1 Patient Information

1 PATIENT DETAILS

Name
Marcus A. Delgado

Date of Service
05/06/2026

DOB
11/17/1983

Provider
Dr. Simone R. Whitfield, MD — Physical Medicine & Rehabilitation

Age / Sex
42 / Male

MRN
PMR-2026-0218

Visit Type
Inpatient Rehabilitation — Week 14 Progress Note / Discharge Planning

Primary Rehabilitation Diagnosis
Incomplete traumatic thoracic SCI — T6 ASIA B (sensory incomplete)

CC Chief Complaint

2 PRIMARY REHABILITATION CONCERN

Mr. Delgado is a 42-year-old male, POD 112 from T5–T7 fusion and T6 decompression following a high-speed MVA on 01/14/2026. Presents for Week 14 inpatient rehabilitation progress evaluation and discharge planning. Primary concerns: (1) increasing lower extremity spasticity interfering with ADLs and sleep; (2) persistent neurogenic bladder requiring intermittent catheterization — wife learning technique; (3) readiness for home discharge targeting 05/20/2026. He states: 'I'm working hard — I can stand now and I'm getting some movement back, but the spasms are brutal at night. I want to go home but I need to know my wife can manage the catheter.'

S Subjective

3 PATIENT-REPORTED SYMPTOMS, RECOVERY STATUS & FUNCTIONAL HISTORY

3a CONDITION / INJURY HISTORY

High-speed MVA (01/14/2026) — vehicle struck by semi-truck. CT/MRI: T6 burst fracture with posterior ligamentous complex injury and anterior cord compression. Emergent posterior T5–T7 pedicle screw fixation + T6 corpectomy and anterior cage via combined approach within 8 hours. Post-op classification: ASIA B (sensory incomplete) — intact pin prick/light touch below T6, complete motor paralysis below T6 at injury. Transferred to inpatient SCI rehabilitation (Shepherd Center, Atlanta) on POD 14. Currently POD 112 / Rehab Day 98.

3b SYMPTOM STATUS

(1) SPASTICITY: Worsening bilateral LE spasticity x3 weeks — spontaneous flexor spasms, bilateral, particularly at night (7/10 disruptive to sleep). MAS: R hip flexors 2, L hip flexors 2, bilateral quads 2, bilateral hamstrings 3 (most affected). Interferes with morning ADLs and wheelchair transfers. Baclofen 20 mg TID — inadequate. (2) NEUROGENIC BLADDER: ISC Q4–6h; PVRs averaging 280–320 mL. Last UTI treated 3 weeks ago (completed ciprofloxacin; UA normal 04/28/2026). (3) NEUROPATHIC PAIN: Below-injury-level burning dysesthesias ('electrical burning from mid-chest down') — constant, 4/10; on gabapentin 600 mg TID + amitriptyline 25 mg QHS. (4) ORTHOSTATIC HYPOTENSION: Improving — episodes reduced from 3–4/day to 0–1/day; on midodrine 5 mg TID. (5) PRESSURE INJURY: Stage 2 right ischial tuberosity — healing per wound care notes. (6) BOWEL: Daily program with bisacodyl suppository + digital stimulation; successful 5–6/7 days.

3c FUNCTIONAL LIMITATIONS

MOBILITY: Propels manual wheelchair (TiLite TRA) independently on level surfaces; needs assist for ramps and outdoor terrain. TRANSFERS: Modified-independent slide board transfers (WC to bed/toilet/shower) — verbal cueing only. AMBULATION: Standing in standing frame x20–30 min/day; 1 trial parallel bar ambulation this week — 3 steps with max assist bilateral KAFOs. UE: Full functional strength bilaterally (C4–T6 intact). ADLs: Independent upper body dressing; minimal-to-moderate assist lower body dressing. Independent self-feeding and grooming.

3d ASSISTIVE DEVICES / EQUIPMENT

Current Devices
Manual wheelchair (TiLite TRA, custom), slide board, grab bars, shower bench, hospital bed with trapeze at home, knee-walker

Other Adaptive Equipment
Bilateral KAFOs (loaner, standing training); long-handled reacher, sock aid, dressing stick; ISC supplies (Lofric catheters Q4–6h)

3e THERAPY PROGRESS

PT (60 min/day x5 days/week): FIM locomotion Week 14: 2 (max assist). Progressed from supine/sitting balance to current: standing frame, parallel bar trials, weight-bearing facilitation, spasticity management techniques, independent WC propulsion. OT (60 min/day x5 days/week): FIM self-care Week 14: 5 (supervision). UB ADLs independent; LB minimal assist. ISC self-catheterization performed independently; wife supervised technique at 90% accuracy (target 95% before discharge). Home visit 04/28/2026 — front door ramp needed; contractor scheduled 05/14.

3f MEDICATION / TREATMENT RESPONSE

Baclofen 20 mg TID: Inadequate — dose increase indicated. Gabapentin 600 mg TID: Partial benefit — burning 7/10 → 4/10 since initiation. Amitriptyline 25 mg QHS: Benefit for sleep and neuropathic pain. Midodrine 5 mg TID: Effective for orthostasis. Enoxaparin 40 mg SC daily (DVT prophylaxis): Transitioning to compression stockings + aspirin upon discharge. Bisacodyl suppository + docusate: Bowel program partially effective.

3g PERTINENT NEGATIVES

Denies fever, current UTI signs, new neurological deficits, upper extremity changes. No significant falls in past 2 weeks. No autonomic dysreflexia episodes since kinked catheter trigger resolved 3 weeks ago. No worsening pressure injury. PHQ-9 last week: 8 (mild, improved from 16 at admission).

O Objective

4 MEASURABLE & OBSERVED REHABILITATION FINDINGS

V VITAL SIGNS

Temperature
98.0°F

Blood Pressure
116/72 mmHg supine; 108/68 sitting (mild orthostatic decrease — improved; no symptoms)

Heart Rate
78 bpm

Respiratory Rate
16 breaths/min

Oxygen Saturation
99% on room air

Weight / BMI
178 lbs (80.9 kg) / BMI 24.2 (lost 12 lbs since admission — muscle atrophy)

Pain Score
4/10 neuropathic dysesthesias; 0/10 musculoskeletal

4a GENERAL APPEARANCE

Well-appearing, alert, engaged male in manual wheelchair. Dressed independently in adaptive clothing. Slightly thin appearance with visible bilateral LE atrophy below T6. Cooperative throughout examination. Good insight into injury level and rehab goals. Affect positive with appropriate frustration when discussing spasticity.

4b MUSCULOSKELETAL

Spine: Thoracic spine — well-healed posterior surgical incision, no erythema or drainage. T5–T7 construct palpated — no tenderness or instability. UE: Full ROM bilaterally, no contractures. LE: Hip flexion contracture developing bilaterally (~15°) — addressing in PT. No knee flexion contractures. Bilateral equinus tendency — dorsiflexion stretching program in place; current DF ROM -5° bilateral (improved from -15° at admission).

4c NEUROLOGICAL

Strength
C4–T6: 5/5 bilaterally (full UE function). T7 and below: 0–1/5 — trace bilateral hip flexor movement present since Week 8 (consistent with ASIA B recovery; monitoring for B→C conversion)

Sensation
Light touch: Intact C4–T10 (two dermatomal segments recovered since admission). Below T10: impaired. Pin prick: Intact to T8 — consistent with ASIA B.

Reflexes
Bilateral patellar: 3+ (hyperreflexic — UMN pattern). Bilateral Achilles: 3+. Bilateral Babinski: positive. Consistent with TSCI above L1.

Tone / Spasticity
MAS today: R hip flexors 2, L hip flexors 2, bilateral quads 2, bilateral hamstrings 3, bilateral hip adductors 2+. Pendulum test bilateral hamstrings: reduced oscillations consistent with MAS 3.

Coordination
UE intact (normal FTN, RAM bilaterally). LE: cannot assess — motor paralysis

Cranial Nerve Findings
Not applicable

4d GAIT & MOBILITY

Gait Pattern
Parallel bar ambulation trial: 3 steps max assist bilaterally with bilateral KAFOs — therapeutic/weight-bearing benefit; not functional ambulation at this stage.

Balance
Sitting balance: independent and dynamic — can reach outside base of support. Standing: requires bilateral support at parallel bars.

Assistive Device Use
Manual WC (primary). Bilateral KAFOs (standing/ambulation trials). Slide board for transfers.

Transfers
Slide board: Modified independent — sets up independently, executes with verbal cueing only. WC ↔ bed/toilet/shower bench all tested.

Fall Risk
Moderate — supervised setting. Discharge safety plan in place. STRATIFY fall risk: 3 (moderate).

4e FUNCTIONAL ASSESSMENT

ADL Status
Upper body: Independent. Lower body dressing: Minimal assist (1). Bathing: Moderate assist (shower bench + long-handled tools). Toileting: Moderate assist (transfer + clothing). Grooming: Independent.

Mobility Level
WC independent on level surfaces. Community: Requires assist for uneven terrain, curbs, ramps — caregiver training ongoing.

Endurance
Tolerates 2–3 hours structured therapy/day with rest periods. Fatigue moderate — improving.

Level of Assistance
ADLs: 1–2 with moderate assist. WC: Independent on level. ISC: Self-performing with supervision.

4f SKIN

Stage 2 pressure injury, right ischial tuberosity: 2.1 x 1.8 x 0.3 cm (healing — was 3.0 x 2.4 cm at Week 10). No slough or necrosis; granulating wound base; no periwound erythema. Foam dressing + pressure redistribution cushion (Jay J2) in place. Custom ROHO cushion ordered for discharge. Left ischial: intact. No sacral or heel pressure injuries. Patient and caregiver performing daily skin checks — demonstrated competency.

4g COGNITION / COMMUNICATION

Alert, fully oriented x4. Fluent English. No aphasia or dysarthria. Cognition intact for all therapy tasks — motor learning, problem-solving, and ADL technique retention demonstrated. PHQ-9 (last week): 8 (mild, improved from 16 at admission). GAD-7: 6 (mild). Continues with psychologist Dr. Renata Moore, PhD — outpatient sessions to be arranged.

FM Functional Measures / Outcome Tools

5 STANDARDIZED MEASURES

Functional Independence Measure (FIM)
Admission (Week 0): Motor FIM 36/91; Cognitive FIM 33/35. Today (Week 14): Motor FIM 67/91 (+31 points); Cognitive FIM 35/35. FIM efficiency: 0.32 pts/day (exceeds SCI benchmark of 0.24 for ASIA B at this level).

Modified Rankin Scale
2 — Slight disability; able to carry out usual activities with some restriction (WC-dependent, ISC-dependent).

Timed Up and Go (TUG)
WC TUG performed: 24 seconds (within expected range for new WC user; land TUG not applicable)

Berg Balance Scale
Seated balance component: 14/16 items passed — minimal to no support needed in sitting.

SCIM III (SCI-Specific)
51/100 today (admission: 28/100) — clinically significant improvement on SCI Independence Measure.

6-Minute Walk Test
Not performed — not at ambulatory level yet. Target for 6-month post-discharge follow-up.

L Lab & Imaging Results

6 REVIEWED DATA

6a IMAGING STUDIES

Post-op CT thoracic spine (01/22/2026, POD 8): T5–T7 posterior pedicle screw construct satisfactory; T6 corpectomy cage in place anteriorly; adequate canal decompression; no hardware complications. MRI thoracic spine (01/17/2026, acute): T6 burst fracture, PLC disruption, anterior cord signal change at T6 (central cord pattern). Follow-up MRI (03/2026): Residual T6 signal change — stable, no new hemorrhage/edema. Spine X-rays (04/2026): Hardware intact, no subsidence, fracture consolidation progressing.

6b LABORATORY STUDIES

UA (04/28/2026): Clear, no pyuria — UTI resolved. CBC (04/2026): WBC 7.2, Hgb 12.4 (mild anemia — deconditioning/injury, stable), Plt 312. CMP (04/2026): BMP WNL. Albumin 3.4 (low-normal — nutritional support in place). Vitamin D 25-OH: 18 ng/mL (insufficient) — cholecalciferol 2000 IU daily ongoing. Testosterone: 248 ng/dL (low-normal; endocrinology f/u arranged).

6c ELECTRODIAGNOSTICS & THERAPY REPORTS

EMG/NCS (03/2026, Dr. Sandra Liu): Consistent with LMN involvement at T6 and above-level paraspinal denervation at T5–T7 (surgical level). No peripheral neuropathy. UE NCS normal. PT Week 14 report: FIM locomotion improved 2→3 over past 2 weeks; tolerating KAFO standing x30 min without hemodynamic compromise. OT Week 14: LB dressing improving max assist → minimal assist over 2 weeks. Wife ISC technique: 90% accuracy (target 95% before discharge — 2 training sessions remaining).

A Assessment

7 PM&R CLINICAL INTERPRETATION

Mr. Delgado is a 42-year-old male with incomplete T6 ASIA B SCI performing exceptionally in inpatient rehabilitation at Week 14 — Motor FIM improved 36→67 (+31 points), exceeding benchmarks for his injury level. Discharge on target for 05/20/2026. Key clinical issues: (1) SPASTICITY — increasing bilateral LE spasticity (MAS hamstrings 3, adductors 2+) interfering with sleep and ADLs; baclofen dose increase indicated; tizanidine or clonazepam night-time adjunct under consideration; intrathecal baclofen (ITB) pump referral if oral escalation inadequate. (2) NEUROGENIC BLADDER — ISC Q4–6h with PVR 280–320 mL; effective; wife training nearly complete (90% ISC accuracy — target 95% before discharge); urology urodynamics post-discharge. (3) DISCHARGE READINESS — home environment assessed; ramp contractor scheduled; DME ordered; outpatient rehab arranged. (4) NEUROLOGICAL RECOVERY SIGNAL — trace bilateral hip flexor movement (1/5) since Week 8 — possible ASIA B→C conversion; monitoring closely. (5) PRESSURE INJURY — Stage 2 right ischial healing; ROHO cushion ordered. (6) PSYCHOSOCIAL — PHQ-9 improved 16→8; peer mentor engagement excellent; outpatient psychologist arranged.

P Plan

8 REHABILITATION MANAGEMENT

8a THERAPY PLAN

Continue PT 60 min/day x5 days/week through discharge: WC community mobility (curbs, ramps, van transfers); KAFO standing target 45 min; parallel bar ambulation progression target 6–8 steps; spasticity management. OT 60 min/day: LB ADL target supervision level; caregiver ISC to 95%; home management and community reintegration; driver rehabilitation referral confirmed. ISC training: Wife to complete 2 remaining supervised sessions before discharge.

8b ASSISTIVE DEVICES & EQUIPMENT

DME order for home discharge: Manual wheelchair — TiLite TRA (personal). ROHO Quadtro Select cushion. Hospital bed with head elevation, rails, trapeze. Shower commode with wheels. Grab bars — bilateral toilet (installed). Front door ramp — contractor 05/14. Long-handled ADL tools: reacher, dressing stick, sock aid. ISC supplies x3-month supply. Bilateral KAFO loaner continued; custom bilateral AFOs ordered (ready at or after discharge).

8c MEDICATIONS & INJECTIONS

SPASTICITY: Increase baclofen 20 mg TID → 30 mg TID (titrate over 1 week). Add clonazepam 0.5 mg QHS for nocturnal spasms (short-term; monitor for sedation with gabapentin). If inadequate at 4-week outpatient visit → discuss ITB pump referral. NEUROPATHIC PAIN: Gabapentin 600 mg TID continue. Amitriptyline 25 mg QHS continue. ORTHOSTASIS: Midodrine 5 mg TID continue (taper at 6-month mark as autonomic regulation improves). DVT PROPHYLAXIS: Transition from enoxaparin 40 mg SC → aspirin 325 mg PO daily + compression stockings at discharge. BOWEL: Add polyethylene glycol 17g QD. Cholecalciferol 2000 IU daily.

8d SAFETY & EDUCATION

AUTONOMIC DYSREFLEXIA (AD) education reinforced: Signs (sudden severe headache, diaphoresis above injury level, hypertension, flushing) + triggers (kinked catheter, bowel impaction, UTI, tight clothing) + management (sit upright, loosen clothing, check catheter, call 911 if BP >150/100 persisting). AD emergency card given. PRESSURE INJURY prevention: WC weight shifts q30 min (phone alarm — demonstrated). Daily skin checks with mirror. FALL PREVENTION: Transfer safety reviewed. ISC protocol and UTI prevention (2L/day fluids, sterile technique).

8e REFERRALS & COORDINATION

1. Outpatient PMR: Dr. Whitfield — 06/03/2026. 2. Urology: Dr. James Park — 06/11/2026 for urodynamics. 3. Neurosurgery: Dr. Priya Shah — hardware/fusion monitoring. 4. Psychology: Dr. Renata Moore, PhD — outpatient weekly (mood, adjustment, RTW planning). 5. Vocational Rehabilitation: GA DVR referral — Mr. Delgado was a high school PE teacher; RTW planning needed. 6. Endocrinology: Dr. Ann Chen — low testosterone 06/24/2026. 7. Peer mentor: Continue SCI peer mentor program post-discharge (Shepherd Center).

F Follow-Up

9 REASSESSMENT GOALS

Discharge Plan & Follow-Up

Discharge target: 05/20/2026. Criteria: Wife ISC proficiency 95%; WC independence on community surfaces; home DME in place; outpatient therapy arranged. Outpatient PMR: 06/03/2026. Re-assess: Spasticity response to baclofen 30 mg + clonazepam; wound healing; neurological recovery — motor level re-test Q4 weeks. FIM at 6 months and 12 months. Formal ambulation assessment at 6 months.

TIME DOCUMENTATION & BILLING

Total Time
55 minutes

E/M Level
99233 — Subsequent hospital care, high complexity (inpatient rehab)

Counseling / Coordination Time
20 minutes

Basis for Billing
Medical Decision Making — High Complexity

Primary ICD-10 Code
S14.105A — Unspecified injury at T1-T6 level with incomplete motor deficit

Secondary ICD-10 Code(s)
N31.9 — Neuromuscular dysfunction of bladder; G89.29 — Neuropathic pain; L89.322 — Stage 2 pressure injury, right buttock; G83.4 — Cauda equina syndrome

PROVIDER NAME	CREDENTIALS	DATE & TIME
Simone R. Whitfield, MD	MD — Physical Medicine & Rehabilitation | Board Certified (ABPMR)	05/06/2026, 11:00 AM