

UK Sinha Physician, P.C.

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November 11, 2022

Re: Mohammed, Mohsin

DOB: 09/09/1969

DOA: 10/21/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right shoulder, right ankle, neck and low back pain.

HISTORY OF PRESENT ILLNESS: A 53-year-old right-hand dominant male involved in a motor vehicle accident on 10/21/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear end. The airbags did not deploy. 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 shoulder, right ankle, neck and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 4 times per week with little relief.

WORK HISTORY: The patient is currently working full-time.

PAST MEDICAL HISTORY: Positive for cardiac disease. There is no previous history of trauma.

PAST SURGICAL HISTORY: Positive for right shoulder arthroscopy on 05/23/2022 by Dr. Miller.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking medications for irregular heartbeat.

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

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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right shoulder: Right shoulder pain is 5/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient is able to reach overhead and behind the back but unable to sleep at night due to pain. Worse with range of motion and improves with rest, medication, physical therapy, and ice. The patient is status post right shoulder arthroscopic surgery on 05/23/2022 by Dr. Miller.

Right ankle: Right ankle pain is 8-9/10, described as constant, dull, achy pain. Worse with range of motion and improves with rest. The patient has pain with standing, walking and climbing. Worse with range of motion and improves with rest, medications, physical therapy, and ice.

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 8 inches, weight is 193 pounds, and BMI is 29.3. The right ankle reveals swelling, hematoma and bruises noted over posterior malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 30/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the right ankle, done on 11/07/2022, shows circumferential enlargement of the Achilles from the low-lying myotendinous junction to the insertion with tendinopathy and low-grade 5 x 7 mm tear of the anterior fibers just proximal to the insertion. Intratendinous ossification and 8 mm spur with traction edema and no fracture. Bursitis and peritendinous edema. Plantar fascial thickening and degeneration and fraying at the origin with 5 mm spur and no fracture. Soft tissue edema with no bursitis. Posterior tibial tendinopathy and tenosynovitis. Subacute partial tears of the anterior tibiofibular ligament anterior talofibular ligament and calcaneofibular ligament.

ASSESSMENT:

1. Insertional tenosynovitis of right Achilles tendon, right ankle.

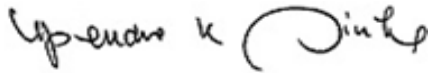
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.

3. Cold compresses for right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right ankle 3 days/week.
6. X-ray ordered of right ankle to rule out ligament tear and/or synovial injury.
7. Follow up in 1-2 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.



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