**Patient Name:** SINGH, BAHADAR

**Date of Birth:** 01/10/1961

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

**History of Present Illness:**  
This is a 61 year-old left hand dominant male who was involved in a cyclist struck accident on 10/14/2021. The patient was riding a bike that was hit by a car on the left side when exiting parking lot. Patient injured Left Shoulder, Left Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried two-and-a-half months of PT, which helped minimally.

The patient complains of left shoulder pain that is 8/10, with 10 being the worst. Patient has numbness and tingling. The shoulder pain is worsened with overhead activity and movement. Pain is improved with resting, topical cream.

The patient complains of left knee pain that is 5/10, with 10 being the worst. The knee pain is worsened with going upstairs. Pain is improved with resting, topical cream.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 6 inches tall, weighs 179 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 Knee:**  
Examination of the knee revealed no tenderness on palpation. 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.

**Left Shoulder:**  
Examination of the shoulder revealed tenderness to palpation to rotator cuff insertion. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. O'Brien's test was positive. Range of motion Abduction 145 degrees (180 degrees normal ) Forward flexion 150 degrees (180 degrees normal ) Internal rotation 50 degrees with pain (80 degrees normal ) External rotation 70 degrees (90 degrees normal )

**Diagnostic Imaging:**  
01/11/2022 - MRI of the left shoulder reveals healed fracture of the greater tuberosity with prominent spurring and marrow edema adjacent to the supraspinatus insertion. Supraspinatus tendinopathy and fraying. Additional imaging with contrast is suggested to evaluate for subtle tear at the insertion. Subscapularis tendinopathy and fraying. Fraying and tear of the superior labrum. Biceps tendinopathy extending to the anchor with tenosynovitis. Glenohumeral joint effusion with synovitis.

**Assessment and Plan:**  
Diagnosis: Left shoulder labral tear, rotator cuff tear.  
Plan: Recommend left shoulder arthroscopy, left shoulder intraarticular injection. PT for 4 weeks.

The patient’s Left Shoulder, Left Knee were examined   
MRI of the Left Shoulder was reviewed.   
The patient at the present time is advised to continue with PT.  
Patient is to return to the office p.r.n.

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.   
  
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.**