

TRIAL 9.14(B):

George Otta v. Todd Wearl

Instructions for the Person Playing the Role of Dr. Alex Tintinalli

Thank you for agreeing to play the role of a witness in our upcoming trial. Without volunteers like you, we could not conduct these trials and give the law students a realistic courtroom experience. We are very grateful for your participation.

You will be playing the role of the doctor who treated George Otta in the emergency room. Please follow these instructions:

1. You should work with the student attorney who asked you to volunteer to decide what the appropriate charges would be for the medical services described in the medical records. You can produce a "statement" if you wish. Mr. Otta's medical insurance paid your bills, except for a \$40 co-payment by him.
2. Within reason, the student attorney who asked you to volunteer can also work with you to create a resume reflecting a background that one might expect for an emergency room physician. As long as the resulting resume is reasonable, defense counsel will not be permitted to contest it.
3. Assume that George Otta came to the hospital after an interaction with Todd Wearl. The hospital's medical records, some of which you produced and others of which you relied upon in your diagnosis and treatment, are included with these instructions.
4. This was a very standard case of someone who fell, instinctively tried to break his fall by putting out his hand, and thereby injured his wrist. Mr. Otta's injuries are consistent with trying to cushion his

fall with his left hand.

5. These things pretty much heal on their own, but they are painful. Your treatment is presumably depicted accurately in the medical records. "Presumably" means that you do not really have a strong memory of this patient, as this was such a routine case. But that is one of the reasons you produce medical records—to record your observations and treatment at the time.
6. Although you apparently told Mr. Otta to make another medical visit a few days after the emergency room visit, it is not particularly surprising that he did not do so. To be frank, it probably made no difference. These things hurt for a while, but they eventually heal in young patients like Mr. Otta. Thus, if he failed to make a follow-up visit, it probably made no difference whatsoever.
7. Of course, it is good to see patients in those follow-up visits, just to check to see that there are no unexpected complications. But if there were no complications for this patient, his failure to have a follow-up visit probably made no difference at all.
8. You will talk to the plaintiff's attorneys about this case, but you will not talk to the defense attorneys about it (outside of the deposition itself). Federal regulations prevent you from talking about a patient's medical care with anyone other than a patient or a representative of the patient.
9. It is your practice to avoid testifying in court, if at all possible. You will testify in a deposition if you can fit it into your schedule. But you will not go to court. You simply cannot justify spending a day at the courthouse, while your patients sit around waiting for you to return. The attorneys in town seem to know this. Most of them do not mess with you by trying to subpoena you to trial. They know that they should just make arrangements for a deposition. You will allow yourself to be deposed.

10. In reviewing the medical records, the following glossary might be helpful:

Glossary of Abbreviations in Medical Records

Abd - abdomen
AP - anteroposterior
BMP - basic metabolic profile
CBC - complete blood count
c/o - complains of
CTA bilat - clear to auscultation bilaterally
CV - cardiovascular
d/c - discharge
EtOH - ethanol/alcohol
Fx - fracture
f/u - follow up
HIPI - history of present illness
NKDA - no known drug allergies
NT/ND - nontender/nondistended
PMH - past medical history
PSH - past surgical history
Resp - respiratory
ROM - range of motion
RRRs M - regular rate and rhythm without murmur
Tob - tobacco
TTP - tender to palpation
WNL - within normal limits

11. To help you understand the medical records, the following information might be helpful:

- a. When diagnosing carpal bone fractures, physicians maintain a high index of suspicion. They consider using scaphoid view x-rays. They often treat the injury as a fracture based upon clinical findings even if a fracture cannot be seen on the x-ray, because these fractures are difficult to see on x-rays.
- b. Emergency rooms often miss carpal bone fractures. Most often, they occur when a person falls, then puts his arm forward and lands on his outstretched hand, thereby harming his wrist. Even if a fracture cannot be seen or diagnosed with complete confidence, an injury should be treated as if it was a fracture to prevent long-

term problems like avascular necrosis due to the tenuous blood supply to carpal bones.

- c. Symptoms and indicators of carpal bone fractures can be tricky. These fractures generally lead to wrist and hand swelling, with decreased mobility, as well as pain. Often the injured area is tender. Physicians consider tenderness in the anatomic snuffbox a sign of possible carpal bone fracture, even in the absence of positive x-ray findings.
 - d. Sometimes carpal bone fractures can be seen on x-rays. At other times, there is no positive finding immediately after the injury, but x-rays a week or two later might show a fracture.
 - e. Thumb spica splints are used to treat scaphoid fractures. Other fractures might be treated with volar wrist splints.
 - f. Physicians usually discharge patients after splinting, sometimes with pain medications. Patients are often asked to follow up with an orthopedist a few days later.
12. Please do the best you can in testifying based on your understanding of these events. We understand that this might be a challenge, given the nature of this testimony, especially if you have a limited medical background. [Feel free to do additional research if you believe it would help.] All we ask is that you do your best to pretend to be the doctor who treated Mr. Otta.

River City Hospital
Discharge Instructions

WRIST FRACTURE

You have a fracture of one of the small bones in the wrist that will require several weeks to heal. You should limit your use of the wrist while it heals.

You should follow up in 2 to 3 days/weeks in the Orthopaedic Clinic.

You should wear your splint until you have seen the orthopaedist.

For pain, you may take ibuprofen or the medication prescribed to you in the Emergency Department. You should return to the Emergency Department if your condition worsens before your scheduled follow up appointment.

MEDICATION INSTRUCTIONS: PERCOCET

Take the medication in the manner indicated on the bottle. Do not drive a car or operate machinery until you know how this medication will affect you. Take this medication with food if you experience stomach upset. If you have an allergic reaction to the medication, return to the Emergency Department immediately.

I have read and understand the above instructions.

Patient signature George Otta Date 8/14/17

River City Hospital
Radiology Department

Date of Study	8/14/[-1]	Patient Name	George Otta
Study Type	AP left wrist	MRN	0600001
Indication	wrist pain/swelling	DOB	6/11/[-25]

AP view of the left wrist is evaluated for fracture and acute injury.

Study quality is good. Carpal bones are visualized. Alignment of carpal bones is appropriate. No fracture is identified at this time.

Impression

No fracture or misalignment noted on study. However, recommend scaphoid view or repeat x-ray in one to two weeks for full evaluation as scaphoid fractures are often unidentifiable on plain films at the time of acute injury.

Physician Signature J. P. Reader, MD **Date** 8/14/[-1]

River City Hospital
Work/School Excuse

George Otta was seen in the Emergency Department on 8/14/[-1].
Please excuse this patient from work or school for this date.

Please excuse the patient from work or school until 8/17/[-1]. This patient has the following limitations:

- ☐ No lifting greater than 20 pounds
- ☐ No long periods of sitting/standing
- ☐ Limit activity to _____ hours daily
- ☒ Limit activity according to pain
- ☐ No limitations

Physician Signature A. Tintinalli, MD Date 8/14/[-1].

River City Hospital
Emergency Department

Name George Otta

DOB 06/11 [-25]

MRN 0600001

M F **Age** 24

Ht 5'6" **Wt** 80 kg

Pulse 62 **Resp** 12

B/P 128/78 **Temp** 98.8

Chief Complaint

L wrist pain & swelling

Meds daily multivitamin

Allergies NKDA

PMH chicken pox @ 6 yo

PSH tonsillectomy @ 3 yo

Family History noncontributory

Tob nonsmoker

EtOH occasional - 2-4 drinks/wk

Drug Use denies

Date 8/14 [-1] **Time** 11:08 am

Phys Alex Tintinalli, MD

HPI Pt was involved in altercation

- States he was pushed backwards and landed on outstretched L hand. Heard a pop. Now c/o severe pain and L wrist swelling.

Physical Exam L wrist - marked swelling of hand & wrist. Ltd ROM. TTP in snuffbox.

CV - RRR S M Abd - soft, NT/ND

Resp - CTA bilat Remainder of exam WNL

Imaging/Lab BMP & CBC WNL

L wrist AP view - no fx seen on film

Assessment probable L scaphoid fx - treat conservatively until further x-ray

- Plan**
1. thumb splint placed
 2. Percocet 1-2 q 4-6" prn
 3. May alternate c ibuprofen
 4. f/u Thurs in ortho clinic
 5. repeat x-ray in 1-2 wks
 6. d/c to home

Signature A. Tintinalli, MD