

UK Sinha Physician, P.C.

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November 11, 2022

Re: Thomas, Shereka
DOB: 02/20/1981
DOA: 10/26/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right wrist pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in follow up with continued pain in the right wrist. This patient comes from Brooklyn Medical, 5205 Church Avenue, Brooklyn, NY 11203.

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 7/10, described as constant, 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.

PHYSICAL EXAMINATION: The right wrist reveals pain to palpation over the distal radius and scaphoid. Grip strength is 4/5. There is no swelling, erythema, or bruise noted. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 50/80 degrees, extension 50/70 degrees, radial deviation 15/20 degrees, ulnar deviation 20/30 degrees.

DIAGNOSTIC TESTING: X-ray of the right hand, done on 11/09/2022, shows no fractures.

ASSESSMENT:

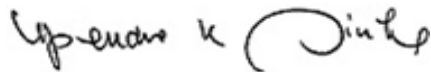
1. Sprain, right wrist.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right wrist 3 days/week.
6. MRI ordered of right wrist to rule out ligament tear and/or synovial injury.
7. Follow up in 2 weeks.

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