

UK Sinha Physician, P.C.

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

August 18, 2022

Office seen at:
Medical Office
2088 Flatbush Ave
Brooklyn, NY 11234
Phone# (718) 975-8176

Re: Henry, Shawn
DOB: 03/01/1991
DOA: 06/18/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left wrist pain.

HISTORY OF PRESENT ILLNESS: A 31-year-old right-hand dominant male involved in a motor vehicle accident on 06/18/2022. The patient was a rear passenger and was wearing a seatbelt. The vehicle was struck on the rear driver's side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient did not go to any hospital that 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 not working.

PAST MEDICAL HISTORY: Noncontributory. There is previous history of MVA in 2020.

PAST SURGICAL HISTORY: Noncontributory.

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 does not drink alcohol. The patient uses recreational drugs socially.

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: garden, play sports, driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left wrist: Left wrist pain is 6-7/10, described as intermittent, dull, achy pain. Denies weakness, numbness, tingling. The patient has pain with lifting and carrying. 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 6 feet 2 inches, weight is 194 pounds, and BMI is 24.9. The left wrist reveals pain to palpation over the ulnar styloid. 5/5 grip strength. There is no swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen test. Positive tenderness to TFCC. Range of motion reveals flexion 60/80 degrees, extension 55/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: MRI of the left wrist, done on 07/29/2022, shows partial thickness tear of the peripheral (medial) aspect of the TFCC.

ASSESSMENT:

1. Tear of the peripheral medial aspect of the TFCC, left wrist.

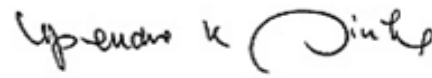
PLAN:

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. The patient will follow up with an orthopedic specialist for intervention in Florida as the patient is moving tomorrow.

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

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

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

MS/AEI