UK Sinha Physician, P.C.

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August 26, 2022

Re: Thomas, Val
DOB: 07/27/1955
DOA: 11/02/2021

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left wrist pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left wrist. The patient was seen in office today. CD of the left wrist received. Continue with PT. This patient comes from Merrick Medical PC, 243-51 Merrick Blvd, Rosedale, NY 11422.

PAST MEDICAL HISTORY: Diabetes (insulin and metformin), hypertension, hyperlipidemia, sleep apnea, and atrial fibrillation (Xarelto - blood thinner).

PAST SURGICAL HISTORY: The patient had right shoulder arthroscopy by Dr. Durant in April 2022, did well postoperatively.

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: Left wrist: Left wrist pain is 9/10, described as intermittent, dull, achy pain. Admits to 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.

PHYSICAL EXAMINATION: The left wrist reveals pain to palpation over the ulnar styloid and distal radius. Grip strength is 3/5. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 45/80 degrees, extension 50/70 degrees, radial deviation 15/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: X-ray of the left wrist, done on 08/23/2022, shows healing mid shaft ulnar metacarpal good alignment. Scapholunate dissociation. Mild OA of CMC joint left tibialis, no symptoms. Positive ulnar variance (mild ulnar abutment syndrome). CT of the left

wrist, done on 02/14/2022, shows SLAC wrist (scapholunate advanced collapse) with marked widening of the scapholunate interval and underlying tearing of the scapholunate ligament. Osteoarthrosis in the first carpometacarpal joint and first carpometacarpal joint.

ASSESSMENT:

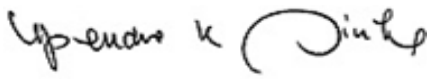
1. Scapholunate dissociation, left knee.

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. 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 wants to think about surgery.
7. The patient had a lot of medical problems hypertension, diabetes (insulin and metformin), sleep apnea, atrial fibrillation, and (on Xarelto) blood thinner.
8. The patient had a right shoulder arthroscopy by Dr. Durant on 04/22/2022. The patient did well postop.
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. 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.



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