**Patient Name:** RIVERA, JOSE

**Date of Birth:** 07/03/1957

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

**History of Present Illness:**  
This is a 65 year-old right hand dominant male who was involved in a motor vehicle accident on 01/24/2022. The patient states that he was the restrained driver of a vehicle which was involved in a rear end collision at stop light. Patient injured Left Shoulder, Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has not tried PT or intraarticular injections.

The patient complains of bilateral shoulder pain that is 8/10 with 10 being the worst, which is sharp in nature. Pain increases with raising overhead.

**Past Medical History:**  
High blood pressure

**Past Surgical History:**  
Colon surgery and lumbar surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
Hydrochlorothiazide 12.5 mg and atorvastatin.

**Allergies:**  
No known drug allergies

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

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 5 inches tall and weighs 160 pounds.  
**General Appearance:** Patient is a well-developed, well-nourished male in no acute distress. Awake, alert, and oriented x3. Mood and affect are normal.  
**Gait and Station:** Gait is normal

**Left and Right Shoulder:**  
Examination of the left shoulder revealed tenderness to palpation at AC joint and RTC insertion. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer's, and O'Brien's tests were positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 120 degrees with pain (180 degrees normal), forward flexion 140 degrees (180 degrees normal), internal rotation 45 degrees with pain (80 degrees normal), external rotation 45 degrees (90 degrees normal).  
  
Right Shoulder:  
Examination of the right shoulder revealed tenderness to palpation at AC joint. There was no effusion. No crepitus was present. No atrophy was present. Hawkins, Neer's, and O'Brien's tests were positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 110 degrees with pain (180 degrees normal), forward flexion 135 degrees (180 degrees normal), internal rotation 50 degrees with pain (80 degrees normal), external rotation 60 degrees (90 degrees normal).

**Diagnostic Imaging:**  
09/06/2022 - MRI of the right shoulder reveals moderate rotator cuff tendinosis/strain and subacromial subdeltoid bursitis. High grade partial thickness tear distal supraspinatus measuring 13 x 18 mm. Appearance consistent with SLAP tear. Mild changes of acromioclavicular osteoarthritis with Spurring. Subacromial spur.  
09/06/2022 - MRI of the left shoulder reveals moderate rotator cuff tendinosis/strain and subacromial subdeltoid bursitis. Intermediate grade partial thickness tear distal supraspinatus measuring 14 x 17 mm. Appearance consistent with SLAP tear. Mild changes of acromioclavicular osteoarthritis with spurring. Subacromial spur.

**Assessment and Plan:**  
Diagnosis: 1. Rotator cuff tear and superior labrum anterior and posterior tear, left shoulder.  
 2. Rotator cuff tear and superior labrum anterior and posterior tear, right shoulder.  
Plan: Recommend PT and Naproxen b.i.d.

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 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.  
  
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.**