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June 13, 2022

Office seen at:
Multispecialty Clinic
102-28 Jamaica Avenue
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Phone# (718) 441-5440

Re: Barrientos, Nicolas
DOB: 12/06/1941
DOA: 02/25/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left ankle and low back pain.

HISTORY OF PRESENT ILLNESS: A 80-year-old male involved in a motor vehicle accident on 02/25/2022. The patient was a pedestrian. The patient was hit by a car on the left side. The police were called to the scene of the accident. The patient was transported via ambulance to Jamaica Hospital and was treated and released the same day. The patient presents today complaining of left ankle and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy for 3-4 times a week with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Diabetes and hypertension.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking metformin and amlodipine 10 mg 3 times a day.

SOCIAL HISTORY: The patient is a nonsmoker. The patient does not drink alcohol.

ADL CAPABILITIES: The patient states that he can walk for 2 blocks. He can stand for 1/2 minutes before he has to sit. He can sit for 4-6 hours 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, shopping, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left thigh: Left hip pain is 8/10, described as constant, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing, walking, climbing, standing from sitting. Worse with range of motion and improves with rest, medications, physical therapy, and ice.

Left foot: Left ankle pain is 8/10, described as constant, dull, achy pain. Pain with standing, walking and climbing.

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 6 inches, weight is 179 pounds, and BMI is 28.9. The left thigh has diffuse pain in the left lateral thigh. Good range of motion of left hip. No neurovascular deficit. The left ankle reveals swelling noted over anterior aspect. Tenderness to palpation over medial aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantar flexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left hip, done on 04/22/2022, shows joint narrowing and high-grade cartilage loss at the left hip. Diffuse tear of left hip labrum. Mild trochanteric bursitis. MRI of the left foot, done on 04/22/2022, shows partial tear of the first MPJ plantar plate. Small first MPJ joint effusion. First webspace intermetatarsal bursitis. Subcutaneous edema along the dorsal aspect of the foot.

ASSESSMENT:

1. M25.552 Left hip pain.
2. S93.402A Sprain, left ankle.
3. S96.912A Strain, left ankle
4. M24.872 Joint derangement, left ankle.

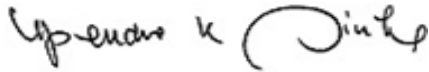
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.

2. All treatment options discussed with the patient.
3. Cold compresses for left hip and left foot.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left hip and left foot 3 days/week.
6. MRI ordered of the left thigh to rule out ligament tear and/or synovial injury.
7. Follow up in 2-3 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

MS/AEI