**Patient Name:** DIAS, HANWALLAGA KASUN

**Date of Birth:** 01/02/1988

**Date of Service:** 10/24/2022

**History of Present Illness:**  
The patient presents today for a follow-up evaluation complaining of left shoulder pain.

**Past Medical History:**

**Past Surgical History:**

**Past Accident/Injuries:**

**Daily Medications:**

**Allergies:**

**Social History:**

**Physical Examination:**

**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 Neer's tests were positive. Apprehension test was negative. Range of motion: Abduction 140 degrees (180 degrees normal), forward flexion 130 degrees (180 degrees normal), Internal rotation 55 degrees with pain (80 degrees normal), external rotation 75 degrees (90 degrees normal).

**Diagnostic Imaging:**  
10/26/2021 - MRI of the left shoulder reveals AC joint arthrosis. Supraspinatus tendinopathy with insertional fraying. 5-mm articular tear at the anterior insertion. Interstitial tear at the myotendinous junction. Capsular thickening which can be seen with adhesive capsulitis.

**Assessment and Plan:**  
Diagnosis: Rotator cuff tear, impingement with supraspinatus tendinopathy, left shoulder  
Plan: 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 verbally consents 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 obtain chest x-ray for medical clearance.  
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.**