

# UK Sinha Physician, P.C.

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

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September 26, 2022

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

Re: Adams, Kevroy  
DOB: 11/06/1989  
DOA: 06/28/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Left elbow, neck and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 32-year-old right-hand dominant male involved in a motor vehicle accident on 06/28/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was struck on the rear side. The police were called to the scene of the accident. The patient went by car to Montefiore New Rochelle Hospital and was treated and released the same day. The patient presents today complaining of left elbow pain sustained in the motor vehicle accident. The patient was attending physical therapy 3-4 times a week with little relief.

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

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

**PAST SURGICAL HISTORY:** Noncontributory.

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

**MEDICATIONS:** The patient is taking pain medications p.r.n., Motrin, muscle relaxant, and Lidocaine gel.

**SOCIAL HISTORY:** The patient is a smoker. The patient drinks alcohol occasionally. The patient does use recreational drugs.

**ADL CAPABILITIES:** The patient states that he can walk for 2 blocks. He can stand for 2 hours before he has to sit. He can sit for 1 hour 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, laundry, shopping, and exercising.

**PRESENT COMPLAINTS:** Left elbow: Left elbow pain is 8/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving.

**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 7 inches, weight is 159 pounds, and BMI is 24.9. The left elbow muscle strength is 4/5. There is tenderness to palpation over the medial epicondyle. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension 0/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

**DIAGNOSTIC TESTING:** Pending

**ASSESSMENT:**

1. The patient has medial epicondylitis, intact ulnar nerve, left elbow.

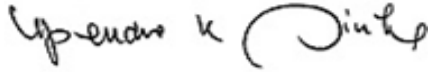
**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left elbow 3 days/week.
6. Waiting for MRI results of the left elbow.
7. Follow up in 4 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.

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