

UK Sinha Physician, P.C.

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

October 07, 2022

Re: Benjamin, Veronica

DOB: 09/04/1976

DOA: 01/29/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left ankle pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left ankle. The patient has adult acquired flatfoot deformity in the left. The patient is obese.

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 10/10, described as constant, dull, achy pain. The patient has pain with standing, walking, and climbing.

PHYSICAL EXAMINATION: The left ankle reveals swelling 2+, hematoma and bruises noted over posterior aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the medial 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 03/01/2022, shows findings as described above suggestive of posterior ankle impingement syndrome and suspect tear of the posterior talofibular ligament at the fibular attachment.

ASSESSMENT:

1. Flat foot bilateral ankles.
2. Grade III sprain of lateral collateral ligament, left ankle.
3. Tenosynovitis, left ankle.
4. Tibialis posterior tendon, left ankle.

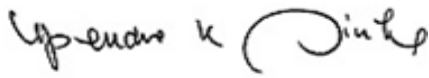
PLAN:

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. MRI of the left ankle is normal tibialis posterior tendon. Plan for second opinion.
The patient wants to think about this.
7. I would like to have second opinion before I explore tibialis posterior tendon.

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.



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

UKS/AEI