

UK Sinha Physician, P.C.

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July 26, 2022

Office seen at:
Renew Chiropractic
2426 Eastchester Road
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Phone# (347) 843-6230

Re: Jackson, TaShay
DOB: 01/17/1998
DOA: 06/20/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right hip, left ankle, and right hand pain.

HISTORY OF PRESENT ILLNESS: A 24-year-old right-hand dominant female involved in a motor vehicle accident on 06/20/2022. The patient was a front seat passenger and was wearing a seatbelt. The vehicle was struck on the rear end. The airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Montefiore Medical Center and was treated and released the same day. The patient presents today complaining of right hip, left ankle, and right hand 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 not 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 does not drink alcohol. The patient uses recreational drugs daily.

ADL CAPABILITIES: The patient states that she can walk for 5 blocks. She can stand for 180 minutes before she has to sit. She can sit for less than 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: play sports, lifting heavy objects, carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right hip: Right hip pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has locking. The patient has pain with standing and walking. Worse with range of motion and improves with medications.

Left ankle: Left ankle pain is 4/10, described as intermittent, dull, achy pain. The patient has pain with standing. Worse with range of motion and improves with medication.

Right hand: Right hand pain is 7/10, described as intermittent, dull, achy pain. Admits to numbness. The patient has pain with lifting and carrying. 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 138 pounds, and BMI is 23. The right hip is nontender. Negative Trendelenburg test. Range of motion is full. ROM: Abduction 45/45 degrees, adduction 35/ 35 degrees, flexion 110/120 degrees, extension 30/30 degrees, internal rotation 40/45 degrees, and external rotation 35/45 degrees.

The left ankle reveals swelling noted over lateral malleolar aspect. Negative anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The right hand range of motion is full. Sensation is intact. Neurovascularly intact.

DIAGNOSTIC TESTING: MRI of the right hip, done on 07/13/2022, shows mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. MRI of the left ankle, done on 07/05/2022, shows increased T2 signal in the anterior aspect of the talus, consistent with bone contusion/nondisplaced fracture. CT of the left ankle is recommended for

further evaluation. Posterior talar process appears prominent with surrounding fluid suggestive of posterior ankle impingement, in an appropriate clinical setting. The flexor and peroneal tendon sheaths are distended with fluid consistent with tenosynovitis. Fluid in the tibiotalar and subtalar joints consistent with trauma or synovitis, in an appropriate clinical setting. MRI of the right hand, done on 07/13/2022, shows no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration. No subcutaneous soft tissue lesions or discrete fluid collections. Fluid in the metacarpophalangeal joints consistent with trauma or synovitis, an appropriate clinical setting.

ASSESSMENT:

1. Joint effusion, right hip.
2. Impingement, left ankle.
3. Tenosynovitis, left ankle.
4. Synovitis, right hand.
5. Pain, right hand.

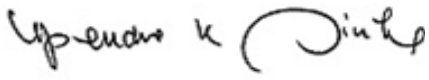
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right hip, left ankle, and right hand.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right hip, left ankle, and right hand 3 days/week.
6. Recommend steroid injections with pain management for left ankle. The patient refuses due to side effects.
7. Discussed right hip, left ankle, and right hand arthroscopies 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 wants to think about 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 right hip, left ankle, and right hand pathologies 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 right hip, left ankle, and right hand arthroscopies 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.

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