**Patient Name:** MARTINEZ, EDWARD

**Date of Birth:** 05/29/1989

**Date of Service:** 06/27/2022

**History of Present Illness:**  
This is a 33 year-old right hand dominant male who was involved in a motor vehicle accident on 07/12/2021. Patient states that the other driver ran a stop sign causing patient to him. Patient injured Right Shoulder, Right Ankle in the accident. The patient is here today for orthopedic evaluation. Patient has tried 4+ months of PT with no improvement.

The patient complains of right shoulder pain that is 8/10, with 10 being the worst, which is dull and shooting in nature. The shoulder pain is worsened with lifting arm, flexion and \_\_\_\_\_. Nothing improves the pain.

The patient complains of right ankle pain that is 8/10, with 10 being the worst, which is dull and shooting in nature. The ankle pain is worsened with flexion. Nothing improves the pain.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Right shoulder surgery 8 years ago.

**Past Accident/Injuries:**

**Daily Medications:**  
Pain medications.

**Allergies:**  
No known drug allergies

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

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 11 inches tall weighs 270 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 Ankle/Foot:**  
Examination reveals tenderness to palpation on \_\_\_\_ATFL and CFL. There is no heat, swelling, effusion, erythema, crepitus, instability, or atrophy appreciated. Range of motion reveals dorsiflexion at 20 degrees (20 degrees normal), plantar flexion at 35 degrees (40 degrees normal), sub inversion at 10 degrees (30 degrees normal), and sub eversion at 5 degrees (20 degrees normal). Drawer – negative.

**Right Shoulder:**  
Examination of the shoulder revealed tenderness to palpation on AC joint and rotator cuff. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and Neers tests were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 110 degrees (180 degrees normal ), Forward flexion 135 degrees (180 degrees normal ), Internal rotation 40 degrees (80 degrees normal ), External rotation 40 degrees (90 degrees normal )

**Diagnostic Imaging:**  
05/25/2022 - MRI of the right shoulder reveals AC joint arthrosis. A 10 x 11 mm full-thickness insertional supraspinatus tear with traction edema in the humeral head and no fracture. No muscle atrophy or tear. Capsular thickening anterior which can be seen with adhesive capsulitis.  
  
05/25/2022 - MRI of the right ankle reveals partial tear of anterior talofibular ligament. Chronic tear of the calcaneofibular ligament. Tibiotalar joint effusion. Contusion of medial talar body and medial malleolus. Soft tissue edema with no hematoma or bursitis.

**Assessment and Plan:**  
Diagnosis: Full rotator cuff tear, ATFL   
Plan: Recommend right shoulder arthroscopy.

The patient’s Right Shoulder, Right Ankle were examined   
MRI of the Right Shoulder, Right Ankle were 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.**