

# UK Sinha Physician, P.C.

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July 27, 2022

Office seen at:

P.R. Medical, P.C.  
79-09B Northern Boulevard  
Jackson Heights, NY 11372  
Phone# (718) 507-1438

Re: Andrews, Herbert  
DOB: 01/15/1970  
DOA: 07/15/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left pinky finger pain.

**HISTORY OF PRESENT ILLNESS:** A 52-year-old right-hand dominant male involved in a work-related accident on 07/15/2022. The patient was a driver for help truck. While at work, the patient was assisting a client with a flat tire and a hydraulic jack fell on his left pinky finger. The airbags did not deploy. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient went by car to North Shore Community Health Centre and was treated and released the same day. The patient presents today complaining of left pinky finger pain sustained in the work-related accident. The patient was attending physical therapy for the last 2 weeks with little relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Hypertension and hyperlipidemia. There is no previous history of trauma.

**PAST SURGICAL HISTORY:** Right inguinal hernia repair in 1990.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking aspirin 81 mg, amlodipine 10 mg, HCTZ 12.5 mg, and atorvastatin 10 mg.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use recreational drugs.

**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: lifting heavy objects, carrying heavy objects, and running errands.

**PRESENT COMPLAINTS:** Left pinky finger, fifth digit pain is 7/10. The patient has numbness. The patient has pain with carrying and lifting.

**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 or irregular heart rate. The patient has 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 6 feet 3 inches, weight is 270 pounds, and BMI is 33.7. The left fifth digit range of motion is limited, tender, swollen with immobilizer. Strength is 3/5. Neurovascularly intact.

Being followed by outpatient ortho bimonthly with follow up x-rays.

**DIAGNOSTIC TESTING:** MRI pending.

**ASSESSMENT:**

1. Fracture, left fifth digit.
2. Pain, left fifth digit.
3. Injury, left fifth digit.

**PLAN:**

1. Clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left fifth digit.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left fifth digit for 4 weeks.
6. The patient will obtain initial imaging x-ray and most recent follow up.
7. Follow up in 4 weeks.

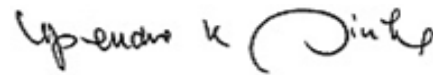
**IMPAIRMENT RATING:** 100%.

**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.

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Mellita Shakhmurov, PA-C

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

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

MS/AEI