SAKATA HENNESSEY CLINICAL CONSULTING LLC

DAMAGES & INJURY PROGRESSION TIMELINE

Reyes v. Oakbrook Regional Medical Center • SHCC-2024-0317

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. 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 in the companion Excel workbook. This work product is confidential and intended solely for the receiving attorney's use in litigation support.

COMPANION EXCEL WORKBOOK - NAVIGATION GUIDE

Tab	Content
Case Summary	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 and functional limitation documentation at each clinical encounter, which is the evidentiary foundation of the damages narrative.
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.

EXECUTIVE SUMMARY - INJURY NARRATIVE

Background

Miguel Reyes, a 38-year-old male employed as a full-time warehouse shift supervisor, sustained multiple traumatic injuries on March 14, 2023, as a result of a motor vehicle collision in which he was the restrained driver struck broadside at approximately 45 mph. The documented injury complex included a comminuted left acetabular fracture, a comminuted midshaft left femur fracture, left rib fractures (4th through 7th), and a left pneumothorax. He underwent emergency stabilization, two separate surgical procedures, and an extended rehabilitation course spanning 18 months at the time of record review.

The Acute Injury & Hospitalization

Mr. Reyes was transported by EMS to Oakbrook Regional Medical Center (ORMC) where he arrived hemodynamically unstable (BP 94/62) requiring aggressive resuscitation including blood transfusion and chest tube placement for pneumothorax. Emergency external fixation of the left acetabulum was performed on the evening of injury, with definitive open reduction internal fixation (ORIF) of the acetabulum and intramedullary nail (IMN) fixation of the femur completed on March 20, 2023, a 4-hour 45-minute procedure. He required a 4-day SICU stay and 4 additional days on the surgical floor before discharge, with an intraoperative blood loss of 820 mL and multiple pRBC transfusions. The total acute hospitalization spanned 8 days.

Inpatient Rehabilitation

Following discharge from ORMC, Mr. Reyes was transferred to Greenfield Rehabilitation Institute (GRI) for 19 days of acute inpatient rehabilitation, where he was admitted with an FIM Motor score of 31/9, representing significant dependence across mobility, transfers, and self-care domains. At discharge, FIM Motor had improved to 58/91. He was discharged to his sister's accessible home (he was unable to return to his own 2nd-floor walk-up apartment) with home health PT/OT services and personal care aide support.

Outpatient Recovery Course

The post-discharge outpatient course was complicated by a hardware complication identified in July 2023, a prominent anterior column screw tip extending into the joint space with associated synovitis, which required a second surgery (arthroscopic hardware removal) on August 15, 2023. This secondary procedure created a temporary setback in functional recovery and weight-bearing status. Outpatient physical therapy extended from May 2023 through March 2024, ultimately reaching maximum therapeutic benefit. A formal Functional Capacity Evaluation conducted in November 2023 documented a permanent reduction in work capacity from Heavy (pre-injury) to Sedentary-Light per DOT standards, confirming that Mr. Reyes cannot return to his pre-injury warehouse supervisor position.

Psychological Impact

Psychiatric evaluation in June 2023 documented a PHQ-9 score of 17 (moderately severe depression) and GAD-7 of 12 (moderate anxiety), the first psychiatric diagnoses in Mr. Reyes' documented medical history. Twenty-two sessions of cognitive behavioral therapy and pharmacotherapy with escitalopram were initiated. At the most recent psychiatric follow-up (January 2024), PHQ-9 had improved to 10 (mild), though the treating psychiatrist documented persistent occupational identity loss and reduced social engagement that were not present pre-injury.

Current Status (September 2024, 18 Months Post-Injury)

At the time of the most recent record review, Mr. Reyes is independent with activities of daily living, has resumed driving, and is employed part-time in a sedentary administrative capacity (3 days per week), a significant reduction from his pre-injury full-time, physically demanding employment. Chronic left hip pain persists at 2–3/10 at rest and 5/10 with exertion, managed through ongoing pain management care including corticosteroid injections. The treating orthopedic surgeon has documented permanent activity restrictions and a 25–40% lifetime risk of total hip arthroplasty based on the degree of chondral injury identified on imaging. Weight loss of 14 pounds from the pre-injury baseline has been documented and attributed to reduced activity and depression-related appetite changes.

INJURY PROGRESSION - PHASED SUMMARY

The table below summarizes the five clinical phases represented in the companion Excel workbook. All entries correspond to dated entries in the master Injury Progression Timeline tab with supporting Bates citations.

Date Range	Category	Key Events / Findings	Functional Impact	Bates
03/14–18/2023	Acute Injury & Hospitalization	MVC → ORMC ED; hemodynamic instability; pneumothorax with chest tube; emergency acetabular external fixation; blood transfusion x3 units; 4-day SICU admission	Complete dependence for all mobility and self-care; unable to ambulate; pain 8–9/10; FIM Motor 18/91 on PT eval	ORMC-ED-0001–ORMC-SICU-0087
03/18–22/2023	Inpatient Surgery & Stabilization	Definitive ORIF left acetabulum + IMN left femur (4h 45min); EBL 820 mL; discharge planning, unable to return to walk-up apartment; social work intervention	Post-op sedation/pain limiting assessment; requires 2-person assist for all mobility; significant distress re: employment; FIM Motor 31/91 at rehab admission	ORMC-OR-0025–ORMC-DC-0018
03/22–06/30/2023	Inpatient Rehab & Early Outpatient	19 days acute inpatient rehab; home health PT/OT; transition to outpatient PT; psychiatric evaluation (PHQ-9: 17); 3-month ortho clearance for full weight bearing	FIM Motor 31→58 at rehab discharge; advancing from FWW to cane; TUG 24 sec; antalgic gait; unable to return to work; sleep disrupted 3–4 hrs; depression diagnosed	GRI-ADM-0001–ORMC-ORTHO-0041
07/01–10/31/2023	Hardware Complication & Second Surgery	Hardware prominence identified → second surgery 08/15/2023 (arthroscopic screw removal); FCE conducted 11/20/2023: DOT Heavy → Sedentary-Light; temporary functional setback	Increased analgesic use; new stair avoidance; temporary regression to TTWB post-op; FCE confirms permanent inability to return to pre-injury warehouse job	ORMC-ORTHO-0042–FCE-0039
11/2023–09/2024	Ongoing Rehab & Residual Deficits	Maximum PT benefit reached (03/2024); permanent work restrictions documented by surgeon; pain management initiated (07/2024); part-time sedentary employment only; psychiatric improvement but not pre-injury baseline	Cannot jog/run/pivot; prolonged standing >60 min limited; recreational activities permanently modified; 25–40% THA risk; part-time income only; psychological residuals ongoing	OTC-PT-0049–PCP-0045

DOCUMENTED FUNCTIONAL IMPACTS - SUMMARY BY DOMAIN

The following functional impact summary is drawn from the Functional Impact Log tab of the companion Excel workbook. All items are record-anchored. This is a factual summary of what treating providers documented, it does not constitute a standard-of-care opinion or damages valuation.

Mobility & Ambulation

Mr. Reyes progressed from complete non-ambulatory dependence at the time of injury to independent community ambulation without an assistive device by March 2024. The documented trajectory includes a 19-day period of inpatient rehabilitation, 10 months of formal outpatient physical therapy, and a second surgery that temporarily reversed weight-bearing progress. At maximum PT benefit, residual deficits include: inability to jog or run, inability to perform quick pivoting movements, left hip pain with prolonged standing beyond 60 minutes, and an antalgic gait component with sustained walking. Timed Up and Go improved from 24 seconds at initiation of outpatient PT to 11.2 seconds at discharge (achieving normal range). Single-leg stance left remains below the right side at discharge (14 vs. 26 seconds).

Self-Care & Activities of Daily Living

Mr. Reyes required a personal care aide for bathing and lower body dressing from inpatient rehabilitation discharge (April 10, 2023) through a documented period of early outpatient recovery. Full independence with ADLs was achieved by the time of the most recent PCP visit (September 2024). The 19-day inpatient rehabilitation stay and the need for temporary housing accommodation (relocating to an accessible home due to inability to navigate stairs) are both documented in the treating records.

Occupation & Work Capacity

Pre-injury occupation: full-time warehouse shift supervisor, classified as Heavy per DOT, involving sustained walking (8–10 miles/day), repetitive lifting (30–50 lbs), and continuous standing. The treating orthopedic surgeon documented light-duty-only restrictions at 3 months post-injury. A formal Functional Capacity Evaluation (November 2023) documented safe lifting capacity of 22 lbs (required: 50 lbs), standing tolerance of 45 minutes per hour (required: continuous), and an overall work classification of Sedentary-Light, confirming permanent inability to return to the pre-injury position. The employer has no light-duty position available. At the time of the most recent record review, Mr. Reyes is working part-time in a sedentary administrative role 3 days per week. Income reduction from full-time employment is ongoing.

Sleep

Disrupted sleep is documented from the initial outpatient PCP visit (April 14, 2023) through the psychiatric follow-up in January 2024. Documentation characterizes sleep onset latency of 90–120 minutes and early morning awakening, with maximum sleep duration of 3–4 hours during the acute phase improving to 5–7 hours by the 10-month follow-up. The treating psychiatrist attributed sleep disturbance to both pain and adjustment-related anxiety.

Psychological & Social Function

No prior psychiatric history is documented in the available records. New-onset major depressive disorder and generalized anxiety disorder were diagnosed by Dr. A. Patel, MD (Psychiatry) at the June 2023 evaluation. PHQ-9 at onset: 17 (moderately severe). Documented psychological impacts include: avoidance of previously enjoyed recreational activities (softball league, hiking club), social isolation, significant distress related to occupational identity, and self-reported sense of loss regarding pre-injury functional status. Treatment included 22 sessions of CBT and escitalopram (initiated at 10mg, increased to 20mg). PHQ-9 at most recent follow-up (January 2024): 10 (mild). The treating psychiatrist documented that the patient had not returned to pre-injury psychological baseline.

Recreational Activities

Recreational softball, cycling, and hiking are documented pre-injury activities referenced in multiple treating records. These activities are documented as not resumed at the time of physical therapy discharge (March 2024). The treating orthopedic surgeon's permanent restrictions (no high-impact activity, no heavy physical labor) contraindicate return to these activities. Physical therapy discharge note documents jogging as not achievable and pivoting sports as not recommended.

Weight & Nutritional Status

A 14-pound weight loss from the pre-injury baseline (185 lbs to 171 lbs) is documented across multiple treating records. Both the PCP and psychiatrist attribute this to reduced activity capacity and depression-related appetite changes. This finding is documented in the Treatment Cost Tracker and Functional Impact Log tabs.

DOCUMENTED FUTURE CARE REFERENCES

The following future care items are referenced exclusively from treating provider documentation. This section does not constitute a life-care plan or independent projection, it catalogues only what the treating providers documented in the available records.

Future Care Item	Source Documentation	Likelihood per Treating Provider	Bates Ref.
Total hip arthroplasty (left)	Dr. Castellano ortho 05/14/2024: chondral wear anterior acetabular dome (moderate, progressive on imaging); anticipated 5–15 year horizon	25–40% lifetime risk, documented by surgeon	ORMC-ORTHO-0098
Ongoing orthopedic surveillance imaging	Dr. Castellano: annual monitoring recommended for chondral wear progression and hardware integrity	Recommended annually, documented	ORMC-ORTHO-0098
Repeat corticosteroid injections	Dr. Fontaine (Pain Mgmt) 09/06/2024: index injection provided 8 weeks of 60% relief; repeat injection scheduled October 2024	Ongoing per pain management plan	PM-0001, PCP-0029
Radiofrequency ablation	Dr. Fontaine: noted as next intervention if injection provides partial but not sustained relief	Conditional on injection response	PM-0001
Continued psychiatric follow-up	Dr. Patel: taper escitalopram over 6 months if stable; monthly therapy; vocational counseling for occupational identity loss	Documented ongoing recommendation	PSY-0031
Vocational counseling / rehabilitation	Dr. Patel + FCE (Dr. Garrison): occupational identity loss; unable to return to pre-injury position; vocational adjustment ongoing	Recommended, documented by both providers	PSY-0031, FCE-0039

PRIORITY RECORD GAPS - ACTION REQUIRED

The following records were identified as missing or incomplete during review. Priority 1 items are critical to completeness of the clinical picture. Full detail, recommended request language, and status tracking are in the Record Gaps & Requests tab of the companion Excel workbook.

Pri.	Record Type / Provider	Clinical Significance	Status
1	ORMC Nursing Flow Sheets & MAR - SICU Days 1–4	Critical for real-time monitoring and medication trends during acute phase	NOT RECEIVED
1	Greenfield Rehab - Complete Daily PT/OT Session Notes	Only summaries received; individual session notes needed for functional progression documentation	PARTIAL - summaries only
2	Oakbrook OTC - All Individual PT Session Notes (36+ sessions)	Only milestones received; session notes document pain ratings and objective measurements	PARTIAL - milestones only
2	Dr. Patel Psychiatry - Complete Notes + CBT Therapist Records	PHQ-9 scores present but full evaluation and therapy records not received	PARTIAL - summaries only
2	Complete FCE Report with Appendices (Dr. Garrison)	Full report with methodology and effort indicators not received; only summary referenced	NOT RECEIVED
3	Pre-Injury Records - Dr. Okafor (5 years)	Baseline health status - no prior hip conditions to confirm	NOT REQUESTED
3	Employment / Vocational Records - HR Documentation	FMLA, capacity letters, wage records, job description needed for occupational impact corroboration	NOT RECEIVED

TREATMENT COST SUMMARY - BY CATEGORY

The following cost totals are compiled from billing records provided. Complete category detail with individual line items appears in the Treatment Cost Tracker tab of the companion Excel workbook. Amounts reflect billed and paid/adjusted figures as documented - this is not a damages calculation or lien analysis.

Category	Billed Amount	Paid / Adjusted
Emergency / Acute Hospital (8-day admission)	$48,200	$32,400
Diagnostic Imaging	$9,430	$5,610
Surgical - Orthopedic (3 procedures)	$52,200	$39,000
Anesthesia (3 procedures)	$17,600	$13,200
Implants / Hardware	$18,900	$16,200
Inpatient Hospital - ICU & Surgical Floor	$82,400	$58,700
Inpatient Rehabilitation (19 days)	$34,200	$24,800
Outpatient Surgery Facility	$8,400	$6,100
Outpatient Physician Visits	$5,460	$3,335
Physical Therapy (36+ sessions)	$11,400	$7,595
Occupational Medicine / FCE	$3,800	$3,800
Mental Health / Psychotherapy	$6,660	$5,020
Pain Management	$680	$480
Pharmacy (18 months)	$4,200	$2,800
Emergency Medical Transport	$1,800	$1,200
TOTAL	**$305,330**	**$220,240**

NOTE: Totals are compiled from individual line items in the companion Excel workbook Treatment Cost Tracker tab. Missing billing records may affect totals, see Record Gaps tab for status.

CONTACT & ENGAGEMENT INFORMATION

SAKATA HENNESSEY CLINICAL CONSULTING LLC

Kira Sakata, R.N., MSN, TNCC, ENPC | Christian Hennessey, R.N., MSN, CCRN

Critical Care | Emergency Medicine | Forensic Nursing | Non-Testimonial Clinical Analysis

contact@shccgroup.com | (202)-240-7675] | https://shccgroup.com/

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