UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

July 11, 2022

Office seen at:
Gurvansh Anand Chiropractic PC
2598 3rd Avenue
Bronx, NY 10454
Phone#: (718) 975-7144

Re: Kimbrough, Gerald
DOB: 04/15/1965
DOA: 03/16/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left wrist and left ankle pain.

HISTORY OF PRESENT ILLNESS: A 57-year-old right-hand dominant male involved in a motor vehicle accident on 03/16/2022. The patient was a pedestrian and was struck on the right side, twisted and landed. The patient lost consciousness. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to NYC Health + Hospitals/Lincoln and was treated and released the same day. The patient presents today complaining of left wrist and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 4 months with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 2-4 blocks. He can stand for 60 minutes before he has to sit. He can sit for 30 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states

that he is unable to do the following activities: lifting heavy objects, carrying heavy objects, , running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left wrist: Left wrist pain is 6/10, described as intermittent, dull, achy pain. Admits to weakness. Denies numbness, tingling. The patient has pain with lifting, carrying. Worse with range of motion and improves with rest.

Left ankle: Left ankle pain is 7/10, described as intermittent, dull, achy pain. Pain with standing, walking, and climbing. Worse with range of motion and improves with rest.

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.6 degrees Fahrenheit.
General: No fever, chills, night sweats, weight gain, or weight loss.
HEENT: No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness.
Endocrine: No cold intolerance, appetite changes or hair changes.
Skin: Clear, no rashes or lesions.
Neuro: No headaches, dizziness, vertigo or tremor.
Respiratory: No wheezing, coughing, shortness of breath or difficulty breathing.
Cardiovascular: No chest pain, murmurs, irregular heart rate or hypertension.
GI: No nausea, vomiting, diarrhea, constipation, jaundice or changes in bowel habits.
GU: No blood in urine, painful urination, loss of bladder control or urinary retention.
Hematology: No active bleeding, bruising, anemia or blood clotting disorders.
Psychiatric: No anxiety, change in sleep pattern, depression or suicidal thoughts.

PHYSICAL EXAMINATION: The patient's height is 5 feet 7 inches, weight is 155 pounds, and BMI is 24.3. The left ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Negative anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The left wrist reveals pain to palpation over the ulnar styloid. Grip strength is 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 65/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 20/30 degrees.

DIAGNOSTIC TESTING: MRI of the left ankle, done on 05/20/2022, shows plantar fascial thickening and degeneration at the origin. MRI of the left wrist, done on 05/20/2022, shows ulnar TFC partial tear. Central and radial TFC degeneration and thinning. No fracture. Ulnar subluxation of extensor carpi ulnaris tendon.

ASSESSMENT:
1. Plantar fascial thickening and degeneration, left ankle.
2. Ulnar TFC partial tear, left wrist.
3. Central and radial TFC degeneration and thinning, left wrist.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left ankle and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left ankle and left wrist 3 days/week.
6. Recommend steroid injections with pain management for left ankle and left wrist. The patient refuses due to side effects.
7. Discussed left ankle and left 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 wants to think about surgery.
8. 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 left ankle and left 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. All the benefits and risks of the left ankle and left 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 2 weeks for decision.

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.

Mellita Shakhmurov, PA-C

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon

MS/AEI