

UK Sinha Physician, P.C.

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August 3, 2022

Office seen at:

Tatay Ninong Physical Therapy
1314 Coney Island Ave
Brooklyn, NY 11230
Phone# (718) 377-0100

Re: Sealey, Devon
DOB: 07/29/1991
DOA: 06/27/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left foot pain.

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

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

PRESENT COMPLAINTS: Left foot: Left foot pain is 7-8/10, described as intermittent, dull, achy pain. Worse with range of motion and improves with rest.

PHYSICAL EXAMINATION: The left foot reveals positive swelling in the mid dorsal aspect. Moderate pain 7-8/10.

DIAGNOSTIC TESTING: Pending.

ASSESSMENT:

1. Rule out Lisfranc injury, left foot. The patient is awaiting MRI.

PLAN:

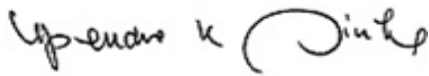
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.

3. Cold compresses for left foot.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left foot 3 days/week.
6. The patient is awaiting MRI of left foot.
7. Follow up in 2 weeks.

IMPAIRMENT RATING: 100%. The patient is currently not working.

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