**Patient Name:** CARDENAS, MARCO

**Date of Birth:** 04/19/1962

**Date of Service:** 01/24/2022

**History of Present Illness:**  
This is a 60 year-old right hand dominant male who was involved in a motor vehicle accident on 11/06/21. Patient states that he was a restrained driver of a vehicle, which was involved in a rear end collision. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation.

The patient complains of right shoulder pain that is 7/10, with 10 being the worst, which is sharp in nature that comes and goes. The right shoulder pain increases with turning, \_\_\_\_ arm, lifting, overhead activities.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Colonoscopy, endoscopy, hernia removal.

**Past Accident/Injuries:**

**Daily Medications:**  
\_\_\_\_Prostate health, Tamsulosin 0.4 mg, finasteride 5 mg.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 9 inches tall, weighs 186 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 tenderness to palpation at rotator cuff \_\_\_insertion and AC joint. There was no effusion. No crepitus was present. No atrophy was present. Drop arm, and apprehension tests were negative. Hawkins and O'briens tests were positive. Range of motion Abduction 120 degrees with pain (180 degrees normal ) Forward flexion 135 degrees(180 degrees normal ) Internal rotation 50 degrees (80 degrees normal ) External rotation 60 degrees(90 degrees normal )

**Diagnostic Imaging:**  
11/12/21 - MRI of the right shoulder reveals AC joint arthrosis with lateral acromial spur. Infraspinatus tendinopathy and fraying with interstitial tear at the myotendinous junction with 5-mm interstitial ganglia. Suprasplnatus demonstrates full-thickness insertional tear retracted to the central humeral head by greater than 2 cm. Fatty infiltration of the muscle. Diffuse capsular thickening which can be seen with adhesive capsulitis. Fraying and tear of the superior labrum. Biceps tendinopathy with medial subtuxation, interstitial tear and tenosynovitis.

**Assessment and Plan:**  
Diagnosis: Infraspinatus tendinopathy, fraying, full-thickness rotator cuff tear (supraspinatus).  
Plan: Discussed 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 and will be scheduled on \_\_\_\_\_\_.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.   
Patient is to return to the office in 4 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.**