

CHILDRENS HOSPITAL OF LOS ANGELES

**PROGRESS NOTES**

**CONSERVA, MAX**

DIVISION OF PLASTIC & RECONSTRUCTIVE  
SURGERY

**CHLA# 96 20 54**

**DOB: 02/02/81**

**PLASTIC SURGERY**

**OFFICE VISIT August 31, 1989**

**HISTORY:**

Max is status post skin grafting for complex wounds of the right lower extremity and right back.

**PHYSICAL EXAMINATION:**

Today all of the dressings were removed. The upper graft on the back is healing nicely. The lower graft has a poor take, but there is a small open area which was treated with Silver Nitrate. The most recent graft on the right upper hip and thigh is healing nicely. It is a 100% take. The remainder of the grafts on the lower extremity are healing well with only a few small open areas. These were treated with Silver Nitrate. Xeroform and gauze dressings were applied and the parents were given instructions on how to remove these, soak them in a bath tub, and apply new dressings every two days.

**IMPRESSION:**

Progressing well.

**PLAN:**

1. Follow-up appointment in one week.
2. Call sooner if any problems.

*Gerald M. Sloan*

Gerald M. Sloan, M.D., F.A.C.S.  
Division of Plastic Surgery

GMS/ds

CHILDRENS HOSPITAL OF LOS ANGELES

AMBULATORY PEDIATRICS

96 20 54

CONSERVA, MAX

R. Hathaway, M.D., Resident  
Vernon Tolo, M.D., Staff

September 6, 1989

ORTHOPEDIC CLINIC

Max is an 8-year-old male who was hit by a truck and dragged for 30-40 feet. He sustained a degloving injury to his right lower extremity which included bone loss of the lateral femoral condyle as well as the lateral tibial plateau and resulting in a right peroneal nerve palsy. He was taken to an Semi Valley hospital where he underwent irrigation-and-debridement followed by fixation with a Steinman pin. This was done to maintain his knee. He was then transferred to our facility where he was seen by Plastic Surgery and by our division and taken to the operating room by Plastic Surgery where he underwent skin grafting. This was followed by a second skin grafting and pin removal. He was discharged home in a knee-ankle-foot orthosis (KAFO) with prop-lock knee. He returns today for follow-up.

He is currently ambulating with crutches. He no longer locks his knee except for nighttime wear. He is currently see in Plastic Surgery Clinic but is undergoing no physical therapy.

On physical examination the wounds on the right lower extremity are healing well. There are some areas which still require wound granulation. He also has a tingling over the right peroneal nerve at the fibular head. This is a positive tonalis. He still lacks peroneal strength and has a foot trap.

No X-rays were available.

Assessment: Status post degloving injury, right lower extremity with loss of bone from the lateral femoral condyle and tibial plateau.

Plan: He is to undergo Physical Therapy out of a Tazana facility. He will return to our clinic in October 4th for follow-up.

RH:wcs

CHILDRENS HOSPITAL OF LOS ANGELES

**PROGRESS NOTES**

**CONSERVA, MAX**

DIVISION OF PLASTIC & RECONSTRUCTIVE  
SURGERY

**CHLA# 96 20 54**

**DOB: 02/02/81**

**PLASTIC SURGERY**

**OFFICE VISIT September 7, 1989**

**HISTORY:**

Max is being followed with a very complex injury of the right lower extremity and right back. He has had split thickness skin grafting of these areas. He is being followed by Doctor Tolo for his orthopedic injuries. He also has a foot drop on the right side secondary to an injury to the peroneal nerve. This was reportedly intact but severely contused when first examined at the first hospital that treated him.

**PHYSICAL EXAMINATION:**

Today the dressings were removed. The skin grafts are healing quite nicely. They are virtually a 100% take. There are a few very small areas of scabbing which should heal fully within the next week or two. There is still a foot drop. He has a positive Tinel's sign at the right lateral upper leg. This is in the area of the nerve injury.

**IMPRESSION:**

Progressing well.

**PLAN:**

1. No more dressing necessary.
2. Apply skin moisturizer at night and a sun block in the day time if he will be out in the sun.
3. Wear the brace per Doctor Tolo.
4. Would consider eventual peroneal nerve exploration at some point in the future if the foot drop does not improve.
5. I plan to try to see Max at his next visit to see Doctor Tolo in orthopedic surgery clinic, which the father thinks is on October 4, 1989. I have told the father to ask the receptionist at orthopedic surgery to call me as soon as Max arrives for that appointment, and I shall make every effort to see him in ortho clinic on that day. If I am in the middle of a long operation, at least I can talk to Doctor Tolo on the telephone.

*Gerald M. Sloan*  
Gerald M. Sloan, M.D., F.A.C.S.  
Division of Plastic Surgery  
GMS/ds

CHILDRENS HOSPITAL OF LOS ANGELES

96 20 54

**AMBULATORY PEDIATRICS**

CONSERVA, MAX

Roy Ashford, M.D., Resident  
Vernon Tolo, M.D., Staff

October 4, 1989

ORTHOPEDIC CLINIC

Max is an 8-year-old Caucasian male who is now 2 months status post motor vehicular accident in which he was dragged along the asphalt, sustaining a degloving injury of the entire left lateral leg including parts of the knee joint itself. He was treated in Northside Hospital and was sent here for definitive follow-up. He is doing very well today and has no complaints. He only wants to know how much he can do and if he can ride his bicycle.

On physical examination there is an area on the lateral aspect of the left leg that has been skin grafted with partial thickness skin graft. There is a 1 cm x 1 cm area of granulation tissue that is not covered over, just adjacent to the knee on the lateral side. He has a moderate Tinel's sign. The distal extent of the Tinel's sign is 13 cm from the inferior pole of the patella. Everything else appears well healed. There is marked varus instability of the knee joint itself. He has a peroneal nerve palsy; otherwise, his neurovascular status is intact.

On X-rays taken today there is bone loss of the lateral condyle femur and of the plateau with possibility of small amount of ossification which may represent new bone formation.

Assessment: Doing very well.

Plan: He is to wear a left Jobst stocking on his left leg to go all the way up to his groin to flatten out the scar tissue. He should return to clinic in 1 month with no X-rays at that time.

RA:wcs

CHILDRENS HOSPITAL OF LOS ANGELES

PROGRESS NOTES

CONSERVA, MAX

DIVISION OF PLASTIC & RECONSTRUCTIVE  
SURGERY

CHLA# 96 20 54

DOB: 02/02/81

PLASTIC SURGERY

OFFICE VISIT      October 4, 1989

HISTORY:

Max is being followed for a right lower extremity injury. He was seen today in the Orthopedic Surgery Clinic with Doctor Tolo. He is still wearing a brace.

PHYSICAL EXAMINATION:

The skin grafts have fully healed except for a 1 x 1 centimeter open area at the lateral aspect of the left knee. This appears to be clean and should epithelialize with conservative management. He now has a Tinel's sign approxiamtley thirteen centimeters below the tibial plateau. He does not yet have any dorsal flexion of the toes, nor does he have sensation at the distal dorsum of his foot. He does show some early hypertrophic scarring of the areas adjacent to the skin graft.

IMPRESSION:

Progressing well.

PLAN:

1. In view of the fact that the Tinel's sign seems to be progressing, Doctor Tolo and I have decided against any exploration of the deep perineal nerve at present.
2. The patient will be referred for fitting of Jobst garments by the orthopedic surgeons.
3. I plan to next see him when he returns to Orthopedic Surgery in two or three months.

*Gerald M. Sloan*

Gerald M. Sloan, M.D., F.A.C.S.  
Division of Plastic Surgery

GMS/ds

CHILDRENS HOSPITAL OF LOS ANGELES

AMBULATORY PEDIATRICS

November 1, 1989

96 20 54

CONSERVA, MAX

Vernon Tolo, M.D.

ORTHOPEDIC CLINIC

Max continues to make some progress, although his flexion is slowly returning. He has flexion to 75° on the right knee although his therapist has said the he goes up as far as 85°. With flexion he does have puckering of skin at the upper skin graft in the area of (?) his vastus lateralis. The stability of his knee is unchanged. He has a clunking sound in his knee when going from about 25-30° of flexion into a more extended position and I'm not sure if this is a rotational change of the condyles or whether there is a patellar problem. At any rate, I have asked his therapist to continue working with more aggressive knee range-of-motion to try and improve the range as well as strengthen his quadriceps and hamstrings. He has a positive Tinel's sign which continues to progress down his leg and he now has active anterior tibialis on the right side. Toe extensors are absent but I would expect them to soon begin to function.

Brace adjustments were made so that he does not have any further window edema.

Plan: Return in 4 weeks for another check with AP and lateral X-ray of his knee to be taken at that time. In particular, we would like to check to see if growth is proceeding.

VT:wcs

CHILDRENS HOSPITAL OF LOS ANGELES

PROGRESS NOTES

CONSERVA, MAX

DIVISION OF PLASTIC & RECONSTRUCTIVE  
SURGERY

CHLA #96 20 54

D.O.B.:

PLASTIC SURGERY  
OFFICE VISIT

December 6, 1989

HISTORY

Max is status post debridement and spilt thickness skin grafting of right lower extremity and right back wounds in August, 1989. He has been doing well at home. His Jobst garment is apparently going to be ready in a few more days.

PHYSICAL EXAMINATION

There is slight hypertrophy of the peripheral areas of skin grafting on the right lower extremity. There is also some hypertrophic scarring of the two wounds on the right back. The donor sites for the skin grafts are flat, light in color, and barely visible at this point.

IMPRESSION

All in all, Max is progressing quite well.

PLAN

1. I would expect, particularly with the use of the Jobst garment, that the right lower extremity wounds will improve over the next one to two years.
2. At present, I feel that his problems are mainly orthopedic, and I have recommended that the family continue to be followed closely by Dr. Tolo, and return to see me prn if there are any problems related to the soft tissue coverage.

*Gerald M. Sloan*

Gerald M. Sloan, M.D., F.A.C.S.  
Division of Plastic Surgery

GS:rtm

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Childrens Hospital of Los Angeles

AMBULATORY SERVICES

96 20 74  
CONSERVA, MAX

Michael Lucero, M.D., Resident  
Vernon Tolo, M.D., Staff

ORTHOPAEDIC CLINIC VISIT

December 6, 1989

-2-

Plan: Max will be seen by the orthotist who will bend some varus into the brace today. We have encouraged Max to wear his brace full time at night as well, and have encouraged his father to see that Max complies. He is to continue his physical therapy regimen and return for follow-up in 6 weeks.

ML:wcs

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Childrens Hospital of Los Angeles

AMBULATORY SERVICES

96 20 54  
CONSERVA, MAX

Michael Lucero, M.D., Resident  
Vernon Tolo, M.D., Staff

ORTHOPAEDIC CLINIC VISIT

December 6, 1989

Max is an 8-year-10-month-old male who sustained a degloving injury to his right lower extremity on August 1st with extensive soft tissue loss, with loss of the lateral femoral condyle and loss of the lateral aspect of the proximal tibial epiphysis as well as peroneal nerve injury. He was treated with incision-and-drainage and split thickness skin graft. Currently he is wearing a HKFO on the right and is undergoing physical therapy 4 times per week. His father states that he will take the brace off at night but is otherwise fairly compliant with the brace.

On examination today in conjunction with Plastic Surgery, Max is noted to have hypertrophic scar formation on the lateral aspect of his thigh, knee and proximal leg. He is nontender at the injury site. Knee range-of-motion is 5-90 degrees. There is no varus or valgus instability of the knee; however, there is increased Q-angle of 3 degrees of valgus on his right compared with the left. He has no active eversion of the right foot with 1 over 5 toe extensors. Gastrocnemius is 5-over-5, anterior tibialis is 5-over-5 and posterior tibialis is 5-over-5.

X-ray of his right knee demonstrates loss of the lateral femoral condyle as well as the lateral aspect of the proximal tibial epiphysis. There has been evidence of growth at both physal plates and no bony bars are seen. There is a slight valgus of the knee; however, this is not a weight-bearing film.

Assessment: Status post degloving injury, right lower extremity. Max is showing some increased valgus deformity of the right knee which is of concern.

CHILDRENS HOSPITAL OF LOS ANGELES

96 20 54

**AMBULATORY PEDIATRICS**

CONSERVA, MAX

Rob Dyer, M.D., Resident  
Vernon Tolo, M.D., Staff

January 31, 1990

ORTHOPAEDIC CLINIC

Max is a 9-year-old Caucasian male struck by an automobile and drug for several feet in August 1989. He sustained multiple plastic surgery procedures to close the wound over his right lateral thigh and proximal tibial area. He has been doing quite well since, wearing his knee ankle-foot orthosis to provide some valgus stability. His father states that this brace has been rotating slightly on ambulation and Max has a slight callus over the right lateral malleolus. Max states that the brace "jumps off" at night without control; meaning, he takes it off because of right ankle pain.

We will have the orthotist examine the brace and make any necessary modifications.

Max is also being seen by a physical therapist and we have provided prescriptions for the months of November, December and January. He will continue with his physical therapy, possibly, at Simi Valley Hospital which is closer to his home.

On today's examination the scars are well-healed, although there is moderate keloid formation. Tinel's sign over the head of the fibula now extends down to the right lateral malleolus which is a 10 cm progression since last documented. He is increasing control of his right foot. He is now able to dorsiflex to just beyond 0°. His peroneals weakly reflex to bring his foot into neutral position without pronation; however, the peroneals are palpable during flexion. He continues to have no motion of the extensor hallucis longus; however, he does have sensation medially, laterally and to the 1st dorsal webspace of his foot. His hip flexes fully to 125°. His knee flexes to 125° compared to 150° on the left. His knee extends to approximately 7° and clinically there is a 20° valgus deformity at the knee.

Leg lengths measured from the anterior superior iliac spine to the medial malleolus is 64 cm bilaterally so he appears to be having longitudinal growth.

Assessment: 6 month status post severe avulsion injury to the right lateral leg including complete avulsion of his right lateral condyle of the distal femur and lateral condyle of the proximal tibia. His peroneal nerve palsy appears to be returning.

Plan: Return in 3 months for evaluation of progress.

RD:wcs

CHILDRENS HOSPITAL OF LOS ANGELES

AMBULATORY PEDIATRICS

ORTHOPAEDICS

962 054  
CONSERVA, MAX

VERNON T. TOLO, M.D., ATTENDING

JULY 25, 1990

**HIP:** Max continues to do well. He is wearing his brace regularly, and besides being small he functions quite well with this brace. His knee ROM is from full extension to 130 degrees flexion. He has a good active movement without any pain. There is approximately 10 degrees more valgus deformity on the right side than on the left, but his knee is generally stable. His feet are functioning satisfactorily.

**X-RAY REVIEW:** X-rays today of the knee demonstrate that there is continued growth of the distal femur and proximal tibia. The valgus position is 20 degrees on the right knee, 10 degrees on the normal left knee. I do not think that there is any bone bridge that has developed at the growth plate, but I cannot be sure of the lateral aspect of the distal femur, although Harris' growth arrest line seems to be present.

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**ASSESSMENT/PLAN:** ~~New KAFO to be worn at a locked position the majority of the time, so that his valgus deformity is kept under control. We will use an articulated ankle to allow for freedom of movement of the ankle.~~

We will check Max back again in 6-8 weeks to make sure that he is functioning well with his brace; otherwise we'll check his x-ray in another six months or so unless there is some new problem that arises.

VTT/ml1  
DICTATED BUT NOT READ UNLESS INITIALED.

Childrens Hospital of Los Angeles

AMBULATORY SERVICES

096 20 54  
CONSERVA, MAX

ORTHOPAEDIC CLINIC VISIT

October 31, 1990

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Max is a an almost 10-year-old Caucasian male status post MVA versus peds on August 4, 1989 sustained a de Quervian injury to his right leg. He is status post debridement of lateral condyles of both his femur and tibia and resultant peroneal nerve palsy. He also had multiple process surgery, reconstructive procedures to his leg. Standing well and ambulating now with right knee-ankle-foot orthosis. Without difficulty he is able to be quite active besides able to skateboard and complained of no pain or instability

**PHYSICAL EXAMINATION:** Right lower extremity: Thigh skin grafts are well-healed. He has large defect laterally. His knee is approximately 20 to 25 degrees of valgus. Flexes actively to approximately 120 degrees. His quadriceps are weaker on the contralateral side. He can bring his ankles in neutral. Sensation is normal to however, he has decreased sensation to the rest of the dorsum of his foot. No palpable peroneal contractions.

X-rays, AP, of his bilateral knees, 20 degrees of valgus on the right and 6 degrees of valgus on the left. Sunrise view shows lateral subluxation. In addition, on the AP of the knee, it does not appear that there is an epiphyseal rest.

**ASSESSMENT:** Status post NVA with both tibia and femur lateral condyle abortions with a valgus deformity.

**PLAN:** Recommended wearing his braces locked as much as possible. Send for adjustments. Have patient return to clinic in three months and we'll follow his physis. At some time, he will probably need a realignment osteotomy to correct his valgus deformity.

:ds/y

Dictated but not read unless initialed.

CHILDRENS HOSPITAL OF LOS ANGELES

AMBULATORY PEDIATRICS

VERNON T. TOLO, M.D.

CONSERVA, MAX  
96 20 54

ORTHOPAEDIC CLINIC  
JANUARY 30, 1991  
MADELINE WILKS, MS3

Patient is an almost 10 year old male here for follow-up of open wound in jury. Patient was struck by a truck on 8/4/89. Patient underwent occlusional debridement and skin graft in August 1989 also. The patient wears a brace daily and the mother has noticed that the right ankle is starting to turn inward. Otherwise the patient is without complaints.

On physical exam the patient had full range of motion at the right hip. The right knee showed r\flexion to 110 degrees, internal rotation was intact, there is slight valgus at the knee. Plantaflexion and dorsiflexion were intact and there was some varus of the right foot.

X-rays showed no arrest of growth but a persistent valgus at the knee.

IMPRESSION: This is a very active child and the brace was worn to hold the heel in varus, the right ankle has varus. The lateral patellar was subluxed on full flexion and there is mild perineal weakness at the right foot.

PLAN: To adjust the orthosis so that the heel is in a more neutral position and order a new KAFO. The patient is to return to clinic in 2 months.

MW:VTT:nws  
Dictated but not  
read unless initialled.

CHILDRENS HOSPITAL OF LOS ANGELES

AMBULATORY PEDIATRICS

CONSERVA, Max  
96 20 54

ORTHOPEDIC CLINIC  
MARCH 13, 1991

Dr. Maletis / Dr. Tolo

**HISTORY:** *This is a 10 year old male who was involved in an auto vs. peds accident 8/4/89 where he suffered a large open wound to the right lower extremity and damage to the peroneal nerve and physal plates at the knee. He was treated by multiple soft tissue debridements and skin grafting. Currently he is using a long leg KAFO to help correct his valgus deformity of the leg.*

**PHYSICAL EXAMINATION:** *The wounds are well healed. He has a valgus deformity of the right knee. Range of motion of the knee is from 0-130 degrees. The patient is able to actively flex and extend the ankle and actively invert and evert the foot. There is still weak dorsiflexion of the toes. Sensation is intact throughout the foot. The patient did have a small area of skin breakdown on the medial portion of the distal femoral condyle and a small area of redness over the lateral border of the foot. Apparently the brace has been applied incorrectly.*

**IMPRESSION:** *Status post open wound to right lower extremity with valgus deformity.*

**PLAN:** *Readjust KAFO orthosis at this time, teach the mother how to place it in a correct position. The patient is to return in 3 months with standing AP of both lower extremities.*

*It has been explained to the mother that the patient may participate in some activities with the brace unlocked for an hour or two a day. These could include soccer as this is what the patient is most anxious to play. Other than that, the brace should be kept locked at all times.*

/ss

CHILDRENS HOSPITAL OF LOS ANGELES

AMBULATORY PEDIATRICS

CONSERVA, Max  
96 20 54

ORTHOPEDIC CLINIC  
JULY 24, 1991

Dr. Merkle / Dr. Tolo

**HISTORY:** *The patient is a 10 year old boy who was involved in an auto vs. peds accident on 8/4/89, at which time he suffered a large open right knee wound with damage to tibial and distal femur physeal plates and large soft tissue defects. He was treated with multiple soft tissue debridements and skin grafting and currently is using a KAFO to help correct the valgus deformity at the knee. The mother states that he has not had recent skin breakdown but complains the KAFO does not control the foot supination.*

**PHYSICAL EXAMINATION:** *The wound on the lateral aspect of the right lower extremity shows no skin breakdown. Range of motion is from 0-130 degrees. The patient is able to actively flex and extend the ankle, evert and invert the foot but has weak extensor hallicis longus. Sensation is intact to the first dorsal webspace, medial and lateral aspect of the dorsal and plantar surfaces of the foot.*

**RADIOGRAPHS:** *Standing x-rays, AP of the femur, knee and ankle in and out of the brace reveal valgus deformity of the right knee of 18 degrees out of the brace and 10 degrees in the brace.*

**PLAN:** *The patient is to have his KAFO adjusted and to receive a backup orthosis at this time. Return in 6 months for follow up.*

/ss

CHILDRENS HOSPITAL LOS ANGELES  
AMBULATORY PEDIATRICS

CONSERVA, Max  
096 20 54

ORTHOPEDIC CLINIC  
JANUARY 29, 1992

Vernon Tolo, M.D.

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**HISTORY:** Max returns today for another check of his brace, which is now worn out. He needs tape to hold his foot in place at this point. He continues to be very active and has no complaint of pain in his leg or his foot. ✓

**PHYSICAL EXAMINATION:** There is well matured skin graft on the lateral aspect of the thigh and knee. There is 25 degrees of valgus measurement when his patella is in an anterior position. There is lateral subluxation of the patella when he tries to extend his knee and tends to rotate this some to help control it. Because of the valgus at the knee he has a varus of his foot with the heel held in varus most of the time. The foot can be brought to a neutral position however. The forefoot is in neutral position. There is no peroneal nerve palsy but he does have some limitation and eversion of the foot, partially related to the varus position of the heel.

**PLAN:** I will be presenting Max's case at conference with Dr. DiMigglia to discuss what the options are for reconstruction of the lateral aspect of the femoral condyle and proximal tibia. I think he is getting some tethering from the skin graft laterally at the present time and may need a tibial osteotomy at this point, despite the fact he is only 11 years old, because of his developing and progressing varus of the heel. I think if he had an osteotomy of the femur done at this time this would likely have to be repeated at his bony maturity, but I think in order to protect his heel it may be necessary. This will be discussed with Dr. DiMigglia and I will contact Max and his family after this conference.

/ss

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CHILDRENS HOSPITAL LOS ANGELES  
AMBULATORY PEDIATRICS

CONSERVA, MAX  
0962054

ORTHOPAEDIC CLINIC

July 29, 1992

VERNON T. TOLO, M.D./ATTENDING

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**HISTORY:** Max returns for follow up. He has generally been doing fairly well but does have occasional pain in his right leg. He has been wearing his KAFO on the right side.

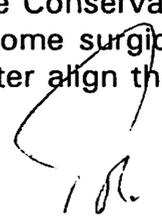
**PHYSICAL EXAM:** On examination today Max has what appears to be an increased valgus position of his right knee. This measures approximately 30 degrees, and I believe that there is getting to be more tethering on the lateral side due to his skin graft as well as to the lateral subluxation of his patella and quadriceps. He has quite good range of motion of his knee and it appears to flex nearly normally, but the plane of flexion is somewhat abnormal because of the loss of lateral femoral condyle and lateral knee structures. He has no pain with movement today. His ankle continues to be in more of a varus position in order to allow his foot to be placed flat to compensate for the valgus position at the knee.

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**RADIOGRAPHS:** Standing AP x-ray of the lower extremities demonstrates a 30-degree femoral-tibial angle. Leg lengths are essentially equal as far as length of bones is concerned, but the right is approximately 1 to 1.5 cm shorter than the left side.

**DISCUSSION/PLAN:** Max's attorney was present today and asked some questions regarding the need for further surgery. I think that Max will require an osteotomy within the next year just to straighten this leg out further to help protect the ankle. He will also require further skin graft release to stop the tethering at the lateral aspect of the leg as well as patellar reconstruction. Once he finishes his growth, he may require reconstruction of the lateral aspect of his knee joint since he is missing the lateral femoral condyle there. I will be in touch with the Conserva family over the next few months regarding the possibility of initiating some surgical treatment, in particular, a varus osteotomy of the femur to try to better align the knee and help protect the ankle from developing permanent deformity.

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213 660 2450



**Childrens Hospital Los Angeles**

October 28, 1992

Vernon T. Tolo, M.D.  
Division of Orthopedics  
Mailstop 109  
Childrens Hospital Los Angeles

Re: CONSERVA, Max  
CHLA No. 096 20 54  
Date of Birth: February 2, 1981

Dear Vern,

Thank you for referring Max Conserva back for evaluation. I have given Max and his father the choice of using a lateral gastrocnemius muscle flap at the same time as his orthopedic procedure versus planning a two-stage soft-tissue reconstruction with insertion of a tissue expander in the right anterior lateral thigh two to three months prior to his orthopedic reconstruction. They have opted for the tissue expander.

They said that they would like to have his orthopedic procedure done around January. Therefore, I feel that we should try to insert the tissue expander as soon as possible, and I am hoping to be able to schedule him sometime in the next few weeks. I would then plan to see him on a regular basis to inject the expander and try to obtain adequate skin expansion to have him ready for his orthopedic procedure around January.

Thank you again for referring Max back to see me. I look forward to working with you in this next aspect of his reconstruction.

Sincerely yours,

Gerald M. Sloan, M.D., F.A.C.S.  
Division of Plastic Surgery  
Childrens Hospital Los Angeles

GMS:tpn:1028cons.max

CHILDRENS HOSPITAL LOS ANGELES  
Division of Plastic and Reconstructive Surgery  
PLASTIC SURGERY

PROGRESS NOTE

CHLA No.: 962054

CONSERVA, Max

Date of Birth: 2/2/87

October 28, 1992

HISTORY

I saw Max Conserva with his father today at the Ambulatory Surgery Center and examined him in one of the examination rooms. He had seen Dr. Tolo earlier on the same day.

I had last seen Max approximately three years ago, and have treated him in the past with skin grafts because of severe traumatic injuries of the right lower extremity. He has developed a progressive valgus deformity at the right knee. Dr. Tolo is planning orthopedic reconstruction. Soft-tissue coverage will be needed.

PHYSICAL EXAMINATION

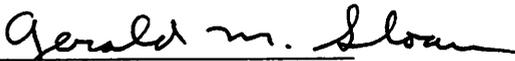
There is a significant valgus deformity at the right knee. There is significant soft-tissue deficiency at the right lateral leg, knee, and distal thigh. Max is wearing a brace and was examined both with and without the brace. He and his father say that he can walk with crutches without the brace.

IMPRESSION

1. Severe valgus deformity of right knee.

PLAN

I discussed various options for surgical soft-tissue reconstruction with Max and his father. I have given them the option of a lateral gastrocnemius muscle flap in conjunction with Dr. Tolo's surgery, or the possibility of tissue expansion with insertion of a tissue expander in the right anterior lateral thigh prior to Dr. Tolo's surgery. Max would then need two to three months between operations before expansion of the skin and could then have the expander removed and the extra skin used for soft-tissue coverage at the time of his orthopedic procedure. They have opted for the reconstruction using the tissue expander. They would like to have the orthopedic procedure in January, and I told them that in that case we should try to schedule the insertion of the tissue expander as soon as possible, perhaps in the next few weeks. They said that this would be agreeable. I have discussed the potential risks of surgery, and the fact that tissue expanders sometimes are not successful and sometimes do need to be removed before successful expansion is completed. They understand and wish to proceed.



Gerald M. Sloan, M.D., F.A.C.S.

Division of Plastic Surgery

Childrens Hospital Los Angeles

GMS:tpn:1028cons.max

D: 10/28/92

R: 11/02/92

T: 11/02/92

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CHILDRENS HOSPITAL LOS ANGELES

CONSERVA, MAX

AMBULATORY PEDIATRICS

0962054

September 1, 1993

ORTHOPAEDIC CLINIC

VERNON TOLO, M.D./ATTENDING

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**HISTORY:**

Max returns for follow up now that it has been a little over a year since I last saw Max. He has been wearing his KAFO on the right side and only has occasional pain in his right leg, otherwise being very active.

**PHYSICAL EXAMINATION:**

Max's exam is not too much different than it was a year ago. His valgus measures 30°, his skin graft continues to be a lateral tether and he has a mild amount of lateral subluxation of the patella and quadriceps. Knee ROM is normal in both full extension and full flexion. However, his plane of flexion is a little bit eccentric because of the loss of the lateral femoral condyle. His ankle can still be straightened to a neutral position, though in his brace he holds this in a varus position.

**RADIOGRAPHS:**

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~~A standing AP xray of the lower extremities demonstrates a 30° tibiofemoral angle as before. There continues to be growth in the medial femoral condyle and looks like there is some tethering of growth onto the site of the transaction through the distal femur laterally.~~

Max, at the present time, seems to be functioning fairly well and has returned at this point mainly to get another brace. A prescription was written for the brace today which will have a free ankle and I will see Max back in about 6 months to see how he is doing with this brace.

ijd

