**Patient Name:** SURCK JR, PETER

**Date of Birth:** 04/12/1949

**Date of Service:** 09/30/2022

**History of Present Illness:**  
This is a 73 year-old male who was involved in a motor vehicle accident on 01/12/2022. The patient states that he was a restrained driver of a vehicle which was involved in a rear end collision. Patient states that at exit 89 Parkway, a car in front of him slammed on breaks truck cut him off. He stopped the car and a car behind him rear ended him making causing him to hit the car in front of him. Patient injured Left Shoulder, Left Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 1 month of PT and has not received any injections as of yet.

The patient complains of left shoulder pain that is 8/10, which is shooting and throbbing in nature. Pain radiates to neck and down the arm. Pain increases with movement.

The patient complains of left knee pain that is 7/10, which is shooting and throbbing in nature. Pain increases with laying, movement, and sitting. Patient states that left shoulder pain is worst than left knee.

**Past Medical History:**  
High blood pressure

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Hydrochlorothiazide, losartan potassium, metoprolol tartrate, pantoprazole, and baby aspirin.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. Patient is retired.

**Physical Examination:**  
**General Appearance:** Patient is a well-developed, well-nourished male in no acute distress. Awake, alert, and oriented x3. 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 at AC joint and rotator cuff insertion. 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 100 degrees(180 degrees normal), forward flexion 135 degrees (180 degrees normal), internal rotation 40 degrees (80 degrees normal), external rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
07/27/2022 - MRI of the left shoulder reveals mild to moderate rotator cuff tendinopathy with partial tearing in the infra and supraspinatus tendons. Mild AC joint osteoarthritis with edema. Findings may reflect a grade I AC joint sprain.

**Assessment and Plan:**  
Diagnoses: Rotator cuff tendinopathy, partial tearing of the infra and supraspinatus tendons, and AC joint osteoarthritis, left shoulder.  
Plan: Recommend left shoulder arthroscopy. Does not recommend cortisone. Patient was given PT script for the left shoulder.

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   
MRI of the Left Shoulder was reviewed.   
The patient was advised to obtain medical clearance.  
Patient is to return to the office postop.

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.**