

UK Sinha Physician, P.C.

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July 07, 2022

Office seen at:
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Re: Holley, Robin
DOB: 08/03/1959
DOA: 05/16/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left wrist pain.

HISTORY OF PRESENT ILLNESS: A 62-year-old right-hand dominant female involved in a motor vehicle accident on 05/16/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front side. The airbags deployed. The EMS arrived 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 wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 weeks with no relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Hypertension and hyperlipidemia.

PAST SURGICAL HISTORY: in 1996 neck calcium build up removal.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: Amlodipine, HCTZ, and simvastatin.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol socially. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk without any issues. She can stand without any issues before she has to sit. She can sit without any issues 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: lifting heavy objects, carrying heavy objects, laundry, shopping, and running errands.

PRESENT COMPLAINTS: Left wrist: Left wrist pain is 6/10, described as intermittent, dull, achy pain. The patient has pain with lifting and carrying. Worse with range of motion and improves with medication.

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 or irregular heart rate. The patient has 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 206 pounds, and BMI is 37.7. The left wrist reveals pain to palpation over the ulnar styloid, distal radius, and scaphoid. Grip strength is 4/5. There is swelling. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 55/70 degrees, radial deviation 10/20 degrees, ulnar deviation 18/30 degrees.

DIAGNOSTIC TESTING: MRI of the left wrist, done on 06/02/2022, shows partial tear of the membranous component of the scapholunate ligament complex. A 4 x 3 mm osteochondral injury at the proximal lunate. Bifid median nerve. Evidence of median neuritis.

ASSESSMENT:

1. Partial tear of the membranous component, left wrist.
2. Bifid median nerve, left wrist.
3. Osteochondral injury at the proximal lunate, 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. Recommend steroid injections with pain management for left wrist.
7. Discussed left wrist arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the

inability to perform day-to-day activities due to pain, the patient would like to proceed with surgery.

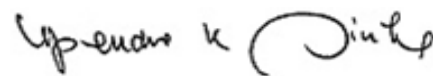
8. The patient needs medical clearance prior to surgery.
9. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other left wrist pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the left wrist arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of left wrist and the patient will be scheduled for left wrist surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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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Board Certified Orthopedic Surgeon