

UK Sinha Physician, P.C.

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August 16, 2022

Office seen at:

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Re: Thomas, Val
DOB: 07/27/1955
DOA: 11/02/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left wrist pain.

HISTORY OF PRESENT ILLNESS: A 47-year-old right-hand dominant male involved in a motor vehicle accident on 11/02/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the front 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 St. Johns Hospital and was treated and released the same day. The patient presents today complaining of left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 3 months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Diabetes, hypertension, hyperlipidemia, and atrial fibrillation. There is no previous history of trauma.

PAST SURGICAL HISTORY: Open appendectomy 40 years ago and left knee arthroscopy 2015.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking losartan 100 mg, carvedilol 10 mg, metformin 1000 mg, long-acting insulin. The patient does not take anticoagulation medications; refused to take as advised by PCP doctor, noncompliant.

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 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, driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Left wrist: Left wrist pain is 9/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest and ice.

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 6 feet 1 inches, weight is 300 pounds, and BMI is 39.6. The left wrist reveals pain to palpation over the ulnar styloid. Grip strength is 4/5. Fourth metacarpal callus from fracture. Range of motion reveals flexion 40/80 degrees, extension 40/70 degrees, radial deviation 15/20 degrees, ulnar deviation 10/30 degrees.

DIAGNOSTIC TESTING: CT of the left wrist, done on 02/14/2022, shows SLAC wrist (scapholunate advanced collapse) with marked widening of the scapholunate interval and underlying tearing of the scapholunate ligament. Osteoarthritis in the first carpometacarpal joint and first carpometacarpal joint.

ASSESSMENT:

1. Fractured mid shaft metacarpal, left wrist.
2. SLAC wrist osteoarthritis, left 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 left wrist.

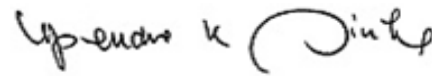
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left wrist 3 days/week.
6. Recommend steroid injections with pain management for left wrist. The patient refuses due to side effects.
7. X-ray of the left hand and left wrist.
8. Follow up in 4 weeks after x-ray.

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

MS/AEI



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