

Case 4**David S****Date of Injury: 2/26/07**

While at work, Mr. S was sitting on the floor, installing baseboards with a nail gun and 2 ½ inch finishing nails. He moved the nail gun, and inadvertently touched his left thigh, setting the nail gun off, and injecting a nail into his left thigh, into the left lower aspect.

He sought treatment in the Emergency Room, where he had imaging performed to determine the location of the nail, and had surgery to remove it. His post operative course was complicated by an allergic reaction to his surgical staples.

Mr. S returned to full duty at the position he had when he was injured. He has since moved and is working for a different company.

Mr.S reports that beginning six weeks ago, his left thigh began to have episodes he describes as ‘freezing up’. They occur occasionally (about six times in last six weeks), similar to a painful cramp, at night. It occurs in the medial thigh muscle /tendon belly above the knee and lasts about five to ten minutes. After one of these episodes, his thigh remains sore for a few days. In addition, he reports discomfort while wearing a nailbag / belt with hammers, because the hammer handle swings and hits his surgical site, irritating it, while walking. Otherwise, he is doing well post surgery.

Any recommendations for the employer?

He was seen for a closing exam on 10/15/07.

On inspection of his medial thigh, he has a well healed surgical scar of about 13 ½ cm. He has no pain with light touch to the surgical site. With deep palpation of the inferior portion (last 2 cm), he was tender with deep palpation. He was non tender along the superior portion of the surgical scar. No masses or nodules were detected.

His gait was normal. He could toe walk, heel walk, and tandem walk. He could squat, but had some pain on rising in the medial aspect of his left thigh. He was able to stand on each leg with his eyes closed.

His circulation appeared normal in both feet, each with good capillary refill. He had palpable dorsalis pedis pulses bilaterally. He had normal hair distribution on his legs. He did not have edema bilaterally.

His strength was intact in his lower extremity bilaterally.

Active, unassisted, range of motion, was as follows:

	Flexion	Extension	Abductors	Adductors	Int Rotation	Ext Rotation
Right Hip	85	15	50	20	25	25
Left Hip	70	10	60	15	25	25

Was the worker permanently impaired by the injury?

What do you make of the ‘freezing up’ or nocturnal cramps, should the case be re-opened?