**Patient Name:** TITO, JUVENAL

**Date of Birth:** 04/14/1955

**Date of Service:** 01/24/2022

**History of Present Illness:**  
This is a 67 year-old right hand dominant male who was involved in a motor vehicle accident on 08/17/21. Patient was a restrained driver of a vehicle, which was involved in a driver's side front collision. Airbags were not deployed. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation.

The patient complains of right shoulder pain that is 7/10, with 10 being the worst, which is shooting and throbbing in nature, associated with numbness and tingling sometimes. The right shoulder pain radiates into forearm. Right shoulder pain increases with lifting, reaching. Right shoulder pain improves with medication.

**Past Medical History:**  
Hyperlipidemia.

**Past Surgical History:**  
Noncontributory

**Past Accident/Injuries:**

**Daily Medications:**  
Lipitor.

**Allergies:**  
No known drug allergies

**Social History:**  
Social ETOH. Nonsmoker.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 3 inches tall weighs 150 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

**Right Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. There was no effusion. No crepitus was present. No atrophy was present. Drop arm, and apprehension tests were negative. Hawkins and Neers were positive. Range of motion Abduction 140 degrees (180 degrees normal ) Forward flexion 145 degrees (180 degrees normal ) Internal rotation 50 degrees (80 degrees normal ) External rotation 60 degrees(90 degrees normal )

**Diagnostic Imaging:**  
08/26/21 - MRI of the right shoulder reveals AC joint hypertrophy. Infraspinatus tendinopathy with cystic change in the humeral head and no fracture. Supraspinatus tendinopathy and fraying with 5-mm articular tear at the insertion and 2-mm cyst in the humeral head with no fracture. Biceps tendinopathy with fraying at the anchor and tenosynovitis. Anterior capsular thickening which can be seen with adhesive capsulitis. Glenohumeral joint effusion.

**Assessment and Plan:**  
Diagnosis: Biceps tendinopathy, rotator cuff tear, fraying, right shoulder.  
Recommend right shoulder arthroscopy.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.   
The patient at the present time is advised to undergo medical clearance.  
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. 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.**