MEDICAL CHRONOLOGY

Sample Work Product — Prepared by Apollo Legal Nurse Consulting, LLC

Re: Jane Doe (fictional composite client): Concussion, Cervical Disc Injury, and Right Wrist Fracture Following a Rear-End Motor Vehicle Collision

Case Type: Personal Injury

Prepared For: [Attorney / Firm Name]

Records Reviewed: EMS run report, Emergency Department records, Orthopedic Hand Surgery records, Primary Care, Neurology, Neuropsychology, and Pain Management records, Physical Therapy notes, MRI report (Bates LP-000001–LP-000198)

Note: *This chronology uses a fictional patient and fact pattern created solely to demonstrate format, level of clinical detail, and Bates-referencing style. No real patient information is used or implied.*

CHRONOLOGY OF EVENTS

Entries are listed in order of occurrence. Author identifies who documented each entry (in a case chronology, by name and credentials). Page numbers refer to Bates numbers. Comments marked "Review" highlight items that may warrant closer attention. Comments reflect legal nurse consultant observations for attorney review and are not expert opinions on the standard of care or causation.

Date	Author	Description	Page No.	Comments
06/06/26 17:42	Paramedic (EMS)	**EMS Run Report** 34-year-old restrained driver rear-ended by a box truck (per police, ~45 mph). Airbags deployed. Reports brief loss of consciousness, neck pain 7/10, and right wrist pain with deformity. GCS 14 (confused). Cervical collar applied; wrist splinted.	LP-000004	Injuries and symptoms documented at the scene, establishing onset at the time of the collision.
06/06/26 18:25	ED Physician	**ED Physician Note** GCS 15; no memory of the crash; headache and nausea. Neck tenderness at the midline. CT head and CT cervical spine: no acute findings. X-ray: displaced right distal radius (wrist) fracture. Dx: concussion, cervical strain, distal radius fracture. Closed reduction and splint.	LP-000012	Concussion diagnosed on the date of the collision; negative CT does not rule out concussion.
06/06/26 22:10	ED RN	**ED Discharge Instructions** Concussion precautions given. Follow up with orthopedics within 1 week and with primary care. Discharged with spouse.	LP-000019	Follow-up instructions documented.
06/10/26 13:30	Orthopedic Hand Surgeon	**Orthopedic Clinic Note** Repeat X-ray shows loss of fracture alignment. Surgery (open reduction and internal fixation) recommended.	LP-000027	Fracture could not be managed with a cast alone.
06/15/26 08:00	Orthopedic Hand Surgeon	**Operative Report** Open reduction and internal fixation of right distal radius with volar plate and screws. No complications.	LP-000033	Surgical repair with implanted hardware.
06/24/26 15:00	Primary Care Physician	**Primary Care Note** Persistent headaches, light sensitivity, and trouble concentrating at work (accountant). Neck pain radiating to right shoulder. Referred to neurology and PT. Off work for 2 weeks.	LP-000048	**Review:** Ongoing cognitive symptoms affecting job duties. Document lost work time for damages.

Date	Author	Description	Page No.	Comments
07/01/26 10:00	Physical Therapist	**PT Initial Evaluation** Neck range of motion reduced ~40%. Grip strength: right 18 lbs vs. left 62 lbs. Neck Disability Index 42% (moderate).	LP-000062	Objective baseline measurements of neck and hand function.
07/08/26 11:00	Neurologist	**Neurology Consultation** Diagnosis: post-concussion syndrome. Cognitive screening (MoCA) 25/30. Nortriptyline started for headache prevention; referred for neuropsychological testing.	LP-000075	MoCA score is just below the commonly used normal cutoff of 26.
07/27/26 09:00	Physical Therapist	**PT Progress Note** 8 of 12 visits completed. Insurance authorization for further visits lapsed; plan to resume once approved.	LP-000088	Reason for pause in therapy documented by the therapist.
09/14/26 14:00	Primary Care Physician	**Primary Care Note** Returns after 7 weeks without treatment; reports stopping PT due to the lapsed authorization and child-care conflicts. Neck pain persists with new tingling in the right hand. MRI ordered.	LP-000101	**Review:** About a 7-week treatment gap (07/27–09/14). The documented reasons should be preserved; the defense may argue the gap shows improvement.
09/21/26 16:00	Radiologist	**MRI Cervical Spine Report** C5-C6 right-sided disc protrusion with mild narrowing of the right nerve opening (foramen). Mild degenerative changes at C5-C6.	LP-000110	**Review:** Findings fit the right arm symptoms. Degenerative changes may be raised as pre-existing; request any prior neck imaging or treatment records.
10/05/26 08:30	Pain Management Physician	**Procedure Note** Right C5-C6 epidural steroid injection for right C6 radiculopathy. No complications.	LP-000124	Additional invasive treatment for the neck injury.
10/19/26 13:00	Neuropsychologist	**Neuropsychological Evaluation** Mild deficits in processing speed and working memory consistent with mild traumatic brain injury. Recommends cognitive rehabilitation and workplace accommodations.	LP-000150	**Review:** Objective testing supports ongoing cognitive effects; recommendations are relevant to future care and earning capacity.
11/02/26 10:30	Orthopedic Hand Surgeon	**Orthopedic Follow-up** Fracture healed. Right grip strength 38 lbs (about 61% of the left). Wrist extension permanently limited by ~15°. Future hardware removal possible.	LP-000176	**Review:** Permanent loss of motion and strength; possible future surgery is relevant to future medical expenses.

SUMMARY OF KEY FINDINGS

Key findings from this timeline:

- **Injuries documented at the scene.** Loss of consciousness, neck pain, and wrist deformity were recorded by EMS within minutes of the collision.
- **Surgical wrist fracture.** Plate-and-screw repair on 06/15 with permanent loss of motion and grip strength; possible future hardware removal.
- **Lasting concussion effects.** Post-concussion syndrome with objective cognitive deficits on neuropsychological testing (10/19).
- **Neck injury with nerve symptoms.** C5-C6 disc protrusion on MRI, treated with an epidural steroid injection.
- **Treatment gap.** About 7 weeks without treatment (07/27–09/14), with insurance authorization and child-care conflicts documented as the reasons.
- **Pre-existing condition issue.** Mild degenerative changes at C5-C6; prior neck records should be requested.

These records document injuries beginning at the time of the collision, objective findings supporting ongoing symptoms, and recommended future care relevant to damages.

This is a sample excerpt only. A full chronology delivered for an actual case includes complete Bates-referenced entries for every relevant record, organized and formatted to the receiving attorney's preference (chronological, source-grouped, or issue-focused).