**Patient Name:** TASNADY, GUY

**Date of Birth:** 09/27/1968

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

**History of Present Illness:**  
This is a 53 year-old right hand dominant male who was involved in a motor vehicle accident on 06/07/21. Patient states that he was a restrained driver of a vehicle, which was involved in a rear end collision while stopped at red light. Patient injured Left Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT, which did not help to relieve pain. He had left shoulder intraarticular injection, which helped.

The patient complains of left shoulder pain that is 8/10, with 10 being the worst, which is sharp and shooting in nature. The left shoulder pain radiates to deltoid.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Cymbalta, Percocet, and ibuprofen.

**Allergies:**  
No known drug allergies

**Social History:**  
Smoker. Patient is working.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 11 inches tall weighs 190 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 Shoulder:**  
Examination of the shoulder revealed tenderness to palpation of the AC joint. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and Neer's tests were positive. Drop arm and apprehension tests were negative. Range of motion: Abduction 135 degrees (180 degrees normal), forward flexion 140 degrees (180 degrees normal), internal rotation 80 degrees (80 degrees normal), external rotation 70 degrees (90 degrees normal).

**Diagnostic Imaging:**  
07/29/2021 - MRI of the left shoulder reveals articular surface and interstitial partial thickness tear involving the distal supraspinatus tendon. Diffuse tendonitis involving the remainder of the supraspinatus and infraspinatus tendons. Moderate impingement of the supraspinatus outlet. Subacromial/subdeltoid bursitis. Biceps tenosynovitis.

**Assessment and Plan:**  
Diagnoses: Rotator cuff partial thickness tear, tendonitis, impingement, and biceps tenosynovitis, left shoulder.   
Plan: Left 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 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 was examined   
MRI of the Left Shoulder was reviewed.   
The patient at the present time is advised to undergo medical clearance.  
Patient is to return to the office on April 25, 2022.

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.**