**Patient Name:** RAMOUTAR, FARZANA

**Date of Birth:** 08/02/1986

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

**History of Present Illness:**  
This is a 36 year-old right hand dominant female who was involved in a motor vehicle accident on 08/27/2022. The patient states she was the restrained driver with seat belt on of a vehicle which was involved in T-bone collision on rear driver side and pushed into car on opposite side. Patient injured Left Shoulder, Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has not started PT yet and has not had injections.

The patient complains of left shoulder pain that is 7/10, with 10 being the worst, which is sharp and dull in nature. Shoulder pain is radiating into neck. The shoulder pain is worsened with lifting, reaching activities.

The patient complains of right shoulder pain that is 7/10, with 10 being the worst, which is sharp and dull in nature. Pain is more on the right side. Shoulder pain is radiating into neck. The shoulder pain is worsened with lifting, reaching activities.

**Past Medical History:**  
Diabetes.

**Past Surgical History:**  
Noncontributory.

**Past Accident/Injuries:**

**Daily Medications:**  
Metformin.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 7 inches tall, weighs 224 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 and Right Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer's and O'Brian tests were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 130 degrees(180 degrees normal ) Forward flexion 120 degrees(180 degrees normal ) Internal rotation 40 degrees (80 degrees normal ) External rotation 50 degrees(90 degrees normal )   
  
Left Shoulder  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer's and O'Brian tests were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 130 degrees(180 degrees normal ) Forward flexion 140 degrees(180 degrees normal ) Internal rotation 60 degrees (80 degrees normal ) External rotation 60 degrees(90 degrees normal )

**Diagnostic Imaging:**  
09/02/2022 - MRI of the right shoulder reveals AC joint arthrosis. Rotator cuff tendinopathy. Capsular thickening anterior which can be seen with adhesive capsulitis. Fraying and tear of the superior labrum and anterior inferior labrum. Biceps tendinopathy and tenosynovitis.  
  
09/02/2022 - MRI of the left shoulder reveals AC joint arthrosis. Supraspinatus tendinopathy. Capsular thickening which can be seen with adhesive capsulitis. Fraying and tear of the superior labrum. Biceps tendinopathy with tenosynovitis.

**Assessment and Plan:**  
Diagnosis: 1. Right shoulder labral tear.  
 2. Left shoulder labral tear.  
 3, Bilateral biceps tendinopathy.  
 4. Bilateral tenosynovitis.  
Plan: Recommend to begin PT.

The patient’s Left Shoulder, Right Shoulder were examined   
MRI of the Left Shoulder, Right Shoulder were reviewed.   
Patient is to return to the office in 4 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.**