**Patient Name:** OLIVA, KATYA

**Date of Birth:** 10/02/1965

**Date of Service:** 03/10/2022

**History of Present Illness:**  
This is a 57 year-old right hand dominant female who was involved in a motor vehicle accident on 05/24/21. Patient states that he was a restrained driver of a vehicle, which was involved in a passenger side T-bone collision by a pickup truck causing her to pinball. Patient reports head injury. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT, but pain is worse. Patient received 2 intraarticular injections, which helped for a couple of months and is scheduled for the third.

The patient complains of right shoulder pain that is rated at 9/10, with 10 being the worst, which is sharp, shooting, and throbbing in nature. The right shoulder pain increases with raising the arm and nothing improves her pain.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Vitamin D.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is a smoker and nondrinker.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 2 inches tall, weighs 180 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.

**Right Shoulder:**  
Examination of the shoulder revealed tenderness to palpation of the AC joint and rotator cuff. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and Neer's were positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 135 degrees (180 degrees normal), forward flexion 150 degrees (180 degrees normal), internal rotation 40 degrees (80 degrees normal), and external rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
10/04/2021 - MRI of the right shoulder reveals AC joint arthrosis with joint effusion. Supraspinatus tendinopathy and fraying with ill-defined articular tear within the fraying proximal to the insertion. Fraying and tear of superior labrum. Biceps tendinopathy with tenosynovitis. Capsular thickening which can be seen with adhesive capsulitis. Glenohumeral joint effusion.

**Assessment and Plan:**  
Diagnosis: Biceps tendinopathy, fraying, supraspinatus tear, and adhesive capsulitis, right shoulder.  
Plan: Arthroscopic surgery, RTC repair, and possible SLAP tear repair.

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 Right 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 Right Shoulder was examined   
MRI of the Right 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.**