**Patient Name:** SCHEIB, EDWARD

**Date of Birth:** 04/07/1964

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

**History of Present Illness:**  
This is a 58 year-old right hand dominant male who was involved in a motor vehicle accident on 06/04/2020. The patient was a front seat passenger, which was involved in a rear end collision at red light. Patient injured Left Hip, Right Hip in the accident. The patient is here today for orthopedic evaluation. Patient has tried 1 month of PT. Patient states that LESI does not help to relieve hip pain.

The patient complains of left hip pain that is 9/10, with 10 being the worst. Pain is radiating down to leg. Hip pain increases with sitting. Hip pain improves with standing, laying.

The patient complains of right hip pain that is 6/10, with 10 being the worst. Pain is radiating down to leg. Hip pain increases with sitting. Hip pain improves with standing, laying.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Right knee arthroscopic surgery in 2014.

**Past Accident/Injuries:**

**Daily Medications:**  
Over-the-counter sleep medications, Naproxen.

**Allergies:**  
No known drug allergies

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

**Physical Examination:**  
**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 and Right Hip:**  
Examination observation and palpation of the right hip is positive for pain-limited range of motion, tenderness with muscle spasm and atrophy noted at lower extremity. Range of motion is as follows: internal rotation 0 (50 degrees normal) with pain at end range of motion; external rotation 40 ( 40 degrees normal) with pain at end range of motion.   
  
Left Hip: Examination observation and palpation of the right hip is positive for pain-limited range of motion, tenderness with muscle spasm and atrophy noted at lower extremity. Range of motion is as follows: internal rotation 10 (50 degrees normal) with pain at end range of motion; external rotation 30 ( 40 degrees normal) with pain at end range of motion.

**Diagnostic Imaging:**  
09/07/2022 - MRI of the left hip reveals Cam deformity with severe arthrosis, lateral uncoverage of the femoral head, diffuse labral tear, and joint effusion with synovitis and no fracture. Gluteal tendinopathy with peritrochanteric edema.  
  
09/07/2022 - MRI of the right hip reveals Cam deformity with moderate-to-severe arthrosis and diffuse labral tear with labral cysts and joint effusion with no fracture. Gluteal tendinopathy with peritrochanteric edema. 12-mm fat-filled right inguinal hernia.

**Assessment and Plan:**  
Recommend to get x-rays done of bilateral hip. Follow-up after x-ray.

The patient’s Left Hip, Right Hip were examined   
MRI of the Left Hip, Right Hip were reviewed.   
Patient is to return to the office after x-rays done.

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.**