**Patient Name:** GREEN, KELVIN

**Date of Birth:** 05/05/1962

**Date of Service:** 05/17/2022

**History of Present Illness:**  
This is a 60 year-old right hand dominant male who was involved in a motor vehicle accident on 11/08/21. The patient states he was the restrained driver of a vehicle which was involved in a rear-end collision. Patient injured Left Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has been doing PT since November 2021. Patient had no intraarticular injection done.

The patient complains of left shoulder pain that is 7-8/10 with 10 being the worst, which is sharp and constant in nature. Left shoulder pain is radiating into arm. Pain increases with carrying things overhead and improves with medication and rest.

**Past Medical History:**  
Skin lesions/rashes, high blood pressure, arrhythmia.

**Past Surgical History:**  
Left ankle reconstruction with metal plate 1998, aortic valve replacement 2006.

**Past Accident/Injuries:**

**Daily Medications:**  
Warfarin and lisinopril.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. Patient is working as a manager.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 10 inches tall, weighs 206 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 no tenderness to palpation. There was swelling. A 2 x 2 cm soft tissue mass, nontender, nonmobile, encased over anterior deltoid. 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 160 degrees (180 degrees normal), forward flexion 165 degrees (180 degrees normal), internal rotation 45 degrees (80 degrees normal), external rotation 50 degrees (90 degrees normal). IR/ER is 4/5.

**Diagnostic Imaging:**  
01/22/2022 - CT of the left shoulder reveals chronic changes.

**Assessment and Plan:**  
Diagnosis: 1. Pain in left shoulder, \_\_\_\_\_NUI .  
 2. Impingement syndrome, left shoulder.  
 3. \_\_\_\_\_Ganglion.  
 4. Internal derangement, left shoulder.  
Plan: Continue PT.

The patient’s Left Shoulder was examined   
MRI of the Left Shoulder was reviewed.   
Patient is to return to the office \_\_\_\_\_

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 50% 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.**