**Patient Name:** PEREZ, ROSA

**Date of Birth:** 11/29/1967

**Date of Service:** 07/18/2022

**History of Present Illness:**  
The patient is seen here for Orthopedic follow up evaluation of left shoulder pain. Patient has been undergoing PT for the past 2 months, which has minimally helped.

The patient complains of left shoulder pain that is rated at 8/10 with 10 being the worst, which is constant and dull in nature. Left shoulder pain is radiating down to elbow. Pain increases with lifting arm overhead.

**Past Medical History:**  
High blood pressure.

**Past Surgical History:**  
C-section x3 and left carpal tunnel release.

**Past Accident/Injuries:**

**Daily Medications:**  
Hydrochlorothiazide.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 1 inch tall and weighs 154 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 shoulder revealed tenderness to palpation of the AC joint. 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 150 degrees with pain (180 degrees normal), internal rotation 75 degrees (80 degrees normal), external rotation 85 degrees (90 degrees normal).

**Diagnostic Imaging:**  
01/28/2022 - MRI of the left shoulder reveals moderate rotator cuff tendinosis/strain and subacromial subdeltoid bursitis.

**Assessment and Plan:**  
Diagnosis: Full thickness supraspinatus tear of left shoulder.  
Plan: 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.

The patient’s Left Shoulder was examined   
MRI of the Left Shoulder was reviewed.   
The patient at the present time is advised to undergo medical clearance.  
Patient is to return to the office 2 weeks' postop.

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 50% 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.**