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August 10, 2022

Office seen at:
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Re: Pinguil Changotasig, Sergio Antonio

DOB: 06/14/1992 DOA: 05/31/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left wrist pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left wrist.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He 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 he is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left wrist: Left wrist pain is 5/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving.

Had laceration of left MP joint middle finger, extensor tendon with almost full range of motion, mild local pain and tenderness.

PHYSICAL EXAMINATION: The left wrist reveals some pain with tenderness of the MP joint, middle finger. There is swelling, erythema, and bruise noted. Range of motion reveals flexion 80/80 degrees, extension 65/70 degrees, radial deviation 20/20 degrees, ulnar deviation 30/30 degrees.

DIAGNOSTIC TESTING: MRI of the left hand, done on 07/11/2022, shows partial tear of the ulnar collateral ligament of the thumb at the proximal insertion site.

ASSESSMENT:

- 1. Status post repair of laceration of MP joint of left middle finger, left wrist.
- 2. Extensor tendon intact, 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. Follow up in 4 weeks.

IMPAIRMENT RATING: 100%. The patient is currently not working.

<u>CAUSALITY</u>: 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.

U.K. Sinha, MD, MS (Ortho), FAAOS

Board Certified Orthopedic Surgeon

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