UK Sinha Physician, P.C.

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

August 24, 2022

Office seen at:
Bronx County Medical Care PC
4014A Boston Rd
Bronx, NY 10475
Phone# (718) 346-6580

Re: Washington, Mia
DOB: 10/04/1994
DOA: 05/20/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left hip and left ankle pain.

HISTORY OF PRESENT ILLNESS: A 27-year-old right-hand dominant female involved in a motor vehicle accident on 05/20/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the front side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to NewYork-Presbyterian Allen Hospital and was treated and released the same day. The patient presents today complaining of left hip and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory. There is no previous history of trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 3-4 blocks. She can stand for 20 minutes before she has to sit. She can sit for 5-10 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: play sports, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left hip: Left hip pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing, walking, climbing, standing from sitting. Worse with range of motion and improves with physical therapy.

Left ankle: Left ankle pain is 6/10, described as intermittent, dull, achy pain. The patient has pain with walking. 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, irregular heart rate or 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 150 pounds, and BMI is 25.7. The left hip reveals negative Trendelenburg test. Tenderness to palpation in the greater trochanter. Range of motion is full. ROM: Abduction 40/45 degrees, adduction 35/35 degrees, flexion 95/120 degrees, extension 30/30 degrees, internal rotation 40/45 degrees, and external rotation 40/45 degrees.

The left ankle reveals swelling, hematoma and bruises noted over anterior and lateral malleolar aspect. Negative anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the medial and lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left hip, done on 06/21/2022, shows acetabular joint effusion. Thinning of the acetabular roof articular cartilage and subchondral signal abnormality in the roof in the anterior lateral walls of the acetabulum. No fractures or osteonecrosis. MRI of the left ankle, done on 06/21/2022, shows partial tear of anterior talofibular ligament with moderate sized ankle joint effusion. Partial tear of the peroneus brevis tendon at the level of the malleolar fossa. No acute fractures or osteochondral lesion.

ASSESSMENT:

1. Thinning of acetabulum, left hip.
2. Effusion, left hip.
3. Tear of anterior talofibular ligament with joint effusion, left ankle.
4. Tear of the peroneus brevis 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 hip and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left hip and left ankle 3 days/week.
6. Recommend steroid injections with pain management for left hip and left ankle. The patient refuses due to side effects.
7. Discussed left hip for injection but no surgery.
8. Discussed left ankle 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 wants to think about 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 left ankle 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 left ankle 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. Follow up in 2 weeks for decision.

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

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

MS/AEI