Narrative Summary

Pedestrian Struck on MM/DD/YYYY

On May 20, 2023, Ms. XXXX was seen at Bryan Medical Center by Dr. Hong Cui after her right foot was run over by a pickup truck while she was stopped at a crosswalk. She reported severe pain (7/10), swelling, and abrasions, and was unable to bear weight on the foot. Examination revealed swelling, tenderness, and major skin abrasions on the right leg. X-rays of the right foot and ankle showed no fractures or dislocations, though final readings were pending radiologist review. She was diagnosed with a right foot contusion, right ankle sprain, and skin abrasions. Treatment included OTC NSAIDs, topical antibiotics, and RICE protocol, with instructions to monitor symptoms and follow up if not improved in 7–10 days.

On May 30, 2023, Ms. XXXX was seen at Lincoln Internal Medicine by Dr. Ritoo Jain for follow-up after being struck by a truck as a pedestrian, with the vehicle running over her right foot and ankle. She reported persistent pain, significant bruising, and sensitivity to touch despite no fractures being found on initial urgent care X-rays. On exam, she had tenderness at the lateral malleolus, tire and scratch marks on the left inner calf, redness, inflammation, swelling, and bruising over the right foot. Due to ongoing pain and concern for possible tendon injury, an MRI of the right ankle and foot with and without contrast was ordered. She was advised to continue elevation and ice, and there was no evidence of infection.

On June 04, 2023, an MRI of the right foot with and without contrast was performed at Nebraska Orthopaedic Center, PC by Daniel Hadland. The scan revealed a fracture at the plantar lateral base of the first metatarsal, a moderate-grade partial tear and sprain of the Lisfranc ligament complex without full-thickness rupture, and mild bone contusions along the medial cuneiform and distal metatarsals. Additional findings included mild degenerative changes at the first MTP joint, peroneal tenosynovitis with a subtle split tear of the distal peroneus longus tendon, posterior tibialis tendinosis, intermetatarsal bursitis, and mild soft tissue edema with probable low-grade extensor digitorum brevis strain. No signs of interval widening, malalignment, or suspicious marrow lesions were noted.

On June 04, 2023, an MRI of the right ankle with and without contrast was performed at Advanced Medical Imaging by Daniel Hadland. The scan revealed an intra-articular, non-displaced fracture of the anterior process of the calcaneus with associated bone marrow edema and enhancement, as well as additional proximal metatarsal fractures noted more clearly on the foot MRI. There was no acute ligament injury, though a chronic high-grade, possibly complete tear of the anterior talofibular ligament was identified. Additional findings included mild peroneal tenosynovitis with a subtle longitudinal split tear, and mild distal posterior tibialis tendinosis and tenosynovitis.

On June 09, 2023, Ms. XXXX was evaluated at Nebraska Orthopaedic Center, PC by Dr. Scott Swanson for follow-up of right foot and ankle fractures sustained after being run over by a RAM truck on 05/20/2023. She reported constant, aching pain rated at 3/10, worsened by sitting and standing, with associated bruising, swelling, and tingling. Examination revealed mild diffuse swelling, tenderness over the dorsal medial mid-foot and lateral hindfoot, and limited range of motion and strength due to pain and swelling. She was ambulating in a fracture boot. Diagnoses included a closed displaced fracture of the anterior process of the right calcaneus, tarso-metatarsal ligament sprain, right foot and ankle pain, crushing injury of the right ankle, and vitamin D deficiency. She was advised to continue wearing the boot, begin

physical therapy, and undergo lab testing including vitamin D levels. A follow-up was scheduled in four weeks.

On 07/07/2023, Ms. XXXX was seen at Nebraska Orthopaedic Center, PC by Dr. Scott Swanson for follow-up of right foot and ankle fractures. She reported moderate pain rated at 5/10 but noted overall improvement in symptoms since her last visit. She had been using a fracture boot and participating in physical therapy. Examination revealed decreased swelling and tenderness in the dorsal mid-foot and lateral hindfoot, with satisfactory range of motion and strength. Skin condition, muscle tone, and bulk were normal, and there was no instability. Diagnoses included a healing displaced fracture of the anterior process of the right calcaneus, tarsometatarsal ligament sprain, crushing injury of the right ankle, right foot and ankle pain, and vitamin D deficiency. She was advised to begin weaning out of the boot, gradually increase shoe wear, activity, and weight bearing as tolerated, and to continue physical therapy. A follow-up was scheduled in four weeks.

On August 14, 2023, Ms. XXXX was seen at Nebraska Orthopaedic Center, PC by Dr. Scott Swanson for follow-up of right foot and ankle pain. She reported continued improvement in symptoms with only mild pain rated at 1/10 and no new complaints. She had been actively participating in physical therapy. Examination showed decreased swelling and tenderness in the dorsal mid-foot, with no instability and satisfactory range of motion and strength. Skin condition and muscle tone were normal. Diagnoses included a healing displaced fracture of the anterior process of the right calcaneus, tarsometatarsal ligament sprain, vitamin D deficiency, pain in the right foot and ankle, and crushing injury of the right ankle. She was advised to continue physical therapy twice weekly for another four weeks and to monitor new lateral hip and thigh pain. No X-rays were ordered, and follow-up was scheduled in four weeks.

From June 22, 2023 through August 31, 2023, Ms. XXXX had been received multiple physical therapy by multiple providers at Madonna Hospitals Lincoln following a right calcaneus and metatarsal fracture sustained in a pedestrian-vehicle accident in late May 2023. She reported pain in the right foot and ankle (3/10 with activity, 0/10 at rest) and paresthesia in the right anterior shin. She was weight-bearing as tolerated in a fracture boot and ambulating with a knee scooter. Examination revealed decreased right ankle range of motion and strength compared to the left, with mild right-sided edema. Functional limitations included impaired mobility, balance, and gait. Physical therapy was recommended three times per week for 10 weeks to address pain, strength, range of motion, and function through therapeutic exercise, gait training, and home program instruction.

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