**Patient Name:** YACOUB, MOHAMED

**Date of Birth:** 10/26/1986

**Date of Service:** 12/27/2021

**History of Present Illness:**  
This is a 36 year-old right hand dominant male who was involved in a work related accident on 01-19-2021. Patient states that he was a restrained driver of a vehicle, which was involved in a rear end collision. He states that while stopped at red light, a car hit the back, \_\_\_\_\_ ubering passenger in the car. Patient injured left shoulder in the accident. The patient is here today for orthopedic evaluation. Patient has tried PT a month or so, x4 weeks and stopped 2 months ago. Patient states that certain exercise gives pain.

**WC injury details:**  
WC injury details - Patient injured his left shoulder. Patient is working)

The patient complains of left shoulder pain that is 10/10, which is sharp and shooting in nature. The left shoulder pain is associated with numbness and tingling. Shoulder pain is worse with cold weather and lifting.

**Past Medical History:**  
Noncontributory

**Past Surgical History:**  
Patient had seen Dr. Johal and got injection one time.

**Past Accident/Injuries:**

**Daily Medications:**  
None

**Allergies:**  
No known drug allergies

**Social History:**  
Patient smokes a pack per day.

**Physical Examination:**  
**Vitals:** On physical examination, the patient is 5 feet 10 inches tall, weighs 180 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

**Left Shoulder:**  
Examination of the shoulder revealed no tenderness to palpation. O'briens test is positive. \_\_\_\_\_posterior tendon. Range of motion Abduction 145 degrees (180 degrees normal ) Forward flexion 145 degrees (180 degrees normal ) Internal rotation 65 degrees (80 degrees normal ) External rotation 70 degrees with mild pain (90 degrees normal )

**Diagnostic Imaging:**

**Assessment and Plan:**  
Diagnosis: Supraspinatus tendinopathy and proximal articular fraying.  
Plan: Discussed left shoulder arthroscopy on 02/07/2022.

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 and will be scheduled on 02/07/2022.

The patient’s Left Shoulder was examined

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.**