

# UK Sinha Physician, P.C.

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

---

July 26, 2022

Office seen at:  
Renew Chiropractic  
2426 Eastchester Road  
Bronx, NY 10469  
Phone# (347) 843-6230

Re: Givens, Jeanine  
DOB: 05/23/1964  
DOA: 09/08/2021

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of right wrist and right forearm pain.

**HISTORY OF PRESENT ILLNESS:** The patient presents today in follow up with continued pain in the right wrist and right forearm.

**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:** Right wrist: Right wrist pain is 8/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with medication, physical therapy, and ice.

Right forearm: Right forearm pain is 7/10, described as intermittent, dull, achy pain.

**PHYSICAL EXAMINATION:** The right wrist reveals pain to palpation over the distal radius and scaphoid. Grip strength is 4/5. There is swelling noted. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees. The patient wears a brace.

The right forearm reveals tenderness on the medial aspect. Neurovascularly intact.

**DIAGNOSTIC TESTING:** MRI of the right wrist, done on 05/19/2022, 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. MRI of the right forearm, done on 06/23/2022, shows no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration. The musculature of the right forearm is intact without tears, strains, atrophy, edema or fatty infiltration. No soft tissue lesions or fluid collections.

**ASSESSMENT:**

1. Pain, right wrist.
2. Tenosynovitis, right wrist.
3. Synovitis, right wrist.
4. Pain, right forearm.

**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 wrist and right forearm.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right wrist and right forearm 3 days/week.
6. The patient is status post right wrist injection x2 with no improvement.
7. Discussed right 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 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 right wrist pathologies 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 right 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right wrist and the patient will be scheduled for right 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.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

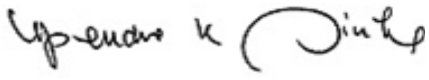
**IMPAIRMENT RATING:** 100%. The patient is currently not working.

**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.

---

Mellita Shakhmurov, PA-C  
MS/AEI



---

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