**Patient Name:** DANIELS, TONYA

**Date of Birth:** 09/22/1966

**Date of Service:** 12/27/2021

**History of Present Illness:**  
This is a 55 year-old right hand dominant female who was involved in a motor vehicle accident on 07/12/2021. Patient states that she was a front seat passenger of the vehicle. She states that the road was under construction and the driver lost control. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT twice a week since the accident.

The patient complains of right shoulder pain that is rated at 10/10, with 10 being the worst, which is sharp, shooting, and throbbing in nature, associated with numbness and tingling. The patient states that pain radiates and is always increasing.

**Past Medical History:**  
Patient has had 2 strokes, first stroke 1987, second in 2019. Memory loss, high blood pressure, and diabetic.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Aspirin one a day.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is retired.   
  
Family History:   
Mother had strokes/blood clots.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 6 inches tall, weighs 153 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

**Right Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins was positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 110 degrees(180 degrees normal), Forward flexion 120 degrees(180 degrees normal), Internal rotation 50 degrees (80 degrees normal), External rotation 45 degrees(90 degrees normal).

**Diagnostic Imaging:**

**Assessment and Plan:**  
Diagnosis: 1. Tear of the supraspinatus tendon, right shoulder.  
 2. Arthritis, right shoulder.  
Plan: Discussed right shoulder arthroscopy on 02/07/2022. Patient needs medical clearance and neurology clearance.

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 02/07/21.

The patient’s Right Shoulder was examined   
The patient at the present time is advised right shoulder arthroscopy.   
Patient is to return to the office 2 months 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.**