**Patient Name:** SANTAMARIA, CRYSTAL

**Date of Birth:** 10/27/1994

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

**History of Present Illness:**  
This is a 28 year-old right hand dominant female who was involved in a motor vehicle accident on 05/01/2022 . The patient states she was the rear seat passenger of a vehicle which was involved in front end collision. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has started PT on 17th September and had no injections for pain relief.

The patient complains of right shoulder pain that is 8/10, with 10 being the worst, which is sharp, throbbing, and shooting in nature Pain is radiating along with numbness and tingling. Shoulder pain is worsened with lifting, moving. Nothing improves pain.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Gastric sleeve surgery, gallbladder removal.

**Past Accident/Injuries:**

**Daily Medications:**  
Acid reflux medications.

**Allergies:**  
No known drug allergies

**Social History:**  
Patient drinks occasionally. Currently, not working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 4 feet 9 inches tall weighs 124 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

**Right Shoulder:**  
Examination of the shoulder revealed tenderness to palpation to AC joint. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and O'briens tests were positive. Drop arm, and apprehension tests were negative. Range of motion Abduction 145 degrees(180 degrees normal ) Forward flexion 130 degrees(180 degrees normal ) Internal rotation 80 degrees (80 degrees normal ) External rotation 90 degrees with pain (90 degrees normal )

**Diagnostic Imaging:**  
09/06/2022 - MRI of the right shoulder reveals AC joint arthrosis. Supraspinatus tendinopathy with articular fraying proximal to the insertion. Capsular thickening anterior which can be seen with adhesive capsulitis. Nondisplaced tear of the posterior labrum at the equator. Degeneration of the anterior labrum.

**Assessment and Plan:**  
Diagnosis: Nondisplaced tear of the posterior labrum, right shoulder.  
Plan: Recommend to continue PT.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was 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.**