**Patient Name:** BUCCINE, ELIZABETH

**Date of Birth:** 07/06/1967

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

**History of Present Illness:**  
This is a 55 year-old left hand dominant female who was involved in a motor vehicle accident on 10/24/21. Patient was a restrained driver of a vehicle which was involved in a right front end collision by a drunk driver who ran stop sign. Airbags did not deploy. Seatbelt did not lock. Patient hit her shoulder and chest on steering wheel. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried \_\_\_\_\_7 than 4 months of PT with minimal improvement.

The patient complains of right shoulder pain that is rated at 7/10 with 10 being the worst, which is constant and sometimes throbbing in nature. Pain is associated with numbness around shoulder to \_\_\_\_\_chest. Pain increases with lifting overhead and crossing arms, and improves with applying pressure.

**Past Medical History:**  
Asthma.

**Past Surgical History:**  
Gallbladder removal, left breast tumor removal, and tailbone cyst removal.

**Past Accident/Injuries:**

**Daily Medications:**  
Xopenex, cyclobenzaprine, naproxen.

**Allergies:**  
Morphine

**Social History:**  
Drinking. Patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 6 inches tall, weighs 190 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 at AC joint. 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 130 degrees (180 degrees normal), forward flexion 135 degrees (180 degrees normal), internal rotation \_\_\_\_\_85 degrees with pain (80 degrees normal), external rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
11/01/2021 - MRI of the right shoulder reveals tendinosis of the supraspinatus tendon. Degeneration of the superior labrum. Hypertrophy of the acromioclavicular joint resulting in level II impingement syndrome. Degeneration of the superior labrum. Fluid in the subcoracoid bursa consistent with acute bursitis.

**Assessment and Plan:**  
Diagnoses: Impingement and partial tears of supraspinatus, infraspinatus, and subscapularis tendons, right shoulder.  
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 physical therapy and undergo medical clearance.  
Patient is to return to the office 2 weeks' postop.

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.**