Medical Chronology
L.M.
Sample Case

Motor vehicle accident

Prepared for:
J.L. Esquire

Medical Chronology - General Instructions to Attorney

Patient History: Details the past medical history of the patient; found in medical records (medical, surgical, occupational, social, and family history)

Past Medical Hx: Denies any past medical history, except minor lumbar region pain as indicated in hospitalization medical records (PDF REF 4)

Surgical Hx: Appendectomy (PDF Ref 301)

Prior Occupational Hx: Worked general construction. Has not been employed in that occupation since, and as a direct result of the accident (PDF REF 4, 244)

Current Occupational Hx: Currently unemployed. (PDF REF 4).

Family Hx: Mother with diabetes mellitus and hypertension (PDF REF 330)

Social Hx: Patient smokes ½ pack of cigarettes daily, drinks alcohol socially. He is single with three grown children (29, 30, and 33 years old). (PDF REF 201)

Allergies: No known allergies (PDF REF 4)

Special Considerations

Scope of Medical Chronology

1. Scope: Information related to injuries resulting from motor vehicle accident occurring on 04/28/2017 as obtained from medical records from XYZ Hospital, and XXXX Surgical Center.

2. Notable, case-specific details highlighted for the attorney's review.

3. Signatures indicated as snapshot where available.

Detailed Medical Chronology: Relevant information as guided by attorney; verbatim from medical records.

DATE	PROVIDER	TREATMENT	PDF REF
04/28/2017	XYZ Hospital Richard XXXXX RN	1725 hrs: Emergency Room Flow Sheet: Glascow Coma Scale: 15 Vital Signs: BP 144/99, heart rate 99, respiratory rate 14, pulse ox 99% on room air (within normal limits). Patient arrived in Emergency Center with full spine precautions, complaining of back pain, right hand and right lower extremity pain. **Comment:** EMS report unavailable, condition at scene of accident unknown. Pain: 10 out of 10 Patient received Fentanyl and Dilaudid **1730** – Nurse documents: Patient a driver of motorcycle. Arrives in full cervical spine upon arrival. Patient moaning in pain, given Morphine by EMS en route to hospital.	355, 388-389
04/28/2017	XYZ Hospital Robert XXXXXX, M.D.	1930 hrs – Emergency Room Record for MVA: This is a 36 y/o male who has was the driver of a motorcycle traveling at approximately 35 miles per hour when he collided with a sedan. Patient was wearing a helmet at the time of the collision. The patient was ejected from the motorcycle. EMS reports that he did not lose consciousness. Main complaint: right hand pain, bilateral shoulder pain, right leg pain and back pain. EMS placed the patient in full cervical spine precautions and transported him to XYZ Hospital for further assessment and evaluation.	

		Physical Exam: **General** – Patient lying on bed in moderate distress secondary to pain. **Back** – Tender to palpation in lower thoracic and mid-lumbar regions. **Extremities:** Pain in right hand, apparent deformity in right hand. Puncture wound to the dorsum of right hand overlying the second metacarpal distally. Patient has abrasions to right leg. He has bimalleolar tenderness to right ankle. His pain was worsens with dorsi and plantar flexion. The patient has acute tenderness to palpation of the lateral compartment of the right leg. Initially it was soft. Hematoma noted on right leg. **Skin:** Warm and dry to touch, abrasions as noted above to the right leg as well as a puncture wound to the dorsum of the right hand. **Radiology:** Right tibia/fibula shows mild posterior subluxation of the tibia with regard to the talus, but no evidence of fracture. Right hand series reveals a second and a fourth metacarpal fracture. Right ankle series reveals mild posterior subluxation of the tibia with regard to the talus. CT of the lumbar spine without contrast shows no evidence of fracture or dislocation. CT of the thoracic spine without contrast reveals minor degenerative changes, but no evidence of fracture or subluxation. CT abdomen and pelvis without contrast reveals no solid organ injury or fracture. CT cervical spine shows no evidence of fracture of dislocation. He may have an arachnoid cyst. AP pelvis shows no evidence of fracture or subluxation. AP chest X-ray shows no evidence of an acute cardiopulmonary process. *Reviewers comment: The report any of the above radiological investigations is not available; hence, the severity and the extent of the damage could not be fully	

		understood. However, this exam generally points to the right hand, and leg as the main source of injury, with a suggestion of compartment syndrome in the right leg. **Emergency department course and treatment/discussion:** The patient has received Fentanyl as well as Dilaudid for his pain. Upon return to the ER, I reexamined the patient and noted the puncture wound over the hand. This was consistent with a type I open fracture of the right hand. The patient has been given Ancef 1 gram IV. Dr. X, of Hand Surgery has been notified by the trauma team and will likely operate on this patient tomorrow. Though there is no evidence of a fracture on the plain radiography, I am concerned about this patient's right leg. He continues to have pain, especially with passive range of motion of the left ankle. It is difficult to discern whether this pain is being appreciated by the patient at the ankle or at the right leg. He does not have any evidence of fracture, but I am still concerned about the possibility of compartment syndrome. At this time, he has strong distal pulses. He has no paresthesia and no color change. Nonetheless, I have spoken with Dr. Y, who has kindly agreed to examine the patient. At the time, the patient will be admitted to the surgical team. **Diagnoses:** • Open fracture of the right hand. • Left ankle sprain. • Contusion of left leg with concern for compartment syndrome. • Back injury. **Disposition:** Admit to surgical team. **Condition upon discharge from emergency department:** Fair. *Reviewer's comment: The further progress of the patient, hospitalization record, operative record and discharge summary are unavailable for review. Hence we do not have	

		the complete details pertaining to the treatment that was rendered for his right hand fracture and right tibial subluxation.	
		*Reviewer's comment: Records from 05/25/2017-06/14/2017 are unavailable. The complete details on all the different procedures that the patient underwent in the intervening period are not known.	
06/15/2017	XXXXX Medical Center XXXXX, M.D.	Order for physical therapy for right leg crush injury: *Reviewer's comment: Office visit of Dr. XXXXX is unavailable for review; therefore, the reason for the visit, treatment and the plan is unknown.	156
06/15/2017	XXXXX Physical Therapy XXXXX, PT	**Initial physical therapy evaluation for left lower leg crush injury:** Patient's chief complaint is pain in right knee and ankle. Aggravating factors include standing 10 minutes, walking 5 minutes, negotiating stairs, in/out of chair, car and bed. Donning/doffing shoes/socks and pants. **How often do you experience pain**: Constantly **Nature of your symptoms**: Sharp, shooting, numb and tingling **Intensity:** 8-10 **Lower extremity functional scale:** **Extreme difficulty:** Recreation, sports, squatting, walking 2 blocks, walking a mile, standing for 1 hour, running on even ground and uneven ground, making sharp turns while running fast and hopping. **Quite a bit of difficulty:** Getting into or out of the bath, walking between rooms, putting on socks, lifting an object, performing light activities, performing heavy activities, getting into or out of car and going up or down 10 stairs. **Moderate difficulty:** Usual house hold and school activities. **Primary impairments**: Limited ankle mid knee range of motion, weakness in lower extremity musculature. Edema in right lower extremity: gait deviations include decreased weight beating onto right lower extremity. Decrease ankle	166, 222-223

		dorsiflexion in swing phase, and decrease hip extension in terminal stance. **Functional limitations:** Standing tolerance 10 minutes with pain **Gait** endurance to 5 minutes with assistive device with pain **Ascend/descend** 1-2 steps with pain **Sit to stand** with pain and asymmetrical weight bearing **Transfers** in/out of car and bed with pain **Dressing with pain** (donning/doffing shoes, socks, and pants) **Disabilities:** Patient unable to perform work, recreational and duties as a father without pain and difficulty. **Treatment plan:** 2-3 times per week for 4-6 weeks. Joint mobilization, soft tissue mobilization/myofascial release, neuro-muscular re- education, therapeutic exercise, posture/back education, gait balance, modalities, tapping and home exercise program (HEP)	
06/22/2017 - 07/06/2017	XXXXX Physical Therapy	**Summary of multiple physical therapy visits for left knee and ankle pain:** Total number of visits: 5 **Areas treated:** Right lower leg and ankle **Outcome as of 07/06/2017**: Patient reports he feels good after last visit, his ankle is getting a lot better but knee still has pain in back, unable to kneel or bend his knee, his swelling is getting better as well. *Reviewer's comment: Multiple physical therapy visits have been combined and a summary provided.	168-174, 243
07/09/2017	XXXXX Physical Therapy E. XXXXX, DPT	Final physical therapy visit for right knee and ankle pain: Patient reports his ankle is doing better overall and he is able to walk more. However, his knee still hurts but slowly improving. Feels no improvement in pain but after last visit he feels slightly better with knee.	188

		Pre-treatment findings: **Gait:** Mild antalgic gait **Ankle plantar flexion:** Limited by 25% with pain. **Ankle dorsi flexion:** Limited by 25% with pain. **Knees:** Symmetrical. Positive in posterior knee. **Intervention:** Passive range of motion in ankle and knee for 10 times. CR to improve ankle dorsi flexion and plantar flexion Ultra sound to right post knee Therapeutic exercises **Assessment:** Patient had increased ankle ROM but no change in knee ROM after treatment. Able to begin bike with resistance. *Reviewer's comment: Discharge summary from physical therapy visit is unavailable; the final visit has been captured in detail	
08/07/2017	XXXXX, M.D.	Office visit for left ankle avulsion fracture: Illegible notes Patient now has swelling at right ankle, numbness in shin. Stiffness in right hand- _____ PT. left knee pain, popping, worse with squatting up. **Physical exam:** Tenderness over right ankle in medial malleolus. Tenderness over right knee joint, has positive for swelling in knee, ankle and right hand. Decreased grip and strength. Tenderness over metacarpal joint near interphalangeal joint. **Assessment:** Avulsion fracture, medial malleolus healed, second metacarpal neck fracture. **Plan:** PT/hand therapy, wear off brace. Consider MRI of right knee. Follow up in 4 weeks. Home exercises.	221

09/07/2017	XXXXX, M.D	**Follow-up visit for right ankle avulsion fracture:** Illegible notes Patient continues to have right knee pain and stiffness. Walks with limp, positive _____, occasional giving way. Right ankle intermittent pain, swelling with prolonged standing/walking. Numbness anterior right shin, right hand improved with PT, occasional pain and paresthesia. **Physical exam:** Tender right knee joint has positive McMurray. 0-120°. Positive swelling in right knee and right hand. Significant tenderness in right hand, tender right medial ankle and positive swelling. **Plan:** Continue hand therapy once a week for 4 more weeks. Increased strength. MRI right knee. PT twice a week for 4 weeks, right knee/ankle.	301
09/14/2017	Radiology XXXXX, M.D	**MRI of right knee:** **Indication:** Pain and limited range of motion. Question of meniscal tear. **Impression:** Normal internal architecture of the right knee.	299
09/19/2017	XXXXX Physical Therapy XXXXX, PT	**Initial physical therapy evaluation for right knee and ankle pain:** Patient reports an onset of significant right knee pain and right ankle pain due to a personal injury which occurred on 04/28/2017. He stated that he injured his right knee and right ankle after the motorcycle he was riding struck a car that came from an opposite direction that had made a left turn on an intersection while there was still a green traffic light. He said that he tried to avoid the car by applying break on his motorbike and swerved towards the right lane to avoid collision, then collided with the car. He said that he flipped over the car injuring the right knee, right ankle and lower back. Due to the impairment caused by the injury, patient was unable to continue work-related duties at prior level of function. The patient complains of constant burning- sharp right knee and intermittent sore achy pain to right ankle. The knee pain is level is described as 8/10, and the right ankle pain is described as a 7 out of a scale of ten. Currently, patient has	50-52

		been referred for physical therapy for pain management and functional restoration. **Pain description** **Aggravating factors:** Standing for long period, walking for long period, stairs, bending, squatting, kneeling, and sitting for long period and ADL's. **Relieving factors:** Rest, elevation, ice pack, massage and medications. **Objective:** Active range of motion (ROM) of knee: Motion Left Flexion 115° Right Flexion 75° Extension Right 0° - Left 15° **Active ROM of ankle:** Plantar Flexion: Right 75°, Left 115° Dorsi Flexion: Right -10°, Left 45/10° Inversion/eversion: Right 15/5°, Left 45/10° **Knee** Manual Muscle testing: Right Knee Quadriceps: 4-/5 Hamstrings: 3-/5 Gastrocnemius: 4-/5 Tibialis Anterior: 3-/5 Peroneus: 3-/5 **Gait analysis:** • Shortened step length • Asymmetrical stride length • Decreased cadence • Decreased knee flexion during initial swing, bilaterally • Decreased knee extension during terminal swing, bilaterally • Decreased hip extension during terminal stance **Special Test:** Medial and lateral stress test: Positive in right.	

		Palpation: Tenderness to medial and lateral joint line of right knee, (±) mild swelling to right knee; tightness to right hamstrings and right quadriceps femoris more in right. Positive swelling to right lateral ankle/foot, tenderness to lateral malleolus of right ankle. Tightness to right gastrosoleus muscle. **Assessment: Descriptions:** • Impaired functional capacity secondary to personal injury. • Limitations with activities of daily living due to pain and diminished strength and range of motion. • Subjective and objective deficits may be addressed with physical therapy intervention. • Patient demonstrates good motivation towards physical therapy. • Good rehabilitation potential to meet physical therapy goals. **Problems:** • Pain limits capacity to perform ADL's. • Decreased range of motion limits capacity to perform activities of daily living. • Impaired strength limits functional capacity. **Treatment plan** Physical therapy knee program consisting of: • Therapeutic exercise - Promote strength of knee musculature, • Body mechanics/Ergonomics training - Proper positioning and lifting strategies. • Myofascial release and flexibility as needed - Soft tissue stretching improve range of motion. • Soft tissue mobilization and modalities as needed - Pain control and improve tissue healing time. • Patient education - Promote understanding and knowledge of injury-related issues. • Home exercise program prove compliance and independence with therapeutic exercises	

Injury Report

Injury Date: 04/28/2018

PARAMETER	DETAILS	PDF REFERENCE
Injuries/Related Medical Conditions Prior to Accident	**Past Med Hx**: Lower back pain **Past Surgical Hx**: Microdiscectomy in 2014 for lower back pain	124
Injuries Resulting from Accident	• Open fracture, right hand • Right ankle sprain • Right leg contusion • Bilateral shoulder impingement • Right lumbar radiculopathy with left leg radiating symptoms and lower extremity dysesthesia • Right index finger metacarpophalangeal (MP) joint radial collateral ligament laxity. • L5-S1 severe disc injury with back pain syndrome	80-82, 110-113, 250, 401-402
Surgery Resulting from Accident	**5/4/2017:** Open reduction and pin fixation for an open index finger metacarpal fracture (No operative report available) **5/10/2017:** Epidural injection at L5-S1 **7/5/2017:** Epidural injection at L5-S1 **11/20/2017:** L5-S1 left sided laminectomy **4/1/2018:** Transforaminal reexploration of previous laminectomy, facetectomy, discectomy, decompression of nerve root followed by interbody fusion and posterolateral fusion utilizing pedicle screws and rods. L5-S1 posterior lumbar interbody fusion	82, 110-112, 240, 401-402, 511, 514
Aggravation of Prior Medical Condition/Injury after Accident	No prior medical records reflecting medical history prior to the accident available other than previous diagnosis of lower back pain as mentioned in records during hospitalization.	322
New Medical Conditions/Injuries Unrelated to Accident (Presenting	None	

Since the Accident)		
Date Patient Returned to Work	**01/01/2019:** Returned to work in his previous occupation, self-employed painter	15
Effect of Injury on ADL's/Quality of Life	**Extreme Difficulty:** Recreation, sports, squatting, walking 2 blocks, walking a mile, standing for 1 hour, running on even ground and uneven ground, making sharp turns while running. **Severe-Moderate Difficulty:** Getting in or out of the bathtub, walking between rooms, putting on socks, lifting an object over 10 lbs, performing light activities, performing heavy activities, getting into or out of the car and going up or down 10 stairs. **Moderate Difficulty:** Usual household activities. Pain increases with walking or standing, flexing and extending the knee, climbing or descending stairs, giving way and uses a cane or walker for balancing.	150-155, 230-231
Disability	No physician reported disability at this time	
Medical Condition of Patient as of Last Available Medical Records	**04/10/2018:** Discharged after hospitalization for L5-S1 posterior lumbar interbody fusion. The patient was able to ambulate up to 900 feet with the help of a walker.	336-338

Further Discovery

Missing Medical Records

NECESSARY MISSING RECORD	MEDICAL PROVIDER TYPE	DATE/TIME PERIOD	IMPORTANCE OF MISSING RECORD	MISSING STATUS: CONFIRMED or PROBABLE	EVIDENCE RECORDS ARE MISSING
EMS Report	Unknown	4/28/2017	Sheds light on condition prior to hospital admission	Confirmed	PDF REF: 133 – 134
Primary Physician Records	Primary Dr.	Prior to hospitalization	Pre-existing conditions would be important ascertain	Confirmed	N/A
Hospital Records	XYZ Hospital	04/28/2017-5/10/2017	Sheds light on patient prognosis	Confirmed	PDF REF: 401-403
Hand Therapists Records: Occupational and Physical Therapy	ABC Surgical Center	3 month period – dates unknown	Sheds light on prognosis/possible inappropriate, ineffective therapy	Confirmed	PDF REF: 5-8
Medical Records	XYZ Hospital	4/28/2018	Understand the mechanism of the injury	Probable	N/A