

CLIVE M. SEGIL, M.D., F.R.C.S., F.A.C.S.

**PDF Redactor Free** Orthopaedic Surgeon – Board Certified

17777 Ventura Boulevard, Suite 230, Encino, California 91316  
2080 Century Park East, Suite 1207, Los Angeles, California 90067  
1505 Wilson Terrace, Suite 310, Glendale, California 91206  
42283 10<sup>th</sup> Street West, Suite 107, Lancaster, California 93534  
14623 Hawthorne Boulevard, Suite 402, Lawndale, California 90260  
9555 E. Foothill Boulevard, Suite A, Rancho Cucamonga, California 91730  
Telephone: 818.342.5490 Fax: 818.342.5412  
E-Mail: [drsegil@drsegil.com](mailto:drsegil@drsegil.com)

March 29, 2022

RE: **CYRUS SULLIVAN**

**INDEPENDENT MEDICAL REVIEW**

To Whom It May Concern:

Medical records and imaging studies were received, and these were reviewed as follows.

**06/28/17—MARVIN LILLY, R.N., ANGELINA PLATAS, M.D., MULTNOMAH COUNTY CORRECTIONS**—Progress Notes. **Complaints:** They had been notified by the dorm deputy that the client complained of left arm pain following a use of force. He rated his pain at 10/10. **Physical Examination:** There was apparent muscular/skeletal deformity and edema consistent with a closed humerus fractured left arm. **Assessment:** Alteration in comfort. **Treatment:** Transfer to OHSU via AMR. Follow-up upon hospital return. USM form faxed.

**06/28/17—DEPUTY WENDY MUTH, MULTNOMAH COUNTY SHERIFF'S OFFICE**—Incident Report #27634. **Incident:** Use of Force-Inmate. **Summary:** Used force to move inmate Sullivan to a disciplinary unit. **Narrative:** The inmate was yelling, trying to turn around, and pulling away. The inmate continued to yell threats and insults and refused to cuff up. The inmate fought and was screaming and was kicking with both of his feet. She took hold of the inmate's leg and tried to control him. Then she was kicked high in the stomach by the inmate's foot. It had thrown her off balance and she slipped on broken tortilla chips and fell backward onto her bottom. There were several deputies there to handcuff the inmate by the time she was able to get back up. A short time later she moved the inmate's property to the 4<sup>th</sup>-floor disciplinary unit and became aware that the inmate had been injured and was going to the hospital via ambulance.

RE: CYRUS SULLIVAN

PDF Redactor Free  
D/REPORT: 03/29/2022

**06/28/17—DEPUTY PAUL SIMPSON, MULTNOMAH COUNTY SHERIFF'S OFFICE**—Incident Report #27635. **Incident:** Use of Force-Inmate. **Summary:** The inmate had been asked, advised, and ordered to cuff up through the food port. He refused each time and said, "Fuck you come in and get me." Sergeant Barker was called at that time. Barker and Ingram then applied the handcuffs on the inmate. The inmate was taken out of the cell and then he refused to walk and went to dead weight. Deputy Simpson stated he was played out both mentally and physically from the inmates' verbal and physical attacks on him. He had no more contact with the inmate.

**06/28/17—DEPUTY DAVID KOVACHEVICH, MULTNOMAH COUNTY SHERIFF'S OFFICE**—Incident Report #27636. **Incident:** Use of Force-Inmate. **Summary:** Inmate refused to be moved willingly to 5B, therefore force was necessary to move him to 4F. **Injuries:** Possible broken left arm. **Narrative:** The inmate was resisting furiously against the sergeants' efforts to guide him through the hallway. The inmate struggled and resisted the entire way. Sergeant Ingram and Barker commented that they needed to call Medical to have inmate Sullivan checked out as it appeared he may have suffered a broken left arm. Medical arrived within a few minutes and after examination agreed the arm was likely broken and the inmate required to transport to the hospital. The inmate appeared to be in pain and stated that he could not move his left arm. An ambulance arrived a while later, and the inmate was transported to the hospital.

**06/28/17—SARGEANT MATTHEW INGRAM, MULTNOMAH COUNTY SHERIFF'S OFFICE**—Incident Report #27637. **Incident:** Use of force-Inmate. **Summary:** Inmate refused to be moved willingly to 5B, therefore force was necessary to move him to 4F. **Injuries:** Possible broken left arm. The inmate struggled/resisted the directives given. **Narrative:** The inmate continued to struggle, yell, threaten and not comply. The inmate was ultimately handcuffed, and he continued to struggle and resist. Once the inmate was put in 4F and his clothes were removed he stopped struggling and then his handcuffs were removed. The medical team was called and stated that he may have sustained a fractured left arm. The ambulance arrived and the inmate was transported to the hospital.

**06/28/17—DEPUTY PHILIP HUBERT, MULTNOMAH COUNTY SHERIFF'S OFFICE**—Incident Report #27668. **Incident:** Use of Force-inmate. **Summary:** Use of force on inmate Sullivan. **Injuries:** Broken arm. **Narrative:** The patient injured his left arm during an altercation with deputies when trying to move him to the disciplinary unit. Medical was called and it was determined the arm was broken and an Ambulance was called for the transfer to the hospital.

RE: CYRUS SULLIVAN

PDF Redactor Free  
D/REPORT: 03/29/2022

**06/28/17—DEPUTY TIMOTHY MOORE, MULTNOMAH COUNTY SHERIFF'S OFFICE**—Incident Report #27669. **Incident:** Use of Force-Inmate. **Injuries:** Medical determined he may have a broken left arm. **Summary:** Inmate had been escorted to 4F. The inmate stated that he was injured after being placed in 4F-13. Medical had been notified and they determined that the inmate needed transport to the hospital via ambulance.

**06/28/17—DEPUTY WENDY MUTH, MULTNOMAH COUNTY SHERIFF'S OFFICE**—Incident Report #27682. **Incident:** Use of Force-Inmate. **Summary:** Force was used to moving inmate Sullivan to disciplinary housing. **Injuries:** The inmate was sent out to the hospital for a broken arm.

**06/28/17—DEPUTY UWE PEMBERTON, MULTNOMAH COUNTY SHERIFF'S OFFICE**—Incident Report #28100. **Incident:** Use of Force-Inmate. **Summary:** Refusal to perform directives, verbal threats, refusal to come out of his room that resulted in physical removal by staff. The inmate fought violently. The inmate continued to resist, he pulled on the inmate's arm and heard a "pop." They contacted medical and requested an assessment of the inmate.

**06/28/17—SNEHA AISOLA, AMR, AMERICAN MEDICAL RESPONSE NW**—Pre-Hospital Care Report. **Narrative:** The patient a 34-year-old male had been in an altercation with officers at the Multnomah County Jail. He sustained an injury when he was forced down to the ground and had his arm twisted behind his back. He felt pain when his arm was twisted. He stated that he felt his arm was broken after officers left his cell. He attempted to get up off the floor, but he could not. That was when he noticed the pain and numbness. The patient could move his fingers, wrist, and upper arm. Strong radial pulse, no obvious deformity, and no bruising/swelling. The patient walked to the stretcher with assistance. The patient was transported to the hospital. The pain had subsided with the splint and pain medication. **Complaints:** Pain left upper extremity. Possible left humerus fracture. **Physical Assessment:** Left-arm positive pain, fracture closed. **Primary Impression:** Trauma-Fracture/Dislocation. **Secondary Impression:** Pain-extremity. **Treatment:** The patient's upper arm was placed in a sling. Neuro exam performed post splinting. The patient was administered a Fentanyl Citrate 50 mcg/ML injection. The patient was able to stand and sit onto the ED bed and care was transferred to the ED RN.

**06/28/17—JENNIFER K. ROSSI, M.D., OHSU**—ED in OHSU Emergency Department. **Chief Complaint:** The patient was brought in with complaints of pain in his left arm sustained during an altercation with the police. The patient had been handcuffed with hands behind his back, he was agitated and during police handling, he felt his "right arm" pulled backward and felt a pop in his upper arm with pain.

RE: CYRUS SULLIVAN

PDF Redactor Free  
R/REPORT: 03/29/2022

**Physical Examination:** The “right arm” exhibited tenderness and deformity. There was “right arm” swelling about 2/3 way down the upper arm. **Visit Diagnosis:** Closed displaced transverse fracture of shaft of left humerus, initial encounter (primary). **X-rays:** Ordered left humerus x-rays, 2 views (her impression) – mildly displaced midshaft humerus fracture. **ED Course and Medical Decision Making:** An orthopedic surgeon came in and evaluated the patient. They placed him in a sling and swathe and would see him within 1 week. **Treatment:** The patient was administered a 0.5 mg Dilaudid injection. The patient has prescribed Acetaminophen 325 mg, 1 tablet 3 times daily; Albuterol 90 mcg/actuation inhalation HFA aerosol inhaler, 2 puffs 4 times daily; Bupropion 75 mg, 2 tablets once daily 150mg; Capsaicin 0.1% topical cream; Gabapentin 600 mg, 1 tablet 3 times daily; Minocycline HCl 100 mg, 1 tablet twice daily; Quetiapine 200 mg, 1 tablet at bedtime; Sertraline 100 mg, 1 ½ tablet once daily; Oxycodone 5 mg, #15, 1 tablet every 6 hours as needed. The patient was instructed to always wear the sling and was provided with discharge instructions and a prescription for Oxycodone for pain. **Disposition:** The patient was discharged to jail via police car with police officers. The patient was to follow up with ortho in one week.

06/28/17—TAYLOR R. LARA, M.D., JENNIFER K. ROSSI, M.D., OHSU—ED in OHSU Emergency Department. **Clinical Question:** Orthopedic evaluation for left humeral shaft fracture. **Physical Examination:** There was swelling over the distal upper arm. Tenderness over the distal upper arm. The examination was limited due to pain in the upper arm. **Assessment:** Humeral shaft fracture. **Treatment:** The patient was provided with a sling and swathe. They would treat non-operatively. The patient would return to orthopedics in about 1 week.

06/28/17—BRYAN M. WOLF, M.D., OREGON HEALTH & SCIENCE UNIVERSITY—X-rays of the Left Humerus, 2 Views. **History:** Trauma. **Comparison:** None. **Impression:** Mildly displaced humeral diaphyseal fracture.

06/28/17—KRISTYN SMITH, R.N., MULTNOMAH COUNTY CORRECTIONS—Progress Notes. **Complaints:** The client had been seen following a return from OHSU. The patient reported, “it hurts really bad; you need to get my pain medications ordered.” He was also concerned about eating in his cell with limited mobility. **Assessment:** Impaired comfort. **Treatment:** The client was reassured. SHF extra blanket for positioning/immobilizer. Ice TID times 3 days. The patient was provided with Norco 5/325 mg, 1 TID x 10 days. Stopped Tylenol while taking Norco.

06/29/17, 07/02/17x2, 07/06/17x3, 07/09/17x2, 07/11/17x2, 07/12/17, 07/22/17, 07/25/17, 08/01/17, 08/07/17, 08/08/17, 08/09/17, 08/16/17,

RE: CYRUS SULLIVAN

PDF Redactor Free  
D/REPORT: 03/29/2022

08/17/17, 08/21/17, 08/30/17, 09/04/17—MULTNOMAH COUNTY SHERIFF'S OFFICE—Medical Request Form (MRF). Inmate Sullivan, Cyrus submitted Medical Requests Form. The requests were regarding medications, ice, difficulty sleeping, and follow-up appointments with orthopedics.

06/29/17—LORI WOODS, R.N., MULTNOMAH COUNTY CORRECTIONS—Progress Notes. **Complaints:** The patient asked for pain medication for arm fracture, requested a high bed to help with pain from when he sat “low.” He also complained of “fingers twitching” that started after his fractured arm. **Physical Examination:** The patient was wearing a sling on his left arm. **Assessment:** At risk for pain. History of left humerus fracture. **Treatment:** The patient was instructed to use ice TID through 06/30/17. Continue Norco 2 tablets TID may refuse through 07/09/17. SHF reprinted at client request for 2 extra blankets. MRF prn.

06/29/17—BRYON M. WOLF, M.D., MULTNOMAH COUNTY HEALTH DEPARTMENT—X-rays of the Left Humerus, 2 Views. **History:** Trauma. **Impression:** Mildly displaced humeral diaphyseal fracture.

07/03/17—ALICIA TRULL, R.N., MULTNOMAH COUNTY CORRECTIONS—Progress Notes. **Complaints:** The client submitted MRF reporting a recently broken arm, asked for ice to be renewed as that helped with pain and swelling, and needed follow-up with OHSU. **Treatment:** The patient was provided with ice and informed dorm RN of order and could let the client know follow-up appointment had already been requested.

07/06/17—LORI WOODS, R.N., MULTNOMAH COUNTY CORRECTIONS—Progress Notes. **Complaints:** MRF X 2 requested to continue his narcotic medication until his outside ortho appointment r/t to his left humerus fracture. **Assessment:** Health-seeking behavior. At risk for pain. **Treatment:** The patient was to continue Norco as ordered. He had an outside appointment on 07/07/17.

07/07/17—AMY SOTHERN, P.A., OHSU—Office Visit in Orthopaedics at CHH. **Complaints:** The patient complained of pain in the left upper extremity (primary). **Diagnosis:** Spiral oblique left distal humeral shaft fracture. **Treatment:** Ordered x-rays of the left humerus, 2 views.

07/07/17—LORI WOODS, R.N., MULTNOMAH COUNTY CORRECTIONS—Progress Notes. **Complaints:** The client submitted an MRF stating that he fell and hit his broken arm, had increased pain/swelling. Client vague about when and how he fell; denied hitting his head or LOC. **Physical Examination:** The patient was able to wiggle fingers on the left hand & CMS was intact. The client had swelling in the left

RE: CYRUS SULLIVAN

D/REPORT: 03/29/2022

PDF Redactor Free

arm; the worse independent area near the elbow/AC. Wore an immobilizer on the left arm. There was yellowish bruising on the lateral left bicep; reddish/purple bruising on a medial portion of the bicep and forearm. A primary concern was to be able to continue his Norco until seen by OSHU ortho for follow-up. The client was to be seen at OHSU that day but was rescheduled to 07/10/17 due to an appearance in federal court that a.m. Norco's order was to be extended. Held Tylenol 975 mg PO TID through 07/10/17.

**07/09/17—TOMMIE NORTON, CHN, MULTNOMAH COUNTY CORRECTIONS—**

Progress Notes. **Complaints:** The client submitted MRF stated “the nurse said she would renew my pain meds talk to a doctor about renewing my pain meds. I still have not gone to OHSU for a follow-up, arm worse than last week. Fell Thursday, not healing right please need until my follow-up.” MRF was already addressed.

**07/10/17—AMY SOTHERN, P.A., OHSU—**Office Visit in Orthopaedics at CHH.

**Complaints:** The patient complained of left upper extremity pain (primary). **Diagnosis:** Spiral oblique left distal humeral shaft fracture. **Treatment Plan:** Ordered x-rays of the left humerus, 2 views.

**07/10/17—NATHANAEL LYONS, R.N., MULTNOMAH COUNTY CORRECTIONS—**

Progress Notes. After consultation with MSMD, an x-ray of the left humerus was scheduled for 07/11/17, with an ortho follow-up at MCDC scheduled for 07/12/17. The client requested an ice pack and stated that he was to receive them daily. Stood at the door, wearing a sling on left arm.

**07/11/17—KATHERINE BEAUMONT, R.N., MULTNOMAH COUNTY CORRECTIONS—**

Progress Notes. **Complaints:** The patient stated he did not know why his Norco had ended. He wanted it reinstated until he saw the provider again. A lawyer told him he had an outside appointment yesterday, but he did not go, wanted to know what the follow-up plan was. **Assessment:** Discomfort. **Treatment:** The patient was reassured. The 1400 meds were given at 1600. Norco TID x 3 days; APAP held x 3 days, ordered in Sapphire per APMD. Alert medical prn. The patient was scheduled to see in-house ortho tomorrow, may reinstate Norco TID x 3 days, hold APAP x 3 days.

**07/12/17—KATHERINE BEAUMONT, R.N., MICHAEL SEALE, M.D., MULTNOMAH COUNTY CORRECTIONS—**

Progress Notes. **Complaints:** The patient complained of left arm pain since the incident 2 weeks prior. The patient stated that deputies had tried to handcuff him and inadvertently broke his humerus. He presented to OHSU that evening and was treated with a sling and swathe. The patient was RHD and was an IT person for the occupation. **Physical Examination:**

RE: CYRUS SULLIVAN

D/REPORT: 03/29/2022

PDF Redactor Free

The patient was in a sling and swathe. **Assessment:** Left humerus fracture. **Treatment:** The patient needed to go back to OHSU orthopedics within 2 weeks. May remove swathe but leave sling on. The patient was instructed to start fist pumps and to continue medication for 2 more weeks. Provided one more blanket for positioning.

07/19/17—AMY SOTHERN, P.A., OHSU—Office Visit in Orthopaedics at CHH. **Complaints:** Pain in left upper extremity (primary). **Diagnosis:** Spiral oblique left distal humeral shaft fracture. **Treatment:** The patient was returned to Multnomah County Corrections.

07/24/17—HALYCON DODD, R.N., MULTNOMAH COUNTY CORRECTIONS—Progress Notes. **Complaints:** The client submitted MRF requested information as to when he would be seen at OHSU for a left humerus fracture. He had an appointment for OHSU on 07/17/17, however, due to Federal court was unable to attend, so MSMD was consulted, and OHSU was rescheduled to 07/31/17.

08/03/17—AMY SOTHERN, P.A., OHSU—Office Visit in Orthopaedics at CHH. **Complaints:** The patient complained of pain in the arm. He reported ongoing left distal humerus pain since he reported his arm was twisted during an altercation with law enforcement about 6 weeks ago. He had been seen in ED and then scheduled for ortho, but there was some delay in getting into ortho, so he had remained in his sling and was there for ongoing definitive treatment. **Physical Examination:** The patient was an overweight male with some bony thickening/prominence along the left upper arm but no tenting or tight areas. He had intact flexion and extension of the elbow active/passive but not full. He was very stiff at his shoulder with passive motion and was hesitant to move the shoulder. **Visit Diagnoses:** Pain of left upper extremity (primary). Closed displaced spiral oblique left distal humeral shaft fracture. **Treatment:** The patient was provided with a sling. He was encouraged in gentle motion of both elbow and shoulder with limited weight-bearing and repeat x-ray of the left humerus in 4 weeks. The client was ordered Norco 5/325 mg 2 tablets TID prn until 08/08/17 and Gabapentin 600 mg TID. Would continue Norco until that evening 08/03/17 then start Norco taper on 08/14/17, 2 tablets BID x 3 days, then 1 tablet BID x 3 days, then 1 tablet qhs x 3 days as well as add Ibuprofen 600 mg TID prn x 30 days per recommendation from outside Ortho visit; and ensure outside referral department schedules follow-up visit within 6 weeks. The client was already instructed on a range of motion exercises and ensured he had a sling provided and gave a form to authorize the use of KOP while incarcerated. **Assessment:** Health maintenance r/t left upper extremity fracture a/e/b care coordination. **Treatment:**

RE: CYRUS SULLIVAN

D/REPORT: 03/29/2022

PDF Redactor Free

CR'd orders. Ordered x-rays of the **left humerus**. CE downloaded. Consulted APMD. Rx's ordered.

**08/03/17—JOSHUA R. SMITH, M.D., SANDRA SCHMAHMANN, M.D., OREGON HEALTH & SCIENCE UNIVERSITY—**X-rays of the Left Humerus, 2 Views. **History:** Fracture. **Comparison:** 06/28/17. **Impression:** Oblique left distal humeral diaphyseal fracture had changed configuration, now with new apex-posterior angulation and medial displacement of the distal fragment. Early healing of the fracture.

**08/08/17—ANGELINA PLATAS, M.D., MULTNOMAH COUNTY CORRECTIONS—**Progress Notes. **Complaints:** Chart review for medications. The patient sustained a left humerus fracture on 06/28/17, he was felt to need non-surgical management of that fracture. He had been seen at OHSU and had to follow up within house Ortho on 07/12/17 and follow-up with OHSU Orthopedics on 08/03/17 when the fracture was said to be healing approximately and ongoing conservative care was recommended. The patient was being tapered off Norco with the addition of Ibuprofen. His last date of Norco was 08/12/17. **Assessment:** 49 days out from left humerus fracture healing approximately with non-surgical management. The patient was being tapered off narcotics with a complaint of persistent pain. **Treatment:** The patient was to complete Norco taper on 08/12/17 as ordered. Added Acetaminophen 975 mg TID. Continue Ibuprofen as ordered. Continue Gabapentin as ordered previously for chronic neuropathic neck pain. OA-med change in Sapphire (Acetaminophen).

**08/11/17—GWENDOLYN LUCAS, N.P., MULTNOMAH COUNTY CORRECTIONS—**Progress Notes. **Complaints:** The patient stated, "I'm angry with my arm pain and they are taking away my pain meds." He did not feel the Ibuprofen was effective for his pain. He complained of arm pain. **Physical Examination:** MS left upper extremity immobilized. Minimal range of motion secondary to "chained." There was pain with range of motion in the left elbow and left shoulder. **Assessment:** Pain of left upper extremity (primary diagnosis). Nerve injury. **Treatment:** They stopped the Tylenol and Ibuprofen and replaced them with Naproxen 500 mg PO BID. He was encouraged to use the Capsaicin cream TID to elbow and bicep before physical therapy exercising and to perform exercises and they went through each exercise, and he told which ones caused him the most pain. The patient was instructed on deconditioning while immobilized and how best to work through the pain as he rebuilt his upper extremity muscles. The patient was to return for follow-up in 2 weeks. Increased Gabapentin from 600 mg TID to 1200 mg TID. The patient was to be provided with ice packs TID.



RE: CYRUS SULLIVAN

D/REPORT: 03/29/2022

PDF Redactor Free

**08/21/17—CAROL SCALPONE, R.N., MULTNOMAH COUNTY CORRECTIONS—**

Progress Notes. **Complaints:** The patient had been seen for health assessment in his cell. He reported he had been waking up 3-4 a.m. since Norco ended, had trouble returning to sleep. Napped throughout the day. Asked for [REDACTED] not to be crushed and he requested an increase in dose when told Seroque [REDACTED] t be crushed. The client had a past diagnosis of [REDACTED]

[REDACTED] - pe [REDACTED]

Gabapentin 1200 mg TID - 93%- prescribed by GLMD for nerve pain. **Treatment:** The patient was to continue all medications as prescribed x 60 days. All MH meds were ordered through 10/12/17. AMPD visit 09/25/17 to follow-up arm pain.

**08/28/17—ANGELINA PLATAS, M.D., MULTNOMAH COUNTY CORRECTIONS—**

Progress Notes. **Complaints:** The patient reported his pain had improved with Naproxen, especially for his sleep. He had some mild dyspepsia on the Naproxen, no nausea, emesis, or blood in his stool. He reported he was doing his exercises, applied Capsaicin afterward. He was running out of Capsaicin as he was applying to both arms and his neck at that time. He was concerned that he had some arm stiffness and decreased range of motion. The patient reported a new “bump” near his belly button. **Physical Examination:** The patient wore a sling on his left upper extremity. There was a defect noted about 2/3 way down the humerus at the distal end. There was mild tenderness to palpation. He had a mildly decreased range of motion of 10 degrees in all directions at the shoulder with some pain with abduction and internal rotation. The abdomen was obese with a 1.5 cm soft subcutaneous mass versus a hernia just inside the umbilicus. Easily mobile/reducible. **Assessment:** Left supracondylar humerus fracture, sequela (primary diagnosis). Dyspepsia. Umbilical Hernia without obstruction and gangrene versus possible lipoma. **Treatment:** The patient was to follow up with Ortho OHSU on 09/12/17. Take Omeprazole 20 mg qd while on NSAIDs.

**08/31/17—KATHY D. RISCOE, R.N., MULTNOMAH COUNTY CORRECTIONS—**

Progress Notes. **Complaints:** The patient submitted MRF for a left elbow bruise and mole on the chest with a black spot. He stated the bruise started when he was doing his arm exercises. The patient was advised to stop the exercises for 2-3 days to see if they improved.

**09/04/17—ALICE TRULL, R.N., MULTNOMAH COUNTY CORRECTIONS—**

Progress Notes. **Complaints:** The patient complained of bruising on the left arm, which looked like a dead person’s arm. He had been told last Friday to stop doing exercises because of it. **Physical Examination:** There was light-faded bruising along

RE: CYRUS SULLIVAN

D/REPORT: 03/29/2022

PDF Redactor Free

the left triceps. **Assessment:** Risk for injury. **Treatment:** The patient was to continue with the current plan of care. Exercise as tolerated. Rest if painful/bruising.

**09/14/17—AMADOR CANTU, D.O., BUREAU OF PRISONS HEALTH SERVICES—**

Clinical Encounter. **Complaints:** The patient reported pain in the left humerus. **Treatment:** The patient was prescribed [REDACTED]

**09/29/17—AMADOR CANTU, D.O., BUREAU OF PRISONS HEALTH SERVICES—**

Clinical Encounter. **Complaints:** The patient had presented for chronic care for acid reflux symptoms, mental health, orthopedic/rheumatology, pulmonary/respiratory. The patient complained of 5/10 aching left upper arm pain. The patient reported that he had been seen by a pain specialist and was informed that he had “nerve damage.” He was currently weaning off Gabapentin tid max dose. **Physical Examination:** The patient had a good bilateral grip, weak/atrophied upper arm ecchymosis on the underside. Mild sensory loss to monofilament and HZ on an ulnar pattern of the left hand as compared to the right. **Assessment:** [REDACTED]

shoulder. Heartburn. **Treatment:** Ordered blood drawn labs. Ordered x-rays of the left humerus. The patient has been prescribed Mometasone daily and rechecked WPF and Albuterol use at the next CCC. The patient was instructed to use his sling.

**10/11/17—AMADOR CANTU, D.O., BUREAU OF PRISONS HEALTH SERVICES—**

Clinical Encounter-Administrative Note. **History:** The patient sustained a left humerus fracture 06/28/17 No Films (another agency). Assess healing. **Treatment:** They would reassess and consider Ortho consult.

**10/11/17—MAURICE YU, M.D., FDC SHERIDAN—**X-rays of the left humerus, 2 views. **History:** Prior fracture. **Impression:** Incomplete union and persistent displacement of an old fracture that involved the distal left shaft.

**12/27/17—AMADOR CANTU, D.O., BUREAU OF PRISONS HEALTH SERVICES—**

Orthopedic/Rheumatology Follow-Up Visit. **Complaints:** The patient had been seen for a follow-up of his left humerus fracture. **Treatment:** Authorization was requested for an Orthopedic consult for evaluation of the left humerus. X-rays were obtained of the Left Humerus, 2 Views that showed an incomplete union and persistent displacement of an old fracture that involved the distal left shaft.

**03/12/20—AMY SOTHERN, P.A., OREGON HEALTH & SCIENCE UNIVERSITY—**

Encounter Details. The patient a 34-year-old male complained of ongoing left distal humerus pain since he reported his arm was twisted during an interaction with law

RE: CYRUS SULLIVAN

D/REPORT: 03/29/2022

PDF Redactor Free

enforcement about 6 weeks ago. He had been seen in ED and then scheduled for ortho, but due to some delay, he had remained in his sling and was there for ongoing

patient's blood pressure was

There was some bony tenting or tight areas. The

patient had intact flexion and extension of the elbow active and passive but not full. He was very still at his shoulder with passive motion and was hesitant to move the shoulder. **Impression:** Left distal humerus fracture, angles, sub-acute with early signs of healing. **Treatment:** They discussed that he had seemingly had quite a bit of progression regarding the fracture healing and that clinically he was doing well. No fixed follow-up plans were made at that time. Ordered x-rays of the left humerus, 2 views.

03/12/20—BRYAN M. WOLF, M.D., OREGON HEALTH & SCIENCE UNIVERSITY—

X-rays of the Left Humerus, 2 Views. **History:** Shoulder pain. **Comparison:** 08/03/17. **Impression:** Unchanged alignment of a healed distal humeral diaphyseal fracture. No new fracture or focal osseous destruction.

Enclosed were pages that consisted of miscellaneous facility records, e-mail, incomplete reports, labs, EKG which were reviewed but not summarized.

REVIEW OF IMAGING STUDIES

Multiple images were received, and these are reviewed as follows.

06/28/2017 -X-ray of left humerus. Shows an oblique fracture of the distal third with some posterior displacement.

08/03/2017 -X-ray of the left humerus. Shows marked displacement with no visible support for this fractured humerus, and still no evidence of any healing.

03/12/2020 -X-ray of left humerus. Shows a healed fracture of the distal third of the left humerus, with slight varus angulation of 5 degrees, and also an anterior angulation of 15 degrees.

DISCUSSION

After reviewing these medical records above and the imaging studies, it appears that he sustained a fracture of the distal third of his left humerus following an altercation with officers at Multnomah County Jail. Due to the severity of the injury, he would

RE: CYRUS SULLIVAN

D/REPORT: 03/29/2022

PDF Redactor Free

not have been able to fight ferociously, or engage in similar behavior, as claimed by the officers, with this type of injury.

This fracture was improperly treated, and as a result, he is now suffering from a malunited fracture of his humerus with both anterior and varus angulation. He should have had proper immobilization for this fracture so that it would heal in an anatomical position. A Surgery should have been made available at the time of the injury in the form of an open reduction and internal fixation, which would result usually in a perfect healed humerus fracture.

A Sarmiento brace properly fitted would have improved the position and his recovery of this fractured humerus over the surgery as suggested and would not have resulted in a mal-united fracture. Also, during the time this would have reduced his pain by keeping a rigid immobilization of a fracture.

He would have received better care from other orthopedic surgeons with similar training and experience in the community.

I declare under the penalty of perjury that the foregoing is true and correct.

Yours very truly,



Clive M. Segil, M.D., F.R.C.S., F.A.C.S.  
Orthopedic Surgeon