

HFIX™ BRACE

PATIENT “A”

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FIRST OUTPATIENT ORTHOPEDIC OFFICE VISIT: 11/6/2025

Subjective:

“Patient A” is a 46-year-old, RHD male presenting to the office as a new patient with complaints of acute onset left arm pain that occurred because of a motor bike injury that occurred six days ago on 10/31/2025. Patient is accompanied by his significant other.

- He states that on 10/31/2025, he was riding his motor bike and crashed, falling onto the left side, but he is unable to remember the exact mechanism of how his arms specifically got injured and he states that he didn't have any head trauma. He didn't lose consciousness. It just happened very quickly, and by the time he went to get up, he had immediate onset of left arm pain. He presented immediately to the emergency department, where x-rays were taken, and a comminuted fracture of the humerus shaft was seen. He was placed in a coaptation splint, which he states is very uncomfortable.

- He has obtained more recent x-rays, which are available for review online.

- He reports 8/10 pain at rest and 0-2/10 pain with activity.

- He takes Norco 5/325 sparingly

- Of note, patient did recently have a diagnosis of type two diabetes about six months ago. When he was diagnosed with diabetes, his A1c was over 13. He has taken dramatic measures to reduce his A1c and now feels that it is in much better control.

Radiologic Interpretation:

10/31/2025 and 11/6/2025 x-rays of left humerus obtained at ** demonstrates:

Fracture of the left humerus shaft with slight distraction, but no significant angulation.

XR DATE OF INJURY (10/31/2025) → patient placed in Coaptation brace in ER setting



XR TAKEN PRIOR TO FIRST OFFICE VISIT (11/6/2025) → Patient still in Coaptation brace from ER



Procedures Performed during 11/6/2025 Orthopedic Office Visit:

APPLICATION OF HFIX™ ORTHOSIS AND NEW SLING

Assessment/Plan

1. Comminuted spiral fracture of shaft of left humerus S42.342A

Consultation: Patient's history, diagnostic studies, physical exam findings, and proposed plan of care were reviewed and discussed in depth with supervising physician Dr. Jonathan Fow. He expressed agreement with the proposed management plan and will continue to be updated and consulted regarding the patient's care.

Surgical Intervention: Reviewed the patient's imaging both with my supervising physician Dr. Jonathan Fow, as well as with the patient. Per Dr. Fow, we would like to proceed initially nonoperatively and see if we can apply a new splint to provide better compression across the fracture site and potentially improve that bit of distraction that's seen. If we can stabilize the fracture site in a bit more stable position and tighter position, then it should do well with nonoperative management. However, we will be watching this fracture extremely closely with weekly radiographs and appointments until we know if this fracture continues to demonstrate acceptable alignment and ultimately showing signs of healing. At any point over the next few weeks, if the fracture is not responding to these nonoperative modalities favorably and if there is any worsening angulation or distraction, then further consideration of orthopedic surgery to go in and likely do a closed reduction intramedullary nail placement could then be had. Patient is very hopeful to avoid surgical intervention.

DME: I did place him in a new HFix™ brace and new sling to immobilize the shoulder, provide some compression across the fracture site, and also immobilize the elbow. Patient reports that this brace is much more comfortable and provides much more support than the coaptation brace that was placed in the Emergency Department.

Activity Modifications/restrictions: He is to be non-weight bearing left upper extremity, and he is to keep shoulder and elbow immobilized at all times.

Diagnostic Studies: New x-rays were ordered.

Orthopedic Follow-Up: Return in 1 week with new x-rays.

XR TAKEN A FEW WEEKS AFTER HFIX™ BRACE APPLICATION



ONGOING FOLLOW UP: XR FROM 1/8/2026.

Fracture is slow to heal, but alignment significantly improved with the HFix™ Brace. Compression across the fracture plane was beneficial to overall degree of distraction, improving angu-



LATEST XR FROM 03/24/2026:

Fracture healing well; patient has regained full motion in all directions. The brace has now been discontinued.



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