**Patient Name:** SALERNO, EDWARD

**Date of Birth:** 10/22/1959

**Date of Service:** 06/27/2022

**History of Present Illness:**  
This is a 63 year-old right hand dominant male who was involved in a motor vehicle accident on 06/30/2021. The patient states he was the restrained driver of a vehicle which was involved in a rear end collision while standing still at stop sign. Patient injured Left Shoulder, Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Neck \_\_\_\_\_\_. Patient has done PT 3x/week for couple of months.

The patient complains of right shoulder pain that is 9/10 and left shoulder pain that is 8/10, with 10 being the worst. The shoulder pain is worsened with waking up and any movement. Shoulder pain improves with mainly rest. Patient has finger numbness and aches all the bone \_\_\_\_\_ mainly on right side.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Finger surgery and knee surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Patient is working.

**Physical Examination:**  
**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 left shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and Neer's test were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 120 degrees (180 degrees normal ) Forward flexion 140 degrees (180 degrees normal ) Internal rotation 45 degrees (80 degrees normal ) 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 and Neer's test were positive. 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 55 degrees (80 degrees normal ) External rotation 75 degrees (90 degrees normal )

**Diagnostic Imaging:**  
02/09/2022 - MRI of the right shoulder reveals fraying and tear of superior labrum and anterior inferior labrum.. Biceps tendinopathy extending through the anchor with tenosynovitis. Capsular thickening which can be seen with adhesive capsulitis. . AC joint arthrosis with joint effusion, Supraspinatus 10-nun full-thickness insertional tear with proximal tendinopathy, fraying and no muscle atrophy. Infraspinatus tendinopathy and fraying.

**Assessment and Plan:**  
Diagnosis: Bilateral shoulder rotator cuff tear.  
Plan: Recommend 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 Left and 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 and will be scheduled.

The patient’s Left Shoulder, Right Shoulder were examined   
MRI of the Left Shoulder, Right Shoulder were reviewed.

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.**