

# UK Sinha Physician, P.C.

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

---

November 11, 2022

Office seen at:  
S.P. Physical Therapy  
1320 Louis Nine Boulevard  
Bronx, NY 10459  
Phone # (347) 862-0003

Re: Villareal, Enilia  
DOB: 02/11/1965  
DOA: 10/28/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right wrist pain.

**HISTORY OF PRESENT ILLNESS:** A 57-year-old right-hand dominant female involved in a motor vehicle accident on 10/28/2021. The patient was a front seat passenger and was wearing a seatbelt. The vehicle was struck on the rear end. The airbags did not deploy. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of right wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 1 year with little relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Positive for diabetes and hypertension. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking amlodipine 10 mg and metformin 500 mg.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient does not take any recreational drugs. The patient does not drink alcohol.

**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 10/10, 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 rest.

**REVIEW OF SYSTEMS:** Temperature taken at the time of exam was 98.6 degrees Fahrenheit.

**General:** No fever, chills, night sweats, weight gain, or weight loss.

**HEENT:** No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness.

**Endocrine:** No cold intolerance, appetite changes or hair changes.

**Skin:** Clear, no rashes or lesions.

**Neuro:** No headaches, dizziness, vertigo or tremor.

**Respiratory:** No wheezing, coughing, shortness of breath or difficulty breathing.

**Cardiovascular:** No chest pain, murmurs or irregular heart rate. The patient has hypertension.

**GI:** No nausea, vomiting, diarrhea, constipation, jaundice or changes in bowel habits.

**GU:** No blood in urine, painful urination, loss of bladder control or urinary retention.

**Hematology:** No active bleeding, bruising, anemia or blood clotting disorders.

**Psychiatric:** No anxiety, change in sleep pattern, depression or suicidal thoughts.

**PHYSICAL EXAMINATION:** The patient's height is 5 feet 4 inches, weight is 204 pounds, and BMI is 35. The right wrist reveals pain to palpation over the ulnar styloid and scaphoid. Grip strength 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 55/80 degrees, extension 45/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

**DIAGNOSTIC TESTING:** MRI of the right wrist, done on 05/17/2022, shows tear of triangular fibrocartilage near the ulnar attachment. 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. Several additional subcortical cysts throughout the carpal bones. CT of the wrist is recommended for further evaluation.

**ASSESSMENT:**

1. Triangular fibrocartilage tear near ulnar attachment, right wrist.
2. Tenosynovitis, right wrist.
3. Injury, right wrist.
4. Joint effusion, right wrist.
5. Internal derangement, right wrist.

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.

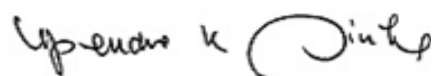
3. Cold compresses right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right wrist 3 days/week.
6. Recommend steroid injections with pain management for right wrist. The patient refuses due to side effects.
7. Discussed right wrist arthroscopy 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.
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 pathology 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.

**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