**Patient Name:** RICHARDSON, LOUISE

**Date of Birth:** 10/20/1954

**Date of Service:** 04/25/2022

**History of Present Illness:**  
This is a 67 year-old female who was here today for Orthopedic evaluation of left shoulder pain. Patient is doing physical therapy.

Patient complains of left shoulder pain that is rated at 10/10 with 10 being the worst, which is sharp in nature, radiating into deltoid region. Shoulder pain worsens with \_\_\_\_\_, and lifting.

**Past Medical History:**  
high blood pressure, diabetes, leg weakness, ear/sinus infection, Blood clots.

**Past Surgical History:**  
Knee replacement, back surgery, and neck surgery

**Past Accident/Injuries:**

**Daily Medications:**  
Xarelto

**Allergies:**  
IV dye

**Social History:**  
Nonsmoker and nondrinker.

**Physical Examination:**  
**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 no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, drop arm, and apprehension tests were negative. Range of motion: Abduction 70 degrees (180 degrees normal), forward flexion 45 degrees (180 degrees normal), internal rotation 20 degrees (80 degrees normal).

**Diagnostic Imaging:**  
10/28/2019 - MRI of the left shoulder reveals glenohumeral joint arthritis with cartilage loss, joint space narrowing, marginal osteophyte, joint effusion and capsulitis. Long head of biceps tendon \_\_\_\_\_moderate-to-severe tenosynovitis with extensive glenoid labrum degenerative change, tear, most prominent along the anterior superior, posterior superior and posterior inferior labrum. Supraspinatus tendon tendinosis with lateral attachment focal high-grade partial tear/tear with 9.5 mm medial myotendinous retraction, muscle tendon junction bursal surface degenerative changes, fraying and partial tear. Moderate subacromial/subdeltoid bursa effusion is noted. Subscapularis tendon tendinosis with lateral attachment partial tear. Acromioclavicular joint hypertrophy, arthritis and lateral downsloping of acromion with acromiohumeral interval narrowing, 5.4 mm.

**Assessment and Plan:**  
Diagnosis: Rotator cuff arthropathy, left shoulder.  
Plan: Left shoulder x-ray, possible shoulder replacement, and left shoulder MRI.

The patient’s Left Shoulder was examined   
MRI of the Left Shoulder was reviewed.   
Patient is to return to the office in 1 month.

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.**