**Patient Name:** SINGH, SATNAM

**Date of Birth:** 04/02/1968

**Date of Service:** 01/24/2022

**History of Present Illness:**  
This is a 54 year-old right hand dominant male who was involved in a motor vehicle accident on 04/08/21 . Patient states that he was a restrained driver of vehicle and he had the green light, went to drive, another car turned and hit the front of the patient's car. Patient injured Left Shoulder, Left Knee in the accident. The patient is here today for orthopedic evaluation.

The patient complains of left shoulder pain that is 5/10, with 10 being the worst, which is shooting and throbbing in nature.

The patient complains of left knee pain that is 5/10, with 10 being the worst, which is shooting and throbbing in nature. The left knee pain radiates from knee down. Left knee pain increases from knee to back. Patient had left knee intra-articular injection.

**Past Medical History:**  
High blood pressure, high cholesterol.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
\_\_\_\_\_Daily Vite tablet, hyosoyamine sulfo, gemfibrozil, multivitamin. amlodipine besylate, aspirin, vitamin D, vitamin B12, pantoprazole.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is \_ feet \_\_ inches tall, weighs \_\_\_ 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 tenderness on palpation at the 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. Palpable medial McMurray's. 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. There was no effusion. No crepitus was present. No atrophy was present. Drop arm, and apprehension tests were negative. Hawkins, Neers and O'briens tests were positive. Range of motion Abduction 140 degrees (180 degrees normal ) Forward flexion 145 degrees (180 degrees normal ) Internal rotation 50 degrees with pain (80 degrees normal ) External rotation 70 degrees with pain (90 degrees normal )

**Diagnostic Imaging:**  
06/14/21 - MRI of the left knee reveals medial meniscal tear. Arthrosis with joint effusion. Patella alta with lateral subluxation. Anterior cruciate ligament mucoid change. Hamstring and gastrocnemius tendinopathy with interstitial tearing of gastrocnemius at the femur. Bursitis. 2-crn popliteal cyst.  
06/14/21 - MRI of the left shoulder reveals AC joint arthrosis with lateral acromial spur. Infraspinatus tendinopathy and fraying with 2-mm cyst in the humeral head with no fracture. 10 x 14 mm full-thickness insertional tear of supraspinatus with proximal tendinopathy and fatty infiltration of the muscle. Anterior capsular thickening which can be seen with adhesive capsulitis. Biceps tenosynovitis.

**Assessment and Plan:**  
Diagnosis: 1. Supraspinatus tear, left shoulder.  
 2. Meniscus tear, left knee.  
Recommend left knee arthroscopy, left shoulder arthroscopy on 02/07/22.

The patient has failed conservative management which has included physical therapy, oral medications. 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 knee arthroscopy, chondroplasty, synovectomy, partial vs total meniscectomy 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 on \_\_\_\_\_\_\_.

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 on 02/07/22.

The patient’s Left Shoulder, Left Knee were examined   
MRI of the Left Shoulder, Left Knee were reviewed.   
The patient at the present time is advised to undergo medical clearance.  
Patient is to return to the office 4 weeks on 02/28/22.

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.**