

UK Sinha Physician, P.C.

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October 11, 2022

Office seen at:
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Re: Haynes, Derron
DOB: 07/17/1980
DOA: 04/24/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right hand and left elbow pain.

HISTORY OF PRESENT ILLNESS: A 42-year-old right-hand dominant male involved in a motor vehicle accident on 04/24/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was T-boned on the passenger side by someone driving on a bus lane. The airbags did not deploy. The EMS did not arrive 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 right hand and left elbow pain sustained in the motor vehicle accident. The patient was attending physical therapy 3 times a week with little relief.

WORK HISTORY: The patient is currently working since date of accident.

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 OTC medications.

SOCIAL HISTORY: The patient is a smoker. The patient drinks alcohol occasionally. The patient does use recreational drugs.

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Right hand: Right hand pain is 8/10, described as intermittent, dull, achy pain. Denies weakness, numbness, tingling. The patient has pain with lifting. Worse with range of motion and improves with rest.

Left elbow: Left elbow pain is 10/10, described as intermittent, dull, achy pain. Admits to numbness and tingling. The patient has pain with lifting.

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 11 inches, weight is 140 pounds, and BMI is 19.5. The right hand reveals negative Tinel sign. Negative Phalen test. There is depressed fourth head metacarpal.

The left elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 4/5. There is no tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 160/150 degrees, extension 0/150 degrees, supination 85/90 degrees, pronation 85/90 degrees.

DIAGNOSTIC TESTING: MRI of the right hand, done on 09/12/2022, shows normal MRI of the right hand. MRI of the left elbow, done on 09/12/2022, shows elbow joint effusion. Capsular thickening.

ASSESSMENT:

1. Depressed head of fourth metacarpal, right hand.
2. Myofascial pain of anterior elbow, left elbow.

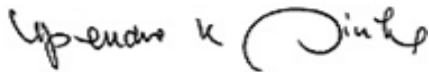
PLAN:

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

6. Injection for right hand and left elbow was ordered today.
7. Follow up in 2 weeks.

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

UKS/AEI