

UK Sinha Physician, P.C.

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November 04, 2022

Re: Kavral, Raoul
DOB: 02/21/1967
DOA: 08/12/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right foot pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right foot. The patient has healed hairline fracture at the base of the fifth metatarsal, right foot.

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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Right foot: The patient has minimal symptoms.

PHYSICAL EXAMINATION: The right foot reveals mild localized pain and tenderness at the base of the fifth metatarsal. Tenderness to palpation noted in the lateral aspect.

DIAGNOSTIC TESTING: Pending.

ASSESSMENT:

1. Healed hairline fracture at the base of the fifth metatarsal, right foot.

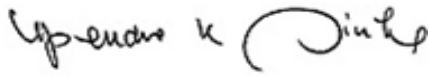
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right foot.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right foot 3 days/week.
6. The patient has healed hairline undisplaced fracture at the base of the fifth metatarsal.
7. The patient has minimal symptoms of the right foot.
8. The patient can go back to work.

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

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 handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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

UKS/AEI