
HISTORY: The patient is a 14 year old male who is status post Ilizarov placement on the right lower extremity for a valgus deformity that developed secondary to a lateral femoral growth arrest from a motor vehicle accident in 1989. He is most recently one week status post Ilizarov external fixator removal with placement of a long leg cast. He returns today without any complaints.

PHYSICAL EXAMINATION: His pin sites are all well healed without any signs or symptoms of infection. He was placed in his brace which appears to be well fitting. He is nontender to palpation at the osteotomy site. He is otherwise neurovascularly intact distally, except for lacking eversion of his foot.

X-RAYS: No x-rays were taken today.

ASSESSMENT: One week status post Ilizarov removal, doing well.

PLAN: The patient is to use the brace at all times. The patient is to return to clinic in two weeks time with AP and lateral view of the right lower extremity, standing 36 inch cassette.

DS:lk



CONSERVA, Max
096 20 54

March 30, 1995

David Seidman, M.D.
Richard Reynolds, M.D.

ORTHOPAEDIC CLINIC

CHILDRENS HOSPITAL LOS ANGELES
AMBULATORY ORTHOPAEDICS

HISTORY: Max is six weeks status post fixator removal.

PHYSICAL EXAMINATION: He is walking in a locked hinged HKAFO and is doing well.

X-RAYS: X-rays reveal that the medullary canal is beginning to reform. He still has marked residual deformity, but his anatomic and mechanical access have been restored.

PLAN: The patient is to return to clinic in one month for brace evaluation and in two months for x-rays.

MT:lk



CONSERVA, Max
096 20 54

April 13, 1995

Mark Triffon, M.D.
Richard Reynolds, M.D.

ILIZAROV CLINIC

CHILDRENS HOSPITAL LOS ANGELES
AMBULATORY ORTHOPAEDICS

EDR1-3022
4/15/95 11:29

CHILDRENS HOSPITAL LOS ANGELES
(GAI RLR)

PAGE 001

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ONSERVA, MAX M 02/02/81
R#:0962054 FC:001 ACCT#:075567158
RTHO
EG: 08/17/93
ANG: ITALIAN
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VERIFIED RADIOLOGY RESULTS
-PERMANENT CHART COPY-
REQ#: I-103-111

ORDER: LOWER EXTREMITIES 30.01
INDICATIONS: -36 INCH CASSETTE, LLD

RADIOLOGIST: BEVERLY P WOOD STENO: SDGRADIF
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30.01
ORDERING MD: REYNOLDS, R
RADIOLOGIST: BEVERLY P WOOD (REQ 364475 DONE 04/13/95 11:30)

P & LATERAL EXAM OF LEG:

HERE IS HEALED OSTEOTOMIES, PREVIOUSLY DESCRIBED, MARKED DORSAL
AND MEDIAL ANGULATION OF THE DISTAL FEMUR; NO CHANGE.

BEVERLY P. WOOD, M.D.
RADIOLOGIST-IN-CHIEF

PW:TL145

LAST PAGE

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HISTORY: This is a 14 year old boy who presented with a dramatic injury to his knee. He had an Ilizarov, angular correction, and lengthening. He is consolidating very well now. The regenerate bone seems to be filling-in quite nicely. The coronal plane alignment is perfect. The sagittal plane looks as if it is close. There is some anterior bow through regenerate bone but this was done on purpose to re-align his knee joint. In any case, I feel that the overall result has been excellent.

PLAN: We are now awaiting further maturation and long enough time between the Ilizarov frame and a point where we can do an allograft reconstruction. I want a decreased possibility of secondary infection. I discussed the possibility of contralateral epiphysiodesis once the allograft knee is placed, but I suspect it would be at least 6 months prior to making that decision.

RAKR/fda



RICHARD A.K. REYNOLDS, M.D.

CONSERVA, MAX
CHLA # 096-20-54

MAY 11, 1995

CHILDRENS HOSPITAL LOS ANGELES
AMBULATORY ORTHOPAEDICS

HISTORY: The patient is a 14 year 9 month old male who sustained a motor vehicle accident in 1989 with subsequent growth arrest to the right lateral femoral condyle as well as a valgus deformity. Last year, he underwent correction of the deformity and limb lengthening using the Ilizarov technique. The external fixator was removed in March, 1995, at which point he was placed into a long leg brace locked at the knee. He returns today for follow up to discuss possible right knee reconstruction. There are no complaints in the interim.

PHYSICAL EXAMINATION: On the right lower extremity, all of his wounds are well healed. The alignment of the right lower extremity appears to be good without any evidence of varus or valgus deformities. His foot is noted to have a moderate amount of hindfoot varus. Limb lengths is measured from the ASIS to the medial malleolus, measured 34 cm bilaterally. He is able to flex and extend all of his toes. Capillary refill is less than two seconds to all digits. Dorsalis pedis pulse is 2+. Sensation is intact to light touch.

ASSESSMENT: Status post limb lengthening and correction of valgus deformity with an Ilizarov external fixator, doing well.

PLAN: We would like to see Max back in one month's time, at which point, we will like to obtain x-rays to include AP and lateral of the right knee. Max has brought today an MRI which was requested in order to determine fitting for a possible reconstructive prosthetic, however, this MRI is inadequate as it does not contain all the cuts necessary to make the determination nor does it contain 3D reconstruction. In discussion with Max's mother, she does not wish to have the reconstruction performed at this time and prefers to wait until he finishes growing. Dr. Reynolds felt that this was fine, but that prior to any reconstruction, we would require a new MRI with adequate cuts and a 3D reconstruction.

DS:lk



CAST CLINIC

CONSERVA, Max
096 20 54

October 4, 1995

David Seidman, M.D.
Richard Reynolds, M.D.

CHILDRENS HOSPITAL LOS ANGELES
AMBULATORY ORTHOPAEDICS

IEDR1-9757 CHILDRENS HOSPITAL LOS ANGELES

1/20/93 16:54 (QAIRLR)

PAGE 001

CONSERVA, MAX M 02/02/81
IR#:0962034 FC:001 ACCT#:07356715S
ORTHO
REG: 08/17/93
LANG: ITALIAN

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VERIFIED RADIOLOGY RESULTS
-PERMANENT CHART COPY-
REQ#: 1-320-083

ORDER: AP HIP TO ANKLE 32.01
INDICATIONS: LLD

RADIOLOGIST: BEVERLY P WOOD STENO: SDGRADIF

32.01

ORDERING MD: REYNOLDS, R
RADIOLOGIST: BEVERLY P WOOD (REQ 409729 DONE 11/16/93 11:15)

RIGHT FEMUR: AP AND LATERAL EXAMINATION OF THE RIGHT FEMUR, HIP
TO ANKLE WITH THE PATIENT STANDING SHOWS HEALING AT THE OSTECTOMY
AND VARUS OF 40 DEGREES OF THE DISTAL FEMUR.

BEVERLY P. WOOD, MD
RADIOLOGIST-IN-CHIEF

IPW:TL162

LAST PAGE

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PATIENT: CONSERVA, MAX 14/M
 FILE: 37250
 DATE: AUGUST 31, 1995
 PHYSICIAN: KUROHARA
 D.O.B.: 2-2-81

MRI OF THE RIGHT KNEE

TECHNIQUE: The study was performed on a General Electric, Signa Advantage, high-field strength magnetic resonance imaging system of 1.5 tesla field strength. The following images were obtained. The images were filmed and presented for interpretation at standard soft tissue intensity and meniscal intensity settings.

Plane	Slice (mm.)	TR/TE (ms.)	Flip angle	Weighting (W)
Coronal	4.0	600/19 Ef		T1 (W)
Sagittal	4.0	3400/18 & 126 Ef		Mixed & T2 (W)
Axial	4.0	600/14 Ef		T1 (W)

FINDINGS: There is considerable deformity of the distal femur with overall hypoplastic appearance of the lateral femoral condyle. The growth plate is very irregular in its course and appearance with some focal areas of obliteration laterally anteriorly. The proximal tibia is deformed but to a much lesser extent than the distal femur. The tibial plateau slants inferiorly, medially to laterally. The growth plate is also slanted in a similar manner.

The visible portions of the medial meniscus, primarily the posterior horn, appear to be intact. The cruciate ligaments are not clearly demonstrated.

No parageniculate masses are manifest.

IMPRESSION:

Post-traumatic deformity of the knee region as described in greater detail above.

3-D reconstructions are not one of the capabilities of our MRI scanner.

Sanford S. Weissbuch, M.D.

Sanford S. Weissbuch, M.D.
 Radiologist/Neuroradiologist
 D.A.B.R. & Sr. Mbr. A.S.N.R.

SSW:kb

D: 8-31-95 T: 9-1-95



Children's Hospital Los Angeles
Orthopaedic Surgery

PATIENT: CONSERVA, MAX
CHLA #: 096-20-54
EXAM DATE: 11/16/95

HISTORY: Max is a 14-year-old boy who presents with a traumatic injury to his knee, resulting in loss of his lateral condyle. He has been undergoing Ilizarov angular correction and lengthening.

PHYSICAL EXAMINATION: He is now 2 cm short as compared to the other side. However, his leg still remains nice and straight. His quadriceps muscle is markedly smaller than the other side. However, everything seems to be going according to plan, except for his leg length.

ASSESSMENT: I discussed with father today the possibility of doing epiphysiodesis on the right to prevent the leg from getting too far out of length, as compared to the left side. In any case, I think that we need to think about this some more. I have discussed this with father who does not want to have the epiphysiodesis done on the normal side. In any case, we are going to have him back in three months time. At that time we will repeat the x-rays of his leg, AP long leg films, to make sure that we are maintaining his leg length and that there is no differential growth. As long as we can keep the legs straight, and if we do end up with significant leg length discrepancy, we can treat this with another lengthening if we need to. This time it would be on the tibial side.

RICHARD A.K. REYNOLDS, MD
DAVID SEIDMAN, MD

DS :TL168 0006
D: 11/16/95
T: 11/30/95

HISTORY: Max is a 14 year 10 month old male who was involved in a motor vehicle accident in 1989 with subsequent growth arrest of the right lateral femoral condyle as well as a valgus deformity. Last year he underwent correction of the deformity and limb lengthening using the Ilizarov technique. The external fixator was removed in March of 1995 at which point he was placed into a long leg brace locked at the knee. He returns today for follow up and is requesting some dural holes in the bottom of the brace secondary to sweating. The father is also concerned about the loss of muscle mass around the knee and is requesting some therapy for this.

PHYSICAL EXAMINATION: On physical examination, the right lower extremity wounds are all well healed. The alignment of the lower extremity appears to be good without any evidence of varus or valgus deformities. He is noted to have a moderate amount of hindfoot varus. Limb lengths as measured from the ASIS to medial malleolus reveals that there is 2 cm of shortening on the right side.

ASSESSMENT: Status post limb lengthening and correction of valgus deformity with Ilizarov technique doing well.

PLAN: Surgical possibilities were discussed with the father including epiphysiodesis of the left lower extremity in order to decrease the amount of limb length discrepancy. Other possibilities discussed were allowing the left leg to grow out to normal and possibly using another Ilizarov lengthening in order to correct the resultant limb length discrepancy. The father does not appear to desire surgery on the left lower extremity and would rather have a lengthening performed at a later date. However, he will discuss this with the son and this will be decided at a later time. They will be given a consultation to physical therapy for quadriceps strengthening exercises as well as electrical stimulation. Max is to return to clinic in three months time. No x-rays are necessary at that time.

DS:dfs



CONSERVA, Max
096 20 54

November 16, 1995

David Seidman, M.D.
Richard Reynolds, M.D.

ORTHOPAEDIC CLINIC

CHILDRENS HOSPITAL LOS ANGELES
AMBULATORY ORTHOPAEDICS