**Patient Name:** CANALES, RAMON

**Date of Birth:** 09/28/1980

**Date of Service:** 02/23/2022

**History of Present Illness:**  
This is a 42 year-old right hand dominant male who was involved in a motor vehicle accident on 05/04/21. Patient states that he was a front seat passenger with seatbelt on of a vehicle, which was involved in a T-bone collision on his door by another vehicle. Patient injured Right Shoulder, Right Wrist in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT, which helped and is still active. He received no injections.

The patient complains of right shoulder pain more than the right wrist pain that is rated at 7/10, with 10 being the worst, which is sharp, shooting, and throbbing in nature. The right shoulder pain increases with lifting and overhead activities and improves with medications.

Other

**Past Medical History:**  
Noncontributory.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Ibuprofen.

**Allergies:**  
No known drug allergies

**Social History:**  
No ETOH, nonsmoker. Patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 7 inches tall, weighs 197 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

**Right Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation of the \_\_\_\_\_AC joint. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer's, and O'brien's tests were positive. Drop arm and apprehension tests were negative. Range of motion Abduction 100 degrees (180 degrees normal), Forward flexion 140 degrees (180 degrees normal), Internal rotation 30 degrees (80 degrees normal), External rotation 30 degrees (90 degrees normal).

**Other:**  
Examination of the right wrist reveals a no tenderness to palpation.

**Diagnostic Imaging:**  
12/01/2021 - MRI of the right shoulder reveals AC joint arthrosis. Inferior curvature of the acromion and narrowing of the supraspinatus outlet which can be seen with impingement. Rotator cuff tendinopathy. Circumferential labral ter. A 2.5 x 2.3 x 1 cm posterior superior labral cyst with no denervation edema. Biceps tendinopathy and tenosynovitis with diffuse tear at the horizontal segment and anchor. Capsular thickening which can be seen with adhesive capsulitis. Arthrosis of glenohumeral joint with joint effusion.  
12/01/2021 - MRI of the right wrist reveals ulnar TFC fraying and partial tear. Extrinsic ligament sprains. Pisiform bursitis. Extensor carpi ulnaris tendinopathy with interstitial tearing and peritendinous edema. No subluxation.

**Assessment and Plan:**  
Diagnosis: 1. \_\_\_\_\_Rotator cuff tendinopathy and labral tear, 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, Right Wrist were examined   
MRI of the Right Shoulder, Right Wrist were reviewed.   
The patient at the present time is advised to obtain medical clearance.  
Patient is to return to the office 2 weeks postoperative.

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.**