**Patient Name:** CALLANDS-THOMAS, GERALDINE

**Date of Birth:** 12/09/1952

**Date of Service:** 03/28/2022

**History of Present Illness:**  
This is a 70 year-old right hand dominant female who was involved in a motor vehicle accident on 07/29/2021 . The patient states she was the restrained driver of a vehicle which was involved in a rear end collision by a truck while stopped at light.   
Patient got hurt of her left shoulder while holding steering wheel. Patient injured Left Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried 2 months of PT with minimal relief. Patient has tried Tylenol for pain. Patient states pain in front aspect of shoulder.

The patient complains of left shoulder pain that is 7-8/10, with 10 being the worst, which is sharp and intermittent in nature. Left shoulder pain radiates down to arm at times. Left shoulder pain increases with raising arm, overhead activities. Left shoulder pain improves with resting.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Tonsillectomy.

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
Penicillin.

**Social History:**  
Patient is working and works as resource specialists.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 5 inches tall weighs 225 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

**Left Shoulder:**  
Examination of the shoulder revealed tenderness to palpation at RTC insertion. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Range of motion Abduction 80 degrees (180 degrees normal ) Forward flexion 135 degrees (180 degrees normal ) Internal rotation 45 degrees (80 degrees normal) External rotation 80 degrees (90 degrees normal )

**Diagnostic Imaging:**  
12/02/2021 - MRI of the left shoulder reveals AC joint arthrosis with narrowing of the supraspinatus outlet which can be seen m'th impingement. Rotator-cuff tendinopathy and fraying. Severe arthrosis of glenohumeral joint with joint effusion. Diffuse labral tear. Biceps tendinopathy with tenosynovitis.

**Assessment and Plan:**  
Diagnosis: Labral tear, fraying, impingement, left shoulder.  
Plan: Recommend left 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 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’s Left Shoulder was examined   
MRI of the Left Shoulder was reviewed.   
The patient at the present time is advised to undergo MC.  
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.**