



HME
 MCH
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 MNH
 ITM
 MCI
 CL
 LC



#

Physiothérapie - Consultation

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Physiotherapy-Consult

DIAGNOSTIC MÉDICAL OU MOTIF POUR LA CONSULTATION
MEDICAL DIAGNOSIS OR REASON FOR REFERRAL

Pt was referred to OPD PT post L distal radius fx for ROM and strengthening ex's

Médecin référent
Referring physician :

Dr.

2019/05/01

(Signature)

(AAYY/MM/JD)

RAISONNEMENT CLINIQUE
CLINICAL REASONING

74 yo woman post L distal radius fx following a fall 2019-01-10. Pt presents mainly w/ numbness at the fingertips and hand as well as decreased L wrist ROM and grip strength likely due to deconditioning following the trauma and immobilization. Pt also shows S&S hinting towards a circulation &/or neuromeningeal involvement which warrants further investigation. Pt will benefit from PT 1x/week to implement the plan below.

LISTE DES PROBLÈMES
PROBLEM LIST

Body structures:

- 1/ Numbness L fingertips > hand
- 2/ min oedema L mid wrist
- 3/ L thenar eminence atrophy
- 4/ dec. ROM L wrist
- 5/ dec. STR L wrist > R
- 6/ dec. L grip strength
- 7/ min TOP scaphoid

Activity limitations:

- 8/ difficulty with ADLs & iADLs

PLAN DE TRAITEMENT
TREATMENT PLAN

- 1/ & 2/ Tens, U/S PRN, Ax for CTS, neuromeningeal mobility, screen for Cx involvement
- 3/ D1 intrinsic ms STR ex
- 4/ ROM ex ++
- 5/ STR ex ++
- 6/ funct gripping ex
- 7/ attempt DTF, Ax lig stress test
- 8/ educ, endur. training

Légende / Legend :
 AVQ = Activités de la vie quotidienne, AVO = Activités de la vie domestique, ADL = Activities of Daily Living, IADL = Instrumental Activities of Daily Living

Politique d'annulation révisée
Cancellation policy reviewed

Fréquence des visites prévues
Expected frequency of visits

1x/week

Dominance : D/R

Date d'ouverture : 2019/05/01
Opening date : (AAYY/MMJJ)

Dossier médical disponible / Medical chart available

Dossier médical non disponible / Medical chart unavailable

Histoire de cas / History of present illness

74 yo woman lost her balance and fell forward w/ arms extended at home on hard marble floors on Jan 10th 2019 while soaking her foot in water as a remedy for her athlete's foot. She sustained a L displaced distal radius fx from a fall on Jan 10th 2019. The closed reduction fx was treated conservatively w/ a plaster cast. Pt is being transferred from physiotherapist

Évolutions des symptômes / Symptoms evolution : P has dec. since fx but she has developed numbness about 3 weeks after doing her ex's

Traitements antérieurs / Previous treatments : Was previously seen by OPD PT here at MGH

Objectif(s) du client / Client's goal(s) : Would like to be able to resume ADLs w/o P/ numbness

Antécédents médicaux et affections associées
Past medical history and associated condition:

hyperlipidemia, hypertension

Médicaments / Medication :

pravachol, hypertension

Résultats d'examens / Tests results:

X-ray 2019-01-13 - L distal wrist - mildly displaced comminuted intra-articular fx, demonstrated near neutral angulation of distal radial articular surface.
X-ray 2019-02-25 - L distal wrist - stable alignment, signs of progressive healing, fracture lines visible.

Occupation / Occupation :

Retired

Environnement / Environment :

Lives w/ husband

Loisirs / Leisure :

Likes to go to gym 2-3x/week (stopped since accident)

AVQ/AVD / ADL/IADL :

Difficulty w/ eating certain foods (cutting steak), making the bed (pulling the sheets), using the hair dryer

SUBJECTIF / SUBJECTIVE

Douleur / Pain

Description :

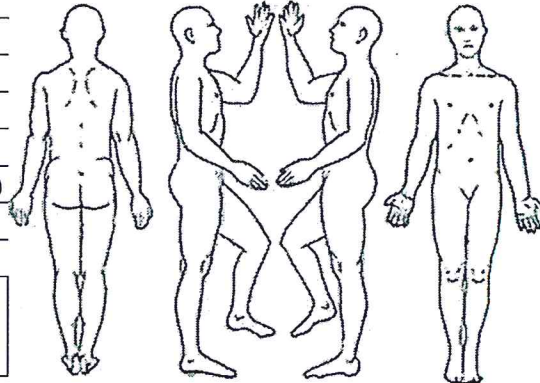
numbness and throbbing esp at night

Localisation / Location :

¹ L hand and tip of fingers

² Elbows bilat (only when wb on armrests)

³



Fréquence / Frequency :

Constante
Constant
 Intermittente
Intermittent

A l'occasion
Occasional
 Fréquente
Frequent

Durée / Duration :

>1hr

Cycle quotidien / Daily cycle :

mostly PM AM PM

Intensité / Intensity (1-10) :

Repos / Rest 0 Minimum Maximum 4/10

Augmenté par / Increased by :

numbness while watching TV, ball ex's, sleeping

Diminué par / Decreased by :

mvts

Paresthésie / Paresthesia :

N/A intermittent numbness L hand and fingers

Faiblesse / Weakness :

N/A weakness L hand and fingers

Autres signes et symptômes / Other signs and symptoms : nil

Position lors du sommeil / Sleeping position :

P/numbness wakes her up at night

Physiothérapeute / Physiotherapist :

(Nom en lettres moulées / Name in print)

(Signature)

14/5/19
AAYY/MMJJ



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FEUILLE DE CONTINUATION
CONTINUATION SHEET

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DATE (AAYY/MM/JD): 2019/05/01

o/obs

- Ⓛ oedema Mid wrist
- Ⓛ atrophy ~~hyper~~ Thenar eminance
err RR.
- Ⓛ atrophy distal lat epicordyle
- Ⓛ Pale appearance fingers

<u>Girth</u>	R	L
→ P/A 5cm distal to lat epicord.	26cm	25.5cm
→ Mid wrist	16cm	17cm

A(AA) ROM / STR

Elbow jt

flex } All MUTS WNL / 4 Ⓛ
Ext }

fingers D2-5

(fist) flex } WNL Ⓛ
Ext }

95% flex feels stretch fingertips Ⓛ
WNL ext Ⓛ

Thumb D1 All muts WNL but feels a stretch
L wrist

A(AA)ROM / STR

Shoulder JT

HBB } All WNL bilat
 HBH }

Wrist JT

	R	L
flex	75 (78) / 4	45 (70) / 3+ Numbness fingertips (C)
Ext	60 (85) / 4	50 (75) 3+
UD	55 (60) / 4	35 (40) / 3+
RD	35 (40) / 4	20 (45) / 4- Redness D1 (L)
F/A Pron	61 (65) / 4	70 (78) / 3+
F/A Sup	N/A ATT	N/A ATT
<u>Grip Strength</u> dynamometer	R 40 lbs	L 9 lbs

Sensation: (N) to LT

Palpation: Scaphoid Sensitive but no (P)
 & P @ Styloid process, Anatomical Snuffbox, APL, EPB,
 distal Radius, Styloid Ulna, Head of Ulna, Pisiform

Special Tests

err R.R. ^{from} Phalen's (-) ve bilat

Circulation

capillary Refill (N) ≤ 1 s (B) UE