**Patient Name:** BRAVO-RIVERA, MIGUEL

**Date of Birth:** 09/22/1974

**Date of Service:** 11/22/2021

**History of Present Illness:**  
This is a 47 year-old right hand dominant male who was involved in a motor vehicle on 12/31/2020 . Patient states that he was a restrained driver of a vehicle, which was involved in a front and rear end collision. He went to hospital the next day. Patient injured Left Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT since August with good relief.

The patient complains of left shoulder pain that is rated at 6/10, with 10 being the worst, which is dull in nature, associated with tingling behind shoulder. The patient states that pain increases with raising hand over shoulder and improves with rest. Patient had left shoulder intraarticular injection done on 08/31/2021 with good relief.

**Past Medical History:**  
High cholesterol.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Atorvastatin, Naproxen, diclofenac

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 5 inches tall, weighs 205 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 Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation at AC joint. There was no effusion. Range of motion Abduction 145 degrees (180 degrees normal ) Forward flexion 150 degrees with pain (180 degrees normal ) Internal rotation 80 degrees (80 degrees normal ) External rotation 85 degrees(90 degrees normal )

**Diagnostic Imaging:**  
None reviewed.

**Assessment and Plan:**  
Diagnosis: Impingement, left shoulder.  
Recommend arthroscopy if pain returns or worsens.

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 left 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 Left Shoulder was examined   
The patient at the present time is advised to continue conservative treatment.  
Patient is to return to the office on an as needed basis.

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.**