

**CONFIDENTIAL REPORT
PREPARED FOR:**

John Smith, Esq.





Fact Sheet and Summary

Patient Information

Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date of Death: N/A

Primary Care Physician: Dr. Jane Doe

Treating Physicians:

- **Dr. John Doe** – Emergency Medicine [02.16.2019] *Generic Hospital*
- **Dr. John Doe** – Orthopedic Surgery [02.18.2019 – 09.30.2019] *Orthopedic Facility*
- **Dr. Jane Doe** – Wound Care [02.18.2019 – 05.29.2019] *Orthopedic Facility*
- **Jane Doe, PT** – Physical Therapy [02.18.2019 – 10.01.2019] *Physical Therapy Facility*
- **Jane Doe, LPC**– Mental Health Therapy [03.01.2019 – 03.14.2019] *Mental Health Clinic*
- **Dr. John Doe** – Emergency Medicine [03.15.2019] *Generic Hospital*
- **Jane Doe, OTR/L** – Occupational Therapy [03.19.2019 – 08.13.2019] *Occupational Therapy Clinic*

Records Reviewed

File Name/Designation	Total Pages	Relevant Pages
PT.OT Medical Records 05.19.pdf	536	
Ortho Wound Care 05.18	69	
MH Records 5.18.pdf	11	
Insurance billing.PDF	25	
EOB Ortho.pdf	4	
EMS.1.pdf	1	
EMS 2 5.18.pdf	1	
appt follow up.pdf	1	
animal control 5.17.pdf	23	
TOTAL	671	

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Prior Medical Conditions

The Following are Prior Medical Conditions based on the review of the above records:
Acne Keloidalis
Adjustment Insomnia
Arteriosclerosis of Coronary Artery
Benign Essential Hypertension
Benign Prostatic Hypertrophy
CABG 4V (LIMA-LAD, VG-Dx, VG-OM, VG-PDA) 9/14
Carbuncle, Abdominal Wall
Cardiomyopathy
Cholelithiasis
Complication of Chest Tube
Coronary Artery Disease
Cough
Cough Productive of Purulent Sputum
Dermatitis, Eczematoid
Diabetes Mellitus Type II, Uncontrolled
Diabetic Neuropathy
Dog Bite, Hand
Edema
Elevated Transaminase Level
Epidermal Inclusion Cyst
Erectile Dysfunction of Organic Origin
Esophageal Reflux
Exertional Dyspnea
Extruding Suture
Fatigue
Fracture of Distal Phalanx of Index Finger
Granuloma of Skin
Hearing Loss
Hyperlipidemia
Left Hip Pain
Lower Back Pain
Morbid Obesity
Morbid Obesity with BMI of 40.0-44.9, Adult
Multiple Puncture Wounds
MVA Restrained Driver
Necrotic Ulceration of Fingers
Nephrolithiasis

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Onychogryposis
Onychomycosis
Open Displaced Fracture of Distal Phalanx of Right Index Finger with Nonunion, Subsequent Encounter
Pectoralis Muscle Strain, Initial Encounter
Perforation of Right Tympanic Membrane
Possible Old Boxer's Fracture Distal Right Fifth Metacarpal
Prostate Cancer Screening
Purulent Rhinitis
Right Hip Pain
Sleep Apnea
Special Screening for Malignant Neoplasms, Colon
Testicular Hypofunction
Tooth Pain
Trapezius Muscle Spasm
Traumatic Amputation of Finger
Visit for Suture Removal
Visit for Wound Check

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)
Multiple Puncture Wounds of Hands, Finger, Abdomen, Forearms
Comminuted Fracture of Second Distal Phalanx with Partial Amputation

Additional Medical Diagnoses

Other Medical Diagnoses Found in the Medical Records AFTER the Date of the Incident that are Pertinent to this Claim:
Infection
Post Traumatic Stress Disorder
Loss of Function in Activities of Daily Living
Hand Disability

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Narrative Summary of the Case

The Facts

This case involves a 59-year-old male Mr. John Doe who was involved in a dog bite attack on 02.16.2019. According to the animal control report, Mr. Doe observed two dogs on Generic Street and Generic Street at 11:15 am. Being that Mr. Doe is a dog lover and a retired canine handler, he wanted to keep bystanders safe and help the dogs return to safety.

Mr. Doe stated that he was concerned that the two dogs would be hit by a car so he pulled over and was able to get one of the dogs (terrier) into his vehicle. Mr. Doe got a leash from his vehicle and put it on the pitbull. Mr. Doe was able to pet the dog and it was fine. Then suddenly without a growl or warning the pitbull jumped up and attacked Mr. Doe, knocking him down to the ground and attacking/biting him. It is noted in the report that there is another bite victim shortly prior to this incident on the same day. We do not have the police report or animal control report from this incident but it has been requested.

Animal control arrived to find Mr. Doe in an alley, on the ground, being attacked/bitten by the pitbull. According to the animal control report, Mr. Doe had a severe avulsion on his right forearm, the tip of his right index finger was almost completely severed, two deep lacerations on left forearm and wrist, multiple abrasions on both legs and forehead, and multiple punctures on his right side of his abdomen and abrasions on the left side. Mr. Doe complained of forearm, hand, and body pain immediately following the dog bite attack and was transported by Emergency Medical Services to nearby Generic Hospital.

The Emergency Medical Services (EMS) record showed Mr. Doe had a very elevated blood pressure of 192/130 (normal blood pressure is considered 120/80 or less). The EMS record stated Mr. Doe had: Left Forearm Laceration (1.5"), Right Forearm Laceration (1.5"), Right Index Finger Avulsion tip of finger degloved, and minor abrasion to the left side shoulder blade.

Mr. Doe was evaluated at Generic Hospital by Dr. John Doe. Dr. Doe noted that Mr. Doe had deep lacerations on the right index finger, lacerations on both forearms, and abrasions on the head and left knee. It was noted that Mr. Doe had bruises on the abdomen and the forearms were very, very swollen. Mr. Doe complained of head pain, arm pain, both knees pain, and right index finger pain.

An X-ray of both forearms was performed during the Emergency Room visit and showed no fracture or dislocation; both forearms showed swelling and soft tissue laceration.

An X-ray of Mr. Doe's hands were performed during the Emergency Room visit and showed a comminuted fracture of the second distal phalanx with partial amputation.

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Mr. Doe's right index finger tip was sewn back on, lacerations were sutured, tetanus shot was received, wound care was provided, and antibiotics and morphine were given. Mr. Doe was diagnosed with crush injuries, lacerations, and painful amputation of the right index finger post dog attack. He was discharged home from the Emergency Room with a prescription for Doxycycline Hyclate and Norco. He was told to follow-up with Orthopedics for wound check first thing on 02.18.2019 (Monday morning). Mr. Doe was advised to return to the Emergency Department if his symptoms worsened.

On 02.18.2019, Mr. Doe went to an orthopedic surgery consultation with Dr. John Doe. Mr. Doe stated that since the dog bite attack, he had been experiencing 10 out of 10 pain in his right index finger. During the examination it was noted that Mr. Doe demonstrated swelling and tenderness to touch on the right index fingertip. He had decreased range of motion in the right index finger. It was noted that there was a near circumferential distal laceration (a deep, nearly all-the-way-around cut) in the right forearm. Sensation was diminished in the right forearm/hand. Dr. Doe diagnosed Mr. Doe with a fracture of right index finger distal phalanx open dog bite injury. Dr. Doe discussed that Mr. Doe is at a very high risk for devascularization and infection. He also discussed the possibility of nonunion, loss of alignment, pain, cosmetic deformity, loss of motion, and to consider surgery. Mr. Doe stated he wished to treat conservatively for the time being. Dr. Doe prescribed Norco every 6 hours as needed for pain. Dr. Doe recommended that Mr. Doe be evaluated next week for vascularity and fracture displacement. Dr. Doe recommended a follow up in 1 week with X-rays of the right index finger. Throughout the course of Mr. Doe's visits, his flexion improved but his right index finger flexion never returned to normal functioning. It remained stiff and unable to function as needed for his occupation as a Fraud Investigator. Mr. Doe continued to follow-up with the Orthopedic Surgeon from 02.18.2019 through 09.30.2019 and attended 10 out of 10 scheduled Orthopedic/Wound Care appointments. Mr. Doe did not miss any appointments.

Later that day on 02.18.2019, Mr. Doe went to his initial wound care visit with Dr. Jane Doe at *Orthopedic Facility* with a focus on wound healing. Upon physical examination, it was noted that Mr. Doe had lacerations on both forearms and right fingertip missing; left shoulder lacerations/abrasion 2cm, left calf/knee abrasion; 1 cm forehead abrasion with bruising; huge abdominal abrasion with bruising; left hand with bruising and swelling. Dr. Doe diagnosed Mr. Doe with multiple puncture wounds, hand dog bite, PTSD (from the dog attack) and diabetes mellitus type II (uncontrolled). Dr. Doe's plan was for Mr. Doe to keep his diabetes under control, to apply mupirocin ointment to the wounds 3 times per day, and to keep his follow up with PCP.

On 02.22.2019, Mr. Doe went to the Emergency Room. Medical records are requested for this date as they are missing.

On 02.26.2019, Mr. Doe had an X-ray of his hand which showed a second distal phalanx fracture. It appears this was another Emergency Room visit. Medical records are requested for
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this date they are missing.

On 02.27.2019, Mr. Doe went to the Emergency Room again. Medical records are requested for this date as they are missing.

On 03.01.2019 Mr. Doe was seen by Licensed Professional Counselor Jane Doe. Mr. Doe was then diagnosed again with Post Traumatic Stress Disorder by Jane Doe, LPC. Jane Doe, LPC stated, "Mr. Doe is experiencing post-traumatic stress from the dog attack and it is affecting his mental, physical, and emotional health". On a pre-treatment survey, it asks to rate how much he was affected by the following in the past week. Mr. Doe's answers are in parentheses following the statements. "Concerns about your body or physical health" (Extremely), "Thoughts or behaviors you do over and over again" (Extremely), "Please rate how well you are doing on your job" (Cannot function). Mr. Doe stated he has been experiencing flashbacks and fears he won't be able to do his job as a detective as he needs his hand for shooting. Mr. Doe was seen by Jane Doe, LPC on 03.01.2019 and 03.14.2019. According to Jane Doe, LPC; Mr. Doe "stopped coming no response".

On 03.15.2019, there was an order placed "Physical Therapy referral to Wound Care" stating the reason: necrotic wound finger and hematoma, painful left side.

On 03.15.2019, Mr. Doe had a follow up with wound care. Mr. Doe complained of intolerable finger pain. Mr. Doe stated his dominant finger is his right index finger and it hurts to type so he cannot work. He complained of soreness where the other bites are. Dr. Doe's physical examination revealed his left abdominal wound has healed with either a subcutaneous hematoma or scar tissue. Dr. Doe diagnosed Mr. Doe with necrotic ulceration of fingers, hand dog bites, and diabetes mellitus type II uncontrolled. Mr. Doe's right index finger appeared infected. Dr. Doe called Orthopedics and they were not available so he advised Mr. Doe to go to the Emergency Room for treatment.

Later that day on 03.15.2019, Mr. Doe returned to the Emergency Department at the Generic Hospital. Mr. Doe complained of finger pain due to the dog attack on 02.16.2019. Mr. Doe stated he has been following up with the Orthopedic Doctor and finished all of the antibiotics, but the wound has not healed. An X-ray was performed and showed comminuted fracture of the distal phalanx, unchanged in alignment. Overlying soft tissue swelling is noted. Dr. Doe prescribed Clindamycin and Norco for the infection. Mr. Doe was discharged home.

On 03.19.2019, Mr. Doe was seen by Jane Doe, OTR/L for an evaluation. Mr. Doe was diagnosed with a mobility and power deficit of the right hand. The focus for treatment is to increase range of motion and ability to participate in activities of daily living. Jane Doe, OTR/L tested the range of motion of the wrist and index finger and Mr. Doe's results were abnormal and indicated stiffness. Mr. Doe complained of 7 out of 10 on the pain scale. The order was for Mr. Doe to attend Occupational Therapy 2 times per week for 6 weeks, for a total of 12 visits. After Mr. Doe attended 12 out of 12 visits, it was noted that Mr. Doe did not

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make the progress needed to return to his normal baseline. Another order was placed for additional treatment. According to the provider Jane Doe's notes, an additional 16 visits were ordered. The official order was for 1 time per week for 6-8 weeks. On visit number 24 on 06.25.2019, it was noted by the provider Jane Doe that test results from the Semmes-Weinstein test indicated that Mr. Doe had diminished protective sensation in some fingers. It was also noted that Mr. Doe had an abnormal range of motion with stiffness. "Pt [patient] does have a long history or [of] diabetes which may be related to his peripheral sensory issues" Jane Doe, OTR/L - 05.06.2019.

An additional order was placed on 06.27.2019 for 2 times per week for 6 more weeks of Occupational Therapy. On 07.19.2019 an additional order was placed for 1 x week for 10 weeks. Mr. Doe attended Occupational Therapy appointments, his last being on 08.13.2019. Mr. Doe's functional goals of being able to: handle his weapon/gun, use the computer with his index finger, drive his motorcycle, write using the right index finger, and take photos were all unmet. As of 08.13.2019, it was noted by his provider Jane Doe, OTR/L that Mr. Doe had 1 more therapy follow-up appointment authorized. Between 03.19.2019 and 08.13.2019, Mr. Doe attended 28 out of 36 scheduled Occupational Therapy appointments. Mr. Doe missed a total of 8 appointments; 5 appointments due to scheduling issues/personal reasons with 3 no shows.

Mr. Doe began Physical Therapy on 04.03.2019 with a focus on wound healing. During the physical therapy evaluation, it was noted that Mr. Doe had a dog bite wound and hypersensitivity on his right index finger. He was told by Jane Doe, Physical Therapist, that because there is bone exposure it may be able to heal on its own or may need surgical intervention. Mr. Doe was told he may lose a portion of the fingertip if the necrotic portions don't regenerate. Jane Doe, PT noted during a Physical Therapy encounter that "The pt [patient] and his wife report frustration that this finger does not seem to heal and is affecting his life more than his bypass surgery ever did". The following Physical Therapy encounters showed delayed wound healing Due to the delayed wound healing, on 07.02.2019 new Physical Therapy orders were placed for every other week for 12 weeks. Mr. Doe attended 11 out of 18 scheduled Physical Therapy appointments between 04.03.2019 and 07.16.2019. Up until 07.02.2019, Mr. Doe had attended all appointments but one. He missed one appointment because he had to take his father to a doctor's appointment. On 07.02.2019, a new order for 6 additional sessions were placed. He attended 1 more session after the new order was placed. It is noted by Jane Doe, PT "The pt. [patient] has not been seen since 7/16/19 and has not called to schedule an appt. The pt. [patient] was seen by Generic Office on 9/30/19 and his note reports that the wound is closed. Will D/C [discharge] pt [patient] from services". All wound goals were met by discharge.

On 06.10.2019, Mr. Doe went to the Emergency Room. Medical records are requested as they are missing for this date.

On 07.02.2019, Mr. Doe went to the Emergency Room. Medical records are requested as
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they are missing for this date.

On 07.18.2019, Mr. Doe went to the Emergency Room. Medical records are requested as they are missing for this date.

On 09.30.2019, Mr. Doe had his last Orthopedic follow-up appointment. During his physical examination it was noted, “Tenderness to palpation about the fracture site persists. Flexion is limited”. Orthopedic Surgeon, Dr. John Doe, noted “Patient primarily complains of neuropathic type pain from nerve injury as a result of the laceration. He also has some instability to the distal phalanx. I discussed the treatment of this which would be nonunion repair including internal fixation with screw or K wire and bone grafting from the distal radius. However, the patient does not wish to pursue this given the traumatic nature of the surgery, long recovery course, and the risks associated with anesthesia given the patient’s comorbidities. He understands that dysfunction nerve symptoms are expected to be permanent”. Between 02.18.2019 and 09.30.2019, Mr. Doe attended 10 out of 10 scheduled Orthopedic appointments. An X-ray performed on 09.30.2019, showed that Mr. Doe’s comminuted fracture of the second distal phalanx did not heal on its own.

On 10.01.2019, Mr. Doe went to the Emergency Room. Medical records are requested as they are missing for this date.

On 10.21.2019, Mr. Doe went to the Emergency Room. Medical records are requested as they are missing for this date.

Discussion of Claims and Injuries

1. **Infection** – Mr. Doe complained of swelling, discomfort, and pain in his right index finger caused by the dog bite on 02.16.2019. Despite receiving antibiotics on 02.16.2019 in the emergency room and taking additional antibiotics (as prescribed) for 10 days post injury, Mr. Doe was later diagnosed with an infection in his right index finger. Mr. Doe went to the emergency room again on 03.15.2019 and was diagnosed with a suspected infection by Dr. John Doe. Mr. Doe was prescribed additional strong antibiotics to get rid of the infection, which has since resolved.

2. **Abdominal pain** – Mr. Doe complained of left sided pain in the abdomen. It was discovered that he had puncture wounds in the abdomen caused by the dog bite on 02.16.2019.

3. **Finger pain** – Mr. Doe complained of finger pain. It was discovered he had puncture wounds and a comminuted fracture of the second distal phalanx with partial traumatic amputation caused by the dog bite on 02.16.2019.

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4. **Forearm pain** – Mr. Doe complained of pain in both forearms. It was discovered he had puncture wounds/lacerations (on both forearms) and a severe avulsion on the right forearm caused by the dog bite on 02.16.2019.

5. **Affective symptoms: anxiety and depression** – Mr. Doe complained of having flashbacks, anxiety, sleeplessness, depression, and nightmares. He was diagnosed with Post Traumatic Stress Disorder on 02.18.2019 by Dr. Jane Doe and on 03.01.2019 by Jane Doe, LPC (*Mental Health Clinic*).

6. **Loss of Function in Activities of Daily Living** – Mr. Doe complained of being unable to perform activities of daily living due to his comminuted fracture and partial amputation of his right index finger. He was later diagnosed on 08.08.2019 with a hand disability by Dr. John Doe (*Orthopedic Facility*). Mr. Doe stated he can't hold a pencil, let alone perform his job duties as an Investigator (using a gun, taking photos, write with a pen/pencil, drive a motorcycle, and has limited ability to type on a computer keyboard). The loss of activities of daily living has led to the potential loss of Mr. Doe's occupation as an Investigator.

Discussion of Diagnoses

1. **Infection** – An infection occurs when harmful germs enter the body, multiply, and cause illness. Mr. Doe received prompt medical care (wound care, x rays, antibiotics, etc.) due to the dog bite on 02.16.2019 and yet still, an infection occurred. Mr. Doe had already taken an initial antibiotic on the day of the dog bite and 10 days of additional antibiotics after. On 03.15.2019, Mr. Doe went to the emergency room with an infection and was prescribed more strong antibiotics. This subsequent infection was noted to be related to the dog bite on 02.16.2019.

2. **Comminuted fracture of second terminal phalanx with traumatic partial amputation** – The tip of the right index finger was severely crushed into multiple bone fragments and part of the skin/pad/tip was lost. Mr. Doe was diagnosed with comminuted fracture of second terminal phalanx with traumatic partial amputation by Dr. John Doe on 02.16.2019. This injury was caused by the dog bite earlier that day.

3. **Post Traumatic Stress Disorder** – Is when someone goes through a scary or dangerous event and, even after the danger is gone, their brain still feels like it is happening. Mr. Doe was diagnosed with Post Traumatic Stress Disorder on 02.18.2019 by Dr. Jane Smith and on 03.01.2019 by Jane Doe, LPC. Mr. Doe's PTSD was caused by the dog bite on 02.16.2019.

4. **Nonunion fracture** – Is when a fracture fails to show signs of healing on X-rays after a reasonable period, often extending up to a year post-injury. It is unlikely to heal without

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intervention. Mr. Doe was diagnosed with a nonunion fracture on 08.08.2019 by Dr. John Doe. This was noted to be related to the dog bite on 02.16.2019.

Legal Nurse Discussion and Opinion Based on the Medical Records Provided

On 02.16.2019, Mr. John Doe tried rescuing loose dogs in the roadway and was involved in a dog bite attack. During the attack, Mr. Doe was bitten by the pitbull in numerous places including: forearms, hands, fingers, and abdomen. He also had a severe avulsion on his right forearm and the tip of his right index finger was almost completely severed. Mr. Doe had multiple abrasions on both legs and forehead. He complained of pain in the arms, hands, fingers, shoulders, abdomen, and legs; caused by the dog bite. He was taken to Generic Hospital via Emergency Medical Services where he was diagnosed with dog bite of multiple sites, partial traumatic metacarpophalangeal amputation of finger and an open finger fracture.

Mr. Doe's dog bite injuries have caused chronic issues for him including post-traumatic stress disorder, diminished protective sensation, limited mobility/range of motion needed for activities of daily living, and loss of work due to being unable to perform his duties as a Fraud Investigator. Mr. Doe is noted to have uncontrolled diabetes mellitus type II and this could be partially to blame for the diminished protective sensation. However, it was noted by Dr. Doe on 09.30.2019 "Patient primarily complains of neuropathic type pain from nerve injury as a result of the laceration". While the diabetes may be partially to blame, the dog bite injury has exacerbated the diminished protective sensations.

The trauma Mr. Doe sustained during the accident caused wounds that required painful wound care such as debridement and numbing injections. He was also underwent countless X-rays to monitor his healing progress.

Based on the reviewed medical records, it is my opinion that the dog bite attack on 02.16.2019 caused Mr. John Doe's injuries listed above, and his decline in health and wellbeing. The symptoms Mr. Doe is presently experiencing are consistent side effects of the injuries he sustained during the dog bite attack. He has endured multiple consultations and imaging scans which have noted the symptoms he has experienced post-trauma are all directly related to the dog bite attack on 02.16.2019 and the injuries he sustained are all capable of causing the decline in his health and well-being.

Legal Forensic Nurse Consultant "Next Step" Recommendations

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

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1. Medical Record Retrieval:

Please have your firm request the medical records listed below:

Record Type and Date	Facility	Date Requested	Date Received
Police Report [02.16.2019]	<i>Generic Police Department</i>		
Police Report for additional victim bit by same pitbull [02.16.2019]	<i>Generic Police Department</i>		
Animal Control Report for additional victim bit by same pitbull [02.16.2019]	<i>Animal Control</i>		
ER Visit (PT.OT_Medical_Records 5.19.pdf Pg 452) [02.22.2019]	<i>Generic Hospital</i>		
ER Visit (PT.OT_Medical_Records 5.19.pdf Pg 451-452) [02.26.2019]	<i>Generic Hospital</i>		
ER Visit (PT.OT_Medical_Records 5.19.pdf Pg 452) [02.27.2019]	<i>Generic Hospital</i>		
ER Visit (PT.OT_Medical_Records 5.19.pdf Pg 103) [06.10.2019]	<i>Generic Hospital</i>		
ER Visit (PT.OT_Medical_Records 5.19.pdf Pg 54) [07.02.2019]	<i>Generic Hospital</i>		
ER Visit (PT.OT_Medical_Records 5.19.pdf Pg 39) [07.18.2019]	<i>Generic Hospital</i>		
ER Visit (PT.OT_Medical_Records 5.19.pdf Pg 17)	<i>Generic Hospital</i>		

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[10.01.2019]			
ER Visit (PT.OT_Medical_Records 5.19.pdf Pg 13-15) [10.21.2019]	<i>Generic Hospital</i>		
Surgical History (PT.OT_Medical_Records 5.19.pdf Pg. 406) “Back Surgery for Cyst” [Date Unknown]	<i>Unknown</i>		
Primary Care Physician follow-up appointment (appt follow up.pdf Pg 1) [Date Unknown]	<i>Primary Care Physician</i>		
Need higher quality wound pictures (PTOT.pdf Pg 77-79, 132-139, 238-255, 300-319) [Date Unknown]	<i>Unknown</i>		
Hospital Visit [10.06.2014-10.26.2014]	<i>Generic Hospital</i>		

2. Expert Location and Screening:

- Recommend an: Orthopedic Expert

Legal Nurse Detective can help find and facilitate experts for your case

3. Possible Defenses

- Pre-existing condition: Diabetes Mellitus Type II
 - Mr. Doe has Diabetes Mellitus Type II, Uncontrolled. This was present before the dog bite attack. Diabetes Mellitus Type II can cause an array of symptoms such as impaired wound healing, bone fracture recovery, peripheral neuropathy, etc.
 - The defense could argue that Mr. Doe’s history of Diabetes Mellitus Type II, Uncontrolled caused his delayed wound healing, impaired bone fracture recovery, and diminished protective sensation.
 - It was noted by Dr. Doe (*Orthopedic Surgeon*) on 09.30.2019 “Patient primarily complains of neuropathic type pain from nerve injury as a result of the laceration” and “he understands that dysfunction nerve symptoms are expected to be permanent”. While the Diabetes Mellitus Type II *may* have caused initial peripheral neuropathy, the dog bite injury has

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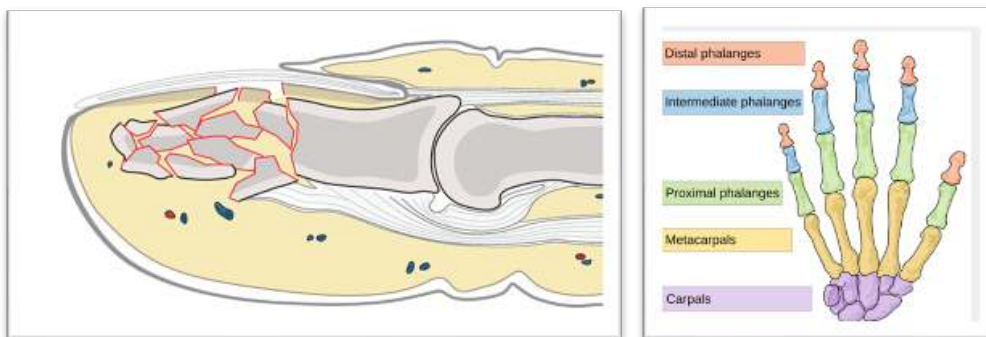


exacerbated the diminished protective sensations.

- Mr. Doe's records state he is allergic to Kenalog. Kenalog can cause major management issues for patients with Diabetes Mellitus, such as blood sugar spikes.
- Mr. Doe is prescribed Ozempic, Jardiance, and Insulin. These medications are known to lower blood sugar and help patients have better control with their Diabetes Mellitus.
- Pre-existing condition: Class 2 Obesity
 - Mr. Doe is 255 pounds at 5'8", according to the medical records (PT.OT_Medical_Records 5.19.pdf Pg 264). This places Mr. Doe in the Class 2 Obesity category. Obesity can cause an array of symptoms such as wound healing, bone fracture recovery, high blood sugar, etc.
 - The defense could argue that Mr. Doe's history of Obesity caused his delayed wound healing, impaired bone fracture, and diminished protective sensation.
 - On 02.18.2019, Dr. John Doe (*Orthopedic Surgeon*) documented in his notes, "We discussed the possibility of nonunion, loss of alignment, pain, cosmetic deformity and loss of motion...consider surgery"
 - While these conditions *could* have contributed to impaired wound healing, bone fracture recovery, and diminished protective sensation, they did not act alone. The dog bite attack *caused* the wounds, the fracture, and exacerbated diminished protective sensation.

4. Research and Summarization of Authoritative Literature:

Comminuted Fracture of the Distal Phalanx- The fingertip bone was shattered or broken into three or more pieces.



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