**Patient Name:** SINGH, SATNAM

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

**Date of Service:** 03/28/2022

**History of Present Illness:**  
The patient is seen here for postoperative Orthopedic follow-up evaluation. Patient had left knee arthroscopy on 02/07/20. Patient had left knee injection, which helps.

The patient complains of improving left shoulder pain that is 5/10 with 10 being the worst.

The patient complains of improving left knee pain that is 3/10 with 10 being the worst.

**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:**  
**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 no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Range of motion: Abduction 140 degrees (180 degrees normal), Forward flexion 125 degrees (180 degrees normal), Internal rotation 70 degrees (80 degrees normal), External rotation 70 degrees (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-cm 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. Status post left knee arthroscopy.  
 2. Medial meniscus tear, left knee.  
Plan: Continue with therapy.

The patient’s Left Shoulder, Left Knee were examined   
MRI of the Left Shoulder, Left Knee were reviewed.   
Patient is to return to the office PRN.

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.**