**Patient Name:** PALACIO, ANA

**Date of Birth:** 04/16/1981

**Date of Service:** 08/30/2022

**History of Present Illness:**  
This is a 41 year-old right hand dominant female who was involved in a work related accident. Patient complains of onset of pain. Patient works as a bartender and she states pains is good from Saturday to Monday but had pain on Tuesday to Friday. Pain is sharp in nature. Patient has burning sensation. Pain increases with working and improves with resting. Patient has tried no PT.

**WC injury details:**  
WC injury details \_\_\_\_\_\_\_ (Mechanism of injury to involved body parts / Patient is \_\_\_not working)

Other

**Past Medical History:**  
N/A

**Past Surgical History:**  
Cyst removal in left wrist.

**Past Accident/Injuries:**  
Patient presents with left wrist pain. Medications were reviewed.

**Daily Medications:**  
\_\_\_\_\_\_\_\_, Alprazolam, quetiapine, lamotrigine, Ubrelvy, Riboflavin.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient has quit smoking 5 years ago and does not drink.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5\_\_feet 1\_\_ inches tall weighs \_\_\_ 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

**Other:**  
Examination reveals a \_\_\_\_\_. There is no heat, swelling, effusion, erythema, crepitus, instability, or atrophy appreciated. Range of motion reveals dorsiflexion at \_\_ degrees (20 degrees normal), plantar flexion at \_\_ degrees (40 degrees normal), sub inversion at \_\_ degrees (30 degrees normal), and sub eversion at \_\_ degrees (20 degrees normal). Drawer – negative.

**Diagnostic Imaging:**  
TFCC tear, left wrist.

**Assessment and Plan:**  
Diagnosis: 1.\_\_\_\_\_\_\_   
 2.\_\_\_\_\_\_\_  
Recommend

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 \_\_\_\_\_ 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 \_\_\_\_\_\_.

The patient’s Other was examined   
MRI of the Other was reviewed.   
The patient at the present time is advised to occupational therapy for left wrist. Patient is to return to the office PRN.

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.**