Two Cases: BAD

4.14.14

- 55 yo fem. lab tech
- walked along corridor
- legs gave way
- fell to the ground, backwds
- sharp LBP rad. into R leg
- LOS and weakness entire R leg
- unable to walk

Two Cases: BAD

ED read:

- CT: fx T11, retro pulsion fx fragment
- causing severe canal stenosis

XR read (within 1 hr):

- old T 11 fx
- throughout T/L sp. sign. DJD
- with multilevel moderate canal stenosis

transferred to local neuro surgical unit

Two Cases: BAD

Neurosurgical Unit:

"CT from outside Hospital shows
> vert. burst fx and fragm.retropulsion"

- TLSO
- steroid dose pack
- Oxys 4x/d
- subsequent CT brain, C,T sp., MRI L sp.

Two Cases: BAD

- transferred to SNF x 10 days
- leaves unable to compl. ADLs without sppt
- walker

Two Cases: BAD

7.3. :
- conslt. with neuro surgeon
- lumbar stenosis
- CT myelogram shows no acute fx
- surgeon thinks T11 fx not contrib. to Sx
- spinal stenosis
- symptom. disc herniation
- right L4,5 micro-discectomy

Two Cases: BAD

8.22.14 2 wks post OP (PA):

- R L4,5 micro disc., facectomy
- same pain, numbness/tingling and weakness as pre op
- no better/worse
- pain across lower back into buttocks
- reducing narcs

diagnosis: post op radiculitis

Two Cases: BAD

3.2015

- MMI
- unable to pursue any gainful employment due to chronic LBP
- settlement with hospital (6 digits)

Two Cases: BAD

1. Failing to correctly categorize back pain by its cause.
2. Ordering an imaging test to make a diagnosis.
3. Blaming the pain on bulging disks.
4. Forgetting to tell patients that back pain usually resolves regardless of how it's treated.

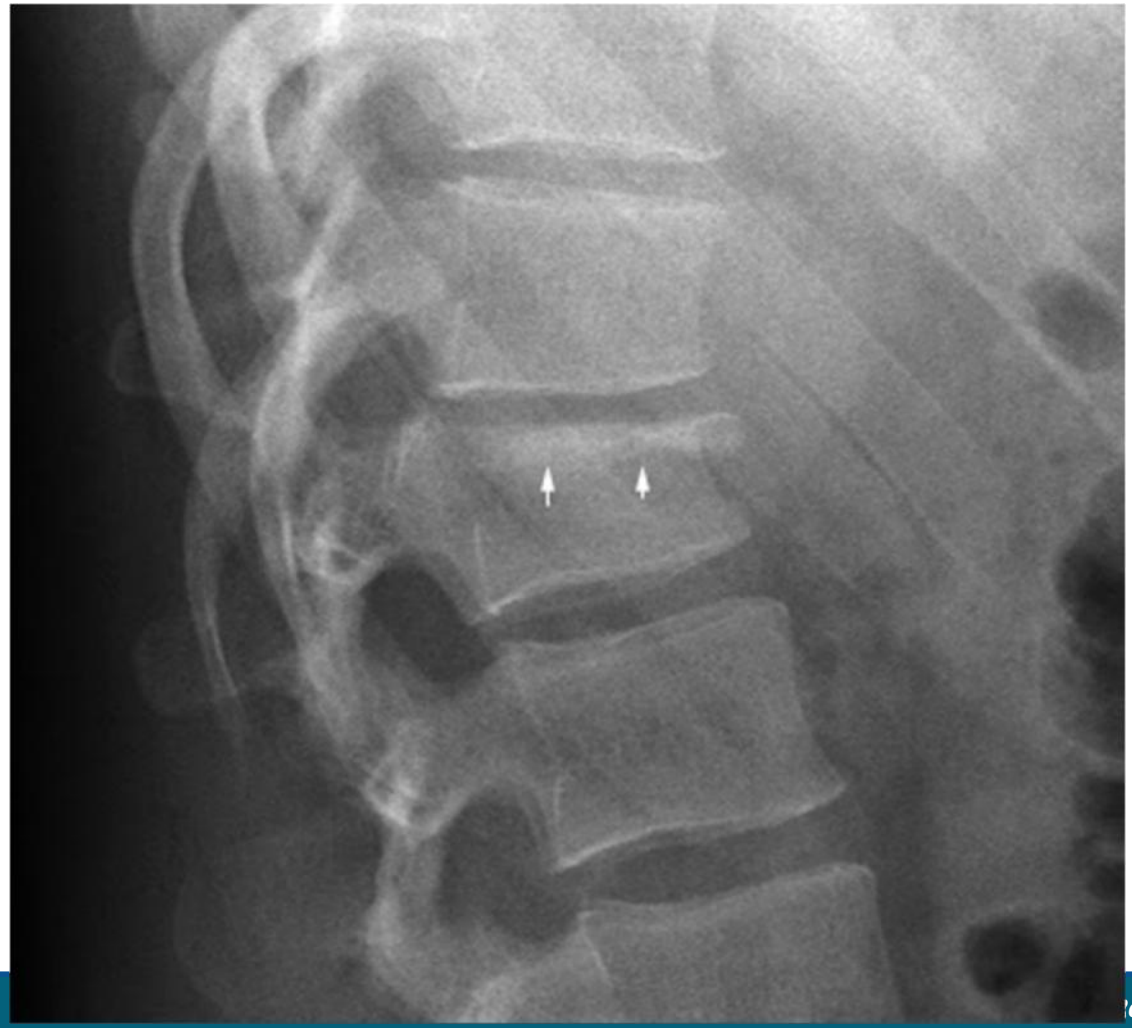
Two Cases: BAD

5. Overprescribing narcotics.

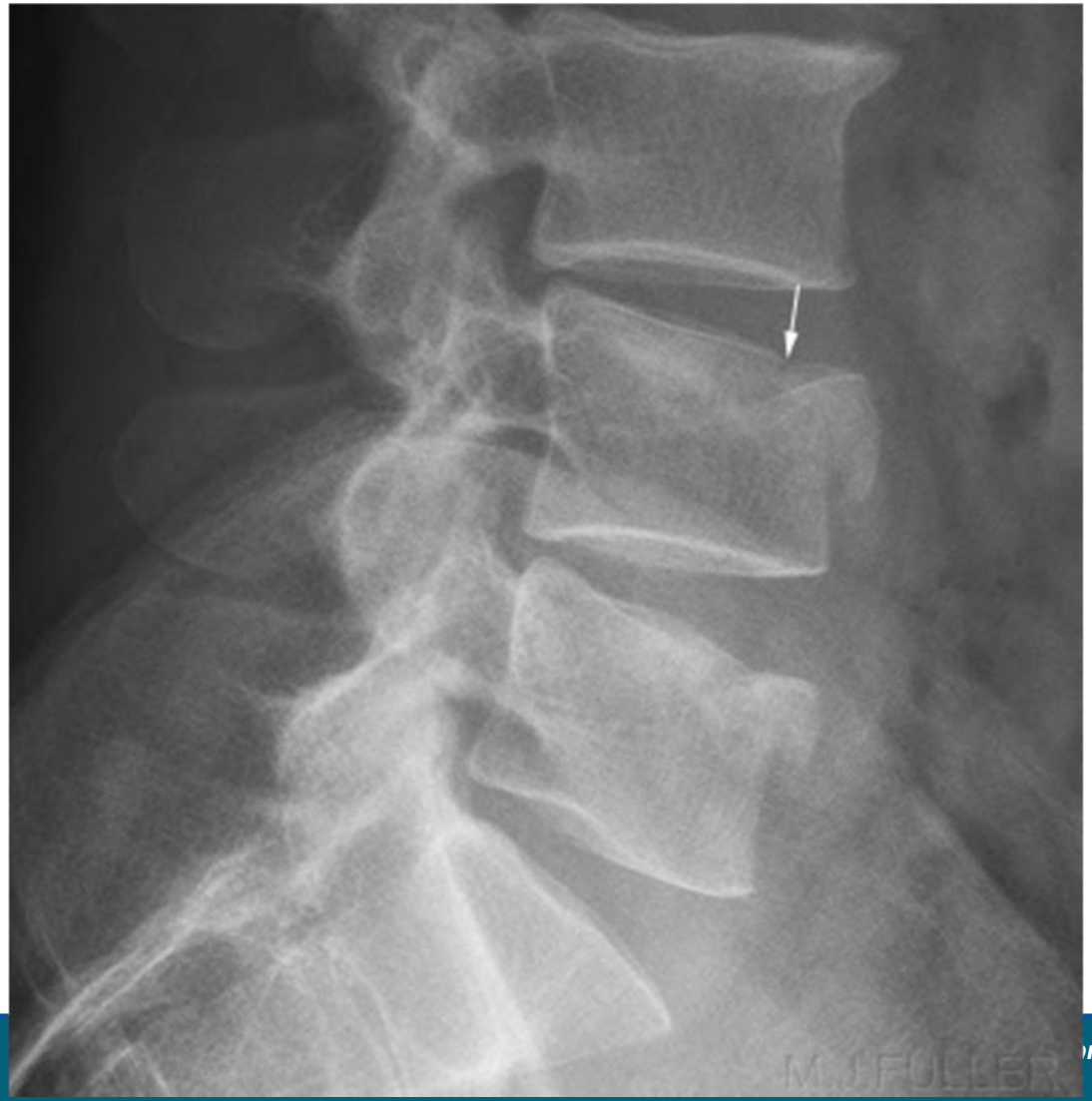
6. **Underemphasizing exercise.**

7. Neglecting to refer patients for complementary treatments.

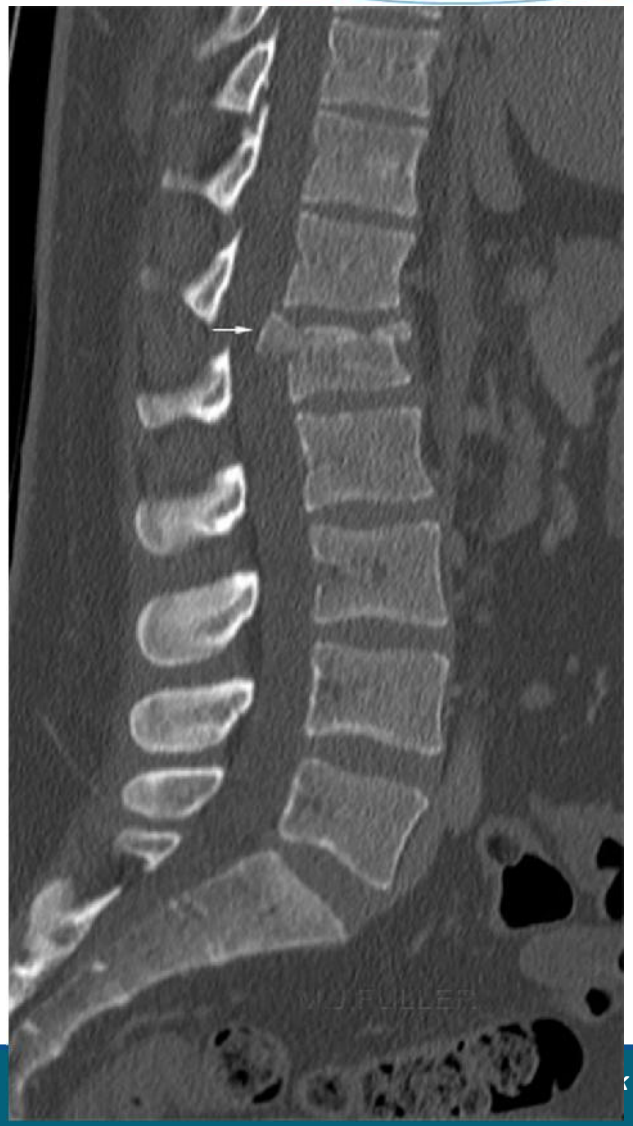
Two Cases



Two Cases



Two Cases



Two Cases