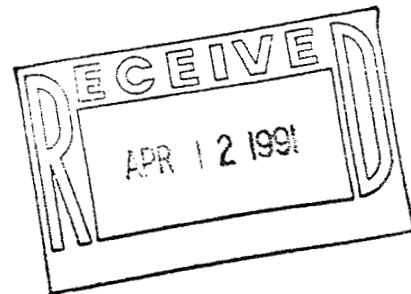


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April 9, 1991



Mr. Terrence J. Kenneally
595 W. Broad Street
Elyria, Ohio 44035

Dear Mr. Kenneally:

I am writing to you at this time in regards to Stacey Litt, who I saw for consultation and evaluation on April 27, 1990. At that time, she related to me a history of being involved in a motor vehicle accident on Saturday, March 12, 1988. She was sitting in the back seat of an automobile driven by another person. She was on the passenger side of the back seat. The automobile was exiting from Beachwood Place and the car in which she was riding was hit on the front left side. She claim that her face and/or head hit something. She was not wearing a seat belt.

The next day, due to the "severity of her injury" she was seen at Huron Road Urgent Care Center on Mayfield Road. At that time, she was complaining of her legs, ribs, neck and jaw. She relates to me in her history, that they gave her a sling or splint for her shoulder and she was told to take Advil for the discomfort. She was referred to her local physician who is Dr. Richard Bloomfield, who she subsequently saw on Monday. She was advised to keep ice on her shoulder. She was told to see her dentist, Dr. Steve Hochman, as her mouth was hurting and she was complaining, according to the record of the left temporomandibular joint area. She claims that she had some ability to open and close her jaw but she claim it was not normal. Her bite was O.K. and he did make a splint for her which she wore over the next six weeks, 24 hours a day on her upper jaw. She claim that the splint did not help.

In the beginning of May, 1988 she was referred, by a friend, to Dr. Edward Ruch. She told him she was having earaches and discomfort. He took x-rays which included arthrograms in May of that year and apparently a diagnosis of bilateral temporomandibular joint aifficulties was obtained. On August 1, Dr. Ruch carried out surgical reconstruction of both the left and right temporomandibular joints, after which she said she did feel better but no completely. In December 1988 she had her wisdom teeth removed as she was being prepared for surgery "to move the lower jaw forward". She had orthodontic appliances placed in January 19, 1989 by Dr. Marc Fried and had orthodontics carried out prior to her

orthognathic surgery which was then carried out in August of 1989. Her orthodontic appliances were finally removed on April 15, 1990 and now she wears a retainer.

She said that she feels better now (April 27, 1990) but still has pains sometimes at night or at the end of the day and once in awhile in the morning upon awakening. She says that it could be, "slightly stiff in her jaw". She is not taking any pain medication and sometimes does awaken at night with some discomfort and claim that she only massages her jaw, at that time, with no other treatment. She said it does not happen very often, every several weeks. There is no evidence of stiffness and also no locking of her jaw. She says she has, "a closed lock", but not very often. Some discomfort on yawning is noticed. She claim she has no earaches, takes no medicines, no limitations of motion and claims the only thing she cannok do is eat carmels but she really has no food limitations at all.

Examination at this time reveals a Class I jaw relationship. She is able to open her mouth (34-36mm,) she has good motion through right and left lateral of the mandible as well as protrusive. She does claim to have some tenderness on palpation at the left temporomandibular area or preauricular area extra-orally. There is slight crackling on the left, opening and closing, there is no clicking, popping or snapping as evidenced by stethoscope examination. Relatively speakin ——— examination is within normal limits. I did also evaluate the hard and soft tissues of the oral structures of the teeth, which appeared to be in a good state of repair. The vermillion borders, buccal mucosa, tongue and palate all seem to be within normal limits. She has good bilateral asymmetry of the face and jaws and good alignment of the midline between the upper and lower jaw.

At thi ——— I feel that this patient has been restored to normal function through her temporomandibular joint as well - as her orthodontic appliance therapy and orthognathic surgical procedure. It is evident from researching the documents that were provided to me that Stacey Litt did have preexisting temporomandibular problems as revealed in Dr. Ed Ruch's history of present illness that was dictated on 9-15-88, "the patient is a 14 year old white female who had been followed in the offices of Dr. Alperin and Ruch. The patient had complained of progressive, increasing pain and limited range of motion of her jaw. The patient had a history of clicking in both joints which was significantly aggravated following involvement in a motor vehicle accident. The patient has been treated conservatively without resolution of her symptoms." Again, on a hospital chart dated May 10, 1988, consultation and impressions "patient having problem for past 6 months, symptoms cracking and popping with some pain, past three months increased symptoms

did you ask her
why?

SV /
What
pathology
[
headaches, ear hurts on exam, no redness, ears clear, car
accident March 12, 1988. Car hit driver side, passenger
backseat of car, right side, left neck pain". This was in
May of 1988 with a previous six month history of this
situation which was related to an abnormality
of occlusion and skeletal jaw relationship. Based on the
pre-existing disease and the fact that this patient would
have required a minimum of orthodontic treatment,
orthognathic surgery and the surgical removal of her impacted
wisdom teeth, it is possible that this accident did cause
increased aggravation to the temporomandibular joints but
certainly this pathological state was present before the
motor vehicle accident. The prognosis for this young woman
after her reconstruction and proper positioning of her
skeletal deformity, is a good one, with minimal limitations
or future deficit.]

I don't
understand
this at
all.

If after reviewing this report you have any questions or
comments please feel free to contact me directly.

Sincerely,



Charles A. Babbush, D.D.S.

CAB/mjn