MERIDIAN FAMILY HEALTH ASSOCIATES
2200 Larkspur Avenue, Suite 4 · Fairhaven, ST 60814 · (555) 401-2277

Office Visit Note — Annual Wellness Exam

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	MFH-119284	**Date of Service**	05/12/2025
Provider	Denise K. Alvarado, MD	**Visit Type**	Annual Physical

CHIEF COMPLAINT

Annual wellness exam. No acute complaints.

HISTORY OF PRESENT ILLNESS

Ms. Sutton is a 35-year-old female presenting for routine annual physical. She reports feeling well overall. Mild seasonal allergic rhinitis in spring months, managed as needed with OTC loratadine. No chest pain, shortness of breath, joint pain, or focal complaints. No recent falls, accidents, or injuries. Exercises regularly (recreational cycling, 2-3x/week). Non-smoker, occasional alcohol use.

PAST MEDICAL HISTORY

Seasonal allergic rhinitis. No history of diabetes, hypertension, or cardiac disease. No prior orthopedic injuries or surgeries.

MEDICATIONS

Loratadine 10 mg PO as needed, seasonal. Multivitamin daily.

PHYSICAL EXAM

Vitals: BP 114/72, HR 66, Temp 98.4°F, Wt 142 lb, Ht 65 in. General: well-appearing, no acute distress. Cardiac: RRR, no murmurs. Lungs: clear bilaterally. Musculoskeletal: full range of motion all extremities, no tenderness, no swelling. Neuro: grossly intact.

ASSESSMENT / PLAN

1. Routine annual exam — unremarkable. 2. Allergic rhinitis, seasonal — continue OTC management. 3. Routine labs ordered (CBC, CMP, lipid panel) — results pending, to be reviewed at next visit or by phone if unremarkable. Return in 1 year or sooner if new concerns.

Electronically signed: Denise K. Alvarado, MD — 05/12/2025 15:40

MERIDIAN REGIONAL MEDICAL CENTER — EMERGENCY DEPARTMENT
4100 Regional Pkwy, Fairhaven, ST 60814 · (555) 401-9100

Emergency Department Provider Note

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	MRMC-663017	**Date of Service**	09/03/2025
Arrival	19:42, private vehicle	**Attending**	James O. Nakamura, MD

CHIEF COMPLAINT

Right shoulder pain following motor vehicle collision.

HISTORY OF PRESENT ILLNESS

Patient is a 35-year-old female, restrained driver, stopped at a red light on Larkspur Avenue when her vehicle was struck from behind by another vehicle. Patient estimates the other vehicle's speed at approximately 25-30 mph at impact. Airbags did not deploy. Patient reports her right arm was braced against the steering wheel at the moment of impact and she felt immediate sharp pain in the right shoulder. Denies loss of consciousness. Denies head strike. Denies neck pain, back pain, chest pain, or abdominal pain. Reports right shoulder pain, worse with any attempt to raise the arm, associated with a sensation of weakness. No numbness or tingling in the hand. Police responded to the scene; other driver cited for following too closely.

PAST MEDICAL HISTORY

Seasonal allergic rhinitis. No prior shoulder injury or surgery, right or left.

PHYSICAL EXAM

Vitals: BP 128/80, HR 88, RR 16, Temp 98.6°F, SpO2 99% RA. General: alert, oriented x4, mild distress from pain. HEENT: atraumatic, no scalp/facial injury. Neck: full range of motion, no midline cervical tenderness, negative NEXUS criteria. Chest/abdomen: non-tender, no seatbelt sign. Right shoulder: visible mild swelling over the anterolateral aspect, tenderness to palpation over the greater tuberosity and subacromial region. Active range of motion markedly limited by pain, particularly abduction and external rotation. Passive range of motion better preserved than active. Unable to complete empty-can test due to pain. Distal pulses intact, sensation intact, 2/5 strength on resisted abduction (limited by pain). Left shoulder: full range of motion, non-tender. No other extremity findings.

IMAGING

Right shoulder x-ray (3 views) obtained in the ED: no acute fracture or dislocation. No glenohumeral joint malalignment. Soft tissue swelling noted anterolaterally. Radiologist preliminary read: negative for acute osseous injury.

ASSESSMENT

1. Right shoulder contusion/strain, post-motor vehicle collision — clinical exam concerning for possible rotator cuff injury given weakness on resisted abduction and pain-limited active range of motion, though this cannot be fully assessed acutely given pain. 2. No evidence of fracture on plain film.

PLAN

Sling for comfort. Ibuprofen 600 mg every 8 hours with food PRN pain. Ice 20 minutes every 2-3 hours x 48 hours. Discharge home. Follow up with primary care within 1 week; if shoulder pain/weakness persists, refer to orthopedics for further evaluation given exam findings concerning for possible rotator cuff pathology. Return precautions reviewed: worsening pain, numbness, inability to move the arm, fever.

Electronically signed: James O. Nakamura, MD — 09/03/2025 21:15

MERIDIAN FAMILY HEALTH ASSOCIATES
2200 Larkspur Avenue, Suite 4 · Fairhaven, ST 60814 · (555) 401-2277

Office Visit Note — Follow-Up

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	MFH-119284	**Date of Service**	09/10/2025
Provider	Denise K. Alvarado, MD	**Visit Type**	Follow-up, post-MVC

HISTORY OF PRESENT ILLNESS

Follow-up one week after motor vehicle collision on 09/03/2025, evaluated at Meridian Regional ED same day. Patient reports persistent right shoulder pain and weakness, minimally improved with rest, ice, and ibuprofen. Continues to have significant difficulty raising the arm overhead and reports the shoulder "feels unstable" with certain movements. Denies numbness/tingling. No neck or back pain.

PHYSICAL EXAM

Right shoulder: tenderness over the greater tuberosity and subacromial region, mild residual swelling. Active abduction limited to approximately 90 degrees secondary to pain and weakness; passive range of motion better preserved. Positive drop-arm sign. Positive empty-can (Jobe) test with pain and weakness. Neurovascularly intact distally.

ASSESSMENT

Right shoulder pain/weakness, post-MVC, one week out — exam findings (positive drop-arm sign, positive empty-can test, weakness on resisted abduction) are concerning for rotator cuff tear rather than simple strain/contusion.

PLAN

Referral to orthopedics for further evaluation, likely MRI. Continue sling as needed for comfort, ibuprofen PRN. Work note provided — modified duty, no lifting over 5 lbs with right arm, no overhead work, pending orthopedic evaluation.

Electronically signed: Denise K. Alvarado, MD — 09/10/2025 10:05

CRESTLINE ORTHOPEDIC & SPORTS MEDICINE
880 Crestline Blvd, Suite 200, Fairhaven, ST 60814 · (555) 402-5588

New Patient Orthopedic Evaluation

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	CO-448821	**Date of Service**	09/24/2025
Provider	Harold T. Ibekwe, MD (Orthopedic Surgery)	**Referring**	Dr. Alvarado

HISTORY OF PRESENT ILLNESS

35-year-old right-hand-dominant female referred for right shoulder pain and weakness following a motor vehicle collision on 09/03/2025. Mechanism: rear-end collision with arm braced against the steering wheel at impact. Since the injury, patient reports persistent pain localized to the anterolateral shoulder, difficulty with overhead activities, and a subjective sense of weakness/instability. No improvement with three weeks of activity modification, sling use, and NSAIDs.

PHYSICAL EXAM

Inspection: mild atrophy not yet apparent given short duration since injury. Palpation: tenderness over the greater tuberosity and subacromial space. Range of motion: active forward flexion 100° (limited by pain/weakness), passive forward flexion 160°. Active abduction 85°, passive abduction 155°. External rotation preserved at 45° but weak against resistance. Positive drop-arm sign. Positive empty-can test with significant weakness (3/5) and pain. Positive Neer and Hawkins impingement signs. Negative apprehension/relocation test. Distal neurovascular exam intact.

ASSESSMENT

Right shoulder pain and weakness, post-traumatic, three weeks status-post MVC — clinical picture (positive drop-arm sign, significant weakness on empty-can testing, positive impingement signs) is highly suspicious for a rotator cuff tear, likely involving the supraspinatus given the pattern of weakness. Differential includes partial- versus full-thickness tear; clinical exam alone cannot reliably distinguish.

PLAN

Order MRI of the right shoulder without contrast to characterize suspected rotator cuff pathology. Continue activity modification and sling as needed for comfort. Will discuss treatment options (continued conservative management vs. surgical repair) once imaging is available. Follow up after MRI.

Electronically signed: Harold T. Ibekwe, MD — 09/24/2025 14:20

FAIRHAVEN DIAGNOSTIC IMAGING
1500 Larkspur Avenue, Fairhaven, ST 60814 · (555) 403-7712

MRI Report — Right Shoulder, Without Contrast

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	FDI-772093	**Date of Service**	10/01/2025
Ordering Provider	Dr. Ibekwe	**Radiologist**	Priya S. Chandrasekaran, MD

CLINICAL HISTORY

35-year-old female, right shoulder pain and weakness following motor vehicle collision 09/03/2025. Rule out rotator cuff tear.

TECHNIQUE

Multiplanar, multisequence MRI of the right shoulder performed without intravenous contrast.

FINDINGS

Rotator cuff: Full-thickness tear of the supraspinatus tendon, measuring approximately 1.8 cm in the anteroposterior dimension, with mild (approximately 1 cm) tendon retraction. Moderate fatty infiltration is not present, consistent with an acute-to-subacute tear. Infraspinatus, subscapularis, and teres minor tendons are intact. Mild subacromial-subdeltoid bursitis. Long head of the biceps tendon is intact and in normal position. Glenoid labrum: no discrete tear identified. Glenohumeral joint: mild joint effusion, no significant cartilage loss. Acromioclavicular joint: mild degenerative changes, type II acromion morphology. No fracture or marrow edema.

IMPRESSION

1. Full-thickness supraspinatus tendon tear with mild retraction, findings consistent with an acute-to-subacute injury given the absence of significant fatty infiltration — correlates with the reported mechanism and exam findings. 2. Mild subacromial bursitis. 3. Type II acromion, mild AC joint degenerative changes. 4. No labral tear.

Electronically signed: Priya S. Chandrasekaran, MD — 10/01/2025 16:50

CRESTLINE ORTHOPEDIC & SPORTS MEDICINE
880 Crestline Blvd, Suite 200, Fairhaven, ST 60814 · (555) 402-5588

Orthopedic Follow-Up — MRI Review

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	CO-448821	**Date of Service**	10/08/2025
Provider	Harold T. Ibekwe, MD	**Visit Type**	Follow-up

ASSESSMENT

MRI confirms a full-thickness supraspinatus tear with mild retraction, consistent with the traumatic mechanism and exam findings from 09/24/2025. Discussed treatment options at length with the patient: for a full-thickness tear of this size in an otherwise healthy, active 35-year-old, surgical repair is generally favored to restore strength and function and to prevent progression (further retraction, fatty infiltration) that can worsen surgical outcomes if repair is delayed. However, given the patient's insurance requirements and her preference to attempt conservative management first, we agreed to a defined trial of physical therapy focused on pain control and maintaining passive range of motion, with a low threshold to proceed to surgery if there is no meaningful improvement in strength within 4-6 weeks, given that functional strength recovery from a full-thickness tear without repair is unlikely.

PLAN

Physical therapy referral, 2x/week x 4-6 weeks, focus on passive/active-assisted range of motion, pain control, scapular stabilization — explicitly not attempting aggressive strengthening of the torn tendon itself. Continue ibuprofen PRN. Follow up in 5 weeks to reassess; if no meaningful improvement in strength, proceed to surgical planning.

Electronically signed: Harold T. Ibekwe, MD — 10/08/2025 11:00

CRESTLINE REHABILITATION & PHYSICAL THERAPY
12 Crestline Blvd, Fairhaven, ST 60814 · (555) 402-9034

Physical Therapy Progress Notes — Summary of Visits

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	CRPT-330119	**Referring**	Dr. Ibekwe
Treating Therapist	Grace M. Odom, PT, DPT	**Diagnosis**	Full-thickness R supraspinatus tear

VISIT 1 — 10/10/2025

Evaluation. Active abduction 80°, passive abduction 150°. Pain 6/10 with activity. Began passive/active-assisted ROM protocol, scapular stabilization exercises, pain modalities (ice, e-stim). Explicit precaution: no resisted abduction/external rotation given known full-thickness tear.

VISIT 2 — 10/15/2025

Active abduction 85° (+5°). Pain 5/10. Tolerating passive ROM well. Continues significant weakness on any attempted resisted motion, consistent with known tear — not a treatment failure, an expected finding.

VISIT 3 — 10/22/2025

Active abduction 90° (+5°). Pain 5/10, improved with modalities during session but returns with activity. Passive ROM now nearly full (165°). Strength on resisted abduction remains 3/5, unchanged from initial ortho exam — no meaningful strength recovery, as anticipated for a full-thickness tear.

VISIT 4 — 10/29/2025

Active abduction 90°, plateaued over the last two visits. Pain 4-5/10. Patient reports frustration with persistent weakness limiting daily activities (unable to lift a grocery bag overhead, difficulty with hair care/reaching). Strength remains 3/5 on resisted abduction, no improvement. Discussed with patient that continued PT is unlikely to restore strength given the structural tear; recommend she follow up with Dr. Ibekwe to discuss surgical repair per the plan established 10/08/2025.

Summary: 4 visits over 10/10/2025–10/29/2025. Passive range of motion and pain improved modestly; functional strength did not improve, consistent with the structural nature of a full-thickness rotator cuff tear. Conservative trial concluded per the pre-defined plan; patient referred back to orthopedics for surgical planning.

Electronically signed: Grace M. Odom, PT, DPT — 10/29/2025 17:15

CRESTLINE ORTHOPEDIC & SPORTS MEDICINE
880 Crestline Blvd, Suite 200, Fairhaven, ST 60814 · (555) 402-5588

Orthopedic Follow-Up — Surgical Planning

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	CO-448821	**Date of Service**	11/12/2025
Provider	Harold T. Ibekwe, MD	**Visit Type**	Follow-up, pre-surgical

ASSESSMENT

Status-post 4-week structured physical therapy trial per plan of 10/08/2025. Per PT progress notes and today's exam, passive range of motion has improved but active strength remains unchanged (3/5 resisted abduction), consistent with the known structural full-thickness supraspinatus tear. As anticipated, conservative management alone has not restored function. Given continued significant weakness, functional limitation, and the patient's activity level, recommend proceeding with arthroscopic rotator cuff repair.

PLAN

Schedule arthroscopic right shoulder rotator cuff repair (supraspinatus). Pre-operative clearance and labs ordered through primary care. Risks, benefits, and alternatives discussed at length with the patient, including the expected post-operative course (sling immobilization, phased PT protocol, expected return to full activity by approximately 4-6 months post-op). Patient consents to proceed.

Electronically signed: Harold T. Ibekwe, MD — 11/12/2025 09:30

MERIDIAN FAMILY HEALTH ASSOCIATES
2200 Larkspur Avenue, Suite 4 · Fairhaven, ST 60814 · (555) 401-2277

Pre-Operative Clearance Note

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	MFH-119284	**Date of Service**	11/25/2025
Provider	Denise K. Alvarado, MD	**Visit Type**	Pre-op clearance

Patient seen for pre-operative clearance ahead of scheduled right shoulder arthroscopic rotator cuff repair with Dr. Ibekwe. Reviewed labs (CBC, BMP, coagulation panel) — all within normal limits. EKG: normal sinus rhythm, no abnormalities. Cardiac and pulmonary exam unremarkable. No contraindications to surgery identified. Cleared for surgery from a medical standpoint, ASA Class I.

Electronically signed: Denise K. Alvarado, MD — 11/25/2025 09:15

CRESTLINE SURGICAL CENTER
900 Crestline Blvd, Fairhaven, ST 60814 · (555) 402-6600

Operative Report

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	CSC-559034	**Date of Surgery**	12/03/2025
Surgeon	Harold T. Ibekwe, MD	**Anesthesia**	General + interscalene block (Dr. Renata Fitch, MD)

PREOPERATIVE DIAGNOSIS

Right full-thickness supraspinatus tendon tear, post-traumatic (motor vehicle collision 09/03/2025).

POSTOPERATIVE DIAGNOSIS

Same, confirmed intraoperatively.

PROCEDURE PERFORMED

Right shoulder arthroscopy with arthroscopic rotator cuff repair (supraspinatus), subacromial decompression, and limited debridement.

FINDINGS AND PROCEDURE SUMMARY

Diagnostic arthroscopy confirmed a full-thickness supraspinatus tear measuring approximately 1.8 x 1.5 cm with mild retraction, corroborating preoperative MRI findings. Tendon edges were mobile and of reasonable quality, amenable to primary repair. Infraspinatus, subscapularis, biceps tendon, and labrum were inspected and confirmed intact, consistent with preoperative imaging. Mild subacromial bursitis and a type II acromion were noted and addressed with arthroscopic subacromial decompression. The supraspinatus tendon was repaired to its footprint using a double-row suture anchor technique (two medial-row anchors, two lateral-row anchors), achieving a secure, anatomic repair confirmed on dynamic arthroscopic assessment of range of motion. No complications. Estimated blood loss minimal. Patient tolerated the procedure well and was transferred to recovery in stable condition.

POSTOPERATIVE PLAN

Sling immobilization x 6 weeks. Passive-only range of motion to begin at first post-op visit. Follow up in clinic in 1 week.

Electronically signed: Harold T. Ibekwe, MD — 12/03/2025 13:40

CRESTLINE ORTHOPEDIC & SPORTS MEDICINE
880 Crestline Blvd, Suite 200, Fairhaven, ST 60814 · (555) 402-5588

Post-Operative Follow-Up

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	CO-448821	**Date of Service**	12/10/2025
Provider	Harold T. Ibekwe, MD	**Visit Type**	Post-op, 1 week

One week status-post right arthroscopic rotator cuff repair. Incisions healing well, no signs of infection. Pain reasonably controlled, 3-4/10 in sling, transiently higher with movement. Neurovascularly intact. Sling in place per protocol. Plan: continue sling immobilization, begin formal post-operative physical therapy — Phase I protocol (passive range of motion only, pendulum exercises, no active or resisted motion). Follow up in 4 weeks.

Electronically signed: Harold T. Ibekwe, MD — 12/10/2025 10:50

CRESTLINE REHABILITATION & PHYSICAL THERAPY
12 Crestline Blvd, Fairhaven, ST 60814 · (555) 402-9034

Post-Operative Physical Therapy — Summary of Course

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	CRPT-330119	**Treating Therapist**	Grace M. Odom, PT, DPT

PHASE I — PASSIVE ROM (12/15/2025–01/12/2026, 4 VISITS)

Pendulum exercises, passive-assisted ROM per surgeon protocol, no active or resisted motion. Progressed from passive forward flexion 90° to 140° over this phase. Pain well-controlled, trending down (5/10 to 2/10).

PHASE II — ACTIVE-ASSISTED / ACTIVE ROM (01/19/2026–02/16/2026, 5 VISITS)

Cleared by Dr. Ibekwe to progress to active-assisted then active range of motion. Active forward flexion progressed from 100° to 150°. Active abduction progressed from 85° to 140°. Began light isometric exercises at end of phase per protocol.

PHASE III — PROGRESSIVE STRENGTHENING (02/23/2026–04/06/2026, 6 VISITS)

Progressive resistance exercises for the rotator cuff and periscapular musculature. Strength on resisted abduction improved from 3/5 to 4+/5 over this phase. Active forward flexion reached 165°, abduction 155°. Patient reports significant functional improvement — able to reach overhead shelves and perform most daily activities with mild residual discomfort only with sustained overhead work.

Total post-operative course: 15 visits, 12/15/2025–04/06/2026. Discharged from formal PT with home exercise program to continue strengthening independently.

Electronically signed: Grace M. Odom, PT, DPT — 04/06/2026 16:00

CRESTLINE ORTHOPEDIC & SPORTS MEDICINE
880 Crestline Blvd, Suite 200, Fairhaven, ST 60814 · (555) 402-5588

Orthopedic Follow-Up — Maximum Medical Improvement

Patient	Sutton, Rachel Anne	**DOB**	04/11/1990
MRN	CO-448821	**Date of Service**	04/20/2026
Provider	Harold T. Ibekwe, MD	**Visit Type**	Follow-up, MMI evaluation

HISTORY

Approximately 4.5 months status-post right arthroscopic rotator cuff repair, having completed a full post-operative physical therapy course (15 visits, three phases). Patient reports substantial functional recovery. Occasional mild discomfort with sustained overhead activity or heavy lifting; no pain with activities of daily living, driving, or typical work tasks.

PHYSICAL EXAM

Incisions well-healed. Active forward flexion 165°, active abduction 155° (compared to contralateral left shoulder, full at 180°). Strength on resisted abduction 4+/5 (mild residual deficit compared to left, 5/5). Negative drop-arm sign. Negative impingement signs. Mild residual discomfort with resisted external rotation at end range only.

ASSESSMENT

Right full-thickness supraspinatus tear, post-traumatic (MVC 09/03/2025), status-post arthroscopic repair (12/03/2025) with structured post-operative rehabilitation — excellent surgical result with mild residual strength deficit and endurance limitation with sustained overhead activity, which is a typical and expected residual finding at this stage following rotator cuff repair and unlikely to improve substantially with further formal therapy.

PLAN

Patient has reached maximum medical improvement. Discharged to independent home exercise program. Released to full duty without restriction, with counseling that heavy repetitive overhead activity may produce intermittent mild discomfort. No further orthopedic follow-up scheduled unless symptoms change.

Electronically signed: Harold T. Ibekwe, MD — 04/20/2026 11:25

ITEMIZED CHARGES — MOTOR VEHICLE COLLISION, 09/03/2025

Patient: Sutton, Rachel Anne · DOB 04/11/1990

Billing Statement

Date	Facility / Provider	CPT	Description	Charge
09/03/2025	Meridian Regional Medical Center ED	99284	ED visit, moderate-high complexity	$2,680.00
09/03/2025	Meridian Regional Medical Center ED	73030	Shoulder x-ray, complete, min. 2 views	$410.00
09/10/2025	Meridian Family Health Associates	99213	PCP follow-up, established patient	$225.00
09/24/2025	Crestline Orthopedic & Sports Medicine	99204	New patient orthopedic evaluation	$395.00
10/01/2025	Fairhaven Diagnostic Imaging	73221	MRI shoulder without contrast	$2,340.00
10/08/2025	Crestline Orthopedic & Sports Medicine	99214	Follow-up, MRI review	$260.00
10/10/2025 – 10/29/2025	Crestline Rehabilitation & PT	97110 / 97140	Pre-op PT, 4 visits	$980.00
11/12/2025	Crestline Orthopedic & Sports Medicine	99214	Follow-up, surgical planning	$260.00
11/25/2025	Meridian Family Health Associates	99396	Pre-operative clearance exam	$240.00
12/03/2025	Crestline Surgical Center	29827	Arthroscopic rotator cuff repair (facility)	$18,450.00
12/03/2025	Harold T. Ibekwe, MD	29827-surg	Surgeon professional fee	$6,200.00
12/03/2025	Renata Fitch, MD	01630	Anesthesia, shoulder procedure	$2,150.00
12/10/2025	Crestline Orthopedic & Sports Medicine	99213	Post-op follow-up, 1 week	$225.00
12/15/2025 – 04/06/2026	Crestline Rehabilitation & PT	97110 / 97140 / 97530	Post-op PT, 15 visits (3 phases)	$4,725.00
04/20/2026	Crestline Orthopedic & Sports Medicine	99214	Follow-up, MMI evaluation	$260.00
Total Billed Charges				**$39,800.00**

Note: unrelated 05/12/2025 annual physical (Meridian Family Health Associates, CPT 99396) is not included in this claim-related total; listed separately as pre-incident, unrelated care in the medical chronology.