**Patient Name:** RIVERA, ANA

**Date of Birth:** 11/15/1963

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

**History of Present Illness:**  
This is a 58 year-old right hand dominant female who was involved in a motor vehicle accident on 02/21/22. Patient was a restrained driver of a vehicle which was involved in a T-bone collision at intersection. Patient injured Left Shoulder, Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has been undergoing PT since February. Patient has right and left shoulder intraarticular injections.

The patient complains of left shoulder pain that is rated at 5/10 with 10 being the worst.

The patient complains of right shoulder pain that is rated at 7/10 with 10 being the worst.

**Past Medical History:**  
Diabetes, arthritis, high blood pressure, and high cholesterol.

**Past Surgical History:**  
Right shoulder arthroscopy in 2013 and hysterectomy.

**Past Accident/Injuries:**

**Daily Medications:**  
Lantos, losartan, and rosuvastatin.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory. The patient is not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 7 inches tall, weighs 163 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 left 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 130 degrees (180 degrees normal), forward flexion 145 degrees (180 degrees normal), internal rotation 45 degrees (80 degrees normal), and external rotation 60 degrees (90 degrees normal).  
  
Examination of the right 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 140 degrees (180 degrees normal), forward flexion 140 degrees (180 degrees normal), internal rotation 55 degrees (80 degrees normal), and external rotation 80 degrees (90 degrees normal).

**Diagnostic Imaging:**

**Assessment and Plan:**  
Diagnoses: 1. Rotator cuff tear, left shoulder.  
 2. Rotator cuff tear, right shoulder.  
Plan: Right 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 Right 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, Right Shoulder were examined   
The patient at the present time is advised to continue with PT and 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 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.**