**Patient Name:** BARRETO, MONSERRAT

**Date of Birth:** 07/07/1966

**Date of Service:** 06/27/2022

**History of Present Illness:**  
This is a 56 year-old right hand dominant female who was involved in a slip and fall accident on 02/26/2022. Patient states that she stumbled over a rug and fell in a store . Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. She sees Dr. Kristoff 2x a week when she has \_\_\_\_\_\_ at work. Patient has tried two months of PT, which did not help much.

The patient complains of right shoulder pain that is 10/10, with 10 being the worst, which is sharp, shooting, throbbing in nature. The shoulder pain is worsened with movement, holding things. Nothing helps to improve the pain. Patient states the middle finger locks up.

**Past Medical History:**  
Hypertension, hypothyroidism.

**Past Surgical History:**  
Carpal tunnel repair.

**Past Accident/Injuries:**

**Daily Medications:**  
Meloxicam, Tylenol p.r.n. Tylenol Arthritis, BP medications.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**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 AC joint and rotator cuff. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and Neers tests were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 115 degrees (180 degrees normal ), Forward flexion 140 degrees (180 degrees normal ), Internal rotation 60 degrees (80 degrees normal ), External rotation 70 degrees (90 degrees normal )

**Diagnostic Imaging:**  
04/21/2022 - MRI of the right shoulder reveals rotator cuff tendinosis with partial tearing at the infraspinatus/supraspinatus tendon complex as described above. Moderate hypertrophic DJD of the AC joint.

**Assessment and Plan:**  
Diagnosis: Rotator cuff tear "partial"   
Plan: Recommend 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 and will be scheduled.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.

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.**