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ORTROPAEDXG SURGERY

November 17, 1986

Mr. Gerald L. Jeppe
Attorney at Law
815 Superior Avenue N.E.
Cleveland, Ohio 44114

Re: William Prescott
File No. 1700-5759

Dear Mr. Jeppe:

William Prescott was examined on November 17, 1986 regarding an accident which occurred on June 8, 1984. This 36-year-old male informed me, in the presence of his counsel, that he was injured on June 8, 1984 when he was driving an automobile which was moving when it was involved in a "front end" collision with another car. Mr. Prescott indicated that his car was damaged "near the driver's side wheel well." He was wearing a combination seat belt and shoulder harness and recalled that his car "catapulted into a large concrete flower box." He struck his head on either the steering wheel, roof, or windshield. Immediately following the accident, he was aware of pain in his head. He went to St. Vincent Charity Hospital where he was examined, treated, and released.

Within a "short time" of the accident, he came under the care of Dr. Kalina, a dentist, who "checked my mouth." He then came under the care of Dr. Russo, also a dentist, for "my TMJ problems."

Within a month of the accident, he was examined by the physicians at "Primedical." He recalled that within "a few days" of the accident, he developed pain "primarily in my neck and upper back: my lower back was not the real problem." He received physical therapy approximately two to three times a week through September of 1984. This included "wet packs." He was also examined by an unremembered physician on two or three occasions.

He has also been treated by Dr. Frunker, a periodontist, who "specializes in TMJ." He has received no further medical treatment.

At the time of this examination, Mr. Prescott indicated that he was most symptomatic with respect to his low back. When he picked up something as heavy as a grocery bag, he would have pain the next day. This was located primarily in the right iliolumbar area and would last for about one day. There was no associated leg radiation. He also had pain in each trapezius, and this occurred "not necessarily every day; occasionally, I have almost got used to it." After a period of sitting,

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he would have to stretch to relieve this symptom, There was no associated arm radiation. He would also develop pain in his neck "occasionally" although not severely." This would occur when he changed from a sitting or reading position to a standing position or when he had been sitting for "any length of time."

His past medical history indicated that he had "nothing that I remember" with respect to his cervical, thoracic, or lumbosacral spine. He had sustained no new injuries.

Prior to the accident, he worked selling dental equipment and had missed "some" time from work.

Physical examination revealed a male of approximately his stated age who was of average proportions. He indicated that he was 6 feet 1 inch tall and weighed 160 pounds. He arose from the sitting position without difficulty, ambulated without limp, and was able to ascend and descend the examining table in a normal fashion.

Examination of his cervical spine revealed normal cervical lordosis without evidence of paracervical or trapezius spasm. There were no areas of localized tenderness to palpation in the paracervical or trapezius muscles. There was a full range of cervical flexion, extension, lateral rotation, and right lateral bending. There was approximately 10 percent limitation of left lateral bending. Neurological examination of the upper extremities revealed a questionably diminished left biceps reflex, normal other reflexes, normal muscle power, and normal sensory perception.

Examination of the thoracic spine revealed no areas of spasm or localized tenderness. There was normal thoracic kyphosis. Examination of the lumbosacral spine revealed normal lumbar lordosis without evidence of paraspinal spasm. There were no areas of localized tenderness to palpation in the lumbosacral area, sacroiliac joints, or sciatic notches. Forward flexion could be accomplished such that his fingertips reached his toes, and extension and lateral bending were performed completely. Heel walking and toe walking were performed without evidence of weakness or of pain.

Further examination revealed that sitting straight leg raising could be accomplished to the horizontal bilaterally. Supine straight leg raising could be accomplished to 80 degrees bilaterally. Lasegue's maneuver was negative. The deep tendon reflexes, muscle strength, and sensory perception were normal in the lower extremities.

Radiographs of the cervical spine revealed no evidence of fracture, dislocation, or degenerative change..

Radiographs of the lumbosacral spine and pelvis revealed no evidence of fracture, dislocation, or degenerative change. There was a Grade I spondylolisthesis at the lumbosacral interspace.

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I have reviewed the material which you forwarded to me and note that Mr. Prescott was treated in the Emergency Room of St. Vincent Charity Hospital on June 8, 1984. The diagnosis of the examining physician was "Frontal head contusion." There is nothing to indicate that he had symptoms referable to his cervical or lumbosacral spine.

In his letter of September 12, 1984, Dr. Maier summarizes Mr. Prescott's treatment which began on June 29, 1984. At that time, the patient had 'continuing complaints of persisting headaches, cervical and thoracic aching pain and stiffness, and persisting kemperomandibular pain.' Dr. Maier does not describe the physical findings which indicated "Established cervicodorsal myofascial syndrome with spasm." He does not describe the symptoms or physical findings which were present on subsequent examinations. He does not describe any symptoms or physical findings referable to the lumbosacral spine.

Based on the information available to me, I believe that Mr. Prescott was involved in a vehicular accident on June 8, 1984 and that he may have sustained some injury to his cervical spine in addition to injuries which have been evaluated by others. At the time of this examination, more than two years after the accident, he is minimally symptomatic with respect to his cervical, thoracic, and lumbosacral spine. There is nothing on physical examination to substantiate his complaints. His radiographs demonstrate Grade I spondylolisthesis at the lumbosacral interspace. This condition is developmental in nature and was not caused by the accident under discussion. I believe that Mr. Prescott has no permanent disability directly attributable to the accident of June 8, 1984.

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Very ,truly yours,

DBB Brooks

Dennis B. Brooks, M.D.

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