

**CONFIDENTIAL REPORT
PREPARED FOR:**

John Smith, Esq.

PRN Legal Nurse



Consultants

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Personal Injury Fact Sheet and Summary

Patient Information

Name: Olive Smith

Date of Birth: 12.03.1940

Date of Injury: 03.04.2019

Date of Death: NA

Primary Care Physician:

Treating Physicians:

- **Dr. Jacob Doe-** Emergency Medical Physician
- **Dr. John Doe-** Orthopedic Specialist
- **Dr. Alli-** Dermatologist
- **Dr. Jon Doe-** Orthopedic Specialist
- **Dr. Jill Doe-** General Practice Physician

Other medical personnel

- **Jack Doe-** Registered Nurse Urgent Care Center
- **Jillian Doe-** Physical therapist
- **Joan Doe-** Physical therapist

Records Reviewed

File Name/Designation	Relevant Pages	Total Pages
uc 3.pdf	3	3
2019.0425_uc 1.pdf	3	4
2019_03_21_uc 2.pdf	2	2
2019_03_21_General Ortho_2_John_Doe_retail_fall.pdf	1	3
2019_03_21_General Ortho_3.pdf	1	3
2019_03_21_General Ortho 4_NT.pdf	3	7
2019_03_21_General Ortho_John_Doe_Retail_Fall_3.pdf	3	3
2019.0627_dental 1.pdf	0	1
2019-03-27_dental 2.pdf	0	2
Dental 2.pdf	0	2
2020 03 30 General Ortho_5_NT.pdf	64	72
2020 03 30 General Ortho_John_Doe_Reail_Fall_3.pdf	4	4
2020 03 30 General Ortho_John Doe_Retail_Fall_1.pdf	0	4
2020 03 30 General Ortho_NT.pdf	0	4
2020_02_27_General_Imag_John_Doe_Reatil_Fall_6.pdf	4	4
John_Doe_Neck_and_Back (2).pdf	91	165
TOTAL	240	283



Prior Medical Conditions

The Following are Prior Medical Conditions based on the review of the above records:
Lung Disease
Seasonal Allergies

Injuries Sustained from Accident

The Plaintiff is Claiming the Following Injuries as a result of the Accident: (According to the medical records and discovery responses)
Damage to skin on face
Bleeding gums
Right knee sore, stiff with abrasions
Contusion of face
Contusion of right knee
Multiple abrasions
Closed head injury without concussion
Small-sealed laceration inside on upper lip
Tenderness on bilateral patellas
Superficial abrasions on right cheek, philtrum and upper lip

Additional Medical Diagnoses

Other Medical Diagnoses found in the Medical Records AFTER the Date of the Incident that are Pertinent to this Claim:
Bilateral anterior knee contusion
Bilateral knee chondrocalcinosis, possible internal derangement
Bilateral knees osteoarthritis
Acute pain of both knees
Antalgic stride
Bilateral knee swelling
Discoloration of knees right greater than left
Significant loss of range of motion in both knees
Impaired balance
Weakness of both hips and knees
Right knee arthrosis
Right patellar chondromalacia
Right knee popliteal cyst
Meniscal tears
Degenerative Cervical Changes
Genu Valgus Posture



Degenerative Lumbar Disc changes L1-L2 and L2-3

Anterolisthesis of L5-S1

Spondylolisthesis of Lumbar Spine

Narrative Summary of the Case

The Facts

On 03.04.2019 Olive Smith suffered a fall in the Walmart parking lot resulting in contusions on both knees, multiple abrasions particularly on her upper lip, philtrum, and right cheek. She also suffered from a closed head injury without a concussion, as well as a small sealed laceration inside her upper lip and tenderness on bilateral knees.

Mrs. Smith was discharged home from the urgent care center with instructions to eat soft foods until cleared by a dentist, and to take Ibuprofen or Aleve for any pain or inflammation. Mrs. Smith was also instructed to watch for signs or symptoms of infection such as redness, heat, increasing pain, drainage or pus, or fever from her multiple abrasions.

On 03.14.2019 Mrs. Smith met with an Orthopedic Specialist for her knee pain. She indicated that it was painful 8/10 and activities such as walking up or down stairs, getting in and out of bed, or sitting and getting up were aggravating her injury to her knees.

The Orthopedic Specialist noted on 03.14.2020 that Mrs. Smith will take several weeks for her symptoms to resolve. They discussed the use of an assistive device such as a walker or cane and conservative management was recommended. This management included rest, ice, and activity modification. She was instructed to take Tylenol as needed for pain. Dr. Doe also recommended physical therapy for range of motion, strength, and stability of knees. A follow-up was scheduled for two weeks to reexamine her knees.

On 03.14.2020 the physical therapist noted on her right knee contusions, ecchymosis, and tenderness to palpation, as well as a positive McMurray test.

On 03.19.2019 Mrs. Olive Smith filled out a questionnaire for physical therapy noting dull/aching pain and stiffness in both knees. She also indicated her right knee and calf were sore.

The physical therapist noted on 03.19.2019 that Mrs. Smith was being treated for bilateral knee pain from the fall on 03.04.2019. The client relayed that the right knee “is still slightly swollen and she can’t bend it or stand too long to cook dinner before it starts to ache in her calf. The L [left] hurts in certain positions like getting into bed (valgus) and weight bearing fully on it. Pain is 6-10/10 and she is very careful to not fall again. She has been primarily homebound since fall and husband has assisted with ADLs [activities of daily living] and IADLs [instrumental ADLs].” The physical therapist noted that prior to the injury on 03.04.2019, the client was able to change and maintain body position, as well as stand with no difficulty. Mrs. Smith also indicated that walk and moving around caused her no pain and

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did not need the use of assistive devices. At this visit, the physical therapist noted the change in functional limitations included the inability to lift up her right leg to put the sock on, inability to get into/out of step in bath tub without assistance, inability to drive, and do household chores. The client was also not able to stand at the sink and cook dinner without severe ache, also walking and moving around was very difficult and limited walking distance and stair negotiation to once a day. The physical therapist noted the aggravating factors of standing, walking, going up and down stairs, sit to standing, and bending. The physical therapist noted that the client was apprehensive about stand to sit transition, as well as was unsteady and needed assistance in initial steps by holding therapists hand. It was noted in the client's gait that she was antalgic, lacked proper heel strike/toe off, was apprehensive with weightbearing, had a shortened stride length, and contact guard assist was required to walk back to room. Client was evaluated and found to have decreased right knee range of motion, poor glute strength, decreased activity tolerance, apprehension and the strength was greater on her right side than left. Goals were discussed and treatment plan was created.

Client returned to physical therapy on 03.28.2019 and filled out a questionnaire stating moderate pain of 7/10 and the same aggravating factors of sitting too long, walking or bending. Mrs. Smith indicated that she needed to have dental work done which included cracked teeth from the fall. She stated she needed two root canals, as well as three caps on her front teeth next Wed. Documentation missing for exact procedure that occurred on the date given by client.

A follow-up visit occurred with the Orthopedic Specialist on 03.28.2019. Impression of client consisted of bilateral anterior knee contusion resulting from fall on 03.04.2019, and a bilateral knee chondrocalcinosis with possible internal derangement. Dr. Doe recommended continuing with physical therapy for patellofemoral rehabilitation. The physician indicated it may take up to 3-6 months to completely resolve and the client must avoid aggravating their knee. They stated they will continue to monitor for internal derangement and the use of ice and prescription anti-inflammatories were to be used. A follow-up appointment was discussed to occur in 4-6 weeks for repeat evaluation.

On 04.18.2019, a physical therapy recertification occurred. The client reported they were improving with physical therapy and felt more confident about doing tasks without the occurrence of pain. Client reported still getting pain and sore when walking more than two blocks and driving long distances. The physical therapist noted the client was progressing well and had improved range of motion, strength, gait, and balance. The client's pain and apprehension were also improved which led her to be able to participate in daily activities. It was recommended physical therapy continue to get client returned to her prior state of wellness.

A follow-up orthopedic consult on 04.22.2019 demonstrated an improvement in client's functionality from previous visit. Physical therapy was recommended to continue, and a prescription was written to this effect. Client was to attend physical therapy two to three times a week for 4-6 weeks.



On 05.17.2019 a recertification occurred for Mrs. Olive Smith. The same goals were discussed as before and client continued to show improvement with range of motion, strength, stability in glutes, and a decrease in pain. No individual notes are available at this time for each physical therapy session client attended.

On 06.03.2019 Mrs. Smith returned to the Orthopedic Specialist for a follow-up. Dr. Doe stated “The patient is 3 months status post a bilateral knee contusion. She states improvement in pain, but still has some right knee pain with figure 4. She has no pain with walking, stairs, or any other activity. The patient finishes her course of physical therapy today. She denies locking, catching, giving out or significant swelling.” Physical therapy was not ordered to continue at this time, rather a home exercise program (HEP) was discussed in lieu of PT attendance.

At Mrs. Smith’s last physical therapy session, she noted in the questionnaire her pain of 1-2/10 and that “all is better.” She still complained of aggravating her knee when she would bend the right knee at certain angles. No definitive notes from client’s last session on this date to report.

A follow-up visit occurred for physical therapy on 07.15.2019 to evaluate client’s knees after discontinuing service. Mrs. Smith stated her knee pain had resolved, no pain at that time, however, was still unable to get on her knees. She pointed out that she was avoiding twisting her knees, however. On this same day, Mrs. Smith attended her Orthopedic follow-up as well. She reported that her knees were doing “great” and denied any significant functional limitations for her ADLs. Still complained of some discomfort when kneeling, but was participating in her HEP. Dr. Doe recommended anti-inflammatory agents to be used as needed and to follow-up as needed.

Mrs. Olive Smith met with a physical therapist on 12.26.2019 to create a treatment plan. No documentation prior to this visit to indicate reason for visit. The types of therapies were discussed as well as the short- and long-term goals to be gained from the therapies. Upon assessment it was found that Mrs. Smith suffered from decreased strength and range of motion. The plan was focused on improving strength, range of motion, stability, and flexibility.

On 12.27.2019 Mrs. Smith followed up with an orthopedic specialist regarding her mobility issues. She indicated pain in her knees, as well as the rest of her body of significance to 10/10 in her right knee. She also reported decreased physical activity of any type due to the pain, saying things such as “life has become a chore just to do normal things.” MRIs were ordered at this time. Dr. Jon Doe evaluated Mrs. Smith, along with her MRI scans. His recommendation was to reinstate physical therapy to treat her cervical and lumbar spine, as well as her bilateral knees. She was told to take anti-inflammatories if needed. Also, the doctor suggested the consideration that surgery may need to be consulted for the meniscal tears.

Mrs. Smith attended physical therapy from 12.27.2019 to 01.22.2020 for a total of 9 sessions. With each session client improved mobility, decreased pain and was able to tolerate treatment well. Slight fluctuations her to pain and swelling, however this is expected when PT sessions are one after the other with no rest between sessions.

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Patient followed up with Dr. Doe on 01.28.2020. Her previous x-rays were examined and revealed moderate to severe degenerative changes. New x-rays were ordered and to include the client's lumbar and cervical spines. Improvement was discussed with the client's knees, and she was to continue PT.

Mrs. Smith met with the physical therapist on 01.28.2020 and a treatment plan was again discussed. The goals remained the same, as well as most of the treatment modalities. It was noted that the client was progressing slowly towards goals, but still had limitations to her daily function caused by the pain in her right knee.

The client went to physical therapy from 01.28.2020 to 02.26.2020 approximately twice a week. With the same fluctuations as before in her pain and swelling but was feeling less pain than when first started the therapy. The client filled out a questionnaire regarding her pain and how often, worst, current etc. and revealed she was almost never in pain 7 days a week and it would be as bad as 7/10. Her physical therapist updated the PT plan, and the client was to continue with her HEP as well.

Mrs. Smith had x-rays completed on 02.27.2020 of both ankles, along with her lumbar and cervical spine. She met with her physician the next day to discuss the results. She noted new spondylolisthesis of the lumbar spine to sacral spine. Dr. Doe felt the clients cervical and lumbar spine had osteoarthritis and degenerative changes that were "definitely exacerbated by the fall." Physical therapy was still recommended, and no new medications were added.

Mrs. Smith attended the remainder of her PT sessions until the last one on 03.18.2020. Still complained of pain but of levels 1-2/10, which is an improvement as compared to when she began therapy. It was noted the client tolerated treatment well.

This completes the facts of the case from the medical records I received.

Discussion of Claims and Injuries

1. Damage to skin on face- On 03.04.2019 Mrs. Smith fell in a Walmart parking lot by stubbing her toe. When she fell, she damaged the skin on her face. She relayed this information to the urgent doctor the day after.
2. Bleeding gums- When Mrs. Smith fell on 03.04.2019, she had bleeding gums when her face hit the pavement. She bit through her top lip and her bite felt off the day she fell. At the urgent care center the next day, she told the doctor her bite felt better, just sore. No permanent damage noticed. The physician suggested a soft diet until cleared by her dentist.
3. Right knee sore, stiff with abrasions- Mrs. Smith immediately upon falling in the Walmart parking lot on 03.04.2019 complained of pain in her right knee accompanied by soreness, stiffness and abrasions the next day.
4. Contusion on head- While walking in the Walmart parking lot, Mrs. Smith stubbed her



toe and fell. This fall resulted in a bruise on the patient's head. She immediately complained of pain on her face and with chewing.

5. Contusion to the right knee- It was noted by the urgent care doctor that the fall on 03.04.2019 caused a contusion on the client's right knee. This was the cause of the soreness and stiffness to her leg. She was referred to an orthopedic specialist and possible physical therapy was considered.
6. Multiple abrasions-When Mrs. Olive Smith went to the urgent care, the doctor diagnosed her with multiple abrasions. These occurred on her face, her right cheek, and her philtrum. She was told by the doctor to see a dentist to ensure that worsening damage did not occur inside her mouth.
7. Closed head injury without concussion-When Mrs. Smith fell on 03.04.2019, she suffered a closed head injury, but since she said she did not lose consciousness the doctor did not feel she had a concussion. The urgent care center she went to the day after she fell diagnosed her with a closed head injury as she did not have any open wounds other than the abrasions.
8. Small sealed laceration inside on upper lip- On 03.05.2019 Mrs. Olive Smith went to the urgent care department because she suffered a fall the day before in the Walmart parking lot. After assessment the doctor there found a small, sealed laceration on the inside of her upper lip. Due to this finding the doctor recommended Mrs. Smith see a dentist before eating anything more than soft foods.
9. Tenderness on bilateral patella's- When Mrs. Smith fell in the parking lot, she fell onto her knees. This accounts for the tenderness found on bilateral patella's when she went to see the urgent care doctor the following day.
10. Superficial abrasions on right cheek, philtrum, and upper lip- As stated above, when Mrs. Smith fell her jaw hurt. The urgent care doctor recommended a soft diet until after she was cleared by her dentist. The doctor also noted there were superficial abrasions on her right cheek, upper lip, and her philtrum.

Discussion of Diagnoses

1. Bilateral anterior knee contusion- discoloring of the skin on both knees. When Mrs. Smith fell, she landed on her knees on the rough concrete/asphalt. This caused the bruising on her knees.
2. Bilateral knee chondrocalcinosis, possible internal derangement- The buildup of calcium crystals in the joints and can lead to inflammation and cartilage damage. Since Mrs. Olive Smith fell onto her knees and suffered contusions, it is unclear if she had this condition prior to falling or due the fall. However, the internal



derangement can be from a meniscal tear, which was found when the client completed an MRI the following December 2019.

3. Bilateral knees osteoarthritis-breaking down of the cartilage inside the knee. It is very common in knee joints. This was found in Mrs. Smith after her Orthopedic assessments, as well as her physical therapist noted it when her range of motion was clearly decreased.
4. Acute pain of both knees- Pain that comes immediately after an injury that usually gets better with time and physical therapy or rest. Mrs. Smith fell onto her knees when she fell in the Walmart parking lot, therefore she suffered from acute pain because she fell directly onto her knees.
5. Antalgic stride- limping from the pain. After the fall the client was limping due to the pain.
6. Bilateral knee swelling- Enlarging of the area surrounding the knee. When the client fell, she suffered from swelling of her knees which decreased her mobility as a result.
7. Discoloration of knees right greater than left- Bruising deep or superficially/on top of the skin caused the client's knees to be of a different color than her usual skin tone.
8. Significant loss of range of motion in both knees- Range of motion refers to the normal mobility of a joint or portion of the body. When the client fell, the resulting bruising, swelling, pain, and stiffness caused her to lose some of her range of motion.
9. Impaired balance- difficulty standing or sitting. Mrs. Smith complained of difficulty doing housework or cooking because of her lack of balance or ability to stand for long periods of time. Also, the physical therapist noted the client had difficulty moving from sit to stand to sit without assistance or pausing to regain balance.
10. Right knee arthrosis- breaking down of a joint from the inside. It was noticed after the fall with various scans and x-rays that the client suffered from disease of her knee joint.
11. Right patellar chondromalacia- softening or breakdown of the inner tissues, such as cartilage, under the knee cap. Prior to the fall Mrs. Olive Smith never complained of any knee pain, however after the fall and subsequent x-rays and MRI's discovered this issue inside her knees when she was not improving after physical therapy over many months.
12. Right knee popliteal cyst- A fluid-filled sac on the back of the knee that can lead to tightness and restricted movement. Was found on the MRI of Mrs. Olive Smith right knee in December 2019.
13. Meniscal tears- tearing of the meniscal ligament found inside the knee. Is a common knee injury and can occur on front or sides of the knee. Mrs. Smith suffered this tear



after she fell in the Walmart parking lot.

14. Degenerative Cervical Changes- breakdown of the cervical spine from wear and tear or an injury. The doctor stated in the note that Mrs. Smith suffered from this degenerative change after she fell on 03.04.2019.
15. Genu Valgus Posture- Knee deformity caused by a misalignment; this causes the knees to turn inward. Sometimes referred to as “knock knees” and the client’s knees were close together after the fall in March 2019, as well as after attending physical therapy for many months.
16. Degenerative Lumbar Disc changes L1-L2 and L2-3- According to the MRI, the patient had clear breakdown between her lumbar disc levels one to two and two to three. This breakdown could lead to the need for surgical intervention or more/continued physical therapy.
17. Anterolisthesis of L5-S1- Abnormal alignment of the bones in the spine, when the bones of the spine slide in front of the one below. On the x-ray taken in February of 2020, this evidence of slippage of the lumbar 5 to sacral one was found.
18. Spondylolisthesis of Lumbar Spine- spinal condition that causes pain, the anterolisthesis of the lumbar 5 to sacral one has caused slippage of the vertebrae, therefore the client suffers from back pain. Can be treated with conservatively, but if severe client should consider surgery.

Legal Nurse Discussion and Opinion Based on the Medical Records Provided

On 03.04.2019 Mrs. Olive Smith suffered a fall in the Walmart parking lot. This left her with multiple abrasions, contusions on both her knees, a closed head injury, as well as contusions on her facial; especially her right cheek and upper lip. Mrs. Smith also required the consultation of a dentist in order to understand how dire her injuries were to her teeth.

Based on the reviewed medical records, it is my opinion that the client’s mobility deficits were caused by her fall. It is unclear whether she had injuries to her back, as there are no x-rays to compare to, however based on her reports of her previous health she had no issues getting around prior to the fall.

I agree with the subsequent diagnoses that followed after the client received x-rays and MRI’s of the appropriate areas of concern.

The client reported being active prior to the fall and was deterred by the pain to continue to clean her house or play with her grandchildren.

It is important to note that many documents are missing, including physical therapy notes, dental records, as well as the x-rays the client received the first time she went to urgent



care. Without these documents it is difficult to completely understand the entire case.

Legal Nurse “Next Step” Recommendations

Please schedule a call with our LNC after you review to discuss this case.

1. Medical Record Retrieval:

Please have your firm request the medical records listed below:

Record Type and Date	Facility	Date Requested	Date Received
X-rays performed in March 2019			
Dental records for treatment received after fall March-April 2019			
Missing Physical Therapy Documentation between March 28, 2019 and April 18, 2019			
Missing Physical Therapy document Visit # 21 March 2020			

2. Expert Location and Screening: Seek a expert with knowledge specifically pertaining to:

- Orthopedic Specialist
- Dentist

PRN Legal Nurse Consultants* can help find and facilitate experts for your case.

3. Possible Defenses:

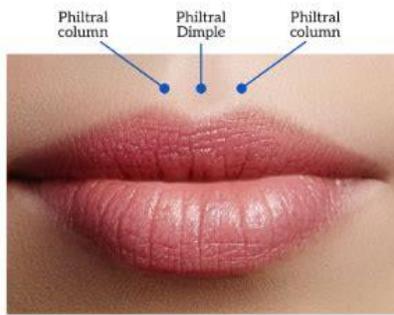
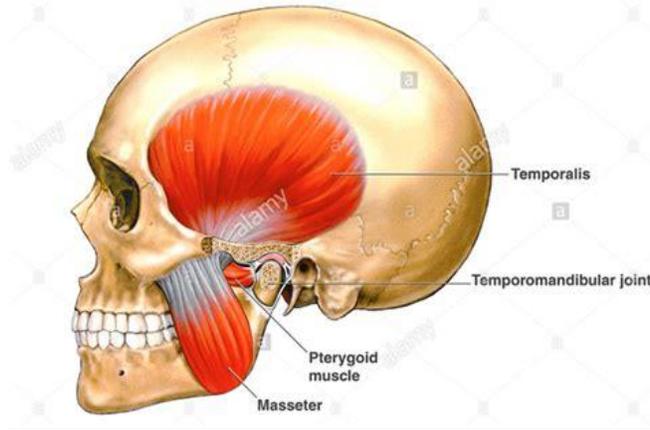
- Delay in treatment:
 - i.* Opposing counsel may ask why the client delayed going to the urgent care center until the following day.
 - ii.* This delay in treatment, though not a cause for any of her injuries, is of concern.
- Previous health history
 - i.* Client’s previous health history needs to be well documented that she was active and did not suffer from neck, back, or knee pain.
 - ii.* Her lung disorder does not account for any of the issues she is claiming
- Break in treatment
 - i.* Why did Mrs. Brown complete Physical Therapy in June of 2019 with feeling “all better” and yet she returned in December with complaints of almost immobility due to her knee pain?



ii. Did she fall at home or sit for a prolonged amount of time/not complete her home exercises?

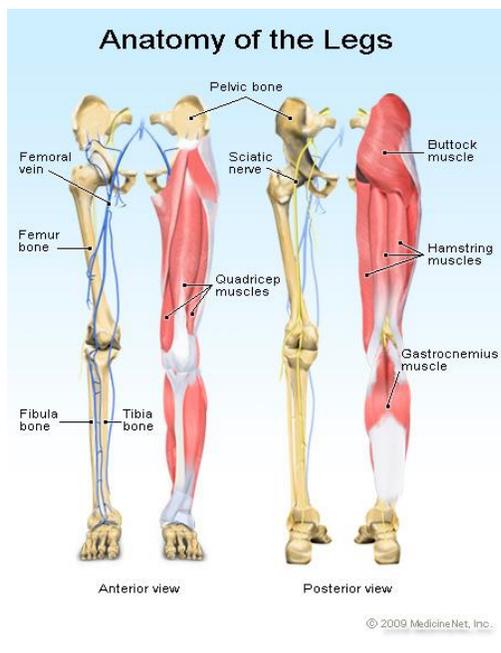
4. **Research and Summarization of Authoritative Literature:**

- Facial anatomy



Philtrum

- Anatomy of the Legs



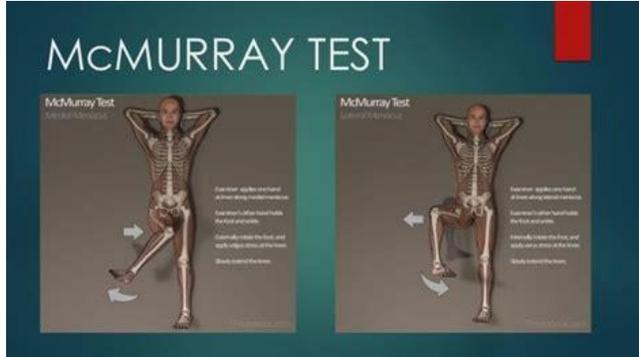
- Laxity varus or valgus stress:



- Lachman's Test:



- MacMurray's Test:



- Normal Spine vs. Spondylosis/Spondyloslisthesis

