TEXAS
Department of Family and Protective Services

# Forensic Assessment Center Network (FACN)

## Resource Guide

March 2022

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## WHAT IS THE FACN?

The Forensic Assessment Center Network (FACN) is a coordinated group of physicians from six medical schools in Texas who are experts in child and adult abuse and neglect. The FACN is managed by the University of Texas Health Science Center at Houston (UTHealth), which contracts with UT Health Science Center San Antonio, UT Medical Branch at Galveston, UT Southwestern Medical Center at Dallas, Texas Tech University, Dell Children's Hospital, and Texas A&M University.

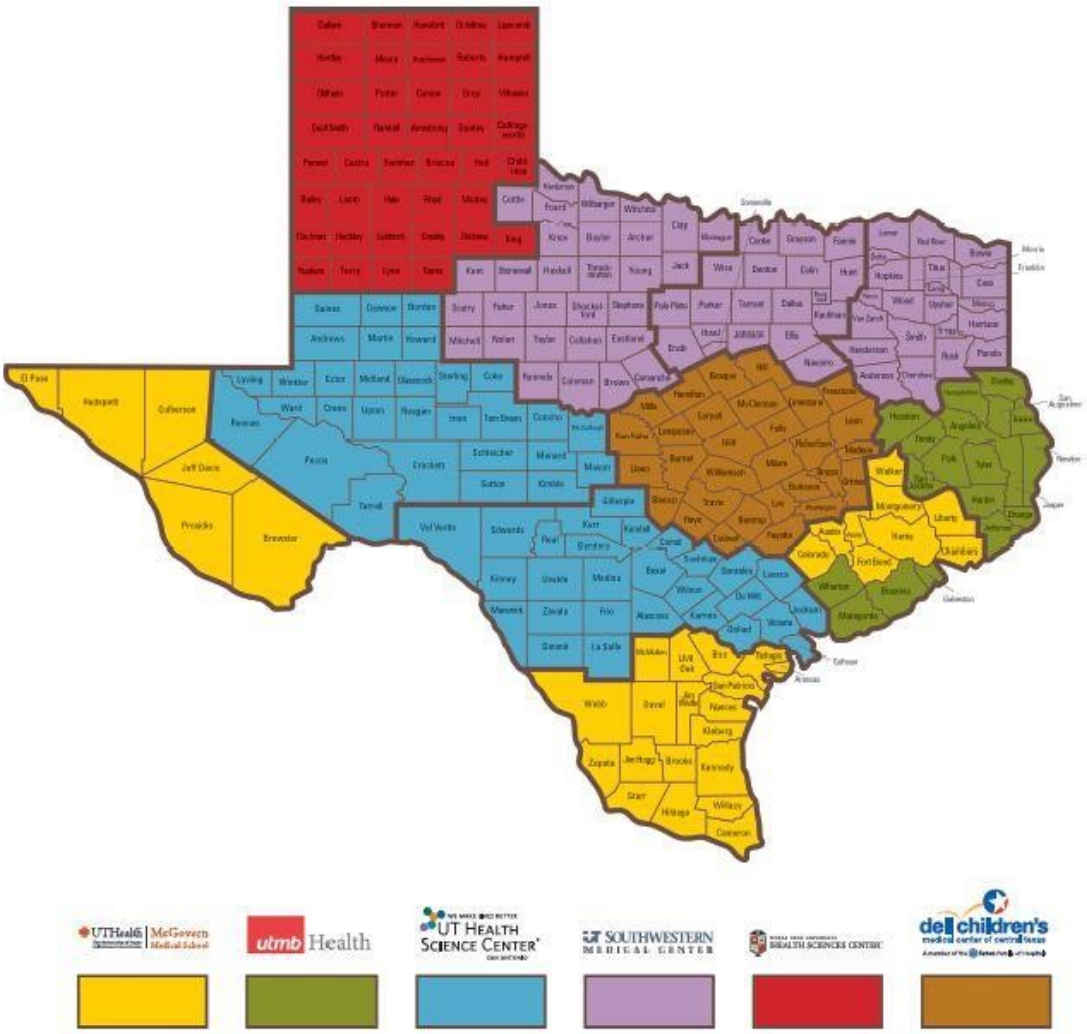
The goal of the network is to ensure that medical professionals with expertise in maltreatment are more readily available to offer their advice and expertise to DFPS caseworkers. This network fills in gaps when no local medical experts are available. The network helps staff make decisions about child and adult safety. DFPS is statutorily required to contract with the FACN.

FACN physicians are available 24 hours a day, seven days a week to answer questions and make recommendations on acute child maltreatment cases, and during regular business hours to discuss nonacute cases. The FACN provides:

- Regional case consultations to discuss case scenarios;
- Statewide access to forensic assessments (including medical evaluations) and case consultation services;
- Ongoing training on the medical aspects of abuse and neglect to staff via in-person trainings, live electronic conferences, and web-based resources; and
- Expert testimony regarding child abuse/neglect diagnoses in abuse/neglect cases.
- The FACN physician can assist DFPS and the courts in determining the most appropriate case decision and provide recommendations that help determine the appropriate services for the child. An FACN consultation may determine whether:
  - a physical injury or condition is likely to have resulted from abuse or neglect;
  - the injury is or is not consistent with the explanation; or
  - the condition/injury is or is not developmentally appropriate.
  - Recommendations for a specialty consultation if additional review by a specialist is needed.
  - Recommendations for a specialty consultation if additional review by a specialist is needed to determine if a child’s condition is due to a specific qualified unique health condition.

FACN physicians are medical experts in child abuse and neglect and provide medical assessments which may include a review of records, a physical examination, diagnostic testing, and treatment if necessary.

# The Forensic Assessment Center Network




| | |
|---|---|
| Children's Medical Center Dallas,<br>REACH Program<br>1935 Medical District Drive, Dallas, TX 75235<br>214-456-6919 | UTHSC at Houston,<br>CARE Center<br>6410 Fannin Street, Ste 1425, Houston, TX 77030 713-500-6064 |
| Children's Hospital of San Antonio,<br>Center for Miracles<br>315 N. San Saba, San Antonio, TX 78207 210-704-3800 | TTUHSC, Pediatrics<br>3601 4th Street, Lubbock, TX 79423<br>806 743-2244 |
| Dell Children's Medical Center<br>CARE Team<br>4900 Mueller Blvd., Austin, TX 78723<br>512-324-0095 | UTMB- Galveston<br>301 University Blvd<br>Galveston, TX 77555<br>(409) 772-2222 |

## HOW CAN THE FACN HELP ME?

Using the FACN can help you with your case work in a variety of ways. Most importantly, the FACN ensures that medical professionals are available to offer expert medical advice on cases.

### Regional Case Consultations

The FACN provides regional case consultation services in which FACN staff are available to informally discuss case scenarios. Any specific case(s) discussed at this meeting that results in a forensic evaluation or written assessment must result in a formal referral to FACN. The dates and locations of regional case consultations are often coordinated with the Child Protective Services (CPS) regional nurse. Regional case consultations may be conducted in person or via video conferencing.

### Administrative Review of Investigation Findings (ARIFs) and State Office Administrative Hearings (SOAH)

Using the FACN for medical consultations can result in more accurate investigations and stronger dispositions. Information from the FACN can also support the ARIF and SOAH process. A designated perpetrator's right to a SOAH may be triggered years after the investigation is closed. Having documentation in IMPACT from the FACN physicians may be instrumental to the attorney, that represents DFPS at the SOAH hearing, in presenting the case and can help sustain the Reason to Believe (RTB) finding.

### Suit Affecting a Parent Child Relationship (SAPCR)

During a court hearing for a SAPCR case, the judge and other parties will question the information gathered during the investigation and throughout the case. The lack of a consultation about a medical situation may weaken a court case and may result in a finding contrary to DFPS's position. Also, failure to gather enough information and obtain a medical consult when necessary may result in the children remaining in an unsafe environment.

### Expert Medical Testimony

Caseworkers are not medical experts, so you must rely on medical experts, when necessary, to assist you in determining your findings. You are unable to testify about medical findings without a documented medical evaluation, and the FACN provides a quick and thorough medical evaluation that may be used during a hearing. The FACN physicians specialize in abuse and neglect and will be able to provide valuable information that may assist in making a finding (Reason to Believe - RTB; Ruled Out - R/O; Unable to Determine - UTD). The information you obtain during your investigation, and the FACN consultation, can potentially be used in court. Hence, adding the FACN's information regarding the consultation in your affidavit or court report will strengthen it.

## WHO HAS ACCESS TO FACN SERVICES?

- All CPI staff and managers (includes Special Investigators and Master Investigators)
- All CPS staff and managers
- Child Safety Specialists
- CLOE Training Specialists
- PCSP Specialists and Supervisors
- Nurse Consultants

- Resolution Specialists

## Day Care Investigations (DCI) and Residential Child Care Investigations (RCCI)

Day Care Investigations (DCI) and Residential Child Care Investigations (RCCI)

- All CCI staff and managers
- All RCCI staff and managers

# WHEN IS A REFERRAL APPROPRIATE?

The FACN provides medical expertise to DFPS staff which is vital to the assessments and decisions made regarding the abuse and neglect of children. Caseworkers refer cases to the FACN when additional clarification on abuse or neglect cases related to medical conditions is needed or to ask ongoing medical questions.

- In most instances, staff should consult the FACN about the incident of abuse or neglect that prompted the investigation and request for an FACN assessment. For instance, if FBSS staff working on a case identify additional information about the incident that prompted the investigation and additional clarification is needed from the FACN, it would be appropriate for FBSS staff to consult the FACN.
- Staff should also consult the FACN when expert court testimony related to a medical diagnosis of abuse or neglect is needed during a court hearing.
- It is also appropriate to consult the FACN when staff have general ongoing medical questions about specific cases.

Since the FACN is comprised of a group of physicians that are contracted with DFPS, there may be instances where a child has been examined in a hospital or clinic by a physician who is also a part of the FACN. In these cases, the examination portion of the care is entered into the FACN system by the FACN physicians.

## When to Use the FACN

Agency policy requires caseworkers make a referral to FACN in the following circumstances:

- There does not appear to be any reasonable explanation for an injury or the explanation is not consistent with the injury.
- A child requires an in-person forensic assessment examination.
- Assistance is needed to determine whether abuse or neglect has occurred.
- There is a difference of opinion between a medical professional and DFPS regarding whether abuse or neglect occurred, or about the seriousness of an injury or condition, and clarification is needed.
- There is evidence of medical child abuse (also known as Munchausen syndrome).
- The caseworker has an additional question about abuse or neglect that a medical professional may be able to clarify.
- Child is under 11 years of age and has an STD and there is not a preponderance of evidence that abuse led to the STD. See 2360 Medical Vulnerability
- Near-fatality cases when the treating physician is not a child abuse pediatrician.

See 2232.1 When and When Not to Make a Referral to FACN.

Utilizing FACN for a consultation is not the same as a specialty consultation. See 2232.2 Specialty Consultations.

## Suggestions for when to obtain an FACN case consultation:

1). **Acute or Chronic Physical Abuse**

(a.) Determining if the parent's or caretaker's explanation for an injury is consistent (e.g. bruise, wound).

(b.) Interpreting whether bruises or marks are the result of normal childhood activities. Certain characteristics of bruises raise particular concern for abuse/neglect in young children: bruises on vulnerable areas of the body such as on the head, torso, genitalia, and buttocks; any bruise on a child who cannot yet walk or who is immobile; and patterned mark or bruises.

(c.) Understanding whether significant bruising (such as multiple or extensive bruises) are the result of normal play, a medical condition, or abuse/neglect.

(d.) Interpreting fractures and whether they are the result of abuse and/or neglect, normal childhood activities, or a medical condition.

(e.) Evaluating head injuries. Any concerns for a head injury in an infant or young child should be evaluated by a healthcare professional. This includes allegations that a child was shaken, hit, or fell and sustained head trauma. Head trauma evaluations can include children who are alleged to be victims of shaken baby syndrome (which may also be referred to as abusive head trauma, nonaccidental trauma, and other terms).

(f.) Understanding if a burn is a result of abuse, neglect/lack of supervision, or by accidental means.

(g) Abdominal trauma

(h) Any case involving complex medical findings such as medical neglect or medical abuse (including cases previously referred to as Munchausen's Syndrome by Proxy).

**2). Neglect**

(a) Evaluating and interpreting developmental delays in a child.

(b) Evaluating and interpreting delays in a child's growth (e.g. failure to thrive).

(c) Assisting with the interpretation of behavioral health referrals and recommending appropriate referrals.

(d) Evaluating untreated or inadequately treated medical conditions which have had a negative impact on the child's overall health or physical development.

(e) Assessing children when an investigation of the home environment reveals a lack of basic necessities to ensure a safe and healthy environment for the child.

**3). Sexual Abuse**

a) Concerns for sexual abuse which includes fondling, penetration, and exposure to sexualized materials (e.g. pornography).

b) Trauma or bleeding in the genital or rectal area.

c) Sexually transmitted diseases in all prepubertal children, and in post-pubertal children who may have been abused.

d) Children who have sexualized behaviors including those who put foreign objects in the vagina, urethra, or rectal cavity.

e) Statements made by children to a caregiver, teacher, or other individual regarding possible sexual abuse.

f) Pregnancy.

**4). Drug exposure cases involving contested laboratory results**

**5). Near Fatality Case Definition**

For the purpose of Texas, child abuse and neglect investigations defined as a near fatality is a case where a physician has certified that a child is in critical or serious condition and requires imminent medical attention to save life, and a caseworker determines that the child's condition was caused by the abuse or neglect of the child.

See 2281.2 Reason to Believe

See also Appendix A: Near Fatality Investigation Guidance for Medical Professionals and Child Treatment Investigators.

**Determining Near Fatality**

When a child needs medical attention and the cause is unknown or is suspected to be from abuse or neglect, it is critical to discuss with the treating physician(s):

- the level of intervention needed
- the underlying issue that required medical attention, and
- the role that abuse or neglect played in the issue that required treatment

A child abuse pediatrician who specializes in child abuse and neglect should be consulted through the Forensic Assessment Center Network (FACN) -- if the treating physician is not a pediatrician who specializes in child abuse. If an FACN staff is consulted, that person must **not** have been involved in reporting the suspected abuse or neglect around the incident. If the FACN staff was a reporter on the case, they can be spoken with as a collateral for the case. If the issue(s) that required medical attention is determined to be caused by/related to abuse or neglect, then work with the child abuse pediatrician to determine if it meets the definition of a near fatality. Medical records should be requested, reviewed and uploaded in OneCase.

## Specialty Consultations

FACN can recommend a specialty consultation, but FACN may NOT make a referral for the specialty consultations. If FACN recommends a specialty consultation, DFPS obtains the information from the child's digital file in the FACN web-based system. DFPS reviews the recommendation and determines if a referral is needed based on all information in the investigation.

A specialty consultation referral may be requested by any of the following:

- The child's primary care physician or other health care practitioner that provided health care or treatment or otherwise evaluated the child.
- The child's parent or legal guardian.
- The parent or legal guardian's attorney.

DFPS must refer a case for a specialty consultation in cases of abuse and neglect in conjunction with the diagnoses below:

- Rickets,
- Ehlers-Danlos Syndrome,
- Osteogenesis-Imperfecta,
- Vitamin D deficiency or
- other medical conditions that mimic child maltreatment or increase the risk of misdiagnosis of child maltreatment.

The specialty consultation must be completed by physicians who are licensed in Texas and board-certified in the field relevant to diagnosing and treating the conditions described. The physician must not be the original reporter of suspected abuse or neglect.

If DFPS determines a specialty consultation is necessary, the caseworker must provide written notification of the name, credentials, and contact information of the specialist to the parents or caregivers of the child or their attorney. See 2232.2 Specialty Consultations

The parent/guardian or attorney may object to the referral and request an alternate specialist. The caseworker and family collaborate to select an acceptable specialist. However, the caseworker may refer the child to a specialist over the objection of the family. Caseworker must get supervisory approval to refer over the objection of the family.

The family is not prohibited from seeking an alternative opinion, but it would be at their own expense. If the family seeks a second medical opinion, the caseworker must accept and consider this alternative opinion and document it in the contact narrative in IMPACT.

## When FACN Indicates Abuse or Neglect

Caseworkers must take into consideration the FACN physician's input in determining if abuse or neglect of a child occurred. If FACN indicates that abuse or neglect did occur, the caseworker must immediately meet with their supervisor and program director to ensure the safety of the child and an appropriate intervention is taken.

If there are differing opinions between medical professionals as to whether or not abuse or neglect occurred, the caseworker must:

- First, establish safety of the child.
- After establishing the safety of the child, staff with the caseworker's chain of command and legal to determine next steps.

## When Not to Make a Referral to FACN

A caseworker must not refer a child in DFPS conservatorship to FACN for standard medical care, including direct examinations or medication services. Also, **if** a child has already been seen by a local physician who is certified as a child abuse and neglect specialist and there are no additional questions or concerns, then a referral shouldn't be made to FACN.

See 2232.1 When and When Not to Make a Referral to FACN

# MAKING A REFERRAL TO THE FACN

When making a referral to the FACN for a forensic assessment, you must ensure that the reporter on the case is not the health care practitioner providing the forensic assessment**. A FACN physician or other health care practitioner who reports suspected abuse or neglect of a child cannot be used to complete a forensic assessment on the case**. It's important to remember that this does not disqualify other FACN physicians or other health care practitioners from conducting the forensic assessment, however, a different health care practitioner must complete the forensic assessment of the child. The

caseworker should still interview the reporting medical professional as a principal or collateral for the case. See 2232 Making a Referral to the Forensic Assessment Center Network.

When making an on-line referral, you will be asked to provide some demographic information about the child, as well as your work contact information. You will be able to attach documents and pictures directly to your case, and you can stop and save your work at any time. Please note that the physician's initial response may indicate further information or supporting documentation is needed. This may include items such as medical records or X-rays, information concerning the child's developmental capabilities, laboratory test results, and photographs in order for the physician to have sufficient information to provide an accurate and complete report. **Remember the physician's determination can only be as good as the information made available to him/her!** Please see Appendix B for more information concerning forensic photography and radiographs (e.g. X-rays, CT and MRI scans).

**If you are involved in an emergency situation requiring immediate medical consultation, call the on-call FACN staff at 1-888-TX4-FACN (1-888-894-3226).**

All non-emergency referrals should be made online at www.facntx.org within two business days during regular business hours. DFPS staff members can log in to the FACN website using the same user name and password that are used to login to IMPACT.

When making a referral to the FACN, in IMPACT under "Contact Information", there is a purpose code for "FACN Consult" that should be used as you document your work in IMPACT.

Some FACN cases do not require that the worker make an on-line referral. This occurs when an FACN physician reports a child to DFPS for suspected abuse or neglect that he or she has examined in a hospital or clinic. In these cases, you need only go to www.facntx.org, where you can search for the case by the child's name or FACN case number.

A health care practitioner is defined as an individual licensed, certified or otherwise authorized to administer health care services in the ordinary course of business or professional practice. The term includes a physician, medical student, resident physician, child abuse fellow, advanced practice nurse, nurse, and physician assistant. See CPS Policy Definitions

## Required Training

Prior to entering the first referral in the web-based system, a DFPS staff member must complete the "How-To" videos as an introduction to the FACN web-based system: These videos will help staff learn how to use the system effectively.

These trainings can be found on the FACN website: https://www.facntx.org.

**After viewing the FACN "'How-To"' videos, please email Nicolle.M.Zaharis@uth.tmc.edu to receive your Certificate of Completion.

**If you experience FACN Log-in issues, please call the DFPS Customer Service Center (CSC) at:**

**1-877-642-4777**

## CONTENTS OF THE WRITTEN EVALUATION

The FACN evaluation is designed to respond to the specific questions asked by the referring caseworker. The evaluation report will contain a summary of the following information, based on a review of the records submitted by the caseworker, or when applicable, a physical examination and interview conducted by an FACN staff member:

1) A summary of the relevant aspects of the medical history;

2) The results of an interview with the child, if available, whose age and developmental level will allow for a diagnostic interview to be performed;
3) The results of a thorough physical examination, if applicable;
4) Any significant physical exam findings, their interpretation, and whether they represent signs of abuse and/or neglect;
5) Any concerning or unusual responses from the child and/or non-offending caregiver present for the examination;
6) A determination as to whether the conditions or injuries that are present could have: a) resulted from the causes alleged by the parents or caretakers or b) be the result of other medical or non-abusive conditions; and
7) A determination as to whether any current condition or past injuries are/were the result of abuse and/or neglect.

When completing the written evaluation, there are three determinations FACN physicians use when explaining if the injuries reported are related to abuse or neglect of the child. These three determinations include:

- Substantial – Based on the medical evidence and information provided for the case, the finding(s) cannot be reasonably explained by anything other than maltreatment (Physical abuse, Sexual abuse, Emotional abuse, Physical neglect, Supervisory neglect, Medical neglect, Munchausen's Syndrome by proxy or another factitious disorder).

- Concerning – Based on the medical evidence and information provided for the case, there is concern for maltreatment based on the medical evidence and information provided.

- Non-specific - Based on the medical evidence and information provided for the case, the injuries or medical concerns may result from abuse or neglect, but accidental/natural explanations are also possible.

The determination is just one part of the case. Like the FACN physicians report, the determination is not used as the sole determinant of the case's outcome. Use all information available to you including the FACN report and determination to help you decide the next steps for the case.

## HOW LONG DOES THE REFERRAL AND EVALUATION PROCESS TAKE?

You will receive a reply from an FACN physician within the following time frames, according to the type of referral:

**Non-Emergency Referral -** seven (7) calendar days. This is any referral that is not an emergency or complex referral.

**Emergency Referral** - three (3) calendar days. DFPS determines the case is an emergency. Examples include but are not limited to:

- a child that is not expected to survive;
- a child that is in intensive care;
- a child that is in immediate risk of serious physical injury or sexual abuse; or
- when a written assessment is needed to support the removal of a child from the home.

**Complex Referral** - within a mutually agreeable time period. This type of referral may involve voluminous information, for example:

- a case involving multiple records spanning several months; or
- a case involving three (3) or more children who have suffered serious injuries or prolonged neglect.

**Case Extension**

At CPI staff work hard to make sure cases are completed timely. But some cases are complicated and sometimes it takes a little bit longer to make sure a thorough investigation or assessment is completed and making the right decision to ensure the child is protected. Using the FACN is one of the approved reasons that can use to request an extension on a case. If a caseworker is unable to submit the investigation to the supervisor within 45 calendar days from intake, the caseworker must use the extension code "Medical Records." See policy 2291.6 Extension Request

See 2232.4 Requesting an Extension While Awaiting FACN Response

## HOW DO I DOCUMENT FACN CONSULTATIONS?

Caseworkers must use a contact narrative in IMPACT to document all information received from the FACN consultation related to child safety including specialty consultations. Use OneCase to upload all medical records and any other documentation received from the FACN or other health care practitioner that provides input on the case. See 2232.3 Documenting Results from FACN Consultations

## CAN I REMOVE A CHILD BASED ON A FACN CONSULTATION?

Exigent removal of a child may not be based solely on the opinion of a medical professional under contract with DFPS who did not conduct a physical examination of the child. If, however, both the FACN physician and the physician who did the physical examination of the child agree that abuse or neglect occurred, then both of their opinions can be used as justification for an exigent removal.

See 2232.5 Removing a Child Based on FACN Consult

## APPENDIX A – Near Fatality Investigations

### NEAR FATALITY INVESTIGATON GUIDANCE FOR MEDICAL PROFESSIONALS AND CHILD TREATMENT INVESTIGATORS

Near fatality cases have a specific definition that require a physician to diagnose. A referral to a child abuse and neglect certified physician from FACN confirms this diagnosis and may assist you in your case. Read below to find out more about what constitutes a near-fatality and what to do with one.

Texas law defines a near fatality as "a case where a physician has certified that a child is in critical or serious condition and requires imminent medical attention to save their life, and a caseworker determines that the child's condition was caused by the abuse or neglect of the child."

See Texas Family Code §264.5031.

For example, if the caseworker was told by the attending physician a child was in "critical" or "serious" condition and without imminent life-saving medical attention would likely have died, this would be considered a "near fatality."

See also 42 U.S.C. §5106a(b)(4)(A) and Federal Child Welfare Policy Manual, CAPTA, 2.1A.4.

## *DETAILED DEFINITION OF NEAR FATALITY FOR TEXAS CHILD ABUSE AND NEGLECT INVESTIGATIONS*

In order to aid in the determination of whether a child is in critical or serious condition, a physician should ascertain whether, without imminent medical intervention, the child would likely have died as a result of the maltreatment. “Imminent medical intervention” must be performed by a licensed medical professional and requires some form of:

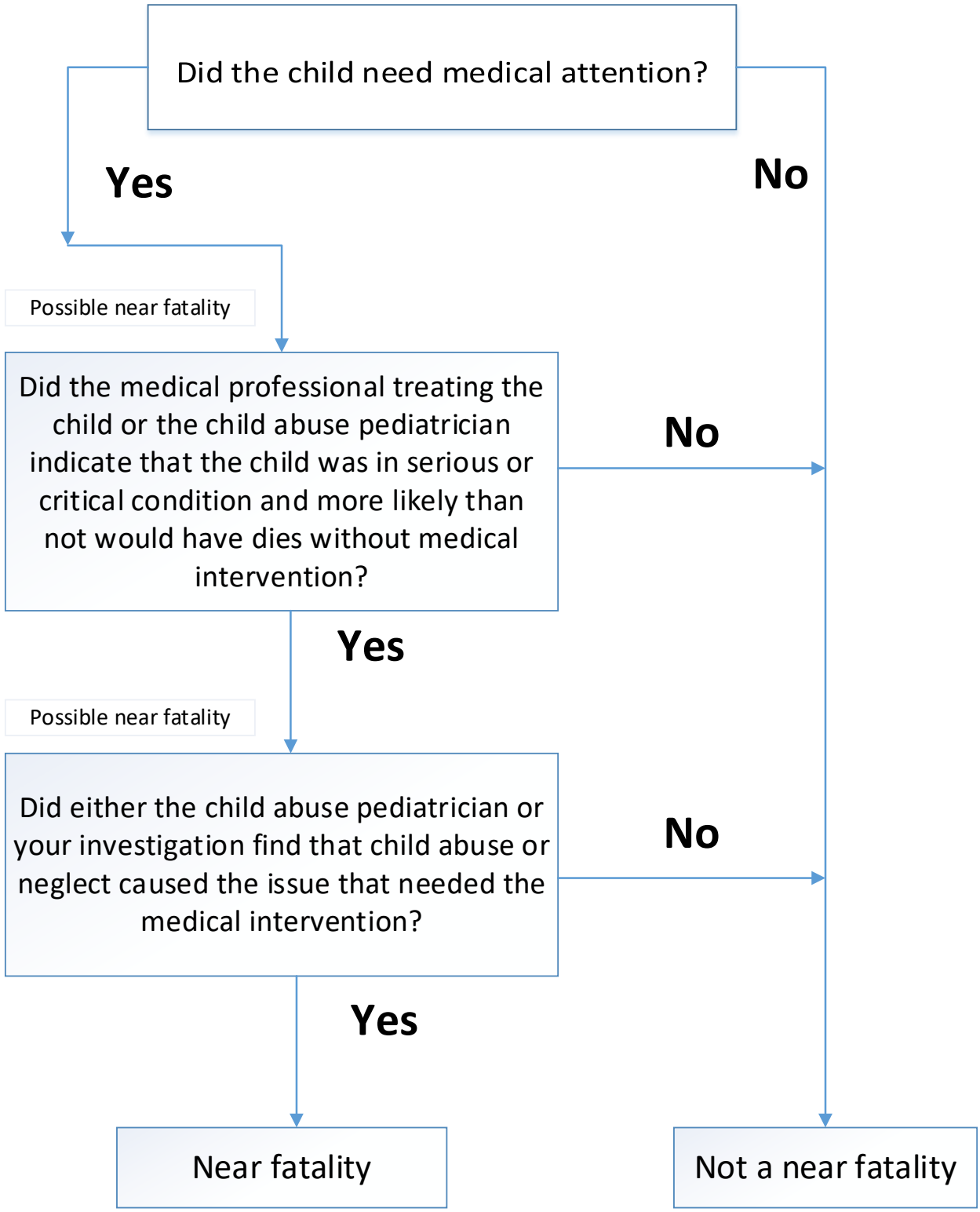
- Cardiopulmonary resuscitation (CPR) such as chest compressions, rescue breathing, removal of airway obstruction and/or intubation;
- Medical interventions or surgery to preserve brain function or to prevent impending circulatory collapse or respiratory failure.
- Medications to stabilize cardiac (heart) or respiratory (breathing) status, blood pressure, or critical electrolytes.

In most circumstances, the child will have been admitted to an intensive care unit, including neonatal intensive care units, pediatric intensive care units, and trauma units.

The determination of near fatality is met if at least one of the following criteria are present:

- The attending physician says the child is in serious or critical condition in the medical records and we document this in the investigation report. -or-
- The attending physician says the child is in serious or critical condition orally to the caseworker or investigator at the hospital and it is documented in the investigation report. -or-
- The attending physician tells the child’s nurse or social worker that the child was in serious or critical condition and we document that in the investigation report. -or-
- The FACN physician determines that the child was in critical or serious condition upon review of the child’s medical records for consultation with DFPS.

**Near-Fatality Decision Tree Outline:**



# APPENDIX B – Forensic Photography Tips

## FORENSIC PHOTOGRAPHY TIPS

Photographs are an important part of determining abuse and neglect. They provide a standard for comparison during other evaluations and can be a valuable tool used in court to describe abusive findings and condition of the abused child.

Cameras and photographers are not foolproof. The techniques used to photograph the child, including the camera, lighting, and background, will affect the quality of the photograph and could impact the ability for a medical professional to make a determination regarding if a child was abused or neglected.

Review the tips below for taking photographs:

- Place a child identifier (name or record number) and date with each picture.
- Include photograph of the child's face to establish the photographic record and identity link.
- Include views with and without a measuring device. If an ABFO (American Board of Forensic Odontology) 90-degree scale is not available, then a ruler should be photographed both parallel and perpendicular to the mark in question.
- In addition to close-up shots, images should be taken that include anatomic landmarks, such as a knee, elbow, or belly button.
- Straight-on views of an injury demonstrate its extent, whereas views taken from an angle better show depth and texture.
- Because the appearance of acute injuries often changes over time, additional photographs on subsequent days are sometimes needed to document the healing process. This is particularly helpful for acute injuries that may be confused with permanent body marks, e.g. a bruise that may initially resemble a birthmark.
- Use a measuring device if possible. Something as simple as a penny would provide context related to the size of the injury.
- Document that photographs were taken and by whom.
- Make sure that your photographs are in focus.

## RADIOGRAPHS

**X-rays, CT scans, MRIs**

In maltreatment cases involving head trauma, abdominal trauma, or fractures, the FACN physician typically needs to review the actual images rather than a radiology report. Most medical facilities will burn the images onto a disc upon request, though a few places still use old-fashioned X-ray film. The disc or films need to be mailed to the FACN physician for review. Photographs of radiographs are never sufficient – the physician must be able to review the images directly. Unfortunately, some health care facilities will not release a child's records directly to another physician. In those cases, the DFPS worker should request the records from the original treating physician and provide them to the FACN physician. Mailing addresses for all of the FACN sites can be found on the FACN web system on the partner's page.

# APPENDIX C – FACN Contact Information

DFPS investigation staff can utilize the FACN 24 hours a day through both an online system (www.facntx.org) or by phone (1-888-TX4-FACN). The phone should be used primarily for emergencies.

More information is available online at:

http://intranet.dfps.txnet.state.tx.us/CPI/Forensic_Assessment_Centers.asp

## APPENDIX D – Common Terminology the Medical Specialist May Use

**Dorsal** – back side

**Frontal** – front side

**Latera**l – outside surface (further away from the center of the body)

**Medial** – surface closer to the center of the body

**Palmer** – palm side of the hand

**Plantar** – sole of the foot

**Hematoma** – bruise of collection of blood (can be outside or inside of the body)

**Laceration** – cut

**Abrasion** – scrape

**Erythema** – redness

**Erythematous** – red

**Violaceous** – purple

**Linear** – in a line