**Patient Name:** ASHKAR, KAWBAB

**Date of Birth:** 12/26/1944

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

**History of Present Illness:**  
This is a 77 year-old right hand dominant female who was involved in a motor vehicle accident on 10/11/21. The patient states she was the front seat passenger of a vehicle with seatbelt on which was involved in a front end collision with a car that ran stop sign. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried 6 weeks of PT, which helped minimally. Patient also had one right shoulder intraarticular injection, which did not help.

The patient complains of right shoulder pain that is rated at 9/10 with 10 being the worst, which is constant in nature. Shoulder pain radiates down to hand associated with numbness and tingling into hand. Pain increases with overhead movement.

**Past Medical History:**  
Diabetes, arthritis, high blood pressure.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Lisinopril, aspirin, and metformin.

**Allergies:**  
No known drug allergies

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

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 6 inches tall, weighs 163 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.

**Right Shoulder:**  
Examination of the shoulder revealed tenderness to palpation of the RTC insertion. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and Neer's tests were 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 45 degrees (80 degrees normal), and external rotation 40 degrees (90 degrees normal).

**Diagnostic Imaging:**  
05/17/2022 - MRI of the right shoulder reveals moderate rotator cuff tendinopathy and bursitis with associated 2 mm linear bursal surface partial thickness proximal posterior supraspinatus tendon tear and 2 mm linear bursal surface partial thickness mid central supraspinatus tendon tear with small effusion.

**Assessment and Plan:**  
Diagnosis: Right shoulder rotator cuff tear (supraspinatus).  
Plan: Right shoulder arthroscopy.

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 Right 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 Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.   
The patient at the present time is advised to continue with PT while patient considers surgery.  
Patient is to return to the office p.r.n.

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 50% 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.**