

UK Sinha Physician, P.C.

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September 30, 2022

Re: Woodson, Henry
DOB: 06/19/1961
DOA: 04/01/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right foot pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right foot. The patient comes from Gordon C Davis Medical PC, 1611 East New York Ave, Brooklyn, NY 11212.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He 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 he is unable to do the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Right foot: Right foot pain is 8/10, described as intermittent, dull, achy pain. Pain with standing, walking, and climbing. Worse with range of motion and improves with rest.

PHYSICAL EXAMINATION: The right foot reveals swelling, tenderness, and pain on lateral aspect. Range of motion is limited. Neurovascularly intact.

DIAGNOSTIC TESTING: MRI of the right foot, done on 05/10/2022, shows partial tear of the peroneus longus tendon distal to the level of the cuboid. Underlying tendinitis. A 6 x 5 mm osteochondral lesion at the first metatarsal head. First through fourth MTP joint effusions. bipartite lateral hallux sesamoid.

ASSESSMENT:

1. Partial tear of the peroneus longus (distal to cuboid), right foot.

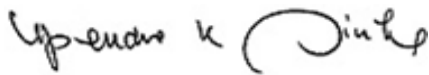
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right foot.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right foot 3 days/week.

6. Local cortisone injection to the right foot of 0.25% Marcaine 3 cc and Depo-Medrol 1 cc (behind base of the fifth metatarsal distal to cuboid).
7. Naprosyn 500 mg b.i.d. for 3 weeks.
8. No symptoms in right ankle. Full and painless ROM of the ankle.
9. Follow up in 3 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.



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

UKS/AEI