Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

12486

3 - OUTPATIENT

PATIENT: [redacted]

DATE: 06/12/97

Case Worker:	[redacted]
Claim #:	
DOI:	6/9/97

FOLLOW-UP VISIT

S: [redacted] was involved in a motor vehicle event on 6/9/97. She was the passenger in her car. The car was moving at 30 miles an hour and she had a minor altercation with her husband in the car, and she states she just immediately jumped out of the car when it was going about 30 miles an hour. She is unsure why she did this. She was taking some Eola drops for weight control around that same time and her husband stated she was acting very unusual while taking these drops, and was "not herself." She apparently did jump out of the car. She hit her head against the pavement and had a goose egg with that. She is unclear if she had a loss of consciousness. It may have been just momentary and she scraped her lower left thigh and buttocks area.

Her main complaints at this point are mainly a dazed feeling and memory complaints. She has not had any nausea or vomiting or any headaches or any other significant problems. Her neck is not bothering her. Her lower back is still a persistent problem that has not really changed too much, since this accident.

O: Her exam shows no focal sensory, motor, reflex, cranial nerve or ocular changes. The range of motion in the neck and back is symmetrical and intact. There is no significant hypertrophy or tenderness in her trap muscles or lumbar paraspinals or cervical paraspinals. She is a little bit tender over her bruised area over the left buttocks.

/P: At this point, her signs and symptoms from this injury seem most compatible with a closed-head injury. At this point, I have suggested that we obtain a C-spine series to rule out a fracture in the neck, since any closed-head injury is a neck fracture until proven otherwise. Because she is complaining of confusion, and I failed to mention above she is tender in the left occipital and parietal area, I am wonder if she has a small fracture.

I would like to proceed further with a CT of the brain with bone windows to rule out a subdural or a fracture. I have also asked her to hold off of work until 6/16/97, until her thinking process clears and just to use Tylenol for pain so she does not obscure any neurological concerns.

Attachment #3.2
E'Ola Products (DEN-3841)
Saint George, UT 84790
MEMO, 8/8/97
James E. Moore II

I will follow up with her in the next few weeks. I have asked her to contact me for any problems in the meantime.

[redacted]

[redacted], M.D.

[redacted]

cc: [redacted]

Attachment #3.3
E'Ola Products (DEN-3841)
Saint George, UT 84790
MEMO, 8/8/97
James E. Moore II

PATIENT: [redacted]

DATE: 06/18/97

Case Worker:	[redacted]
Policy #:	
DOI:	06/06/97

FOLLOW-UP VISIT

S: The patient is doing better. She is having less headache and pain but is still with a "knot" in the back of her left skull base area. She is feeling better in general.

O: Her exam today shows no focal neurological changes. She is a little bit tender in the left suboccipital notch and has what seems almost like a pea-sized lymph node in that area. She has no other focal changes. Her swelling of her scalp, on the left occipital area, has also improved.

A/P: Headaches and closed head injury relatively stable. I think that she has done well. Her cervical spine series and CT scan were unremarkable.

At this point, I will see her back in a month. I have held off on any type of trigger point injections and I would like to see what this area feels like at her next visit to make sure that it is not an enlarged lymph node. I have asked her to contact me for any problems in the meantime and keep an eye on her suboccipital area to see if there is any increasing growth.

[redacted]

[redacted], M.D [redacted]

[redacted]

Attachment #3.1
E'Ola Products (DEN-3841)
Saint George, UT 84790
MEMO, 8/8/97
James E. Moore II

RADIOLOGY REPORT

NAME			REFERRING PHYSICIAN
[redacted]	[redacted]	[redacted]	[redacted] M.D.

CERVICAL SPINE--SIX VIEWS:

AP, lateral in flexion and extension as well as oblique and open mouth views reveal no evidence of fracture or subluxation. The intervertebral disc spaces are well maintained as is the vertical stature of the vertebral bodies. No bony encroachment is noted upon the neural foramina.

IMPRESSION: Normal cervical spine.

[redacted]

6/13/97

Attachment #3.4
E'Ola Products (DEN-3841)
Saint George, UT 84790
MEMO, 8/8/97
James E. Moore II

[redacted]

[redacted] M.

[redacted]

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[redacted]	6-12-97	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	

RADIOLOGY REPORT

NAME	DATE OF BIRTH	NUMBER	ATTENDING PHYSICIAN
[redacted]	[redacted]	[redacted]	[redacted]

CT HEAD SCAN--WITH AND WITHOUT CONTRAST:

CLINICAL DATA: 45-year-old female involved in MVA on Monday. The patient was thrown from vehicle and has a bump on the back of her head. Headaches and periodic memory loss.

TECHNICAL DATA: A CT head scan was performed on the GE 9800 obtaining contiguous computerized axial tomographic sections at 5 mm intervals with a 5 mm slice width through the base of the brain changing to 10 mm intervals with a 10 mm slice width more superiorly both unenhanced and enhanced with 100 cc of IV administered Omnipaque 350 nonionic contrast medium generating brain, subdural and bone window algorithm images.

COMMENT: There is no evidence of ventricular dilatation, shift, mass effect or intraventricular hemorrhage. Pineal gland and choroid plexus calcification are normal in appearance and position. No abnormal hypo- or hyperdense regions are noted within the brain substance itself and there is no evidence of frank intracerebral hemorrhage or abnormal extra-axial blood or fluid collection.

IMPRESSION: Normal CT head scan.

[redacted]
6/13/97

Attachment #3.5
L'Ola Products (DEN-384[illegible])
Saint George, UT 8479[illegible]
MEMO, 8 8 97
James E. Moore II

[redacted]

[redacted]

[redacted]	6-12-97	[redacted]	[redacted]

[redacted]

PHYSICIAN A

DEPARTMENT OF RADIOLOGY