**Patient Name:** ROSAMILIA, THOMAS

**Date of Birth:** 03/19/1954

**Date of Service:** 02/23/2022

**History of Present Illness:**  
This is a 67 year-old right hand dominant male who was involved in a motor vehicle on 12/02/21. Patient states that he was a restrained driver of a vehicle, which was involved in a rear end collision while at red light. Patient injured Left Shoulder, Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT since December 2021 and had no intraarticular injections done.

The patient complains of bilateral shoulder pain that is 5/10, with 10 being the worst, which is constant and sharp in nature. The shoulder pain increases with raising overhead and improves with medication.

**Past Medical History:**  
Diabetes, thyroid, and cardiac disease.

**Past Surgical History:**  
Two stents in 2009.

**Past Accident/Injuries:**

**Daily Medications:**  
Rosuvastatin, metformin, metoprolol, omeprazole, levothyroxine, tramadol, and baby aspirin.

**Allergies:**  
No known drug allergies

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

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 6 inches tall, weighs 185 pounds   
**General Appearance:** Patient is a well-developed, well-nourished male 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, drop arm, and apprehension tests were negative. Left shoulder range of motion: Abduction 145 degrees (180 degrees normal), forward flexion 150 degrees (180 degrees normal), internal rotation 60 degrees (80 degrees normal), external rotation 60 degrees (90 degrees normal). Right shoulder range of motion: Abduction 150 degrees (180 degrees normal), forward flexion 145 degrees (180 degrees normal), internal rotation 45 degrees (80 degrees normal), external rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
12/08/2021 - MRI of the left shoulder reveals type III acromion with productive hypertrophic changes of the acromioclavicular joint with impingement of the rotator cuff, in an appropriate clinical setting. Partial tear of the distal supraspinatus tendon. Partial tear of distal subscapularis tendon. Fluid in the biceps tendon sheath consistent with tenosynovitis. Mild joint effusion consistent with trauma or synovitis, in an appropriate clinical setting.  
12/08/2021 - MRI of the right shoulder reveals productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff, in an appropriate clinical setting. Partial tear of distal supraspinatus tendon. Partial tear of distal infraspinatus tendon. Partial tear of distal subscapularis tendon. Mild joint effusion consistent with trauma or synovitis, in an appropriate clinical setting. Fluid in subacromial/subdeltoid region which is associated with rotator cuff tears or subacromial/subdeltoid bursitis, in an appropriate clinical setting.

**Assessment and Plan:**  
Diagnosis: 1. Impingement, subscapularis tear, supraspinatus tear, infraspinatus tear, right shoulder.  
 2. Impingement, subscapularis tear, supraspinatus tear, left shoulder.  
Plan: Physical therapy.

The patient’s Left Shoulder, Right Shoulder were examined   
MRI of the Left Shoulder, Right Shoulder were reviewed.   
The patient at the present time is advised to continue PT.  
Patient is to return to the office PRN.

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.**