**Patient Name:** ESTEVEZ DURAN, JUAN CARLOS

**Date of Birth:** 06/14/1985

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

**History of Present Illness:**  
This is a 36 year-old right hand dominant male who was involved in a \_\_\_\_\_motor vehicle accident on 02/15/21. Patient was involved trying to deliver food through Uber, fell off the porch and was attacked by a dog. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT since March 2021 with minimal relief. Patient had RSIA done, which helped for a few weeks.

The patient complains of right shoulder pain that is rated at 7/10, with 10 being the worst, which is sharp and throbbing in nature. The right shoulder pain radiates to elbow, which is sometimes associated with numbness. The right shoulder pain increases with raising overhead and turning steering wheel.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Patient smokes 10 cigarettes per day over 10 years.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 5 inches tall, weighs 140 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 no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer's and O'brien's tests were positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 120 degrees (180 degrees normal), forward flexion 110 degrees (180 degrees normal), internal rotation 50 degrees (80 degrees normal), and external rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
03/25/2021 - MRI of the right shoulder reveals type III acromion with hypertrophic changes of the acromioclavicular joint with impingement of the rotator cuff, in an appropriate clinical setting. Partial tear of the distal supraspinatus tendon. Partial tear of distal subscapularis tendon.

**Assessment and Plan:**  
Diagnosis: Partial supraspinatus tear and partial subscapularis tear, right shoulder.  
Plan: 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.

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

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.**