**Patient Name:** SARCENO, SANDY

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

**Date of Service:** 10/24/2022

**History of Present Illness:**  
The patient is seen here for Orthopedic follow up evaluation of left shoulder pain and left knee pain. Patient states that the left knee buckles when walking. Patient will being PT for left knee.

Patient complains of left shoulder pain that is rated at 8/10 with 10 being the worst.

Patient complains of left knee pain that is rated at 8/10 with 10 being the worst.

**Past Medical History:**

**Past Surgical History:**

**Past Accident/Injuries:**

**Daily Medications:**

**Allergies:**

**Social History:**

**Physical Examination:**

**Left Knee:**  
Examination of the knee revealed tenderness on palpation of the medal and lateral 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 120 degrees (150 degrees normal), extension 0 degrees (0 degrees normal).

**Left Shoulder:**  
Examination of the shoulder revealed tenderness to palpation at the AC joint. There was no effusion. No crepitus was present. No atrophy was present. Hawkins test was positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 90 degrees (180 degrees normal), forward flexion 144 degrees (180 degrees normal), internal rotation 50 degrees with pain (80 degrees normal), external rotation 80 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:   
1. Left knee internal derangement.  
2. Left shoulder impingement.  
Plan: Left shoulder arthroscopy and physical therapy to the 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.

The patient’s Left Shoulder, Left Knee were examined   
Patient is to return to the office 2 weeks postop on 11/28/22 at 1:15 p.m.

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.**