December 1, 2022

Dr. Randy Bell
1401 W. North St
Jackson, Michigan 49202

Dear Doctor Bell,

My goals today are the same as when I saw you on February 18, 2022.

I want to recover from all the damages caused by my incident on 1/8/2022 as quickly as possible with the assistance of professional medical care. I want my entire body checked head to toe for anything that Lakeland Regional Hospital may have missed during my care there (1/8 – 2/14/2022) as well as anything that may have been not yet found in my care here from 2/18/2022 through 11/30/2022.

I feel EXTREMELY CONCERNED, ANXIOUS, WORRIED, and SCARED that as the patient I have been "gaslighted" into believing that there was nothing physically wrong with my body causing my slowed recovery and pain. I am extremely concerned that this is still going on – possibly causing a lack of trust in doctors in me that could negatively affect me the rest of my life. I understand that you are human and I do not expect perfection from you now or at any time before; I do expect honesty – and I do expect your honest best to treat me – the whole patient. Further I have made it clear that I am not interesting in pursuing any legal liabilities, I only want to be treated for all conditions that I am currently suffering.

I need to learn the truth of my situation as it has evolved for my own peace of mind going forward.

I feel that my contributions to my care – my expert opinion on the proper function of my body – have been completely ignored. Worse, when I complained regularly of ongoing severe acute pain in my leg, hip, and ankle causing an absolute lack of ability to continue my ADL's and saw you on 6/8/2022 – five months after my original injury – you did not investigate a cause – you doubled my dose of Oxy.

If the X-rays taken were sufficient to rule out any unaccounted injuries – and that severe acute pain five months after an injury is not common – what was the rational for the increased pain killers?

Is it possible that you and other doctors discounted the continued my recitation of symptoms as an attempt to secure the pain killers for recreational use?

Is it possible when I stated my pain was "well managed" – to me saying I do not want more drugs – that the doctors heard I was comfortable and okay with a plan to medicate my life/pain away?

Is it possible, in the goals of professionalism and efficiency in your office – patient in, read history, ask how feeling, confirm diagnosis, write script, write referral, shake hand, set three month follow up – the processes was not designed for a patient like me? Fine for a patient like me five years ago – coming to see a doctor for a checkup- but not a patient needing full evaluation of undiagnosed traumas.

For reference, so that hopefully you can understand how I am feeling, here is a snip from your notes of our visit on June 8, 2022:

> **Physical Exam**
>
> Musculoskeletal:
> Comments: **Bilateral leg weakness**
> **Spasticity noted on right low back with left hip elevated compared to right**

Importantly here is that my left hip was elevated compared the right hip – and I have many photos and videos of my body from May through now – as every single doctor told me there was nothing wrong – however the simple facts that my femur was exiting my left hip to the rear (about a 7:30 oclock position, comparted to the expected 9:00 oclock position,) I had SEVERE BAD PAIN emanating from my hip/back/leg – five months after my original injury. Here is your assessment:

> **Assessment**
>
> Procedures
>
> The primary encounter diagnosis was Weakness of both lower extremities. Diagnoses of Multiple closed fractures of pelvis with unstable disruption of pelvic ring, sequela, Compression fracture of T11 vertebra, sequela, Adjustment disorder with mixed anxiety and depressed mood, Essential hypertension, Syrinx of spinal cord (CMS-hcc), and Inattention were also pertinent to this visit.

The problem I have here is that you addressed one issue presented – lack of focus – and ignored the main reason for my visit – the pain in my hip – and my hip/femur inability to allow my pelvis to be level or to function and rotate as designed.

The second problem I have here is that you did not offer a new diagnosis of the main issue presented and instead regurgitated the same copy and pasted diagnosis from five months previoius, as everyone has.

Lastly I would like some clarity from your point of view on what exactly was my adjustment disorder?

Was I having some issues accepting a lifelong disability? Was I having some issues accepting severe pain as a part of daily life? Was I having some issues accepting that some days I have to choose between be able to move to go eat or vacate my bowels or choosing to staying in bed to avoid pain?

Yes, I was having those issues and many more.

However, was the best answer to take a medication to help me accept these things?

Could we have listened to all the issues presented and addressed them directly?

With my only care-giver in the room – was it best to say I just needed to keep working PT and that there was no physical cause of my pain – leading that caregiver to leave me, as to not enable my laziness - as was my lack of effort interrupted, as you incorrectly announced there was no actual cause for my pain.

Your primary concern seems a plan for my implant removal, let’s go there next:

I want my hardware removed in accordance with the options explained to me when I consented that the internal fixator be implanted in me – namely that I be allowed to keep my hardware. This has been explained to you and Henry Ford, et al, in every visit and appointment of 2022. If this is not the “policy” on Henry Ford, I suggest that perhaps the time has come for an exception to be made.

If Henry Ford chooses not to allow me to keep my hardware, than I request you to send the PDF document that you now have – emailed to you from me – to U of M Ortho so that they may have the last document that Henry Ford could not have sent them previously, as that is what they are waiting for. This is of course presuming that you have already verified that U of M Ortho will allow me to keep my hardware – as I would be quite disappointed at this point if the pending referral to U of M still did not consider the my wishes and requests for my care – as promised to me when I was implanted.

If Henry Ford or U of M Ortho will both not allow me to keep my hardware, then the only next option I have is the return to Florida – which I am ready to do at this moment if that is my next best step.

However, I do not wish to “restart” this process of care in Florida – as to do so I will have to legally move to Florida, to select a new primary care physician, and start again with a new intro visit – and I will have to explain this very long story all over again that I truly wish to stop telling – I need this story to end.

Further with only thirty one days of my insurance remaining, after these delays of allowing me to believe I could receive the care requested locally, I may not have the luxury of time to proceed otherwise.

However, the soonest we can get a clear and final answers, the sooner I can make the next choice.

Will Henry Ford be able to make this exception?

Is U of M Ortho’s policy to allow patients to keep their hardware?

Will U of M Ortho, if needed be able to make this exception?

If the answer to both of these questions is no, then the plan for implant removal is Florida.

Next, as I’ve asked repeated – I want my history updated properly on the Henry Ford mychart/epic/whatever you use. The problem here is that I do not feel it is my duty to have to type of my own history notes for a specialist to be made aware of my conditions. The simple fact is that as time goes on I will likely forget many details of my history, hence it is very important to me that every doctor I see is aware of my history.

However, despite my request, here the PAST HISTORY on file (copied from Dr. Moore’s notes on 11/22:

PAST HISTORY

Past Medical History:

Diagnosis	Date
• Anxiety	
• Hypertension	
• Transfusion history	
• Urinary retention	

Past Surgical History:

Procedure	Laterality	Date
• BLADDER SURGERY *Repair from trauma*		
• FEMUR FRACTURE SURGERY	Left	
• SPINE SURGERY *T10-T11 caged*		

Allergies

Allergen	Reactions
• Calamine *CALAMINE*	
• Zinc Oxide *CALAMINE*	

No family history on file.

I would like this information updated immediately so that is correct with all my diagnosis’ information. To be added to the Past Medical History, Diagnosis section:

TBI (tramatic brain injury)	(PLAN: monitor for symptoms)
SCI (spinal cord injury)	(PLAN: monitor for symptoms)
Syringomyelia	(PLAN: monitor for symptoms)

By doing this, I feel that a decade from now if I have a medical issue that I may think has no bearing on this years issues, a future doctor would know that these issues could be relevant and be best informed and be best prepared to offer me medical advice and resources to monitor these conditions as needed.

My current issues

Continued left side paresis – I can feel and operate my entire left side, however there is still a notably 'resistance' (?) on that side of my body. I have learned how to mitigate this, to always 'try harder' with my left side always (mostly I'm talking about my arm here) however that does not work for all things. Such as I cannot shuffle a deck of playing cards (using hands together) though I have relearned how to type, which uses both hands, yet independently.

My left hand will often get odd sensations, tingling warm sensations, bothersome and waves to almost a pain, but just really really annoying – will have to stretch and contort hand to find relief. The sensation goes from under my armpit to the tips of my fingers down what feels like are my tendons. Have noticed this all year comes and goes – however it was SEVERE when I injured my ankle on 11/15 and all the spasms my foot endured where mirrored on my hand. This has gotten somewhat better, back to how it's been all year – but not now I used to be.

Mental performance – immediately in the hospital in Florida I noticed decreased mental performance, notably in a dramatic increase in the time required for me to solve Sudoku puzzles (a previous pastime.)

I have always enjoyed stimulating my mind – solving puzzles – solving rubix cubes (under two minutes) and doing large amounts of math in my head – I was able to multiple up to any two digit number by any three digit number in my mind in seconds, I cannot do this anymore.

I've worked for over twenty years as a computer consultant – a diagnostician if you will.

Yet, now solving problems, or tracking down computer issues, give me a headache. Same as math or puzzles if I try them now. I keep trying to push through this, but it seems my appetite for thought has changed. I used to enjoy the feeling of mental stress, now it just hurts, so I avoid it.

Windows computer have been my at my side for the length of my career – now I have problems using them. Refuse to call a computer guy – or call my kids and have to admit I can't figure out my computer anymore. To solve this, I've recently purchased a Macbook. I need things that work easy for me now.

My pelvis has been moving this month (no changes before 11/2) the mons, or pubic symphysis has moved back together evenly, my entire waist is now an oval again, with femurs exiting my body at the normal 3 and 9 oclock positions. No more stomach pains and cramps. My bowels have gotten much better, I can eat and defecate without nausea. My insides FEEL good – I was not fully aware (hiding behind all my pains and pain killers) how unusual my internals had felt / how accustomed my body became to living and surviving in a state of constant pain.

Generally, I have been feeling REALLY GOOD. ZERO PAIN. LIFE IS GOOD AND I'M READY TO MOVE ON, I mention this, as I wonder, could I be feeling too good? Is that a symptom of a problem?

Also would like to try switching Bacofen back to Tizandine to see if that makes my muscles less sore.

Also still have rash from Florida hospital on arms, chest and neck. Anti-fungal spray is no help.