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June 8, 2022

Office seen at:

Bronx County Medical Care PC

4014A Boston Rd

Bronx, NY 10475

Phone# (718) 346-6580

Re: Knezevic, Nathana

DOB: 08/27/1985

DOA: 01/14/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right wrist and left wrist pain.

HISTORY OF PRESENT ILLNESS: A 36-year-old right-hand dominant female involved in a motor vehicle accident on 01/14/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags did not deploy. The EMS arrived on the scene. The police were not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of right wrist and left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 5 months with no relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Left shoulder arthroscopy on 03/2022, cervical discectomy on 05/2022, and in 2004 umbilical hernia repair.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol socially. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 2 blocks. She can stand for 30 minutes before she has to sit. She can sit for 15 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: play sports, driving, lifting heavy objects, carrying heavy objects, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Right wrist: Right wrist pain is 8-9/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

Left wrist: Left wrist pain is 6-7/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

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 2 inches, weight is 176 pounds, and BMI is 32.2. The right wrist reveals pain to palpation over the ulnar styloid and scaphoid. Grip strength is 4/5. There is swelling noted. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 55/80 degrees, extension 45/70 degrees, radial deviation 10/20 degrees, ulnar deviation 20/30 degrees.

The left wrist reveals pain to palpation over the ulnar styloid and scaphoid. Grip strength is 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 50/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

DIAGNOSTIC TESTING: MRI of the right wrist, done on 02/22/2022, shows partial tear of the volar component of the scapholunate ligament. Tendinopathy of the extensor carpi ulnaris tendon. MRI of the left wrist, done on 02/22/2022, shows partial tear of the central component of the scapholunate ligament.

ASSESSMENT:

1. Tear scapholunate ligament, right wrist.
2. Tendinopathy, right wrist.
3. Pain, right wrist.
4. Tear scapholunate ligament, left wrist.
5. Pain, left wrist.

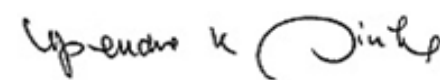
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right wrist and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right wrist and left wrist 3 days/week.
6. Recommend steroid injections with pain management for right wrist and left wrist. The patient refuses due to side effects.
7. Discussed right wrist and left wrist 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 would like to proceed with surgery.
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 right wrist and left wrist 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 right wrist and left wrist 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.
12. The patient verbally consents for the arthroscopy of right wrist and left wrist and the patient will be scheduled for right wrist surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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



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

Knezevic, Nathana

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