

**Mandy Woods**  
**DOI: 9/25/03**

DATE/TIME	COMPLAINTS	TREATMENT PROVIDER	SUMMARY OF TREATMENT PROVIDED
<b>Date of Injury</b> <b>9/25/03</b>			
9/25/03	Lightheadedness Lacerations	Emergency Documents St. John's Hospital James Foster, MD	<p><b>Post-Injury Emergency Examination</b></p> <p>Details of injury</p> <ul style="list-style-type: none"> <li>• Unaware a sliding glass door was closed, ran into it</li> <li>• Shattered glass; fell on glass shards</li> <li>• Large, deep laceration L (left) thigh; to bone w/arterial, venous bleed</li> <li>• Unable to obtain radial or pedal pulses on scene</li> <li>• Low blood pressure on arrival to ER, awake &amp; alert</li> <li>• Large laceration noted on R (right) thigh</li> <li>• Feeling lightheaded</li> </ul> <p>Complaints / Exam findings</p> <ul style="list-style-type: none"> <li>• Lightheaded</li> <li>• Numbness, complete anesthesia L lower leg</li> <li>• Trauma to B (bilateral / both) legs</li> <li>• Small lacerations of chest, face</li> <li>• Tiny laceration on forehead</li> <li>• No pulse palpable L leg, R foot</li> <li>• Unable to move L foot</li> <li>• Wound on R not as deep as L</li> </ul> <p>Treatment</p> <ul style="list-style-type: none"> <li>• Given extensive fluid resuscitation</li> <li>• 4 units blood given</li> </ul> <p>Diagnosis</p> <ul style="list-style-type: none"> <li>• Hemorrhagic shock</li> <li>• Severe lacerations, B legs</li> <li>• Probable femoral artery laceration L leg</li> <li>• Disposed to the OR (operating room)</li> </ul>

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9/25/03 through 10/2/03		Hospital Records St. John's Hospital Various providers	<b>Post-Injury Inpatient Admission</b> <u>Diagnostic Documents</u> <ul style="list-style-type: none"> <li>Laboratory Reports</li> <li>Radiology Reports</li> </ul> <u>Surgical Documents</u> <ul style="list-style-type: none"> <li>Operative Reports</li> </ul> <u>Consultation Reports</u> <u>Progress Notes</u> <u>Physicians' Orders</u> <u>Nursing Records</u> <ul style="list-style-type: none"> <li>Progress Notes</li> <li>Nutritional Assessment</li> </ul>
9/26/03	Low blood pressure	William Hagan, MD	<b>Post-Injury Inpatient Day #1</b> <u>Critical Care Pulmonary Consultation</u> <ul style="list-style-type: none"> <li>Ran through plate-glass door sustaining major lacerations to LEs (lower extremities)</li> <li>To OR</li> <li>OR course critical for extreme low blood pressure</li> <li>Required 15 units packed RBCs (red blood cells), 8 units FFP (fresh frozen plasma), 2 platelet packs</li> <li>Required multiple pressor medication support</li> <li>Notably hypothermic (low body temp)</li> <li>Currently demonstrates adequate organ perfusion w/good urine output</li> </ul>
	Lacerations	Les Springer, MD	<u>Attending Physician Note</u> <ul style="list-style-type: none"> <li>Hx (history) of injury reviewed</li> <li>Repair of ~ 3 inch laceration below, lateral to L eye</li> <li>2 minor lacerations across L foot</li> <li>Deep laceration L proximal forearm over ulnar region</li> </ul> <u>Impression</u> <ul style="list-style-type: none"> <li>Major bleeding, near exsanguination (losing all of the body's blood)</li> <li>Shock 2<sup>nd</sup> to extensive laceration of upper L thigh w/obvious femoral artery and / or nerve injury, extensive lacerations of R knee region, lacerations of face, L forearm, R foot</li> </ul>
	Lacerations	Les Springer, MD	<u>Operative Report</u>

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	Lacerations Nerve damage Ligament damage	Neil Anderson, MD	<p>Pre-operative diagnoses</p> <ul style="list-style-type: none"> <li>Massive lacerations of the L thigh, R lateral knee region, lacerations of the face x 2, L forearm, L foot</li> </ul> <p>Procedure</p> <ul style="list-style-type: none"> <li>Exploration, repair of massive lacerations of L thigh w/ interposition reverses saphenous vein graft to femoral artery, femoral vein; donor site R saphenous vein</li> <li>Repair of extensive lacerations of L thigh</li> <li>Exploration, irrigation, debridement of R knee wound w/ subsequent repair, neuroorrhaphy by Dr. Abidi</li> <li>Repair L forearm laceration</li> <li>Repair of facial lacerations x 2</li> <li>Repair of L foot minor lacerations x 2</li> </ul> <p><u>Operative Report</u></p> <p>Preoperative diagnosis</p> <ul style="list-style-type: none"> <li>Orthopedic portion includes R peroneal nerve laceration as well as R lateral joint traumatic arthrotomy w/ disruption of the lateral collateral ligament, biceps femoris &amp; popliteus tendon, also, peroneal nerve</li> </ul> <p>Procedure</p> <ul style="list-style-type: none"> <li>R peroneal nerve repair w/re-anastomosis</li> <li>R lateral collateral ligament reconstruction</li> <li>R lateral joint arthrotomy closure</li> <li>Traumatic laceration closure, ~ 12 inch laceration</li> </ul>
9/27/03	Lacerations Ligament damage Fever	Nancy Mickelson, MD	<p><b>Post-Injury Inpatient Day #2</b></p> <p><u>Infectious Disease Consultation</u></p> <p>Assessment</p> <ul style="list-style-type: none"> <li>Low grade fevers likely related to blood</li> <li>Worry regarding Staph infection</li> </ul>
9/28/03		Henry Noonan, MD	<p><b>Post-Injury Inpatient Day #3</b></p> <p><u>Radiology Report</u></p> <p>X-ray – Chest</p> <ul style="list-style-type: none"> <li>Interval removal of endotracheal tube &amp; nasogastric tube</li> <li>New patchy bibasilar pulmonary consolidation</li> </ul>
9/30/03			<p><b>Post-Injury Inpatient Day #5</b></p>

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	Lacerations	Rod Andrews, MD	<u>Rehabilitation Consultation</u> <ul style="list-style-type: none"> <li>Hx of injury reviewed</li> <li>Hx of injuries reviewed</li> <li>Hx of surgery reviewed</li> <li>Postoperative course marked by weakness in B legs</li> </ul> Exam findings <ul style="list-style-type: none"> <li>L thigh w nearly circumferential medial laceration mid thigh w/ extensive edema</li> <li>R lateral knee laceration w/staples</li> <li>Other small lacerations well healed</li> <li>R leg w/significant pain inhibition to motor testing</li> <li>Hip flexion, quadriceps, abductors, adductors w/in normal limits, given pain</li> <li>No dorsiflexion, extensor hallucis longus or ankle eversion movement</li> <li>Lateral aspect of shin w/markedly diminished pinprick in distribution of superficial peroneal nerve</li> <li>Dramatic loss of sensation in 1<sup>st</sup> web space, corresponding to deep peroneal nerve</li> <li>Responsive quadriceps jerk</li> <li>L side appears to have some intact femoral motor</li> <li>Adequate motor strength to begin ambulation</li> <li>R sided complete peroneal nerve transection reattached</li> <li>Arrange for nerve conduction studies</li> <li>Compromised venous drainage L leg w/edema; will need custom-made compression garment to prevent venous edema</li> <li>Would like to transfer to rehab</li> </ul>
10/2/03 through 10/30/03	Functional deficits	Rehab Records St. John's Hospital Rehabilitation Various providers	<b>Inpatient Rehabilitation Admission</b> <u>Therapy Documents</u> <ul style="list-style-type: none"> <li>OT (occupational therapy)</li> <li>PT (physical therapy)</li> </ul> <u>Progress Notes</u> <u>Physicians' Orders</u> <u>Nursing Documents</u> <u>Rehabilitation Team Reports</u>
10/2/03			<b>Inpatient Rehabilitation Day #1</b>

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	Lacerations	Provider's name illegible	<u>Admit Progress Note</u> <ul style="list-style-type: none"> <li>• Polytrauma / exsanguination</li> <li>• Deep L <i>illegible</i> laceration</li> <li>• R peroneal palsy</li> <li>• L femoral laceration</li> </ul> Interval history <ul style="list-style-type: none"> <li>• Pain well controlled</li> <li>• Not out of bed</li> <li>• Decreased swelling</li> <li>• Atelectasis resolving</li> <li>• Low grade fever 2<sup>nd</sup> hematoma</li> </ul> Current condition <ul style="list-style-type: none"> <li>• Alert</li> <li>• Afebrile</li> <li>• R knee staples</li> <li>• L leg wound</li> <li>• L foot intact</li> <li>• L foot neuro intact</li> <li>• R peroneal – <i>illegible</i></li> </ul> Rehab <ul style="list-style-type: none"> <li>• AFO (ankle foot orthotic) on R</li> <li>• Knee brace R</li> <li>• L stable</li> </ul>
		Janine West, PhD	<u>Neuropsychology Consultation</u> <ul style="list-style-type: none"> <li>• Participation in Christian Group Topics</li> </ul>
10/3/03	Fever Cough	Provider's name illegible	<b>Inpatient Rehabilitation Day #2</b> <u>Progress Note</u> <ul style="list-style-type: none"> <li>• Low grade fever</li> <li>• Slight cough</li> <li>• <i>Illegible</i></li> </ul>
	Functional deficits	Provider's name illegible	<u>Occupational Therapy Initial Evaluation</u> <ul style="list-style-type: none"> <li>• Self care skills</li> <li>• Adaptive equipment training</li> <li>• Functional mobility</li> <li>• Neuromuscular re-education</li> <li>• Upper extremity strengthening</li> </ul>

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			<ul style="list-style-type: none"> <li>• Home program</li> <li>• Home management / community skills</li> <li>• Sensory re-education</li> <li>• Family training</li> <li>• Energy conservation</li> </ul>
	Functional deficits	Provider's name illegible	<u>Physical Therapy Initial Evaluation</u> <ul style="list-style-type: none"> <li>• Hx reviewed</li> <li>• Dependent for all functional status</li> </ul>
10/6/03	Lacerations Infection	Provider's name illegible	<b>Inpatient Rehabilitation Day #6</b> <u>Pulmonary Progress Note</u> <ul style="list-style-type: none"> <li>• No complaints</li> <li>• Antibiotics until 10/14</li> </ul>
10/17/03	Functional deficits	Provider's name illegible	<b>Inpatient Rehabilitation Day #17</b> <u>Physical Therapy Discharge Evaluation</u> <ul style="list-style-type: none"> <li>• Independent rolling, sit to supine, supine to sit &amp; scooting</li> </ul>
10/23/03 through 10/30/03	Lacerations Edema	St. John's Hospital Margaret Peterson, PT	<b>Outpatient Rehabilitation Therapy</b> <ul style="list-style-type: none"> <li>• Referred for wound care of open wounds L posterior thigh</li> <li>• 0/10 pain</li> <li>• Independent ambulation w/front rolling walker</li> </ul> <b>Assessment</b> <ul style="list-style-type: none"> <li>• L posterior thigh wound revealed traumatic lacerations, 3 smaller wounds, 1 large wound</li> <li>• Large wound had 40% brown eschar</li> <li>• Good granulation tissue</li> <li>• L thigh w/significant edema</li> </ul>
	Edema	Provider's name illegible	<u>Out-patient Discharge Report</u> <ul style="list-style-type: none"> <li>• All proximal posterior wounds have healthy granulation tissue</li> <li>• Largest wound w/ protruding granulation – needs compression</li> <li>• L thigh w/ significant edema causing increased wound drainage</li> <li>• Recommend bicycle shorts to manage edema</li> </ul>
11/7/03		Consultation Report	<b>Rehabilitation / Physical Medicine Consultation</b>

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	Sensation	Mary Powers, MD	<ul style="list-style-type: none"> <li>• Doing well</li> <li>• Wound has virtually recovered</li> <li>• Peroneal nerve needs to be evaluated – no recovery noted</li> <li>• EMG (electromyography) carried out in the R LE; no volitional use found</li> <li>• Nerve conduction found of tibialis anterior</li> <li>• L thigh swelling improved</li> </ul>
11/24/03	Circulation	Radiology Report Capitol Cardiovascular Imaging Samuel Conners, MD	<p><b>Imaging – Circulatory</b></p> <ul style="list-style-type: none"> <li>• Patent bypass graft</li> <li>• Graft patency is now 2.8 mos.</li> <li>• Ankle / arm index normal B</li> </ul>
8/13/04 through 10/7/04	Functional deficits	Treatment Notes St. John's Hospital Physical Therapy Provider's name illegible	<p><b>Physical Therapy Evaluation / Treatment</b></p> <ul style="list-style-type: none"> <li>• Lost sensation of hot, cold</li> <li>• Intermittent nerve pain in all positions</li> <li>• Sharp pain lateral R legs</li> <li>• Numbness top of R foot</li> <li>• R knee ROM (range of motion) normal</li> <li>• R ankle ROM 2/5</li> <li>• Nerve pain w/palpation at proximal peroneal</li> <li>• Sensation 1/4 to hot / cold</li> <li>• 0/4 for light touch, sharp, dull</li> <li>• Proprioception absent R great toe, ankle</li> <li>• R peroneal neuropathy, sural nerve transplant</li> <li>• R ankle weakness, loss of sensation w/ 2<sup>nd</sup> degree nerve pain</li> <li>• Rehab potential fair</li> </ul> <p>Frequency / Duration</p> <ul style="list-style-type: none"> <li>• 1 to 2 x wk x 9 wks</li> <li>• Total of 16 txs (treatments)</li> </ul>