**Patient Name:** GIORDANO, SUSAN

**Date of Birth:** 03/03/1966

**Date of Service:** 08/29/2022

**History of Present Illness:**  
This is a 56 year-old right hand dominant female who was involved in a motor vehicle accident on 11/14/20. The patient states she was the front seat passenger with seatbelt on of a vehicle which was hit by a car on passenger side when her husband got onto highway. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried 4 months of PT for which insurance did not want to pay anymore. The patient had 2 right shoulder intraarticular injections.

The patient complains of right shoulder pain that is 9/10 with 10 being the worst, which is front, dull, pushing, and sharp in nature. Pain radiates into neck, sometimes associated with numbness and tingling. Pain increases with grabbing and pushing. Patient states that nothing really helps to improve pain.

**Past Medical History:**  
Asthma, GI issues, GERD, and migraines.

**Past Surgical History:**  
Colonoscopy 1990 - 2000, catheterization (SVT), cysts removal. Calcification surgery on shoulder 15 years ago. \_\_\_\_\_Cambia Botox injection 4x a year.

**Past Accident/Injuries:**

**Daily Medications:**  
Advair 250/50, ProAir when needed, \_\_\_\_\_ 4x a year, Dicyclomine 10 mg, pantoprazole 40 mg, and Ubrelvy.

**Allergies:**  
No known drug allergies

**Social History:**  
Occasional drinking

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 5 inches tall, weighs 170 pounds, BMI 28.3 kg/sq.m.  
**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 at AC joint. There was no effusion. No crepitus was present. No atrophy was present. \_\_\_\_\_Hawkins test was positive. Drop arm, and apprehension tests were negative.   
Range of motion: Abduction is 70 degrees (180 degrees normal), forward flexion 135 degrees (180 degrees normal), internal rotation 50 degrees (80 degrees normal), and external rotation 60 degrees (90 degrees normal).

**Diagnostic Imaging:**

**Assessment and Plan:**  
Diagnosis: \_\_\_\_\_\_\_   
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   
The patient at the present time is advised to obtain medical clearance.  
Patient is to return to the office 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.**