

**Medical Chronology/Summary***Confidential and privileged information***Usage guideline/Instructions**

**\*Verbatim summary:** All the medical details have been included “word by word” or “as it is” from the provided medical records to avoid alteration of the meaning and to maintain the validity of the medical records. The sentence available in the medical record will be taken as it is without any changes to the tense.

**\*Case synopsis/Flow of events:** For ease of reference and to know the glimpse of the case, we have provided a brief summary including the significant case details.

**\*Injury report:** Injury report outlining the significant medical events/injuries is provided which will give a general picture of the case.

**\*Comments:** We have included comments for any noteworthy communications, contradictory information, discrepancies, misinterpretation, missing records, clarifications, etc for your notification and understanding. The comments will appear in red italics as follows:

***“\*Comments”***.

**\*Indecipherable notes/date:** Illegible and missing dates are presented as “00/00/0000” (mm/dd/yyyy format). Illegible handwritten notes are left as a blank space “\_\_\_\_\_” with a note as ***“Illegible Notes”*** in heading reference.

**\*Patient’s History:** Pre-existing history of the patient has been included in the history section.

**\*Snapshot inclusion:** If the provider name is not decipherable, then the snapshot of the signature is included. Snapshots of significant examinations and pictorial representation have been included for reference.

**\*De-Duplication:** Duplicate records and repetitive details have been excluded.

**General Instructions:**

- *The medical summary focuses on **MOI** on **MM/DD/YYYY**, the injuries and clinical condition of **XXXX** as a result of injury, treatments rendered for the complaints and progress of the condition.*
- *Initial and final therapy evaluation has been summarized in detail. Interim visits have been presented cumulatively to avoid repetition and for ease of reference.*
- *Case significant details have been highlighted in yellow color*

**Injury Report:**

DESCRIPTION	DETAILS
-------------	---------

XXXXXX

DOB: MM/DD/YYYY

<b>Prior injury details</b>	<i>None</i>
<b>Date of injury</b>	MM/DD/YYYY
<b>Description of injury</b>	She stated that she was out running and stopped at a cross walk and a pickup truck turned the corner on a red light and ran over her right foot.
<b>Injuries/ Diagnoses</b>	Contusion of right foot Closed displaced fracture of anterior process of right calcaneus Pain in right foot Sprain of tarso-metatarsal ligament of right foot Pain in right ankle and joints of right foot Crushing injury of right ankle Neuropathic pain Neuralgia and neuritis Left leg weakness Tendinitis of left hip
<b>Treatments rendered</b>	Pain medication MM/DD/YYYY - MM/DD/YYYY: Received physical therapy at Madonna Hospitals Lincoln MM/DD/YYYY - MM/DD/YYYY: Received physical therapy at Jorgensen Physical Therapy Group
<b>Condition of the patient as per the last available record</b>	As per MM/DD/YYYY, she reported increased pain localized to the right foot and left hip, rating it at 4/10, with a maximum intensity of 5/10. The pain in the hip was described as constant soreness, while the foot pain felt like constant pins and needles with pressure. Symptoms were aggravated by exercise, walking, and prolonged standing, and were relieved by rest, sitting, or lying down. Assessment included right foot pain, neuropathic pain, and tendinitis of the left hip. She was prescribed Meloxicam 7.5 mg, to be taken orally up to twice daily as needed for 30 days. Follow-up was scheduled on an as-needed basis.

### **Patient History**

**Past Medical History:** Colon tubular adenoma, pharyngitis, recurrent urinary tract infection, acne, right breast malignant neoplasm (PDF REF:)

**Surgical History:** Left ear stapedectomy, cesarean section x2, right partial mastectomy in 2019 (PDF REF:)

**Family History:** Father deceased due to prostate cancer. Mother deceased due to aortic stenosis (PDF REF:)

**Social History:** She is never a smoker and drinks occasionally (PDF REF:)

**Allergy:** Gabapentin (Severe drowsiness) (PDF REF:)

### **Detailed Summary**

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<i>Summary of Prior Records</i>	
MM/DD/YYYY	Bryan Medical Center  Jonathan D Fullner, M.D.	<p><b>Bilateral mammogram:</b></p> <p><b>History:</b> Screening mammography</p> <p><b>Comparison:</b> 2021, 2020</p> <p><b>Impression:</b> New asymmetry in the region of the right breast post-treatment site. Spot compression right breast XCCL and spot compression right breast MLO with 90-degree full field-of-view with possible targeted right breast ultrasound recommended. BI-RADS: 0: Incomplete: Needs additional imaging evaluation</p> <p><b>Recommendation:</b> Return for further evaluation. This area is quite posterior and will be technically difficult to obtain spot compression views. Targeted ultrasound will likely be of high value. The patient will be contacted by the Radiology Department.</p>	194-195
MM/DD/YYYY	Lincoln Internal Medicine  Ritoo Jain, M.D.	<p><b>Office visit:</b></p> <p><b>History of present illness:</b> Patient came in for annual checkup. Past medical history is positive for history of breast cancer; she is only on tamoxifen. She is getting along okay, patient stated she is having a lot of side effects from tamoxifen but she knows that she has to take it, she is having hot flashes, also UTI, taking probiotic. She recently had to do MRI for the breast because there was some abnormality but it found out that it was just scar tissue, she is concerned about that all the time.</p> <p><b>Review of systems:</b> Frequent UTI, she reports anxiety, doing ok. Lot of hot flashes due to Tamoxifen, taking Vitamin E.</p> <p><b>Assessment/Plan:</b> Adult health examination Up-to-date on health examination, she is checked by her oncologist on regular basis. Her cholesterol is very low, she is up-to-date on her immunization CBC-IH Microscopic urine-IH Urinalysis-IH Lipid panel-IH Comprehensive metabolic P-IH TSH-IH</p> <p>Recurrent urinary tract infection -</p>	170-173

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>She is on prophylactic medicine., that has worked she takes it before or after intercourse that has prevented her from having any UTI, she is not doing probiotics also</p> <p>Malignant neoplasm of central part of female breast - Monitored by oncologist, regular mammograms/MRI, on tamoxifen</p> <p>Tubular adenoma of colon Will need to do colonoscopy in 2025.she had 2 polyps, being monitored closely</p> <p><b>Return to office:</b> Ritoo Jain, MD for Fasting Annual Wellness at LIMA - Main Office on 05/06/2024 at 0815 hours.</p>	
MM/DD/YYYY	Bryan Medical Center  Hong Cui, M.D.	<p><b>Office visit:</b></p> <p><b>Subjective:</b> Her foot was running over today 05/20/23 by a pickup truck, at 1115 hours. She was out running and stopped at a cross walk and a pickup truck turned the corner on a red light. It ran over her right foot. Complains of pain swelling, abrasions. Pain number is 7/10. She states she is unable to stand on her foot.</p> <p>Foot injury The incident occurred 3 to 6 hours ago. The incident occurred in the street. The pain is present in the right foot and right ankle. The pain is severe. Pertinent negatives include no inability to bear weight. The symptoms are aggravated by weight bearing, palpation and movement. She has tried ice and NSAIDs for the symptoms. The treatment provided mild relief.</p> <p><b>Review of systems:</b> Musculoskeletal: Positive for arthralgia's, gait problem and joint swelling.</p> <p><b>Physical exam:</b> MSK: Swelling, tenderness and signs of injury present. Skin: Some major skin abrasions seen on the right leg.</p> <p><b>Assessment/Plan:</b> Contusion of right foot X-ray Foot Routine 3+ Views Right Sprain of left ankle X-ray Ankle Routine 3+ Views Right</p> <p>Skin abrasion X-ray is taken and it doesn't show fractures and dislocations. However, the x-ray will be over read by a radiologist. Will call patient if a fracture or dislocation is identified. At this point, OTC NSAID for pain and discomfort. Topical antibiotic can be used for the area she is having skin abrasion. RICE protocol is recommended. Monitor symptoms progress. If</p>	214-215

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		the symptoms are not improving in 7-10 days, RTC or see PCP for further evaluation.	
MM/DD/YYYY	Bryan Medical Center  Jonathan D Fullner, M.D.	<b>X-ray of right ankle:</b>  <b>Indication:</b> Right ankle pain, swelling  <b>Impression:</b> No fracture or dislocation.	190-191
MM/DD/YYYY	Lincoln Internal Medicine  Ritoo Jain, M.D.	<b>Follow-up visit:</b>  <b>History of present illness:</b> Patient came in to be seen because she was seen in urgent care as she was walking and somebody ran over her with the truck. Her right foot and ankle was tucked under the truck, she has a lot of bruises she was able to get up she did go to urgent care they did x-ray there was no fractures she still has a lot of bruising and a lot of superficial wounds she is keeping it clean and there is no evidence of infection she said the pain in the last few days has not gotten better and she is still having a lot of pain it is very sensitive to touch she was just extremely concerned about it. She said she has been walking on it is already 7 days but for last 2 days it has been extremely painful.  <b>Physical exam:</b> Does not seem to be in any acute distress but she says that at that time she was really short and sometimes she is still thinks about it she is so happy that she did not get hurt worse, examination of the right foot reveals she has some tenderness at the lateral malleolus, a lot of tire marks and scratch marks on her left side, on the inner calf, there is some redness and inflammation present it is tender to touch, she has some swelling and bruising on the top of the foot.  <b>Assessment/Plan:</b> Right foot pain.  Victim, pedestrian in vehicular and/or traffic accident Because of the extent of the injury, persistence of pain I would recommend to do MRI to make sure she did not have any tendon injuries patient agrees with the plan and she verbalized understanding in the meantime she should just keep it elevated continue to put ice on it, there is no evidence of infection Pedestrian injured in unspecified traffic accident, Initial encounter MRI, ankle + foot, w/wo contrast Area of interest: Right ankle and foot pain Height (ft.): 5 feet 1 in  <b>Return to office:</b> Ritoo Jain, M.D., for Fasting Annual Wellness at LIMA - Main Office on 05/06/2024 at 0815 hours.	165-169

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
MM/DD/YYYY	Nebraska Orthopaedic Center, PC  Daniel Hadland, <i>Credential Unknown</i>	<p><b>MRI of the right foot without/with contrast:</b></p> <p><b>Indication:</b> Patient was hit by a vehicle while jogging 2 weeks ago, lateral right ankle and foot pain. History of breast cancer 2019.</p> <p><b>Impression:</b> Fracture involving the plantar lateral base of the first metatarsal. There is minimal edema along the medial cuneiform and second metatarsal without additional discrete fracture. There is least a moderate-grade partial tear and sprain of the Lisfranc ligament complex without a high-grade full-thickness component. There is no widening at the interval or malalignment. Additional mild edema along the distal second, third and fourth metatarsal suggesting a contusion. There is no fracture or suspicious geographic marrow lesion. Very mild degenerative changes on the first MTP joint. There is a bipartite-appearing medial sesamoid. There is probable degenerative edema, less likely mild sesamoiditis. Mild distal posterior tibialis tendinosis and tenosynovitis. There is also peroneal tenosynovitis with a subtle longitudinal split tear of the distal inframalleolar peroneous longus just proximal to its plantar course. Mild first inter-metatarsal bursitis and to a lesser degree at the third and second intermetatarsal bursae. Mild reactive soft tissue intramuscular edema and stranding about the mid-foot and fractures. There is perhaps a low-grade extensor digitorum brevis muscle strain.</p>	45-46
MM/DD/YYYY	Advanced Medical Imaging  Daniel Hadland, <i>Credential Unknown</i>	<p><b>MRI of the right ankle without/with contrast</b></p> <p><b>Indication:</b> Right ankle pain, right foot pain, patient was hit by a vehicle while jogging 2 weeks ago, posterior pain radiates medial and laterally. History of breast cancer 2019.</p> <p><b>Impression:</b> Intra-articular non-displaced fracture involving the anterior process of the calcaneus, associated bone marrow edema and enhancement. Additional fractures involving the proximal first and second metatarsal, seen better on the MRI of the right foot. No acute-appearing ligament injury, however, there is chronic high-grade, potentially complete tear of the anterior talofibular ligament. Mild peroneal tenosynovitis. There is perhaps a subtle longitudinal split tear just proximal to the plantar course without a partial-thickness tear component. Mild distal posterior tibialis tenosynovitis and tendinosis.</p>	187-189
MM/DD/YYYY	Nebraska Orthopaedic Center, PC	<p><b>Follow-up visit:</b></p> <p><b>Chief complaint:</b> Right foot and ankle fractures.</p>	21-23

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
	Scott Swanson, M.D.	<p><b>History of present illness:</b> She seen today for right foot and ankle fractures that began gradually over time 3 week ago after an auto accident on 05/20/2023 when she was ran over by ram truck. Pain Is mild with a rating of 3/10. She describes the symptoms as aching. The symptoms are constant. Since the onset, she reports the problem is getting worse. The symptoms are made worse with sitting and standing. The patient experiences bruising, swelling and tingling. He is represented by attorney Steve Howard. There is legal action pending. She was seen in the ER at Bryan urgent care on 05/20/2023. The patient is not diabetic. Prior testing: X-rays and MRI.</p> <p><b>Exam:</b>  <b>Right foot exam:</b>  Inspection: Mild diffuse swelling.  Palpation: Tenderness to the dorsal medial mid-foot.  Range of motion: Limited testing secondary to acute pain and swelling.  Strength: Limited testing secondary to acute pain and swelling.</p> <p><b>Right ankle exam:</b>  Palpation: Tenderness to the lateral hind foot.  Range of motion: Limited testing secondary to acute pain and swelling.  Strength: Limited testing secondary to acute pain and swelling.  Gait: The patient ambulates in a fracture boot.</p> <p><b>Diagnosis:</b>  Closed displaced fracture of anterior process of right calcaneus  Pain in right foot  Sprain of tarso-metatarsal ligament of right foot  Vitamin D deficiency  Pain in right ankle and joints of right foot  Crushing injury of right ankle</p> <p><b>Treatment plan:</b>  I've discussed the etiology, natural history, and treatment of the patient's condition. Recommended that she remain in the boot. I've recommended and ordered a vitamin D level. LMH  A course of physical therapy was recommended. On the basis of clinical evidence lab studies have been ordered. Patient to return in 4 weeks for follow up.</p>	
MM/DD/YYYY	Madonna Hospitals Lincoln  Doug Tvrdy, PT	<p><b>Initial physical therapy evaluation note:</b></p> <p><b>Diagnosis:</b> Right calcaneous fracture and metatarsal.</p> <p><b>Subjective:</b>  <b>Medical diagnosis:</b> Right calcaneal fracture and metatarsal</p> <p><b>Treatment diagnosis:</b></p>	75-77

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Decreased range of motion, decreased lower extremity strength, decreased weight bearing, decreased gait and activities of daily living</p> <p><b>Current complaint/reason for referral:</b>            Patient states she was crossing old Cheney was struck by a vehicle and had her foot run over late in May 2023. She is a runner just having finished the marathon last month. She required an MRI and saw doctor Swanson about 10 days ago and he placed her in a boot and states she is weight bearing as tolerated in the boot. She using a knee scooter. Currently</p> <p>Work status: Working            Work restrictions: Full duty, sedentary</p> <p><b>Pain:</b>            Location: right foot and ankle. Activity pain rating: 3/10. Rest pain rating: 0/10.</p> <p><b>Comments:</b> Paresthesia of the right anterior shin</p> <p><b>Lower extremity range of motion:</b>            Active range of motion within functional limits bilaterally except right ankle.</p> <p><b>Ankle range of motion:</b>            Dorsiflexion: R: 0, L: 8            Plantarflexion: R: 40, L: 45            Inversion: R: 25, L: 28            Eversion: R: 15, L: 31</p> <p><b>Dynamometry:</b>            Dominant: Ankle            Ankle plantar flexion: R: 26.7, L: 34.0            Ankle dorsiflexion: R: 21.1, L: 39.4            Inversion: R: 12.3, L: 21.8            Eversion: R: 14.4, L: 18.1</p> <p><b>Functional mobility:</b>  <b>Gait assessment:</b>            Summary of gait analysis: Patient uses a knee scooter for ambulation secondary to wearing a boot on the right foot.</p> <p><b>Edema:</b>            Right: 48.1 cm.            Left 47.6 cm.</p> <p><b>Assessment summary</b>            Due to evaluation findings, physical therapy is recommended to provide skilled therapeutic interventions to increase this individual's ability to participate in life roles, which are currently impacted by impairments in the following areas: balance, functional transfers, mobility, pain limiting</p>	



DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		function, range of motion, return to work/school/life roles, safety and strength. Therapeutic interventions will include body mechanics, core strengthening, gait training, instruction in a home program, therapeutic activities and therapeutic exercise Skilled physical therapy is medically necessary 3 times per week for 10 weeks to decrease pain, increase independence, increase range of motion, increase strength and improve function.	
MM/DD/YYYY - MM/DD/YYYY	Madonna Hospitals Lincoln  Multiple Providers	<b>Summary of multiple physical therapy visits:</b>  <b>Diagnosis:</b> Right calcaneous fracture and metatarsal.  <b>Dates of multiple physical therapy:</b> 06/23/2023, 06/26/2023, 06/29/2023, 07/05/2023, 07/11/2023, 07/13/2023, 07/18/2023, 07/20/2023, 08/11/2023, 08/15/2023, 08/17/2023, 08/22/2023, 08/24/2023, 08/29/2023  <b>Treatment rendered:</b> Neuro re-education Therapeutic activity: Step exercise and squats Therapeutic procedures	77-96, 102-117
MM/DD/YYYY	Madonna Hospitals Lincoln  Doug Tvrdy, PT	<b>Final physical therapy visit:</b>  <b>Diagnosis:</b> Right calcaneous fracture and metatarsal.  <b>Subjective:</b> Patient states she is read for discharge.  Neuro re-education Therapeutic activity: Step exercise and squats Therapeutic procedures: Intent: Improve exercise and functional activity tolerance, improve lower extremity range of motion, Improve lower extremity strength Comments: Emphasis on strengthening noninvolved joints right lower extremity and regaining range of motion and movement of right ankle allowed in protocol.  <b>Assessment/response to treatment:</b> Patient independent in-home exercise program.  <b>Therapy treatment:</b> Physical therapy treatment has included balance training, core strengthening, gait training, modalities, neuro re-education, therapeutic activities and therapeutic exercise. Modalities used include hot/cold pack. Therapeutic exercises used include lower extremity range of motion and flexibility and lower extremity strengthening.	96-99

XXXXXX

DOB: MM/DD/YYYY

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<b>Progress:</b> Patient has met 3 out of 3 long term goals. Progress toward goals: Patient is progressing well toward the goals set for her, is independent with gait and not reporting pain with daily activity. She has returned to jogging short distances and is independent in her home exercise program.  <b>Plan of care and recommendation:</b> Therapeutic interventions will include: jogging/running Patient will be discharged at this time due to achievement of therapy goals.	
		<b>Other records:</b>  Fax sheets, affidavit, authorization, medical bills  <b>PDF REF:</b>  <i>*Reviewer's Comment: All the significant details are included in the chronology. These records have been reviewed and do not contain any significant information. Hence not elaborated.</i>	