

UK Sinha Physician, P.C.

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October 26, 2022

Office seen at:
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Re: Howard, Kerr
DOB: 06/20/1994
DOA: 06/13/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left foot pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left foot.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 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: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PRESENT COMPLAINTS: Left foot: Left foot pain is 8/10, described as constant, dull, achy pain. The patient has pain with standing, walking, and climbing.

PHYSICAL EXAMINATION: The left foot reveals positive anterior drawer test. Positive inversion stress test. Tenderness to palpation noted in the medial, lateral, and plantar aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 35/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left foot, done on 07/15/2022, shows findings suspicious for components of plantar plate injury involving increased signal and irregularity concerning for tear of the sesamoid and collateral ligaments, as well as concomitant tendinopathy of the flexor hallucis longus and brevis with undersurface tear.

ASSESSMENT:

1. Clinically, no plantar plate injury first and second toe, left foot.

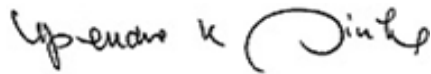
2. Recurrent subluxation of extensor tendon big toe, left foot.

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 foot.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left foot 3 days/week.
6. X-ray of the left foot; AP, lateral, and oblique views.
7. The patient has flatfoot and complaints of pain in MP joint left big toe and positive plantar aspect along the foot.
8. Follow up in 2 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.



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

UKS/AEI