

En Passant

By Jeromy Alexander

March 3, 2025

Edited

March 9, 2025

This is the medical narrative of the events that began on January 8th, 2022; sequela a skydiving incident in which the author face planted the Earth at forty-five miles per hour. Out-of-state, “beyond lifesaving” care was paused as the author was to be transferred home.

Due to miscommunications arriving home, the full previous charts were not imported, traumatic care was not restarted, and under the care of a Primary Physician, acute injuries were allowed to remain in the process of evaluations and treatments given over the next thirty-six months.

Table of Contents

Table of Contents	2
Preface	3
Moment of Impact	4
Trauma Department	6
State Insurance	8
Step Down Units	8
County Insurance	10
Florida Rehab	11
Discharged	12
FUBAR	13
Primary Care	14
Orthopedic	15
PMR	15
Neurology	15
Six Months	16
Nine Months	16
Eleven months	16
Fifteen months	17
Eighteen months	17
Twenty-four months	17
Thirty months	17
Thirty-six months	18
Thirty-nine months	18
Current Issues	19

Preface

The short story?

First: Single forty-three year old white male. Physically healthy, mentally and socially active.

And: Skydiving politics and a bad landing caused me to get hurt very badly, almost die, oh my!

Then: Because I had state insurance and was out-of-state, my medical care, chart was FUBAR.

So: Doctors at home didn't care, nearly killed myself, now I'm almost homeless but graduating!

I'm working on the "so" line, I'm not quite sure what the buy-in is that I need to sell here in the preface in order to stimulate anyone to read further, other than to say this is what I know now.

For weeks, especially in the Florida step down rooms as different doctors and nurses rotated in shifts, I had to learn that some knew about my case: that I was unsolved, diagnosis pending, and others did not. Everything was in the chart of course, however as I've passed through the various stages of care, I had to see that every care giver reads the chart differently and applies the information differently depending on their role in the process, their position in the system.

Finally, let me explain the title. It refers to a chess move in which a pawn can take another pawn when it cannot attack directly, "in passing." Essentially if a first pawn moves past a second pawn's striking zone too quickly, the second pawn can attack and capture the first pawn via the square they would have occupied had they moved slowly one square ahead instead of two. In the same way, after a certain point no doctors or nurses even attempted to earnestly diagnose or evaluate me past the basic information needed to update my chart and rather continued their treatment of me based on the "box" they thought I was in.

However, their treatments were useless and they only masked the suffering I endured.

Moment of Impact

So what happened?

Well, I didn't know it, but I had COVID and... But no, the 'rona didn't get me and it didn't help.

There are too many ways to tell a story, that is what happened. Which story would you like? My perspective or did someone else tell you already? Firstly, there is a long story leading up to the moment of impact and there is a long story after the moment of impact, this is my story of after.

On January 8, 2022 I impacted the ground while I was skydiving. Although I impacted while going at a high rate of speed, I was not going "straight down". I had used a landing technique that was intended to cover a large distance at a low altitude and I had not yet reached my intended landing speed when I touched down. Secondly, this is not a story about aviation.

At the first impact site my body was positioned in a "cannon ball" position with my knees pulled as tightly into my chest as I could and with my arms fully extended still controlling my canopy to maximize it's lift to minimize the force of my impact on the ground. My feet hit first, my chest pressed into my thighs, and my knees into the ground as I smacked the Earth directly with my face. Gladly, I was wearing a full face helmet and I didn't get a scratch on me from this.

I did bounce 67 feet over the next one second (45 mph) at an altitude of three or four feet above the ground as I did a full "feet over head" flip and a half twist and landed on my back at the second impact site and tumbled another one hundred and fifty feet to my final landing spot. Video available, search YouTube for "[Jeromy Alexander 2586](#)". The video stops by itself as the impact triggered the "off" button for the GoPro camera I was wearing on my helmet.

Within seconds I was tended to by friends who comforted me until I lost consciousness, stabilized me and removed my gear to avoid further injury. Local ambulance services were contacted immediately who arrived and tended to me; and would have also transported me.

Among my friends was a traveling nurse who did what they do, triaged and recognized the extent of my injuries. When I was able to speak to her about that day later, she told me she was a few hundred feet away in a training course being held at the same location. The first friends that had reached me had also known she was there and summoned her post haste.

Her thought once she got to me and evaluated my condition was “oh, I sure hope he’s got insurance, because I’m calling him a helicopter”, and she did. She didn’t tell me explicitly, or maybe she did and I don’t recall, but I’m pretty sure that most people can’t call 911 and order a helicopter, rather they send an ambulance and things get escalated from there.

I was later told that had the air crew not arrived and then stopped the pelvis bleeding en route, I would have died. The road to drive to the hospital was forty-five minutes via ambulance and I had twenty minute bleed apparently. I was alive on arrival and evaluated and treated in the trauma department with full body MRI and CT scans, an exploratory laparotomy to find internal bleeding followed by repairs to my bladder and colon, a femoral reduction, and open book pelvis reduction, and a full ring external pelvic reduction.

I was held in an induced coma for days and only awoken if they needed to talk to me, such as asked how many piercings I had prior to my first MRI (eleven, but I was only wearing nine.) I could only communicate by pointing my right hand at a grid of letters they held in front of me. Firstly, they told me I was okay and I ‘typed’ the word “plastic” and tapped my head, and to their next question I responded “Apostolic Pardon” and they let me see my son who was there.

Trauma Department

I was tested COVID positive immediately. Whether that was on the ground, in the helicopter, or in the trauma department, I'm not sure but I do know I was told it was pre-existing my arrival. Full precautions were taken. My rooms were treated as an airlock, specialized protective gear had to be donned and discarded by everyone that entered my room, almost no visitors were allowed until I was negative and once I could have visitors, I was told that I could lose future services if I allowed myself to become positive again.

During the open book reduction a drill bit was broken off by the surgeon and the tip of that drill bit remains lodged in my pelvis. Unable to perform follow up MRI's, team of doctors did everything they could to discover the cause of continued left sided hemiparesis.

I was told was a mild concussion was shown on the intake MRI's to the front left portion of my brain and that I would be okay and they would monitor me for other symptoms of anything worse. I could not feel my left leg, no sensation, no movement whatsoever. I could not move my left arm, apart from my fingers. There was diminished blood flow and nurses struggled to record my heartbeat in my foot. There was discussion of signs that would lead to amputation.

The first few days I sipped fluids and eventually was able to eat solids. I was encouraged to eat and drink more, but could not tolerate it much, amongst all the pain and drugs was a constant queasiness and 'sick' feeling. A feeling that something was mentally wrong and that I didn't feel right. I was told that I was on drugs and I told them I know how drugs make me feel. Over the first weekend my son brought me a sudoku book and noticed a problem with numbers. I could read the numbers, but I could not "see" them as before. I tried the app on my phone and I could no longer solve intermediate and advanced puzzles, and my time quadrupled on easy.

I had damage to processes on T6, T8, T10, and had broken the 9th and 10th ribs on the left side, and had a compression fracture of T12, however was told that my spinal cord was fine. They were concerned about possible damage to the brachial plexus, however two or three days after I was woken up my left arm began to function more, I could control from the elbow down though I had no shoulder or arm strength to even hold my hands on a keyboard in front of me (I asked for a roll of tape, to fasten my arm to the table with my hand in place.)

Analyzing the initial MRI's a syrinx (a bubble of fluid inside the spinal cord,) was found near T12 and explained to me that it was of a small size that likely shouldn't cause any issues much less the severity or sudden onset of my issues and couldn't have been caused by my incident, so it was discarded from the ongoing diagnosis and it was charted for later followup.

Analyzing the initial MRI's a "mass" was found in my nasal passages. This information was discarded from the ongoing diagnosis and it was labeled for later followup.

Throughout my journey I collected my trauma notes. There were a stack already when I woke up and each specialist would leave a printed copy after they were done with me. It was nice to see some had noted that they had considered and "presumed consent" for them to treat me.

Surely in the days before I was woken up and had my ventilator removed and after I remember being moved from my room at first with two nurses covering two rooms and a floater shared with two other nurses (which which nice as I required three nurses to do a "log roll" when they needed access to my underside,) to rooms with one nurse for two rooms and a floater where they needed to "ask" for help from another nurse who had their own patients in their rooms. After that, as my condition progressed, nurses with four rooms, eight rooms, and fifteen rooms.

State Insurance

In the first day or two after I woke up I was approached about the bill and how I planned to pay it. As I recall, it was about \$250,000.00 at the time and they had already begun to calendar plan my next surgery. I was covered by my home state of Michigan's Medicaid insurance and I had been traveling out of state in Florida when the incident occurred. The next day they came back and said Michigan would only cover any further "life-saving treatments" while out of state and no more efforts could be taken in Florida to find the cause of my hemiparesis. There was brief discussion of trying to fly me home in a hospital bed, however I was told "those kinds of flights are expensive." In hindsight, I think they meant they are hard to coordinate. Rather than attempt to fly me home, they approved another surgery out of state.

I had a final discussion with my trauma team about what I needed to do next. They had eliminated my brain, spinal cord, and broken bones as the cause of my leg not functioning, but could not continue further diagnosis. I was told to a hospital my insurance would pay.

Step Down Units

Five days after I woke up I received my next surgery replacing my external pelvic fixation with an internal fixation. After I was awoken and returned a new room a new nurse attempted to log roll me by herself and instead folded me in half and hyperextended my left knee. After a full shift of my nurse being in the other room, I was moved to a step down room, another, and eventually into a "long term holding" on the "PT" floor, thirty rooms, sixty beds, four nurses, one supervisor, and one physical therapy doctor. Specialist visit. My bill was up to \$500,000.

At one point I was told "the next most likely thing to kill you is the lack of a bowel movement, we really need to focus on this". It had been almost two weeks since my incident and all medications were already being employed. As the days ticked by, this became more and more

important and I began to agree it was more important than walking. Unable to flex or extend my abdomen, rotate my pelvis, or activate any muscles on the left side of my body below my belly button, defecating was hard. Even rolling into a position to attempt was painful, as was being transferred via a lift. Two of four nurses on the floor could lift me and place me on a toilet. Finally, I was offer simultaneous suppository, oral and IV medications. The best I can describe the next six hours is “this must be what labor feels like”, except demonic, I was sweating.

Towards the end, as all of the medications were wearing off without success I asked my nurse if there was anything else we could do. To their credit they offered to digitally stimulate me. Unfamiliar with medical terminology I inquired. However, this nurse was six foot eight inches, a solid two hundred and fifty pounds if not more, I was scared when they held up their darkly pigmented pinky finger and wiggled it at me. No smaller or female nurses offered, nor did I ask anyone else. The next day I still hadn't gone, but that nurse wasn't on shift and although it was bad, real bad I didn't want to have that conversation with anyone else, I was going to ask him to try the next step. Thankfully, I was able to go the next day, before they came on shift.

They discovered a clot in my leg at this point, they had been giving me regular sonograms of my legs and found one and a few days later it resolved. I was told it was “non-occlusive”, so it wasn't important enough to get reported back to my original trauma surgeons as that just “sometimes happens” with stoke patients. However, up to this point I had only been told that I'd had a “mild concussion” and I'd be monitored for more signs. They said “okay” and repeated that non-occlusive's do not get reported back to the trauma team, and insisted even when I pointed out that no brain matter would be stuck in the veins of my legs if I only had a mild concussion and that any amount would indicate a more severe brain injury. Then I was told that as a sonogram tech they can't diagnose anything like that and a doctor would read their results and come diagnose me with a blockage in my leg if they decided I had a blockage. They did not, likely because I didn't loose enough brain matter to fully block a vein.

County Insurance

About the 19th, I checked my email and had a message that Jackson County was offering to give me a brand new insurance policy, even though I was already injured and had not been “on the job” for ninety days. Their insurance was willing to pay an additional \$250,000 to set me up in a two week long in-patient Florida Rehabilitation Hospital program, as soon as I could get in.

With a fresh insurance plan willing to pay, I don’t know why the doctors didn’t just start to diagnose me again right there in Florida. No one really talked to me that I recall. I saw the Chairman of the County Board on television say the County was doing everything they could to get me home.

Another week or so later they were able to give me MRI again and they were able to see which of my remaining initial injuries were most severe and if they were “life threatening” enough for Michigan to let Florida do anything about. The next day a spine surgeon visited me and we scheduled the implantation of my spinal cage around T12, non bonded. It was implanted uneventfully on January 25th, 2025 to be removed after one year if it causes issues.

Two and a half weeks being deprived of an MRI it was found that I had an injury that required another out-of-state life-saving surgery on my spine - after continuing to have me working on sitting up and moving through pain.

The night waking up from that surgery was my first “bright eyes” and manic “recovered” feeling event. My spine that hadn’t allowed me to lean forward at forty-five degrees to eat food for the last two weeks was healed and it felt so good and I remember sitting up and twisting and stretching thinking that this was “it!”, I’d be walking out soon. Only the next day I woke up

feeling just as bad, still unable to move my left leg. I've found this pattern repeating each time a part of me recovers, sometimes it feels so good that it makes all the other still existing pains "not hurt" for six hours to six weeks until my body, even with the sudden boost towards wellness arrives at another plateau.

Florida Rehab

On January 31st, ten days after signing up for it, my new insurance policy took effect and I was moved from a regular room on the "PT" floor to what felt like a penthouse suite at the Rehab hospital (which was a connected building, hence no worries about transportation as I never had to leave my hospital bed to get wheeled over.)

One nurse for six rooms. Bandages that hadn't been touched in weeks were being cleaned three times per day, my hair was washed and I got a sponge bath each week and the staff brought me magazines. And three one hour physical therapy sessions per day, five days per week for two weeks as is their specialty. This was very nice place, especially compared to the directly previous room I was in, brightly lit rather than dim and no howls from other patients. However, here it was made clear to me that they did also not provide diagnostic medicine.

The staff only instructed me on how to overcome my limitations. On February 2nd, I was able to move my left toe. I learned how to tolerate the pain and use my right arm to put on my back brace and hoist myself into a sitting position. If I couldn't transfer sliding this way into a wheelchair, then they would show me another way to try. At one point I had a dramatic pain in my pelvis there, but all they did was order a portable Xray that was read remotely and "showed no hardware movement".

Discharged

On February 14, 2022 I was released from Bannister Rehabilitation into my own care (with the assistance of family) and was told to go home and reestablish my care there. Previously, I had already discussed my “next steps” and follow up plans with my trauma and orthopedic surgeons. Telling them the local hospital options, they again recommended Henry Ford.

I was told to have my internal fixation removed after eight weeks and the screws in my knee removed after one year. I was told to have my diagnostic care restarted to be evaluated for secondary injuries and to investigate continued acute pain. The Florida pelvis surgeon had visited me in my last few days and diagnosed me with foot drop and nonchalantly ordered a leg/ankle brace for me to wear twelve hours per day for six weeks. The extra large size barely fit over my leg. I was told this was no big deal and that it would go away on it's own.

Leaving Florida I was paranoid that my case would be mishandled. I insisted they provide me with printed and digital copies of my records, which they did. I spoke with the Rehab hospital's lead doctor extensively about how my case was to proceed when I returned home. I was assured that my full digital records would be transferred. After he tried unsuccessfully to contact my Michigan doctor (I later found out that I had previously been “dropped” as a patient after several years without visiting his practice,) he suggested I report to the emergency room and “just tell them what happened.” In hindsight, I think he was trying to tell me to go and kinda “get my foot in the Emergency Department door” and plead my case as I could.

There was a special nurse the last few days that helped me transition to being “out-patient.” We went over all the medications I had to take (15+ at the time,) the shots I had to give myself (one a day for a few more weeks,) and all the follow-up appointments for diagnosed issues. Other than the medications and instruction, it was meaningless as they knew I already had my

flight booked to Michigan and they couldn't provide the same connections to services here. I was told that based on my injuries I had a three to six month recovery window.

FUBAR

I didn't know it, but I was already screwed a week before I left Florida. When I returned to Michigan, it should have been arranged to drive me straight from the airport directly to Henry Ford Detroit. However, what the lead doctor didn't tell me that he must have found out while calling Michigan hospitals was that because my injury had been more than thirty days, my case would be handled by a primary care physician that accepted Michigan Medicaid.

I presume at my insistence, the rehab doctor faxed his own report to my primary, not my three hundred page trauma report and need for further diagnostic care, rather the rehabilitation report of what I had done while there: I had learned to sit up, feed myself and transfer into a wheelchair or onto a portable toilet and wipe myself. Mostly, and what wasn't in the report, I had started to learn how to endure the pain, how to clench my body and move slowly to avoid the pain. Listed were the suggested follow-up appointments that had been set with Florida providers except no trauma or orthopedic follow-up scheduled there, because those departments already knew that I would be following up in Michigan.

And that is what happened. The day after I arrived back in Michigan, February 16, I called the hospital in Jackson and asked if I could come to the hospital to check-in. I explained my situation or at least I tried to. In the minutes on the phone I'm sure I didn't speak as much as I've written today, however maybe I said the wrong things, or maybe just too many things. I was told visit their website and find a primary care doctor or go to the Center for Family Health.

On February 18, 2022, forty-one days after my incident I reported to a primary care doctor that was unable to diagnose any of my remaining initial injuries. Not one over the next three years.

His first diagnosis of me was in June 2022 with a mental adjustment disorder for failing to “accept my disability” and adjust to my new life after being very upset with him after six months of care, my anticipated time of recovery. Finally, in spring of 2024 in our final visit he diagnosed me with PTSD because I was angry and “blamed him for my problems”.

My problem, in my opinion: most medical assistants, almost every nurse, every doctor, every medical specialist, almost every physical therapist and damn near every single person with “a little bit of medical knowledge” in all of Michigan could have been a better part of my story.

What would you do? Singe forty-three year old white male. Non-ambulatory, previously injured in skydiving incident, presents as new patient. Fax from Florida says needs ortho to remove hardware, neurosurgery to remove hardware, urology to follow up surgeries, and has a long list of medications. Just completed 14 day rehabilitation. Complains of pain in foot, knee, and hip.

Would you have taken the time to listen? He didn't, just processed the referrals, ordered more PT and skipped the unfinished trauma work.

Primary Care

Processing patients seems to be what primary care is good at, and with the volume that I learned they handle over time, I can somewhat understand. My doctor sees 250 patients per week, 2500 per year. I was just one of them and I had a very long story (that you've just read.) My doctor had a fax, so he just followed up on that instead of referral back to the Trauma Dept. I asked about a referral to the Emergency Room as they said that is what I would need as my incident was now past 30 days, however he refused and said they would just do the exact same thing he was doing: plugging my referrals into the local system. The MyChart account with records from Florida were never merged, and I don't know if he ever read all 354 pages.

Orthopedic

“I’m just here to remove the parts” on first introduction, says hardware is fine, not causing any problems, I described symptoms, “not his problem attitude”, primary doctor says that he is also traumatic surgeon, primary says surgeon would have diagnosed additional issues if present.

Repeat visits the same, will not diagnose or look at leg or ankle. Office schedules and postpones internal fixation removal surgery each week from mid April to June, then cancel indefinitely because there are no surgical notes in my MyChart indicating the size of removal tool necessary. Nurses in orthopedic office laugh at me on my phone, as I express my pain and seek help, say “haha your Florida surgeon broke off a drill bit”

Surgery finally scheduled in December after the initial social media campaign to bring attention to my case.

PMR

First visit, has no clue of history or other parallel diagnostic tracts (syrinx, T12 cage, brain)

Repeat visit month later, in between I had visit with Primary doctor,

Diagnose: Spasticity

switch to baclofen, short dose, seizures, leg lock.

Nurse says she can send order for custom wheelchair (still in Amazon chair purchased while in Florida with one chair shared with floor,) many follow ups, never materialized.

Primary Doctor says don’t need PMR, he

Neurology

The syrinx is not big enough to cause your pain issues, non-operable, no treatment.

EEG (EKG??? <MRG?? Nerve conductivity test), abnormal results, no treatment.

First letter to “patient experience team”, no help.. “your treatment is going normally”

Six Months

Condition at six months, confined to bed or wheelchair, angry and upset with referrals with no one address core issues of pain in leg, foot, hip, back, bowels, dysfunction. Doctor diagnoses “Adjustment Disorder” adds new medicine “helps with muscle pain and make you feel better”.

Nine Months

Convince doctor to give me ankle X-ray, orders one. No followup, no treatment, no referral.

Eleven months

Cleared sciatic nerve from impingement/impairment/blockage in or about rear of left femoral socket at home stretching. Severe pain in socket resides, feeling starts to return between thighs and groin. Massive and weeks/months long “bright eyes” feeling, awake and back from the land of catatonia. Stop taking opioids for the second time. Get full checkup by primary to see “what changed”, pelvic X-rays, no treatment, no follow up.

Fall while doing PT while trying to stretch at home and “fix” the problem with ankle like I had just previously with hip. Spiral fracture on fibula, closed fracture on posterior malleus, evidence of untreated year old breaks on X-ray, specialist doctor hesitant to share, says “we can only treat the current injury that has been diagnosed”. Pointed to upper fibula joint (with it’s yet unknown entrapped knee and said this is where my pain is since initial injury, says that pain is now explained by fibula fracture in same location. Says to avoid walking w/ more than 2 pain, ankle pain at 5/6 that day, says to where boot: foot drop.

Fifteen months

Follow up with Primary, pelvis has more flexibility, other symptoms remain: dead leg, hip swing walk, severe pain in low back, buttocks, down left hamstring.

Eighteen months

Repeat neurology nerve conductivity test, no follow up. Suggests Botox, administers.

Followup brain MRI:

1. No evidence of acute infarct, acute hemorrhage, mass effect or midline shift.
2. Focal encephalomalacia with gliosis right frontal parietal junction likely sequela of remote ischemia or contusion.

Twenty-four months

Referral to pain management department, orders knee X-rays, never followed up.

Thirty months

Knee surgery at hospital in Detroit to remove three screws.

A vehicle pedestrian accident was instrumental in the process as it broke loose my “sixth limb” of solid tissue that remains from my internal fixation (that was allowed to remain an additional ten months,) and re-inserted my femur into the socket.

The number of recovery events in the timeline have exploded since.

Thirty-six months

I “worked out the kinks” in my S/I and S/L joints properly locating my pelvis, then my talus, navicular, and fibula bones, cleared my entrapped sciatic and perineal nerves, cleared a frozen shoulder, and properly located my left wrist, and although it’s hard to pick the single most pain receiving event, “splitting the wishbone” in the shower just past Christmas seemed to pull an almost literal “stick out of my ass”, as some muscle was likely still trapped improperly between the two halves of my pelvis; see attached timeline. No more acute injuries to my knowledge.

Thirty-nine months

Visit Center for family health to meet new doctor, fresh pelvis X-rays, and community support. Honest Doctor: listened well to “sixty second abbreviated story” then said “there is nothing I can do diagnose or help with all that,” and “what problems are you having today”. Diagnosed situation depression. Diagnosed muscle pain & fatigue, added Meloxicam, removed Tylenol.

Disability Exam, 3/8/2025.

Current Issues

Mental Condition: Possible PTSD, Anxiety, or Bipolar, ADHD, Depression, abandonment issues caused from the course of my medical care and quality of life in the last three years. Difficulties in interacting with others. Unable to express feeling fully, accumulatively unable to express the whole story. Behavioral and interpersonal issues could all be sequela yet formally diagnosed or treated brain damage, especially as those affects would have changed and colored over time.

Constant low grade pain in my back, left leg and groin area, I cannot move quickly with sharp pains, could be damage to left femoral socket and/or just subconsciously avoiding spasticity.

There is something that feels like a solid object just above and lateral of my left knee and when I press it I can feel tingles in my two most lateral toes that are otherwise numb.

I can now articulate my hip, knee, ankle, and foot manually, yet muscles are numb from mid-leg down. Likely damage from trapped perineal nerve. Possible more soft tissue damage in foot?

Muscles are still frozen in partial activation, parts of gluteus, quadriceps, calf, lateral side of left ankle, left shoulder and arm slumps when not activated.

Spasms and spasticity diagnosed in left leg w/ quick movements in leg inverting ankle.