

UK Sinha Physician, P.C.

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October 31, 2022

Office seen at:

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Re: Brown, Christine

DOB: 09/07/1963

DOA: 08/31/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left wrist pain.

HISTORY OF PRESENT ILLNESS: A 59-year-old left-hand dominant female involved in a motor vehicle accident on 08/31/2022. The patient was a driver and was wearing a seatbelt. The vehicle was T-boned on the driver side. The airbags did not deploy. The EMS did not arrive on the scene. The police were called to the scene of the accident. The patient went by car to Northwell Health Hospital and was treated and released the same day. The patient presents today complaining of left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: CA of the colon in remission, status post chemo. There is a previous history of trauma, MVA about 2 years ago.

PAST SURGICAL HISTORY: Colon resection in 2019 and exploratory laparotomy with bowel resection in 2020.

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 not use recreational drugs.

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Left wrist: Left wrist pain is 8/10, 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 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 4 inches, weight is 157 pounds, and BMI is 26.9. The left wrist reveals pain to palpation over the ulnar styloid and scaphoid. Grip strength is 4/5. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 50/70 degrees, radial deviation 15/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: MRI of the left wrist, done on 10/21/2022, shows ulnar TFC fraying and partial tear. SL ligament partial tear. Arthrosis with joint effusion. Pisiform bursitis.

ASSESSMENT:

1. Pain, left wrist.
2. Injury, left wrist.
3. Joint effusion, left wrist.
4. Bursitis, left wrist.
5. Scapholunate ligament tear, left wrist.
6. Ulnar triangular fibrocartilage complex tear, left 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 left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left wrist 3 days/week.

6. Recommend steroid injections with pain management for left wrist. The patient refuses due to side effects.
7. Discussed left 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 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 left 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.
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 left 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.
11. All the questions in regard to the procedure were answered.
12. Follow up in 2 weeks for decision.

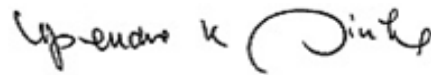
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the 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