

# UK Sinha Physician, P.C.

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

---

September 26, 2022

Office seen at:  
Primavera PT, P.C.  
4250 White Plains Road  
Bronx, NY 10466  
Phone# (718) 515-1080

Re: Givens, Jeanine  
DOB: 05/23/1964  
DOA: 09/08/2021

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of right wrist pain.

**HISTORY OF PRESENT ILLNESS:** The patient presents today in followup with continued pain in the right wrist pain. The patient comes from Renew Chiropractic, 2426 Eastchester Road, Bronx, NY 10469.

**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: gardening, playing sports, shopping, squatting, negotiating stairs, jogging and exercising.

**PRESENT COMPLAINTS:** Right wrist: Right wrist pain is 9/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, and tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with medication and ice.

The patient had mild degenerative osteoarthritis CMC joint and De Quervain's disease, right wrist.

**PHYSICAL EXAMINATION:** The right wrist reveals pain to palpation over the distal radius and scaphoid. Grip strength is 4/5. There is swelling noted. 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 right wrist, done on 05/19/2022, shows extensor tendon sheaths are mildly distended with fluid, consistent with tenosynovitis. Fluid in

intercarpal and distal radioulnar joints consistent with recent trauma or synovitis, in an appropriate clinical setting.

**ASSESSMENT:**

1. Pain, right wrist.
2. Tenosynovitis, right wrist.
3. Synovitis, right wrist.

**PLAN:**

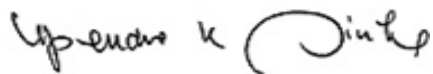
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right wrist 3 days/week.
6. The patient had cortisone injection of CMC joint of right wrist 1 week ago with some relief. Increased pain and tenderness in the tip of radius 1st compartment. Ulnar deviation has increased pain. Plan is release of De Quervain's disease right wrist.
7. Discussed right 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, the patient would like to proceed with surgery.
8. Workers' Compensation Board approved for right wrist arthroscopy surgery.
9. 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 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. All the benefits and risks of the right 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.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of right wrist and the patient will be scheduled for right wrist 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.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

**IMPAIRMENT RATING:** 100%. The patient is currently not working.

**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