UK Sinha Physician, P.C.

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

August 15, 2022

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

Re: Then, Franklyn
DOB: 03/25/1995
DOA: 06/01/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left hip and left wrist pain.

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

ADL CAPABILITIES: The patient states that he can walk for 2 blocks. He can stand for 30 minutes before he has to sit. He can sit for less than 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, running errands, and exercising.

PRESENT COMPLAINTS: Left hip: Left hip pain is 7-8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has pain with walking, climbing, and standing from sitting. Worse with range of motion and improves with rest.

Left wrist: Left wrist pain is 10/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, medication, and physical therapy.

PHYSICAL EXAMINATION: The patient's height is 5 feet 9 inches, weight is 150 pounds, and BMI is 22.1. The left hip is nontender. No deformity. Range of motion is full. ROM is complete.

The left wrist reveals pain to palpation over the ulnar styloid and distal radius. Grip strength is 4/5. There is swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen

test. Range of motion reveals flexion 65/80 degrees, extension 60/70 degrees, radial deviation 15/20 degrees, ulnar deviation 10/30 degrees. Unstable inferior radioulnar joint.

DIAGNOSTIC TESTING: MRI of the left hip, done on 06/14/2022, shows patchy edema in the proximal left superior pubic ramus that is concerning for posttraumatic contusion versus strss type edema. No well-defined fracture line. MRI of the left wrist, done on 06/14/2022, shows minimal DRUJ effusion with sprain of the radioulnar ligament.

ASSESSMENT:

1. Pain, left hip.
2. Effusion with sprain of the radioulnar ligament, 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 hip and left wrist.]
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left hip and 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 hip and 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 would like to proceed with 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 hip and 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 hip and 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. The patient verbally consents for the arthroscopy of left wrist and the patient will be scheduled for left wrist surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
13. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

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

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

MS/AEI