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**Initial Comprehensive Medical Evaluation**

Date: 07/01/2022

RE: Tiffany Thomas

DOB: 8/14/1981

DOA: 09/26/2021

Location: Cruz Banting Imelda MD PT, North Bronx

Case Type: NF

1<sup>st</sup> Evaluation

**HISTORY:**

On 07/01/2022, Ms. Tiffany Thomas, a right-handed 40-year-old female presents for the evaluation of the injuries sustained as a pedestrian struck which occurred on the date of 09/26/2021. The patient states that an EMS team arrived. She went to Jacobi Hospital via ambulance same day the accident occurred. She was evaluated and released. Patient was a pedestrian crossing the street when a car hit her head on. The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to right wrist.

**CHIEF COMPLAINTS:**

The patient complains of right wrist pain. The patient complains of pain specifically at the ulnar and dorsal side of wrist.

**REVIEW OF SYSTEMS:** The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL / HOSPITALIZATION HISTORY:** Noncontributory.

**MEDICATIONS:** None.

**ALLERGIES:** No known drug allergies.

**SOCIAL HISTORY:** Unknown.

**PHYSICAL EXAM:**

**General:** The patient presents in an uncomfortable state.

**Neurological Exam:** Patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

**Sensory Examination:** It is intact.

**Right Wrist Examination:** There is tenderness upon palpation of the ulnar and dorsal side of the wrist.

**GAIT:** Normal.

**Diagnostic Studies:**

3/2/2022 - MRI of the right wrist reveals tear within the body and ulnar attachment the triangular fibrocartilage. Lobulated fluid collection along the volar aspect of the distal ulnar as described may reflect ganglion cyst. A 0.7 cm fluid collection is seen along the dorsal aspect of the wrist subjacent to the extensor digitorum tendon s overlying the carpal bones may also reflect a small ganglion. The remainder the tendinous ligamentous and osseous structures are intact.

The above diagnostic studies were reviewed.

**Diagnoses:**

1. Contusion of right wrist, initial encounter (S60.211A)
2. Right wrist pain (M25.531)

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Discussed right wrist arthroscopy versus conservative management with the patient. Needs possible TFCC repair. 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 wants to think about surgery.
4. 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.
5. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
6. 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 and recurrence.
7. All the questions in regard to the procedure were answered.
8. Follow up in 4 weeks.

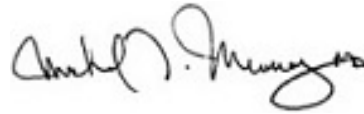
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

**AFFIRMATION:** Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby affirm under penalty of perjury that the statements contained herein are true and accurate.



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Rehan Khan, FNP-BC  
RK/AEI



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Michael Murray, MD