KDV Medical, P.C.

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October 18, 2022

Re: Bonilla, Omar
DOB: 06/07/1980
DOA: 06/17/2022
Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Right wrist and right ankle pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 42-year-old right-hand dominant male, involved in a motor vehicle accident on 06/17/2022. The patient was a front seat passenger and was wearing a seatbelt. The vehicle was struck on the driver side. The patient went via car to St, John's Hospital in Yonkers and was treated and released the same day. The patient presents today complaining of right wrist and right ankle pain sustained in the motor related accident. The patient has been treated with physical therapy for the last 4 months without adequate relief.

Right wrist pain is 7/10, described as intermittent pain with weakness, numbness and tingling. Pain is worsened with lifting and carrying and driving.

Right ankle pain is 7-8/10, described as constant pain. Pain is worse with standing and ambulation. The patient has a fracture, patient wore a Cam boot for one to two months without improvement. Patient has buckling.

PAST MEDICAL HISTORY: Depression.

PAST SURGICAL HISTORY: Lumbar spine with metal plate and four screws 6 years ago.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Seroquel.

SOCIAL HISTORY: The patient is smokes less than one pack per day x24 years. Patient drinks alcohol occasionally.

PHYSICAL EXAMINATION: The patient’s height is 5 feet 8 inches, weight is 160 pounds.

Right Wrist: No swelling, heat, erythema noted. Tenderness to palpation over the ulnar styloid, distal radius, and TFCC of wrist. Tinel’s sign is positive. Phalen’s sign is positive. Range of motion reveals flexion 50/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 20/30 degrees. Grip strength is 4+/5.

Right Ankle: Reveals swelling of the lateral malleolus. Tenderness to palpation noted in the posterior tibia, lateral malleolus and joint line. Anterior drawer negative. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC STUDIES: 08/08/2022 MRI of the Right Ankle: Atypical linear vertically oriented area of signal hyperintensity on the PD fat sat image involving the distal fibula with a small area of adjacent marrow edema. The possibility this represents a nondisplaced fracture is raised despite its somewhat atypical appearance. One may wish to obtain a CAT scan for more definitive evaluation. Poor, definition of portions of the ATFL as well as the proximal calcaneofibular ligament most consistent with areas of partial tear/sprain. Thickening and abnormal intermediate signal within portions of the peroneal tendon referable to their distal thirds as they traverse the region of the calcaneus most consistent with tendinosis/sprain. Tendinosis of the distal third of the posterior tibialis tendon. Lisfranc's ligament is poorly defined on this study of uncertain significance with Lisfranc's joint normal. One should obtain an MRI of the right foot for further evaluation if felt to be clinically warranted.

07/12/2022: MRI of the Right Wrist: Extensor carpal ulnar is tendinosis with a partial thickness intrasubstance tear at the level of the ulnar styloid. Chronic avulsion fracture of the ulnar styloid. Partial thickness tear of the ulnar attachments of the triangular fibrocartilage complex. Partial thickness tear of the central component of the scapholunate ligament.

FINAL DIAGNOSES:

1. TFCC tear, right wrist.
2. Scapholunate ligament tear, right wrist.
3. Chronic ulnar styloid fracture, right wrist. –
4. Pain, right wrist.
5. Sprain, right ankle.
6. ATFL tear, right ankle.
7. Posterior tibialis tendinosis, right ankle. –
8. Pain, right ankle.

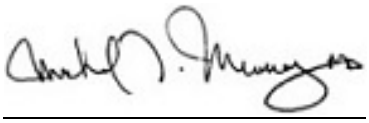
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for right ankle and right wrist 3 days/week.
5. Patient will consider right ankle CT at the next visit.
6. Discussed right wrist arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, the patient would like to proceed with surgery. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right wrist pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally

effective treatment to this patient. Discussed the length of the arthroscopy and the postoperative instructions. All the benefits and risks of the right wrist arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence. All the questions in regard to the procedure were answered.

7. The patient verbally consents for the arthroscopy of right wrist and the patient will be scheduled for right wrist surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon. Patient is scheduled for right wrist surgery on 11/3/2022.
8. The patient will follow up in 4-6 weeks.

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 diagnoses rendered are causally related to the injuries the patient incurred on the right wrist and right ankle on June 17, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI