

UK Sinha Physician, P.C.

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September 23, 2022

Re: Guano, Iris
DOB: 01/19/1993
DOA: 01/18/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left ankle pain.

HISTORY OF PRESENT ILLNESS: A 29-year-old right-hand dominant female involved in a work-related accident on 01/18/2022. The patient slipped and fell down the stairs at work. The patient had a left knee arthroscopy (2 months postop by Dr. Durant). The patient had low back pain plus and referred pain in the left lower extremity up to ankle. The EMS did not arrive on the scene. The police were not 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 ankle pain sustained in the work-related accident. The patient was attending physical therapy 3 times a week with little relief.

WORK HISTORY: The patient is currently not working. The patient was working in construction.

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 nonsmoker. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 1 block. She can stand for 1/2 minutes before she has to sit. She can sit for 15 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: garden, play sports, lifting heavy objects, carrying heavy objects, laundry, running errands, squatting, negotiating stairs, and exercising.

PRESENT COMPLAINTS: Left ankle: Left ankle pain is 7-8/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking, and climbing.

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 3 inches, weight is 190 pounds, and BMI is 33.7. The left ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the left ankle, done on 03/24/2022, shows retrocalcaneal bursitis compatible with trauma sequelae.

ASSESSMENT:

1. Internal derangement, left ankle.

PLAN:

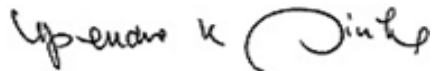
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left ankle 3 days/week.
6. The patient has sinus tarsi syndrome (left) ankle. Clinically, calcaneofibular ligament intact. Mild localized pain and tenderness over the heel (maybe mild plantar fasciitis). Overall, left ankle is stable. No neurovascular deficit.
7. Cortisone injection given today. The patient has excellent pain relief. No clinical evidence of retrocalcaneal bursitis.
8. Follow up in 1 month.

IMPAIRMENT RATING: 100%.

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