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June 7, 2022

Office seen at:

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Phone# (718) 413-5499

Re: Chadwick, Noel

DOB: 07/10/1997

DOA: 02/06/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left hand and left ankle pain.

HISTORY OF PRESENT ILLNESS: A 24-year-old right-hand dominant male involved in a motor vehicle/work related accident on 02/06/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front side. The airbags deployed. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was transported via ambulance to Jamaica Hospital and was treated and released the same day. The patient presents today complaining of left hand and left ankle pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 4 months with little relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory.

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 drinks alcohol socially. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that he can walk for 3-4 blocks. He can stand for 30 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: play sports, driving, lifting heavy objects, carrying heavy objects, laundry, shopping, running errands, kneeling, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left ankle: Left ankle pain is 8/10, described as intermittent, dull, achy pain. Pain with standing, walking and climbing. Worse with range of motion and improves with rest and PT.

Left hand: Left hand pain is 8/10, described as intermittent, dull, achy pain. Admits to numbness, 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 7 inches, weight is 190 pounds, and BMI is 29.8. The left ankle reveals tenderness noted over lateral malleolar aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

The left hand reveals pain to palpation over the ulnar styloid. Positive Tinel sign. Negative Phalen test. Range of motion reveals flexion 40/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 20/30 degrees.

DIAGNOSTIC TESTING: MRI of the left ankle, done on 04/22/2022, shows presence of ankle joint fluid compatible with synovitis. Swelling and increased signal involving the tibialis anterior tendon as discussed in the body of the report compatible with strain/interstitial tear of this structure. Findings compatible with PTT hypertrophic tear as described above. Increased fluid in the three flexor tendon sheaths compatible with flexor tendonopathy/tenosynovitis. MRI of the left hand, done on 05/21/2022, shows partial tear of the ulnar collateral ligament of the thumb at the proximal insertion site.

ASSESSMENT:

1. PTT hypertrophic tear, left ankle.

2. Synovitis, left ankle.
3. Tear tibialis anterior, left ankle.
4. Tear ulnar collateral ligament, left hand.

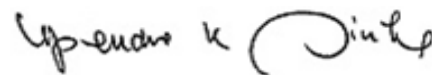
PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left hand and left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left hand and left ankle 3 days/week.
6. Recommend steroid injections with pain management for left hand and left ankle. The patient refuses due to side effects.
7. Discussed left hand and left ankle 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 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 hand and left ankle 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 hand and left ankle 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.

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

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