**Patient Name:** KARCH, LORIANA

**Date of Birth:** 03/04/1958

**Date of Service:** 10/24/2022

**History of Present Illness:**  
This is a 64 year-old right hand dominant female who was involved in a motor vehicle accident on 01/02/2022. The patient states she was the restrained driver of a vehicle which was involved in a rear end collision while waiting at the red light, was hit on driver's side passenger door and flipped upside down. Patient injured Left Shoulder, Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has just started PT on 10/21/2022 to the right shoulder.  
  
Patient complains of bilateral shoulder pain that is rated at 7/10 with 10 being the worst, which is sharp in nature.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Vein ligation in 1983 and deliveries in 88, 89, 93

**Past Accident/Injuries:**

**Daily Medications:**  
Desloratadine 5 mg daily

**Allergies:**  
Penicillin, Biaxin, Ceclor, amlodipine.

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 4 inches tall, weighs 158 pounds.  
**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.

**Left and Right Shoulder:**  
Left Shoulder:  
Examination of the left shoulder revealed tenderness to palpation at the RTC 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 150 degrees (180 degrees normal), forward flexion 150 degrees (180 degrees normal), internal rotation 70 degrees (80 degrees normal), and external rotation 60 degrees (90 degrees normal).  
  
Right Shoulder:  
Examination of the right shoulder revealed tenderness to palpation at the RTC insertion. There was no effusion. No crepitus was present. No atrophy was present. Hawkins test is positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 140 degrees (180 degrees normal), forward flexion 150 degrees (180 degrees normal), internal rotation 75 degrees (80 degrees normal), and external rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
09/28/2022 - MRI of the right shoulder reveals partial tear of distal supraspinatus tendon. Partial tear of distal subscapularis tendon. Fluid in the biceps tendon sheath consistent with tenosynovitis. Fluid in subacromial/subdeltoid region which is associated with rotator cuff tears or subacromial/subdeltoid bursitis, in an appropriate clinical setting.  
09/28/2022 - MRI of the left shoulder reveals partial tear of distal supraspinatus tendon. Partial tear of distal infraspinatus tendon. Partial tear of distal subscapularis tendon. Fluid in subacromial/subdeltoid region which is associated with rotator cuff tears or subacromial/subdeltoid bursitis, in an appropriate clinical setting. Mild joint effusion consistent with trauma or synovitis in an appropriate clinical setting.

**Assessment and Plan:**  
Diagnosis: Bilateral rotator cuff tear.  
Plan: Continue with PT. \_\_\_\_\_Patient was given work note with light duty.

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 continue PT.  
Patient is to return to the office in 8 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 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.**