**Patient Name:** FELDER (CASE 2 MM), DENEEN

**Date of Birth:** 02/16/1968

**Date of Service:** 09/30/2022

**History of Present Illness:**  
This is a 54 year-old right hand dominant female presents today for orthopedic evaluation. Patient complains of Right Shoulder pain. Patient has tried 6 months of PT.

The patient complains of right shoulder pain that is 5/10, with 10 being the worst, which is sharp in nature Pain is radiating into elbow. Shoulder pain is worsened with reaching and improved with resting.

**Past Medical History:**

**Past Surgical History:**

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**

**Physical Examination:**

**Right Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neers and Obrien's tests were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 120 degrees(180 degrees normal ) Forward flexion 130 degrees(180 degrees normal ) Internal rotation 70 degrees (80 degrees normal ) External rotation 60 degrees (90 degrees normal )

**Diagnostic Imaging:**  
03/30/2021 - MRI of the right shoulder reveals moderate rotator cuff tendinosis/strain and subacromial subdeltoid bursitis. High grade partial thickness tear distal supraspinatus measuring 17 x 21 mm. Appearance consistent with SLAP tear. Mild changes of acromioclavicular osteoarthritis with spurring. Subacromial spur.

**Assessment and Plan:**  
Diagnosis: Right shoulder SLAP tear, rotator cuff tear.  
Plan: Recommend to undergo right shoulder rotator cuff repair. Patient needs medical clearance. She did not clear last year due to uncontrolled hypertension.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.   
The patient at the present time is advised to get MC.  
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.**