

UK Sinha Physician, P.C.

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August 17, 2022

Office seen at:

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Re: Boudjefna, Ahmed
DOB: 11/17/1985
DOA: 05/25/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right wrist pain.

HISTORY OF PRESENT ILLNESS: A 36-year-old right-hand dominant male involved in a slip and fall accident on 05/25/2020. The patient was driving a motorcycle; another car hit him in side and fell on the road. The police were called to the scene of the accident. The patient was transported via ambulance to NYC Health Elmhurst Hospital Center and was treated and released the same day. The patient presents today complaining of right wrist pain sustained in the slip and fall accident. The patient was attending physical therapy for 3 times a week with little relief.

WORK HISTORY: The patient is currently working fulltime as a technician.

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.

SOCIAL HISTORY: The patient is a smoker. The patient does not drink alcohol. The patient does not use recreational drugs.

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, carrying heavy objects, laundry, and exercising.

PRESENT COMPLAINTS: Right wrist: Right wrist pain is 6/10, described as constant, dull, achy pain. Denies 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 140 pounds, and BMI is 21.9. The right wrist reveals pain to palpation over the ulnar styloid. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 60/80 degrees, extension 55/70 degrees, radial deviation 15/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: MRI of the right wrist, done on 08/16/2022, shows a focal vertical tear is noted at the triangular fibrocartilage laterally. There is no attenuation or displacement. Small joint effusion noted at the carpus. There is a probable ganglion ventral to the proximal carpal row laterally, as noted. There is a mild soft tissue contusion over the ulnar styloid. Subtle bone bruising is seen at the triquetrum.

ASSESSMENT:

1. Torn TFCC, right wrist.

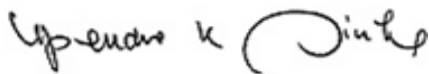
PLAN:

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. Discussed right 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.

7. 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 right 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right 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.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right wrist and the patient will be scheduled for right 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.
12. 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.



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

UKS/AEI