**Patient Name:** OKORIE, EBOH

**Date of Birth:** 06/06/1952

**Date of Service:** 09/30/2022

**History of Present Illness:**  
This is a 70 year-old right hand dominant male who was involved in a motor vehicle accident on 10/18/21. Accident description. Patient states he was a bus passenger in which the driver abruptly slammed on bricks and patient fell forward and backward and injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation.

The patient complains of right shoulder pain that is 10/10, with 10 being the worst, which is dull in nature. Shoulder pain increases with lying, lifting and reaching . Right shoulder pain improves with rest.

**Past Medical History:**  
Hepatitis, diabetes, high blood pressure, AFib.

**Past Surgical History:**  
Cardiac ablation 2020 and 9/20/22, prostate surgery, cardiac ablation, prostate cancer radiation, cataract and glaucoma surgery, bone spur repair.

**Past Accident/Injuries:**

**Daily Medications:**  
Losartan, Coreg, Xaralto, \_\_\_\_\_\_ jaundice drug

**Allergies:**  
No known drug allergies

**Social History:**  
Smoker 43 years ago.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 6 inches tall weighs 173 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 Shoulder:**  
Examination of the shoulder revealed tenderness to palpation at RTC insertion. There was no effusion. No crepitus was present. No atrophy was present. Patient has positive Hawkins, Neers, O Briens and Speed tests. Drop arm, and apprehension tests were negative. Range of motion Abduction 140 degrees(180 degrees normal ) Forward flexion 145 degrees(180 degrees normal ) Internal rotation 80 degrees (80 degrees normal ) External rotation 60 degrees(90 degrees normal )

**Diagnostic Imaging:**  
MRI of right shoulder done on 9/23/22 reveals acromioclavicular joint and glenohumeral joint osteoarthritis with suspected osteochondral body in the posterior aspect of the glenohumeral joint. Rotator cuff tendinosis with a full thickness retracted tear of the supraspinatus and infraspinatus tendons and an insertional tear involving the superior fibers of the distal subscapularis tendon. Biceps tendinosis and partial tearing.

**Assessment and Plan:**  
Diagnosis: 1.Right shoulder RTC tear.   
 2.\_\_\_\_\_\_\_  
Recommend RS scope 2 weeks postop.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.   
The patient at the present time is advised to \_\_\_\_\_\_.Patient is to return to the office \_\_\_\_\_\_\_\_\_\_\_\_

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.**