

UK Sinha Physician, P.C.

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October 07, 2022

Re: Acan, Monica
DOB: 02/01/1991
DOA: 12/08/2021

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of right ankle pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the right ankle.

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

PRESENT COMPLAINTS: Right ankle: Right ankle pain is 6-7/10, described as constant, dull, achy pain. The patient has pain with standing, walking, and climbing.

The patient had right foot drop since the accident. Continued low back pain plus referred pain in the right lower extremity up to foot. The patient had 3 epidural cortisone injections in August 2022 with no help.

PHYSICAL EXAMINATION: The right ankle reveals foot drop. The right 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 0/20 degrees, plantarflexion 10/50 degrees, inversion 10/15 degrees, eversion 0/15 degrees.

DIAGNOSTIC TESTING: MRI of the right ankle, done on 01/13/2022, shows mild bone contusion of the distal fibula. Peritendinitis of the Achilles tendon. Tenosynovitis of the posterior tibial tendon. Interstitial tear and sprain of the ATFL. Sprain of the anterior syndesmotic ligament. Small joint effusion.

ASSESSMENT:

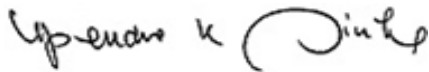
1. Complete foot drop, right ankle.

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.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right ankle 3 days/week.
6. About 2 months ago, I saw and recommended for neurosurgeon consultation, EMG and AFO brace. I called PT (JPM) and was told that patient had EMG twice, both upper and lower extremities. Plan request was faxed today (917-396-4077).
7. The patient needs neurosurgical consultation ASAP. She also needs AFO.
8. 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.



U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon

UKS/AEI