**Patient Name:** WU, RUI

**Date of Birth:** 12/25/1953

**Date of Service:** 07/18/2022

**History of Present Illness:**  
This is a 68 year-old right hand dominant female who was involved in a motor vehicle accident on 03/30/22. The patient states she was the back seat passenger behind the driver of a vehicle which was rear ended. Patient injured Right Shoulder, Left Knee in the accident. The patient is here today for orthopedic evaluation. Patient has tried 2 months of PT, which helped minimally. She had not had intraarticular injection.

Patient complains of right shoulder pain that is 5/10 with 10 being the worst.

Patient complains of left knee pain that is 6-7/10 with 10 being the worst.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
None.

**Allergies:**  
No known drug allergies

**Social History:**  
The patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet tall and weighs 96 pounds.  
**General Appearance:** Patient is a well-developed, well-nourished female 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 of the medial joint line. There was no effusion. There was no atrophy of the quadriceps noted. Medial McMurray's test was positive. 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. Range of motion: Flexion 135 degrees with pain (150 degrees normal) and extension 0 degrees (0 degrees normal).

**Right Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer's, and O'Brien's tests were positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 120 degrees (180 degrees normal), forward flexion 140 degrees (180 degrees normal), internal rotation 75 degrees (80 degrees normal), and external rotation 60 degrees (90 degrees normal).

**Diagnostic Imaging:**  
06/14/2022 - MRI of the left knee reveals moderate-to-high grade medial collateral ligament tear at the femur. Medial meniscal tear. Hamstring and gastrocnemius tendinopathy with soft tissue edema. Full-thickness cartilage f?issures over the anterior medial femur with marrow edema. Thinning of cartilage over the posterior medial femur.  
06/14/2022 - MRI of the right shoulder reveals AC joint arthrosis with joint effusion. 2-mm traction cyst at the insertion of infraspinatus without fracture. Fraying and tear of the superior labrum. Biceps tendinopathy with tenosynovitis. Capsular thickening which can be seen with adhesive capsulitis. Glenohumeral joint effusion.

**Assessment and Plan:**  
Diagnosis: 1. Meniscus tear, left knee.  
 2. Labral tear, right shoulder.  
Plan: Consider left knee arthroscopy.

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.

The patient’s Right Shoulder, Left Knee were examined   
MRI of the Right Shoulder, Left Knee were reviewed.   
The patient at the present time is advised to continue with PT.  
Patient is to return to the office in 6 weeks on 09/13/22.

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.**