

Client	V., Aaron	Date of Incident	5/14/xx
Defendant	Miller, John	CW/Victim(s)	Scott, Laura
Case #	xx4325		

Medical Records Reviewed:

- AMR Patient Care Report #xx920348
- Medical Center Emergency Department Records dated 5/14/xx
- Medical Orthopedics Clinic Records dated 5/15/xx
- Physical Therapy Records dated 6/3/15

Additional Records Reviewed:

- Police Department Incident Report #02531245 with associated reports (26 pages)

Initial Analysis Report

Case Summary:

On May 14th of 20xx Mr. John Miller was the driver of a vehicle that collided with another vehicle containing Ms. Laura Scott and other occupants. Ms. Scott was a restrained passenger and her airbag deployed. Immediately following the accident, she complained of 9 out of 10 right wrist pain and was taken to the local Medical Center by ambulance. The paramedics in the ambulance documented a medical history of hypertension and her blood pressure was elevated at 197/104. She denied any loss of consciousness.

Upon arrival at the Medical Center Emergency Department, Ms. Scott was assessed and she reported tenderness to palpation and there was obvious deformity to the right wrist. An xray was performed and Ms. Scott was diagnosed with a Colles Fracture with angulation but no dislocation.¹ An associated ulnar styloid fracture was also noted. Conscious sedation² was performed to allow for a wrist reduction.³ The reduction was successful, the wrist was placed in a splint, and instructions were given to follow up with orthopedic surgery within a few days.⁴

The following day Ms. Scott was seen at the orthopedic clinic and a recommendation was made for ORIF⁵ surgery to repair the fractures and align them using internal hardware.⁶ The procedure was performed on May 18th without complications.⁷

¹ Appendix A., p. 1

² Conscious sedation is a moderate level of sedation where medications are used to alter the patient's memory and control the pain during a bedside procedure. The patient is monitored but maintains their own airway.

³ Reduction is the process of manually repositioning the bones back into their normal anatomical location.

⁴ Appendix A., p. 2

⁵ ORIF – Open Reduction Internal Fixation

⁶ Appendix A., p. 3

⁷ Appendix A., pp. 4-5



Sample report

all names have been changed

Follow up visits on May 26th and 28th revealed a normal healing process; Ms. Scott denied complaints at these two visits.

Beginning on June 3rd, Ms. Scott was seen by Physical Therapy with a plan of 2 times per week therapy for 6 weeks.

On June 29th, Ms. Scott was seen back at the orthopedic clinic and denied any complaints at that time.⁸

On July 15th and August 6th Ms. Scott was seen by Physical Therapy and at both of these visits she complained of increased pain at night with some numbness. The increased pain is consistent with the assessment note of improved strength and range of motion.⁹

On August 10th Ms. Scott was seen back at the orthopedic clinic. She denied any complaints and was instructed to follow up in 3 months.¹⁰

On her final visit to the orthopedic clinic on November 16th, Ms. Scott reported some residual weakness. The xrays revealed that her wrist was healing well and the physician's overall assessment was that she was slowly improving. She was discharged from care and instructed to follow up only as needed.¹¹

List of Injuries:

- Colles Fracture

A Colles Fracture is a fracture of the distal¹² radius where the broken fragment of the radius tilts upward. It is one of the most common types of distal radius fractures and most commonly occurs from a fall onto an outstretched hand. The mechanism in a motor vehicle accident is a direct impact onto the palm of the hand with the hand upward in a "stop" position. (American Academy of Orthopedic Surgeons, 2013)



Figure 1 Colles Fracture (American Academy of Orthopedic Surgeons, 2013)

⁸ Appendix A., p. 6

⁹ Appendix A., pp. 7-9

¹⁰ Appendix A., pp. 10-12

¹¹ Appendix A., pp. 13-14

¹² Distal = situated away from the body.



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- Ulnar Styloid Fracture

The ulnar styloid is a small protrusion of the ulna, which is the smaller of the two bones in the forearm. The mechanism of this fracture is the same as of the Colles Fracture.

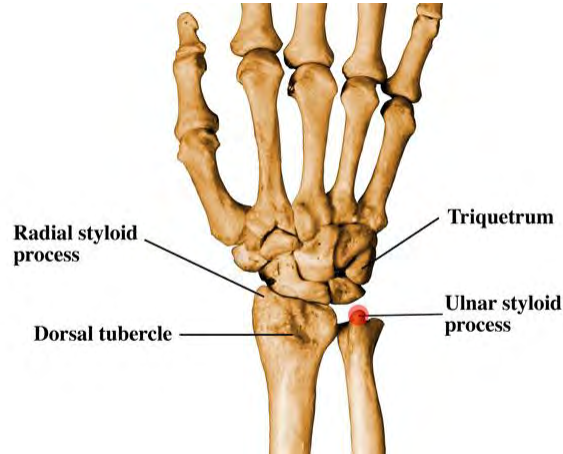


Figure 2 Ulnar Styloid (*America Pink, n.d.*)

Summary of Opinions:

Ms. Scott suffered a wrist fracture consistent with the mechanism of injury. Her treatment and follow up care are all consistent with medical standards. She demonstrated good compliance with physical therapy and her follow up visits indicated that she should heal and return to full functioning within a reasonable time frame. Some pain with vigorous activities within the first year is expected (American Academy of Orthopedic Surgeons, 2013).

The opinions in this report are within a reasonable degree of medical certainty based upon the documentation provided and referenced within this report. However, I reserve the right to amend my opinions upon receipt of additional information.

Thank you for the opportunity to work with you on this case. Please don't hesitate to contact me if you have any questions or concerns.

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**For new cases or referrals, please contact Godoy Medical Forensics, Inc.
at 925-425-7182 or Info@GodoyMedical.net**



Sample report all names have been changed

Works Cited

American Academy of Orthopedic Surgeons. (2013, March). *Distal Radius Fractures*. Retrieved from OrthoInfo: <http://orthoinfo.aaos.org/topic.cfm?topic=a00412>

Morphopedics. (n.d.). *Physical Therapy Management of Colles Fractures*. Retrieved Dec 4, 2012, from Morphopedics: <http://morphopedics.wikidot.com/physical-therapy-management-of-colles-fracture>