

UK Sinha Physician, P.C.

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November 11, 2022

Re: Wilkins, Robert
DOB: 10/27/1972
DOA: 09/06/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

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

HISTORY OF PRESENT ILLNESS: A 50-year-old right-hand dominant male involved in a motor vehicle accident on 09/06/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear end. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of right ankle, left ankle, neck and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 4 times a week with little relief.

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

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 not taking any medication at this time.

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

PRESENT COMPLAINTS: Right ankle: Right ankle pain is 5/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest. The patient has pain with standing, walking, climbing, standing from sitting. Worse with range of motion and improves with rest.

Left ankle: Left ankle pain is 5/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest. The patient has pain with standing, walking, climbing, standing from sitting. Worse with range of motion and improves with rest.

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 right ankle revealsd tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 15/15 degrees, eversion 15/15 degrees.

The left ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 15/15 degrees, eversion 15/15 degrees.

DIAGNOSTIC TESTING: MRI of the right ankle, done on 10/13/2022, shows sequela plantar fasciitis. High grade full thickness tear superomedial band spring ligament with poorly visualized tibiospring ligament. Additionally, tendinosis and focal interstitial type tear of the distal posterior tibial tendon. Edema and cystic change lateral aspect of the talar head and neck, which may be posttraumatic contusion versus reactive edema. MRI of the left ankle, done on 10/13/2022, shows sequela plantar fasciitis. Sprain versus partial tear of deep deltoid ligament fibers and tibiospring ligament. Edema and cystic change involving the angle of Gissane, which may be posttraumatic.

ASSESSMENT:

1. Plantar fasciitis, right ankle.
2. Superomedial band spring ligament tear, right ankle.
3. Plantar fasciitis, left ankle.
4. Deep deltoid ligament tear, left ankle.

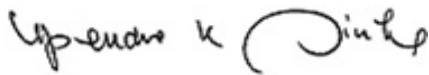
PLAN:

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 and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right ankle and left ankle 3 days/week.
6. Follow up in 4 weeks.

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