

GENERAL TEACHING HOSPITAL

Department of Orthopedic Surgery
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NOT A REAL MEDICAL RECORD

ORTHOPEDIC SURGERY CONSULTATION

PATIENT INFORMATION

Name: John A. Doe
(FICTIONAL)
DOB: 01/15/1985
Age: 40 years
Sex: Male
MRN: 1234567890
Consultation Date: 07/30/2025

CONSULTATION INFORMATION

Requesting Service:
Emergency Department
Consulting Physician: Dr.
Robert Boneman, MD
Date/Time: 07/30/2025, 18:15
Reason for Consult: Left hip
fracture management
Urgency: Urgent

REMINDER: FICTITIOUS TESTING DOCUMENT

HISTORY OF PRESENT ILLNESS

Thank you for consulting me on this 40-year-old male who sustained a left intertrochanteric hip fracture in a motor vehicle collision today. Patient reports being struck on driver's side, was wearing seatbelt, airbags deployed. No loss of consciousness reported. He is experiencing severe left hip pain (9/10) with inability to bear weight. Also complaining of neck and back pain. Patient has no prior hip problems and was fully ambulatory

prior to accident.

PAST MEDICAL HISTORY

Medical: Hypertension, controlled

Surgical: Appendectomy (2010)

Medications: Lisinopril 10mg daily

Allergies: NKDA

Social: Occasional alcohol use, non-smoker

Family: Father with history of osteoarthritis

PHYSICAL EXAMINATION

General: Alert and cooperative, moderate distress due to pain

Left Hip: Shortened and externally rotated left lower extremity. Severe tenderness over greater trochanter and groin. No open wounds. Passive range of motion limited by pain.

Neurovascular: Dorsalis pedis and posterior tibial pulses palpable. Sensation intact to light touch. Patient able to wiggle toes and demonstrate dorsiflexion/plantarflexion.

Other extremities: No other obvious injury

IMAGING REVIEW

Left Hip X-rays (AP/Lateral):

Displaced intertrochanteric fracture of the left femur. The fracture line extends from just below the greater trochanter obliquely across to the lesser trochanter region. There is approximately 15mm of shortening with lateral displacement of the distal fragment. No evidence of femoral neck extension.

Classification: AO/OTA 31-A2.2 (Unstable intertrochanteric fracture)

Additional Studies: Chest X-ray and C-spine films reviewed - no acute abnormalities noted

ASSESSMENT AND PLAN

Primary Diagnosis: Left intertrochanteric hip fracture (S72.141A) - displaced, unstable

Surgical Plan:

Given the displaced and unstable nature of this fracture in a young, healthy patient, I recommend open reduction and internal fixation with a cephalomedullary nail (CMN). This approach will provide optimal stability and allow for early mobilization.

Immediate Management:

1. NPO in preparation for surgery tomorrow morning
2. Continue IV pain management as needed
3. DVT prophylaxis with sequential compression devices
4. Pre-operative medical clearance
5. Consent for surgery obtained and documented
6. OR scheduled for 08:00 tomorrow (07/31/2025)

Expected Course:

Post-operatively, patient should be able to begin weight-bearing as tolerated with walker assistance. Physical therapy will be initiated on post-op day 1. Expected hospital stay 2-3 days barring complications.

SURGICAL CONSENT

Risks, benefits, and alternatives to surgery discussed with patient including but not limited to: infection, bleeding, nerve injury, nonunion, malunion, hardware failure, need for revision surgery, and anesthesia risks. Patient understands and agrees to proceed with recommended surgical intervention.

PHYSICIAN ATTESTATION

I have personally examined this patient and reviewed the medical record and

imaging studies. The above represents my assessment and plan.

Electronically signed by: Dr. Robert Boneman, MD

Date/Time: 07/30/2025, 18:15

Orthopedic Surgery Attending

License #: 12345 (FICTIONAL)

 **END OF FICTITIOUS TESTING DOCUMENT** 
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