

# UK Sinha Physician, P.C.

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July 11, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC  
14 Bruckner Blvd  
Bronx, NY 10454  
Phone # (718) 402-5200

Re: Espana, Melanie  
DOB: 10/18/1991  
DOA: 12/15/2021

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee, right ankle, and right wrist pain.

**HISTORY OF PRESENT ILLNESS:** A 30-year-old right-hand dominant female involved in a motor vehicle accident on 12/15/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient was transported to urgent care and was treated and released the same day. The patient presents today complaining of right knee, right ankle, and right wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2-3 weeks with little relief.

**WORK HISTORY:** The patient is currently working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Tonsillectomy.

**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 does not drink alcohol. The patient does not use 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: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 7-8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has difficulty rising from a chair and has difficulty going up and down stairs. The patient also notes clicking, popping, and buckling. Worse with range of motion and improves with rest, medication, and physical therapy.

Right ankle: Right ankle pain is 8-9/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing. Worse with range of motion and improves with rest, medication, and physical therapy.

Right wrist: Right wrist pain is 6-7/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, and physical therapy.

**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 4 inches, weight is 135 pounds, and BMI is 23.2. The right knee reveals tenderness along the medial joint line and inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema, or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The right ankle reveals negative anterior drawer test. Negative 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.

The right wrist reveals pain to palpation over the scaphoid. Grip strength is 3/5. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 60/80 degrees, extension 60/70 degrees, radial deviation 10/20 degrees, ulnar deviation 20/30 degrees.

**DIAGNOSTIC TESTING:** MRI of the right knee is pending. MRI of the right ankle, done on 05/21/2022, shows hyperintense signal of the fibular attachment of the posterior talofibular ligament compatible with a partial tear. MRI of the right wrist, done on 01/18/2022, shows small triangular fibrocartilage complex. Lunate cyst. Some Radiocarpal joint space narrowing. Capsular thickening and capsulitis. Some degree of fluid at the level of proximal carpal levels radially and ulnarly.

**ASSESSMENT:**

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.511A Anterior cruciate ligament sprain, right knee.
4. S83.411 Medial collateral ligament sprain, right knee.
5. M94.261 Chondromalacia, right knee.
6. M25.461 Joint effusion, right knee.
7. S80.911A Injury, right knee.
8. M25.561 Pain, right knee.
9. M65.161 Synovitis, right knee.
10. Grade 3 lateral collateral ligament sprain, right ankle.
11. Partial triangular fibrocartilage complex tear, right wrist.

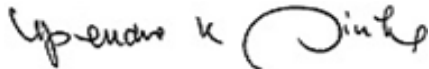
**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient. The patient is awaiting right knee MRI.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee, right ankle, and right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee, right ankle, and right wrist 3 days/week.
6. Discussed right 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.
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 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 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.

11. The patient verbally consents for the arthroscopy of right 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.
12. 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.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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