

UK Sinha Physician, P.C.

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October 11, 2022

Office seen at:
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Re: Lam, Jason
DOB: 05/18/1986
DOA: 07/12/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left wrist, left elbow, neck and back pain.

HISTORY OF PRESENT ILLNESS: A 36-year-old right-hand dominant male involved in a motor vehicle accident on 07/12/2022. The patient was a driver and was wearing a seatbelt. The patient was rear ended and pushed against the car in front. The airbags did not deploy. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of left wrist, left elbow, neck, and back pain sustained in the motor vehicle accident. The patient was attending physical therapy 2-3 times a week with little relief.

WORK HISTORY: The patient is currently working, stopped only 6 days ago.

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

PAST SURGICAL HISTORY: Shoulder surgery in 2020.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking ibuprofen 800 mg and muscle relaxer.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

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

PRESENT COMPLAINTS: Left wrist: Left wrist pain is 8-9/10, described as intermittent, dull, achy pain. Admits to numbness and tingling. The patient has pain with lifting.

Left elbow: Left elbow pain is 8/10, described as intermittent, dull, achy pain. Admits to numbness and tingling. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest and 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 11 inches, weight is 175 pounds, and BMI is 24.4. The left wrist reveals pain to palpation over the ulnar styloid/ distal radius/ scaphoid. There is swelling, erythema, and bruise noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 60/70 degrees, radial deviation 30/20 degrees, ulnar deviation 30/30 degrees.

The left elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 4/5. There is tenderness to palpation over the medial epicondyle. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 145/150 degrees, extension 0/150 degrees, supination 90/90 degrees, pronation 90/90 degrees.

DIAGNOSTIC TESTING: MRI of the left wrist, done on 10/03/2022, shows fluid within the mid-carpal row compatible with synovitis. The osseous structures are intact. The visualized ligamentous and tendinous structures as well as the triangular fibrocartilage complex 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 left elbow, done on 08/05/2022, shows elbow joint effusion. Narrowing of the radiocapitellum and ulnar trochlear joints. Capsular thickening. Triceps tendinosis/tendonitis.

ASSESSMENT:

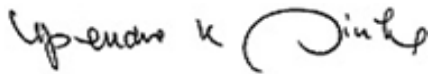
1. Synovitis, left wrist.
2. Medial epicondylitis, left elbow.

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 wrist and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left wrist and left elbow 3 days/week.
6. 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.



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Board Certified Orthopedic Surgeon

UKS/AEI