

# UK Sinha Physician, P.C.

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July 29, 2022

Office seen at:  
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4250 White Plains Road  
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Phone# (718) 515-1080

Re: Howard, Kerr  
DOB: 06/20/1994  
DOA: 06/13/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left ankle and left foot pain.

**HISTORY OF PRESENT ILLNESS:** A 28-year-old right-hand dominant male involved in a motor vehicle accident on 06/13/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front 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 presents today complaining of left ankle and left foot pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 1 month with little relief.

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

**PAST MEDICAL HISTORY:** Noncontributory. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** Noncontributory.

**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 uses recreational drugs socially.

**ADL CAPABILITIES:** The patient states that he can walk for 1 block. He can stand for 120 minutes before he has to sit. He can sit with no issues 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: play sports, driving, running errands, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Left ankle/foot: Left ankle/foot pain is 8/10, described as constant, 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 98.6 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 6 feet 0 inches, weight is 130 pounds, and BMI is 17.6. The left ankle/foot reveals positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the medial, lateral, and plantar aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

**DIAGNOSTIC TESTING:** MRI of the left ankle, done on 07/15/2022, shows there are subcortical contusions in the central inferior talus. Free fluids in sinus tarsi with signal changes and irregularity in both interosseous and cervical ligaments concerning for tear. There is also a slight displacement and strain of the extensor retinaculum. MRI of the left foot, done on 07/15/2022, shows findings suspicious for components of plantar plate injury involving increased signal and irregularity concerning for tear of the sesamoid and collateral ligaments, as well as concomitant tendinopathy of the flexor hallucis longus and brevis with undersurface tear.

**ASSESSMENT:**

1. Interosseous tear, left ankle.
2. Cervical ligament tear, left ankle.
3. Plantar plate injury, left foot.
4. Flexor hallucis longus and brevis tear, left foot.
5. Tear of sesamoid and collateral ligament, left 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 left ankle and left foot.

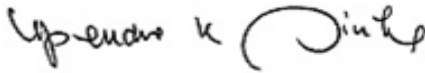
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left ankle and left foot 3 days/week.
6. Recommend steroid injections with pain management for left ankle and left foot. The patient refuses due to side effects.
7. Discussed left ankle/foot arthroscopy 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 left ankle/foot 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 left ankle/foot 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 left ankle/foot and the patient will be scheduled for left ankle/foot 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.

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Mellita Shakhmurov, PA-C  
MS/AEI



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Board Certified Orthopedic Surgeon