

Operating Room: Range Of Motion Exercises For Non -Operative Leg, Ortho Case.

The patient developed compartment syndrome in his right calf after a lengthy orthopedic procedure to repair the posterior cruciate ligament in his left knee.

Intra-Operative Care

The evidence revealed that the circulating nurse, in fact, at least twice during the six-hour-plus procedure reached under the sterile drapes and exercised the non-operative leg.

Still, the expert witnesses related the patient's post-operative complications to range-of-motion not being carried out as frequently and extensively as necessary.

However, the judge dismissed the case because the expert witnesses could point to no established standard setting the accepted parameters for exercising and then re-positioning the non-operative leg during an orthopedic case.

The Court of Appeals of Michigan, however, overruled the dismissal and reinstated the case, believing it would be more appropriate for a jury to hear the experts on both sides, decide what is correct and render a verdict.

Post-Operative Care

The evening after surgery the patient's nurse reported to the physician that his urine was tea-colored, an abnormal finding. A half hour later the patient, as his pain medication wore off, was having pain in his knee.

Then ninety minutes later he told the nurse he was having cramps in the other calf. The nurse reported to the physician that the calf was firm and tense and very painful to the touch. She wanted to do a Homan's test for deep vein thrombosis but the leg was too painful to the touch.

The Court of Appeals faulted the way the residents responded to the nurse's good assessment data. **Schutz v. Ingham Regional Medical Center, 2006 WL 1451557 (Mich. App., May 25, 2006).**