



*Integrated Health
and Social Services
University Network
for West-Central Montreal*

Québec



McGill

OPD STUDENT ORIENTATION: Case Study A

HPI: 71 y.o female, fell while getting OOB during the night at home. No LOC.

Noted Lt Shoulder pain but went back to bed.

Next a.m. was able to move elbow and hand so did not consult MD.

4 days later noted extreme swelling of Lt hand so presented herself to the ED.

DX: Comminuted fracture Lt proximal humeral head & neck w greater tuberosity involvement.

Immobilized in sling. Referred to Orthopedics. Dx confirmed.

Referred to **Physiotherapy** to start assessment and treatment. Now 6 weeks post #.

SocHx: Works part-time as accountant. Lives alone. RHD.

Autonomous with all ADLs at baseline.

PMHx: asthma.

Meds: Flovent, occasional course of oral prednisone.

O/E:

Excessive ecchymosis entire Lt upper extremity, esp forearm & hand.

CSpine: AROM full, painfree

Lt elbow: A/P ROM Flex 135/140
 Ext -80/-80
 Sup 0 (neutral) /15
 Pron: full

Lt wrist: A flex & ext +/- full

Lt hand: fist: - 2cm tips to palm Actively, all digits. -1 cm Passively.

Lt shoulder: A/P ROM Flex 30/85
 Abd 30/70
 Ext 30/30
 ER N/A

Reflective Exercise

1. Would you assess anything else? What is missing from this assessment?
2. What is/are the possible differential diagnoses?
3. What is your Problem list?
4. What would be your short term treatment?