

**CONFIDENTIAL REPORT
PREPARED FOR:**

John Smith, Esq.





Personal Injury Fact Sheet and Summary

Patient Information

Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Primary Care Physician: *Unknown*

Treating Physicians:

- **Dr. John Doe** – Urgent Care Doctor [03.05.2019] *Generic Urgent Care*
- **Dr. Jane Doe** – Orthopedic Doctor [03.14.2019 - 07.15.2019] *Generic Orthopedic Group*
- **John Doe, DPT** – Doctor of Physical Therapy [03.19.2019 - 06.13.2019] *Physical Therapy Clinic*
- **John Doe, DMD** – Doctor of Dental Medicine [03.27.2019 - 06.18.2019] *Generic Dental Clinic*
- **John Doe, DPT** – Doctor of Physical Therapy [12.26.2019 - 03.18.2020] *Chiropractic Clinic*
- **Dr. Jane Doe** – Radiologist [12.27.2019 - 02.27.2020] *Generic Hospital*
- **Jane Doe, D.C.** – Doctor of Chiropractic Medicine [12.27.2019] *Chiropractic Clinic*
- **Dr. Jane Doe** – Neurologist [11.10.2020] *Generic Hospital*

Records Reviewed

File Name/Designation	Relevant Pages	Total Pages
Medical Records_Redacted.pdf	3	3
2019_03_21Family & Urgent Care MR_Redacted.pdf	2	2
2019_04_24 Ortho Med Grp Medical Records_Redacted.pdf	24	24
Physical Therapy Medical Records_Redacted.pdf	60	63
(Imaging) Medical Records_Redacted.pdf	8	8
2019_03_21 Orthopedic Medical Group PT MR_Redacted.pdf	7	7
2019.0425 Med Grp Med Records_Redacted.pdf	4	4
2019.0830_Dentist MR_Redacted.pdf	11	13
2020_03_30 Ortho Medical Records_Redacted.pdf	68	72
2020_02_27_Imaging MR_Redacted.pdf	3	4
MRI Order 11-10-2020_Redacted.pdf	1	1
Neck Back Medical Center medical records_redacted.pdf	140	165
TOTAL	331	366

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Prior Medical Conditions

The Following are Prior Medical Conditions based on the review of the above records:
Left Sprained Ankle (20 years prior)
Lung Disease Idiopathic Pulmonary Fibrosis
Pulmonary Fibrosis
Right Forefoot Fracture (20 years ago)
Seasonal Allergies
Shin Splints (20 years prior)
Subluxation of Temporomandibular Joint (TMJ)

Injuries Sustained from Accident

The Plaintiff is Claiming the Following Injuries as a result of the Accident: (According to the medical records and discovery responses)
Bilateral Anterior Knee Contusion
Closed head injury without concussion, initial encounter
Contusion of face, initial encounter
Multiple abrasions

Additional Medical Diagnoses

Other Medical Diagnoses found in the Medical Records AFTER the Date of the Incident that are Pertinent to this Claim:
Acute pain of both knees
Anterior horn of lateral meniscus left knee
Chondromalacia patella, left knee
Chondromalacia patella, right knee
Chondrocalcinosis of knee, unspecified laterality
Moderate to Severe Degenerative Disc Changes - Lumbar Spine
Other lateral meniscus, right knee
Other medial meniscus, right knee
Posterior horn of medial meniscus, left knee
Spondylolisthesis Lumbar Spine L5 over S1
Traumatic Brain Injury
Traumatic Teeth Fracture

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Narrative Summary of the Case

The Facts

This case involves a 78-year-old woman, Ms. Jane Doe, who stubbed her toe on the edge of a walkway in a Walmart parking lot 03.04.2019. She then fell across the walkway falling on both knees very hard and flat on her face with contact to her front teeth and right shoulder. She experienced trauma to her face, knees, neck, and lower back. Ms. Doe went to the Urgent Care the following day, on 03.05.2019, where it was noted that she had: a swollen upper lip that was slightly bruised, a laceration inside the upper lip, abrasions to her skin, joint pain, joint swelling, bruising/scrapes over both knees, small and superficial scrapes to the right side of her face on her cheek, and tenderness on both knees. She was diagnosed with Contusion of Face, Contusion of Right Knee. Multiple Abrasions, and Closed Head Injury without Contusion. It was documented by Dr. John Doe on 03.05.2019, "There was certainly a head contusion during the fall but no symptoms or findings to suggest concussion". She was strongly urged to see a dentist to have her teeth evaluated. Ms. Doe was told to take Ibuprofen or Aleve as needed for pain and inflammation, soft foods until cleared by a dentist, Neosporin on the body abrasions, Aquaphor for face abrasions, ice for 15-20 minutes 2 to 3 times a day, and to recheck in 7 to 10 days if not resolving.

On 03.14.2019, Ms. Doe was then evaluated by an Orthopedic Doctor, Dr. Jane Doe, who stated, "She was seen at an urgent care facility on the day of the injury at which time her facial injuries were addressed...She states her knees were not evaluated or x-rayed at the urgent care visit". It is noted the urgent care documentation states on 03.05.2019 that her injury was the day before the visit. Throughout the medical records, the date of injury is also listed as 03.02.2019. It appears the likely date of injury is 03.04.2019, though there are conflicting statements in the provided records. It was noted Ms. Doe had joint swelling, knee problems, and low back pain during this visit. A McMurray Test was performed on Ms. Doe and it was positive. A McMurray test looks for traumatic knee injuries and degenerative meniscal tears. Physical therapy and X-rays of both knees were ordered. There was no sign of acute fracture or bony injury on either knee. There was minimal wear-and-tear shown on both knees. Both knees showed chondrocalcinosis, which is the buildup of calcium crystals on the joint cartilage. This is typically an underlying, chronic finding rather than a brand-new result of a single fall. However, a fall could aggravate this condition leading to severe pain, swelling, and warmth usually starting within 1 to 2 days of the injury. Dr. Doe recommended using a walker or a cane, rest, ice, activity modification, Tylenol as needed, Physical Therapy, and to follow up in 2 weeks. She continued following up with Dr. Doe for a total of 5 appointments attended.

On 03.19.2019, Ms. Doe had her initial Physical Therapy Examination. John Doe, DPT documented, "She thinks she blacked out for 30 seconds but was able to stand up and walk to husband", in regards to her fall on 03.04.2019. It is documented in his notes that Ms. Doe fell

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on 03.04.2019 and went to the urgent care the next day. He also stated, “Her knees were very swollen and she chipped her teeth”. At this time, Ms. Doe stated that she was not able to bend the right knee or stand on it too long to cook dinner before it starts to ache in her calf. Her left knee hurts when getting into bed and bearing full weight on it. At this time, she is primarily homebound and her husband is assisting with her ADLs and IADLs. ADLs are activities of daily living such as: bathing, dressing, transferring, toileting, etc. IADLs are instrumental activities of daily living such as: grocery shopping, meal preparation, housekeeping, transportation, etc. Her pain levels range from 6 to 10 out of 10, which is considered intense to unimaginable unspeakable pain according to the Visual Analogue Pain Scale. Prior to the fall she was able to stand, walk, and move around with no pain or difficulty and no use of assistive devices, such as a cane or walker.

At this time, she is currently unable to put socks on, get in and out of the tub without assistance, drive, household chores, and it is very difficult for her to walk and move around. John Doe, DPT documented Ms. Doe has a history of falls but stated no falls have been documented. It is unclear whether he is speaking of the recent fall or one in the past. It has been noted that Ms. Doe has Idiopathic Pulmonary Fibrosis (diagnosed May 2018). This is a rare, progressive lung disease that causes irreversible scarring and thickening of the tissue around the air sacs, making it increasingly difficult to breathe. Ms. Doe states she is a part of a medical trial where she takes medication Ofev (nintedanib) that is used to treat this disease. Ms. Doe stated she has previously sprained her left ankle, shin splints, and right forefoot fracture about 20 years ago (she wears orthotics now).

During the examination, it was discovered her right knee’s action range of motion during flexion was 122°. Normal knee flexion active range of motion is 140°. Ms. Doe was noted to have issues with standing endurance and mobility. Ms. Doe will be attending Physical Therapy 2 times a week for 6 weeks. Ms. Doe went on to attend 8 Physical Therapy sessions where an additional 12 sessions were added on 04.18.2019, for lack of progress. On 05.17.2019, another round of Physical Therapy was added for 1 time a week for 4 weeks – again due to lack of progress. She was then discharged on 06.13.2019 stating “she feels her left knee is at 90% and her right knee has improved she just can’t kneel on it. She will continue exercises at home, but feels confident that she can do this”. Her pain scale rating was at a 1 at the time. Her strength has improved in her hips and knees according the Gross Muscle Tests done at the facility. She was officially discharged on 06.13.2019 noting that she had progressed well with short- and long-term goals. It was noted that she still continued to have discomfort with palpation but felt confident to do the exercises at home.

On 03.27.2019, Ms. Doe went for her dental examination with John Doe, DMD It was documented, “The patient fell head first on the ground after stubbing her foot on uneven concrete in the Walmart parking lot. As a result, she sustained facial injuries, bruising of lips, and trauma to her upper front teeth. Clinical examination reveals fractures on teeth #07, 08, and 09”. John Doe, DMD went on to state, “All of the patient’s symptoms and findings are

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consistent with the nature of the accident”. X-rays were taken that showed widening of the periodontal ligament – which is a direct radiographic sign of acute dental trauma, indicating that the impact forces have severely strained, stretched, or torn the shock-absorbing fibers that anchor the tooth to the surrounding jawbone. The X-rays also showed apical radiolucency which indicates that the impact of the trauma has caused bone loss around the tip of the tooth’s root, visible as a dark shadow on an X-ray. Ms. Doe’s damage from the fall was extensive. John Doe, DMD documented, “The patient was advised that as a result of trauma she may require, at a minimum, additional root canal therapy on teeth #07 and 09 and other treatment, the extent of which is unknown at present”. Ms. Doe went on to receive many Dental treatments, including: X-rays, 3 crowns, 2 root canals, CT scan, composite filling, emergency dental treatment, and a surgical procedure Apioectomy. Apioectomy is a minor surgical root-end procedure performed to treat persistent inflammation or infection around the tip of a tooth’s root when a standard root canal is not enough.

On 07.15.2019, Ms. Doe had a follow-up Orthopedic visit where she stated, “that the knees are doing great. She denies any residual pain. She denies any significant functional limitations in regards to her daily activities. She does report some discomfort when kneeling and she has been avoiding this. She has completed physical therapy and is now doing a home exercise program. She denies any new injury”. During her exam, everything was noted within normal limits except: joint swelling, knee problems, and low back pain.

It is noted that the next set of medical records begin on 12.26.2019. It is unclear if there are missing medical records or if this was the first return to healthcare in regards to her injuries from the fall. On 12.26.2019, Ms. Doe returned to Physical Therapy. It was noted that she complained of severe pain in both knees with the right more pain than the left. The notes state Ms. Doe stated the last 2 months both knees have been hurting and disabling her. Both knees flexion significantly regressed since they were last measured on 05.17.2019. Her left knee was able to flex up to 146° and the right knee was able to flex up to 140°, both excellent range of motion. At this time, her left knee was only able to flex up to 110° and the right knee 90° with extreme pain. She complained of 8-9 out of 10 pain in the right knee and 4-7 out of 10 on the right knee. It was documented that her knees were discolored and swollen. Ms. Doe had issues with sitting to stand, walking, and bending. During the assessment, it was noted that she had significant loss of active range of motion in both knees along with impaired balance and weak hips/knees. Ms. Doe began her third round of Physical Therapy where she attended 23 out of 23 Physical Therapy appointments. On 01.28.2020, it was noted that, “The patient continues to make very little progress as far as the knees and low back”. Ms. Doe slowly progressed throughout physical therapy where she complained of 2 out of 10 occasional pain in the right knee and 1 out of 10 occasional aching pain in the left knee. This was the last Physical Therapy visit in the available medical records. Discharge Physical Therapy notes are requested in this Fact Summary Report.

On 12.27.2019, Ms. Doe had a Chiropractor Consultation where she listed all of the ways

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this injury has affected her life. She no longer is able to exercise, take long walks, sit for too long, travel without pain, perform activities of daily living without pain or assistance, housework, or drive her car. An MRI of the left and right knee without contrast was done on the same day. The left knee showed a vertical tear in the inner shock-absorber pad of the knee, a diagonal rip in the outer knee cartilage, early-stage softening of the cartilage on the underside of the kneecap, mild swelling in the fat pad under the kneecap, and a small fluid-filled sac behind the knees. The right knee showed the inner shock absorber is torn at its anchor, has slipped out of place, and there is a small amount of arthritis on that side of the knee. It also showed torn cartilage and mild wear-and-tear in the outer part of the knee. The cartilage behind the kneecap is slightly soft or worn down, and a medium sized fluid filled sac behind the knee.

On 02.27.2020, an X-ray of the Lumbar Spine was done. It showed moderate to severe wear-and-tear in two upper lower-back discs (L1-L2 and L2-L3) and a 5 millimeter forward slip of the lowest lower-back bone over the tailbone area (L5 on S1). Two ankle X-rays were also done this day and came back normal. An X-ray of the Cervical Spine was done and showed moderate to severe changes to the soft cushions (discs) in the neck. Lastly, an MRI order was discovered in the available medical records for a 3.0T Brain MRI without Contrast with Advanced Neuroimaging. The diagnosis listed was Traumatic Brain Injury. It is unclear if this medical record is related or not. Missing medical records are requested in this Fact Summary Report.

For the next year after the injury, Ms. Doe's treatments consisted of: Chiropractic intervention, 43 Physical Therapy appointments, 5 Orthopedic appointments, extensive dental work, 6 X-rays, and 2 MRIs. Despite Ms. Doe's continued efforts, she still has not returned to her normal level of functioning.

Discussion of Claims and Injuries

1. Bilateral Knee Pain – Ms. Doe complained of severe knee pain in both knees, caused by the slip and fall on 03.04.2019. She was diagnosed with Bilateral Anterior Knee Contusion and Contusion of Right Knee by Dr. Jane Doe on 03.05.2019. Shortly after, Ms. Doe was diagnosed with Acute Pain of Both Knees, Chondrocalcinosis of Knee, Unspecified Laterality, Contusion of Right Knee, Initial Encounter, and Contusion of Left Knee, Initial Encounter by John Doe, DPT on 04.22.2019. Additionally, on 12.26.2019, Jane Doe D.C. diagnosed Ms. Doe with Chondromalacia Patella -Right Knee, Chondromalacia Patella - Left Knee, Posterior Horn of Medial Meniscus - Left Knee, Other Medial Meniscus - Right Knee, Anterior Horn of Lateral Meniscus - Left Knee, and Other Lateral Meniscus - Right Knee.

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2. **Face Pain** – Ms. Doe complained of face pain caused by the slip and fall on 03.04.2019. She was diagnosed with Closed Head Injury without Concussion, Initial Encounter and Contusion of Face, Initial Encounter by Dr. John Doe on 03.05.2019.

3. **Teeth Pain** – Ms. Doe complained of teeth pain caused by the slip and fall on 03.04.2019. She was diagnosed with Traumatic Teeth Fracture on 03.27.2019 by John Doe, DMD.

4. **Loss of Ability of ADLS and IADLS** – Ms. Doe complained of being unable to perform activities of daily living and instrumental activities of daily living, caused by the slip and fall on 03.04.2019. She was diagnosed with the following diagnoses that directly affected her ability to move, walk, and bend: Bilateral Anterior Knee Contusion and Contusion of Right Knee, Initial Encounter by Dr. Jane Doe on 03.05.2019. Shortly after, Ms. Doe was diagnosed with Acute Pain of Both Knees, Chondrocalcinosis of Knee - unspecified laterality, Contusion of Right Knee - Initial Encounter, and Contusion of Left Knee - Initial Encounter by John Doe, DPT 04.22.2019. Additionally, on 12.26.2019, Jane Doe D.C. diagnosed Ms. Doe with Chondromalacia Patella - Right Knee, Chondromalacia Patella - Left Knee, Posterior Horn of Medial Meniscus - Left Knee, Other Medial Meniscus - Right Knee, Anterior Horn of Lateral Meniscus - Left Knee, and Other Lateral Meniscus -Right Knee.

5. **Low Back Pain** – Ms. Doe complained of lower back pain aggravated by the slip and fall on 03.04.2019. She was diagnosed by John Doe, DPT with Spondylolisthesis Lumbar Spine L5 over S1 on 02.28.2020. She was also diagnosed with Degenerative Disc Changes on 12.27.2019 by Jane Doe, D.C. She continues to have low back pain.

6. **Ankle Pain** – Ms. Doe complained of bilateral ankle pain caused by the slip and fall on 03.04.2019. She was diagnosed with the following diagnoses that can cause ankle pain because the lower leg joints and muscles work together as a connected kinetic chain: Bilateral Anterior Knee Contusion and Contusion of Right Knee, Initial Encounter by Dr. Jane Doe on 03.05.2019. Shortly after, Ms. Doe was diagnosed with Acute Pain of Both Knees, Chondrocalcinosis of Knee, Unspecified Laterality, Contusion of Right Knee - Initial Encounter, and Contusion of Left Knee -Initial Encounter by John Doe, DPT on 04.22.2019. On 12.26.2019, Jane Doe D.C. diagnosed Ms. Doe with Chondromalacia Patella - Right Knee, Chondromalacia Patella - Left knee, Posterior Horn of Medial Meniscus - Left Knee, Other Medial Meniscus - Right Knee, Anterior Horn of Lateral Meniscus - Left Knee, and Other Lateral Meniscus - Right Knee.

7. **Neck Pain** – Ms. Doe complained of neck pain aggravated by the slip and fall on 03.04.2019. She was later diagnosed with Degenerative Disc Changes on 12.27.2019 by Jane Doe, D.C. She continues to have neck pain.

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Discussion of Diagnoses

1. **Bilateral Anterior Knee Contusion** – Impact has damaged small blood vessels, causing blood to leak into the surrounding tissue, which leads to swelling, pain, and skin discoloration AKA a bruise on the front of both knees. This injury was caused by the slip and fall on 03.04.2019.

2. **Closed Head Injury without Concussion, Initial Encounter** – A first-time doctor visit after hurting the head without getting a concussion or an open cut. This injury was caused by the slip and fall on 03.04.2019.

3. **Contusion of Face, Initial Encounter** – A bruise on the face and seeing a doctor for the very first time to get it checked out. Ms. Doe fractured several teeth and had to receive many dental treatments, including: X-rays, 3 crowns, 2 root canals, CT scan, composite filling, emergency dental treatment, and a surgical procedure Apioectomy. Ms. Doe had to pay \$39,899 in dental fees due to this diagnosis. This injury was caused by the slip and fall on 03.04.2019.

4. **Multiple Abrasions** – Several scrapes, scratches, or road rash injuries across different parts of the body. This injury was caused by the slip and fall on 03.04.2019.

5. **Acute Pain of Both Knees** – Sudden, sharp, severe pain in the knees. This injury was caused by the slip and fall on 03.04.2019.

6. **Anterior Horn of Lateral Meniscus Left Knee** – An old or long-standing injury/tear in the front portion of the outer shock-absorbing cartilage in the left knee. When someone slips and falls, the knee frequently undergoes a forceful twist, sudden hyper-extension, or a direct impact while bearing weight. This rotational stress is the classic mechanism that tears the cartilage. Ms. Doe was diagnosed on 12.27.2019 by Dr. Jane Doe. A slip and fall from 9 months prior can absolutely cause this specific condition. This injury was caused by the slip and fall on 03.04.2019.

7 **Chondomalacia Patella, Left Knee and Chondomalacia Patella, Right Knee** – The softening and breakdown of the cartilage on the underside of the kneecap. Landing directly on the kneecap forces the kneecap against the thigh bone. This compression can cause immediate micro-tears, bruising, or deep cracks/splits/grooves in the cartilage. Over the subsequent months, this damaged cartilage gradually softens and degrades. Ms. Doe was diagnosed on 12.27.2019 by Dr. Jane Doe. A slip and fall can absolutely cause or contribute to chondromalacia. As Ms. Doe continued to walk, sit, and climb stairs over the last 9 months, the weakened or bruised cartilage was subjected to normal daily friction. Without healthy cushioning, the cartilage gradually eroded until it began causing noticeable pain, grinding, or clicking. This injury was caused by the slip and fall on 03.04.2019.

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8. Chondrocalcinosis of Knee, Unspecified Laterality – Tiny calcium crystals that have built up in the cartilage of the knee that can cause pain, swelling, and stiffness in the knee. A slip and fall 9 months prior can cause or contribute to chondrocalcinosis in the knee. While the condition is most commonly age-related, physical trauma can trigger or accelerate crystal deposits in the cartilage. A timeline of 9 months is structurally sufficient for microscopic cartilage damage to undergo the biochemical changes required to manifest as visible calcification on imaging. X-rays taken on 03.14.2019 showed bilateral knee chondrocalcinosis. Ms. Doe likely had asymptomatic, silent chondrocalcinosis. The slip and fall structurally altered the joint or shed existing crystals into the joint fluid, turning a completely painless condition into a chronic, painful inflammatory state. This injury was aggravated by the slip and fall on 03.04.2019.

9. Moderate to Severe Degenerative Disc Changes (Lumbar & Cervical Spine) – The soft cushions between the spinal bones have significant wear-and-tear, losing height and water content over time. Ms. Doe was diagnosed on 02.27.2020 by Dr. Jane Doe. “The cervical spine and lumbar spine reveal severe osteoarthritis and degenerative changes which were definitely exacerbated by the fall” – John Doe, DPT 02.28.2020. Moderate to severe degenerative disc changes can be significantly aggravated by a slip and fall. Landing hard on the ground or twisting mid-fall places high mechanical stress on already weakened spinal discs. A compromised or degenerated disc can rupture or bulge further under the sudden force of a fall. A previously quiet, asymptomatic degenerative condition can suddenly become painful and inflamed due to the trauma. This injury was aggravated by the slip and fall on 03.04.2019.

10. Other Lateral Meniscus, Right Knee – The medical code used for this diagnosis indicates a tear or old injury in the cartilage on the outer side of the right knee. Ms. Doe was diagnosed on 12.27.2019 by Dr. Jane Doe. A slip and fall 9 months prior can absolutely be the underlying cause of this condition. This medical code is reserved for chronic, non-acute, or “old” injuries rather than a brand-new traumatic tear, the 9-month timeline fits the clinical definition perfectly. A slip and fall often forces the knee to suddenly twist or pivot while the foot remains firmly planted on the ground. This acute rotational force is one of the most common causes of a lateral meniscus tear. If a meniscus is torn and does not fully heal (which is common because the inner portions of the meniscus have a very poor blood supply) it becomes a chronic issue. Over the course of 9 months, the torn tissue can cause ongoing friction, clicking, catching, or instability within the joint. This injury was caused by the slip and fall on 03.04.2019.

11. Other Medial Meniscus, Right Knee – An old or chronic injury to the shock-absorbing cartilage on the inner side of the right knee. Ms. Doe was diagnosed on 12.27.2019 by Dr. Jane Doe. A slip and fall that occurred 9 months prior can absolutely be the root cause of this condition. During a slip and fall, the foot often stays planted on the ground while the rest of the body shifts, forcing the knee to flex and rotate forcefully under weight. This sudden twisting motion is the classic mechanism that tears a meniscus. Over time, the continuous wear and tear

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on that unstable, frayed cartilage leads to worsening pain, clicking, catching, or stiffness. As the months progress, the damaged cartilage fails to handle normal joint stress, resulting in the structural “derangement” noted in this diagnosis. This injury was caused by the slip and fall on 03.04.2019.

12. Posterior Horn of Medial Meniscus, Left Knee – The specific diagnostic code used indicated this is an old or chronic injury to the back part of the shock absorber in the left knee. A slip and fall can absolutely cause this injury. In a slip and fall, the foot frequently plants while the body forcefully twists. This grinding rotation is the exact physical mechanism that causes acute traumatic tears in the back section of the inner knee cartilage. Ms. Doe was diagnosed on 12.27.2019 by Dr. Jane Doe. Because the incident happened 9 months prior, it perfectly explains why the doctor used this specific diagnosis. This injury was caused by the slip and fall on 03.04.2019.

13. Spondylolisthesis Lumbar Spine L5 over S1 – The lowest bone in the lower back has slipped forward over the bone beneath it. Ms. Doe was newly diagnosed by Dr. Jane Doe on 02.27.2020. A slip and fall can absolutely cause or severely aggravate this condition. A traumatic event can directly force a vertebra out of alignment, it is very common for the condition to develop gradually or remain completely hidden until long after the initial injury. A fall can cause a tiny stress fracture in the spinal structure. This fracture may not cause intense pain right away. Over the course of a year, normal daily movements cause the weakened vertebra to slowly slide forward over the one below it. Even if Ms. Doe already had a mild, asymptomatic pre-existing structural weakness – a slip and fall can suddenly disrupt that fragile stability, accelerating the slippage and causing nerves to become pinched months later. This injury was caused by the slip and fall on 03.04.2019.

14. Traumatic Brain Injury – Damage to the brain caused by a sudden bump, blow, jolt, or hit to the head. According to the available medical records, on 11.10.2020 an MRI was ordered for a 3.0T Brain MRI without contrast with advanced neuroimaging. The diagnosis listed was Traumatic Brain Injury. There were no medical records sent leading up to this date or after that explains if it is related to the fall or not. Missing medical records are requested in this Fact Summary Report. A slip and fall cannot cause a new traumatic brain injury over a year and a half later, but the lingering effects, complications, or symptoms of a traumatic brain injury sustained during the original fall can become unmasked, worsen, or persist 18 months later. Instability and balance issues caused by the injury on 03.04.2019 could have played a factor into this diagnosis (if the cause of the traumatic brain injury was a new fall caused by these factors). However, without having those missing medical records, it cannot be determined whether this injury is related to the slip and fall on 03.04.2019 at this time.

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15. Traumatic Teeth Fracture – A cracked or broken tooth caused by a sudden physical injury. This usually happens from a fall. Ms. Doe was diagnosed on 03.27.2019 by John Doe, DMD. Ms. Doe fractured several teeth and had to receive many dental treatments, including: X-rays, 3 crowns, 2 root canals, CT scan, composite filling, emergency dental treatment, and a surgical procedure Apioectomy. Ms. Doe had to have extensive dental work due to this diagnosis. This injury was caused by the slip and fall on 03.04.2019.

Legal Forensic Nurse Discussion and Opinion Based on the Medical Records Provided

On 03.04.2019, Ms. Doe stubbed her foot on uneven concrete in a Walmart parking lot. She then fell across the walkway, falling on both knees very hard and flat on her face with contact to her front teeth and right shoulder. Ms. Doe stated she blacked out for 30 seconds after the fall. She experienced trauma to her face, knees, neck, and lower back. Ms. Doe experienced immediate pain in her knees and face. Ms. Doe went to the *Generic Urgent Care* the following day. There are some records that state she went to Urgent Care immediately after. This detail should be confirmed by Ms. Doe. The medical records show she visited the Urgent Care on 03.05.2019. They treated the scrapes on her skin and iced her knees. On 03.14.2019, Ms. Doe saw the Orthopedic Doctor, Dr. Jane Doe. Ms. Doe told the Doctor that no X-rays were done at the Urgent Care after the injury. An X-ray was then done of the left and right knee. They both showed no sign of acute fracture or bony injury. It was also noted the X-rays showed possible internal derangement – which means the injury caused damage to the internal structures of the joint.

For the next year after the injury, Ms. Doe's treatments consisted of: Chiropractic intervention, 43 Physical Therapy appointments, 5 Orthopedic appointments, extensive dental work, 6 X-rays, and 2 MRIs. Despite Ms. Doe's continued efforts, she still has not returned to her normal level of functioning.

Based on the reviewed medical records, it is my opinion that the slip and fall on 03.04.2019 caused and/or aggravated Ms. Doe's injuries listed above, and her decline in her health and wellbeing. The symptoms Ms. Doe experienced are consistent side effects of the injuries sustained during the slip and fall. She has endured emergent dental work, dental surgery, imaging scans, 3 rounds of Physical Therapy, consultations, which have noted the symptoms she experienced were all directly related to the slip and fall on 03.04.2019 and the injuries are all capable of causing the decline in her health and wellbeing.

Legal Forensic Nurse "Next Step" Recommendations

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

1. Medical Record Retrieval:

Please have your firm request the medical records listed below:

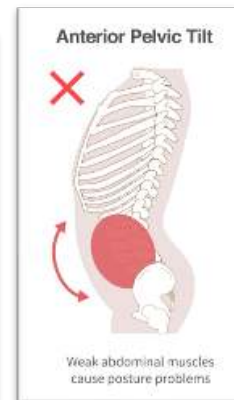
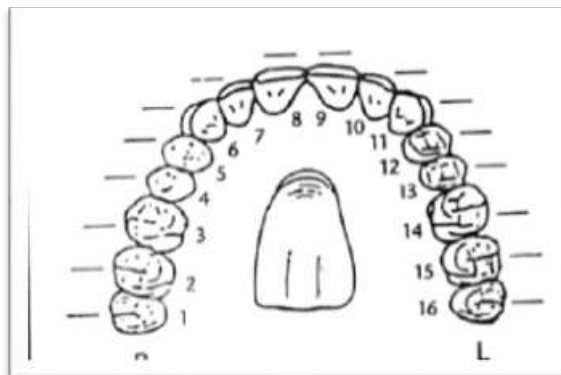
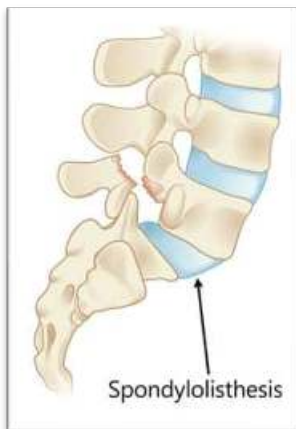
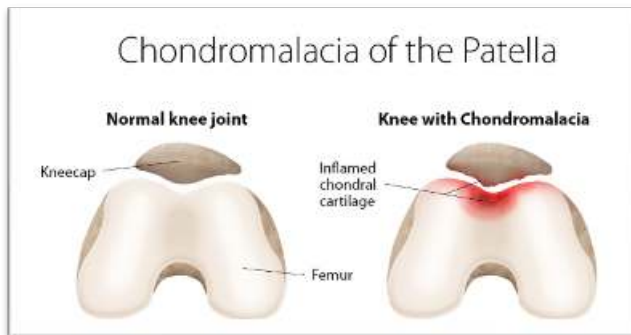
Record Type and Date	Facility	Date Requested	Date Received
Injury Medical Records From injury 12 years ago to potentially left shin [Mentioned by John Doe DPT 04.11.2019. Physical Therapy Medical Records_Redacted Pg. 22]	<i>Unknown Facility</i>		
Physical Therapy Notes 03.23.2019, 01.08.2020, 01.28.2020 (Diagnosis Sheet), 02.28.2020 Office Visit, and Discharge Notes after 03.18.2020	<i>Chiropractic Clinic</i>		
Brain MRI Without Contrast Include documentation leading up to the MRI and after, if it is relevant to this case	<i>Generic Hospital-Neurology Department</i>		
Dental Records Crown and Root Canal Procedure 04.03.2019, 04.17.2019, CT Scan, X-rays 06.12.2019, Root Canal and Apicoectomy 06.18.2019	<i>Generic Dental Clinic</i>		
Chiropractor Notes There was a consultation on 12.27.2019 but no follow up appointments listed	<i>Chiropractic Clinic</i>		
Pictures of Uneven Concrete Where she fell in the Walmart parking lot	<i>Unknown</i>		
Primary Care Physician Notes (if applicable)	<i>Unknown</i>		

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Legal Nurse Detective reserves the right to amend this report with the discovery of further records.



2. **Expert Location and Screening:** Seek an expert with knowledge specifically pertaining to Orthopedics (and Neurology if the traumatic brain injury is related to this case). *Legal Nurse Detective can help find and facilitate experts for your case.*
3. **Research and Summarization of Authoritative Literature:**



- Ms. Doe fractured her front top teeth #07, 08, and 09.
- Ms. Doe is noted to have Genu Valgus AKA Knock Knees
- Ms. Doe is noted to have Flat Feet Pes Planus
- Ms. Doe is noted to have Anterior Pelvic Tilt

Possible Defenses:

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- **Comorbidities**

- **Degenerative Disc Changes** – On 02.27.2020, Ms. Doe was diagnosed with Moderate to Severe Degenerative Disc Changes to her Cervical [neck] and Lumbar [lower back] spine. According to the available medical records, this is the first time Ms. Doe has been diagnosed with this disorder. A slip and fall can significantly aggravate pre-existing degenerative disc changes, turning a silent painless condition into a painful injury.
- **Idiopathic Pulmonary Fibrosis** – Can indirectly cause a slip and fall. The systemic effects on oxygen delivery and the cardiovascular system directly impair balance and physical instability.

- **Previous Injuries**

- **Left sprained ankle and right forefoot fracture 20 years ago wears orthotics now** – Ms. Doe stated she sprained her left ankle and had a right forefoot fracture 20 years ago, and she wears orthotics now. A right forefoot fracture from 20 years ago can absolutely contribute to a slip and fall. Even though the bone itself healed long ago, the long-term structural and biomechanical changes it leaves behind can silently compromise her stability decades later. Poorly fitted or worn-out orthotics can cause unsteadiness, heel slippage, and tripping, which may increase the risk of a slip and fall.
- **Previous Injury** –John Doe, DPT documented on 04.11.2019, “pt [patient] reports L [left] shin is painful today although she does have a hx [history] of discomfort/pain due to past injury 12 yrs ago”. It is unclear what this injury is and what long-lasting effects may have contributed to the slip and fall.

- **Patient History**

- **Age** – The client is 79 years old and the older population are more at risk for falls due to degeneration of bones and muscle wearing from age.
- **History of Falls** –John Doe, DPT stated that Ms. Doe has a history of falls but none have been documented.
- **Genu Valgus** – Commonly known as Knock Knees can significantly increase the risk of a slip and fall. The condition alters the mechanical alignment of the lower extremities, which directly compromises the balance, stability, and gait.
- **Medication Side Effects** – Ms. Doe is noted to be in a clinical trial for her lung disease and is taking a medication called Ofev (nintedanib). While a fall is not a direct biochemical response to the medication, several documented side effects can impair balance, coordination, or physical strength.
- **Flat Feet Pes Planus** – This can contribute to a slip, trip, and fall causing ankle instability and poor balance.
- **Anterior Pelvic Tilt** –This can indirectly increase the risk of a slip and fall. While this does not cause someone to slip, it alters body mechanics and degrades balance.

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