

UK Sinha Physician, P.C.

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October 12, 2022

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Re: Lugo, Ivette
DOB: 08/06/1971
DOA: 09/13/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left ankle pain.

HISTORY OF PRESENT ILLNESS: A 51-year-old right-hand dominant female involved in a work-related accident on 09/13/2022. The patient was a transportation matron trying to secure a car seat, pulled it and fell while trying to secure, fell off vehicle and twisted ankle. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to Montefiore Medical Center and was treated and released the same day. The patient presents today complaining of left ankle pain sustained in the work-related accident. The patient was attending physical therapy 1 time a week with no relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Asthma. There is no previous history of trauma.

PAST SURGICAL HISTORY: Laparoscopic cholecystectomy in 1999 and C-section in 2006.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

SOCIAL HISTORY: The patient smokes one-fourth pack of cigarettes per day. The patient drinks alcohol socially. The patient does use recreational drugs socially.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She can sit for 5 minutes before needing to change positions.

secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Left ankle: Left ankle pain is 6/10, described as constant, dull, achy pain. The patient has 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. The patient has asthma.

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 6 inches, weight is 156 pounds, and BMI is 25.2. The left ankle reveals swelling noted over lateral malleolar aspect. Positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the medial and lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 30/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left ankle, done on 10/07/2022, shows apparent area of signal void artifact noted along the region of the lateral malleolus. In addition, there are focal areas of abnormal signal within the talus and calcaneus suggesting bone marrow edema secondary to bony contusions as well as bony cystic changes. Follow up plain films are suggested for further evaluation and to insure stability of the bony structures. Findings consistent with tendinopathy/tendonitis of the peroneal longus tendon. Joint effusion.

ASSESSMENT:

1. Injury, left ankle.
2. Pain, left ankle.
3. Contusion, left ankle.
4. Tendinopathy, left ankle.
5. Effusion, left ankle.

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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left ankle 3 days/week.
6. The patient is status post steroid injection about 1 month ago, minimal improvement and now pain returned.
7. Discussed left ankle 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.
8. The patient needs medical clearance prior to surgery. Workers' Compensation Board authorization needed prior to surgery.
9. 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 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the left ankle 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of left ankle and the patient will be scheduled for left ankle 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.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

IMPAIRMENT RATING: 25%.

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.

A stylized, cursive handwritten signature in black ink, featuring a large, sweeping loop and a trailing flourish.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, appearing to read 'U.K. Sinha' in a cursive script.

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