

# UK Sinha Physician, P.C.

102-31 Jamaica Ave.  
Richmond Hill, NY 11418  
Ph: 718-480-1130 Fax: 718-480-1132

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August 18, 2022

Office seen at:  
Medical Office  
2088 Flatbush Ave  
Brooklyn, NY 11234  
Phone# (718) 975-8176

Re: Augustin, Alexandra  
DOB: 12/08/1978  
DOA: 07/13/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right wrist and left wrist pain.

**HISTORY OF PRESENT ILLNESS:** A 42-year-old right-hand dominant female involved in a motor vehicle accident on 07/13/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front passenger's side and rear passenger'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 went by car to SUNY Downstate Medical Center and was treated and released the 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 1 month with no relief.

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

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

**PAST SURGICAL HISTORY:** C-section in 2010.

**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: lifting heavy objects, childcare, carrying heavy objects, laundry, shopping, running errands, and exercising.

**PRESENT COMPLAINTS:** Right wrist: Right wrist pain is 10/10, described as constant, dull, achy pain. Admits to weakness and tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest.

Left wrist: Left wrist pain is 10/10, described as constant, dull, achy pain. Admits to weakness. The patient has pain with lifting, carrying, and driving. 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 5 feet 5 inches, weight is 155 pounds, and BMI is 25.8. The right wrist reveals pain to palpation over the ulnar styloid/scaphoid. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 60 /80 degrees, extension 45 /70 degrees, radial deviation 10 /20 degrees, ulnar deviation 15 /30 degrees.

The left wrist reveals pain to palpation over the ulnar styloid/scaphoid. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 60 /80 degrees, extension 45 /70 degrees, radial deviation 10 /20 degrees, ulnar deviation 15 /30 degrees.

**DIAGNOSTIC TESTING:** MRI of the right wrist, done on 08/06/2022, shows scapholunate ligament shows significant hyperintense signal with no widening of scapholunate interval compatible with focal interstitial tear. MRI of the left wrist, done on 08/06/2022, shows suggestion of fracture of the capitate – suggested CT correlation. Scapholunate ligament shows significant hyperintense signal with no widening of scapholunate interval compatible with focal interstitial tear.

**ASSESSMENT:**

1. Scapholunate ligament tear, right wrist.
2. Fracture of the capitates, right wrist.
3. Scapholunate ligament tear, left wrist.
4. Fracture of the capitates, 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. X-ray ordered of right wrist and left wrist to rule out ligament tear and/or synovial injury.
7. Follow up after x-ray with disc with Dr. Sinha.

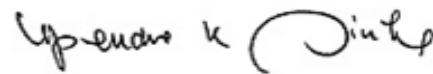
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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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U.K. Sinha, MD, MS (Ortho), FAAOS  
Board Certified Orthopedic Surgeon