**Patient Name:** WRIGHT, CHARITY

**Date of Birth:** 12/06/1954

**Date of Service:** 03/28/2022

**History of Present Illness:**  
This is a 68 year-old right hand dominant female who was involved in a motor vehicle accident on 10/05/2021. Patient states that she was a restrained driver of a vehicle, which was involved in a rear end collision while stopping at a red light.   
Patient injured Left Shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT and is helping a little.

The patient complains of left shoulder pain that is 9/10, with 10 being the worst, which is constant in nature. The left shoulder pain increases with pushing, \_\_\_\_\_\_.

**Past Medical History:**  
Diabetes, high blood pressure, high cholesterol.

**Past Surgical History:**  
C-section.

**Past Accident/Injuries:**

**Daily Medications:**  
Oxycodone, lisinopril, atorvastatin.

**Allergies:**  
Sulfur causes tongue swelling.

**Social History:**  
 Patient is not working. Retired.

**Physical Examination:**  
**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

**Left Shoulder:**  
Examination of the shoulder revealed tenderness to palpation at joint line and rotator cuff. There was no effusion. No crepitus was present. No atrophy was present. Drop arm, and apprehension tests were negative. Hawkins test and O'Brien's tests were positive. Range of motion of bilateral shoulders Abduction 110 degrees (180 degrees normal ) Forward flexion 120 degrees (180 degrees normal ) Internal rotation 50 degrees (80 degrees normal ) External rotation 70 degrees (90 degrees normal )

**Diagnostic Imaging:**  
02/14/2022 - MRI of the left shoulder reveals AC joint arthrosis with lateral acromial spur. Rotator cuff tendinopathy and fraying with traction spurring at the supraspinatus insertion. Fraying and tear of superior labrum and inferior labrum. Biceps tendinopathy, tenosynovitis and ill-defined diffuse tear at the horizontal segment and anchor. Capsular thickening which can be seen with adhesive capsulitis. Arthrosis of glenohumeral joint with joint effusion.

**Assessment and Plan:**  
Diagnosis: Labral tear.   
Plan: Recommend 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’s Left Shoulder was examined   
MRI of the Left Shoulder was reviewed.

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.**