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August 16, 2022

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Re: Torres, Hayline
DOB: 09/27/1999
DOA: 05/11/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right ankle/foot pain.

HISTORY OF PRESENT ILLNESS: A 22-year-old right-hand dominant female involved in a motor vehicle accident on 05/11/2022. The patient was a pedestrian. The patient was hit by a car while crossing the street and had an impact on foot. The EMS arrived on the scene. The police were called to the scene of the accident. The patient went by car to St. John's Episcopal Hospital and was treated and released the same day. The patient presents today complaining of right ankle/foot pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months with no relief.

WORK HISTORY: The patient is currently working.

PAST MEDICAL HISTORY: Noncontributory. There is a previous history of trauma, MVA in 2020.

PAST SURGICAL HISTORY: Right shoulder arthroscopy in 2020.

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 she can walk for 1-2 block. She can stand for 15 minutes before she has to sit. She 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 she is unable to do the following activities: play sports, running errands, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right ankle/foot: Right ankle/foot pain is 8/10, described as intermittent, dull, achy pain. The patient has pain with standing, walking and climbing. Worse with range of motion and improves with rest and physical therapy.

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 4 feet 10 inches, weight is 157 pounds, and BMI is 32.8. The right ankle reveals swelling, hematoma and bruises noted over anterior and lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Endpoint is firm. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 10/20 degrees, plantarflexion 30/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

DIAGNOSTIC TESTING: MRI of the right foot, done on 08/03/2022, shows presence of dorsal soft tissue edema. Moderate fluid in the 1st MTP joint with less prominent fluid in the lesser MTP joints compatible with synovitis. The visualized ligamentous and tendinous structures appear intact. In the given clinical setting of trauma, the study is otherwise inconclusive which implies the need for further clinical investigation. MRI of the right ankle, done on 08/03/2022, shows findings compatible with strain/interstitial tear of the posterior talofibular ligament as discussed in the body of the report. Presence of ankle joint fluid compatible with synovitis.

ASSESSMENT:

1. Collateral ligament damage, right ankle.
2. Grade 3 sprain of lateral collateral ligament, right ankle.

PLAN:

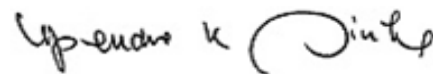
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.

3. Cold compresses for right ankle.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right ankle 3 days/week.
6. Recommend steroid injections with pain management for right ankle. The patient refuses due to side effects.
7. Discussed right 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 would 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 right 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 right 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. The patient verbally consents for the arthroscopy of right ankle and the patient will be scheduled for right ankle 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



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Board Certified Orthopedic Surgeon

MS/AEI