

# UK Sinha Physician, P.C.

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September 13, 2022

Office seen at:  
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Re: Chadwick, Noel  
DOB: 07/10/1997  
DOA: 02/06/2022

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of left ankle pain.

**HISTORY OF PRESENT ILLNESS:** The patient presents today in followup with continued pain in the left ankle.

**ADL CAPABILITIES:** The patient states that he can walk for 3-4 blocks. He can stand for 30 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: play sports, driving, lifting heavy objects, carrying heavy objects, laundry, shopping, running errands, kneeling, negotiating stairs, jogging and exercising.

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

Pain in the left middle finger PIP joint.

**PHYSICAL EXAMINATION:** The left ankle reveals swelling, hematoma and bruises noted over lateral malleolar aspect. Negative anterior drawer test. Negative inversion stress test. Tenderness to palpation noted in the lateral aspect. Range of motion is limited and painful. ROM: Dorsiflexion 15/20 degrees, plantarflexion 40/50 degrees, inversion 10/15 degrees, eversion 10/15 degrees.

Left middle finger, the patient claims that he had dislocation of PIP joint and he reduced this by himself. No injection taken in ER. No splint given. Now has bony bump radial side pip joint, otherwise stable PIP joint. Full ROM in tear tendon, intact collateral ligament.

**DIAGNOSTIC TESTING:** MRI of the left ankle, done on 04/22/2022, shows presence of ankle joint fluid compatible with synovitis. Swelling and increased signal involving the tibialis anterior tendon as discussed in the body of the report compatible with strain/interstitial tear of this structure. Findings compatible with PTT hypertrophic tear as described above. Increased fluid in the three flexor tendon sheaths compatible with flexor tendonopathy/tenosynovitis. MRI of the left hand, done on 05/21/2022, shows partial tear of the ulnar collateral ligament of the thumb at the proximal insertion site.

**ASSESSMENT:**

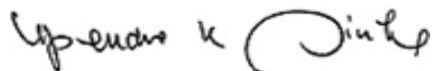
1. PTT hypertrophic tear, left ankle.
2. Synovitis, left ankle.
3. Tear tibialis anterior, left ankle.
4. Tear ulnar collateral ligament, left hand.

**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 bony bump, PIP joint (radial) left middle finger. Will send for x-ray of left hand.
7. Discussed left 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 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 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 left 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. Follow up in 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.

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