UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

June 30, 2022

Office seen at:
Primavera PT, P.C.
4250 White Plains Road
Bronx, NY 10466
Phone# (718) 515-1080

Re: Bah, Habibatou
DOB: 01/01/1986
DOA: 04/21/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left elbow and left hip pain.

HISTORY OF PRESENT ILLNESS: A 36-year-old right-hand dominant female involved in a motor vehicle accident on 04/21/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front driver's 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 Montefiore Medical Center and was treated and released the same day. The patient presents today complaining of left elbow and left hip pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 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 does not drink alcohol. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 2-3 blocks. She can stand for 30 minutes before she has to sit. She can sit for 20 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: lifting heavy objects, carrying heavy objects, laundry, shopping, and running errands.

PRESENT COMPLAINTS: Left hip: Left hip pain is 10/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has pain with standing from sitting. Worse with range of motion and improves with rest and physical therapy.

Left elbow: Left elbow pain is 8/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting and carrying. Worse with range of motion and improves with medication.

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 154 pounds, and BMI is 24.1. The left hip reveals positive Trendelenburg test. Tenderness to palpation in the greater trochanter. Range of motion is full. ROM: Abduction 40/45 degrees, adduction 30/35 degrees, flexion 85/120 degrees, extension 15/30 degrees, internal rotation 35/45 degrees, and external rotation 30/45 degrees.

The left elbow reveals muscle strength is 5/5. There is tenderness to palpation over the medial epicondyle and lateral epicondyle. Positive Varus test. Positive Valgus test. Negative Tinel sign. Range of motion reveals flexion 110/150 degrees, extension 115/150 degrees, supination 65/90 degrees, pronation 60/90 degrees.

DIAGNOSTIC TESTING: MRI of the left hip, done on 06/01/2022, shows tendinosis and peritrochanteric edema involving the gluteal tendon insertions with associated adjacent mild trochanteric bursitis. Thickening and early tendonosis left hamstring tendon origin. MRI of the left elbow, done on 06/01/2022, shows common extensor tendinopathy with undersurface fraying concerning for tear at the attachment.

ASSESSMENT:
1. Bursitis, left hip.
2. Tendinosis, left hip.

3. Common extensor tendinopathy fraying, left elbow.

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 hip and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left hip and left elbow 3 days/week.
6. Recommend steroid injections with pain management for left hip and left elbow. The patient refuses due to side effects.
7. Discussed left hip and left elbow 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 to 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 hip and left elbow 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 hip and left elbow 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 4 weeks. PT for 4 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

MS/AEI