

Company Name

Address Line 1

Address Line 2

Tel: **Fax:**

Email: **Website:**

To:

From:

Subject: **Wrist F/U Exam**

Message:

This fax was sent by GFI FaxMaker for Exchange

EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • Ph(732) 494-6226 • Fax (732)494-8762

Matthew Garfinkel, M.D.

Nilesh Patel, M.D.

Manisha Chahal, M.D.

Franklin Chen, M.D.

Todd Ryan, D.O.

Mohnish Ramani, M.D.

David M. Idank, D.O.

Patient : Sean Sutton

Account No:92000

DOB: 7/6/1971

Appointment : 2/20/2024

Examining Doctor: Franklin Chen, M.D.

Chief Complaint Mr. Sutton is a 52-year-old male who presents today for a follow up regarding the right wrist.

History of Present Illness

The patient present for follow up of the right wrist. Since the last visit on 01/08/2024, the patient reports symptoms have remained the same. He has been attending OT 2x a week with no benefit.

He continues to have throbbing and aching. He reports numbness from the wrist radiating to his digits II-IV. He reports stiffness. He reports hand pain at night. His symptoms are aggravated with any activities, gripping, squeezing, and driving. He reports night awakening due to pain, swelling, and numbness. He is also complaining of thumb CMC base pain especially with gripping. He denies taking any medication. He wears a wrist brace at night which is helpful.

RHD

He currently continues to work full duty in as an administrator.

Medical History

Current Medications: losartan 100 mg tablet

Medical History: Hypertension (I10)

Medication and Allergic Reactions: seafood, Penicillin

Surgical History: Originally reported surgeries and hospitalizations: Right Dequervain' s Release and Intersection Release.

Family History: Mother: Cancer.

Personal and Social History: The claimant indicates he never used tobacco.

The claimant consumes alcohol socially.

He does not use illegal substances.

He does not have a substance abuse problem.

He is married.

The claimant reports no hobbies.

Review of Systems

Review of systems is documented in the patient's chart.

Vital Signs: Height: 5 ft 6.00 in, Weight: 199 lbs

Right Wrist Examination

ELECTRONICALLY SIGNED BY
Franklin Chen, M.D.

Page 1 of 3

EMOG Office 5th Floor
10 Parsonage Road, Suite 500
Edison, NJ 08837

Claim No: PLB072951

Patient Name: Sutton, Sean

DOB: 7/6/1971

Appointment Date: 2/20/2024

Account Number: 92000

Examining Doctor: Franklin Chen, M.D.

Inspection: No deformity, atrophy, ecchymosis, swelling of the wrist. Surgical incisions well healed with no keloid formation but minimal scar hypertrophy. No evident swelling about the first dorsal compartment or FCR sheath. There is mild swelling over the area of the intersection release incision. No crepitance noted at that location to ROM.

Palpation: (+) 1st dorsal compartment and volar radial wrist subjective tenderness. No palpable cyst.

Range of Motion: Wrist ROM is within normal limits throughout.

Strength: Wrist strength testing 5/5 in all muscle groups tested.

Sensation: Sensations are normal in all areas tested. Neurovascularly intact. He reports dysesthesia at times over the DRSN distribution.

Reflexes:

Special Tests: Tinel's test (median)-Positive

Carpal tunnel compression test- Positive

Finkelstein's test- Negative

No sudomotor changes or atrophy. APB intact.

Muscle testing demonstrates no pain with resisted wrist extension.

Gait:

Other Tests Provocative examination of the wrist is normal. No evident carpal instability. Negative Watson's stress test for pain and instability

Additional Comments:

Right Hand Examination

Inspection: Examination of the hand reveals no nail/skin deformity and skin turgor is normal . Negative swelling.

Palpation: Positive tenderness at thumb CMC joint.

Range of Motion: Examination of the digits reveals normal range of motion throughout.

Strength: Intrinsic hand strength 5 /5.

Sensation: Sensations are normal in all areas tested. Neurovascularly intact

Reflexes:

Special Tests: There is no laxity of the thumb MCP or IP joints.

Thumb CMC grind test is positive.

Positive thumb CMC joint pain with adduction and extension.

Gait:

Other Tests There is no triggering noted

FDP/FDS intact

Additional Comments:

Diagnostic Test Findings:

ELECTRONICALLY SIGNED BY
Franklin Chen, M.D.

Page 2 of 3

EMOG Office 5th Floor
10 Parsonage Road, Suite 500
Edison, NJ 08837

Claim No: PLB072951

Patient Name: Sutton, Sean

DOB: 7/6/1971

Appointment Date: 2/20/2024

Account Number: 92000

Examining Doctor: Franklin Chen, M.D.

MRI of the right wrist done on 12/22/2023 shows tendinosis and mild DeQuervains tenosynovitis, less extensive than on prior with resolution of soft tissue swelling. Mild prominence of the median nerve in the carpal tunnel. Correlate with related symptomatology. Volar radial sided ganglion cyst, slightly increased. Correlate for ulnar impaction syndrome symptomatology. Chronic sprain along the volar scapholunate ligament. Chronic extrinsic radiocarpal ligament sprain. Small carpal joint effusions. Mild degeneration at the base of the thumb.

MRI films and reports reviewed with patient.

Assessment and Plan:

Impression: M65.4 Radial styloid tenosynovitis [de Quervain], G56.01 Carpal tunnel syndrome, right upper limb, M65.841 Other synovitis and tenosynovitis, right hand, M18.11 Unilateral primary osteoarthritis of first carpometacarpal joint, right hand

-right wrist pain

Treatment Plan:

Comprehensive discussion was made regarding the treatment options. After this discussion the following plan was agreed upon by the patient and me: Activity modification. HEP. Continue with night splinting. It is likely that his tendinitis symptoms are better but her has ongoing complaints possibly due to CMC DJD and carpal tunnel syndrome. He reports all his wrist symptoms began following his work injury.

Possible cortisone injection to right thumb CMC joint and carpal tunnel in the future discussed with patient.

Further work to EMG/NCV of the right UE to evaluate for right carpal tunnel syndrome.

Based on the patient's history and examination, it is within medical probability that the current orthopaedic complaints are causally related to the patients work injury.

Work status: Full duty.

A work note is given to the patient.

The patient is to return when the result of EMG is available.

Patient seen by

Franklin Chen, M.D.

2/20/2024

ELECTRONICALLY SIGNED BY
Franklin Chen, M.D.

Page 3 of 3

EMOG Office 5th Floor
10 Parsonage Road, Suite 500
Edison, NJ 08837

EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • PH (732) 494-6226 • FAX (732) 494-8762

Matthew Garfinkel, M.D.

Nilesh Patel, M.D.

Manisha Chahal, M.D.

Franklin Chen, M.D.

Todd Ryan, D.O.

Mohnish Ramani, M.D.

David M. Idank, D.O.

EMG Referral Form

Patient Information

Name: Sean Sutton

Home Phone: (732) 522-0126

Date: 2/20/2024

DOB: 7/6/1971

Work Phone:

Weight: Weight 199lbs

Sex: male

Diagnosis: M65.4 Radial styloid tenosynovitis [de Quervain], G56.01 Carpal tunnel syndrome, right upper limb, M65.841 Other synovitis and tenosynovitis, right hand, M18.11 Unilateral primary osteoarthritis of first carpometacarpal joint, right hand

Referring Physician: Dr. Franklin Chen

Reason for EMG (indicate symptoms, findings, working diagnosis, and/or check appropriate box below):

Test Requested: EMG/NCV

FOCAL PROBLEMS (SELECT LIMB - RIGHT OR LEFT)

Upper Extremity

Cervical Radiculopathy

Carpal Tunnel Syndrome (CTS)

Median Neuropathy (pronator syndrome)

Ulnar Neuropathy - Cubital Tunnel

Radial Neuropathy (superficial radial nerve/supinator syndrome)

Brachial Plexopathy

R L

☐ ☐

☒ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

Thoracic Outlet Syndrome (TOS)

Axillary Neuropathy

Musculocutaneous Neuropathy

Suprascapular Neuropathy

Long Thoracic Nerve Palsy (serratus anterior)

Ulnar Nerve - Guyon's Canal

R L

☐ ☐

☐ ☐

☐ ☐

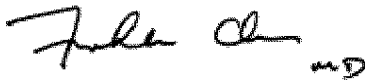
☐ ☐

☐ ☐

☐ ☐

Special Instructions: At the time of the EMG appointment, the patient's skin should be clean without lotions, oils, or creams. No other special preparation is required. The patient can take all their medications as prescribed. Please indicate if the patient is taking a blood thinner, or is on medication for myasthenia gravis, or has a pacemaker or stimulator. There are no aftereffects and the patient can return to their usual activities immediately upon leaving the laboratory. The results of the EMG examination are made available to the referring physician, who in turn, will explain the results to the patient. If you have further questions, please call the EMG laboratory.

Comments:



Patient Seen by: Franklin Chen, M.D.

EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • Ph(732) 494-6226

Matthew Garfinkel, M.D.

Nilesh Patel, M.D.

Manisha Chahal, M.D.

Franklin Chen, M.D.

Todd Ryan, D.O.

Mohnish Ramani, M.D.

David M. Idank, D.O.

Work Note

Date : 2/20/2024

Patient Name: Sean Sutton

DOB: 7/6/1971

Account # 92000

Work Status

- | | |
|---|--|
| <input type="checkbox"/> Cannot work | <input type="checkbox"/> Return to work with modified duties |
| <input type="checkbox"/> Return to work immediately | <input type="checkbox"/> Modified duties until return visit on |
| <input type="checkbox"/> Released from office | <input type="checkbox"/> These restrictions are permanent |
| <input checked="" type="checkbox"/> Full Duty | <input type="checkbox"/> Do not return to work until: |

Work Restrictions

- Upper Extremity** ☐ Right ☐ Left
- ☐ No use of affected extremity
 - ☐ Limited use of the affected extremity
 - ☐ Must wear orthotics as dispensed
 - ☐ No push/pull > lbs
 - ☐ No lifting over lbs.
 - ☐ No driving to and from work
 - ☐ No commercial driving
 - ☐
 - ☐

- Lower Extremity** ☐ Right ☐ Left
- ☐ Seated work only/mainly
 - ☐ No squatting / kneeling / twisting
 - ☐ No climbing /crawling
 - ☐ Limited standing or walking
 - ☐ Work with brace/cast
 - ☐ No lifting over lbs.
 - ☐ Elevate when possible / continuous
 - ☐ Crutches/cane/walker
 - ☐ No twisting, pushing, pulling

Special Instructions

Return to my office on or in weeks

For Employer Use:

If you are unable to accommodate the work restrictions as indicated, please sign below and fax it to (732)-494-2004.

If the employee must be full duty to return to work, please mark here _____

Disability Forms will not be filled out until this form is received.

_____ Employer / HR _____ Date



Patient Seen by: Franklin Chen, M.D.