

# UK Sinha Physician, P.C.

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November 11, 2022

Re: Leon, Luz  
DOB: 03/02/1961  
DOA: 02/05/2022

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of right wrist pain.

**HISTORY OF PRESENT ILLNESS:** The patient presents today in follow up with continued pain in the right wrist.

**ADL CAPABILITIES:** As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

**PRESENT COMPLAINTS:** Right wrist: Right wrist pain is 0-1/10, described as no pain. Denies weakness, numbness, tingling. The patient had nondisplaced fracture of distal radius which is completely healed. The patient has no local pain or tenderness over radius. Radio-ulnar joint is non-tender and stable. There are minimal symptoms. The patient also has fracture of ulnar styloid process.

**PHYSICAL EXAMINATION:** The right wrist is nontender. 5/5 grip strength. There is swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 20/20 degrees, ulnar deviation 30/30 degrees.

**DIAGNOSTIC TESTING:** MRI of the right wrist, done on 04/30/2022, shows transverse fracture of the distal radius with no minimal displacement. Partial thickness tear of the peripheral (medial) aspect of the TFCC noted with significant hyperintense signal. The articular disc appears preserved. X-ray of the right wrist, done on 10/21/2022, shows mild chronic posttraumatic deformity of a prior healed distal radial metaphyseal fracture. 4 mm chronic well-corticated unhealed fracture of the ulnar styloid. Joint spaces preserved. No lytic or blastic lesions. Normal mineralization. Soft tissues within normal limits.

### ASSESSMENT:

1. Old healed fracture long radius, right wrist.

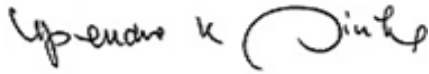
### PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.

3. Cold compresses for right wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right wrist 3 days/week.
6. The patient is discharged from my care.

**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