

UK Sinha Physician, P.C.

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June 1, 2022

Re: Rosario, Nayomi

DOB: 09/23/1997

DOA: 11/10/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right wrist and left wrist pain.

HISTORY OF PRESENT ILLNESS: A 24-year-old right-hand dominant female involved in a motor vehicle accident on 11/10/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear driver's side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient did not go to any hospital that same day. The patient went to New York Community Hospital. 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 3 times per week with good relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Asthma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is not taking any medication at this time.

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

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She cannot stand. She cannot sit 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: garden, play sports, driving, lifting heavy objects, childcare, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

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

Left wrist: Left wrist pain is 8/10, described as constant, dull, achy pain. Denies weakness, numbness, tingling. The patient has pain with 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 117 pounds, and BMI is 21.4. The right wrist reveals pain to palpation over the ulnar styloid/ distal radius/ scaphoid. There is swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 50/80 degrees, extension 50/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

The left wrist reveals pain to palpation over the ulnar styloid/ distal radius/ scaphoid. There is swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 55/80 degrees, extension 55/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

DIAGNOSTIC TESTING: MRI of the right wrist, done on 02/08/2022, shows partial tear of triangular fibrocartilage. Fluid in the distal radioulnar joint and radiocarpal joint spaces. Partial tear or tendinosis of the extensor carpi ulnaris tendon. MRI of the left wrist, done on partial tear of the triangular fibrocartilage. Fluid in the radiocarpal joint space. Tendinosis of the extensor carpi ulnaris tendon. Slight dorsal tilt of the lunate with respect to the distal radius and capitate.

ASSESSMENT:

1. Triangular fibrocartilage complex tear, right wrist.
2. Triangular fibrocartilage complex tear, left wrist.

PLAN:

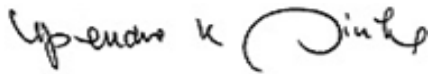
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right wrist and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right wrist and left wrist 3 days/week.
6. 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 wants to think about surgery.

7. 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. 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.
10. 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