**Patient Name:** FOSTER, GARY

**Date of Birth:** 10/10/1965

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

**History of Present Illness:**  
This is a 57 year-old left hand dominant male who was involved in a motor vehicle accident on 10/25/2021 . The patient states he was the restrained driver of a vehicle which was involved in a front passenger side collision by another car that was reversing from parking space. Patient injured Left Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried 5-6 weeks of PT and had no injection for pain relief.

The patient complains of left shoulder pain that is 7/10, with 10 being the worst, which is sharp in nature. Shoulder pain radiates down arm into fingers. The shoulder pain is worsened with movement. Pain is improved with heat and without movement.

**Past Medical History:**  
High blood pressure without medications.

**Past Surgical History:**  
Torn meniscus repair.

**Past Accident/Injuries:**

**Daily Medications:**  
None.

**Allergies:**

**Social History:**  
Patient smokes half a pack cigarettes a day. Patient worked as a painter before, currently not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 6 feet 2 inches tall, weighs 195 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

**Left Shoulder:**  
Examination of the shoulder revealed tenderness to palpation at rotator cuff tendon. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neers and O'briens tests were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 145 degrees(180 degrees normal ) Forward flexion 140 degrees(180 degrees normal ) Internal rotation 70 degrees (80 degrees normal ) External rotation 80 degrees(90 degrees normal )

**Diagnostic Imaging:**  
02/22/2022 - MRI of the left shoulder reveals grade 2 partial thickness articular sided tearing of the anterior leading edge of the supraspinatus tendon. Posterior superior labral tear. Mid AC joint arthrosis.

**Assessment and Plan:**  
Diagnosis: Posterior superior labral tear, left shoulder.  
Plan: Recommend left shoulder arthroscopy. Patient wants to think about it.

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 and will be scheduled.

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

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.**