

UK Sinha Physician, P.C.

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August 18, 2022

Office seen at:
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Re: Whitaker, Myasia
DOB: 02/08/1996
DOA: 03/03/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left ankle pain.

HISTORY OF PRESENT ILLNESS: A 26-year-old right-hand dominant female involved in a motor vehicle accident on 03/03/2022. The patient was a rear seat passenger and was wearing a seatbelt. The vehicle was struck on the rear passenger 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 pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 5 months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Asthma attack approximately one month ago, PTSD, bipolar disorder, depression and anxiety. There is no previous history of trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Lexapro and SEROquel 100 mg.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally.

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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Left ankle: Left ankle pain is 6-7/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking and climbing. Worse with range of motion and improves with rest, physical therapy.

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 3 inches, weight is 194 pounds, and BMI is 34.4. The left ankle reveals swelling noted over anterior, posterior and lateral malleolar aspects. Negative anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the medial and lateral aspects. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left ankle, done on 05/05/2022, shows acute/subacute subchondral impaction fracture at the talar head. Talonavicular, tibiotalar, and subtalar joint effusions. Tenosynovitis of the posterior tibialis tendon.

ASSESSMENT:

1. Tenosynovitis, left ankle.
2. Effusion, left ankle.
3. Fracture at talar head, left ankle.

PLAN:

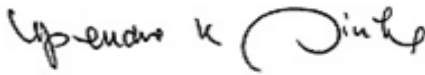
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left ankle 3 days/week.
6. Recommend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

7. X-ray ordered of left ankle to rule out ligament tear and/or synovial injury.
8. Follow up with Dr. Sinha after x-ray results.

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