

مركز الخالدي الطبي مستشفى القلب والاختصاصات الشاملة AL KHALIDI MEDICAL CENTER A Heart & Comprehensive Speciality Hospital

Medical Report

Pt's Name: Malek Jawad Hadi

Age: 22 years

Profile no. 313863

This Iraqi male gentleman was a victim in an IED blast, that tooks place in Iraq on Sep. 24. 2006, at which time he sustained multiple trauma to both lower extremities and the 4th and 5th digits on the left hand. In Iraq he underwent right above knee amputation, and distal phalangeal amputations of the 4th and 5th digits on the left hand.

He was evacuated to Jordan by an air ambulance, and admitted to Al Khalidi Medical Center on Sep. 30th 2006, complaining of:

- Fever and chills
- Generalized weakness
- Severe pain involving both lower limbs and left hand

His physical examination showed:

- Poor general condition
- Pale, toxic ill person, febrile, dehydrated, and poor nutrition condition.
- Non-Healed, infected and necrotic stump of right AKA
- Multiple infected and lacerated deep wounds involving left thigh and leg
- Crushed 5th left finger.
- Amputated 4th interphalangeal bone on left side.
- · Rest of examination, was unremarkable.

Investigation:

- Hemoglobin 94.0 gm/L
- WBC

18200

- Total protein 4.3 g/dl
- Serum Albumin

1.9g/dl

- Hbs Ag, HCV, and HIV were negative
- Slightly elevated ALT, AST, and GGT
- Wound swab culture grew Klebsiella pneumoniae, and acintobactor organisms



He was started on:

- Broad spectrum IV antibiotics
- Re-hydration and blood transfusions
- Total Parenteral Nutrition (TPN)
- I.V Human Albumin transfusion

Recurrent dressing and debridement under general anesthesia done. He showed good clinical improvement, with good healing of his wounds.

This was followed by skin grafting at the stump of right thigh for AKA, and skin grafting of multiple areas of left thigh and left leg, with excellent take of grafts.

The wounds on his left hand showed good improvement, but he continued to have deformed 5th digit, and he refused further surgical amputations.

Physiotherapy and rehabilitation was started.

He was discharged on Dec. 4th 2006, and was followed up as outpatient. He is still having edema at the site of right knee stump that needs only conservative treatment for at least 12 weeks. He can go back to Iraq for three months, then he can come back for re-evaluation and preparing an artificial limb.

Dr. Suliman Al-Bdour Consultant Orthopedic Surgeon Al Khalidi Medical Cente

Dr. Na'el Abu Kaff

ALKhalidi

Physiotherapist -

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PHYSICAL THERAPY REPORT

April 9, 2007

Name: Malek Jawad Hadi.

Age: 22 years.

Physical therapy examination for Mr. Malek on 29-3-2007.

The patient reports no history of previous chronic diseases or accidents.

Mr. Hadi is a single university student, has a history of IED blast injury in Iraq on 24 September 2006 which resulted in:

- Sustained multiple traumas to both lower extremities.
- Trauma of 4th and 5th digits of left hand

The patient was hospitalized in Iraq and underwent the following surgery:

- Above knee amputation of right lower limb.
- Distal phalangeal amputation of 4th and 5th digits of left hand.

On September 30th 2006 Mr. Hadi was evacuated to Jordan and admitted to Al-Khalidi Medical Center for examination and treatment. Where he stayed for three months and received an intensive treatment courses:

- Skin grafting at the stump of the right thigh above knee amputation.
- Skin grafting of multiple areas of the left thigh and calf.
- Following the healing of the left hand wounds, deformity of the 5th digit was developed following the healing. The patient refused any further surgical amputations.

During his hospitalization, he received a full course of physical therapy until his discharge on December 4, 2006, where he showed goodsclinical improvement and healing of his wounds.

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Mr. Hadi was advised to leave Jordan and return back to commence treatment and fittings an artificial limb after three months.

PHYSICAL THERAPY EXAMINATION:

The patient's general health is good; He is using axillary crutches to walk, and L is able to move and perform daily living activities easily.

He shows normal muscle power testing of upper body and left lower limb with a big scar of healed wound and skin grafting.

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Muscle power testing:

Left hand: Good grip:

There is an amputation of left ring finger at distal interphalangeal joint line. Deformity and amputation of small left finger at proximal interphalangeal joint.

- Right lower limb: hip flexion contracture Rt: 10 degrees.

Lt: normal.

- Flex: 3 - Ext: 3

-Abduction: 3

Adduction: 3

- Round measurements:

- Rt stump: Distal end: 28 cm.

Med stump: 30 cm.

Proximal: 31.5 cm.

- Lt Quadriceps muscle: 34 cm.

PHYSICAL THERAPY PROGRAM:

There are two parts to this program:

- I- Pre-prosthesis course and it achieved:
 - a-Maximum power strengthening for both upper and lower limbs.
 - b- Achieve balance and walking by walking aids.

Estimated duration for part one 10 days. Completed on April 10, 2007.

- 2- Fitting with Rt A/K modular artificial limb which should achieve:
- a- How to deal with the artificial limb; How to wear it; Take it off and taking care of it.

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- b. Practice how to walk and balance with the new prosthesis by using one crutch. The patient should walk at least one and a half hour daily.
 - c-Walking and balancing without any walking aids.

Estimated duration to finish this stage; 20 days.

Mr. Hadi has started with part two of physical therapy program on April 11; 2007. He is refusing to cooperate with the therapist and is also refusing to wear the prosthesis.

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At the end of this course the patient should be walking and dealing with the artificial limb easily without any walking aids in a month time.

If the patient does not respond to the treatment and commit to the physical therapy programs a delay in his rehabilitation time will result.

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Physical therapist

Shereen Al banna

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Final Medical Report

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Narrative History:

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Patient was diagnosed to have Septicemia due to an infected wound, he was admitted to ICU and started on:

- Broad spectru.m IV antibiotics
- Re-hydration and blood transfusions
- Total Parenteral Nutrition (TPN)
- I.V Human Albumin transfusion

Recurrent dressings and debridements under general anesthesia were done. He showed good clinical improvement, with good healing of his wounds. This was followed by skin grafting at the stump of right thigh for AKA, and skin grafting of multiple areas of left thigh and left leg, with excellent take of grafts.

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Physiotherapy and rehabilitation was started.

He was discharged on Dec. 4th 2006, and was followed up as outpatient. He was having edema at the site of right knee stump that needed only conservative treatment for at least 12 weeks. He left to Iraq for three months.

On March 27, 2007, Malek returned to Jordan, he was checked by his treating physician, and advised to start rehabilitation.

He was provided with an artificial limb, and started on physiotherapy. Malek is able to walk without assistance or cruches.

He was discharged on June 1, 2007.

He can go back to his work as of July 1, 2007.

Final Rating:

- Right above knee amputation (AKA) mid thigh equal to 90% loss of lower limb function.
- *Loss of function of the little finger equals to 9% loss of hand function.
- *Loss of function of the left ring finger equal to 9% loss of hand function. Total loss of hand function is 18%.

Malek will need to change the prosthesis each 10 years with the cost of USD 10000 each time.

Dr. Emad Hatabah Emergency Medicine Dr. Na'el Abu Kaff Al Khalidi Medical Cente

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