

# USING A NURSE FOR IME OBSERVATION

JESSIE POWLUS, BSN, RN, LNC



# WHO AM I?

- Idaho Native
- Registered Nurse
- Experience in Emergency Medicine, Neuro-Surgery & Trauma, & Chronic Care Management
- Wife, mom, daughter, sister, friend



# FIVE REASONS TO USE A NURSE

1. EXPERIENCED WITH PHYSICAL EXAMINATIONS
2. VERSED IN MEDICAL VERBIAGE
3. CREATES A DEGREE OF SEPARATION FOR THE ATTORNEY
4. A NURSE OBSERVATION REPORT CAN BE USED TO REFUTE A BOGUS IME
5. EXTRA ASSURANCE TO THE CLIENT THAT THEY HAVE SOMEONE ELSE ON THEIR SIDE



# NURSE OBSERVATION REPORT

- HOW IS MY REPORT DIFFERENT
- HOW CAN IT ASSIST WITH YOUR CLIENT



# PACKAGE DEAL

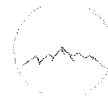
- Flat rate of \$650 to include reviewing the bill of particulars, contacting the client 24-48 hours before the exam, attending the exam, and providing a final written report.
- Reviewing the IME providers report and comparing it to my observations





**INDEPENDENT MEDICAL  
EXAMINATION REPORT PREPARED  
FOR:**

**Attorney DOE, Esq.**



### Summary of IME Observation

**IME Date:** 00.00.0000  
**IME Time:** 10:00 AM

**IME Location:** Medical Plaza  
1234 Random Street.  
Sometown State, 00000

**Observer Name:** Jessie Powlus, BSN, RN, LNC

**Client Name:** Jane Doe

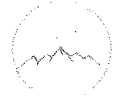
**Physician Name:** John Smith, MD  
**Physician Specialty:** Orthopedic Spine Surgeon

**Client Arrival Time:** 9:55 AM  
**LNC Arrival Time:** 9:55 AM  
**Interpreter Arrival Time:** N/A

**Time of Admittance:** 10:04 AM  
**Physician Arrival Time:** 10:06 AM

**Interview Start Time:** 10:08 AM  
**Interview Stop Time:** 10:52 AM  
**Physical Exam Start Time:** 10:54 AM  
**Physical Exam Stop Time:** 11:10 AM

**Total Interview Time:** 44 Minutes  
**Total Physical Exam Time:** 26 Minutes  
**Total Waiting Time:** 2 Minutes



### **Pre-Exam and Interview Observations**

I arrived and met Ms. Doe at the designated medical office thirty minutes prior to the exam appointment. Ms. Doe and I entered the lobby of the medical office at 10:04 AM. No forms were filled out and Ms. Doe did not sign into a patient logbook. Ms. Doe did not require the use of an interpreter and all parties were mutually respectful and cooperative throughout the entire examination.

At 10:06 AM, Dr. Smith directed us to the examination room. He greeted us and introduced himself. Dr. Smith explained the purpose of the medical exam to Ms. Doe before asking questions related to Ms. Doe's injuries and her medical records. Dr. Smith did not record this encounter but did take his own notes in relation to the injuries to Ms. Doe's neck, left shoulder, back and left ankle until he was ready to begin the physical examination at approximately 10:54 AM.

Questions regarding the following topics were deferred when asked by Dr. Smith:

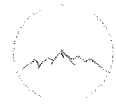
- Facts about the Accident
- Prior Medical History
- Prior Medical Treatment
- Prior Medication unrelated to the accident
- Social History
- Employment
- Prior Work-Related Injuries
- Prior Accidents
- Speculation whether the medical documentation was correct

*\* Please refer to the enclosed audio file for specific details discussed during the Interview.*

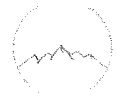
### **Physical Examination Observations**

- Upper Body
  - o Motor Nerve Testing
    - While standing in a neutral position facing Dr. Smith, he requested that Ms. Doe shrug her shoulders in an upward motion and hold them up while he applied pressure to the tops of her shoulders in a downward motion.
    - Ms. Doe was able to shrug her shoulders and hold them up in a shrug position for approximately 3-5 seconds.
    - Discomfort was observed on Ms. Doe's face in the presence of a grimace when Dr. Smith was pushing down on her shoulders.
  - o Sensation
    - While standing in a neutral position facing him, Dr. Smith placed his hands on the top of Ms. Doe's head and applied pressure in a downward motion.



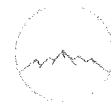


- Ms. Doe verbalized there was pain to the right side of her neck when pressure was applied.
  - Passive Range of Motion
    - While standing in a neutral position, Dr. Smith requested Ms. Doe turn and face away from him with her feet together while he manually rotated her upper body from side to side by holding onto her forearms. He rotated her to the right then the left then back to the right.
    - Discomfort was observed as a grimace on Ms. Doe's face when Dr. Smith rotated her to the right. Ms. Doe verbalized she felt pain when being rotated to the right and indicated the pain was located in her lower back and right hip by pointing to those areas.
- Head
  - Cranial Nerve Testing
    - Dr. Smith requested Ms. Doe stand facing him and follow his pen with her eyes from the right to the left and then up and down. He requested that she raise her eyebrows up and then wrinkle them down, smile, and stick out her tongue.
    - Ms. Doe was able to perform these tasks.
    - No pain or discomfort was observed.
- Neck
  - Active Range of Motion
    - While standing in a neutral position facing him, Dr. Smith requested that Ms. Doe look down, bringing her chin to her chest and then look up to the ceiling. From the position of looking up, Dr. Smith requested Ms. Doe rotate her head to the right, bringing her chin to her shoulder in a half circle motion and then look up again. He requested she do the same thing on the left side. From a neutral position Dr. Smith requested Ms. Doe tilt her head bringing her right ear to her right shoulder and then on the other side her left ear to her left shoulder. While in a seated position on the edge of the exam table, Dr. Smith requested Ms. Doe tilt her head back, so she was looking up to the ceiling and then requested from that position she rotate her head to the left and back to a neutral position looking up, then rotate her head to the right.
    - Ms. Doe was able to do all the tasks requested.
    - Discomfort was observed when Ms. Doe rotated and tilted her head to the right. Ms. Doe verbalized that she felt a soreness when she made these movements to the right and that she felt a tingling down her arm into her right thumb, index finger, and middle finger. Ms. Doe verbalized she felt a soreness (pointing to her neck) when she tilted her head back and rotated it to the left and was bothered when she tilted back and rotated it to the right.
- Upper Extremities
  - Sensation
    - Dr. Smith requested Ms. Doe remain standing in a neutral position facing him while he used the sharp edge of a pin to touch her skin. Dr. Smith poked Ms. Doe with the sharp edge of the pin on her right and left palms,

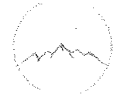


the backs of both of her hands, each finger on both hands, and the inside of both forearms near her elbow crease.

- Ms. Doe verbalized she felt the pin prick more on the left than on the right when Dr. Smith poked the inside of her arm and she felt less of a pin prick when Dr. Smith poked her thumb, index, and middle finger on her right hand.
- Strength
  - While standing in a neutral position facing him, Dr. Smith requested Ms. Doe raise her arms upward out to the sides and then bend her arms at her elbows, bringing both fists in front of her chest. While her arms were in this position, he applied downward pressure to her forearm asking her to resist. Dr. Smith then requested Ms. Doe bring her arms in front of her and bend her elbows at a 90-degree angle, elbows at the level of her chest with her forearms up and her fists facing each other. From this position, Dr. Smith was standing adjacent to her and placed each of his hands around each of her forearms. He requested Ms. Doe push away from him while he used his hands to resist her push and then asked her to pull her arms towards herself while he resisted her pull with his hands. Dr. Smith then requested Ms. Doe stand facing him in a neutral position and hold her hands out in front of her with her palms down. He requested she flex her wrists in an upward position and resist him while he applied downward pressure to the tops of her hands. He then requested she extend her wrists in a downward position while he applied upward pressure to the bottoms of her hands and asked her to resist both forces. While facing each other in a neutral position, Dr. Smith requested Ms. Doe squeeze his right hand with her left hand and his left hand with her right hand. Dr. Smith then requested Ms. Doe let go of his hands and hold both of her hands out in front of her and spread her fingers wide, resisting him as he attempted to reduce the spread by squeezing her fingers together. From this neutral standing position, Dr. Smith requested Ms. Doe turn her palms to the ceiling and keep her thumbs raised toward the ceiling. Dr. Smith applied downward pressure to her thumbs and then upward pressure to her thumbs asking her to resist.
  - Ms. Doe was able to complete the tasks requested.
  - Pain was observed in the form of a grimace when Ms. Doe was resisting Dr. Smith's opposing force in both a push and a pull direction, while her arms were in front of her with her elbows raised at 90 degrees in front of her chest.
- Reflexes
  - While standing in a neutral position facing each other, Dr. Smith used a reflex hammer and tapped the inside of Ms. Doe's right forearm near her elbow crease and then the inside of her left forearm near her elbow crease. He then tapped on her right elbow and then her left elbow with the reflex hammer. Dr. Smith manually turned Ms. Doe's palms to the ceiling and flicked her middle finger on both her right and left hand.



- No pain or discomfort was observed.
- Active Range of Motion
  - While seated in a neutral position on the edge of the exam table with her legs hanging off the side, Dr. Smith requested Ms. Doe to bring her hands behind her head, palms facing her skull and then raise her arms up straight over her head. Dr. Smith then requested Ms. Doe lower her arms to her sides and bring them behind her back, attempting to touch her hands together.
  - Ms. Doe was able to complete these tasks.
  - Discomfort was noted on Ms. Doe's face when she raised her arms up over her head and brought them behind her back.
- Lower Extremities
  - Gait/ Coordination/ Strength
    - While standing in a neutral position, Dr. Smith requested Ms. Doe turn and face him and hold his hands for balance. He requested she walk towards him on her heels.
    - Ms. Doe took approximately seven steps towards Dr. Smith on her heels.
    - No pain or discomfort was observed.
  - Strength/ Range of Motion/ Balance
    - While standing in a neutral position, Dr. Smith requested Ms. Doe place her feet flat on the floor while facing him and perform a short squat.
    - Ms. Doe was able to perform a short squat.
    - No pain or discomfort was observed.
  - Palpation
    - Dr. Smith requested Ms. Doe lie on her back on the exam table. He applied pressure to her right knee with his fingers.
    - No pain or discomfort was observed.
  - Sensation
    - While seated on the edge of the exam table with her legs dangling off the side, Dr. Smith requested Ms. Doe take her shoes off and pull her pant legs up above her knees. Dr. Smith touched Ms. Doe's upper leg above the knee on both sides with his fingers. Dr. Smith touched Ms. Doe with the sharp edge of the pinpoint on both her knees, both of her ankles, and both of her feet.
    - Ms. Doe verbalized that she felt the pinpoint more on her left ankle and her left foot more than the right.
  - Strength
    - While standing in a neutral position, Dr. Smith requested Ms. Doe face away from him with her palms flat on the floor for balance and stand on one leg doing a couple heel raises and then switch to the other leg and do the same thing.
    - Ms. Doe was able to do two heel raises on both sides.
    - No signs of pain or discomfort were observed.
  - Reflexes

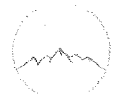


- From a seated position on the exam table with her legs dangling off the side, Dr. Smith used his reflex hammer and tapped the front of Ms. Doe's right and left knee as well as her right and left ankle.
- No pain or discomfort was observed.
- Passive Range of Motion
  - While seated on the edge of the exam table with her legs dangling off, Dr. Smith raised the lower portion of Ms. Doe's right leg from a flexed position to an extended position. Dr. Smith requested Ms. Doe lie on her back on the exam table in a neutral position and then raise her right leg up as far as she could, keeping it straight, and then lower it back down. While doing this he was grasping under her right calf for assistance. While lying on her back in a neutral position Dr. Smith bent Ms. Doe's right leg at the knee and manually rotated the lower half of Ms. Doe's right leg outwards, bringing her right ankle out to the side.
  - Ms. Doe verbalized she had no pain in the knee when she extended her knee sitting on the edge of the exam table but that she felt it in her joint and pointed to her right hip. Ms. Doe verbalized significant pain in her right hip when her right leg was being lowered back to the exam table while lying on her back. When Dr. Smith bent Ms. Doe's right knee and rotated her lower right leg outward, she verbalized that she felt pain in her right hip.
- Active Range of Motion
  - While lying on her back on the exam table in a neutral position, Dr. Smith requested Ms. Doe bend her right knee up as far as she could and then straighten it back out.
  - Ms. Doe was able to complete the requested tasks.
  - No pain or discomfort was observed.

This concluded the Physical Examination. Dr. Smith waited for Ms. Doe to put on her shoes, and we all exited the room together. Ms. Doe and I walked out of the medical office together at approximately 11:10 AM.

### **Additional Observations and Possible Omissions**

- A Goniometer was not used when measuring angles of range of motion. Any statement of "degrees" of flexibility or range of motion in the physician expert report will be purely subjective.
- Ms. Doe was not asked to change into an examination gown, top or examination shorts for the physical examination portion, only to remove her shoes and pull up her pant legs.



*\* The purpose of listing possible omissions is designed to assist this observer in auditing the expert physician report if requested as a separate service at a future date. They are not to be considered an expert opinion of what should have been done.*