



Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
02.16.2019 10:44 AM	John Doe [Animal Control Officer] <i>City Animal Control</i>	ANIMAL CONTROL DETAIL ACTIVITY CARD 02/16/19 10:44hrs John Doe has two dogs on Generic Street they have the entire off-ramp blocked off for GPD [Generic Police Department] to respond. Dogs are a pit bull and a terrier. 02/16/19 11:12hrs- John Doe called back and indicated that the dogs are now stray at Generic Street. 02/16/19 11:13hrs-Officer Doe is on scene at 42 nd Street. 02/16/19 11:45hrs Officer Doe called back and advised a second bite victim was currently at their station reporting a bite to the abdomen and hand from the dogs. Victim stepped outside, possibly being treated by	<u>NOTE:</u> This report states there was another person bit in the belly and hand by the same dog(s) right before Mr. Doe. Police report records from this incident are requested in the Fact Summary Report.	animal control 5.17 Pg. 17-18

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		medics, but GPD front desk will call back with victim's contact information for bite report. GPD their officer last saw the dogs heading southbound on Generic Street about 20 minutes ago. 02/16/19 12:07 John Doe reports the [that] he saw one pitbull and a small terrier that were close to the first reports that another citizen was attacked by the pitbull. 02/16/19 12:26hrs GPD called and advised their victim John Doe is at Generic Hospital. He was transported to Generic Hospital. 02/16/19 12:36hrs John Doe called and advised victim John Doe is at Generic Hospital. 02/16/19 13:24hrs Officer Doe called in and indicated that bite victim Jane Doe is in		

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		Generic Hospital and ready to be discharged. The second victim is in Generic Hospital... ...02/16/19-I responded to a report of a pitbull and a terrier stray on Generic Street prior to my arrival John Doe advised that one of the dogs had bitten Jane Doe and the dogs were now stray. When I arrived the dogs were last seen near Generic Street. I patrolled the area and the surrounding neighborhood. I was unable to locate any stray dogs. I continued to patrol back to Generic Street since the dogs originated from Generic Street. I back tracked possible routes but still no sightings of the dogs. Dispatch advised that GPD had a citizen at the station reporting he was bit by the stray pitbull. They also advised the dogs were last seen on Generic Street. I returned to Generic Street and patrolled the area and surrounding neighborhoods. I had patrolled the area earlier. I was concerned due to the number of people out on the Saturday morning. No		

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		citizens I spoke with had seen the dogs and I was unable to locate them. I advised dispatch I was going to be enroute to Generic Street to contact the bite victim. I was at the intersection of Generic Street when dispatch advised that the biting dog was currently at Generic Street. I drove directly there and dispatch advised that the dog was currently attacking a citizen just south of the intersection. I located the victim John Doe in the alley just south of Generic Street on the ground with a white and gray pitbull. I pulled into the alley parked my vehicle grabbed my long ketch-all and ran to where John Doe and the dog were entagled [entangled]. I could see the the dog was biting Mr. Doe on the arm. Mr. Doe was yelling for help. I looped my ketch all around the dogs head and mouth. I tightend the ketchall to gain control of the dog so that I could pull him off of Mr. Doe. It took a second or two but the dog released Mr. Doe		

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		and I was able to pull him back and Mr. Doe was able to get up off the ground. At that time GPD ARRIVED. PD [police department] asked me how they could help, the ketchall was not around the dogs neck it was still around the back of his neck and in his mouth. I asked PD [police department] to grab a second ketchall out of my truck so I could properly secure the dog and place him on my truck. GPD [Generic Police Department] was able to give me my short ketchall and we got it on the dog and secured him in the large animal carrying unit on my truck. I then secured the second terrier type dog on my truck. I quickly spoke with FIRE and obtained contact info for John Doe cont... John Doe was being transported to Generic Hospital ER [emergency room] for treatment. He had a severe evulsion [avulsion] on his right forearm, the tip of his right index finger	<u>Avulsion</u> is an injury where skin or bone is ripped away from its normal place on the body. <u>A severed finger</u> is when all or a part of the finger is cut, torn, or crushed away from the hand.	

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		was almost completely severed, two deep lacerations on his left forearm and wrist, multiple abrasions on both legs and forehead, multiple punctures on his right side of his abdomen and abrasions on the left side. Per Animal Control policy, I went to Generic Hospital's ER [emergency room] to obtain photographs of the bite wounds and to contact bite victim John Doe also at Generic Hospital ER [emergency room] for medical care. I contacted John Doe in the ER [emergency room]. He advised that Officer Doe had just taken photos of his bite wounds and they had just been rebandaged. I advised him I would obtain photos from Officer Doe. I initiated the bite report and John Doe stated that he observed the two dogs on Generic Street at 1115 am. He was concerned they would be hit by a car and he pulled over and was able to put the smaller terrier in his vehicle. He then	<u>Laceration</u> is a tear, cut, or rip in the skin. <u>Abrasions</u> are scrapes of the top layer of skin. <u>Punctures</u> are deep cuts/holes in the skin/body.	

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		approached the pitbull and was able to put a leash on him. He said the pitbull was a little nervous, but okay and then it suddenly jumped up and attacked him. John Doe was bit on both sides of the abdomen and on his left wrist. The dog would not stop attacking him. Mr. Doe saw an open backyard and ran inside, the pitbull chased after him and John Doe had to shut the gate on the dog. The dog continued to try to get to Mr. Doe who used the gate to protect himself. He stated that finally after smacking the dog with the gate a number of times the pitbull finally backed off and ran away. I issued Mr. Doe a statement form and a door tag with the activity number. I then contacted John Doe he allowed me to take photographs of his bite wounds. He is waiting on a surgical consult for his partially severed right index finger and x rays of both arms to determine if anything is broken. John Doe stated that at approximatley		

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		[approximately] 1200PM he saw the dogs run across the street on Generic Street and he was concerned they would be hit by a car. He is a dog lover and retired canine handler. He saw the dogs in the alley just south of Generic Street. He saw a car parked in the alley and a couple getting out, he asked them if the dogs belonged to them, they stated NO. John Doe got a leash from his car and put it on the pitbull, he said he was able to pet the dog and it was fine. Then suddenly without a growl or warning the pitbull jumped up at attacked him knocking him to the ground until I arrived.		

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02.16.2019	John Doe [Animal Control Officer] <i>City Animal Control</i>	ANIMAL CONTROL WOUND PICTURES	   	animal control 5.17 Pg. 19-23

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02.16.2019 11:59:38 AM	John Doe, [Paramedic] /Jane Doe [EMT] /John Doe [Paramedic] /John Doe [Fire Rescue] <i>Generic City Emergency Services</i>	EMERGENCY MEDICAL SERVICES REPORT ON SCENE: 02.16.2019 12:05:46 COMPLAINT: Arm and Hand Pain DISPATCH COMPLAINT: Animal Bite PRIMARY SURVEY: [All noted within normal limits except:] Breathing: labored PRIMARY IMPRESSION: Traumatic Injury CAUSE: Bite-Animal MOI [Mechanism of Injury]: Penetrating ASSESSMENT SUMMARY: [All noted within normal limits except:] Skin: clammy/moist, cool, pale. Forearm-Left: 1 ½” Laceration	EMT: Emergency Medical Technician Labored Breathing Abnormal breathing pattern characterized by increased effort of breathing. Degloving / Avulsion: An injury that occurs when the top layers of skin and tissue are ripped from the underlying muscle, connective tissue, or bone. Laceration: A cut “Pt [patient] found laying on ground in alley, FPD [Fire/Police dispatch] on scene, animal control on scene, dog contained, Pt states he was attacked by Pitbull. Pt has avulsion to tip of right index finger. Pt has 1.5” laceration to right forearm, Pt has 1.5” laceration to left forearm. Pt states he was taken to the ground by dog. Pt not complaining of neck or back pain. Pt has minor abrasion to left side shoulder blade, dressed	EMS_2 5.18 Pg 1-7

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		Forearm-Right: 1 ½” Laceration Hand: Finger-2nd (Index)-Right: Avulsion Tip of finger degloved... TREATMENT – PROCEDURES: Wound Care NARRATIVE: Pt [patient] found laying on ground in alley, FPD [fire department] on scene, animal control on scene, dog contained. Pt [patient] states he was attacked by pitbull, Pt [patient] has avulsion to tip of right index finger, Pt [patient] has 1.5” laceration to right forearm, Pt [patient] has 1.5” laceration to left forearm, Pt [patient] states he was taken to the ground by dog. Pt [patient] not complaining of neck or back pain, Pt [patient] has minor abrasion to left side shoulder blade, dressed wounds, ALS [advanced life support] eval [evaluation], vitals stable, Pt [patient] does not meet trauma criteria, bls [basic life support] transport to Generic Hospital	wounds ALS [advanced life support] eval, vitals stable. Pt does not meet trauma criteria, bls [basic life support] transport to Generic Hospital” <u>Abrasion</u> is a scrape that tears away the top layer of skin.	

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		TRANSFER OF CARE: 02.16.2019 12:29:22 LOCATIONS: 123 Generic Hospital Way Generic City, Generic State 00000		
02.16.2019 12:05 PM	John Doe [Animal Control Officer] <i>City Animal Control</i>	ANIMAL CONTROL REPORT 2 LOCATION AND DESCRIPTION OF WOUNDS: rtforearm [right forearm] evulsion [avulsion] multiple puncture left arm WOUND TREATMENT: Generic Hospital BITE INFORMATION: Date of bite: 02.16.2019 Date of report: 02.16.2019 Incident location: 123 Generic Street ANIMAL INFORMATION: Type: dog Animal description: 10 years male, white and gray, am pit bull ter [American pitbull terrier] Prior bites: 2	Avulsion is an injury where skin or bone is ripped away from its normal place on the body. Puncture is a hole in the body that is caused by sharp objects, like a dog bite. “Prior Bites: 2” According to Animal Control, this is the third reported bite from the same dog.	animal control 5.17 Pg. 4-6

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		VICTIM INFORMATION: Part of body bitten: multiple Circumstances: approach unrestrain Synopsis: Severe evulsion on R [right] forearm, the tip of R index finger almost completely severed, two deep lacerations on L [left] forearm and wrist, multiple abrasions on both legs and forehead, multiple punctures on R side of abdomen. QUARANTINE INFORMATION: Quarantine begin date: 02.16.2019 Quarantine end: 02.26.2019 Quarantine location: shelter OWNER INFORMATION: John Doe [2 other victims were involved and injuries were reported]	<u>A severed finger</u> is when all or a part of the finger is cut, torn, or crushed away from the hand. <u>Laceration</u> is a tear, cut, or rip in the skin. <u>Abrasion</u> is a scrape that tears away the top layer of skin.	
2.16.2019 12:34 PM	John Doe, MD [Emergency Room Physician]	EMERGENCY ROOM REPORT HISTORY OF PRESENT ILLNESS: PT [patient] BIB [brought in by] AMB [ambulance] WITH C/O [complaints of] RT	<u>A non-radiating deep laceration</u> is a deep tear, cut, or rip in the skin. Non-radiating means that pain, infection, or redness is not in any other area of the body other than the wound.	PT.OT_ Medical_ Records 5.19

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	Generic Hospital	[right] ARM PAIN, HEAD PAIN AND BILAT [bilateral] [both sides of the body] KNEE PAIN S/P [status post] DOG BITE EARLIER TODAY-PAIN 8/10 AT THIS TIME AND DESCRIBED AS DULL, CONSTANT, THROBBING AND NON RADIATING-DEEP LAC [laceration] NOTED RT [right] INDEX FINGER, LAC [laceration] X 1 NOTED ON RT [right] FOREARM AND LAC [laceration] X2 NOTED ON LEFT FOREARM-ABRASION NOTED ON HEAD AND LEFT KNEE-UNK [unknown] LAST TETANUS SHOT... ...INTAKE VITAL SIGNS 02/16/19 1310 [1:10 PM] Systolic 156 Diastolic 78 Pulse 108 Resp [respirations] 18 Oxygenation Pulse Ox [oxygen] 99 Oxygen Delivery Method Room Air Temp 97.0... ...NOTES [redacted] on 02/16/19 at 1400 [2:00 PM]	<u>A tetanus shot</u> needs to be given within 72 hours (preferably sooner) after a dog bite, if a booster shot was not given within the last 5-10 years. A dog's mouth carries bacteria that can be life-threatening if Mr. Doe does not have this shot. <u>Abrasion</u> is a scrape that tears away the top layer of skin. <u>8/10 on the pain scale</u> is very severe pain.  <u>Cefazolin</u> is an antibiotic used to treat serious infections of the skin and to prevent infections.	Pg. 461-471

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		ANIMAL CONTROL OFFICER [officer] DOE BEDSIDE ...MEDICATIONS... ceFAZolin Inj 1 gm Vial (Ancef Inj) 02/16/19-1250 [12:50 PM] 1 GRAM 02/16/19-1403 [2:03 PM] Y IM [intramuscular] Injection Site: Left Ventral Gluteal [injection in the buttocks]... ...Hydrocodone+Acetaminophen 10/325 mg Tab (Norco 10/325 mg) 1 TAB...Pain Scale Used: Verbal Scale (0-10)...Pain Intensity: 8... ...morphine Inj 2 mg/1 mL Syringe (morphine Inj) IVP [intravenous push] /ONCE/ONE... ...Primary Impression: Dog bite of multiple sites Secondary Impressions:	<u>Hydrocodone + Acetaminophen (Norco)</u> is a very strong medication used to treat severe pain. <u>Morphine</u> is a very strong medication used to treat severe pain.	

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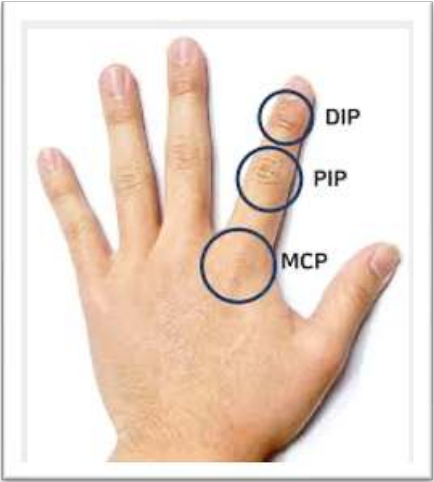
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		Partial traumatic metacarpophalangeal amputation of finger Open finger fracture... ...PRESCRIPTIONS DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE) 100 Mg Capsule 100 MG ORAL Twice Daily for 10 Days MG HYDROCODONE BIT/ACETAMINOPHEN (NORCO 10-325 TABLET) 10 Mg/325 Mg Tab 1 TAB ORAL Four Times Daily as needed for PAIN Dispense 20 TAB...	<u>Partial traumatic metacarpophalangeal amputation of finger</u> is an injury where part of the finger was detached near the knuckles. <u>Open finger fracture</u> is when you have a broken bone in the finger and the skin over or near the break is torn or cut and you can see the bone. <u>Doxycycline Hyclate</u> is an antibiotic used to treat bacterial infections.	
02.16.2019 12:50 PM	John Doe, MD [Emergency Room Physician] <i>Generic Hospital</i>	EMERGENCY DEPARTMENT REPORT HISTORY OF PRESENT ILLNESS: This is a 59-year-old male patient, John Doe. The patient comes in with an MSE [medical screening exam] time of 12:50 p.m. with a chief complaint of dog bite to the right hand,	<u>MSE (Medical Screening Exam)</u> is the first exam on any patient who comes to the emergency department to decide if they have an emergency medical condition.	PT.OT_ Medical_ Records 5.19 Pg. 475-476

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		bilateral [both] arms, multiple abrasions to the abdomen and left knee. The patient states that he was trying to help. There was a pit bull running around, trying to help. He thought that people had lost their dog. He was trying to help him and this dog ended up biting him and literally almost biting the second digit of the right hand, the distal tip of that is almost off completely. The patient is right-hand dominant. States his tetanus is in less than 5 years. He has no chest pain, no shortness of breath, no vomiting... PHYSICAL EXAMINATION: [All noted within normal limits except:] Abdomen: some superficial scratches on the abdomen, dry blood to the abdomen. Extremities: The patient's upper extremities, he has both forearms bandaged and his right hand bandaged. I was able to see at the end of the bandage, it is [word missing] right hand.		

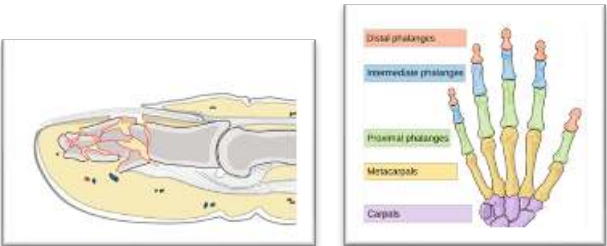
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		The distal tip is partially avulsed or amputated. It is still hanging on by a quarter of the edge there, but at that DIP [distal interphalangeal joint] joint it looks like that is where it is. I will be able to dictate further once we are able to get [words missing] then remove all the bandages and get a better look at his forearms and the hand. The patient's lower extremities have got superficial abrasion to the left knee. ADDENDUM: The patient's x-rays of the bilateral [both] forearms have come back, showing no fracture or dislocation; bilateral [both] soft tissue swelling and soft tissue laceration. The patient's x-rays of the hand have come back; x-rays reviewed by radiology, showing a comminuted fracture of second distal phalanx [index fingertip bone] with partial amputation [partial loss of fingertip].	<u>Comminuted fracture of second distal phalanx with partial amputation</u> is a serious injury where the bone is broken into multiple pieces, with a loss of part of the fingertip, often involving the fingernail. 	

Laceration is a tear, cut, or rip in the skin.

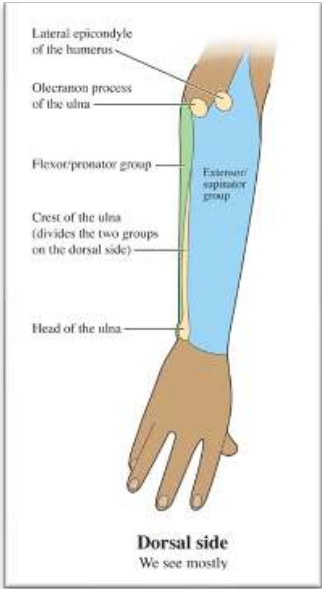
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		...I gave a digital block [numbing] to the patient's finger on his right hand second digit [finger], using bupivacaine and lidocaine, no epinephrine. After good anesthetization [numbing]...I irrigated [cleaned] the wound several times using the saline and Betadine [kills germs] mixture...I went ahead and used 4 throws of interrupted 4-0 Prolene sutures [stitches] around the tip of that finger to close the wound. The wound went from the lateral [side] edge of the nail all the way around the nail, around the fingertip, around the pad. So, he was just being held on by that lateral [side] portion of the skin. Dr. Doe talked to Dr. Doe, who told us to go ahead and close that wound, reattach the finger; and he will follow back up with Dr. Doe for a wound check... Right arm: The patient has a 5 cm full-thickness laceration on the dorsum of the right forearm. That wound was irrigated [cleaned] with sterile saline and sterile Betadine [kills	 <u>Dorsum of forearm</u> is the back of the forearm from the elbow to the wrist. <u>Laceration</u> is a tear, cut, or rip in the skin.	

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		germs] using 60 mL syringe [syringe] with a splash guard. Copious [large] amounts of _____ foreign [debris] bodies from the wound. I anesthetized [numbed] with 1% lidocaine with no epinephrine. I loosely closed that wound with 3 throws of interrupted Prolene suture [stitches] to allow for drainage on the sides and in between the sutures [stitches]. Left arm: On the wrist, there is a 2 cm full-thickness laceration. On the dorsum of the left forearm, there is a 3 cm full-thickness laceration. On the dorsum of the left forearm, there is a 3 cm full-thickness laceration. Both wounds were anesthetized [numbed] with 1% lidocaine, irrigated [cleaned] with a 60 mL syringe with splash guard using saline and sterile Betadine [kills germs] solutions. Copious [large] amounts of _____ foreign [debris] bodies from the wound. Each of those wounds were closed... with 1 throw loosely and tied lightly to allow for drainage and for	<u>Bupivacaine:</u> A medication used as a local anesthetic. <u>Lidocaine:</u> A medication used as a local anesthetic. <u>Epinephrine:</u> A multi-use medication but in this case it would have been used for wound care to slow blood flow to an area to decrease bleeding. <u>Full-thickness:</u> Wounds that extend beyond the two layers of skin (dermis and epidermis) and go into the subcutaneous tissue (muscle and fat) or even all the way to the bone or tendons.	

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		closure. The patient was given Ancef [antibiotic] here in the ER [emergency room]. All wounds were covered with bacitracin [antibiotic ointment] and dressed with Kerlix [bandage]. The patient will follow up with ortho [orthopedics] for wound check first thing on Monday morning... MEDICATION ADMINISTRATION: Ancef (Cefazolin): 1 gm injection Norco 10/325 (Hydrocodone/Acetaminophen): 1 tab Zofran: Oral disintegrating tab Normal Saline 1000 mL Morphine Sulfate: 2mg given IVP [IV Push] Zofran 4mg injection: IV DISPOSITION: Stable. The patient will be sent home with pain medication and doxycycline. IMPRESSION: 1. Dog bite to bilateral [both] arms, multiple sites.	<u>Bacitracin:</u> A medication used to prevent minor skin infections caused by small cuts, scrapes or burns. <u>Ancef:</u> An antibiotic <u>Morphine:</u> A narcotic pain medication <u>Normal Saline:</u> A fluid used for volume replacement given through an IV <u>Zofran:</u> A medication used to prevent or treat nausea/vomiting. <u>IVP:</u> Medication pushed through an IV. <u>Doxycycline:</u> An antibiotic.	

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		2. Open fracture to the second digit [finger] of right hand, status post dog bite, near amputation. ACTIVITY RESTRICTIONS OR ADDITIONAL INSTRUCTIONS: Keep wounds clean, follow up with ortho [orthopedics] on Monday for further eval and care. MEDICATION DOSE AND INSTRUCTIONS: Doxycycline Hydrocodone bit/Acetaminophen (Norco 10-325) FOLLOW-UP Dr. Smith	<u>Open finger fracture</u> is when you have a broken bone in the finger and the skin over or near the break is torn or cut and you can see the bone. <u>Near amputation</u> a severe injury where the finger was almost completely torn off with only a small amount staying attached.	
02.16.2019	John Doe, MD [Emergency Room Physician] <i>Generic Hospital</i>	EMERGENCY DEPARTMENT REPORT ADDENDUM The patient is seen along with [redacted]. In a nutshell, he is a 59-year-old gentleman who was trying to save a pit bull out of the	<u>Crush injuries</u> are when intense pressure or force to the body causes damage to the body leading to severe swelling and broken bones. <u>Laceration</u> is a tear, cut, or rip in the skin.	PT.OT_ Medical_ Records 5.19 Pg. 479

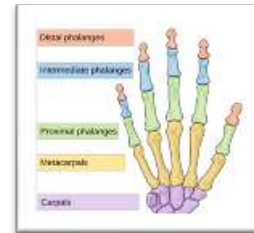
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		street, got him leashed up, petted him and then the pit bull lunged at him and bit him a lot. He had crush injuries to bilateral [both] arms with lacerations, mainly his forearms. He also was bit in his belly, but no actually broken poke holes, more just really bad abrasions and the tip of his right dominant index finger is partially amputated. X-rays did not show any fractured [broken] bones other than his distal tip, which is partially amputated. I discussed the case over the phone with [redacted], and the patient's distal tip, he can still feel a tiny bit. It is hanging on by about quarter of the tissue, and the patient has big lacerations on both forearms, abrasions on his head, bruises to his abdomen and his forearms are very, very swollen. [redacted] recommended we go ahead and try to sew back on his distal tip. We will loosely close the rest. He is given Ancef [antibiotic], morphine [pain medication], feeling better.	<u>Abrasion</u> is a scrape that tears away the top layer of skin. <u>Partially amputated index finger</u> has been severely injured but is not completely detached from the body. 	<u>Compartment syndrome</u> is a serious condition where too much pressure builds up in the muscles of your arms or legs, usually after a severe injury. “IMPRESSION: Crush injuries, lacerations and painful amputation of the right index finger,

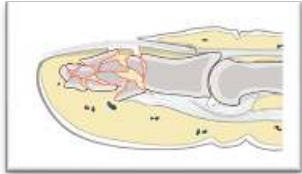
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		He is to keep his arms elevated. I do not see any evidence of compartment syndrome at this time, and he will be following up closely with ortho [orthopedic] clinic... ...IMPRESSION: Crush injuries, lacerations and painful amputation of the right index finger, status post [after] attack by a dog...	status post attack by a dog” Dr. John Doe (Emergency Room Physician)	
02.16.2019 2:20 PM	Jane Doe, MD [Radiologist] <i>Imaging Services Facility</i>	XRAY RESULTS [HAND] ...Comparison: None... ...IMPRESSION: COMMINUTED FRACTURE SECOND DISTAL PHALANX [fingertip bone] WITH PARTIAL AMPUTATION.	<u>Partial amputation of the finger</u> is when it has been severely injured but is not completely detached from the body.  <u>Comminuted fracture of the second distal phalanx</u> is a serious injury where the bone is broken into multiple pieces, with a loss of part of the fingertip, often involving the fingernail.	PT.OT_ Medical_ Records 5.19 Pg. 487

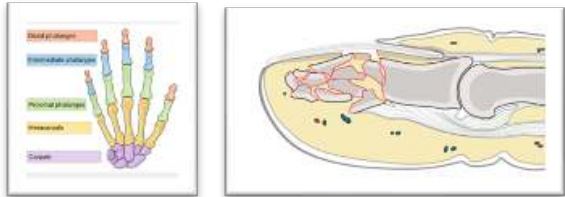
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Name: Doe, John

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Date	Provider	Medical Facts	Comments	Page #
02.16.2019 2:20 PM	Jane Doe, MD [Radiologist] <i>Imaging Services Facility</i>	X RAY RESULTS [FOREARMS] Comparison: None... ...IMPRESSION: NO ACUTE FRACTURE OR DISLOCATION. BILATERAL SOFT TISSUE SWELLING AND SOFT TISSUE LACERATION.	There were no broken bones or dislocation in either forearm. However, swelling and cuts were seen in both forearms. <u>Laceration</u> is a tear, cut, or rip in the skin.	PT.OT_ Medical_ Records 5.19 Pg. 489
02.18.2019 9:53 AM	John Doe, MD [Orthopedic Surgeon] <i>Orthopedic Facility</i>	ORTHOPEDIC CONSULTATION CHIEF COMPLAINT ORTHOPEDIC NOTE [redacted] presents today for evaluation of: Comm [comminuted] Frx [fracture] 2 nd Dist [distal] Plhalx. [phalanx] [fingertip bone] HISTORY OF PRESENT ILLNESS ... Hand dominance: right Occupation: investigator Complains of	Visit Number 1 out of 10 All active problems medical history has been placed in the Fact Summary Report Pg. 3-4  <u>10/10 on the pain scale</u> is considered severe pain.	Ortho_Wound Care 05.18 Pg. 53-57

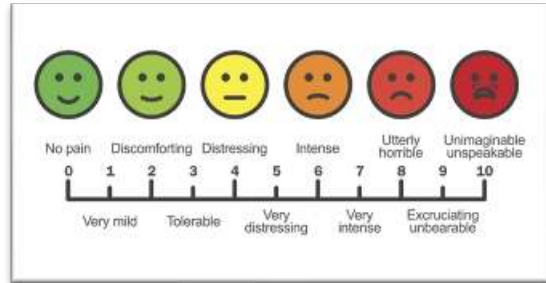
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Name: Doe, John

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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		Location: right index finger Severity: 10/10 Quality: shooting, stabbing, throbbing, pressure, discomfort, Date problem started: Feb 16, 2019 How problem started: Dog Attack Alleviating factors: Pain Meds Aggravating factors: oving [moving] Previous treatments: splinting... ...Assessment - Open displaced fracture of distal phalanx [fingertip bone] of right index finger, intial [initial] encounter (S62.630B)... Plan - Start: HYDROcodone-Acetaminophen 5-325 MG Oral Tablet (Norco); TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN	 <u>Open displaced fracture of distal phalanx</u> is when the fingertip bone is broken into two or more pieces, the skin over or near the break is torn or cut and you can see the bone or damages the nail bed. <u>Hydrocodone + Acetaminophen (Norco)</u> is a very strong medication used to treat severe pain. <u>Decreased Range of Motion</u> means a body part, like an arm or a leg, can't move as far or in as many directions as it usually can.	

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Date	Provider	Medical Facts	Comments	Page #
		...PHYSICAL EXAMINATION ...Right index finger: demonstrates mild swelling and tenderness to palpation [to feel] about the distal phalanx [fingertip bone]. There is decreased range of motion. There is no malrotation. There is no tenderness about the wrist or elbow. There is a near circumferential distal laceration. Forearm with well approximated lacerations. Intact active extension of the wrist thumb and digits. Motor is intact to flexion and extension. Sensation is intact but diminished to radial and ulnar digital nerves. Capillary refill is brisk. Left upper extremity: Forearm with well approximated lacerations. Intact active extension [stretching] of the wrist thumb and digits. Motor is intact to flexion [bend] and extension [stretch] of the fingers with full range of motion. Sensation is intact to radial,	<u>Near Circumferential Distal Laceration</u> is a deep, nearly all-the-way-around cut on an extremity (like a finger, toe, arm, or leg) closer to the end of the limb. <u>Well-approximated lacerations</u> means a cut or tear in the skin has its edges cleanly lined up, touching, and properly closed. <u>Capillary refill</u> is a quick test to check if the heart is pumping blood well. The fingertip or toe is gently pressed. If the pink color rushes back in one or two seconds, it means the heart is pumping blood to the body well. <u>Intact active extension of the wrist thumb and digits</u> means the muscles and tendons that straighten the hand are working properly. <u>Sensation is diminished to radial and ulnar digital nerves</u> means the specific sensory nerves	

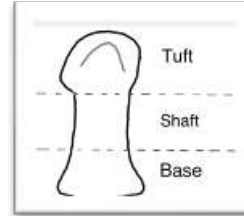
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Date	Provider	Medical Facts	Comments	Page #
		median, and ulnar nerves. Capillary refill is brisk. IMAGING/TESTS Radiographs [xrays] demonstrate fracture [break] of right index finger distal phalanx [fingertip bone]. Shaft/tuft fracture with comminution and displacement. ASSESSMENT/PLAN 1. Fracture of right index finger distal phalanx [fingertip bone] open dog bite injury. We discussed the nature of this injury. We reviewed the radiographic [xrays] findings. We discussed the various treatment options. I discussed surgical options. He is at very high risk for devascularization and infection. The patient wishes to treat this conservatively for now, we will splint, dress and discussed wound care.	running to the sides of the fingers are not properly carrying touch signals to the brain.  <u>Distal phalanx shaft/tuft fracture with comminution and displacement</u> is a broken fingertip bone, shattered into multiple pieces and shifted out of position at the tip (tuft) and narrow middle part (shaft) <u>Devascularization</u> means stopping or blocking the flow of blood to a specific part of the body. <u>Nonunion</u> is when a broken bone doesn't heal or fuse back together on its own.	

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Date	Provider	Medical Facts	Comments	Page #
		...We discussed the possibility of nonunion, loss of alignment, pain, cosmetic deformity and loss of motion... Consider surgery...	<u>Loss of alignment AKA displacement</u> means that a broken bone has moved out of its normal place and no longer lines up correctly. <u>Cosmetic deformity</u> is a physical feature or body part that looks different from what people typically expect. It is about appearance rather than how the body works.	
02.18.2019 12:54 PM	Jane Doe, MD [Wound Care Specialist] <i>Orthopedic Facility</i>	ORTHOPEDIC WOUND CARE INITIAL VISIT ...HISTORY OF PRESENT ILLNESS [redacted] presents today for complaints of dog attack and injures [injuries] C/o [complains of] was attacked by a pit bull finger and arm and back and sholulder,[shoulder] side /abd [abdominal], multiple abrasion went to ER [emergency room] by paramedics...	Visit Number 1 out of 10 <u>Sutures</u> are sterile medical threads used to securely close cuts so they can heal properly. <u>Abrasions</u> are a scrape of the outer layer of the skin. <u>Laceration</u> is a tear, cut, or rip in the skin. <u>Tdap Immunization</u> is a booster shot that can help prevent a serious infection, tetanus. Tetanus bacteria can thrive in bite wounds.	Ortho_Wound Care 05.18 Pg. 48-52

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Date	Provider	Medical Facts	Comments	Page #
		4 of the lacs [lacerations] are sutured [stitched]... ...Immunizations Tdap 18-Feb-2019... ...Physical Exam Skin: lack [laceration] UE [upper extremity] x 2 and finger tip missing; L [left] shoulder 2 lac [laceration]/ abrasion 2cm, L [left] calf, L [left] knee abrasion, L [left] UE [upper extremity] lac [laceration] and L [left] forearm [forearm]; 1cm and 1cm abrasion forehead [forehead] c [with] echymosis [ecchymosis] [bruise]; abd [abdominal] huge abrasion c [with] echymosis [ecchymosis] [bruise] L [left] hand c [with] echymosis [ecchymosis] [bruise] and swelling. Assessment 1. Multiple puncture wounds (T07.XXXA)...	<u>Puncture wounds</u> are holes in the body that is caused by sharp objects, like a dog bite. <u>Abrasions</u> are a scrape of the outer layer of the skin	

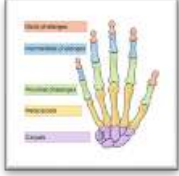
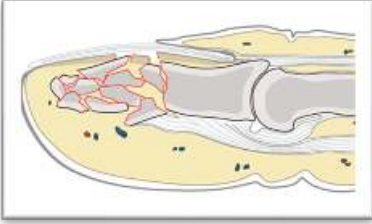
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Name: Doe, John

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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...4. Dog bite, hand (S61.459A, W54.OXXA)... ...5. Diabetes mellitus type II, uncontrolled (E11.65)... ...support...multiple trauma and PTSD [post traumatic stress disorder] from the brutal attack by the pit bull and the loss of the proximal phalanx [correction: distal phalanx]	<u>Diabetes mellitus type II</u> is a long-lasting condition where the body either doesn't make enough insulin or doesn't use it properly to lower blood sugar. <u>Post-traumatic stress disorder</u> 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. 	
02.26.2019 9:20 AM	Jane Doe, MD [Radiologist] <i>Imaging Services Facility</i>	X RAY RESULTS [HAND] ...Comparison: 2/16/2019... ...IMPRESSION:		PT.OT_ Medical_ Records 05.19 Pg. 453

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Date	Provider	Medical Facts	Comments	Page #
		SECOND DISTAL PHALANX [fingertip bone] FRACTURE. ALIGNMENT APPEARS IMPROVED COMPARED TO THE PRIOR STUDY...	<u>Alignment improved</u> the broken bone is beginning move back into its place, compared to the last Xray.	
03.01.2019	Jane Doe, LPC [Licensed Professional Counselor] <i>Mental Health Clinic</i>	MENTAL HEALTH NEW PATIENT ...Occupation Fraud Investigator... ...Date of current illness, injury, or pregnancy 03 01 19... ...Diagnosis or nature of illness or injury F41.1... Please describe your primary reason for seeking treatment at this time “ [post traumatic stress disorder] being bitten by a dog”... ...Pre-Treatment Survey Please rate how much you were affected by the following in the past week: Concerns about your body or physical health (Extremely)	“Mr. Doe is experiencing post-traumatic stress from the dog attack and it is affecting his mental, physical, and emotional health.” -Jane Doe, LPC <u>Post-traumatic stress disorder</u> 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.	MH Records 5.18 Pg. 8

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Date	Provider	Medical Facts	Comments	Page #
		Thoughts or behaviors you do over and over again (Extremely)... ...Please rate how well you are doing: On your job (Cannot function)...		
03.01.2019 - 03.14.2019	Jane Doe, LPC [Licensed Professional Counselor] <i>Mental Health Clinic</i>	MENTAL HEALTH THERAPY NOTES 3/1/19... ... - is a detective – has been a cop for years – has seen (been involved in shooting – death etc) -few weeks ago tried to catch a stray dog – seemed ok until he put a leash on him – then dog attacked – thought he was going to die – panic -now has flashbacks a lot – thinking about what “could” have happened problem solve 3/14/19	Flashbacks are when the brain gets tricked into thinking a scary, past event is happening all over again.	MH Records 5.18 Pg. 11

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Date	Provider	Medical Facts	Comments	Page #
		-flashbacks a little better – had a couple of “fear based” situations with his own dogs – they are well behaved/safe re: flashbacks -talked about how this may affect his job – may loose [lose] part of right hand finger- needs it for shooting – waiting -detective -works in protection		
03.14.2019	Jane Doe, LPC [Licensed Professional Counselor] <i>Mental Health Clinic</i>	THERAPY CLIENT SESSION LOG Date of Service... 1. 3/1/19 2. 3/14/19... ...Stopped coming no response...	2 OUT OF 6 VISITS ATTENDED MISSED 4 OUT OF 6 VISITS “Stopped coming no response” Jane Doe, LPC	MH Records 5.18 Pg. 5
03.15.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY REFERRAL TO WOUND CARE ICD [International Classification of Diseases] 10:E11.65 Diabetes mellitus type II, uncontrolled ICD10:S61.459A Dog bite, hand ICD10:I96 Necrotic ulceration of fingers		PT.OT_ Medical_ Records 5.19 Pg. 7

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Date	Provider	Medical Facts	Comments	Page #
		<u>Reason:</u> Necrotic wound finger and hematoma, painful L [left] side		
03.15.2019	Jane Doe, MD [Wound Care Specialist] <i>Orthopedic Facility</i>	ORTHOPEDIC WOUND CARE FOLLOW UP HISTORY OF PRESENT ILLNESS C/o [complains of] finger pain c/o [complains of] dominant finger and hurts to type, can't work pain is intolerablesaw [intolerable saw] ortho and has f/up [follow up], also has OT [occupational therapy] c/o [complains of] sore where other bites are c/o [complains of] seeing psych [psychiatrist] for this c/o [complains of] wants to participate [participate] in a study...	Visit Number 2 out of 10	Ortho_Wound Care 05.18 Pg. 43-47

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Date	Provider	Medical Facts	Comments	Page #
		...Physical Exam L [left] abd [abdominal] wound healed c [with] sq [subcutaneous] hematoma vs [versus] scare [scar] tissue R [right] 2nd finger c [with] necrosis, open pressure wound appears infected Assessment 1. Necrotic [dead tissue] ulceration [open sore] of fingers (I96)... ...3. Dog bite, hand (S61.459A, W54.OXXA) 2. Diabetes mellitus type II , uncontrolled (E11.65)... ...Called ortho [orthopedic office], no one available today, pt [patient] to go to the ER [emergency room]...	The doctor felt something on the healed wound of the belly that would either be a subcutaneous hematoma or scar tissue. <u>Subcutaneous hematoma</u> is a big raised bruise. <u>Scar tissue</u> is tough tissue your body makes to fix a cut or a scrape. <u>Open pressure wound</u> is an injury to the skin and tissue underneath it that is open/exposed. <u>Diabetes mellitus type II</u> is a long-lasting condition where the body either doesn't make enough insulin or doesn't use it properly to lower blood sugar. Uncontrolled is when the blood sugar is not consistently stable. Dr. Doe recommended Mr. Doe go to the Emergency Room for treatment.	

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Date	Provider	Medical Facts	Comments	Page #
03.15.2019 10:17 AM	John Doe, MD [Emergency Department] <i>Generic Hospital</i>	EMERGENCY DEPARTMENT REPORT ... Chief complaint: finger pain Pt is a 59 year old male...presenting to the ED [emergency department] with finger pain. Pt [patient] states that he was attacked by a pit bull who bit off the tip of his right index finger and caused a open fx [fracture] a month ago. He states that he has been following up with an orthopedist and as already taken abx [antibiotics] but that his finger has not healed. Pt [patient] reports that he followed up with his PCP [primary care provider] [redacted] and was referred here to the ED [emergency department] today... ...general appearance... Extremities:... - old wounds to the right distal region of finger, discoloration but no drainage [fluid] or deformity...	Mr. Doe came to the emergency department because Dr. Jane Doe [Wound Care Specialist] saw that his finger looked infected. Open fracture is when a broken bone goes through the skin, creating an open wound.	PT.OT_ Medical_ Records 5.19 Pg. 404-410

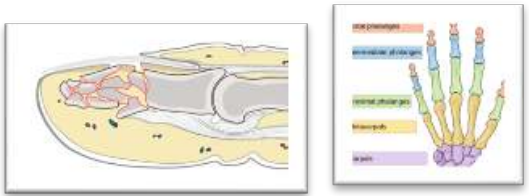
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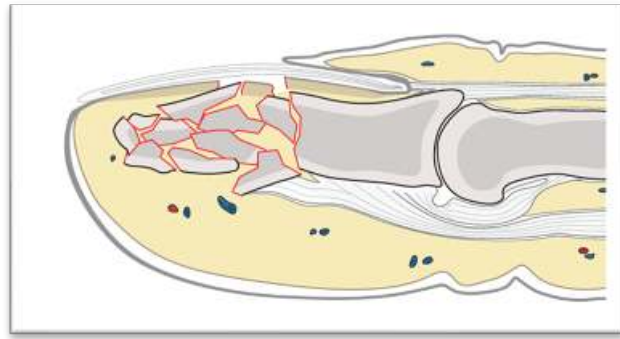
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...X-RAY... Read by: Radiologist Side: right X-RAY type: finger... ...A COMMINUTED FRACTURE OF THE DISTAL PHALANX [fingertip bone] OF THE RIGHT INDEX FINGER IS AGAIN NOTED UNCHANGED IN ALIGNMENT. OVERLYING SOFT TISSUE SWELLING IS NOTED... ...Course ...wound infection...pt [patient] will be discharged with clindamycin and Norco.	<u>Comminuted fracture of the distal phalanx</u>  The Xray results confirm he has a shattered, broken fingertip bone. No change in alignment, meaning the bone is still not aligned properly. There is some swelling noted.	

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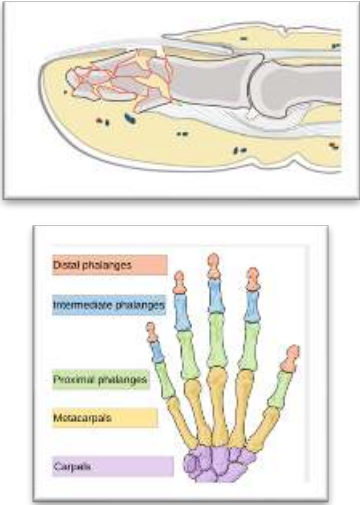
Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
03.15.2019 10:35 AM	Jane Doe, MD [Radiologist] <i>Imaging Services Facility</i>	X RAY RESULTS [RIGHT INDEX FINGER] ...History: Dog bite. Rule out infection Comparison: Comparison to a previous hand series from 3/5/2019 ...IMPRESSION: A COMMINUTED FRACTURE OF THE DISTAL PHALANX [fingertip bone] OF THE RIGHT INDEX FINGER IS AGAIN NOTED UNCHANGED IN ALIGNMENT. OVERLYING SOFT TISSUE SWELLING IS NOTED...	 The Xray results confirm he still has a shattered, broken fingertip bone. No change in alignment, meaning the bone is still not in its proper place. There is some swelling noted.	PT.OT_ Medical_ Records 5.19 Pg. 420-421

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Date	Provider	Medical Facts	Comments	Page #
03.18.2019	John Doe, MD [Orthopedic Surgeon] <i>Orthopedic Facility</i>	ORTHOPEDIC FOLLOW UP ... HISTORY Pt [patient] is s/p [status post] fracture [break] of right index finger distal phalanx [fingertip bone]. Patient went to the ER [emergency room] this weekend with concerns of infection... ... PHYSICAL EXAMINATION... ...Right index finger:...swelling...Tiny marginal areas of dry necrosis [dead tissue]... Tenderness [pain, discomfort, sensitivity] to palpation [touch] about the fracture site persists...Finger flexion [bend] limited as expected...	Visit Number 3 out of 10 Comminuted fracture is when the bone has shattered or broken into three or more pieces. 	Ortho_Wound Care 5.18 Pg. 39-42

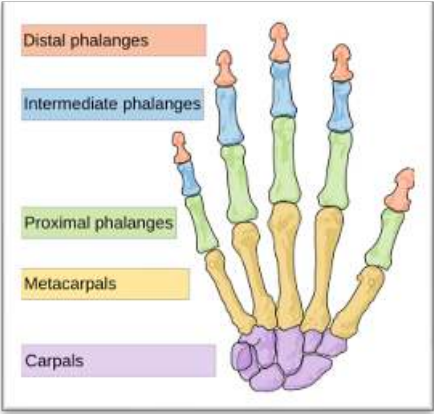
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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
03.19.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT UPPER EXTREMITY/HAND EVALUATION Initial Evaluation Date 3/19/19... ... 1 M25.641 Stiffness of right hand, not elsewhere classified 2 M25.641 Stiffness of right hand, not elsewhere classified 3 M79.641 Pain in right hand 4 M62.81 Muscle weakness (generalized) R [right] IF [index finger] distal phalanx [finger bone] fx [fracture] DOI 2/16/19 Therapy Diagnosis:mobility and power deficit of the R [right] hand Referring Clinician: [redacted] 60 cons [consecutive] days... Past Medical History:...type 2 DM [diabetes mellitus] uncontrolled [uncontrolled]...	Visit Number 1 out of 36  <u>Mobility and power deficit of the right hand</u> is weakness, stiffness, and lowered grip strength. <u>Diabetes mellitus type 2</u> is a long-lasting condition where the body either doesn't make enough insulin or isn't able to use it properly to lower blood sugar.	PT.OT_ Medical_ Records 5.19 Pg. 375-378

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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		Medications:... ...6. HYDROcodone-Acetaminophen 5-325 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN... ...SUBJECTIVE “Seeing a trauma specialist for the emotional issues that I’m having’ Work/ADL [activities of daily living]/Function:Pt [patient] is married, lives with wife. private investigator. Job duties include handling a weapon, using the computer, writing reports, driving, and taking photos. Patient Goals: “Be able to to handle a weapon, work, use my hand”... ...Pain: varies, ranges from 3/19 [3/10] to 7/10 in the tip	<u>Hydrocodone + Acetaminophen (Norco)</u> is a very strong medication used to treat severe pain. <u>Activities of Daily Living</u> 	

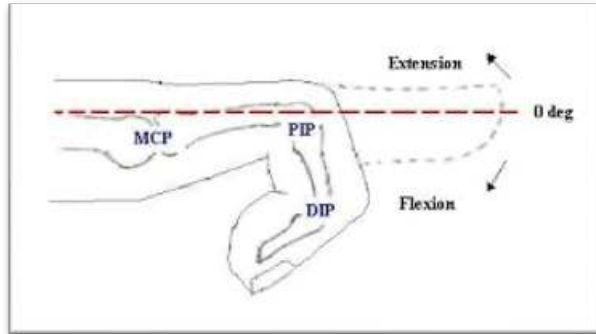
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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #															
		OBJECTIVE mild edema [swelling], thick scabs at tip of IF [index finger], very limited ROM [range of motion],... Hand Dominance:Right. Sensation:unable to feel at the tip of the IF [index finger], however, the thick scab still cover the tip Range of Motion:R [right] wrist flex [flexion] 0-47, ext [extension] 0-60 R [right] MF [middle finger], RF [right finger] and small finger and thumb are WNL [within normal limits] R [right] IF [index finger] MCP [metacarpophalangeal joint] 0-50, PIP [proximal interphalangeal joint] 0-28, DIP [distal interphalangeal joint] 0-0 Strength: NT [not tested]	 Below are Mr. Doe's abnormal ranges tested by Occupational Therapy indicating stiffness. <table><tr><th>Body Part-Right Side</th><th>Normal Range</th><th>Mr. Doe's Range</th></tr><tr><td>Wrist</td><td>0-60 to 0-80</td><td>0-47</td></tr><tr><td>Index Finger MCP</td><td>0-90 to 0-100</td><td>0-50</td></tr><tr><td>Index Finger PIP</td><td>0-100 to 0-110</td><td>0-28</td></tr><tr><td>Index Finger DIP</td><td>0-70 to 0-90</td><td>0-0</td></tr></table>	Body Part-Right Side	Normal Range	Mr. Doe's Range	Wrist	0-60 to 0-80	0-47	Index Finger MCP	0-90 to 0-100	0-50	Index Finger PIP	0-100 to 0-110	0-28	Index Finger DIP	0-70 to 0-90	0-0	
Body Part-Right Side	Normal Range	Mr. Doe's Range																	
Wrist	0-60 to 0-80	0-47																	
Index Finger MCP	0-90 to 0-100	0-50																	
Index Finger PIP	0-100 to 0-110	0-28																	
Index Finger DIP	0-70 to 0-90	0-0																	

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		Palpation: nonpitting edema [swelling] R [right] IF [index finger] and hand... ...TREATMENT DESCRIPTION: wound check dressings replaced tip of IF [index finger] P [passive]/AROM [active range of motion] of all fingers except tip of IF [index finger]... ...Pain Reassessment: up to 7/10 ...ASSESSMENT Pt [patient] 4.5 weeks post injury and guarding the hand significantly. ROM [range of motion] is very limited. Swelling is present. Thick scarring at the tip of the finger. Pt [patient] can feel deep pressure and it is painful at the tip. Pt [patient] is apprehensive about moving the finger, will call [redacted] office for further clarification on any restrictions about ROM [range of motion]. Today initiated the HEP [home exercise program] , tx [treatment] tolerated well.	ACTIVE RANGE OF MOTION VERSUS PASSIVE RANGE OF MOTION Active range of motion is carried out by the patient himself Passive range of motion is carried out by a physiotherapist <u>Non-pitting edema</u> is swelling that does not leave an indentation when pressure is applied. <u>7/10 pain scale</u> is very intense pain. No painDiscomfortingDistressingIntenseUtterly horribleUnimaginable unspeakable 012345678910 Very mildTolerableVery distressingVery intenseExcruciating unbearable	

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Name: Doe, John

Date of Birth: 01.01.1959

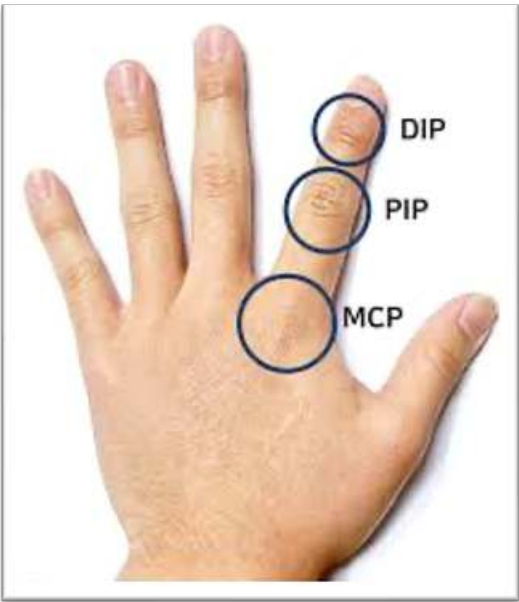
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		Outcome: FOTO [focus on therapeutic outcomes]; Primary: 37 Risk Adjusted: 41 Discharge Predicted: 62... Functional Goals:1. Pt [patient] able to handle his weapon/gun at work 2. Pt [patient] able to use the computer keyboard 3. Pt. [patient] able to drive his motorcycle [motorcycle] safely 4. Pt [patient] able to write using 5. Pt [patient] able to take photos Rehabilitation Potential:Patient's condition has potential to improve. ...PLAN Treatment Frequency, Duration, and Interventions:Occupational Therapy is recommended for 2x/week for 6 weeks 12 visits Therapeutic Exercise... ...Planned Number of Visits:12...	FOTO is a questionnaire the patient fills out at admission and throughout the treatment course. It ranges from 0-100, identifying how well the patient can take care of themselves. These numbers focus on meaningful activities of daily living. The goal focuses on improving the patient's quality of life. A score of 37 means the patient currently has a hard time caring for themselves on their own.	

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
03.21.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...Pt [patient] does not like to look at the wound... ...SUBJECTIVE The finger hurts, feels like there are cuts inside when he moves it... ...OBJECTIVE Mild edema [swelling], thick scabs at tip of IF [index finger], very limited ROM [range of motion], no signs of infection... ...ASSESSMENT... ...Pt [patient] still has severe stiffness of the PIP [proximal interphalangeal joint] and DIP [distal interphalangeal joints]. Pt [patient] guards finger and is scared to move it...	Visit Number 2 out of 36 	PT_OT_ Medical_ Records 5.19 Pg. 379-381

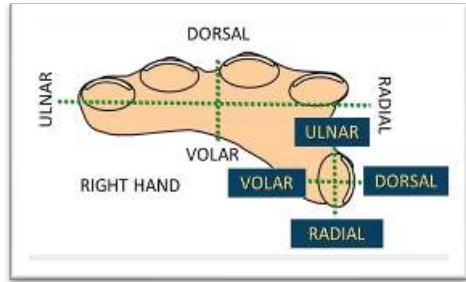
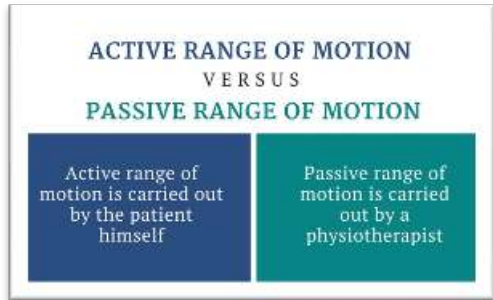
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Name: Doe, John

Date of Birth: 01.01.1959

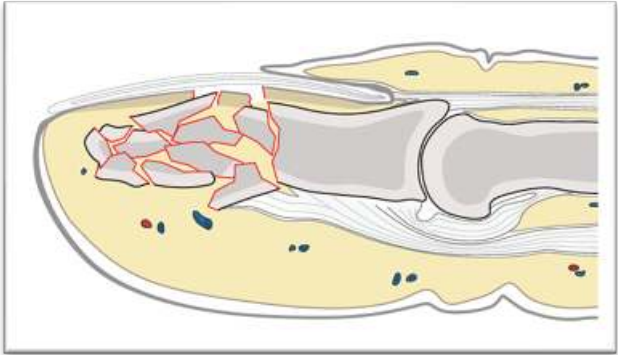
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
03.21.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE: trying to do exercises [exercises] all day... Pain: sharp pain at the tip of the volar and dorsal finer [finger] with AROM [active range of motion] and pressure.	Visit Number 3 out of 36 	PT_OT_ Medical_ Records 5.19 Pg. 382-384
03.29.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE:... ...Feels that the skin keeps on ripping... ...OBJECTIVE... ...there was slight [slight] bleeding at the volar surface of the IF [index finger] with passive range of motion...	Visit Number 4 out of 36 	PT_OT_ Medical_ Records 5.19 Pg. 385-387

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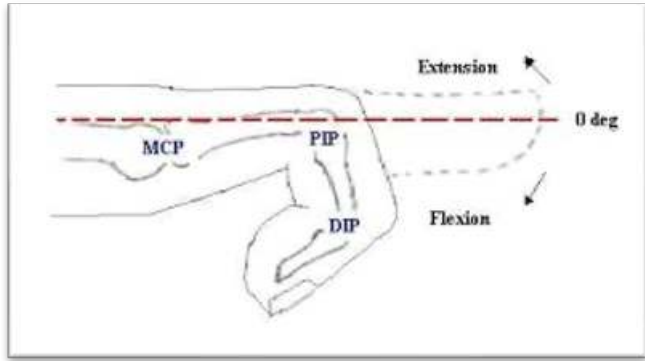
Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
04.01.2019 7:47 AM	Jane Doe, MD [Radiologist] <i>Imaging Services Facility</i>	XRAY EXAM RESULTS [HAND] History: S62.630D Open comminuted fracture of distal phalanx [fingertip bone] of right index finger. Follow-up exam Comparison: Studies last dated 3/5 and 3/15/2019 IMPRESSION: STABLE APPEARING COMMINUTED FRACTURE OF THE DISTAL PHALANX [fingertip bone] AND TUFT [rounded, tip of finger bone] OF THE INDEX FINGER. POSSIBLE OLD BOXER'S FRACTURE DISTAL RIGHT FIFTH METACARPAL [pinky finger]...	 <u>An open comminuted fracture of the distal phalanx</u> is when the fingertip bone is shattered into three or more pieces, and an open wound exposes the bone to the outside. <u>A boxer's fracture</u> is a break in the pinky finger bone caused by punching a hard object, resulting in pain, swelling, and a sunken knuckle.	PT.OT_ Medical_ Records 5.19 Pg. 366

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #												
04.01.2019	John Doe, MD [Orthopedic Surgeon] <i>Orthopedic Facility</i>	ORTHOPEDIC FOLLOW UP ...HISTORY Pt [patient] is 6 weeks s/p [status post] [after] fracture of right index finger distal phalanx [fingertip bone]. Pt [patient] is improving. Feels unable to do his job at this point. He is not wearing his splint much... ...PHYSICAL EXAMINATION... ...Right index finger:...Tiny marginal areas of dry necrosis [dead tissue]... ...Finger flexion [bending] is improved. 0-90 PIP [proximal interphalangeal joint] 0 at the DIP [distal interphalangeal joint] limited as expected.	Visit number 4 out of 10  <table><tr><th>Right Index Finger</th><th>Normal Range</th><th>Previous Range</th><th>Current Range</th></tr><tr><td>PIP</td><td>0-100 to 0-110</td><td>0-28</td><td>0-90</td></tr><tr><td>DIP</td><td>0-70 to 0-80</td><td>0-0</td><td>0-0</td></tr></table> Finger flexion has improved at the PIP. The DIP has remained the same, as expected.	Right Index Finger	Normal Range	Previous Range	Current Range	PIP	0-100 to 0-110	0-28	0-90	DIP	0-70 to 0-80	0-0	0-0	Ortho_Wound Care 05.18 Pg. 34-38
Right Index Finger	Normal Range	Previous Range	Current Range													
PIP	0-100 to 0-110	0-28	0-90													
DIP	0-70 to 0-80	0-0	0-0													

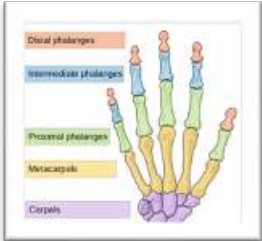
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
04.02.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE	Visit Number 5 out of 36 No changes from previous visit.	PT.OT_ Medical_ Records 5.19 Pg. 329-331
04.03.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY WOUND CARE TREATMENT ORDERS <u>Medical Diagnosis:</u> Right index finger wound s/p [status post] [after] dog bite and distal phalanx [fingertip bone] fracture [break] Open bite of unspecified hand Gangrene, not elsewhere classified Displaced fracture of distal phalanx of right index finger Wound Care is recommended for Weekly visits x 12 weeks, starting 4/3/19...	 Displaced fracture occurs when a broken bone snaps into two or more pieces and moves out of its normal alignment, creating a gap. Gangrene, not elsewhere classified is a billable diagnosis used for tissue death due to lack of blood flow or infection that is not specifically linked to diabetes, etc.	PT.OT_ Medical_ Records 5.19 Pg. 8

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
04.03.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND CARE EVALUATION ...SUBJECTIVE Current Functional Limitations: The patient reports the following functional limitations: The pt. [patient] is right-hand dominant so he is reporting difficulty with his ADL's [activities of daily living], writing, and typing. He needs assistance with the dressing changes. Patient Report: 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... ...Edema [swelling] Index finger is minimally swollen compared to others on the same hand... ...Sensation: The pt's [patient's] finger seems to be hypersensitive...	Visit number 1 out of 18 <u>Activities of daily living</u>  “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” <u>Coronary Artery Bypass Grafting (CABG)</u> is an open-heart surgery that creates a detour around blocked arteries. Recovery is typically 3-5 days in the hospital and about 2-3 months to fully recover.	PT.OT_ Medical_ Records 5.19 Pg. 266 - 270

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...WOUND 1 Location Right index finger Type dog bite Tissue Bed 100% non-viable Length cm 5.50 Width cm 2.00 Depth cm 0.3 Open Surface Area cm 11 Exudate [fluid]: Amount: Minimal Type: Serous, Purulence consistent with autolytic debridement Odor: No odor present. Periwound [skin surrounding wound]: Callused [hardened]/hypertrophic [tissue overgrowth], Discolored, Ecchymotic, [bruise] Erythema local [abnormal skin redness], No signs of infection...	Wound 1 measurements are used to document the progress of wound healing. Non-viable tissue is dead or damaged tissue in a wound that can never heal or return to life.  Serous, Purulence consistent with autolytic debridement often yellowish, and thin-to-milky fluid, which can be mistaken for infection but is sometimes part of the body's natural cleaning process.	

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...ASSESSMENT ...The pt. [patient] presents with an unfortunate dog bite to the right index finger...The medial [middle] aspect of the finger is open and this is where the drainage was coming from... ...The pt. [patient] is aware that he may still lose a portion of the finger tip and that the necrotic [dead] portions will not regenerate [heal] . He is hopeful to keep as much of the finger as possible... ...General Wound Goal Goal/Phase status: Initial (4/3/19) -Closure wound will achieve: Partial – no depth -Wound tissue _80_% Viable. -Wound Drainage: Achieve /maintain optimal moist wound environment. -Wound infection: Absent -Comfort: Treat to patients tolerance...		

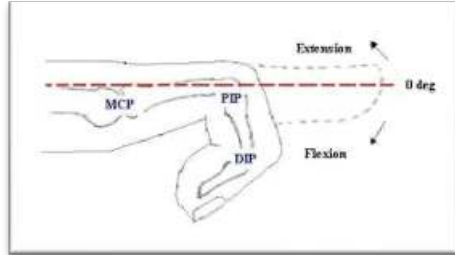
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Date of Birth: 01.01.1959

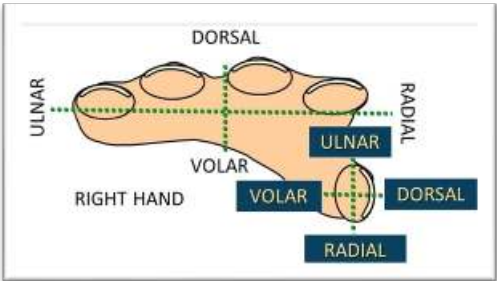
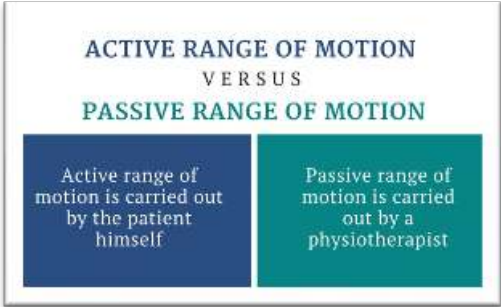
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #								
04.04.2019	Jane Doe, OTR/L Occupational Therapy <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...OBJECTIVE Wound borders are cleaner. Pt [patient] saw wound care clinc [clinic] on 4/2/19... ...ASSESSMENT...Pt [patient] still has stiffness [stiffness] but less pain as some of the hard scab was debrided in the wound care clinie.[clinic] Some DIP [distal interphalangeal joint] ROM [range of motion], about 20 deg [degrees] of active flexion [bending]...	Visit Number 6 out of 36  There is flexion improvement in DIP since last appointment <table><tr><th>Right Index Finger</th><th>Normal Range</th><th>Previous Range</th><th>Current Range</th></tr><tr><td>DIP</td><td>0-70 to 0-80</td><td>0-0</td><td>0-20</td></tr></table>	Right Index Finger	Normal Range	Previous Range	Current Range	DIP	0-70 to 0-80	0-0	0-20	PT.OT_Medical_Records 5.19 Pg. 332-334
Right Index Finger	Normal Range	Previous Range	Current Range									
DIP	0-70 to 0-80	0-0	0-20									
04.08.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE: Skin still feels like it is ripping when I do the exercises. Bleeds often. See wound care on 4/9/19...	Visit Number 7 out of 36	PT.OT_Medical_Records 5.19 Pg. 335-337								

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...Pain: sharp pain at the tip of the volar and dorsal finer [finger] with AROM [active range of motion] and pressure OBJECTIVE No signs of infection: IF [index finger] tip still covered with thick wound that bleeds with AROM [active range of motion]/PROM [passive range of motion] of the IF [index finger] tip...	 	

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																								
04.09.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE ...SUBJECTIVE Patient Report: The pt. [patient] states that the finger feels less restricted. He is changing the dressings as directed. He still prefers to not look at the wound or hear too much information about it... ...OBJECTIVE Edema:[swelling] 2nd finger is larger than the others... Open Wounds WOUND 1 Location Right index finger Type dog bite Tissue Bed 100% non-viable Length cm 5.00 Width cm 2.00 Depth cm 0.3	Visit number 2 out of 18 Right Index Finger Wound Healing Progression (compared to previous wound care visit) Previous Visit on 04.03.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermining Location</th></tr><tr><td>100% non-viable</td><td>5.50</td><td>2.00</td><td>0.3</td><td>11</td><td>N/A</td></tr></table> Current Visit on 04.09.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermining Location</th></tr><tr><td>100% non-viable</td><td>5.00</td><td>2.00</td><td>0.3</td><td>10</td><td>Depth of at least 0.3 cm, difficult to probe due to pain</td></tr></table>	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location	100% non-viable	5.50	2.00	0.3	11	N/A	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location	100% non-viable	5.00	2.00	0.3	10	Depth of at least 0.3 cm, difficult to probe due to pain	PT.OT_ Medical_ Records 5.19 Pg. 274-277
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location																							
100% non-viable	5.50	2.00	0.3	11	N/A																							
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location																							
100% non-viable	5.00	2.00	0.3	10	Depth of at least 0.3 cm, difficult to probe due to pain																							

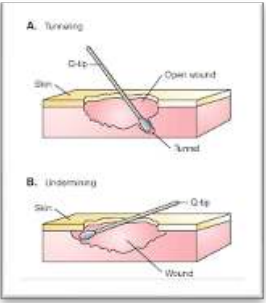
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		Open Surface Area cm 10 Undermining Location Depth of at least 0.3 cm, difficult to probe due to pain Depth Only one wound edge visible at this time...	<u>Non-viable tissue</u> is dead or damaged tissue in a wound that can never heal or return to life. 	
04.12.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE Fingertip still bleeds, the bandages get stuck so I use my contact lens saline to soak it off... OBJECTIVE ...Some necrotic [dead tissue] removed today...	Visit Number 8 out of 36	PT.OT_ Medical_ Records 5.19 Pg. 341-343

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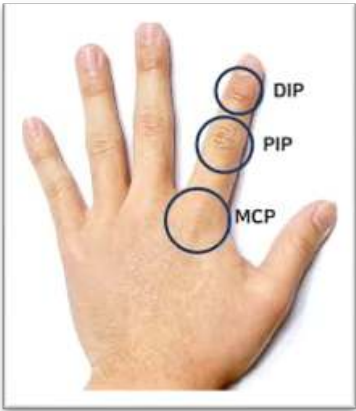
Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																								
04.15.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE Fingertip still bleeds and feels like it is ripping. The finger tip feels like it's going to fall off at times...	Visit Number 9 out of 36	PT.OT_ Medical_ Records 5.19 Pg. 338-340																								
04.16.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE ...WOUND 1 Location Right index finger Type dog bite Tissue Bed 100% non-viable Length cm 3.50 Width cm 1.20 Depth cm 0.3 Open Surface Area cm 4.2 Location Depth at least 0.3 cm, difficult to probe due to pain Depth some wound edges still covered...	Visit Number 3 out of 18 Previous Visit on 04.09.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Under- ining Location</th></tr><tr><td>100% non- viable</td><td>5.00</td><td>2.00</td><td>0.3</td><td>10</td><td>Depth of at least 0.3 cm...</td></tr></table> Current Visit on 04.16.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Under- ining Location</th></tr><tr><td>100% non- viable</td><td>3.50</td><td>1.20</td><td>0.3</td><td>4.2</td><td>Depth at least 0.3 cm...</td></tr></table>	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Under- ining Location	100% non- viable	5.00	2.00	0.3	10	Depth of at least 0.3 cm...	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Under- ining Location	100% non- viable	3.50	1.20	0.3	4.2	Depth at least 0.3 cm...	PT.OT_ Medical_ Records 5.19 Pg. 279-282
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Under- ining Location																							
100% non- viable	5.00	2.00	0.3	10	Depth of at least 0.3 cm...																							
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Under- ining Location																							
100% non- viable	3.50	1.20	0.3	4.2	Depth at least 0.3 cm...																							

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Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
04.17.2019	John Doe, MD [Orthopedic Surgeon] <i>Orthopedic Facility</i>	ORTHOPEDIC FOLLOW UP ...HISTORY OF PRESENT ILLNESS C/o [complains of] pain in finger, going to PT [physical therapy] or wound care, cannot flex index finger, pain, still draining, can't use R [right] hand, can't type, write... ... Musculoskeletal [muscle/bone]: joint pain and joint stiffness... ... Skin ...skin wound... ... Psychiatric [mental, emotional, behavioral] anxious and feeling stressed... ROS [review of systems] reported by the patient... ...Physical Exam R [right] 2 nd finger distal tip [fingertip] necrotic [dead tissue], scabb [scab]...only able to flex at proximally...	Visit Number 5 out of 10  Mr. Doe is only able to bend his right index finger at the MCP [main knuckles].	Ortho_Wound Care 5.18 Pg. 29-33

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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...Assessment... ...3. Diabetic neuropathy (E11.40) 4. Dog bite, hand (S61.459A, W54.OXXA) 5. Multiple puncture wounds (T07.XXXA) 6. Open displaced fracture of distal phalanx [fingertip bone] of right index finger with routine healing, subsequent encounter (S62.630D) 7. Traumatic amputation of finger (S68.119A)... ...Discussed Anticipate RTW [return to work] around June 15...Support recommended regarding slow healing of his finger...with follow-up sometime early June to make sure June 15 is a reasonable return to work date...	<u>Diabetic neuropathy</u> is a type of nerve damage that can happen from having high blood sugar over a long period of time. <u>Displaced fracture of distal phalanx</u> occurs when a broken fingertip bone snaps into two or more pieces, has pierced through the skin, and moved out of its normal alignment, creating a gap. <u>Traumatic amputation of finger</u> is the severe, unexpected loss of a finger (or part of the finger) that happened because of an accident or injury. 	

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
04.19.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE “If I accidentally hit the tip of the finger it feels like it is going to break off.”... ...OBJECTIVE ...Scab is getting smaller but still covers the ulnar side of the distal phalanx...	Visit Number 10 out of 36	PT.OT_ Medical_ Records 5.19 Pg. 344-346
04.22.2019 8:10 AM	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT TREATMENT NOTE SUBJECTIVE Patient Report: The pt. [patient] states that the Therahoney gel [supports wound healing] burned, but it was tolerable... ...OBJECTIVE: Edema: Affected finger is slightly more swollen than the others...	Visit Number 4 out of 18	PT.OT_ Medical_ Records 5.19 Pg. 287-291

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #												
04.22.2019 11:51 AM	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	*****ADDENDUM***** PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE	Previous Visit on 04.16.2019	PT.OT _ Medical _ Records 5.19 Pg. 284-287												
		...WOUND 1	<table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Under- mining Location</th></tr><tr><td>100% non- viable</td><td>3.50</td><td>1.20</td><td>0.3</td><td>4.2</td><td>Depth at least 0.3 cm</td></tr></table>		Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Under- mining Location	100% non- viable	3.50	1.20	0.3	4.2	Depth at least 0.3 cm
		Tissue Bed Viable	Length Cm		Width Cm	Depth Cm	Open Surface Area	Under- mining Location								
		100% non- viable	3.50		1.20	0.3	4.2	Depth at least 0.3 cm								
		Location Right index finger	Current Visit on 04.22.2019		<table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Under- mining Location</th></tr><tr><td>100% non- viable</td><td>2.40</td><td>1.10</td><td>0.2</td><td>2.64</td><td>Depth of at least 0.2 cm</td></tr></table>	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Under- mining Location	100% non- viable	2.40	1.10	0.2	2.64
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area		Under- mining Location										
100% non- viable	2.40	1.10	0.2	2.64		Depth of at least 0.2 cm										
Type dog bite	Mr. Doe’s wound is improving compared to previous visit.															
Tissue Bed 100% non-viable																
Length cm 2.40																
Width cm 1.10																
Depth cm 0.2																
Open Surface Area cm 2.64																
Undermining																
Location Depth at least 0.2 cm, difficult to probe due to pain																
Depth some wound edges still covered																
Tunneling [deep hole] Location Depth																
Difficult to measure along the fingernail																

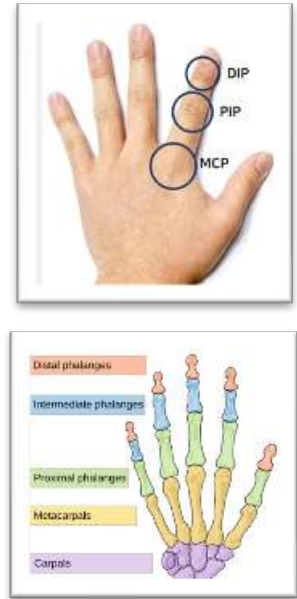
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
04.22.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...ASSESSMENT ... Wound is progressing to heal. DIP [distal interphalangeal joint] joint of the IF [index finger] still lacks full flexion [bend] but difficult to be aggressive due to the open wound over the radial [side closest to the thumb] aspect of the distal phalanx [fingertip bone] persists. Pt [patient] does have a f/u [follow up] appt with the ortho [orthopedic] MD [medical doctor] and xrays will be taken at that time...	Visit Number 11 out of 36 	PT.OT_ Medical_ Records 5.19 Pg. 347-349

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
04.24.2019	Jane Doe, OTR/L [Occupational Therapy <i>Occupational Therapist Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE Visit Number: Today's visit is number 12 Planned Number of Visits: 12... Insurance: HMO 60 cons [consecutive] days (until May 18, 2018) [Assuming they meant to say 2019] (submitted for 16 more visits on 4/24/19)... ...OBJECTIVE... ...Nail is thick and black. New nail appears underneath... ...ASSESSMENT... ...Wound is progressing to heal... ...In summary, pt [patient] has been seen 2x/week since 3/19/19 and has made good gains. His finger still has min [minimum]/moderate edema [swelling] which	Visit Number 12 out of 36	PT.OT_ Medical_ Records 5.19 Pg. 350-353

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		inhibits full range of motion. Distal phalanx [fingertip bone] was not completely healed so only gentle pressure is being applied to the IF [index finger] tip during PROM [passive range of motion] as pt [patient] feels that the finger tip “rips” and feels like it is going to “fall off”. Pt [patient] started wound care once a week and the wound is healing slowly. Pt [patient] is diabetic so this probably contributes to the slow wound healing...In terms of function, the patient is unabl [unable] to use the IF [index finger] for ADLs [activities of daily living] because of the open wound...Therapy is focused [focused] on maximizing ROM [range of motion], tendon gliding [exercises to improve mobility], edema [swelling] and densensitization [reduces hypersensitivity] while keeping the wound healthy and safe. Anticipated more aggressive [aggressive] ROM [range of motion] once cleared by the MD [medical	ACTIVE RANGE OF MOTION VERSUS PASSIVE RANGE OF MOTION Active range of motion is carried out by the patient himself Passive range of motion is carried out by a physiotherapist	

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		doctor] and the wound heals. Pt [patient] is R [right] hand dominant and unable to return to work as he needs to be able to use the computer, write and other physical tasks like handling a weapon. Pt [patient] has been very compliant with all instructions. Recommending OT [occupational therapy] 2x/week for 8 more weeks, 16 visits for ther ex [therapeutic exercise], manual therapy. Functional Goals: ...2. Pt [patient] able to use the computer keyboard-can but not with IF [index finger]...	“Pt [patient] is diabetic so this probably contributes to the slow wound healing.” Jane Doe, OTR/L <u>Activities of daily living</u>  “Pt [patient] has been very compliant with all instructions” Jane Doe, OTR/L	
04.24.2019 12:05 PM	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY PATIENT ORDER SUMMARY ...Reason for Therapy R [right] IF [index finger] distal phalanx [fingertip bone] fracture ...Frequency 1x week...6 – 8 weeks...	Order for an additional 6-8 weeks of Occupational Therapy 1x/week	PT.OT_ Medical_ Records 5.19 Pg. 328

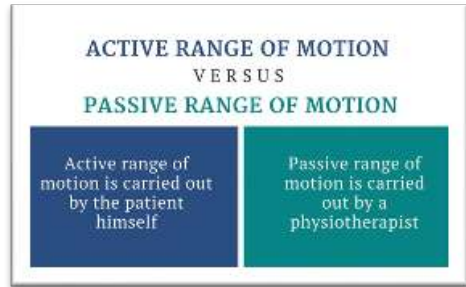
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
04.29.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...ASSESSMENT ... Improving ROM [range of motion] of the R [right] IF [index finger]. Wound still present. No signs of infection...If the bone shows that it is healed on the today, then will initiate more aggressive [aggressive] PROM [passive range of motion] of the tip of the IF [index finger] as the patient tolerates keeping the wound safely healing as well. ...	Visit Number 13 out of 36 	PT.OT_ Medical_ Records 5.19 Pg. 354-356
04.29.2019 2:29 PM	Jane Doe, MD [Radiologist] <i>Imaging Services Facility</i>	XRAY RESULTS [HAND] ...History: Fracture follow-up. Comparison: April 1, 2019. IMPRESSION: NO APPRECIABLE CHANGE...		Ortho_Wound Care 05.18 Pg. 26

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																								
05.01.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE ...WOUND 1 Location Right index finger Type dog bite Tissue Bed 100% non-viable Length cm 2.50 Width cm 0.90 Depth cm 0.2 Open Surface Area cm 2.25 Undermining [pocket under surface] Location Depth at least 0.2 cm. Depth - Tunneling [dead space] Location Difficult to measure along fingernail – measurement Depth does not include the bruised fingernail	Visit Number 5 out of 18 Previous Visit on 04.22.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Underm -ining Location</th></tr><tr><td>100% non- viable</td><td>2.40</td><td>1.10</td><td>0.2</td><td>2.64</td><td>Depth of at least 0.2 cm, difficult to probe due to pain</td></tr></table> Current Visit on 05.01.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Underm -ining Location</th></tr><tr><td>100% non- viable</td><td>2.50</td><td>0.90</td><td>0.2</td><td>2.25</td><td>Depth of at least 0.2 cm</td></tr></table> All measurements show improvement - except the length, which increased by 0.10 since previous visit on 04.22.2019.	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Underm -ining Location	100% non- viable	2.40	1.10	0.2	2.64	Depth of at least 0.2 cm, difficult to probe due to pain	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Underm -ining Location	100% non- viable	2.50	0.90	0.2	2.25	Depth of at least 0.2 cm	PT.OT_ Medical_ Records 5.19 Pg. 214 - 217
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Underm -ining Location																							
100% non- viable	2.40	1.10	0.2	2.64	Depth of at least 0.2 cm, difficult to probe due to pain																							
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Underm -ining Location																							
100% non- viable	2.50	0.90	0.2	2.25	Depth of at least 0.2 cm																							

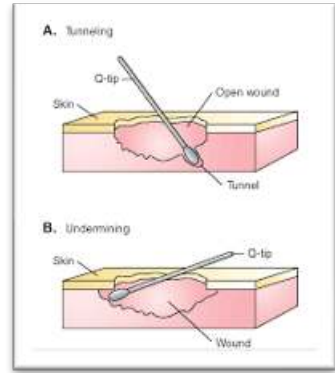
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...UPDATE General Wound Goal Goal/Phase status: Progress (5/1/19) -Closure wound will achieve: Partial – no depth (progressing towards goal) -Wound tissue _80_% Viable. (progressing towards goal) -Wound Drainage: Achieve/maintain optimal moist wound environment. (progressing towards goal) -Wound infection: Absent (progressing towards goal) -Comfort: Treat to patients tolerance. (progressing towards goal)...		
05.03.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT MISSED VISIT NOTE The patient did not attend the therapy appointment on 5/3/19 at am. Reason: Scheduling conflict...	MISSED VISIT 14 out of 36 due to scheduling conflict.	PT.OT_ Medical_ Records 5.19 Pg. 180

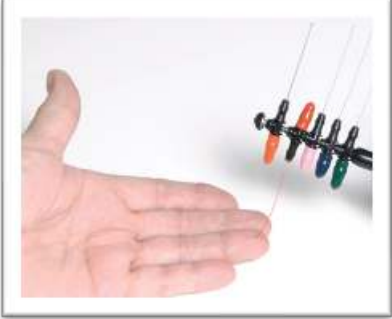
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
05.06.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE Wear[ing] [wearing] the brace. Pt [patient] accidentally got the IF [index finger] caught on the windshield visor in his car a few days ago which caused a lot of pain... ...Semmes Weinstein R [right] hand: R [right] thumb tip, IF [index finger] and RF [ring finger] tips are all 4.31 (diminished protective sensation) R [right] SF [small finger] tip is 3.61 (Diminished light touch sensation) L [left] IF [index finger], MF [middle finger], RF [ring finger] and SF [small finger] are all 3.61 (Diminished light touch sensation)...	Visit Number 14 out of 36 Semmes-Weinstein test uses light touch and pressure to determine sensitivity to touch.  The results from this test show that Mr. Doe has diminished protective sensation in some fingers which can prevent people from feeling pain, heat, or pressure.	PT.OT_ Medical_ Records 5.19 Pg. 182-184

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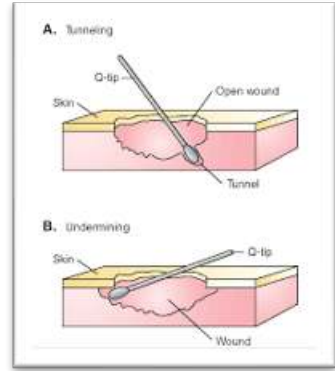
Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																								
		...Pain Reassessment: mod [moderate] pain at the IF [index finger] tip Pt [patient] does have a long history or [of] diabetes which might be related to this peripheral sensory issues [nerve damage causing numbness, tingling, pain, and loss of sensation]...	He also has diminished light touch in other fingers which is the reduced ability to feel soft touch or vibration. “ Pt [patient] does have a long history or [of] diabetes which might be related to this peripheral sensory issues” -Jane Doe, OTR/L																									
05.07.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE ...SUBJECTIVE Patient Report: The pt. states that his finger got stuck on something and he hurt it... ...Open Wounds WOUND 1 Location Right index finger Type dog bite Tissue Bed 100% non-viable	Visit Number 6 out of 18 Previous Visit on 05.01.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermining Location</th></tr><tr><td>100% non-viable</td><td>2.50</td><td>0.90</td><td>0.2</td><td>2.25</td><td>Depth of at least 0.2 cm</td></tr></table> Current Visit on 05.07.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermining Location</th></tr><tr><td>100% non-viable</td><td>1.10</td><td>0.90</td><td>0.2</td><td>0.99</td><td>Depth of at least 0.2 cm</td></tr></table>	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location	100% non-viable	2.50	0.90	0.2	2.25	Depth of at least 0.2 cm	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location	100% non-viable	1.10	0.90	0.2	0.99	Depth of at least 0.2 cm	PT.OT_ Medical_ Records 5.19 Pg. 219 - 222
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location																							
100% non-viable	2.50	0.90	0.2	2.25	Depth of at least 0.2 cm																							
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location																							
100% non-viable	1.10	0.90	0.2	0.99	Depth of at least 0.2 cm																							

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		Length cm 1.10 Width cm 0.90 Depth cm 0.2 Open Surface Area cm 0.99 Undermining Location Depth at least 0.2 cm. Depth - Tunneling Location Difficult to measure along fingernail – measurement Depth does not include the bruised fingernail... ...ASSESSMENT ...The wound is still very dessicated [dried out]...	Mr. Doe's wound has improved since last visit. <u>Non-viable tissue</u> lacks blood flow and can't heal. 	
05.09.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT MISSED VISIT NOTE The patient did not attend the therapy appointment on 5/9/19 at am. Reason: personal reasons	MISSED VISIT NUMBER 15 OUT OF 36 DUE TO PERSONAL REASONS	PT.OT_ Medical_ Records 5.19 Pg. 181

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
05.13.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE ...Tip still hurts like it's going to break off if he pushes it too much Still feels numb at the tip... OBJECTIVE ...Scab is getting smaller. Dry. No oozing during therapy. New nail appears underneath... ...Pain Reassessment: just some achiness in the IF [index finger] PIP [proximal interphalangeal joint] joint ...ASSESSMENT... ...Started the use of the digiflex and hand helper to promote DIP [distal interphalangeal joint] active flexion and light grip strengthening...	Visit Number is 15 out of 36  <u>Digiflex</u> 	PT.OT_ Medical_ Records 5.19 Pg. 187-188

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																								
05.14.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE ...SUBJECTIVE Patient Report: The pt. [patient] states that he stopped using the Hydrogel [promotes moisture and wound healing] because the wound was getting too wet. This clinician explained to him that we are trying to keep it better hydrated... ...WOUND 1 Location Right index finger Type dog bite Tissue Bed 100% non-viable Length cm 1.10 Width cm 1.00 Depth cm 0.2 Open Surface Area cm 1.1 Undermining Location Depth at least 0.2 cm.	Visit Number 7 out of 18 Current Visit on 05.07.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermining Location</th></tr><tr><td>100% non-viable</td><td>1.10</td><td>0.90</td><td>0.2</td><td>0.99</td><td>Depth of at least 0.2 cm</td></tr></table> Current Visit on 05.14.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermining Location</th></tr><tr><td>100% non-viable</td><td>1.10</td><td>1.00</td><td>0.2</td><td>1.1</td><td>Depth of at least 0.2 cm</td></tr></table> Mr. Doe’s wound appears to be larger than the previous visit.	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location	100% non-viable	1.10	0.90	0.2	0.99	Depth of at least 0.2 cm	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location	100% non-viable	1.10	1.00	0.2	1.1	Depth of at least 0.2 cm	PT.OT_ Medical_ Records 5.19 Pg. 224 - 227
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location																							
100% non-viable	1.10	0.90	0.2	0.99	Depth of at least 0.2 cm																							
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location																							
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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
05.17.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE Tip still feels numb Tip still feels painful when tapped or pushed too hard Pt [patient] still expresses fear that the tip might break if pushed too hard... ...Pain: Pain with tapping of the IF [index finger], pressure [pressure] over the tip and at end range DIP [distal interphalangeal joint] and PIP [proximal interphalangeal joint] ROM [range of motion]...	Visit Number 16 out of 36  	PT.OT_ Medical_ Records 5.19 Pg. 190-192

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																								
05.21.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE ...WOUND 1 Location Right index finger Type dog bite Tissue Bed 100% non-viable Length cm 0.90 Width cm 0.90 Depth cm 0.2 Open Surface Area cm 0.81 Undermining [destroyed tissue creates pocket] Location Depth at least 0.2 cm Depth - Tunneling [chronic, deep wound] Location Difficult to measure along the fingernail – measurement Depth does not include the bruised fingernail...	Visit Number 8 out of 18 Previous Visit on 05.14.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Underm ining Location</th></tr><tr><td>100% non- viable</td><td>1.10</td><td>1.00</td><td>0.2</td><td>1.1</td><td>Depth of at least 0.2 cm</td></tr></table> Current Visit on 05.21.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surfac e Area</th><th>Underm ining Location</th></tr><tr><td>100% non- viable</td><td>0.90</td><td>0.90</td><td>0.2</td><td>0.81</td><td>Depth of at least 0.2 cm</td></tr></table> Mr. Doe’s wound is improving from the previous visit	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Underm ining Location	100% non- viable	1.10	1.00	0.2	1.1	Depth of at least 0.2 cm	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surfac e Area	Underm ining Location	100% non- viable	0.90	0.90	0.2	0.81	Depth of at least 0.2 cm	PT.OT_ Medical_ Records 5.19 Pg. 229-232
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Underm ining Location																							
100% non- viable	1.10	1.00	0.2	1.1	Depth of at least 0.2 cm																							
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surfac e Area	Underm ining Location																							
100% non- viable	0.90	0.90	0.2	0.81	Depth of at least 0.2 cm																							

Information is based on medical records received to date. This report is subject to change if additional documents are received.
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Name: Doe, John

Date of Birth: 01.01.1959

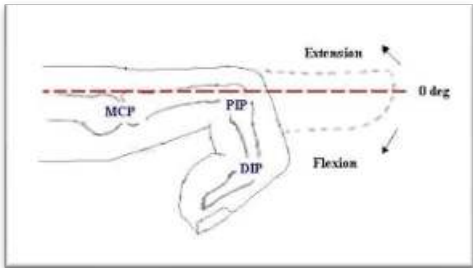
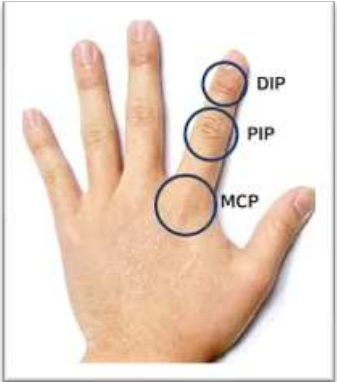
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
05.21.2019	Jane Doe, MD [Wound Care Specialist] <i>Orthopedic Facility</i>	ORTHOPEDIC WOUND CARE FOLLOW UP HISTORY OF PRESENT ILLNESS ...c/o [complains of] still going to wound care—getting better slowly has wound care until 7/2 still having a hard time bending finger... ...2 nd finger R [right] granulation tissue [new tissue], nail is necrotic [dead tissue]...	Visit Number 6 out of 10	Ortho_Wound Care 5.18 Pg. 22-25
05.23.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE Tip is healing. No more black thick scab present... OBJECTIVE No longer has black scab at the ulnar side of the distal phalanx [fingertip bone]...	Visit Number 17 out of 36 <u>Ulnar border of index finger</u> 	PT.OT_Medical_Records 5.19 Pg. 194- 196

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
05.28.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE “I accidentally hit my index finger again [again] this weekend, it just sticks out all the time”... ...Pain: Pain at end range ROM [range of motion] of the IF [index finger] tip with stretch... ...ASSESSMENT DIP [distal interphalangeal joint] still lacks full passive and active flexion. At the joint end range the skin painfully stretches around the wound border. IF [index finger] tip is less sensitive. Pt [patient] accidentally bumped the IF [index finger] as it is held in an extension posture...	Visit Number 18 out of 36  	PT.OT_ Medical_ Records 5.19 Pg. 198 - 200

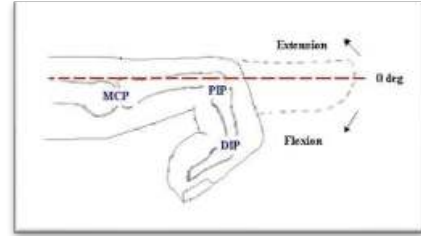
Information is based on medical records received to date. This report is subject to change if additional documents are received.
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																
05.31.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE “Doing better.”... ...5/31/19 AROM [active range of motion] R [right] IF [index finger] MCP [metacarpophalangeal joint] 0-80, PI [PIP] [proximal interphalangeal joint AKA middle joints of the fingers] 0-80, DIP [distal interphalangeal joint AKA joint closest to the tip] 10-34... ...Pain Reassessment: Just some achiness in the IF [index finger] PIP [proximal interphalangeal joint]...	Visit Number 19 out of 36  Active Range of Motion Flexion Degrees <table><tr><th>Right Index Finger</th><th>Normal Range</th><th>Previous Range</th><th>Current Range</th></tr><tr><td>MCP</td><td>0-90 to 0-100</td><td>0-50</td><td>0-80</td></tr><tr><td>PIP</td><td>0-100 to 0-110</td><td>0-90</td><td>0-80</td></tr><tr><td>DIP</td><td>0-70 to 0-90</td><td>0-20</td><td>0-10 to 0-34</td></tr></table> A DIP active range of 0-10 to 0-34 means significantly restricted movement, stiff joints, and/or tendon injuries.	Right Index Finger	Normal Range	Previous Range	Current Range	MCP	0-90 to 0-100	0-50	0-80	PIP	0-100 to 0-110	0-90	0-80	DIP	0-70 to 0-90	0-20	0-10 to 0-34	PT.OT_ Medical_ Records 5.19 Pg. 202 - 204
Right Index Finger	Normal Range	Previous Range	Current Range																	
MCP	0-90 to 0-100	0-50	0-80																	
PIP	0-100 to 0-110	0-90	0-80																	
DIP	0-70 to 0-90	0-20	0-10 to 0-34																	

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																								
06.03.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE ...WOUND 1 Location Right index finger Type dog bite Tissue Bed 10% viable [living healing tissue], 90% non-viable [dead, damaged, or infected tissue that can't be revived] Length cm 0.80 Width cm 0.70 Depth cm 0.2 Open Surface Area cm 0.56 Undermining [pocket created under the surface] Location Depth at least 0.2 cm. Depth - Tunneling Location Difficult to measure along fingernail – measurement does not include the bruised fingernail Depth	Visit Number 9 out of 18 Previous Visit on 05.21.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermi -ning Location</th></tr><tr><td>100% non- viable</td><td>0.90</td><td>0.90</td><td>0.2</td><td>0.81</td><td>Depth of at least 0.2 cm</td></tr></table> Current Visit on 06.03.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermi -ning Location</th></tr><tr><td>10% viable, 90% non- viable</td><td>0.80</td><td>0.70</td><td>0.2</td><td>0.56</td><td>Depth of at least 0.2 cm</td></tr></table> Mr. Doe's wound is improving compared to previous visit	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermi -ning Location	100% non- viable	0.90	0.90	0.2	0.81	Depth of at least 0.2 cm	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermi -ning Location	10% viable, 90% non- viable	0.80	0.70	0.2	0.56	Depth of at least 0.2 cm	PT.OT_ Medical_ Records 5.19 Pg. 122-125
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermi -ning Location																							
100% non- viable	0.90	0.90	0.2	0.81	Depth of at least 0.2 cm																							
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermi -ning Location																							
10% viable, 90% non- viable	0.80	0.70	0.2	0.56	Depth of at least 0.2 cm																							

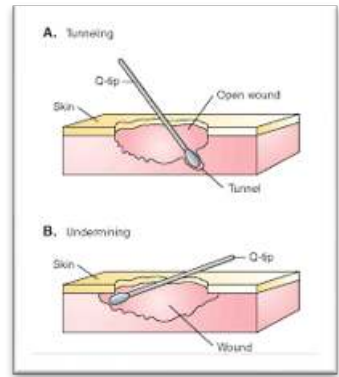
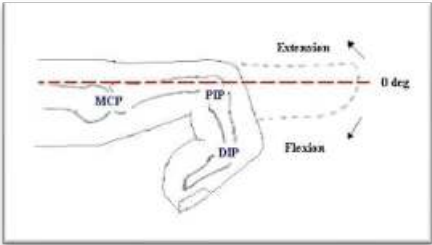
Information is based on medical records received to date. This report is subject to change if additional documents are received.
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Name: Doe, John

Date of Birth: 01.01.1959

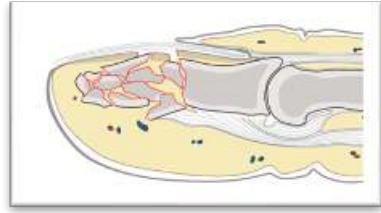
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...UPDATE General Wound Goal Goal/Phase status: Progress (6/3/19) - Closure wound will achieve: Partial – no depth (progressing towards goal) - Wound tissue _80_% Viable. (progressing towards goal) - Wound Drainage: Achieve/maintain optimal moist wound environment. (progressing towards goal) Wound infection: Absent (progressing towards goal)...		
06.04.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE SUBJECTIVE “Had a wound care appt yesterday, wound was bleeding a lot. Finger is sore today”... ...Pain at end range ROM [range of motion] of the IF [index finger] tip with stretch OBJECTIVE: Yellow thick wound bed...	Visit Number 20 out of 36  <u>Yellow thick wound bed</u> is a buildup of dead white blood cells, fibrin, and tissue debris.	PT.OT Medical Records 5.19 Pg. 148-150

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
06.10.2019 10:01 AM	Jane Doe, MD [Radiologist] <i>Imaging Services Center</i>	XRAY RESULTS HAND Comparison: 04/29/2019 IMPRESSION: STABLE, HEALING, COMMINUTED FRACTURE OF SECOND TERMINAL PHALANX. [index fingertip bone]	<u>Comminuted fracture</u> 	PT.OT_ Medical_ Records 5.19 Pg. 110
06.10.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT MISSED VISIT NOTE The patient did not attend the therapy appointment on 6/12/19 at am. Reason: Patient did not show for appointment.	MISSED VISIT 21 out of 36 NO SHOW	PT.OT_ Medical_ Records 5.19 Pg. 152
06.14.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE "Doing better."	Visit Number 21 out of 36	PT.OT_ Medical_ Records 5.19 Pg. 153-155

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
06.17.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE “Feels that when moving the finger it pulls on the scar”...	Visit Number 22 out of 36	PT.OT_ Medical_ Records 5.19 Pg. 157-158
06.18.2019 10:00 AM	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT MISSED VISIT NOTE The patient did not attend the therapy appointment on 6/18/19 at 1000. [10:00 AM] Reason: Scheduling conflict. The pt. [patient] called to report that he could not make today’s appt. [appointment] because he has to take his father to a medical appt. [appointment] The pt. [patient] states that he will call later to reschedule, but he has appts. booked already...	MISSED VISIT 1 OUT OF 18	PT.OT_ Medical_ Records 5.19 Pg. 127

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																				
06.20.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE “Going back to work on July 15 th ”... ...OBJECTIVE AROM [active range of motion] R [right] IF [index finger] MCP [metacarpophalangeal joint] 0-80, PIP [proximal interphalangeal joint] 0-82, DIP [distal interphalangeal joint] 3-30...	<table><tr><th colspan="4">Visit Number 23 out of 36</th></tr><tr><th>Right Index Finger</th><th>Normal Range</th><th>Previous Range</th><th>Current Range</th></tr><tr><td>MCP</td><td>0-90 to 0-100</td><td>0-80</td><td>0-80</td></tr><tr><td>PIP</td><td>0-100 to 0-110</td><td>0-80</td><td>0-82</td></tr><tr><td>DIP</td><td>0-70 to 0-90</td><td>0-10 to 0-34</td><td>0-3 to 0-30</td></tr></table> PIP improvement and slight DIP regression.	Visit Number 23 out of 36				Right Index Finger	Normal Range	Previous Range	Current Range	MCP	0-90 to 0-100	0-80	0-80	PIP	0-100 to 0-110	0-80	0-82	DIP	0-70 to 0-90	0-10 to 0-34	0-3 to 0-30	PT.OT_ Medical_ Records 5.19 Pg. 160-162
Visit Number 23 out of 36																								
Right Index Finger	Normal Range	Previous Range	Current Range																					
MCP	0-90 to 0-100	0-80	0-80																					
PIP	0-100 to 0-110	0-80	0-82																					
DIP	0-70 to 0-90	0-10 to 0-34	0-3 to 0-30																					
06.25.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE 6/25/19 AROM [active range of motion] R [right] IF [index finger] MCP [metacarpophalangeal joint] 0-80, PIP 0-83, DIP [distal interphalangeal joint] 3-32	<table><tr><th colspan="4">Visit Number 24 out of 36</th></tr><tr><th>Right Index Finger</th><th>Normal Range</th><th>Previous Range</th><th>Current Range</th></tr><tr><td>MCP</td><td>0-90 to 0-100</td><td>0-80</td><td>0-80</td></tr><tr><td>PIP</td><td>0-100 to 0-110</td><td>0-82</td><td>0-83</td></tr><tr><td>DIP</td><td>0-70 to 0-90</td><td>0-3 to 0-30</td><td>0-3 to 0-32</td></tr></table> PIP, DIP improvement- MCP unchanged.	Visit Number 24 out of 36				Right Index Finger	Normal Range	Previous Range	Current Range	MCP	0-90 to 0-100	0-80	0-80	PIP	0-100 to 0-110	0-82	0-83	DIP	0-70 to 0-90	0-3 to 0-30	0-3 to 0-32	PT.OT_ Medical_ Records 5.19 Pg. 164-166
Visit Number 24 out of 36																								
Right Index Finger	Normal Range	Previous Range	Current Range																					
MCP	0-90 to 0-100	0-80	0-80																					
PIP	0-100 to 0-110	0-82	0-83																					
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
06.27.2019 2:19 PM	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	PATIENT ORDER SUMMARY Reason for Therapy R [right] finger dog bite... ...Frequency 2x week ...Duration (in weeks) 6 weeks...	New order to extend Occupational Therapy 2 times per week for an additional 6 weeks	PT.OT_ Medical_ Records 5.19 Pg. 147
06.27.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE “still planning on going back to work on July 15 th . Only seeing wound care every other week now.”... ...Pain: Patient with hypersensitivity [hypersensitivity] of the R [right] IF [index finger] tip Still feels like the tip is going to “break off” Pain feels sharp, intermittent [stops and starts randomly] at the tip...	Visit Number 25 out of 36 <u>Activities of daily living</u> 	PT.OT_ Medical_ Records 5.19 Pg. 168-170

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...ASSESSMENT... ...Because of the wound and healing fracture, pt [patient] still not using the R [right] hand to write, pinc [pinch] objects, use the computer or any ADLs [activities of daily living] that require thumb ot IF [index finger] prehension pinch...	<u>Prehension pinch</u> 	
07.01.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT MISSED VISIT NOTE ...The patient did not attend the therapy appointment on 7/1/19 at pm . Reason: Patient did not show for appointment.	MISSED VISIT 26 OUT OF 36 NO SHOW	PT.OT_ Medical_ Records 5.19 Pg. 90
07.02.2019 9:04 AM	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY WOUND CARE TREATMENT ORDERS ...Frequency and Duration: Wound Care is recommended for Every other week visits x 12 weeks, starting 7/2/19... Wound Care Treatment Goals: UPDATE General Wound Goal	New orders to extend wound care treatment to every other week visits for 12 additional weeks. 6 sessions added.	Ortho_Wound Care 05.18 Pg. 64-65

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		Goal/Phase status: Progress (7/2/19) -Closure wound will achieve: Partial – no depth (progressing towards goal) -Wound tissue _80_% Viable. (goal met) -Wound Drainage: Achieve /maintain optimal moist wound environment. (progressing towards goal) -Wound infection: Absent (progressing towards goal) -Comfort: Treat to patients tolerance. (progressing towards goal) -Patient/Family/Caregiver educated on skin and wound care management. (progressing towards goal)...		
07.02.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE ...SUBJECTIVE: Patient Report: ...He states that the fracture is aligned but they will not be doing surgery on	Visit Number 10 out of 18 “The pt. [patient] has also been going to hand therapy at CRW [facility] to increase his finger/hand ROM [range of motion] and function, but the finger tip remains painful and problematic.” -Jane Doe, PT	PT.OT_ Medical_Records 5.19 Pg. 60-63

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																								
		it. The pt. [patient] reports more burning/tingling sensation. ...Is Pain Present? Yes... ...Description “worse than when they bend it”... ...WOUND 1 Location. Right index finger Type dog bite Tissue bed 100% viable [living tissue essential for wound healing] Length cm 0.20 Width cm 0.20 Depth cm 0.2 Open Surface Area cm 0.04 ...Location Wound has separated from the nail edge. Depth Nail is still attached and bruised, but new healthy nail - growing in...	“ He states that the fracture is aligned but they will not be doing surgery on it. The pt. [patient] reports more burning/tingling sensation” -Mr. Doe Previous Visit on 06.03.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermining Location</th></tr><tr><td>10% viable, 90% non-viable</td><td>0.80</td><td>0.70</td><td>0.2</td><td>0.56</td><td>Depth of at least 0.2 cm</td></tr></table> Current Visit on 07.02.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermining Location</th></tr><tr><td>100% viable</td><td>0.20</td><td>0.20</td><td>0.2</td><td>0.04</td><td>N/A</td></tr></table> Mr. Doe’s wound has made significant progress compared to the previous visit.	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location	10% viable, 90% non-viable	0.80	0.70	0.2	0.56	Depth of at least 0.2 cm	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location	100% viable	0.20	0.20	0.2	0.04	N/A	
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location																							
10% viable, 90% non-viable	0.80	0.70	0.2	0.56	Depth of at least 0.2 cm																							
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location																							
100% viable	0.20	0.20	0.2	0.04	N/A																							

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
07.03.2019	John Doe, MD [Orthopedic Surgeon] <i>Orthopedic Facility</i>	ORTHOPEDIC FOLLOW UP ... HISTORY OF PRESENT ILLNESS C/o [complains of] finger improving slowly doing PT [physical therapy] and wound care 1. c/o [complains of] can't type still, no productivity 2. per Hand surg [surgeon], bone/fx [fracture] healed but non union... ... Assessment 1. Diabetic neuropathy (E11.40)... ...3. Traumatic amputation of finger (S68.119A) 4. Open displaced fracture of distal phalanx of right index finger with routine healing, subsequent encounter (S62.630D) Discussed Anticipate RTW [return to work] on 8/19 off until 8/16...	Visit Number 7 out of 10 “Bone/fx [fracture] healed but non union...” - John Doe, MD <u>Non-union fracture</u> A fracture that is taking much longer than normal to heal. <u>Diabetic neuropathy</u> A type of nerve damage caused by high blood sugar levels for a long period of time. NOTE: Dr. John Doe's assessment states “routine healing” but Dr. John Doe (Orthopedic Surgeon) stated it is taking much longer than normal to heal.	Ortho_Wound Care 5.18 Pg. 16-20

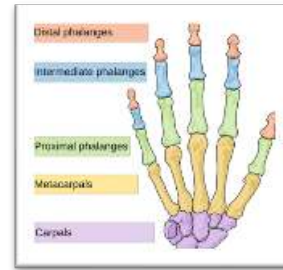
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
07.08.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE “Off work until August now” ...Pain: “Finger is really sore today. The skin feels like it is ripping”... ...Pain reassessment: just some achiness in the IF [index finger] PIP [proximal interphalangeal joint] joint...	Visit Number 26 out of 36 	PT.OT_ Medical_ Records 5.19 Pg. 91-93
07.15.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE “Off work until August 19 th ” ...Finger was really sore last week. Feels like the bone is going to break off. Has been wearing the alumaform brace when out to protect it from accidentally bumping it...	Visit Number 27 out of 36 <u>Alumaform brace</u> 	PT.OT_ Medical_ Records 5.19 Pg. 95-97

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #																						
07.16.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY OUTPATIENT WOUND TREATMENT NOTE ...SUBJECTIVE ...Pain Comment Pt's [patient's] hand was sweating from the pain... ...WOUND 1 Location Right index finger Type Dog bite Tissue bed scab Length cm 0.20 Width cm 0.20 Depth cm 0.2 Open Surface Area cm 0.04 ...Location Scab could not be removed with forceps due to pt's [patient's] pain. The nail is loose, but the pt.[patient] cannot tolerat [tolerate] – moving it to try to lift it up...	Visit Number 11 out of 18 Previous Visit on 07.02.2019 <table><tr><th>Tissue Bed Viable</th><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Underm -ining Location</th></tr><tr><td>100% viable</td><td>0.20</td><td>0.20</td><td>0.2</td><td>0.04</td><td>N/A</td></tr></table> Current Visit on 07.16.2019 <table><tr><th>Length Cm</th><th>Width Cm</th><th>Depth Cm</th><th>Open Surface Area</th><th>Undermining Location</th></tr><tr><td>0.20</td><td>0.20</td><td>0.2</td><td>0.04</td><td>N/A</td></tr></table> No change of measurements from previous visit. It is noted that there is no longer swelling of the index finger, which is an improvement compared to the healing process thus far.	Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Underm -ining Location	100% viable	0.20	0.20	0.2	0.04	N/A	Length Cm	Width Cm	Depth Cm	Open Surface Area	Undermining Location	0.20	0.20	0.2	0.04	N/A	PT.OT_ Medical_ Records 5.19 Pg. 68-70
Tissue Bed Viable	Length Cm	Width Cm	Depth Cm	Open Surface Area	Underm -ining Location																					
100% viable	0.20	0.20	0.2	0.04	N/A																					
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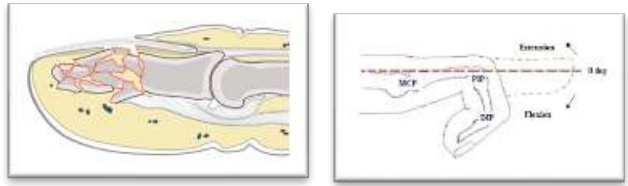
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
07.18.2019 3:42 PM	John Doe, MD [Radiologist] Imaging Services <i>Imaging Services Center</i>	XRAY RESULTS [FINGER] ...Comparison: 6/10/2019 IMPRESSION: SECOND DISTAL PHALANX [index fingertip bone] FRACTURE...		PT.OT_ Medical_ Records 5.19 Pg. 47
07.18.2019	John Doe, MD [Orthopedic Surgeon] <i>Orthopedic Facility</i>	ORTHOPEDIC FOLLOW UP ...PHYSICAL EXAMINATION... ...Right index finger: demonstrates healed wounds, swelling...Tenderness to palpation [touch] about the fracture site persists...DIP [distal interphalangeal joint] motion is limited... Unclear if the fracture is healing or not. At this point we will wait to have the nail plate grow out and see if this offers sufficient stability. May require bone grafting [repairs/replaces damaged bone]...	Visit number 8 out of 10 <u>Common fracture of the second distal phalanx</u>  “May require bone grafting” Dr. John Doe (Orthopedic Surgeon)	Ortho_Wound Care 5.18 Pg. 12-15

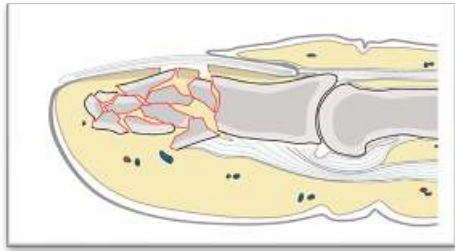
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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
07.19.2019 3:55 PM	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	PATIENT ORDER SUMMARY ...OUTPTOT [outpatient occupational therapy] Reason for Therapy R [right] IF [index finger] distal phlanx [phalanx] [fingertip bone] fracture, dog bite Precautions Frequency 1x week... ...Duration (in weeks) 10 Visits...	New order to extend Occupational Therapy for one time per week for 10 additional visits. 	PT.OT_ Medical_ Records 5.19 Pg. 89
08.06.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY TREATMENT-MISSED VISIT NOTE ...The patient did not attend the therapy appointment on 8/6/19 at am. Reason: Patient did not show for appointment...	MISSED VISIT 28 OUT OF 36 NO SHOW	PT.OT_ Medical_ Records 5.19 Pg. 32

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Name: Doe, John

Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
08.08.2019 9:02 AM	John Doe, MD [Orthopedic Surgeon] <i>Orthopedic Facility</i>	ORTHOPEDIC FOLLOW UP HISTORY OF PRESENT ILLNESS Saw [redacted] because can't write still worried about productivity and returning to work... ...3. Open displaced fracture of distal phalanx [fingertip bone] of right index finger with, subsequent encounter (S62.630K) ...Look into American's with Disability web site for hand and technology to help you Dragon... ...RTW [return to work] 8/19 but pending appts in PT [physical therapy], OT [occupational therapy], and dr [doctor] visit and at those f/up's [follow ups] pt [patient] may need additional treatments including surgery...	Visit Number 9 out of 10 <u>Open displaced fracture of distal phalanx of right index finger with nonunion, subsequent encounter</u> A severe injury where a broken bone breaks through the skin and its fragments have moved out of alignment. The break 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 intervention. <u>Dragon speech software</u> technology created for people with hand, wrist, or arm disabilities to use computer hand-free by using voice commands instead of keyboard and mouse.	Ortho_Wound Care 5.18 Pg. 6-9

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Date of Birth: 01.01.1959

Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
08.09.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY TREATMENT-MISSED VISIT NOTE The patient did not attend the therapy appointment on 8/9/19 at am. Reason: came at the wrong appt time. Unable to accomodate [accommodate]...	MISSED VISIT 28 OUT OF 36	PT.OT_ Medical_ Records 5.19 Pg. 33
08.13.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY OUTPATIENT TREATMENT NOTE ...SUBJECTIVE “Off work until August 19 th . Has difficulty writing”... Pain: Fingers has been really sore. going back to work next week but can’t hold a pencil... ...OBJECTIVE All scabs are finally off, Skin is closed, healing well...	Visit Number 28 out of 36 “ Fingers has been really sore. going back to work next week but can’t hold a pencil.” -Mr. Doe	PT.OT_ Medical_ Records 5.19 Pg. 34-36

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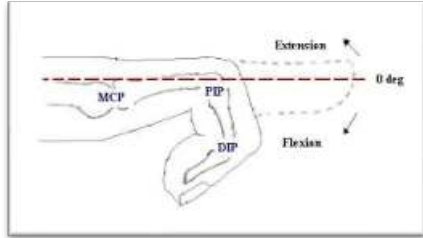
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		...Pt [patient] still feels weary [weary] about using the IF [index finger] as it is a nonunion [not healing properly] and has concerns about returning to work. Pt's [patient's] still reports that the IF [index finger] tip is very sore inside, not just skin hypersensitivity... Has 1 more therapy followup appt authorized. Pt [patient] is aware of this. Pt [patient] is supposed to return to work next week... Functional Goals:1. Pt [patient] able to handle his weapon/gun at work-unmet 2. Pt [patient] able to use the computer keyboard- can but not with IF [index finger] 3. Pt [patient] able to drive his motorcycle safely- unmet 4. Pt [patient] able to write using R IF - unmet, still has wound at the finger tip 5. Pt [patient] able to take photos- unmet...		

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Name: Doe, John
Date of Birth: 01.01.1959
Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
09.30.2019	John Doe, MD [Orthopedic Surgeon] <i>Orthopedic Facility</i>	ORTHOPEDIC FOLLOW UP Chief Complaint [redacted] presents today for follow up of common fracture 2nd distal phalax. [phalanx] [fingertip bone]... ...HISTORY Pt [patient] is s/p [status post] fracture of right index finger distal phalanx. [fingertip bone] Patient complains of numbness and neuropathic [nerve] pain. PHYSICAL EXAMINATION... ... Tenderness [discomfort] to palpation [touch] about the fracture site persists. There is mild hypermobility motion [joint moves beyond typical range causing pain/instability] at the fracture site... ...Flexion [bending] is limited...	Visit Number 10 out of 10 Mr. Doe attended 10 out of 10 scheduled Orthopedic appointments He missed 0 appointments total. Overall, his wounds slowly improved. The fingertip fracture did not heal on its own. His only option for a potential fix is surgery, which he does not want to do because of the risks and recovery process. He is no longer able to function at his job as a Detective. 	Ortho_Wound Care 5.18 Pg. 1-5

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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		IMAGING/TESTS Radiographs [xrays] demonstrate distal phalanx [fingertip bone] tuft [very tip of finger bone] nonunion. No interval healing. ASSESSMENT/PLAN... ...Patient primarily complains of neuropathic [nerve] type pain from nerve injury as a result of the laceration [tear, cut, or rip in skin]. He also has some instability to the distal phalanx [fingertip bone]. 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...	<u>Non-union/no interval healing</u> happens when a broken bone fails to heal after the expected recovery time, commonly lasting at least 9 months without improvement. <u>Nonunion repair including internal fixation and bone grafting</u> is when the bone didn't heal on its own and the surgeon adds screws or metal wires and use a bone graft to bridge the gap and stimulate new bone growth. The only other option is surgery and Mr. Doe does not want to have surgery because of the traumatic nature of surgery, recovery, and risks. “ He understands that dysfunction nerve symptoms are expected to be permanent” -Dr. John Doe (Orthopedic Surgeon)	

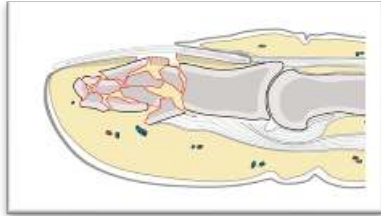
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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
09.30.2019 10:04 AM	John Doe, MD [Radiologist] <i>Imaging Services Facility</i>	XRAY RESULTS [HAND] Comparison: 7/18/2019... ...IMPRESSION: STABLE COMMINUTED FRACTURE OF SECOND TERMINAL PHALANX [index fingertip bone]	<u>Comminuted fracture of second terminal phalanx</u> 	Ortho_Wound Care 05.18 Pg. 58-59
10.01.2019	Jane Doe, PT [Physical Therapist] <i>Physical Therapy Facility</i>	PHYSICAL THERAPY DISCHARGE SUMMARY [WOUND CARE] ... <u>Reporting Period:</u> 4/3/19 to 10/01/19 <u>Functional Goals:</u> UPDATE General Wound Goal Goal/Phase status: Discharge -Closure wound will achieve: Partial-no depth (goal met) -Wound tissue _80_% Viable. (goal met)	Mr. Doe attended 11 out of 18 scheduled Physical Therapy appointments He missed 7 appointments total. Overall, his wounds slowly improved. The fingertip fracture did not heal on its own. His only option for a potential fix is surgery, which he does not want to do because of the risks and recovery process. He is no longer able to function at his job as a Detective.	PT.OT_ Medical_ Records 5.19 Pg. 23

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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
		-Wound Drainage: Achieve/maintain optimal moist wound environment. (goal met) -Wound infection: Absent (goal met) -Comfort: Treat to patients tolerance. (goal met) -Patient/Family/Caregiver educated on skin and wound care management. (goal met) <u>Progress Summary:</u> 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 [redacted] office on 9/30/19 and his note reports that the wound is closed. Will D/C [discharge] pt. [patient] from services.	“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 [redacted] office on 9/30/19 and his note reports that the wound is closed. Will D/C [discharge] pt. [patient] from services.” - Jane Doe, PT NOTE: 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.	

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Date of Injury: 02.16.2019

Date	Provider	Medical Facts	Comments	Page #
10.21.2019	Jane Doe, OTR/L [Occupational Therapist] <i>Occupational Therapy Clinic</i>	OCCUPATIONAL THERAPY DISCHARGE SUMMARY ...Outpatient Discharge of Inactive File Discharge Reason: Has not been seen since 8/13/19 Discharge patient at this time; future therapy will require a new physician's referral. Visits to Date: Total # of visits to date with patient: 27	Mr. Doe attended 28 out of 36 scheduled Occupational Therapy appointments Up until 06.27.2019, Mr. Doe attended 24 out of 24 appointments. A new order was placed for an additional 12 appointments. Mr. Doe attended 4 out of the 12 new appointments ordered. Doctor notes stated Mr. Doe attended 27 appointments but on 05.13.2019 the notes stated it was visit 14 but it was visit 15. Overall, his wounds slowly improved. The fingertip fracture did not heal on its own. His only option for a potential fix is surgery, which he does not want to do because of the risks and recovery process. He is no longer able to function at his job as a Detective.	PT.OT_ Medical_ Records 5.19 Pg. 12

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