**Patient Name:** BRAVO, WILLIAM

**Date of Birth:** 02/21/1961

**Date of Service:** 05/17/2022

**History of Present Illness:**  
This is a 61 year-old right dominant male who was involved in a motor vehicle accident on 02/25/22. Patient states she was a restrained driver of a vehicle, which was involved in a driver's front side collision while \_\_\_\_\_. Patient injured Left Shoulder, Right Shoulder in the accident. The patient is here today for orthopedic evaluation.

Patient complains of bilateral shoulder pain, left more than right, rated at 8/10 for the left shoulder and 6/10 for the right shoulder, which is sharp in nature. Pain is radiating up to neck. Shoulder pain worsens with lifting arms and carrying items and improves with rest.

**Past Medical History:**  
High blood pressure, hyperlipedemia.

**Past Surgical History:**  
Appendectomy.

**Past Accident/Injuries:**

**Daily Medications:**  
Naproxen and losartan.

**Allergies:**  
Penicillin.

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 5 inches tall, weighs 190 pounds   
**General Appearance:** Patient is a well-developed, well-nourished male in no acute distress. Awake, alert, and oriented x 3. Mood and affect are normal.  
**Gait and Station:** Gait is normal

**Left and Right Shoulder:**  
Examination of the right shoulder revealed tenderness to palpation of the subacromial space and AC joint. There was no effusion. No crepitus was present. No atrophy was present. Impingement sign was positive. Hawkins and Neer's Tests were positive. Left IR/ER was 4/5. Drop arm and apprehension tests were negative. Range of motion: Abduction 165 degrees (180 degrees normal), forward flexion 165 degrees (180 degrees normal), internal rotation 40 degrees (80 degrees normal), external rotation 40 degrees (90 degrees normal) .  
  
Examination of the left shoulder revealed tenderness to palpation of the subacromial space and AC joint. There was no effusion. No crepitus was present. No atrophy was present. Impingement sign was positive. Hawkins and Neer's Tests were positive. Left IR/ER was 4+/5. Drop arm and apprehension tests were negative. Range of motion: Abduction 165 degrees (180 degrees normal), forward flexion 165 degrees (180 degrees normal), internal rotation 40 degrees (80 degrees normal), external rotation 50 degrees (90 degrees normal) .

**Diagnostic Imaging:**  
04/15/2022 - MRI of the right shoulder reveals AC joint arthrosis with narrowing of supraspinatus outlet which can be seen with impingement. Full-thickness insertional tear of supraspinatus retracted by 2.4 cm with proximal tendinopathy and no muscle atrophy. Anterior capsular thickening which can be seen with adhesive capsulitis. Fraying and tear of the superior labrum.  
  
04/15/2022 - MRI of the left shoulder reveals AC joint arthrosis. Rotator cuff tendinopathy and fraying with 10-mm full-thickness anterior insertional tear of supraspinatus with no muscle atrophy. Capsular thickening anterior which can be seen with adhesive capsulitis.

**Assessment and Plan:**  
Diagnosis: 1. Bilateral rotator cuff tear.  
 2. Impingement syndrome, bilateral shoulders.  
Recommend: PT.

The patient’s Left Shoulder, Right Shoulder were examined   
MRI of the Left Shoulder, Right Shoulder were reviewed.   
The patient at the present time is advised to \_\_\_\_\_\_.Patient is to return to the office \_\_\_\_\_\_\_\_\_\_\_\_

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.**