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October 31, 2022

Office seen at:
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Re: Tucker, Lecia
DOB: 09/03/1975
DOA: 08/27/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left hand pain.

HISTORY OF PRESENT ILLNESS: A 47-year-old right-hand dominant female involved in a motor vehicle accident on 08/27/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the driver side front. The airbags did not deploy. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of left hand pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief.

WORK HISTORY: The patient is currently 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 drinks alcohol socially. The patient does not use recreational drugs.

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: Left hand: Left hand pain is 9/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, and 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, 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 6 inches, weight is 220 pounds, and BMI is 35.5. The left wrist reveals pain to palpation over the distal radius. Grip strength is 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 50/80 degrees, extension 45/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: MRI of the left hand, done on 10/15/2022, shows increased signal along the radial aspect of the radial collateral ligament of the first metacarpophalangeal joint representing a sprain from underlying trauma. Bone marrow edema of the first carpometacarpal and first metacarpophalangeal joint. There is slight subluxation of the first metacarpophalangeal articulation.

ASSESSMENT:

1. Radial collateral ligament sprain, left hand.
2. Bone edema, left hand.
3. Pain, left hand.
4. Injury, left hand.

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 hand.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left hand 3 days/week. If no improvement in pain, will consider offering intervention then.

6. Recommend steroid injections with pain management for left hand. The patient refuses due to side effects.
7. Follow up in 2-3 months.

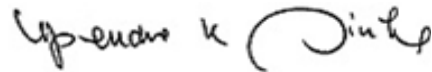
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the 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



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