edema. Joint effusion. Anterior cruciate ligament mucoid change with interstitial tear. Ruptured popliteal cyst.

**Assessment and Plan:**  
Plan: Left hip arthroscopy.

The patient has failed conservative management which has included physical therapy, oral medications, and injections. 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 hip arthroscopy, acromioplasty, subacromial decompression, debridement of rotator cuff versus possible rotator cuff repair, biceps tenotomy versus tenodesis 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 Hip, Left Knee were examined   
MRI of the Left Hip, Left Knee 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.**