**Patient Name:** SARCENO, SANDY

**Date of Birth:** 03/25/1989

**Date of Service:** 08/29/2022

**History of Present Illness:**  
This is a 33 year-old right hand dominant female who was involved in a motor vehicle /work related accident on 04/08/2022. The patient states she was the restrained driver of a vehicle which T-boned on driver side by a roofing van. Patient injured Left Shoulder, Left Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 1 month of PT. She had left shoulder and left knee injection to relieve pain.

The patient complains of left shoulder pain that is 8/10, with 10 being the worst, which is throbbing in nature. Patient has numbness and tingling. The shoulder pain is worsened with prolonged sitting, overhead activity.

The patient complains of left knee pain that is 8/10, with 10 being the worst, which is throbbing in nature. Patient has numbness and tingling. The knee pain is worsened with prolonged sitting.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory.

**Past Accident/Injuries:**

**Daily Medications:**  
Meloxicam, cyclobenzaprine.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 4 inches tall, weighs 154 pounds, BMI 26.4  
**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 at lateral joint line and medial joint line. 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 Flexion 130 degrees (150 degrees normal ) Extension 0 degrees (0 degrees normal).

**Left Shoulder:**  
Examination of the shoulder revealed tenderness to palpation at AC joint and rotator cuff. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and Neer's test were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 100 degrees (180 degrees normal ) Forward flexion 125 degrees (180 degrees normal ) Internal rotation 40 degrees (80 degrees normal ) External rotation 70 degrees (90 degrees normal )

**Diagnostic Imaging:**  
04/15/2022 - MRI of the left shoulder reveals AC joint hypertrophy. Supraspinatus tendinopathy and fraying. Biceps tendinopathy and tenosynovitis. Anterior capsular thickening which can be seen with adhesive capsulitis.

**Assessment and Plan:**  
Diagnosis: Left shoulder impingement, left knee internal derangement.   
Plan: Recommend left shoulder arthroscopy. PT for left knee.

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 shoulder 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 and will be scheduled.

The patient’s Left Shoulder, Left Knee were examined   
MRI of the Left Shoulder was reviewed.   
Patient is to return to the office in 2 weeks 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.**