

# UK Sinha Physician, P.C.

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September 12, 2022

Office seen at:

Baxter Medical Care, PC  
8106 Baxter Ave # Mc2  
Elmhurst, NY 11373  
Phone# (718) 639-1110

Re: Rojas, Diana  
DOB: 08/16/1989  
DOA: 07/06/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left wrist pain.

**HISTORY OF PRESENT ILLNESS:** A 33-year-old right-hand dominant female involved in a work related accident on 07/06/2022. The patient is working as a dog handler, dog bite left hand (volar and dorsal surface lower one-third). The patient went to CityMD Urgent Care and was treated and released the same day. The patient presents today complaining of left wrist pain sustained in the work related accident. The patient was attending physical therapy 3 times a week 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 Motrin.

**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 1/2 block. She can stand for 5 minutes before she has to sit. She 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 she is unable to do the following activities: play sports, lifting heavy objects, carrying heavy objects, and laundry.

**PRESENT COMPLAINTS:** Left wrist: Left wrist pain is 7/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice. The patient has pain in the volar surface of the left forearm long one-third mostly with plantarflexion. No pain with dorsiflexion of left wrist.

**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 2 inches, weight is 130 pounds, and BMI is 23.8. The left wrist reveals myofascial pain in the volar surface left lower forearm. No local inflammation. No neurovascular deficit. Intact flexor tendon. Pain is mostly with volar flexion.

**DIAGNOSTIC TESTING:** MRI of the left wrist, done on 08/03/2022, shows low-grade partial tear of the central fibers of the scapholunate ligament. No pain in the wrist.

**ASSESSMENT:**

1. Partial tear of central fibers of scapholunate ligament, left wrist.

**PLAN:**

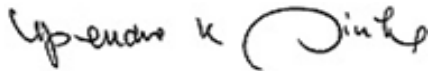
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left wrist 3 days/week.
6. Follow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

**IMPAIRMENT RATING:** 100%.

**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