**Patient Name:** BUCCINE, ELIZABETH

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

**Date of Service:** 10/24/2022

**History of Present Illness:**  
The patient presents today for postop follow-up evaluation of right shoulder.

The patient complains of right shoulder pain that is rated at 4/10 with 10 being the worst, which is sharp in nature. Patient states that she is not sure what movement causes pain, but when she makes a certain movement that cause sharp pain down to her arm inside. She states that she cannot wear bra and gets a lot of pain.

**Past Medical History:**

**Past Surgical History:**  
Right shoulder arthroscopy on 09/30/2022.

**Past Accident/Injuries:**

**Daily Medications:**

**Allergies:**

**Social History:**

**Physical Examination:**

**Diagnostic Imaging:**  
11/01/2021 – MRI of the right shoulder reveals type Ill acromion with productive hypertrophic changes of the acromioclavicular joint with impingement of the rotator cuff, in an appropriate clinical setting. Partial tear of distal supraspinatus tendon. Partial tear of distal infraspinatus tendon. Partial tear of distal subscapularis tendon. Mild joint effusion consistent with trauma or synovitis, in an appropriate clinical setting.

**Assessment and Plan:**  
Diagnosis: Status post right shoulder arthroscopy.  
Recommend to continue PT.

The patient’s Right Shoulder was examined   
Patient is to return to the office in 6 weeks.

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.**