**Patient Name:** ISHAQ, MOHAMMAD

**Date of Birth:** 10/09/1943

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

**History of Present Illness:**  
This is a 79 year-old right hand dominant male who was involved in a motor vehicle accident in 04/2022. The patient states he was the restrained driver of a vehicle which was involved in a front end collision. Patient states that the driver of the other vehicle coming from opposite end turned left causing the collision. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has been undergoing PT since April. Patient did not receive intraarticular injection.

The patient complains of right shoulder pain that is 9/10 with 10 being the worst, which is throbbing in nature Pain is associated with numbness and tingling at time. Pain increases with overuse and overhead activities, and improves with medication.

**Past Medical History:**  
High blood pressure.

**Past Surgical History:**  
Noncontributory.

**Past Accident/Injuries:**

**Daily Medications:**  
Enalapril and Flomax.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. The patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 10 inches tall, weighs 170 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.

**Right Shoulder:**  
Examination of the shoulder revealed tenderness to palpation at RC insertion. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Range of motion: Abduction is 130 degrees with limitation (180 degrees normal), forward flexion 140 degrees with pain (180 degrees normal), internal rotation 50 degrees (80 degrees normal), and external rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
05/18/2022 - MRI of the right shoulder reveals tendinosis of the supraspinatus and infraspinatus. Tendinosis with low-grade interstitial partial tear of the subscapularis insertion. Circumferential labral degeneration with biceps tendinosis and mild tenosynovitis. Small joint effusion. Reactive fibrocystic change and edema at the greater tuberosity. No fracture. Mild AC joint arthrosis and subacromial bursitis.

**Assessment and Plan:**  
Diagnosis: Low-grade interstitial partial tear of the subscapularis insertion, right shoulder.  
Plan: Right shoulder arthroscopy, needs MC.

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