**Patient Name:** WILLIAMS, GERALD

**Date of Birth:** 11/23/1973

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

**History of Present Illness:**  
This is a 48 year-old male who was involved in a motor vehicle accident on 09/08/2022. The patient states that he was the restrained driver of a tractor trailer with seat belt on which was involved in a T-bone collision at the intersection by Uber on passenger side at red light. Patient had hand on shifter and arm jerked when hit. Patient felt like it came out the socket. Patient injured Right Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient had right shoulder intraarticular injection on 09/14/2022.

The patient complains of right shoulder pain that is 6/10 with 10 being the worst, which is dull and throbbing in nature. Pain increases with lifting and reaching and improves with pressure.

**Past Medical History:**  
Ear/sinus infections, blood in urine.

**Past Surgical History:**  
Appendectomy and gallbladder surgery.

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Smokes cigarettes 1 pack a day.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 11 inches tall, weighs 280 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

**Right Shoulder:**  
Examination of the shoulder revealed tenderness to palpation at AC joint. There was no effusion. No crepitus was present. No atrophy was present. Hawkins and O'Brien's tests were positive. Neer's test was unable to be performed due to pain. Drop arm and apprehension tests were negative. Range of motion: Up 140 degrees with pain, unable to bring arm down without assistance, side 120 degrees with pain, behind 50 degrees, and \_\_\_\_\_ 60 degrees.

**Diagnostic Imaging:**  
09/13/2022 - MRI of the right shoulder reveals AC joint arthrosis with lateral acromial spur. Infraspinatus tendinopaihy with 2-mm cyst in the humeral head with no fracture. Supraspinatus tendinopathy, fraying and ill-defined articular and interstitial tear at the mid to posterior insertion with 12 x 14 mm full-thickness anierior insertional tear, bursitis and no muscle atrophy. Capsular thickening more noted anterior which can be seen with adhesive capsulitis. Fraying and tear of the superior labrum. Nondisplaced tear of the anterior inferior Iabrum. Biceps tendinopathy extending through the anchor with tenosynovitis. Capsular thickening more noted anterior which can be seen with adhesive capsulitis.

**Assessment and Plan:**  
Diagnosis: Supraspinatus tear and labral tear, right shoulder  
Plan: Begin PT. Patient was given PT script to start PT.

The patient’s Right Shoulder was examined   
MRI of the Right Shoulder was reviewed.   
The patient at the present time is advised to start PT.  
Patient is to return to the office PRN.

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.**