

# UK Sinha Physician, P.C.

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November 10, 2022

Office seen at:  
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Re: Randall, Tuwanda  
DOB: 11/17/1964  
DOA: 05/10/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right foot pain.

**HISTORY OF PRESENT ILLNESS** A 57-year-old right-hand dominant female involved in a work-related accident on 05/10/2022. The patient worked as a teacher assistant. A student pushed the patient and she fell on her back on the floor backwards and then stepped on her right foot. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to Brookdale University Hospital Medical Center and was treated and released the same day. The patient presents today complaining of right foot pain sustained in the work related accident. The patient was attending physical therapy for the last 6 months with no relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Positive for hypertension and breast cancer (remission). There is a previous history of motor vehicle accident more than 5 years ago.

**PAST SURGICAL HISTORY:** Positive for bilateral mastectomy with reconstruction 13 years ago, total abdominal hysterectomy, bilateral salpingo-oophorectomy status post chemotherapy 7-8 years ago and gastric bypass surgery about 20 years ago.

**DRUG ALLERGIES:** PENICILLIN.

**MEDICATIONS:** The patient is unable to recall the medications at this time.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient drinks alcohol socially. The patient takes no recreational drugs.

**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: running errands, squatting, negotiating stairs, jogging, and exercising.

**PRESENT COMPLAINTS:** Right foot: Right foot pain is 10/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking and climbing. Worse with range of motion and improves with rest.

**REVIEW OF SYSTEMS:** Temperature taken at the time of exam was 98.0 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 or irregular heart rate. The patient has 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 3 inches, weight is 195 pounds, and BMI is 34.5. The right foot reveals negative anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** MRI of the right foot, done on 07/07/2022, shows hypertrophic changes at the tarsometatarsal articular margins dorsally at each of the levels but greater at the second tarsometatarsal articulation. Dorsal subcortical reactive bone marrow edema involving the first and second tarsometatarsal articular margins, greatest at the second tarsometatarsal joint and limited to the more lateral aspect of the first tarsometatarsal joint. First metatarsophalangeal joint space narrowing with spur formation involving the lateral subarticular margin of the first metatarsal head and mildly involving the bases of the first proximal phalanx. Spur formation involving the first metatarsal head plantar surface with the sesamoids. Cortical erosion and subcortical reactive change involving the navicular and there is dorsal spur formation at the talonavicular articulation. Calcaneocuboid dorsal spur formation. Flat foot. Dorsal edema at the tarsometatarsal articular margin particularly at the level in the vicinity of the second digit.

**ASSESSMENT:**

1. Hypertrophic changes, right foot.

2. Pain, right foot.
3. Injury, right foot.
4. Spur formation, right foot.

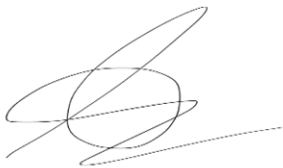
**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right foot.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right foot 3 days/week.
6. Recommend steroid injections with pain management for right foot. The patient refuses due to side effects.
7. Follow up p.r.n. The pain and physical exam were not warranting surgical intervention.

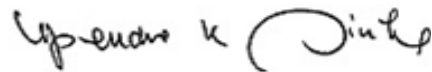
**IMPAIRMENT RATING:** 100%.

**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.



Mellita Shakhmurov, PA-C  
MS/AEI



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Board Certified Orthopedic Surgeon