**Patient Name:** TAYLOR, KEESHA

**Date of Birth:** 01/04/1971

**Date of Service:** 11/24/2021

**History of Present Illness:**  
This is a 50 year-old right hand dominant female who was involved in a motor vehicle accident on 02/09/2019. Patient was a restrained front seat passenger of the vehicle involved in a rear passenger side collision. Patient injured her right shoulder in the accident. The patient is here today for orthopedic evaluation.

The patient complains of right shoulder pain that is 8/10. Pain radiates to fingers associated with numbness and tingling. The shoulder pain increases with lifting and carrying objects. The shoulder pain improves with medication and rest.

**Past Medical History:**  
Hypertension, sleep apnea, and 3 CVAs.

**Past Surgical History:**  
C-section and hernia repair.

**Past Accident/Injuries:**  
Noncontributory.

**Daily Medications:**  
Metoprolol, lisinopril, nifedipine, clopidogrel, tramadol, cyclobenzaprine, Meloxicam.

**Allergies:**  
No known drug allergies

**Social History:**  
Noncontributory.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is5 feet tall, weighs 180 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 right shoulder revealed tenderness on palpation of the corticoid and rotator cuff insertion. There is weakness of the right shoulder. Hawkins and Neer’s tests were positive. Range of motion Abduction 130degrees(180 degrees normal), Forward flexion140 degrees(180 degrees normal), Internal rotation45 degrees (80 degrees normal), External rotation60degrees(90 degrees normal).

**Diagnostic Imaging:**  
07/16/2019: MRIof the right shoulder reveals: High-grade articular surface partial thickness tear involving the anterior to mid fibers of the distal supraspinatus tendon, resulting in a 9 mm defect. Interstitial partial thickness tear involving the mid to distal infraspinatus tendon. Diffuse tendonitis involving the supraspinatus and infraspinatus tendons. Moderate impingement of the supraspinatus outlet.Subacromial/subdeltoid bursitis.Biceps tenosynovitis.

**Assessment and Plan:**  
Diagnosis: Partial tear of the rotator cuff, right shoulder.  
Recommend: Right shoulder arthroscopy pending MC.

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 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.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.   
The patient at the present time is advised to continue with therapy. Prescription was given. Patient is to undergo medical clearance. Intraarticular injection not recommended due to tear.  
Patient is to return to the office in 2 months.

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.**