**Patient Name:** KELLY, MARION

**Date of Birth:** 01/09/1958

**Date of Service:** 03/28/2022

**History of Present Illness:**  
The patient is seen here for Orthopedic follow up evaluation. Patient states that the physical therapy is helping.

The patient complains of left shoulder pain that is 5/10 with 10 being the worst. Pain increases with lifting and improves with rest. Patient states that the right shoulder is good.

**Past Medical History:**  
Breast lesions.

**Past Surgical History:**  
Breast lumpectomy in 2010 and tubal ligation.

**Past Accident/Injuries:**

**Daily Medications:**  
Prozac, omeprazole, vitamin D, and Zyrtec.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. Patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 7 inches tall, weighs 195 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 Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Range of motion: Abduction 120 degrees (180 degrees normal), forward flexion 135 degrees (180 degrees normal), internal rotation 45 degrees (80 degrees normal), external rotation 60 degrees (90 degrees normal).  
  
Right shoulder range of motion: Abduction 150 degrees (180 degrees normal) and forward flexion 170 degrees (180 degrees normal).

**Diagnostic Imaging:**  
12/17/2021 - MRI of the left shoulder reveals focal full thickness tear involving the distal supraspinatus tendon. High-grade articular surface partial thickness tear involving the anterior to mid fibers of the distal supraspinatus tendon. Diffuse tendonitis involving the infraspinatus tendon. Mild impingement of the supraspinatus outlet. Subacromial/subdeltoid bursitis.  
12/17/2021 - MRI of the right shoulder reveals articular surface partial thickness tear involving the anterior to mid fibers of the distal supraspinatus tendon, resulting in an 8 mm defect. Diffuse tendonitis involving the infraspinatus tendon. Mild impingement of the supraspinatus outlet. Subacromial/subdeltoid bursitis.

**Assessment and Plan:**  
Diagnoses: Full rotator cuff tear and bursitis, left shoulder.  
Plan: Left shoulder arthroscopic surgery.

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.

The patient’s Left Shoulder was examined   
MRI of the Left Shoulder was reviewed.

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.**