R. O. No. 50 - 22 - 23. By CITY CLERK. August 1, 2022.

Submitting an update to Notice of Claim submitted by Mary E. Sommersberger on October 16, 2019 for alleged injuries from a fall on Sunnyside Avenue.

CITY CLERK

ALPERT & FELLOWS LLP
INJURY LAWYERS

ATTORNEYS
D. TYLER FELLOWS
JORDAN P. BLAD
JACQUELINE LORENZ SEHLOFF
STEVEN R. ALPERT (1948-2017)

PARALEGALS
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ELIZABETH J. TUREK

DIRECT CORRESPONDENCE TO:
900 SOUTH 10TH STREET
SUITE 1
P.O BOX 994
MANITOWOC, WI 54221-0994

PHONE: 920-682-6361
FAX: 920-682-6373

HAND DELIVERED

July 21, 2022

City of Sheboygan
828 Center Avenue
Sheboygan, WI 53081

Re: Mary E. Sommersberger
Date of Incident: August 2, 2019

Dear Clerk:

Enclosed for filing please find a Notice of Claim for Mary E. Sommersberger. Please contact me if you have any questions.

Thank you for your cooperation

Yours very truly,

ALPERT & FELLOWS

Jordan P. Blad

JPB/pgk

Enc.

Claim No._____

CITY OF SHEBOYGAN
NOTICE OF CLAIM

Name:	Mary E.Sommersberger	Incident/Accident Information
Address:	1630 Sunnyside Avenue	Date: August 2, 2019
	Sheboygan, WI 53081	Time: 8:30 a.m.
Phone:	(920) 254-8133	Place: City of Sheboygan

Mary E. Sommersberger hereby makes a claim against the City of Sheboygan arising out of the circumstances above and as further described in her Notice of Circumstances of Claim filed on October 16, 2019 (see attached) in the amount of $50,000.00.

Ms. Sommersberger was injured on August 2, 2019 when she was walking on the south side of Sunnyside Avenue, West of South 12th Street in the 1200 block, and tripped on a pothole that was not visible because of shade from a tree and because it was filled with yard clippings. A neighbor in the area told Ms. Sommersberger that other people had fallen in the same area and the dangerous condition had been reported to the City prior to the incident, but the area where Ms. Sommersberger fell was not marked and there were no visible warnings posted. Shortly after the incident the area was repaired. Further, there are no public sidewalks on this street so there was no alternative for Ms. Sommersberger to walk in this area. She sustained a dislocated shoulder and shattered bones within her shoulder and severe damage to her rotator cuff with permanent nerve damage. Ms. Sommersberger continues to treat and to date her medical bills total at least $169,640.04.

Attached hereto please find copies of the original Notice of Circumstances of Claim, photos of the area where Ms. Sommersberger fell, and an itemization of her medical bills and copies of excerpts of the most relevant medical records.

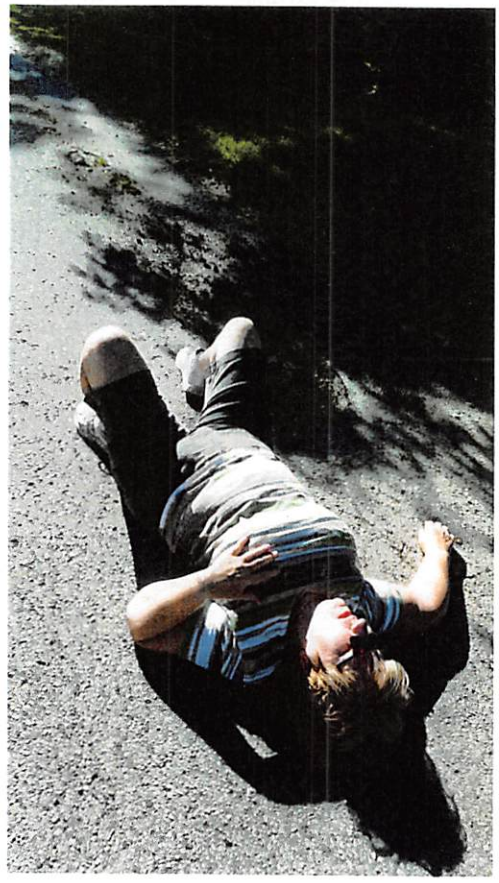
Signed: Mary E. Sommersberger Date: 7/21/2022
Mary E. Sommersberger

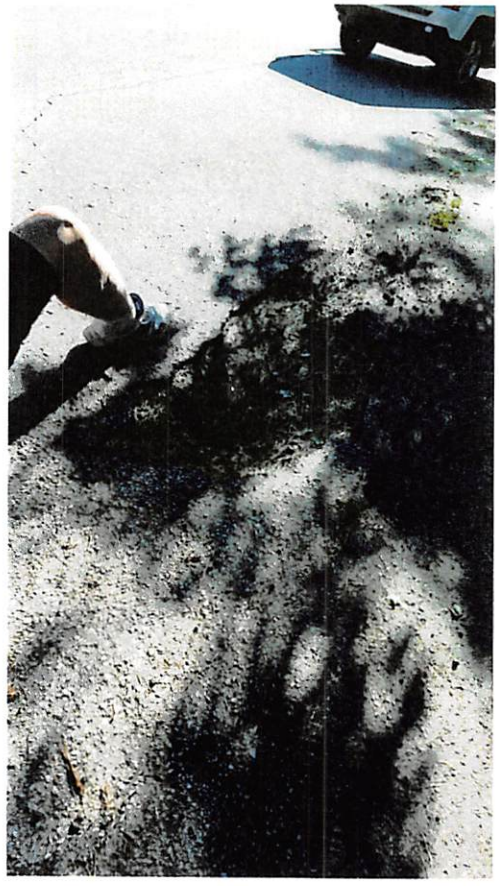
Drafted by:
Alpert & Fellows LLC
P.O. Box 0994
Manitowoc, WI 54221-0994
(920) 682-6361

M. Sommerberger photos

D◦I

8/2/19





OCT 18 '19 AM 10:23

DATE RECEIVED _____ RECEIVED BY _____

CLAIM NO. _____

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
2. Attach and sign additional supportive sheets, if necessary.
3. This notice form must be signed and filed with the Office of the City Clerk.

4. **TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.**

1. Name of Claimant: Mary E. Sommersberger
2. Home address of Claimant: 1630 Sunnyside Ave. Sheboygan, WI 53081
3. Home phone number: 920-254-8133
4. Business address and phone number of Claimant: —
5. When did damage or injury occur? (date, time of day) August 2, 2019 (approx. 8:30 a.m.
6. Where did damage or injury occur? (give full description) South side of Sunnyside Avenue - West of South 12th Street 1200 Block
7. How did damage or injury occur? (give full description) While walking on Sunnyside Ave. I tripped on a pothole. The pothole was not very visible because of the shade of a tree. (Sunnyside Ave. does not have sidewalks and you must walk in the road.)
8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:
   (a) Name of such officer or employee, if known: —
   (b) Claimant's statement of the basis of such liability: —
9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:
   (a) Public property alleged to be dangerous: Sunnyside Ave. had many areas needing repair. Several weeks after my fall, I reported and many areas were filled in.
   (b) Claimant's statement of basis for such liability: Other people had fallen in the same spot. A neighbor shared that she reported earlier the need to fill the pothole. It was never taken care of. After my fall she called again. My accident was on a Friday, and the following Monday it was filled.

DATE RECEIVED _____ RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name:	Mary E. Sommersberger	Auto	$ —
Claimant's Address:	1630 Sunnyside Ave.	Property	$ —
	Sheboygan, WI 53081	Personal Injury	$ Pending
Claimant's Phone No.	920-254-8133	Other (Specify below)	$ Pending - unknown
		TOTAL	$ Pending

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of $Pending.

See attached letter

SIGNED Mary E. Sommersberger DATE: 10/15/19

ADDRESS: 1630 Sunnyside Ave.
Sheboygan, WI 53081

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081

1630 Sunnyside Avenue
Sheboygan, WI 53081
October 15, 2019

City of Sheboygan, WI
828 Center Avenue
Sheboygan, WI 53081

Dear City of Sheboygan,

This letter serves as a Notice of Claim against the City of Sheboygan, WI. The morning of August 2, 2019 at approximately 8:30 a.m. while walking down Sunnyside Avenue just West of South 12th Street I tripped on a pothole which was within a few feet of the grass area of homeowners. Sunnyside Avenue does not have sidewalks, which leaves no option other than walking in the street.

My toe of my shoe caught the edge of the pothole which was shaded by a tree. I was lying in the street, unable to get up calling for someone to help me. Neighbors and a motorist came to my aid and called the ambulance for me. One of the neighbors indicated that others had tripped in the same spot, and she had reported the pothole to the City of Sheboygan to be filled. Unfortunately, it was never attended to. Interestingly, the pothole was filled on Monday, which was the following working day.

I sustained severe injuries as a result of this fall. I dislocated my right shoulder and shattered bones within my shoulder as well as severe damage to my rotator cuff and probably permanent nerve damage. On August 7, 2019 I had a complete reverse shoulder surgery to repair my shoulder. As of this date, I continue to have pain and go twice a week to physical therapy as well as daily home exercises. My arm has no movement to the side because of the nerve damage. If this does not show improvement, I will need to go for a consult at a specialized clinic in Milwaukee. My daily living has been altered dramatically with basically the use of only one arm. I am a right-handed person, and simple chores such as eating, bathing, dressing, etc. are a challenge, and of course I am unable to drive as well as doing much of anything.

I try to remain positive of my future. At this time there are many unknowns. Hopefully I will be able to return to normal, but only time will tell. For these reasons I am filing this Claim of Notice to the City of Sheboygan within my 120 days. I want to remain within my legal rights for this injury.

Sincerely,

Mary E. Sommersberger

Mary E. Sommersberger

Value Code Report

Value Code	Dates of Service	Provider Of Service	Total Amount
PMD	7/2/2021 - 7/27/2021	ATI Physical Therapy	4,490.75
PMD		Aurora Health Center	0.00
PMD		Aurora Sheboygan Clinic	0.00
PMD	8/2/2019 - 8/17/2019	Aurora Sheboygan Memorial Medical Center	158,255.29
PMD	10/7/2020 - 6/30/2021	Blount Orthopedics	5,713.00
PMD	8/2/2019 - 8/2/2019	Sheboygan Fire Department	1,181.00
		SUBTOTAL FOR PMD	**$ 169,640.04**
Totals for all value codes			$ 169,640.04

Report Criteria:

Value codes = PMD
Value notes are not included
Sorted by: party, value code, provider name, start date

Patient Name: Sommersberger, Mary E

Agency Name: Sheboygan (City of) Fire Department
Unit Notified: 08/02/2019 08:38:55
Unit Call Sign: 819 Med 1
Incident Number: 773471
Destination Name: AURORA SHEBOYGAN MEMORIAL MEDICAL CTR
Arrived at Destination: 08/02/2019 09:24:50

Prehospital Care Report

Sheboygan (City of) Fire
Station 3
1326 N. 25th Street
Sheboygan, WI 53081
Work: (920) 459-3327
Fax: (920) 459-0209

Patient Information

Name: Sommersberger, Mary E
Address: 1630 Sunnyside avenue
City of Sheboygan, WI 53081

Age: 65 Years
Gender: Female
Weight: 74.8 kg

D.O.B.: 5/25/1954
Race: White

Patient's Phone Number	Type
(920) 245-8133	Mobile

Medical/Surgical History: Arthritis
Medical History Obtained From: Patient

Provider Impression

Primary Impression: Injury - Shoulder or Upper Arm
Secondary Impression: Injury - Shoulder or Upper Arm

Narrative

Narrative: Response: Sheboygan Fire Dept Med 1 dispatched and responded immediately code 3 for a 65 year old female who fell and injured her arm.

Chief Complaint: Pt complains of right shoulder and arm pain.

History: Pt denies past medical history.

Assessment: Upon arrival Pt was found lying supine in the street. Pt was A&OX4 with a GCS of 15. ABC's and CMS were fully intact. Skin was warm and dry. Pt's right arm was extended out to the side and deformed at the shoulder. Pt has positive CMS distal to the location of the pain and deformity. Pt denies head, neck, or back pain. Pt states she was tripped by a pothole. Pt denies LOC. Pt states she tripped on the pothole and put her arms out to brace herself. Pt has a small abrasion from her glasses. Eyes were PERRL. Pt denies other injury.

Treatment: Pt's vitals were obtained. A 20g IV with a saline lock was established in Pt's left hand. Pt was administered 100mcg of Fentanyl IVP. Pt's right arm was moved to the Pt's side and secured with a pillow and cravats. Pt had positive CMS distal to the location of the injury after splinting. Pt was rolled onto the left side and a spinal assessment was performed. No pain or deformities noted upon spinal assessment. A mega mover was placed under the Pt and Pt was lifted onto the cot. Pt was secured X3 and moved into Med 1. In Med 1 Pt was administered 2.5mg of versed IVP. A 4 and 12 lead was obtained showing a sinus rhythm with trigeminy. Pt denied chest pain. Pt denied SOB. Pt denied abdominal pain. A secondary assessment revealed not other injuries. Pt had clear breath sounds in all fields. Pt was administered 50mcg of Fentanyl IVP. While in route to Aurora Sheboygan Memorial Medical Center Pt was administered 50mcg of Fentanyl IVP. Upon arrival to Aurora Sheboygan Memorial Medical Center Pt was administered 50mcg of Fentanyl IVP. Pt was administered 2.5mg of versed IVP. Pt was administered a total of 250mcg of Fentanyl and 5mg of Versed while in care of SFD.

Transport: Pt was transported to Aurora Sheboygan Memorial Medical Center and Pt care was transferred to RN in ED without incident.

Bryan Stefancin
7030659

Questionnaire (continued)

Patient Demographics

Address	Phone	E-mail Address
1630 SUNNYSIDE AVE SHEBOYGAN WI 53081-7700	000-000-0000 (Home) 920-254-8133 (Mobile) *Preferred*	msommers1954@gmail.com

Results

XR Humerus 2 View Right (Accession 12802635) (Order 769112351)
XR SHOULDER 2 VW RIGHT (Accession 12802634) (Order 769112353)

Imaging Information

Exam Information

Performed Procedure	Study Status	Begin Time	End Time
XR Humerus 2 View Right	Final	Fri Aug 2, 2019 10:20 AM	Fri Aug 2, 2019 10:40 AM

Staff Information

Technologist	Transcriptionist	Assigned Physician(s)	Assigned Pool(s)
Erin M Buhler	N/A	N/A	N/A

Verification Information

Signed By	Signed On
Robert J Swoboda, MD	Aug 2, 2019

Study Result

XR HUMERUS 2 VW RIGHT, XR SHOULDER 2 VW RIGHT

HISTORY: fall, pain

COMPARISON: None

FINDINGS: 2 views of the right shoulder show the comminuted humeral head-neck fracture with dislocation of the main head fragment anteriorly. Other bony structures at the right shoulder appear intact. AC joint is intact.

2 views of the right humerus again show the comminuted head-neck fracture. The humeral head is dislocated anteriorly. The greater tuberosity part of the humeral head appears to be a separate fracture fragment. The remainder of the humerus is intact.

IMPRESSION: Comminuted fracture of the right humeral head and neck with dislocation of the head anteriorly

Result History

XR Humerus 2 View Right (Order #769112351) on 8/2/2019 - Order Result History Report

Questionnaire (continued)

better prepare for your exam? ie Any physical limitations, Hard of hearing, Need an interpreter or use of a wheelchair?

5. Have you had any previous X-rays, CT, MRI, NM, US or PET of the same area as this test?

6. Information reviewed by:

7. Date information was reviewed:

End Exam

AHC RIS XR END

Question	Answer	Comment
1. Destination Chart Station:		
2. Only answer if not dictating in PowerScribe. What system will be used for dictation?	Powerscribe	

Patient Demographics

Address	Phone	E-mail Address
1630 SUNNYSIDE AVE SHEBOYGAN WI 53081-7700	000-000-0000 (Home) 920-254-8133 (Mobile) *Preferred*	msommers1954@gmail.com

Results

CT SHOULDER RIGHT (Accession 12803879) (Order 769112363)

Imaging Information

Exam Information

Performed Procedure	Study Status	Begin Time	End Time
CT SHOULDER WO CONTRAST RIGHT	Final	Fri Aug 2, 2019 12:35 PM	Fri Aug 2, 2019 12:50 PM

Staff Information

Technologist	Transcriptionist	Assigned Physician(s)	Assigned Pool(s)
Brianna Martinez	N/A	N/A	N/A

Verification Information

Signed By	Signed On	Marked as Prelim By	Marked as Prelim On
Kathleen E O'Mara, DO	Aug 2, 2019	Kathleen E O'Mara, DO	Aug 2, 2019

Study Result

EXAM: CT SHOULDER WO CONTRAST RIGHT

HISTORY: Fracture, shoulder.

COMPARISON: X-ray, 8/2/2019.

TECHNIQUE: CT of the right shoulder was performed without contrast. Multiple axial images were obtained from the supraclavicular soft tissues through the proximal humeral diaphysis. Coronal and sagittal reformatted images were also reviewed.

Study Result (continued)

FINDINGS:

There is a markedly comminuted fracture of the humeral head and neck, with associated dislocation. The largest fracture fragment of the humeral head, including the majority of the articular surface, is dislocated anteriorly, about 4 cm anterior to the glenoid. The articular surface is rotated anteriorly. The proximal humeral diaphyseal fracture fragment is also displaced anteriorly. There is some impaction of the diaphyseal fracture fragment with the humeral head fragment. The humeral head fragment is located at least 1.8 cm anterior to the diaphyseal fragment.

The posterior fracture of the humeral head, including the greater tuberosity, is located in close proximity to the glenoid.

There is a comminuted, nondisplaced Bankart fracture involving the entire anterior glenoid.

There is a large joint effusion, with layering fat indicating lipohemarthrosis. Nonspecific fat stranding ascends into the axilla.

There are moderate degenerative changes of the cervical spine.

No additional fracture is identified. Visualized portions of the lungs demonstrate no focal abnormality.

IMPRESSION:
1. Comminuted fracture-dislocation of the humeral head/neck.
2. Nondisplaced, comminuted fracture involving the anterior glenoid (osseous Bankhart lesion).
3. Large joint effusion with lipohemarthrosis.
4. Nonspecific edema extends into the axilla.

Result History

CT SHOULDER RIGHT (Order #769112363) on 8/2/2019 - Order Result History Report

Questionnaire

Order Entry

Question	Answer	Comment
1. Answer ONLY IF you want to modify the RAD recommendation for contrast		
2. Procedure special transport mode		
3. Additional clinical information:		
4. Do you have any allergies to medication, iodine, x-ray dye, or contrast?		
5. If you had a previous x-ray exam with an injection, was there any reaction to the contrast?		
6. Is Patient age 60 or older?		
7. Do you have any Kidney disease,previous kidney surgery, kidney transplant, kidney tumor, or dialysis?		
8. Is there a family history of Kidney failure?		

Patient Demographics

Address	Phone	E-mail Address
1630 SUNNYSIDE AVE SHEBOYGAN WI 53081-7700	000-000-0000 (Home) 920-254-8133 (Mobile) *Preferred*	msommers1954@gmail.com

Discharge Summary by Mansoor H Mirza, MD at 8/3/2019 10:11 AM

Author: Mansoor H Mirza, MD	Service: Hospitalist	Author Type: Physician
Filed: 8/3/2019 12:12 PM	Date of Service: 8/3/2019 10:11 AM	Creation Time: 8/3/2019 10:11 AM
Status: Signed	Editor: Mansoor H Mirza, MD (Physician)	

Discharge Summary
Aurora Sheboygan Memorial Medical Center

Patient Name Mary E Sommersberger
MRN: 2331503
Date of Birth: 5/25/1954

Admit date: 8/2/2019
Discharge date: 8/3/2019

Disposition: Home

Admitting Physician: Mansoor H Mirza, MD. FACP.
Primary care provider: Harpreet Kaur, MD
Discharge Physician: Mansoor H Mirza, MD. FACP.

Primary Discharge Diagnoses:

1. Right shoulder comminuted fracture with dislocation, it was reduced by Dr. Green in the ER. Patient had intractable pain despite receiving significant amount of pain medications including fentanyl, morphine, and Versed. She was admitted for pain control. She required supraclavicular nerve block by the anesthesia. Dr. Farber's help was highly appreciated. Patient did have a good night sleep after the nerve block. She is still in pain but responding to oral pain meds. She'll be discharged home on oxycodone. She may take extra ibuprofen or Tylenol with it. Discharge instructions given to the patient. She verbalized and understood. Her husband present in the room. I cannot get them appointment over the weekend. They'll be calling Dr. Willsey who will be planning for surgical intervention for right shoulder fracture. Continue wearing sling.
2. History of hypertension, GERD, history of osteoporosis, prediabetic, migraine, cervical radiculitis, and history of neuropathy. Home meds to be continued as prior to the admission. Patient verbalized and understood.

Principal Problem:
Intractable pain
Active Problems:
GERD (gastroesophageal reflux disease)
HTN (hypertension)
Osteoporosis, post-menopausal
Allergic rhinitis

Discharge Summary by Mansoor H Mirza, MD at 8/3/2019 10:11 AM (continued)

Dyslipidemia
Closed fracture dislocation of right shoulder
Inadequate pain control

Resolved Problems:
* No resolved hospital problems. *

Past Medical History:

Osteoporosis, unspecified	05/07/2012
Allergic rhinitis	
Migraine	
Vaginismus	
TMJ syndrome	
Chronic sinusitis	
GERD	
Cervical radiculitis	
Right lumbar radiculitis	
Neuropathy	12/2/2014
Comment: RLE, sp radiofrequency treatment to right heel	
Hiatal hernia	12/9/2015
Fracture	
Comment: right rib fracture	
Diverticulosis of colon	1/21/2016
Pre-diabetes	12/9/2015
Comment: FPG 101 in 12/2015	
Glaucoma	
Comment: left	
Pathological fracture of vertebra due to age-r*	7/3/2013

Consultations: IP CONSULT TO ORTHO
IP CONSULT TO ANESTHESIOLOGY
Transfusions: None.
Procedures: Supraclavicular nerve block given by Dr. Farber, dislocation was reduced by Dr. Green in the ER.

Hospital Course:
This is a 65-year-old female who was admitted to the hospital because of right shoulder fracture after a fall. She also has a dislocation which was reduced in the ER under the anesthesia. Patient's pain was not getting well controlled despite receiving multiple doses of IV fentanyl, morphine, Versed, and oral pain meds. I discussed with Dr. Farber, he was nice enough to came and help us to give her supraclavicular nerve block. Patient pain improved. She was able to sleep last night. As of this morning, she is tolerating oral pain meds and may be discharged home on pain meds. She is advised to follow-up with Dr. Willsey.

Code status: Full Resuscitation

Discharge Labs:
Recent Labs

Lab	08/02/19 1215
SODIUM	139
POTASSIUM	3.8
CHLORIDE	107
CO2	25
BUN	17
CREATININE	0.58
GLUCOSE	**133***
WBC	**12.5***
HGB	12.4
HCT	36.9
PLT	224

Microbiology Results
None

Significant Diagnostic Studies and Procedures:
Xr Humerus 2 View Right, Xr Shoulder 2 Vw Right

Result Date: 8/2/2019
Narrative: XR HUMERUS 2 VW RIGHT, XR SHOULDER 2 VW RIGHT HISTORY: fall, pain COMPARISON: None FINDINGS: 2 views of the right shoulder show the comminuted humeral head-neck fracture with dislocation of the main head fragment anteriorly. Other bony structures at the right shoulder appear intact. AC joint is intact. 2 views of the right humerus again show the comminuted head-neck fracture. The humeral head is dislocated anteriorly. The greater tuberosity part of the humeral head appears to be a separate fracture fragment. The remainder of the humerus is intact.

Impression: IMPRESSION: Comminuted fracture of the right humeral head and neck with dislocation of the head anteriorly

Ct Shoulder Right

Result Date: 8/2/2019
Narrative: EXAM: CT SHOULDER WO CONTRAST RIGHT HISTORY: Fracture, shoulder. COMPARISON: X-ray, 8/2/2019. TECHNIQUE: CT of the right shoulder was performed without contrast. Multiple axial images were obtained from the supraclavicular soft tissues through the

Discharge Summary by Mansoor H Mirza, MD at 8/3/2019 10:11 AM (continued)

proximal humeral diaphysis. Coronal and sagittal reformatted images were also reviewed. FINDINGS: There is a markedly comminuted fracture of the humeral head and neck, with associated dislocation. The largest fracture fragment of the humeral head, including the majority of the articular surface, is dislocated anteriorly, about 4 cm anterior to the glenoid. The articular surface is rotated anteriorly. The proximal humeral diaphyseal fracture fragment is also displaced anteriorly. There is some impaction of the diaphyseal fracture fragment with the humeral head fragment. The humeral head fragment is located at least 1.8 cm anterior to the diaphyseal fragment. The posterior fracture of the humeral head, including the greater tuberosity, is located in close proximity to the glenoid. There is a comminuted, nondisplaced Bankart fracture involving the entire anterior glenoid. There is a large joint effusion, with layering fat indicating lipohemarthrosis. Nonspecific fat stranding ascends into the axilla. There are moderate degenerative changes of the cervical spine. No additional fracture is identified. Visualized portions of the lungs demonstrate no focal abnormality.

Impression: IMPRESSION: 1. Comminuted fracture-dislocation of the humeral head/neck. 2. Nondisplaced, comminuted fracture involving the anterior glenoid (osseous Bankhart lesion). 3. Large joint effusion with lipohemarthrosis. 4. Nonspecific edema extends into the axilla.

Ct Head Wo Contrast, Ct Cervical Spine W Contrast

Result Date: 8/2/2019
Narrative: EXAM: CT HEAD WO CONTRAST, CT CERVICAL SPINE W CONTRAST HISTORY: From order: Head trauma, minor, GCS>=13, low clinical risk, initial exam COMPARISON: Cervical MRI 7/27/2020 FINDINGS: The study was performed on 8/2/2019 10:08 AM CT head: Brain CT study showing no sign of hemorrhage mass or infarct. Is no subdural fluid or hydrocephalus. There is no cortical infarct. The brainstem and cerebellum are normal without focal abnormality. Sinuses and mastoids are clear. There is no calvarial fracture.

Impression: IMPRESSION: Normal head brain findings Cervical spine : Cervical spine again showing mild kyphosis mid cervical level. There is minimal cc 56 retrolisthesis which is stable. There is C5-6 degenerative disc narrowing and spurring. There is normal facet alignment with mild degenerative changes. The spinous processes are intact. The odontoid is normal. The ring of C1 is normal. No prevertebral mass or fluid is evident. The upper two cervical discs have normal contour with the mid and lower levels been obscured by beam hardening artifact. There are minimal bony foraminal encroachment changes The lung apices show no evidence of infiltrate or pneumothorax There is a small low-attenuation nodule in the inferior left thyroid lobe. Both lobes are mildly heterogeneous IMPRESSION: Cervical disc and facet degenerative changes with stable C5-6 mild retrolisthesis which appears degenerative. No acute fracture finding.

Pending Results:

Unresulted Labs (From admission, onward)

None

Discharge Summary by Mansoor H Mirza, MD at 8/3/2019 10:11 AM (continued)

Unresulted Procedure (From admission, onward)
None

Discharge Exam:
Blood pressure 131/65, pulse 70, temperature 97.5 °F (36.4 °C), temperature source Temporal, resp. rate 16, height 5' 2" (1.575 m), weight 87.2 kg, SpO2 97 %.
General - Patient is alert, oriented and in no acute distress.
Coronary - Regular rate and rhythm without murmurs, rubs or gallops.
Pulmonary - Normal respiratory effort. Lungs are clear to auscultation bilaterally without wheezes rubs or rhonchi.
Abdomen - Soft, non-tender and non-distended. Bowel sounds are normoactive. No guarding or rebound tenderness. No Hepatosplenornegaly, palpable masses or hernias. No suprapubic tenderness.
Extremities - Warm without clubbing, cyanosis or edema. Normal range of motion except the right arm. Sling is on the right arm.
Skin - No rashes or lesions. Warm and dry. No decubitus ulcers.
Neurologic - Alert and oriented to person, place and time. CNs II-XII are intact. Strength, sensation, and tone are grossly intact. No focal deficits.

Patient Discharge Instructions:
1. Activity: As tolerated with sling on the right arm.
2. Diet: Regular Diet
3. Wound Care: none needed

4. **Discharge Medications**:
Current Discharge Medication List

START taking these medications

	Details
oxyCODONE, IMM REL, 10 MG immediate release tablet	Take 1 tablet by mouth every 6 hours as needed for Pain. *Qty*: 30 tablet, *Refills*: 0

CONTINUE these medications which have NOT CHANGED

	Details
Multiple Vitamins-Minerals (CENTRUM SILVER 50+WOMEN) Tab	
latanoprost (XALATAN) 0.005 % ophthalmic solution	Place 1 drop into both eyes nightly.

Discharge Summary by Mansoor H Mirza, MD at 8/3/2019 10:11 AM (continued)

omeprazole (PRILOSEC) 20 MG capsule	Take 1 capsule by mouth daily. *Qty:* 90 capsule, *Refills:* 3
Fluticasone Propionate (FLONASE NA)	Spray 1 spray in each nostril daily.
loratadine (CLARITIN) 10 MG tablet	Take 10 mg by mouth daily.
Cholecalciferol (VITAMIN D) 2000 UNITS CAPS	Take 2,000 Units by mouth daily.
Calcium Carbonate-Vitamin D (CALCIUM 600+D3 PO)	Take by mouth. Calcium 600 plus Vitamin D 800, take one tab 2 times daily.
sumatriptan (IMITREX) 100 MG tablet	Take 100 mg by mouth daily as needed (for headache).
Dispense (CHECK, UNKNOWN CONCENTRATION)	Magnesium with chelated Zinc 400- 1 tab daily
DULoxetine (CYMBALTA) 60 MG capsule	Take 60 mg by mouth at bedtime.
Ascorbic Acid (VITAMIN C PO)	Take 1,000 mg by mouth daily.
DIAZepam (VALIUM) 5 MG tablet	Take 1 tablet by mouth every 8 hours as needed for Muscle spasms. *Qty:* 12 tablet, *Refills:* 0
albuterol 108 (90 Base) MCG/ACT inhaler	Inhale 2 puffs into the lungs every 4 hours as needed for Other (coughing). *Qty:* 1 Inhaler, *Refills:* 1
meloxicam (MOBIC) 15 MG tablet	1/2 to 1 tablet once daily as needed. *Qty:* 30 tablet, *Refills:* 1
SUMAtriptan Succinate Refill 6 MG/0.5ML SOLN	Inject 0.5 mLs into the skin once as needed. Indications: Migraine Headache

Discharge Summary by Mansoor H Mirza, MD at 8/3/2019 10:11 AM (continued)

ALLERGIES:
Erythromycin

Follow-up:
Harpreet Kaur, MD
2414 KOHLER MEMORIAL DR
Sheboygan WI 53081
920-457-4461

In 1 week

Matthew R Willsey, DO
2414 KOHLER MEMORIAL DR
Sheboygan WI 53081
920-457-4461

call to get appt within 1-2 days.

Future Appointments

Date	Time	Provider	Department	Center
9/11/2019	10:00 AM	SBC IM NURSE	SBCIM2	SHC
12/5/2019	10:00 AM	SBC IM NURSE	SBCIM2	SHC
1/13/2020	7:15 AM	SBC LAB	SBCLAB	SHC
7/7/2020	8:00 AM	SBC LAB	SBCLAB	SHC
7/14/2020	10:00 AM	Harpreet Kaur, MD	SBCIM2	SHC

Time spent on discharge was more than 30 minutes.
Discharge discussed with staff, and with the patient. I will send copy of note to PMD and Dr. Willsey.

Signed:
Mansoor H Mirza, MD. FACP.
8/3/2019 12:04 PM

Patient Demographics

Address	Phone	E-mail Address
1630 SUNNYSIDE AVE SHEBOYGAN WI 53081-7700	000-000-0000 (Home) 920-254-8133 (Mobile) *Preferred*	msommers1954@gmail.com

Op Note by Matthew R Willsey, DO at 8/7/2019 4:46 PM

Op Note by Matthew R Willsey, DO at 8/7/2019 4:46 PM (continued)

Author: Matthew R Willsey, DO | Service: Orthopedic Surgery | Author Type: Physician
Filed: 8/7/2019 5:09 PM | Date of Service: 8/7/2019 4:46 PM | Creation Time: 8/7/2019 4:46 PM
Status: Signed | Editor: Matthew R Willsey, DO (Physician)

OPERATIVE REPORT

DATE OF SERVICE:
8/7/2019

PREOPERATIVE DIAGNOSIS:
right comminuted proximal humerus fracture

POSTOPERATIVE DIAGNOSIS:
right comminuted proximal humerus fracture

PROCEDURE PERFORMED:
Procedure(s) (LRB):
Right Reverse TSA (Right)

SURGEON:
Matthew R Willsey, DO

ASSISTANT:
Lara Schmitz PA

ANESTHESIA:
General w/Regional Block

ESTIMATED BLOOD LOSS:
350 mL.

COMPLICATIONS:
No intraoperative complications.

IMPLANTS:
Implants

Baseplate

Baseplate Glnd Rsp 30mm Shldr P2 Strl Lf - Sna
Implanted (Right) Shoulder

Inventory item:	BASEPLATE GLND RSP 30MM SHLDR P2 STRL LF	Model/Cat number:	508-32-204
Serial number:	NA	Manufacturer:	DJ ORTHO
Lot number:	769P1618		

As of 8/7/2019

Status: **Implanted**

Bone

Cement Bn Smpx P Speedset Fd - Sna - Implanted (Right) Shoulder

Inventory item:	CEMENT BN SMPX P SPEEDSET FD	Model/Cat number:	6192-1-010
Serial number:	NA	Manufacturer:	STRYKER CORPORATION
Lot number:	DLZ034		

As of 8/7/2019
Status: **Implanted**

Head / Ball

Head Glnd 32mm Rsp Ntrl Shldr Rtn Scr Strl - Sna - Implanted (Right) Shoulder

Inventory item:	HEAD GLND 32MM RSP NTRL SHLDR RTN SCR STRL	Model/Cat number:	508-32-101
Serial number:	NA	Manufacturer:	DJ ORTHO
Lot number:	862C2747		

As of 8/7/2019
Status: **Implanted**

Insert

Insert Sckt Shldr Altivate Rvrs Ntrl 32mm E-+ - Sna - Implanted (Right) Shoulder

Inventory item:	INSERT SCKT SHLDR ALTIVATE RVRS NTRL 32MM E-+	Model/Cat number:	509-02-032
Serial number:	NA	Manufacturer:	DJ ORTHO
Lot number:	951W1259		

As of 8/7/2019
Status: **Implanted**

Screw

Screw Bn 5mm 14mm Rsp Lock Shldr Glnd Bsplt - Sna - Implanted (Right) Shoulder

Inventory item:	SCREW BN 5MM 14MM RSP LOCK	Model/Cat number:	506-03-114

Op Note by Matthew R Willsey, DO at 8/7/2019 4:46 PM (continued)

	SHLDR GLND BSPLT		
Serial number:	NA	Manufacturer:	DJ ORTHO
Lot number:	831C1665		
As of 8/7/2019			
Status:	**Implanted**		

Screw Bn 5mm 38mm Rsp Lock Shldr Glnd Bsplt - Sna - Implanted (Right) Shoulder

Inventory item:	SCREW BN 5MM 38MM RSP LOCK SHLDR GLND BSPLT	Model/Cat number:	506-03-138
Serial number:	NA	Manufacturer:	DJ ORTHO
Lot number:	837C1151		
As of 8/7/2019			
Status:	**Implanted**		

Screw Bn 5mm 22mm Rsp Lock Shldr Glnd Bsplt - Sna - Implanted (Right) Shoulder

Inventory item:	SCREW BN 5MM 22MM RSP LOCK SHLDR GLND BSPLT	Model/Cat number:	506-03-122
Serial number:	NA	Manufacturer:	DJ ORTHO
Lot number:	833C1533		
As of 8/7/2019			
Status:	**Implanted**		

Screw Bn 5mm 38mm Rsp Lock Shldr Glnd Bsplt - Sna - Implanted (Right) Shoulder

Inventory item:	SCREW BN 5MM 38MM RSP LOCK SHLDR GLND BSPLT	Model/Cat number:	506-03-138
Serial number:	NA	Manufacturer:	DJ ORTHO
Lot number:	837C1151		
As of 8/7/2019			
Status:	**Implanted**		

Stem / Yoke

Stem Hum 108mm 8mm Shldr Djo Surg Altivate Rvrs Sm - Sna - Implanted (Right) Shoulder

Inventory item:	STEM HUM 108MM	Model/Cat number:	533-08-108

	8MM SHLDR DJO SURG ALTIVATE RVRS SM		
Serial number:	NA	Manufacturer:	DJ ORTHO
Lot number:	926W1174		
As of 8/7/2019 Status:	**Implanted**		

OPERATIVE INDICATIONS:
The patient is a 65 year old female. The patient had a significant proximal humerus fracture. After orthopedic workup it was determined that reverse total shoulder arthroplasty would be the best treatment choice.

OPERATIVE TECHNIQUE:
After the patient was identified, the right shoulder was marked as the appropriate surgical site. Preoperative indications, risks and treatment alternatives had been reviewed with the patient. The patient's questions were answered. Surgical consent was previously signed. Preoperative antibiotics were administered within 60 minutes of surgical start time for prophylaxis. The patient was transferred back to the operating room and placed in the supine position on the operating room table. All bony prominences were padded. The patient had general anesthetic administered. A surgical time out was performed in the OR preoperatively confirming patient identity and the right shoulder as the appropriate surgical site. The patient was then positioned upright in the beach chair position. The upper extremity and shoulder region were prepped and draped in a sterile fashion.

The deltopectoral incision was infiltrated with 1% lidocaine plus epinephrine. The incision was made down through the skin and subcutaneous tissues. Electrocautery was used to achieve hemostasis. The cephalic vein was identified and retracted laterally with the deltoid. The pec major was retracted medially. The upper pec major was partially incised for increased exposure. The arm was abducted, and the deltoid was swept from the humeral head using an elevator. A fair amount of hematoma was then evacuated. Digital palpation revealed comminuted fragments. . A modified Taylor retractor was inserted beneath the deltoid. The CA ligament was divided for increased exposure. A self-retaining Kolbel retractor was then placed medially beneath the pec major and laterally beneath the deltoid. The axillary nerve was identified digitally and protected. The clavipectoral fascia was incised, and soft tissues cleared. Beneath the conjoined tendon and the humeral head was free floating and lying within the axilla. This was removed. There was significant comminution of metaphyseal bone including the lesser tuberosity, greater tuberosity and other small bony fragments that had slips of rotator cuff attached. The supraspinatus was attached to a larger piece of greater tuberosity. The external rotators were attached to multiple fragments. There is no option for reconstruction of these fragments around the implant so the bony fragments were removed.

Op Note by Matthew R Willsey, DO at 8/7/2019 4:46 PM (continued)

Retractors were removed, and we turned our attention to the glenoid.

Glenoid retractors were placed across the joint, oriented flush to the upper aspect of the humerus. Additional soft tissue releases were performed as necessary to facilitate glenoid exposure around the superior, anterior and posterior aspects of the glenoid using electrocautery. The most inferior aspect of the glenoid was released using a periosteal elevator. The humerus was then retracted posterior and inferior to the glenoid, giving excellent exposure. A Hohmann retractor was placed posterior superiorly. A Bankart retractor was placed over the anterior scapular neck. The glenoid drill guide was placed over the face of the glenoid. There was a noted large bony Bankart on the anterior inferior aspect that made up approximately 30% of the glenoid.. A central pilot hole was drilled. A measurement was taken and 30 mm was noted.. The tap was then inserted to the correct depth, and position was confirmed. The small, cannulated reamer was inserted over the tap, and the glenoid was carefully reamed down to a smooth concentric surface with good bleeding bone while the bony Bankart fragment was held reduced in place.. Reamers were upsized until the glenoid was completely prepared. Peripheral osteophytes and soft tissues were removed.

The tap was removed, and the base plate was inserted in correct orientation into the prepared glenoid. This component was firmly seated, noting excellent compression into the glenoid. A drill guide was applied to the base plate, and bi-cortical drill holes were created and measured, and appropriate length 5.0 mm locking screws were inserted. The most anterior inferior screw was carefully pierced through the bony Bankart fragment and the fragment was essentially lagged into the glenoid neck with the screw. This provided excellent fixation. There was no toggle or loosening with stress placed on the baseplate or with rotation..

Finally, the 32 mm glenosphere was inserted over the Morse taper of the base plate, and impacted into position. After confirming fixation, a locking torque screw was inserted.

A thin Teflon retractor was placed in front of the glenosphere, and the humerus was once again dislocated from the joint, taking great care to avoid dislodging the glenoid component.

Next, the humerus was then sounded with T-handled reamers up to a size 10 mm. A 10 mm broach was then used to place the stem into the shaft. A measurement with a ruler was taken from the attachment of the pectoralis in order to judge the proper height for seating the implant. A trial polyethylene was then placed in the shoulder was located. This provided excellent range of motion on the table with forward elevation to 140°, abduction to 90°, internal rotation is 70 external rotation to 90°.

The trial implants were then removed. A cement restrictor was placed into the shaft of the humerus. Cement with methylene blue was then mixed and inserted into the shaft. The size 8, purposely undersized, reverse shoulder stem was placed and lightly impacted into the humerus and into some of the proximal remaining bone and held in the proper orientation until cement hardened. This was seated to the appropriate height as judged by the insertion of the pectoralis tendon of 5.6 cm. Once the cement was hardened a trial implant was once again placed in the joint was located. Excellent motion was noted again. The joint was dislocated. The final 32 mm neutral polyethylene component was then opened and impacted onto the final humeral component. The joint was reduced, and

Op Note by Matthew R Willsey, DO at 8/7/2019 4:46 PM (continued)

excellent stability and soft tissue tension were achieved. Full passive range of motion was achieved as listed previously. No evidence of impingement posteriorly in external rotation, inferiorly in adduction, or anteriorly with internal rotation was noted.

The wound was once again irrigated with pulse lavage. 500 mg of vancomycin powder was placed into the joint. The deltopectoral interval was approximated with 2-0 Vicryl and 2-0 Ethibond, the subcutaneous layer was closed with 2-0 Vicryl, and skin edges were approximated with 3-0 Monocryl running subcuticular suture. Sterile dressings applied. Arm was placed into a sling. The patient was awoken from anesthesia, extubated, and brought to recovery in stable condition. No complications. Counts correct.

Physician assistant required for procedure today with retraction, suction, soft tissue retraction and wound closure. Their participation in procedure was deemed essential.

Plan: The patient will receive three doses of antibiotics to be completed within 24 hours of surgery for antibiotic prophylaxis. Patient will have instruction by OT in am for movement. They will receive a postoperative x-ray in the PACU. If pain managed appropriate and ambulating patient will be discharged tomorrow. **Patient will start Physical therapy per protocol at 3 weeks from surgery.**

Dictating Provider
Matthew R Willsey, DO
8/7/2019
4:46 PM

Patient Demographics

Address	Phone	E-mail Address
1630 SUNNYSIDE AVE SHEBOYGAN WI 53081-7700	000-000-0000 (Home) 920-254-8133 (Mobile) *Preferred*	msommers1954@gmail.com

Brief Op Note by Lara C Schmitz, PA-C at 8/7/2019 5:02 PM

Author: Lara C Schmitz, PA-C	Service: Orthopedic Surgery	Author Type: Physician Assistant
Filed: 8/7/2019 5:02 PM	Date of Service: 8/7/2019 5:02 PM	Creation Time: 8/7/2019 5:02 PM
Status: Signed	Editor: Lara C Schmitz, PA-C (Physician Assistant)	

Operative Note:

This is to certify that I was present during the entire operative procedure and performed job duties as a first assistant during the surgical case. The duties include: Patient positioning on the operative table, sterilely draping the operative field, suctioning, retracting and wound closure during the operative procedure. The above duties were essential and necessary as they aided in a more efficient and safer procedure for the patient.

I currently hold a valid national certification, state licensure and hospital credentials as a Physician Assistant.

ORTHOPAEDIC HOSPITAL OF WISCONSIN

NAME:	Sommersberger, Mary E	MRN:	811-96-77
ROOM:		DOB:	05/25/1954
PHYSICIAN:	Dean W Ziegler, MD	ASST:	
DATE:	05/17/2021	ANESTH:	Kirsten Simanonok, MD

OPERATIVE REPORT

S42.124K

PREOPERATIVE DIAGNOSIS: Right shoulder status post reverse shoulder arthroplasty fracture, now failed secondary to instability as well as weakness and significant dysfunction.

M25.311 M25.811

POSTOPERATIVE DIAGNOSIS: Right shoulder status post reverse shoulder arthroplasty fracture, now failed secondary to instability as well as weakness and significant dysfunction with pseudosubluxation of the shoulder or laxity within the joint and an absence of rotator cuff.

ANESTHESIA: General.

NAME OF PROCEDURE: Right shoulder revision/reverse total shoulder arthroplasty utilizing DJO components changing out a standard or neutral poly tray for an 8 mm spacer and then a neutral poly tray followed by latissimus dorsi and teres major transfer as well as repair of remnant of subscapularis.

INDICATIONS: The patient is a 66-year-old female status post right shoulder reverse shoulder arthroplasty for fracture, who was significantly dysfunctional secondary to both the original brachial plexus injury from apparently the original injury as well as complete lack of function with the rotation, external and internal actively secondary to absence of rotator cuff and tuberosities.

DESCRIPTION OF OPERATI t underwent general anesthetic, beach-chair position, standard prep and drape of " y. A deltopectoral incision was utilized. Deltopectoral interval was mobilize e level of prosthesis. There was fluid present, which was sent for cult nts of tissue on the back of the humeral tray. Proximal humeral tissue in taneous area. After mobilization, we then dissected down and mobilize through the capsule and there was obvious instability present or s. The shoulder was dislocated and dissection was carried anteriorly whe . scar tissue with the deltopectoral interval and the deltoid region we debrided late apsular tissue deep to the deltoid for further repair later in the case. Anterior/medial di erformed and this allowed for dissection down into the level around the coracoid and conjoine on. We also identified the musculocutaneous nerve which was mobilized and retracted medially. We then were able to identify the latissimus dorsi and teres major attachment into the proximal humerus. These were tagged with a suture and then released off of the humerus and fully mobilized. Two tag sutures were placed within them. Full mobilization was then performed and this included releasing of superior tissue that appeared to be actually part of the remnant of the subscapularis. Mobilization was then performed and the sutures were passed from anterior to posterior around the posterior aspect of the humerus for transfer. We were able to advance this up to where the stump was, what appeared to be the stump from the pec major tendon that had previously been released. We then trialed the humeral

5-17-21 surgery

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component with various configurations of increasing the space and we found with an 8 mm spacer and neutral poly, there was actually very good stability and we could not reduce it if there was a larger poly in. Therefore, this was placed and reduced and after the reduction, the drill holes were placed in bone medial to the pec major attachment and then sutures were passed through the tendon attachment through drill holes in bone and tied giving good approximation of the tendon tissue to the remnant of the pec major as well as to the bone. This was the sternal head of the pec major. The subscapularis was then repaired to the bone as well and the capsule was closed as much as possible. The joint had been infiltrated with Betadine, copiously irrigated and closed in layers with Prineo on skin. Dressing was applied. Patient was taken to the recovery room in stable condition. Radiographs were obtained in the recovery room demonstrating reduction of the component. Needle and sponge counts were correct. Estimated blood loss was 350 mL.

Dean W Ziegler, MD

DWZ/sy Job# 10340741
DD: 05/18/2021 09:47:16 DT: 05/18/2021 10:47:18

M. Sommerberger photos
D.I
8/2/19