**Patient Name:** DIMARCO, ANTONELLA

**Date of Birth:** 06/23/1972

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

**History of Present Illness:**  
This is a 50 year-old right hand dominant female who was involved in a motor vehicle accident on 05/25/2021. Patient was a front seat passenger with seatbelt on of a vehicle, which was involved in a rear end collision. Patient did not go to the hospital. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation.

The patient complains of right shoulder pain that is 7-9/10, with 10 being the worst. The right shoulder pain radiates into deltoid. Right shoulder pain increases with usage, lifting, overhead activities. Right shoulder pain improves with Tylenol, ibuprofen, and ice.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Resection of small intestine 2012, Merkel diverticulum, multiple surgeries for endometriosis 2004 - 2010.

**Past Accident/Injuries:**  
The patient states she was the front seat passenger with seat belt on of a vehicle which was involved in a MVA. Airbags were not deployed. Due to the impact, patient complains of migraine headaches, neck pain radiating to arms, shoulder and low back pain. Patient has been receiving chiropractic therapy. Patient states that there is pain relief following chiropractic therapy.

**Daily Medications:**  
None

**Allergies:**  
Sulfur.

**Social History:**  
Smoker. Social drinker. Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 3 inches tall weighs 177 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 tenderness to palpation of AC joint. There was no effusion. Crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Neer's test was positive. Range of motion Abduction 155 degrees(180 degrees normal ) Forward flexion 150 degrees(180 degrees normal ) Internal rotation 70 degrees (80 degrees normal ) External rotation 60 degrees(90 degrees normal )

**Diagnostic Imaging:**  
11/23/2021 - MRI of the right shoulder reveals productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff, in an appropriate clinical setting. Bone marrow edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, likely as a result of recent trauma, in an appropriate clinical setting. Fluid in subacromial/subdeltoid region which is associated with rotator cuff tears or subacromial/subdeltoid bursitis, in am appropriate clinical setting.

**Assessment and Plan:**  
Diagnosis: 1. Right shoulder bursitis, impingement.  
Recommend to continue with pain management. Suggested AC joint injection.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.   
Patient is to return to the office on an as-needed basis.

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.**