

# UK Sinha Physician, P.C.

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November 03, 2022

Office seen at:  
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Re: Augustin, Alexandra  
DOB: 12/08/1978  
DOA: 07/13/2022

## FOLLOW-UP NOTE

**CHIEF COMPLAINT:** Follow up of right wrist and left wrist pain.

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

**ADL CAPABILITIES:** As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

**PRESENT COMPLAINTS:** Right wrist: Right wrist pain is 10/10, 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.

Left wrist: Left wrist pain is 10/10, described as constant, 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.

**PHYSICAL EXAMINATION:** The right wrist reveals pain to palpation over the ulnar styloid/scaphoid. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 60/80 degrees, extension 45/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

The left wrist reveals pain to palpation over the ulnar styloid/scaphoid. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 60/80 degrees, extension 45/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

**DIAGNOSTIC TESTING:** X-ray of the bilateral wrists, done on 11/02/2022, shows mild left first carpometacarpal arthropathy with 2 mm adjacent ossicle. Normal right wrist.

**ASSESSMENT:**

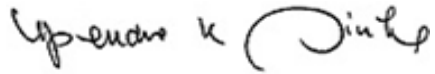
1. Scapholunate ligament tear, right wrist.
2. Fracture of the capitates, right wrist.
3. Scapholunate ligament tear, left wrist.
4. Fracture of the capitates, left wrist.

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for wrist and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right wrist and left wrist 3 days/week.
6. Status post injections to right wrist and left wrist with no improvement.
7. Discussed right wrist and left wrist 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 like 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 wrist and left wrist 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 wrist and left wrist 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 wrist and left wrist and the patient will be scheduled for left wrist 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.

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