**Patient Name:** MCGRADE, ANASTASIA

**Date of Birth:** 02/12/1974

**Date of Service:** 04/25/2022

**History of Present Illness:**  
This is a 48 year-old right hand dominant female who was involved in a motor vehicle /work related accident on 03/21/2021. Patient states she was a restrained passenger of a Uber vehicle, which was involved in a rear end collision. Patient states that the driver hit a truck and lost control and she grabbed her daughter with right arm. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient did PT for 2 months, which made pain worse. Her last day of PT was in September and she does not want more PT.

The patient complains of right shoulder pain that is 6/10, with 10 being the worst, which is sharp in nature. Right shoulder pain radiates to deltoid and scapular region. Shoulder pain increases with reaching behind, sleeping and nothing improves her pain.

**Past Medical History:**  
Asthma, urinary tract infections.

**Past Surgical History:**  
Plantar fasciitis

**Past Accident/Injuries:**

**Daily Medications:**  
Ibuprofen (+/-)

**Allergies:**  
Codeine, Xyzal.

**Social History:**  
Nonsmoker, nondrinker.

**Physical Examination:**  
**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

**Right Shoulder:**  
Examination of the shoulder revealed tenderness to palpation of AC joint and rotator cuff insertion. There was no effusion. No crepitus was present. No atrophy was present. Hawkins test was positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 145 degrees (180 degrees normal ) Forward flexion 120 degrees (180 degrees normal), Internal rotation 50 degrees (80 degrees normal) , External rotation 80 degrees (90 degrees normal)

**Diagnostic Imaging:**  
06/25/2021 - MRI of the right shoulder reveals diffuse tendonitis involving the supraspinatus and infraspinatus tendons. Mild impingement of the supraspinatus outlet. Subacromial/subdeltoid bursitis.

**Assessment and Plan:**  
Diagnosis: Right shoulder impingement syndrome, tendonitis.  
Plan: Right shoulder injection done today. Recommend \_\_\_\_\_\_\_\_\_\_ arthroscopy.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.   
The patient at the present time is advised to get IA and see improvement.  
Patient is to return to the office in 4 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 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.**