

UK Sinha Physician, P.C.

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July 13, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Sealey, Devon
DOB: 07/29/1991
DOA: 06/27/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left foot pain.

HISTORY OF PRESENT ILLNESS: A 30-year-old right-hand dominant male involved in a work-related motor vehicle accident on 06/27/2022. The patient was driving tug at the airport at work on a rainy day. The tug slammed a cart twisting the left foot. The police were not called to the scene of the accident. The patient went by car to Brooklyn VA Medical Center and was treated and released the same day. The patient presents today complaining of left foot pain sustained in the work-related motor vehicle accident. The patient was not attending physical therapy.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory. No history of prior trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Tylenol and Bengay.

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 he cannot walk. He cannot stand. 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:

garden, play sports, driving, lifting heavy objects, childcare, carrying heavy objects, shopping, running errands, kneeling, squatting, negotiating stairs, and exercising.

PRESENT COMPLAINTS: Left foot: Left foot pain is 7-8/10, described as intermittent, dull, achy pain. 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 patient's height is 5 feet 5 inches, weight is 150 pounds, and BMI is 25. The left foot reveals positive swelling in the mid dorsal aspect. Moderate pain 7-8/10.

DIAGNOSTIC TESTING: Pending.

ASSESSMENT:

1. Rule out Lisfranc dislocation, left foot.

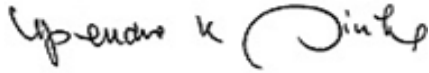
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left foot.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left foot 3 days/week.
6. CAT scan of the left foot to rule out Lisfranc dislocation.
7. Nonweightbearing crutch for walking, elevation, and ice.
8. Follow up in 2 weeks after CAT scan.

IMPAIRMENT RATING: 50%.

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