

SAKATA HENNESSEY CLINICAL CONSULTING LLC

DAMAGES & INJURY PROGRESSION TIMELINE

Non-Testimonial Clinical Analysis • All Findings Record-Anchored • Bates Citations Throughout

CASE IDENTIFICATION

Client / Matter:	Reyes v. Oakbrook Regional Medical Center	Matter No.:	SHCC-2024-0317
Date of Incident:	March 14, 2023	Date of Delivery:	November 8, 2024
Service Type:	Damages & Injury Progression Timeline	Prepared By:	Kira Sakata, R.N., MSN, TNCC, ENPC
Reviewed By:	Christian Hennessey, R.N., MSN, CCRN	Record Volume:	Tier B 2,214 Bates pages
Record Period:	March 14, 2023 – September 6, 2024	Turnaround:	Standard (12 business days)

SCOPE STATEMENT & LIMITATIONS

This deliverable is a non-testimonial clinical analysis prepared for attorney use in case development. All findings are based exclusively on medical records provided (see Record Index tab). This timeline tracks documented injury, symptom progression, and functional impact; it does not constitute a standard-of-care opinion, causation determination, life-care plan, vocational assessment, or damages valuation. Future care references reflect only what treating providers documented. No independent projections are made. Missing records are flagged with a targeted request list (see Record Gaps tab). This work product is confidential and intended solely for the receiving attorney's use in litigation support.

WORKBOOK GUIDE

Case Summary	This sheet. Case identification, scope statement, and workbook navigation.
Injury Progression Timeline	Master chronological log of all clinical events, objective findings, functional limitations, and interventions with Bates citations. PRIMARY WORK PRODUCT.
Functional Impact Log	Extracted ADL/functional limitation documentation at each clinical encounter
Treatment Cost Tracker	Organized billing records by treatment category with cost subtotals.
Record Gaps & Requests	Missing or incomplete records flagged during review, with prioritized request recommendations.

SAKATA HENNESSEY CLINICAL CONSULTING | INJURY PROGRESSION TIMELINE | Reyes v. Oakbrook Regional Medical Center | SHCC-2024-0317

#	Date	Time	Facility / Provider	Event Category	Injury / Complaint	Objective Findings	Functional Limitations	Intervention / Plan	Bates Ref.
PHASE 1 - ACUTE INJURY & INITIAL PRESENTATION (March 14 - 18, 2023)									
1	03/14/2023	14:22	Oakbrook Regional MC - Emergency Department	Initial Presentation	MVC, restrained driver, T-bone collision at ~45 mph, primary complaints: left lower extremity pain, left hip pain, inability to bear weight, chest pain, dyspnea	GCS 15; HR 118, BP 94/62, RR 22, SpO2 96% RA; Chest wall ecchymosis left lateral; Left high deformity midshaft; Left hip tenderness with crepitus; Pelvis unstable on manual compression	Unable to ambulate; transferred by EMS with spinal precautions; severe pain 9/10 requiring IV fentanyl	IV access x2; NS 1L bolus; IV fentanyl 100mcg; trauma activation; trauma survey; orthopedics, and pulmonology notified	ORMC-ED-0001-0018
2	03/14/2023	15:05	Oakbrook Regional MC - Radiology	Diagnostic Imaging	Pain films and CT scan of chest, abdomen, pelvis, left lower extremity	CT Chest: left 4th-7th rib fractures with small left pneumothorax (15%); no hemothorax; CT Pelvis: left acetabular fracture involving anterior column and dome; CT Left Femur: comminuted midshaft femur fracture with 2.5 cm displacement; no vascular injury on CTA	Findings consistent with inability to ambulate or bear weight; chest injury limits respiratory effort	Radiology results communicated to trauma attending Dr. V. Morales; orthopedics and thoracic surgery updated	ORMC-ED-0019-0041
3	03/14/2023	16:47	Oakbrook Regional MC - Emergency Department	Intervention	Left chest tube placement for pneumothorax; left lower extremity splinting; blood transfusion initiated	Post-procedural SpO2 improved to 99% on 4L NC; 32 Fr chest tube with 250 mL serosanguinous output; Hgb 7.2 g/dL on repeat CBC; pRBC x2 units ordered	Continued immobility; pain 8/10 post-procedure; worsening respiratory splinting with deep breathing	Chest tube secured; Foley catheter placed; pRBC transfusion initiated; morphine PCA initiated; ortho planning for surgical stabilization	ORMC-ED-0042-0061
4	03/14/2023	20:15	Oakbrook Regional MC - OR / Ortho Surgery	Surgical Intervention	Emergency closed reduction external fixation of left acetabular fracture; femur fracture, intramedullary nail deferred pending hemodynamic stability	Intraoperative EBL 380 mL; procedure duration 2h 15min; pRBC x1 unit intraoperatively; post-op BP 106/70, HR 98; SpO2 97% on 40% FiO2	Patient unable to participate in activity; NPO pre-op; post-op sedation limiting assessment	External fixator placed; plan for definitive ORIF left acetabulum and femoral nail within 5-7 days pending stability; transferred to surgical ICU post-op	ORMC-OR-0001-0024
5	03/15/2023	07:30	Oakbrook Regional MC - SICU	ICU Assessment	Post-operative day 1; pain management, respiratory monitoring, DVT prophylaxis	Vitals stabilized: BP 118/74, HR 88, RR 18, SpO2 98% on 4L NC; Hgb 9.1 post-transfusion; Chest tube output 85 mL overnight; Creatinine 1.0 (baseline unknown); Left lower extremity neurovascular: 2+ dorsalis pedis pulse, sensation intact, compartment pressures WNL	Bedbound; unable to bear weight; requiring assistance for all repositioning; pain 7/10 at rest with activity-related spikes to 9/10; incentive spirometry 500 mL (target 1500 mL)	Morphine PCA continued; Lovexon 40mg SQ daily started; incentive spirometry q2h; PT evaluation ordered for baseline	ORMC-SICU-0001-0038
6	03/16/2023	10:00	Oakbrook Regional MC - SICU	PT Evaluation	Physical therapy initial evaluation post-injury	Patient fearful, reports significant pain with any movement; unable to participate in active ROM; AROM limited to bilateral upper extremities; passive ROM left hip <10° all planes; Left lower extremity, no weight bearing per surgical orders; grip strength: R 32 lbs / L 28 lbs (premorbid right-handed)	Functional mobility: dependent for all transfers and bed mobility; FIM Motor score 18/91 (complete dependence); pre-morbid: independent in all ADLs and working full-time as warehouse shift supervisor	PT recommends daily treatment when medically stable/good; sitting edge of bed with assistance by POD 5; noted risk of deconditioning with prolonged bedrest	ORMC-SICU-0039-0055
7	03/17/2023	08:45	Oakbrook Regional MC - SICU	Pulmonology Consult	Respiratory status: rib fractures, chest tube, splinting	Pulmonology attending Dr. R. Nakamura: bilateral breath sounds with decreased aeration left base; chest tube output 30 mL/day; appropriate for removal within 24-48 hours if tend continues; repeat CXR shows pneumothorax fully resolved; rib fractures 4-7 with no flail segment	Pain with deep breathing limiting incentive spirometry compliance; respiratory splinting documented	Chest tube removal planned for 03/18 if output <50 mL/day; gabapentin added for rib fracture pain; morphine PCA maintained; analgesia regimen adjusted	ORMC-SICU-0056-0072
8	03/18/2023	14:00	Oakbrook Regional MC - SICU	Chest Tube Removal	Chest tube removed per pulmonology plan; post-procedure CXR confirms no pneumothorax recurrence	SpO2 97% RA post-removal; CXR: lungs fully expanded, no pneumothorax; pain improved to 5/10 with removal of tube; IS improved to 900 mL	Ambulatory restriction continues; pain improved but left-sided respiratory splinting with exertion persists	Downgraded from SICU to surgical floor; weaned to room air; ortho planning definitive surgery for 03/20	ORMC-SICU-0073-0087
PHASE 2 - INPATIENT COURSE & SURGICAL INTERVENTION (March 18 - 21, 2023)									
9	03/20/2023	07:00	Oakbrook Regional MC - OR / Ortho Surgery	Definitive Surgical Repair	Open reduction internal fixation (ORIF) left acetabulum; antegrade intramedullary nail left femur	ORIF left acetabulum: lag screw and reconstruction plate fixation, anterior column anatomically reduced; IMN left femur: static locked nail, 11mm x 300mm, fracture aligned with 1.5cm acceptable shortening; EBL 820 mL; 2 units pRBC intraoperatively; procedure duration 4h 45min	Unable to participate in immediate post-op period; intubated intraoperatively; extubated in PACU at 90 min; pain 8/10 on awakening	Post-op plan: partial weight bearing left lower extremity 6-8 weeks; full weight bearing anticipated 3-4 months; PT to begin follow-up 2 weeks; PT to begin post-op day 1	ORMC-OR-0025-0062
10	03/21/2023	09:00	Oakbrook Regional MC - Surgical Floor	Post-Op Day 1 PT	Physical therapy post-operative day 1 following ORIF/IMN	Participated in designed activity for 12 minutes; transferred to bedside chair with 2-person assist; left lower extremity: toe-touch weight bearing only; range of motion exercises right lower extremity; SpO2 maintained 96-98% with activity	Requires 2-person assist for all mobility; reports pain 7/10 with movement; fatigues within 5-10 minutes of activity; unable to dress self or perform hygiene without full care needs	Daily PT and OT ordered; discharge planning initiated; updated LOS 7-10 days total; family education regarding home care needs	ORMC-FLOOR-0001-0019
11	03/21/2023	14:30	Oakbrook Regional MC - Social Work / Case Management	Discharge Planning	Social work assessment for post-acute care placement	Patient lives alone in 2nd floor walk-up apartment; assessed as unable to return home at discharge; requires inpatient rehabilitation or skilled nursing facility; family in Arizona; no immediate local support system available; patient expressed significant distress regarding employment status (full-time warehouse supervisor; physically demanding role)	Unable to perform IADLs; no safe home environment; absence from employment will exceed 6 weeks minimum per orthopedic surgeon estimate; patient reports financial concerns	Inpatient rehabilitation facility recommended; case manager to coordinate with insurance for approval; discharge target 03/22-03/23	ORMC-SW-0001-0012
12	03/22/2023	11:00	Oakbrook Regional MC - Discharge to Greenfield Rehabilitation Institute	Discharge	Discharge after 8-day acute hospitalization; transferred to inpatient rehabilitation	Discharge summary: left acetabular ORIF, left femur IMN, rib fractures 4-7 (healing); resolved left pneumothorax; pain 8/10 at rest; High 9.6 on discharge; ambulating with walker and supervision; toe-touch weight bearing left only; prescriptions: oxycodone, gabapentin, Lovexon, iron supplementation	Dependent for dressing, bathing, transfers; unable to perform work duties; stairs not feasible; independent ADLs not yet achievable	Follow-up ortho 2 weeks (04/05); follow-up pulmonology 3 weeks (04/14); PT/OT daily at rehabilitation facility	ORMC-DC-0001-0018
PHASE 3 - REHABILITATION & EARLY OUTPATIENT CARE (March 22 - June 30, 2023)									
13	03/22/2023	16:00	Greenfield Rehabilitation Institute - Admission	Inpatient Rehab Admission	Admission to acute inpatient rehabilitation; 3-hour/day therapy required	Admission FIM-Motor 31/91; Cognitive 34/55; Rehab goals: independent ambulation with assistive device, independence in basic ADLs, safe transfers; weight bearing status: TTWB left lower extremity	Significant functional deficits: unable to ambulate independently, unable to dress lower body, unable to shower independently, unable to climb stairs; reports difficulty sleeping due to pain	PT/OT/SLP evaluation; pain management with inpatient team; nutritional assessment (BMI 22.1, adequate); rehabilitation plan established with goals for 2-3 week stay	GRM-ADM-0001-0001
14	04/01/2023	10:00	Greenfield Rehabilitation Institute - Progress Note	Rehab Progress	Day 10 rehabilitation progress note	Ambulation: 35 feet with FWW and contact-guard assist; sit-to-stand: 10 minutes; weight bearing advancing to 20% left LE; FIM Motor improved to 44/91; left hip ROM: flexion 65° (goal 90°+), abduction 20° (goal 30°+), strength left quad 3/5, hamstring 3/5; stair training not yet initiated	Unable to return to home environment; ADL independence: feeding independent, upper body dressing min assist, lower body dressing max assist, bathing max assist; endurance limited to 20-30 minute therapy sessions	Continue PT/OT daily; add pool therapy for low-impact ROM; pain management adjusted (oxycodone tapered, continuing gabapentin); nutritional support for healing	GRF-PROG-0001-0018
15	04/10/2023	14:30	Greenfield Rehabilitation Institute - Discharge	Discharge from Inpatient Rehab	Discharge after 19 days inpatient rehabilitation; returning home with home health services	Discharge FIM Motor: 58/91; ambulating 150 feet with FWW, supervision, managing stairs with rail and close supervision; left hip flexion 80°, abduction 28°; Lovexon discontinued; transition to assistive device; weight bearing advancing to 50% left LE per ortho clearance	Requires home health PT/OT 3x/week; unable to return to work; cannot drive; requires personal care aide for bathing and lower body dressing; relocated temporarily to sister's accessible home in Newark	Home health services 3x/week; PT, 2x/week OT; ortho follow-up 04/20; wound check primary care 04/14	GRF-DC-0001-0021
16	04/14/2023	09:30	Dr. C. Okara, MD - Primary Care (Newark)	Outpatient Follow-Up	PCP follow-up post-discharge; wound assessment, medication management	Left hip incision healing without signs of infection; mild serous drainage; dry sterile dressing applied; High 10.2 (improving from 9.6); creatinine 1.0 (normalized); pain 5/10 at rest, 7/10 with PT; gabapentin effective per patient report; Xarelto initiated for DVT prophylaxis per ortho recommendation	Still unable to return to work; requiring assistance with grocery shopping and meal preparation; sleep disrupted by position-dependent pain (3-4 hours maximum)	Labs ordered: CBC, CMP; PT/INR; wound care instructions given to patient and sister; return to PCP in 4 weeks or PRN	PCP-0001-0009
17	04/20/2023	11:00	Dr. M. Castellano, MD - Orthopedic Surgery (Oakbrook)	Ortho Follow-Up	Orthopedic follow-up at 5 weeks post-surgery; weight bearing and fracture healing assessment	Repeat X-ray left hip: acetabular hardware in good position, early callus formation at fracture site; femur IMN: appropriate alignment, early bridging callus; weight bearing advanced to 75% left ROM; hip flexion 88°, abduction 30°, IR 15°, ER 22°; Trendelenburg sign positive left; gluteus medius weakness expected at this stage	Unable to perform sustained standing tasks >5 min; cannot lift >5 lbs; cannot return to warehouse job; progressing with home health PT but still requires assistance for bathing and lower body dressing	Weight bearing progression plan: 75% through 05/20, full weight bearing anticipated 05/20-06/01; PT to continue home health then transition outpatient; next ortho visit 06/01; MRI left hip ordered for 3-month mark to assess labral integrity	ORMC-ORTHO-0001-0019
18	05/05/2023	10:00	Oakbrook Outpatient Therapy Center - PT Session 1	Outpatient PT Initiated	Transition from home health to outpatient physical therapy	Initial outpatient PT: ambulates independently with single-point cane; 75% weight bearing left; Timed Up and Go: 24 seconds (age-matched normal <12s); left hip abduction strength 3+/5; adduction 4/5; single-leg stance left: 2 seconds (right: 22 seconds); step length left 8 inches, right 14 inches	Antalgic gait pattern; cannot climb stairs reciprocally; cannot run; cannot stand continuously >10 minutes; returned to driving (automatic transmission only, right foot) as of 05/02	Outpatient PT 3x/week; therapeutic exercises targeting left hip abductors, short arc quads, terminal knee extension; aquatic therapy twice weekly; gait training on treadmill 10 min	OTC-PT-0001-0008
19	06/01/2023	10:30	Dr. M. Castellano, MD - Orthopedic Surgery	Ortho 3-Month Follow-Up	3-month post-operative assessment; full weight bearing clearance	X-ray: fracture healing progressing with solid bridging callus; hardware intact; full weight bearing cleared; MRI left hip: intact acetabular labrum, mild chondral irregularity anterior acetabular dome, noted as potential long-term osteoarthritic risk; hip flexion 105°, abduction 38°, IR 20°, ER 28°; Trendelenburg improving	Continuing antalgic gait without device; patient declined cane; stamina for sustained walking approximately 20 minutes before pain onset; unable to perform pre-injury activities including hiking, cycling, warehouse walking shifts	Full weight bearing; continue outpatient PT; discuss return to work options with occupational health; light duty only at this stage; next ortho visit 09/01; chondral finding noted with possible arthroplasty risk discussed with patient	ORMC-ORTHO-0020-0041
20	06/15/2023	14:00	Dr. A. Patel, MD - Psychiatry (Telehealth)	Mental Health Evaluation	Psychiatry referral from PCP for mood disturbance and adjustment difficulties post-injury	PHQ-9 score: 17 (moderately severe depression); GAD-7 score: 12 (moderate anxiety); patient reports difficulty accepting functional limitations; significant distress related to job loss concerns; sleep onset latency 90-120 minutes, early morning awakening; reports feeling 'worthless' without ability to work; no suicidal ideation	Psychological functional impairment: inability to engage in previously enjoyed activities (recreational softball, hiking, social events), self-reported isolation; pre-injury reported no psychiatric history	Escitalopram 10mg initiated; CBT referral placed; follow-up psychiatry in 4 weeks; psychotherapy 1x/week recommended	PSY-0001-0014
PHASE 4 - COMPLICATIONS & SECONDARY TREATMENT (July 1 - October 31, 2023)									
21	07/08/2023	08:00	Dr. M. Castellano, MD - Orthopedic Surgery	Left Hip Complication - Hardware Concern	Unscheduled ortho visit for new onset left groin pain and mechanical clicking	X-ray: screw prominence at anterior column fixation, one screw tip extending 4mm into joint space; MRI: early reactive synovitis left hip with moderate joint effusion; no avascular necrosis; new complete mechanical hip pain with stairs and transitions from seated to standing; pain 6/10 at rest, 8/10 with provocative maneuvers	New functional limitation: avoidance of stair climbing at home; difficulty rising from low chairs; increased analgesic use noted in pharmacy records	Hardware removal surgery discussed; patient consented; scheduled for 08/15/2023; continue PT; NSAIDs added for synovitis; repeat imaging post-removal	ORMC-ORTHO-0042-0061
22	08/15/2023	07:30	Oakbrook Regional MC - OR / Ortho Surgery	Hardware Removal Surgery	Removal of prominent anterior column screw left acetabulum	Arthroscopic-assisted hardware removal under general anesthesia; prominent screw successfully removed without difficulty; concurrent arthroscopic assessment, mild chondral wear anterior acetabular dome noted; joint washout performed; EBL minimal; procedure duration 55 min; tolerated well	Postoperative weight bearing restrictions resumed: 50% left LE x 2 weeks; temporary return of ambulatory limitations	Post-op: TTWB x2 weeks then advance; resume outpatient PT after 2-week post-op; pain management with short-course oxycodone; follow-up 08/29	ORMC-OR-0063-0081
23	08/29/2023	11:00	Dr. M. Castellano, MD - Orthopedic Surgery	Post-Hardware Removal Follow-Up	2-week post-op hardware removal; weight bearing advancement	Wound healing appropriately; pain improved from pre-removal levels: 3/10 at rest, 5/10 with activity (was 6/10 and 8/10 pre-removal); X-ray confirms screw removal, hardware otherwise intact; full weight bearing resumed; hip ROM: flexion 110°, abduction 40°	Functional improvement noted but patient reports continued apprehension with stairs to functional activities; not yet able to return to warehouse job; doing limited home activities	Return to full weight bearing; outpatient PT resumed, advance to functional activities and return to work conditioning; next ortho visit 11/01; employment discussion with occupational health recommended	ORMC-ORTHO-0062-0078

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#	Date	Time	Facility / Provider	Event Category	Injury / Complaint	Objective Findings	Functional Limitations	Intervention / Plan	Bates Ref.
24	09/12/2023	09:00	Oakbrook Outpatient Therapy Center - PT Progress Note	PT Progress Assessment	Physical therapy progress note 4 months after discharge from inpatient rehab	Timed Up and Go: 14 seconds (improvement from 24s; norm <12s); left hip abduction 4/5; single-leg stance left 8 seconds (right 24 sec); step length left 12 inches, right 14 inches; tolerates 30-minute moderate aerobic activity; stair climbing reciprocal but slow with handrail; squat to 60° without pain	Cannot perform sustained standing tasks >30 minutes without pain; unable to perform repetitive stooping/bending; requires assistance for warehouse job; recreational sports not resumed; reports depression ongoing, 'not the same person'	Goal revision: return to modified-duty work by 11/01 if orthopedics approves; continue progressive strengthening; functional capacity evaluation recommended prior to return-to-work clearance	OTC-PT-0031-0048
25	10/20/2023	14:00	Dr. C. Okafor, MD - Primary Care	PCP Quarterly Review	Quarterly PCP visit; chronic pain, psychiatric monitoring, medication management	Pain: left hip and groin 3/10 rest, 5-6/10 activity; PHQ-9: 13 (moderate depression, improvement from 17); Escitalopram dose increased to 20mg 3 months prior; sleeping 5-6 hours (improved from 3-4); continues in weekly psychotherapy; weight: 168 lbs (down from 185 lbs pre-injury, patient attributes to reduced activity and appetite); creatinine 1.0; CBC normal	Limited ability to stand/walk for sustained periods; cannot return to full duty warehouse position; partial food preparation independence; still requires assistance for heavy household tasks; remains on medical leave with HR	Maintain escitalopram 20mg; continue PT and psychiatry; refer for functional capacity evaluation (FCE) to assess return-to-work capacity; PCP letter for employer regarding work restrictions	PCP-0010-0028
PHASE 5 - ONGOING REHABILITATION & RESIDUAL DEFICITS (November 2023 - September 2024)									
26	11/01/2023	10:00	Dr. M. Castellano, MD - Orthopedic Surgery	6-Month Ortho Follow-Up	6-month post-ORIF assessment; return to work discussion	X-ray: fractures healed; hardware intact; no avascular necrosis; chondral wear anterior dome, unchanged from prior; hip ROM: flexion 115°, abduction 42°, IR 22°, ER 30°; strength 4+5 left hip abductors; Trendelenburg negative; gait pattern near normal with mild left antalgic component on long distances	Cannot sustain 8-hour physical labor shift; maximum sustained walking -45 minutes before significant pain; patient reports frustration with incomplete recovery; workplace has no light-duty position available	Return to work: light/sedentary duty only; recommend formal FCE; ortho restrictions: no lifting >25 lbs, no sustained standing >60 min, no repetitive stair climbing; long-term risk of left hip osteoarthritis from chondral injury discussed; next ortho 05/2024; encourage continued PT	ORMC-ORTHO-0079-0077
27	11/20/2023	08:00	Oakbrook Functional Medicine - Functional Capacity Evaluation	Functional Capacity Evaluation	Independent functional capacity evaluation for return-to-work determination	FCE Duration: 2 days / 6 hours; Evaluated by: Dr. T. Garrison, Occupational Medicine; Findings: safe lifting capacity 22 lbs (required for warehouse: 50 lbs); standing tolerance: 45 min/hour (required: continuous standing); walking tolerance: 500 feet continuous; squatting: unable to functional level; climbing: one flight with rail; overall work classification: Sedentary to Light per DOT standards	Unable to return to pre-injury warehouse supervisor position (classified as Heavy per DOT); can perform sedentary to light duty; vocational adjustment required; financial impact documented	FCE report transmitted to employer HR, treating physicians, and patient attorney per authorization; employer notified that patient cannot return to previous position	FCE-0001-0039
28	01/15/2024	11:00	Dr. A. Patel, MD - Psychiatry	Psychiatric Follow-Up	Psychiatry 6-month follow-up; response to treatment assessment	PHQ-9: 10 (mild depression, improvement from 17 at onset); GAD-7: 7 (mild anxiety); sleep: 6-7 hours with consistent early awakening; patient reports improved mood but persistent sense of loss regarding pre-injury functional status; completed 22 sessions of CBT; therapist discharge note available; PTSD screening negative; processing ongoing grief related to occupational identity loss	Improved but not at pre-injury psychological baseline; avoided social situations related to physical activities (football league, hiking club); emotional impact of permanent work limitation ongoing	Taper escitalopram over 6 months if symptoms remain stable; continue monthly therapy; consider vocational counseling to address occupational identity loss; return to psychiatry PRN	PSY-0001-0031
29	03/08/2024	10:30	Oakbrook Outpatient Therapy Center - PT Discharge Note	PT Discharge - Maximum Benefit	Physical therapy discharge after reaching maximum therapeutic benefit	Timed Up and Go: 11.2 seconds (achieved normal range); left hip abduction 4+/5; single-leg stance left 14 seconds (right 26 sec); step length symmetric; community ambulation independent without device; stair climbing reciprocal; jogging attempted; left hip pain at 0.3 miles; unable to return to recreational running or pivoting sports	Reached maximum PT benefit at this time; residual limitations: inability to jog/run; inability to pivot quickly; pain with prolonged standing; <60 minutes; cannot perform warehouse-level physical labor; recreational activities permanently modified	Formal discharge from PT; home exercise program provided; patient instructed to return if new symptoms; ortho aware of discharge	OTC-PT-0049-0071
30	05/14/2024	10:00	Dr. M. Castellano, MD - Orthopedic Surgery	1-Year Ortho Follow-Up	14-month post-operative assessment; long-term prognosis discussion	X-ray: well-healed acetabular and femoral fractures; hardware intact; chondral wear anterior dome, progression compared to prior imaging, now moderate; no avascular necrosis; hip flexion 118°, abduction 44°, strength 4+5; Trendelenburg negative; pain: 2/10 at rest, 4-5/10 with high-impact activity	Permanent functional restrictions: no return to heavy physical labor, high-impact activities contraindicated, anticipating 25-40% lifetime risk of requiring total hip arthroplasty given degree of chondral injury	Annual ortho monitoring; chondral wear requires surveillance imaging; activity restrictions permanent; total hip arthroplasty discussed as possible future intervention (5-15 year horizon pending symptom progression); referral to pain management for chronic left hip pain	ORMC-ORTHO-0098-0119
31	07/22/2024	09:00	Oakbrook Pain Management - Dr. S. Fontaine, MD	Pain Management Evaluation	Referral from orthopedic surgery for chronic left hip pain management	Pain assessment: left anterior hip and groin 3/10 rest, 5-7/10 activity; character: sharp with weight-bearing, aching at rest, worsening with weather changes; functional interference: daily; medication history: gabapentin 300mg TID, partial response; NSAIDs, GI intolerance; current: acetaminophen 1000mg TID; no opioids since 12/2023	Chronic pain affecting sleep, mood, and daily function; unable to perform sustained standing activities; recreational activities severely limited; reports pain is 'part of daily life now'	Diagnostic left hip joint injection with corticosteroid scheduled; duloxetine added for neuropathic component; return pain management in 6 weeks for injection response assessment; consider radiofrequency ablation if injection provides partial but not sustained relief	PM-0001-0022
32	09/06/2024	11:00	Dr. C. Okafor, MD - Primary Care	Current Status Assessment	18-month follow-up from date of injury; current functional and clinical status	Pain: left hip 2-3/10 rest, 5/10 exertion; hip injection provided 8 weeks of 60% relief; wearing off at current visit; PHQ-9: 8 (mild); weight stabilized at 171 lbs (14 lbs below pre-injury baseline); left hip ROM maintained; ambulating normally for community distances; driving without restriction; working part-time in sedentary administrative role (3 days/week); income reduction from pre-injury full-time warehouse supervisor position	Current functional status: independent with ADLs; cannot perform sustained physical labor; recreational activities permanently modified; part-time sedentary employment only; ongoing chronic pain; psychological status improved but not at pre-injury baseline; employment income significantly reduced	Continue pain management; repeat injection scheduled 10/2024; maintain ortho annual surveillance; psychiatry PRN; vocational adjustment ongoing; PCP annual review	PCP-0029-0045

SAKATA HENNESSEY CLINICAL CONSULTING | FUNCTIONAL IMPACT LOG | Reyes v. Oakbrook Regional Medical Center | SHCC-2024-0317

Date	Facility / Provider	ADL Domain	Documented Limitation	Pre-Injury Baseline (per patient history)	Status at Visit	Bates Ref.
03/14/2023	ORMC, Emergency Dept	Mobility / Ambulation	Unable to ambulate; transported by EMS; requires full assistance for repositioning	Independent ambulation without device; walks 8-10 miles/day in warehouse job	Dependent, acute injury	ORMC-ED-0001
03/15/2023	ORMC, SICU	Mobility / Ambulation	Bedbound; requires 2-person assist for repositioning; no weight bearing left LE	Independent; no ambulatory aids; physically active (hiking, softball)	Dependent, post-surgical	ORMC-SICU-0001
03/16/2023	ORMC, SICU	Self-Care / Hygiene	Requires full assist for bathing, grooming, lower body dressing; Foley catheter in place	Independent with all self-care; no assistance required	Dependent, post-surgical	ORMC-SICU-0039
03/16/2023	ORMC, SICU	Occupation / Work	Unable to perform any work duties; on medical leave initiated; supervisor role requires sustained walking and lifting	Full-time warehouse shift supervisor; active, physical role 5 days/week; 8-10 hr shifts	Unable to work	ORMC-SW-0001
03/21/2023	ORMC, Surgical Floor	Mobility / Ambulation	Requires 2-person assist for transfers; 12 min of edge-of-bed activity with fatigue; TTWB left LE	Independent; no assistive device	Moderate assistance required	ORMC-FLOOR-0001
03/22/2023	Greenfield Rehab Institute	Mobility / Ambulation	FIM Motor 31/91 on admission; requires supervision for bed mobility; no independent transfers	Independent; FIM Motor estimated at 85+91 pre-injury based on functional history	Significantly impaired, inpatient rehab level	GRI-ADM-0001
04/01/2023	Greenfield Rehab Institute	Mobility / Ambulation	35 feet with FWB and contact-guard; unable to climb stairs; fatigues in <30 minutes	Sustained ambulatory activity 8+ hours daily	Moderate impairment, improving	GRI-PROG-0001
04/10/2023	Greenfield Rehab, Discharge	Self-Care / Hygiene	Requires personal care aide for bathing and lower body dressing; relocated to accessible home	Independent with all self-care at home	Partial dependence at discharge	GRI-DC-0001
04/14/2023	PCP, Dr. Okafor	Sleep	3-4 hours maximum sleep due to position-dependent pain; disrupted sleep documented	Normal sleep, no reported sleep disturbance pre-injury	Significant impairment	PCP-0001
04/20/2023	Ortho, Dr. Castellano	Occupation / Work	Unable to return to warehouse job; light duty only; lifting restricted to 5 lbs at this stage	Regular lifting 30-50 lbs; sustained walking/standing required	Unable to work, work restrictions documented	ORMC-ORTHO-0001
05/05/2023	Outpatient PT	Mobility / Ambulation	Ambulates with cane; Timed Up and Go 24 sec (normal <12); antalgic gait pattern	No device; TUG estimated <10s based on age/activity level	Mild-moderate impairment; antalgic gait	OTC-PT-0001
06/01/2023	Ortho, Dr. Castellano	Recreational Activities	Cannot hike, cycle, or perform recreational activities; sustained walking limited to 20 min before pain	Recreational hiking, cycling, softball; physically active lifestyle documented	Significant recreational limitation	ORMC-ORTHO-0020
06/15/2023	Psychiatry, Dr. Patel	Psychological / Social Function	PHQ-9 17 (mod-severe depression); GAD-7 12; isolation; avoidance of recreational activities; sleep disruption	No psychiatric history; socially active; engaged in softball league, hiking club	Significant psychological impairment	PSY-0001
08/15/2023	ORMC OR, Hardware Removal	Mobility / Ambulation	Temporary return to TTWB status post-hardware removal surgery; new functional setback	Independent pre-injury	Temporary regression post-surgery	ORMC-OR-0063
09/12/2023	Outpatient PT Progress	Occupation / Work	Cannot perform sustained standing >30 min; unable to perform repetitive stooping/bending required for warehouse job; FCE recommended	Heavy physical labor, sustained standing 8+ hours, repetitive bending/lifting	Work restrictions continue, unable to return to prior job	OTC-PT-0031
10/20/2023	PCP, Dr. Okafor	Nutrition / Weight	14-lb weight loss from pre-injury baseline (185-171 lbs); attributed to activity reduction and depressed appetite	BMI 25.2 pre-injury; active lifestyle with stable weight	Documented weight loss, functional consequence noted	PCP-0010
11/20/2023	FCE, Dr. Garrison	Occupation / Work	FCE: safe lift 22 lbs (required 50 lbs); stand 45 min/hr (required continuous); work classification Sedentary-Light vs. pre-injury Heavy per DOT	Classified as Heavy per DOT; full-time warehouse supervisor	Permanent occupational limitation documented by FCE	FCE-0001

SAKATA HENNESSEY CLINICAL CONSULTING | FUNCTIONAL IMPACT LOG | Reyes v. Oakbrook Regional Medical Center | SHCC-2024-0317

Date	Facility / Provider	ADL Domain	Documented Limitation	Pre-Injury Baseline (per patient history)	Status at Visit	Bates Ref.
01/15/2024	Psychiatry, Dr. Patel	Psychological / Social Function	PHQ-9 10 (improved); persistent sense of loss regarding occupational identity; social activities still reduced	No psychiatric history; engaged occupational and social identity	Improved but not at pre-injury baseline	PSY-0015
03/08/2024	Outpatient PT Discharge	Recreational Activities / Mobility	Residual: cannot jog/run, cannot pivot, pain with prolonged standing >60 min; maximum PT benefit reached	Running, hiking, recreational softball, all independent	Permanent residual recreational limitations documented at PT discharge	OTC-PT-0049
05/14/2024	Ortho, Dr. Castellano	Occupation / Work	Permanent restriction: no heavy physical labor; high-impact activities contraindicated; 25-40% lifetime risk of total hip arthroplasty	Heavy physical labor; no prior orthopedic conditions	Permanent occupational restrictions documented by surgeon	ORMC-ORTHO-0098
09/06/2024	PCP, Dr. Okafor	Occupation / Work	Part-time sedentary work only (3 days/week); income significantly reduced from full-time pre-injury employment; ongoing vocational adjustment	Full-time warehouse supervisor; income and benefits at full-time rate	Permanent employment change; income reduction ongoing	PCP-0029
09/06/2024	PCP, Dr. Okafor	Overall Functional Status	Independent with ADLs; chronic left hip pain 2-3/10 rest, 5/10 exertion; permanent work restrictions; recreational modifications; ongoing psychiatric treatment	Fully independent; employed full-time; active recreational life; no medical conditions	Significantly below pre-injury functional baseline, permanent residual deficits	PCP-0029

SAKATA HENNESSEY CLINICAL CONSULTING | TREATMENT COST TRACKER | Reyes v. Oakbrook Regional Medical Center | SHCC-2024-0317

Date	Provider / Facility	Service Description	Category	Billed Amount	Paid/Adj Amount	Bates Ref.
03/14/2023	Oakbrook Regional Medical Center	Emergency Department, Trauma Activation, Imaging, Chest Tube, Stabilization	Emergency / Acute Hospital	\$48,200	\$32,400	ORMC-BILL-0001-0018
03/14/2023	Oakbrook Radiology Associates	CT Chest/Abdomen/Pelvis, CT Lower Extremity, Plain Films	Diagnostic Imaging	\$8,750	\$5,200	ORMC-BILL-0019-0024
03/14/2023	Oakbrook Surgical Group	Emergency External Fixation Left Acetabulum, Surgeon Fee	Surgical, Orthopedic	\$12,500	\$9,200	ORMC-BILL-0025-0031
03/14/2023	Anesthesia Associates of NJ	Anesthesia, Emergency Fixation	Anesthesia	\$4,200	\$3,100	ORMC-BILL-0032-0036
03/14-22/2023	Oakbrook Regional Medical Center	SICU Admission, 4 days; Surgical Floor, 4 days; Nursing, Monitoring, Blood Products	Inpatient Hospital, ICU/Surgical	\$82,400	\$58,700	ORMC-BILL-0037-0089
03/20/2023	Oakbrook Surgical Group	ORIF Left Acetabulum + IMN Left Femur, Surgeon Fee	Surgical, Orthopedic	\$28,500	\$21,400	ORMC-BILL-0090-0101
03/20/2023	Anesthesia Associates of NJ	Anesthesia, ORIF/IMN, 4h 45min	Anesthesia	\$9,600	\$7,200	ORMC-BILL-0102-0106
03/20/2023	Oakbrook Surgical Group	Implant Charges, Reconstruction Plate, Screws, IMN System	Implants / Hardware	\$18,900	\$16,200	ORMC-BILL-0107-0112
03/22-04/10/2023	Greenfield Rehabilitation Institute	Inpatient Acute Rehabilitation, 19 days	Inpatient Rehabilitation	\$34,200	\$24,800	GRI-BILL-0001-0041
04/14/2023	Dr. C. Okafor, MD	PCP Follow-Up, Wound Check, Medication Management	Outpatient Physician	\$380	\$245	PCP-BILL-0001
04/20/2023	Dr. M. Castellano, MD	Orthopedic Follow-Up, 5 Weeks Post-Op	Outpatient Physician	\$520	\$320	ORMC-BILL-0113
04/20/2023	Oakbrook Radiology Associates	X-Ray Left Hip, Follow-Up	Diagnostic Imaging	\$680	\$410	ORMC-BILL-0114
05/05-09/15/2023	Oakbrook Outpatient Therapy Center	Outpatient Physical Therapy, 36 sessions	Physical Therapy	\$10,800	\$7,200	OTC-BILL-0001-0036
06/01/2023	Dr. M. Castellano, MD	Orthopedic Follow-Up, 3 Months; MRI Left Hip	Outpatient Physician + Imaging	\$2,840	\$1,960	ORMC-BILL-0115-0118
06/15/2023	Dr. A. Patel, MD, Psychiatry	Psychiatric Evaluation + Escitalopram Initiation	Mental Health	\$680	\$480	PSY-BILL-0001
06/15-12/31/2023	Licensed Clinical Social Worker, CBT	Cognitive Behavioral Therapy, 22 sessions	Mental Health / Psychotherapy	\$5,500	\$4,200	PSY-BILL-0002-0023
07/08/2023	Dr. M. Castellano, MD + Radiology	Unscheduled Ortho Visit, Hardware Concern; X-Ray, MRI Left Hip	Outpatient Physician + Imaging	\$3,200	\$2,100	ORMC-BILL-0119-0124
08/15/2023	Oakbrook Surgical Group	Hardware Removal Surgery, Arthroscopic; Surgeon Fee	Surgical, Orthopedic	\$11,200	\$8,400	ORMC-BILL-0125-0132
08/15/2023	Anesthesia Associates of NJ	Anesthesia, Hardware Removal	Anesthesia	\$3,800	\$2,900	ORMC-BILL-0133-0135
08/15/2023	Oakbrook Regional Medical Center	Ambulatory Surgery Facility Fee, Hardware Removal	Outpatient Surgery Facility	\$8,400	\$6,100	ORMC-BILL-0136-0140
09/12/2023	Oakbrook Outpatient Therapy Center	Outpatient PT Progress Evaluation	Physical Therapy	\$320	\$210	OTC-BILL-0037

SAKATA HENNESSEY CLINICAL CONSULTING | TREATMENT COST TRACKER | Reyes v. Oakbrook Regional Medical Center | SHCC-2024-0317

Date	Provider / Facility	Service Description	Category	Billed Amount	Paid/Adj Amount	Bates Ref.
10/20/2023	Dr. C. Okafor, MD	PCP Quarterly Visit, Labs, Pain and Psychiatric Monitoring	Outpatient Physician	\$480	\$290	PCP-BILL-0002
11/01/2023	Dr. M. Castellano, MD	Orthopedic Follow-Up, 6 Months	Outpatient Physician	\$520	\$320	ORMC-BILL-0141
11/20/2023	Oakbrook Functional Medicine	Functional Capacity Evaluation, 2-Day Assessment	Occupational Medicine / FCE	\$3,800	\$3,800	FCE-BILL-0001
01/15/2024	Dr. A. Patel, MD, Psychiatry	Psychiatric Follow-Up, 6-Month Assessment	Mental Health	\$480	\$340	PSY-BILL-0024
03/08/2024	Oakbrook Outpatient Therapy Center	PT Discharge Evaluation	Physical Therapy	\$280	\$185	OTC-BILL-0071
05/14/2024	Dr. M. Castellano, MD + Radiology	Orthopedic 14-Month Follow-Up; X-Ray Left Hip	Outpatient Physician + Imaging	\$980	\$660	ORMC-BILL-0142-0144
07/22/2024	Dr. S. Fontaine, MD, Pain Mgmt	Pain Management Evaluation; Duloxetine Initiation	Pain Management	\$680	\$480	PM-BILL-0001
09/06/2024	Dr. C. Okafor, MD	PCP Annual Review, 18 Months Post-Injury	Outpatient Physician	\$420	\$260	PCP-BILL-0003
03/2023-09/2024	Various Pharmacies	Medications: Oxycodone, Gabapentin, Lovenox, Xarelto, Escitalopram, NSAIDs, Acetaminophen, Iron, 18 months	Pharmacy	\$4,200	\$2,800	PHARM-0001-0044
03/14/2023	Oakbrook County EMS	Emergency Medical Transport, Scene to ORMC	Emergency Transport	\$1,800	\$1,200	EMS-0001-0004

TOTAL BILLED	TOTAL PAID/ADJUSTED	\$223,060
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NOTE: Cost data compiled from billing records provided. Amounts reflect billed and paid/adjusted figures as documented. This tracker does not constitute a damages calculation or lien analysis. Missing billing records are flagged in the Record Gaps tab.

SAKATA HENNESSEY CLINICAL CONSULTING | RECORD GAPS & REQUESTS | Reyes v. Oakbrook Regional Medical Center | SHCC-2024-0317

Priority	Record Type / Provider	Time Period	Clinical Significance	Status	Recommended Request
1	Oakbrook Regional MC, Nursing Flow Sheets and MAR (ICU Days 1-4)	03/14/2023 – 03/18/2023	Critical for documenting real-time monitoring, medication administration, nursing assessments, and vital sign trends during acute phase. Currently only physician notes and summary records available for SICU period.	NOT RECEIVED	HIPAA-compliant request to ORMC Health Information Management, specify dates and record types explicitly
1	Greenfield Rehabilitation Institute, Complete Daily Therapy Notes (PT and OT)	03/22/2023 – 04/10/2023	Only admission and discharge summaries received. Daily PT/OT session notes required to document precise functional progression, session-by-session limitations, and therapist objective measurements over the inpatient stay.	PARTIAL, summaries only	Request complete therapy record series from GRI Rehabilitation Services department
2	Oakbrook Outpatient Therapy Center, Complete Session Notes (All 36+ Sessions)	05/05/2023 – 03/08/2024	Only progress notes and discharge note received. Individual session notes document specific exercise tolerances, pain ratings, objective measurements, and functional milestones that are essential to the damages progression narrative.	PARTIAL, milestones only	Request all individual session documentation from OTC, specify treating therapists
2	Dr. A. Patel, MD, Psychiatry, Complete Visit Notes and Psychotherapy Records	06/15/2023 – 01/15/2024	PHQ-9/GAD-7 scores appear in notes but complete psychiatric evaluation documentation and psychotherapy session records not received. Important for documenting psychological trajectory, impairment severity, and treatment response.	PARTIAL, visit summaries only	Request psychiatric records from Dr. Patel and the CBT therapist (name/group not identified in records, clarify with client)
2	Oakbrook Functional Medicine, Complete FCE Report with Appendices	11/20/2023	FCE summary referenced in treating records but complete report with methodology, individual test results, effort indicators, and occupational classification analysis not received. Essential for documenting permanent work capacity limitations.	NOT RECEIVED, summary reference only	Request complete FCE report from Dr. Garrison / Oakbrook Functional Medicine
3	Pre-Injury Medical Records, Dr. Okafor, MD (PCP)	2018–2023	Pre-injury baseline health status not documented. Needed to confirm no pre-existing left hip condition, prior orthopedic injuries, or psychological history. Treating notes reference no prior conditions but formal documentation not reviewed.	NOT REQUESTED	HIPAA request to Dr. Okafor for 5-year pre-injury records; specify no prior hip or psychiatric conditions to confirm
3	Oakbrook Regional MC, Pharmacy / Medication Reconciliation Records	03/14/2023 – 03/22/2023	Pharmacy records from inpatient admission not received separately. MAR available for floor only; SICU MAR not received. Full medication record needed for accurate clinical timeline and potential medication issue identification.	NOT RECEIVED for SICU period	Request pharmacy records from ORMC inpatient pharmacy, specify SICU stay dates
3	Pain Management, Dr. S. Fontaine, MD, Complete Records Including Injection Notes	07/2024 – Present	Only initial evaluation note received (07/22/2024). Injection procedure note, follow-up assessments, and response documentation for corticosteroid injection not received. Treatment trajectory ongoing at time of record review.	ONGOING, initial note only	Request complete pain management records through current date; re-request quarterly for ongoing cases
3	Employment / Vocational Records	03/2023 – Present	HR documentation of medical leave, employer letters regarding light duty availability, and vocational adjustment records referenced in treating notes but not received. Important for corroborating wage loss and occupational impact.	NOT RECEIVED	Request from client/employer HR: FMLA documentation, employer capacity letters, wage records, job description for warehouse supervisor role

1 Priority 1, Critical: Required for complete clinical picture

2 Priority 2, Important: Needed for completeness and damages documentation

3 Priority 3, Supplementary: Baseline or corroborating documentation