**Patient Name:** PIRES, MARIA

**Date of Birth:** 12/21/1959

**Date of Service:** 01/24/2022

**History of Present Illness:**  
This is a 63 year-old right hand dominant female who was involved in a motor vehicle accident on 10/08/2020. Patient states that she was a restrained passenger of a vehicle, which was rear ended at full stop. Airbags were not deployed.   
 Patient went to hospital via ambulance, x-rays were taken, showed no fracture. Patient injured Left Shoulder in the accident. The patient is here today for orthopedic evaluation.

The patient complains of left shoulder pain that is 5/10, with 10 being the worst, which is in the \_\_\_anterior aspect. The left shoulder pain increases with sleeping and lifting. Nothing improves the pain.

**Past Medical History:**  
Hypertension, hypercholesterolemia.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Crestor, lisinopril.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 5 inches tall, weighs 170 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 at rotator cuff. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Neers and Speed test is positive. Range of motion Abduction 130 degrees (180 degrees normal ) Forward flexion 140 degrees (180 degrees normal ) Internal rotation 45 degrees (80 degrees normal ) External rotation 60 degrees(90 degrees normal )

**Diagnostic Imaging:**  
01/10/21 - MRI of the left shoulder reveals mild diffuse rotator cuff tendinosis. A 1.2 cm in width linear undersurface tear within the infraspinatus tendon. Curved acromion. Mild AC joint impingement. Mild subacromial/subdeltoid bursitis. Small old Hill-Sachs deformity.

**Assessment and Plan:**  
Diagnosis: Rotator cuff tendinosis, left shoulder. Recommend rotator cuff repair.  
Recommend to continue with PT.

The patient’s Left Shoulder was examined   
MRI of the Left Shoulder was reviewed.   
Patient is to return to the office in 6 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.**