**Patient Name:** FITZGERALD, STEVEN

**Date of Birth:** 03/22/1986

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

**History of Present Illness:**  
This is a 36 year-old right hand dominant male who was involved in a motor vehicle accident on 12/05/2021. Patient states that he was in carpool lane and another car switched lane in front of him, hit the breaks and they ran into the back of the car. Patient injured Left Shoulder, Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has not tried PT and had no injections.

The patient complains of left shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting up to neck in nature. Left shoulder sometimes has numbness and tingling. Shoulder pain increases with laying down. Shoulder pain improves with rest.

The patient complains of worsened right shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting up to neck in nature. Right shoulder sometimes has numbness and tingling. Shoulder pain increases with laying down. Shoulder pain improves with rest.

**Past Medical History:**  
Noncontributory.

**Past Surgical History:**  
Appendix surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Patient smokes cigarettes a pack or 2 a day. Patient drinks. Patient is not working.

**Physical Examination:**  
**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

**Left and Right Shoulder:**  
Examination of the left shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Range of motion Abduction 140 degrees(180 degrees normal ) Forward flexion 130 degrees(180 degrees normal ) Internal rotation 90 degrees (80 degrees normal ) External rotation 80 degrees(90 degrees normal )   
  
Right Shoulder  
Examination of the left shoulder revealed tenderness to palpation at AC joint. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer's and Obriens tests were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 140 degrees(180 degrees normal ) Forward flexion 140 degrees(180 degrees normal ) Internal rotation 90 degrees (80 degrees normal ) External rotation 90 degrees(90 degrees normal )

**Diagnostic Imaging:**  
05/31/2022 - MRI of the left shoulder reveals AC joint arthrosis. Supraspinatus tendinopathy with 5-mm interstitial tear 10-mm proximal to the insertion. Fraying and tear of the superior labrum. Biceps tendinopathy wth intersitial tear at the anchor and tenosynovitis.  
  
05/31/2022 - MRI of the right shoulder reveals AC joint arthrosis with erosive changes on both sides of the joint with reactive marrow edema and no separation. Nondisplaced tear of the posterior Iabrum from inferior to superior. Biceps tendinopathy with tenosynovitis but no discrete tear at the anchor. Capsular thickening which can be seen with adhesive capsulitis.

**Assessment and Plan:**  
Diagnosis: 1. Superior labrum tear of left shoulder.  
 2. Nondisplaced tear of the posterior labrum, right shoulder.  
Plan: Recommend to start PT.

The patient’s Left Shoulder, Right Shoulder were examined   
MRI of the Left Shoulder, Right Shoulder were reviewed.   
The patient at the present time is advised to start PT.  
Patient is to return to the office in 6 weeks.

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.**