

Timeline

Isy Aran Morrigan: right wrist

For QME Dr. F, 20 Jan '05

Date	Event	Comments
12/15/00	Reported wrist pain to HR.	Bilateral wrist pain, always worse after work. Taping for dorsal support. <i>Cut back on sports and arts & crafts.</i>
Dec '00- Oct '01	Diagnosis of RMS with possible tendonitis, R > L. <u>Intervention:</u> OT and noninvasive measures.	Inadequate response. Referred to Dr K.
10/01- 12/01	X-ray and MRI. <u>Plan:</u> Arthroscopic surgery.	X-ray: right wrist widened scapholunate gap. MRI: volar ganglion. <i>Gave up weightlifting and motorbike riding.</i>
1/4/2002	Surgery: R wrist ganglion resection.	Uneventful.
1/15	First post-op visit.	Improved as expected. No work limitations.
1/21	First complication: infection. <u>Intervention:</u> Cipro.	Localized redness, swelling, pain at left incision.
1/29	Office visit: infection.	Improved, but slower than expected. Work status: Limited use of right hand. Wrist splint.
2/25	Second complication: reinjured in sleep.	R wrist and hand bruised and swollen from wrist to 1 st knuckle.
3/5	Office visit: reinjury.	Work status: Manual work restricted to 4 hrs/day. <i>Gave up jewelry making and recreational writing.</i>
4/11/02	Follow-up visit: tendonitis. <u>Intervention:</u> Marcaine and Kenalog into medial tendon. Hurt like hell, confirming a screaming case of tendonitis.	Minor decrease in pain. Pain worst over back of wrist. Redness over medial wrist @ radial extensor. Bruising over dorsal lateral wrist. Work status: <= 4 hours typing/writing per day. Limit use of right hand. Wear splint intermittently.

5/7/02	<p>Follow-up visit</p> <p><u>Intervention</u>: 2 wks disability.</p> <p><u>Plan</u>: Repeat MRI.</p>	<p>Worsened: persistent generalized swelling and pain; bruising; redness over radial tendon; bleb under left incision 4-6 mm in diameter.</p> <p>Work status: temporary total disability from 5/7 to 5/21.</p> <p><i>Gave up flute playing and self-prep cooking.</i></p>
5/14	<p>Called office: new swelling and pain R dorsal wrist area.</p>	<p>In pain 90% of the time. No erythema; persistent ecchymosis.</p> <p><i>Can't work efficiently, can't work out effectively, can't engage in hobbies, can't do anything enjoyable but walk.</i></p>
5/25	<p>Repeat MRI, right wrist.</p>	<p>MRI negative.</p>
6/13	<p>Post-MRI re-evaluation visit</p> <p><u>Plan</u>: consults:</p> <ol style="list-style-type: none"> 1. Dr. J, head of Hand & Microsurgery at university 2. Dr. Q, head of Acute Rehab at hospital 	<p>Wrist failing to heal.</p> <p>Work status: return to modified duty: \leq 3 hours of keyboard/writing per day.</p>
6/20	<p>Phone visit w/ Dr. K</p> <p><u>Plan</u>: 4 wks disability; re-evaluate for need for surgery afterwards.</p> <p><i>See hand image from 6/24</i></p>	<p>Dr. J said: Best way to investigate is to open the wrist up and look inside.</p> <p>Pt. anxious about another surgery.</p> <p>Work status: 4 weeks total disability (6/24-7/22), with wrist immobilized except for ADLs and CMS.</p>
7/18	<p>Office visit: recheck.</p> <p><i>See hand image from 7/21</i></p>	<p>Improved, but slower than expected.</p> <p>Work status: \leq 3 hrs key./writ. per day.</p> <p>May advance activity as tolerated.</p>
7/29	<p>Office visit: extensor tendonitis, radial neuritis.</p> <p><u>Intervention</u>: custom splint, avoiding radial extensor</p> <p><i>See hand image from 7/26</i></p>	<p>Significantly increased pain after one week on modified duty.</p> <p><i>Gave up all swimming.</i></p>
8/15	<p>Dr J at UCLA: 2nd opinion, surgical</p> <p><u>Plan</u>: Suggests EMG/nerve conduction study to evaluate carpal tunnel.</p>	<p>Carpal tunnel.</p> <p>Possible ligament tear in scapholunate joint.</p> <p>Tendonitis probably extended into hand.</p> <p>Suspected neuromas in back of wrist/hand.</p> <p>All of these problems can be addressed surgically.</p>
8/26/02	<p>Ergonomic evaluation.</p>	<p>Software upgrade & training, adaptive equipment.</p>

8/29/02	Dr Q: 2nd opinion, physiatry	? pain syndrome, ! carpal tunnel.
9/3	Dr K: office visit - evaluate 2nd opinions.	Pain syndrome unlikely, because blood flow in that area not increased.
9/11	EMG/nerve conduction study.	Disparity noted R/L. <i>Started antidepressant: chronic pain, lack of hobbies, reduction in exercise, plus stress and anxiety of coping with insurance process.</i>
10/10	Dr K: office visit post EMG <u>Plan</u> : surgery: carpal tunnel release, excise neuroma, evaluate & repair radial nerve/tendon problem.	R carpal tunnel impingement. Resurgence of tendonitis. Work status: Time out of work could be 6 weeks.
12/23/02	Surgery: carpal tunnel release, radial neurectomy, radial neurotomy	Uneventful; thickening of radial nerve over edge of radial tendon/muscle => muscle notched. <i>Percocet shut down GI tract. Hospitalized x 5d.</i>
01/~17/03	Follow-up visit <u>Plan</u> : OT for scar softening & nerve release	Nerves bound up in scar tissue. ROM in single digits.
To early summer '03	Follow-up visits (summarized) <u>Interventions</u> : OT for ROM, strength, pain. Adaptive car shift implement.	Hardening off for work. Moving up to full time as tolerated. <i>Off antidepressant. Still no hobbies. Ran in March 2x/wk until torn ankle ligament in 2nd week.</i>
1/15/04	Office visit: increased wrist/forearm pain <u>Intervention</u> : steroid injection, radial tendon	Pain in body of wrist and up forearm. Injection didn't hurt as badly.
Early March '04	Follow-up visit <i>See snapshot for 3/2/04</i> <u>Discharged</u> from Dr K's care.	Not much improved. ? bruising over injection site. Dr. K declared he could do nothing further without greater risk than benefit; I would simply have to learn to live with a certain amount of pain.
November/December '04	Worsened pain/inflammation with onset of cold weather. <i>See hand image for 12/01/04</i>	Nearly pain-free for some parts of summer; significant worsening with cold weather. Manager notified. <i>Took long vacation instead of antidepressant.</i>