**Patient Name:** MORRIS, TARYNN

**Date of Birth:** 07/25/1976

**Date of Service:** 11/22/2021

**History of Present Illness:**  
This is a 45-year-old right hand dominant female who was involved in a motor vehicle accident on 05/10/2021. The patient was a restrained driver of the vehicle which was involved in a rear end collision at red light. Patient hit her left hand on steering wheel. She went to hospital on the same day via Uber. Patient injured Left Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried 5 months of PT.

The patient complains of left shoulder pain that is rated at 8/10, with 10 being the worst, which is dull in nature. The patient states that pain increases with lifting overhead and improves with rest, medication and heat pad.

**Past Medical History:**  
Hypothyroidism.

**Past Surgical History:**  
C-section, 9 years ago.

**Past Accident/Injuries:**

**Daily Medications:**  
Levothyroxine 75 mcg, Tramadol.

**Allergies:**  
Penicillin.

**Social History:**  
Patient works as supervisor at warehouse.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 6 inches tall, weighs 230 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 left shoulder revealed tenderness to palpation at AC joint and RTC insertion. Speed's Test was positive. Hawkins Test was positive. Neer's Test was positive. O'brien's Test was positive. Range of motion Abduction 90 degrees (180 degrees normal), Forward flexion 90 degrees with pain (180 degrees normal), Internal rotation 10 degrees (80 degrees normal), External rotation 30 degrees (90 degrees normal) .

**Diagnostic Imaging:**  
None reviewed.

**Assessment and Plan:**  
Diagnosis: Superior Labrum from Anterior to Posterior tear, impingement, biceps tendinosis, and bursitis, left shoulder.  
Recommend left shoulder arthroscopy.

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 and will be scheduled on 12/06/21 at HealthEast.

The patient’s Left Shoulder was examined.   
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 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.**