

UK Sinha Physician, P.C.

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July 1, 2022

Re: Jaramillo, Oscar
DOB: 01/14/1975
DOA: 12/16/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left ankle pain.

HISTORY OF PRESENT ILLNESS: A 47-year-old right-hand dominant male involved in a slip and fall accident on 12/16/2021. The patient was jogging and fell. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car and went to NewYork-Presbyterian Hospital in Flushing and was treated and released the same day. The patient presents today complaining of left ankle pain sustained in the slip and fall accident. The patient was attending physical therapy for 3 times per week with little relief.

WORK HISTORY: The patient is currently not working. The patient was working as a driver.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Left knee surgery 2 weeks ago, stitches removed.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking naproxen.

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 can walk for 1 block. He can stand for 10 minutes before he has to sit. He can sit for 10 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, childcare, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Left ankle: Left ankle pain is 8/10, described as constant, dull, achy. Pain with stand, walk, and climb.

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 8 inches, weight is 200 pounds, and BMI is 30.4. The left ankle reveals swelling, hematoma and bruises noted over anterior and lateral malleolar aspect. Positive anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the medial and lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion -10/20 degrees, plantarflexion -10/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left ankle, done on 02/23/2022, shows tears of the anterior and posterior talofibular ligaments with associated joint effusion. Partial tear of the peroneus brevis tendon distal to the lateral malleolus.

ASSESSMENT:

1. Grade III sprain of lateral collateral ligament, left ankle.
2. Localized pain and tenderness of mid dorsal aspect of left foot.

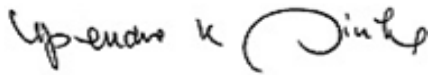
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left ankle 3 days/week.
6. MRI ordered of left foot and x-ray (AP, lateral and oblique views) of left foot to rule out ligament tear and/or synovial injury.
7. Discussed left ankle 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 it.
8. 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 ankle 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.

10. All the benefits and risks of the left ankle 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.
11. All the questions in regard to the procedure were answered.

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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Board Certified Orthopedic Surgeon

UKS/AEI