

UK Sinha Physician, P.C.

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

August 31, 2022

Office seen at:

Chiro 4226
4226-A 3rd Ave
Bronx, NY 10457
Phone# (718) 684-7676

Re: Velasquez, Kevin

DOB: 05/24/2000

DOA: 02/13/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right ankle and left ankle pain.

HISTORY OF PRESENT ILLNESS: A 22-year-old right-hand dominant male involved in a motor vehicle accident on 02/13/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the rear driver side. 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 NYU Langone Medical Center and was treated and released the same day. The patient presents today complaining of right ankle and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 6 months with little relief.

WORK HISTORY: The patient is currently working.

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

PAST SURGICAL HISTORY: Tonsils removed in 2012.

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 drinks alcohol socially. The patient does use recreational drugs daily.

ADL CAPABILITIES: The patient states that he can walk for 4-5 blocks. He can stand for 180 minutes before he has to sit. He can sit with no issues 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, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right ankle: Right ankle pain is 8/10, described as constant, dull, achy pain. The patient has pain with standing, walking, and climbing. Worse with range of motion and improves with rest.

Left ankle: Left ankle pain is 5-6/10, described as constant, dull, achy pain. The patient has pain with standing, walking, and climbing. 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 10 inches, weight is 210 pounds, and BMI is 30.1. The right ankle reveals swelling noted over anterior 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 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

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

DIAGNOSTIC TESTING: MRI of the right ankle, done on 03/21/2022, shows low-grade partial tear of the anterior talofibular ligament with a small associated joint effusion. MRI of the left ankle, done on 05/19/2022, shows no fracture or focal bony lesion. Intact ankle and subtalar joints. Tendinopathy of the posterior tibial tendon. Strain of the anterior talofibular ligament.

ASSESSMENT:

1. Pain, right ankle.
2. Joint effusion, right ankle.
3. Tear of the anterior talofibular ligament, right ankle.

4. Tendinopathy of the posterior tibial tendon, left ankle.
5. Strain of the anterior talofibular ligament, 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 right ankle and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right ankle and left ankle 3 days/week.
6. Recommend steroid injections with pain management for right ankle and left ankle. The patient refuses due to side effects.
7. Discussed right ankle and left ankle 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, the patient would like to proceed with 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 ankle and left ankle 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 right ankle and left ankle 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. The patient verbally consents for the arthroscopy of right ankle and the patient will be scheduled for right ankle surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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 stylized, cursive handwritten signature in black ink, featuring a large, sweeping loop that crosses itself.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, appearing to read 'U.K. Sinha' in a cursive script.

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon