ORTHOPAEDIC SURGEONS, INC.
CRYSTALCLINIC

MUSCULOSKELETAL CENTER

Doc. 458

October 24, 1994

Mr. Robert J. Foulds
5843 Mayfield Road
Cleveland, Ohio 44124

RE: [redacted]

Dear Mr. Foulds:

The above-captioned patient was seen by me on October 24, 1994.

HISTORY AS GIVEN BY THE PATIENT

The patient stated that on June 18, 1993, while driving her car and not wearing her seat belt and while the car was moving about 50 mph a, car pulled from her left side. She hit the other vehicle on the passenger's side. At the time of the impact she slammed on her brake, her car spun around and she hit the windshield. She does not remember exactly how her ankle was injured. She was taken to Robinson Memorial Hospital where she was found to have a fracture of the right ankle. The following day she was taken to surgery by Dr. Masin, D.O. for an open reduction and internal fixation of her left ankle. She was in the hospital 4-5 days. Upon her discharge, she initially had a cast followed by a brace. She used a walker. The brace was finally removed in September 1993 and she discontinued the use of the walker two weeks earlier. The last office visit with her surgeon was in August 1994. She was told that eventually she was going to need a fusion of her right ankle. The patient stated she wanted to have a second opinion.

PAST HISTORY

Patient denies any previous problem with the right ankle or any previous accident. She had a right carpal tunnel release by Dr. Zahn, neurosurgeon. She had similar symptoms on the left side but improved following the surgery on the right wrist. She is known to have hypertension as well as psoriasis.

CHIEF COMPLAINT

Patient complains of pain after standing a long period of time. The pain is on both medial and lateral aspects of her ankle. Going up and down the steps causes pain on the top of her ankle. Standing on her foot also causes pain in the ankle anteriorly. She lost some of the feeling on the dorsum of her foot and to touch there is a tingling sensation.

WORK STATUS

The patient took 10-11 weeks off following her injury. She worked as a distributor window clerk for the post office. Since her return to work she has been working regularly.

RECORD REVIEW

The records indicate that the patient was admitted at Robinson Memorial Hospital on June 18, 1993 and discharged on June 22, 1993. She was taken to surgery on June 19, 1993 with a preoperative diagnosis of trimalleolar fracture of the right ankle. An open reduction with internal fixation of the right ankle was carried out. Plate and screws was placed over the fibula and a cancellous screw and K-wire was used for the medial malleolus. The surgery was performed by Dr. Masin, D.O.

The office notes of Dr. Masin, D.O. revealed that the patient had a satisfactory postoperative course. She had some tenderness along the peroneal tendons. When he last saw her on January 7, 1994 patient was doing very well. She was having little to no discomfort. She still had paresthesia along the superficial peroneal nerve which was improving. The x-ray revealed advanced healing of the all the fracture with some widening on the medial joint space. He felt that the patient could return to regular activities and she was advised to recheck on an as needed basis.

In a report dated January 21, 1994 Dr. Masin, D.O. reported on the initial injury of the postoperative course and he felt that the patient will have some arthritic changes in her ankle as time goes on.

PHYSICAL EXAMINATION

Patient gave her age as 45, her height as 5 foot 8 inches and her weight as 300 pounds. The patient's gait appeared to be good. The examination of the right ankle revealed two scars laterally along the distal fibula and medially over the medial malleolus. There is a psoriatic lesion next to the scar over the medial malleolus. The range of motion of the right ankle compared to the left revealed some restriction in dorsiflexion, plantarflexion, inversion and eversion. The circulation is good. She has good pulsation of the posterior tibial and the dorsalis pedis. She has absence of the right ankle reflex. She is able to stand on her heel and her toes.

X-RAYS

Patient did not bring any x-rays with her. X-rays taken in our office

revealed the presence of a healed trimalleolar fracture of the right ankle. A narrow DCP plate was placed on the lateral malleolus with screw fixation. The medial malleolus was fixed with a cancellous screw and a k-wire. There are, however, beginning of degenerative changes in the ankle joint however the ankle joint seemed to be still well preserved.

CONCLUSION

In conclusion, it appeared that the patient sustained, as a result of the motorvehicular accident of June 18, 1993, a trimalleolar fracture of the right ankle which required an open reduction internal fixation. The patient did well postoperatively and is presently ambulating without the use of a walker or crutches. The patient still has some residual pain in the right ankle. The x-rays taken today revealed some evidence of early arthritic changes in the ankle joint. Based on the fact that this is a weight bearing joint and that there is some irregularity at the articular surface and based on the fact that the patient is markedly over weight, weighing 300 pounds, I feel that the probability of the patient developing a traumatic arthritis in the ankle in the future is good. However, at this point I do not recommend any ankle fusion as this patient does not have enough symptoms to justify it. I think an ankle fusion may have to be carried out if the pain in the ankle progresses to the point where she becomes disabled as far as walking and going up and down steps.

Very truly yours,

Zouhair C. Yassine, M.D.
Professor of Orthopaedic Surgery

ZCY/mt