

UK Sinha Physician, P.C.

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June 30, 2022

Office seen at:
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Re: Then, Franklyn
DOB: 03/25/1995
DOA: 06/01/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left hip and left wrist pain.

HISTORY OF PRESENT ILLNESS: A 27-year-old right-hand dominant male involved in a motor vehicle accident on 06/01/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the front side. The airbags did not deploy. The EMS did not arrive on the scene. The police were not 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 hip and left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3.5 weeks with no relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Right arm repair of laceration in 2021.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n.

SOCIAL HISTORY: The patient smokes socially. The patient does not drink alcohol. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 1-2 blocks. He can stand for 25 minutes before he has to sit. He 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 he is unable to do the following activities: play sports, lifting heavy objects, carrying heavy objects, running errands, and exercising.

PRESENT COMPLAINTS: Left hip: Left hip pain is 90/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has pain with standing, climbing, and standing from sitting. 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, numbness, and tingling. The patient has pain with lifting and carrying.

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 10 inches, weight is 150 pounds, and BMI is 21.5. The left hip reveals positive Trendelenburg test. Tenderness to palpation in the greater trochanter. Range of motion is full. ROM: Abduction 30/45 degrees, adduction 25/35 degrees, flexion 85/120 degrees, extension 20/30 degrees, internal rotation 30/45 degrees, and external rotation 30/45 degrees.

The left wrist reveals pain to palpation over the distal radius. Grip strength is 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: MRI of the left hip, done on 06/14/2022, shows patchy edema in the proximal left superior pubic ramus that is concerning for posttraumatic contusion versus stress type edema. No well-defined fracture line. MRI of the left wrist, done on 06/14/2022, shows minimal DRUJ effusion with sprain of the radioulnar ligament.

ASSESSMENT:

1. Stress type edema, left hip.
2. Bursitis, left hip.
3. DRUJ effusion with sprain of the radioulnar ligament, left wrist.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.

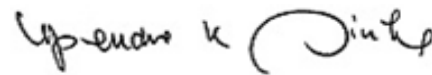
2. All treatment options discussed with the patient.
3. Cold compresses for left hip and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left hip and left wrist 3 days/week.
6. Recommend steroid injections with pain management for left hip and left wrist. The patient refuses due to side effects.
7. Discussed left hip 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.
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 hip 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.
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 hip 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 4 weeks. PT for 4 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.

Mellita Shakhmurov, PA-C

MS/AEI



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Board Certified Orthopedic Surgeon