**Patient Name:** CARDENAS, MARCO

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

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

**History of Present Illness:**  
The patient is seen here for Orthopedic follow up evaluation. The patient had right shoulder arthroscopy on 02/07/22. Patient started physical therapy on Friday, which is helping.

The patient complains of right shoulder pain that comes and goes rated at 3/10 with 10 being the worst.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Varicocele 1970, hernia repair 1997. Colonoscopy, endoscopy. Right shoulder arthroscopy on 02/07/22.

**Past Accident/Injuries:**

**Daily Medications:**  
None.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 8 inches tall.  
**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. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Range of motion: Abduction 110 degrees with pain (180 degrees normal), forward flexion 90 degrees(180 degrees normal), internal rotation 50 degrees (80 degrees normal), external rotation 50 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. Supraspinatus 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 subluxation, interstitial tear and tenosynovitis.

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

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

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.**