

PROGRESS RECORD

Source

Date

06-17-99

Patient Identification

HAND CLINIC

ATTENDING: Reid Abrams, M.D.

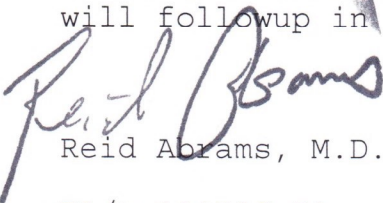
HISTORY: The patient's history is complex and was summarized in a previous note. On 06-08-99, he underwent left wrist midcarpal joint fusion and repair of the distal radial nonunion that he had. This now creates a total wrist fusion for him since he had had a radiocarpal fusion done by Dr. Braun. Despite multiple previous attempts at getting the nonunion to heal, it had not healed and lead to plate breakage during the earlier radiocarpal fusion procedures. At the time of his recent surgery, a fibrous nonunion was noted and was treated by tricortical iliac crest bone graft and completion of his total wrist fusion.

The patient returns today for suture removal and placement of a short-arm cast. He has had no interim problems.

PHYSICAL EXAMINATION: On physical examination, the wrist is held in a position of about 30 degrees of extension. He has full pronation but supination is limited by pain at the end of the ulna and at the interspace between the ulna and distal part of the radius. There does not appear to be any sign of infection.

IMPRESSION: The patient is doing well in the early postoperative period after total wrist fusion and repair of a nonunion of the distal radius. I am concerned that the patient may have residual ulnar-sided wrist pain which may either be at the distal end of the ulna vs. between the radius and ulna, or both. If this is the latter, one option is to complete a Darrach procedure. If it is only at the end of the distal ulna, probably the best option would be a formal ulnar shortening.

PLAN: At this time, we will allow the patient to heal his fusion and start a rehabilitation program and assess this later. The patient will followup in four weeks.



Reid Abrams, M.D.

RA/tc10630G.RA

D: 06-17-99

R: 06-18-99

T: 06-21-99

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