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June 8, 2022

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Re: Rinchere, Marilyn

DOB: 12/28/1963

DOA: 01/06/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right wrist pain.

HISTORY OF PRESENT ILLNESS: A 58-year-old female involved in a work related accident on 01/06/2022. The patient tripped over scale in the hallway & fell and hurt herself. The patient presents today complaining of right wrist pain sustained in the work-related accident. The patient was attending physical therapy for 4 times a week with little relief.

The patient had an old injury of right hand and forearm about 30 years ago, ulnar nerve palsy and claw deformity.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking on and off pain medications.

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

_____ laceration right volar aspect over forearm _____ claw deformity, no surgical intervention _____.

PRESENT COMPLAINTS: Right wrist: Right wrist pain is 3/10, described as intermittent, dull, achy pain. Denies weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, 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: Right wrist: Scaphoid 3/5 grip strength. ROM: Flexion 70/80. Extension 60/70. Radial deviation 15/10. Ulnar deviation 25/30.

DIAGNOSTIC TESTING: MRI of the right forearm, done on 03/18/2022, shows a focal soft tissue contusion seen as noted over the proximal ulna. There is no evidence of fracture or bone bruise. MRI of the right hand, done on 03/09/2022, shows soft tissue contusions noted dorsally at the proximal fourth and fifth digits. There is no tendon tear or tenosynovitis. There is no fracture visualized.

ASSESSMENT:

1. Ulnar nerve palsy (post laceration 30 years ago), right wrist.

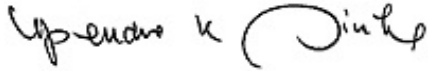
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right wrist 3 days/week.
6. No objective findings.
7. MRI of forearm and hand, non-specific, no evidence of fracture of hand and forearm.

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

MS/AEI