

UK Sinha Physician, P.C.

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September 20, 2022

Office seen at:
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2426 Eastchester Road, Suite 204
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Phone# (347) 843-6230

Re: Perez, Genesis
DOB: 11/10/1998
DOA: 08/03/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left wrist, neck, and low back pain.

HISTORY OF PRESENT ILLNESS: A 23-year-old right-hand dominant female involved in a motor vehicle accident on 08/03/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front passenger side. The airbags deployed. The police were called to the scene of the accident. The patient was transported via ambulance to Jacobi Medical Center and was treated and released the same day. The patient presents today complaining of left wrist, neck and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3-4 times a week.

WORK HISTORY: The patient is currently not working.

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

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is not taking any medication at this time.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally. The patient does not take recreational drugs.

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Left wrist: Left wrist pain is 9/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

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 2 inches, weight is 158 pounds, and BMI is 28.9. The left wrist reveals pain to palpation over the distal radius. Grip strength is 4/5. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 10/20 degrees, ulnar deviation 10/30 degrees.

DIAGNOSTIC TESTING: MRI of the left wrist, done on 09/08/2022, shows extensor tendon sheaths are mildly distended with fluid, consistent with tenosynovitis. Fluid in intercarpal and distal radioulnar joints consistent with recent trauma or synovitis, in an appropriate clinical setting.

ASSESSMENT:

1. Internal derangement, left wrist.
2. De Quervain's disease, left wrist.

PLAN:

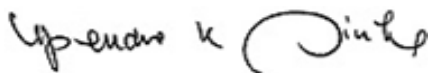
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left wrist 3 days/week.
6. Discussed release of first compartment extensor tendon of left wrist 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.
7. 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 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.

8. Discussed the length of the release of first compartment extensor tendon, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the release of first compartment extensor tendon of left wrist have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the release of first compartment extensor tendon of left wrist and the patient will be scheduled for left 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.
12. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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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UKS/AEI