**Patient Name:** ARBELAEZ, VIVIANA

**Date of Birth:** 12/11/2001

**Date of Service:** 02/23/2022

**History of Present Illness:**  
This is a 21 year-old right hand dominant female who was involved in a motor vehicle accident on 09/14/20. Patient states that she was a restrained driver of a vehicle, which was involved in a T-bone collision by a car who ran red light. Patient injured Left Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried few months of PT and had no intraarticular injection.

The patient complains of left shoulder pain that comes and goes, rated at 4/10, with 10 being the worst, which is shooting in nature. The left shoulder pain radiates to biceps. Pain increases with lifting and improves with rest.

**Past Medical History:**  
Noncontributory.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Birth control pills.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 4 inches tall and weighs 180 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 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 \_\_\_\_\_150 degrees (180 degrees normal), Forward flexion 150 degrees (180 degrees normal), Internal rotation 80 degrees (80 degrees normal), External rotation 90 degrees (90 degrees normal).

**Diagnostic Imaging:**  
09/18/2020 - MRI of the left shoulder reveals moderate rotator cuff tendinopathy and bursitis with associated 2 mm bursal surface partial thickness anterior central supraspinatus tendon tear.

**Assessment and Plan:**  
Diagnosis: 1. Rotator cuff tendinopathy, left shoulder.   
 2. Bursitis, left shoulder.  
 3. Supraspinatus tear, left shoulder.  
Plan: Continue with pain management. Patient is doing good, does not want surgery.

The patient’s Left Shoulder was examined   
MRI of the Left Shoulder was 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.**