

UK Sinha Physician, P.C.

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

August 2, 2022

Office seen at:
Merrick Medical PC
243-51 Merrick Blvd
Rosedale, NY 11422
Phone# (718) 413-5499

Re: Jackson, Shaheeb
DOB: 03/03/1975
DOA: 05/27/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right hip pain.

HISTORY OF PRESENT ILLNESS: A 47-year-old right-hand dominant male involved in a motor vehicle accident on 05/27/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the front passenger's 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 Jamaica Hospital Medical Center and was treated and released the same day. The patient presents today complaining of right hip 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 not working.

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

PAST SURGICAL HISTORY: Laparoscopic appendectomy at 19 years old.

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 use recreational drugs daily.

ADL CAPABILITIES: The patient states that he can walk for 4 blocks. He can stand for 30 minutes before he has to sit. He can sit for 30 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: squatting, jogging and exercising

PRESENT COMPLAINTS: Right hip: Right hip pain is 10/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing, walking, climbing.

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 11 inches, weight is 167 pounds, and BMI is 23.3. The right hip reveals positive Trendelenburg test. Tenderness to palpation in the groin and medial thigh. Range of motion is limited and painful. ROM: Abduction 30/45 degrees, adduction 25/35 degrees, flexion 80/120 degrees, extension 15/30 degrees, internal rotation 30/45 degrees, and external rotation 25/45 degrees.

DIAGNOSTIC TESTING: MRI of the right hip, done on 07/09/2022, shows signal is increased in the right superior acetabulum from trauma sequela, but with no fractures or dislocation. Partial tear of the acetabular labrum at the 2/4 o'clock position.

ASSESSMENT:

1. Partial tear of labrum, right hip.
2. Pain, right hip.

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 hip.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right hip 3 days/week.
6. Recommend steroid injections with pain management for right hip. The patient accepts.
7. Follow up in 4 weeks after injection.

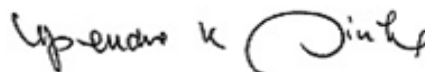
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered

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.

MellitaShakhmurov, PA-C

MS/AEI

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