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ORTHOPAEDIC SURGERY

October 27, 1984

~~Mr. Henry A. Hentemann~~
~~Attorney-at-Law~~
2121 The Superior Building
815 Superior Avenue, N.E.
Cleveland, Ohio 44114

Re: Lawana Hill
Case No. 073,100
File No. 1700-4873

Dear Mr. Hentemann:

Lawana Hill was examined by me on October 23, 1984 regarding an accident which occurred on July 30, 1983. This 40-year-old female informed me, in the presence of her counsel, that she was injured on July 30, 1983 when, while walking in a parking lot, she was struck by a car. She recalled that the car "came back" on her left knee. As a result, she fell backward toward a brick wall and did not fall to the ground. She had pain in her left knee and later, while sitting in her car, noted that her knee was swollen. She drove herself to St. Vincent Charity Hospital where she was examined, x-rayed and released with crutches, an Ace bandage and medication.

Two days after the accident, she came under the care of Dr. Stewart who also prescribed medication and obtained additional x-rays. He suggested the use of crutches or a cane. She was re-examined by him several days thereafter for she was unable to work because her left knee was "hurting that bad". An arthrogram revealed "torn ligaments".

On approximately August 23, 1983, she was admitted to St. Vincent Charity Hospital for approximately three to four days. Dr. Stewart performed a "micro-whatever", for fluid had "built up". He removed the fluid.

Following her discharge, she continued under Dr. Stewart's care and was last examined by him in October of 1984.

During 1984, she was also examined by Dr. Ochoa. He performed a "complete examination" and told her that she had sustained a "contusion of the knee". She recalled that he found "no rheumatism or arthritis". He placed her on medication.

At the time of this examination, Ms. Hill stated that she continued to "have problems" with her left knee. She noted that it was "larger" than her right knee. Whenever she stood for longer than 20 to 30 minutes, she would have pain "in just the knee". She would have similar pain while walking in a shopping mall. She had not ridden a bike for she felt this would "bother me".

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Her past medical history indicated no symptoms referable to her left knee prior to the accident. She had sustained no new injuries to her knee. She had worked as a clerk secretary prior to the accident and had missed time "here and there" since the accident; approximately one month.

Physical examination revealed a female of approximately her stated age who was of small proportions. She stated that she was 5 feet 3 inches tall and weighed 110 pounds. She arose from the sitting position without difficulty, ambulated without limp and was able to ascend and descend the examining table in a normal fashion. She was able to perform a 3/4 squat and arise from the squatting position without difficulty.

Further examination of her left knee revealed that the circumference of the left distal thigh as well as the mid patellar circumference was approximately 1.0 cm. greater than that of the right distal thigh and mid patella. There was a questionable palpable effusion. There was no increased warmth. There were several well-heated, small, arthroscopy incisions. There **was** a full range of motion with a good end point to extension. There was no tenderness to palpation over either joint line or about the patella. There was no evidence of ligamentous instability.

Radiographs of the left knee revealed no evidence of fracture, dislocation, loose body or effusion.

The material forwarded to me has been reviewed and the emergency room records of St. Vincent Charity Hospital indicate that Ms. Hill was examined in that facility on July 30, 1983. The record is difficult to interpret but the diagnosis of the examining physician was "Contusion left knee".

Additional records from St. Vincent Charity Hospital indicate that Ms. Hill was in that facility between August 22, 1983 and August 25, 1983. The initial history and physical is generally illegible. On August 23, 1983, she underwent "Diagnostic arthroscopy with synovial biopsy" for a post operative diagnosis of "Post traumatic synovitis of the left knee". The operative note indicates "In the suprapatellar pouch, there was abundant synovitis with very large dependent fronds...In the medial compartment...the synovitis which protruded around either side of the meniscus...the notch was filled with similar synovitis..." The remainder of the intra-articular structures were normal. The pathologist's interpretation of the synovial biopsy was "Synovium of left knee...Chronic synovitis with a predominance of plasma cells...The findings seen in this biopsy is suggestive, but not diagnostic of rheumatoid arthritis!". The patient was discharged with the diagnosis "Synovitis left knee".

In his report of November 28, 1983, Dr. Stewart describes his treatment of the patient which began on August 2, 1983. Apparently, at the time of the initial examination, three days after the accident, the only physical finding was "quite a bit of swelling". Dr. Stewart describes the findings at his "essentially diagnostic arthroscopy" and notes "My impression was that secondary to her trauma, she had a hemarthrosis and got a tremendous synovia reaction secondary to that". He last examined the patient on September 20, 1983 and "felt that with time she would have a relatively normal knee..."

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In his letter of December 8, 1983, Dr. Stewart discusses his opinion about the pathology report.

I have not reviewed either Dr. Ochoa's report or his medical records.

Based on the information available to me, I believe that Ms. Hill was involved in an accident on July 30, 1983 and that she sustained a contusion of her left knee. Based on the symptoms and physical findings which were noted by Dr. Stewart, I believe that the arthroscopy which he performed was indicated and that the arthroscopy was related to the accident under discussion. However, I am unable to determine whether the findings noted at the time of arthroscopy were as a result of the accident of July 30, 1983. *Prob. due to lack of Ar* If Ochoa's it were to become an issue, I would suggest that you have the microscopic slides of the synovial biopsy reviewed by a —thologist who could determine whether the findings were those of acute traumatic synovitis or an inflammatory synovitis, such as rheumatoid arthritis. *Rheumatoid which* In addition, Dr. Ochoa's records might give an indication as to whether the patient has an underlying collagen disease with an associated inflammatory synovitis. *They*

~~At the time of this examination, Ms. Hill has symptoms referable to her left knee. Although she may have the symptoms which she describes, there is little, if anything, on physical examination to substantiate her complaints. Certainly, if she had sustained a contusion of her left knee more than one year ago, then her present symptoms would not be related to that contusion, for that injury would have healed in the 15 months since the accident. Thus, I believe that she has no permanent disability directly attributable to the accident of July 30, 1983.~~ *Intentional* *did r* *to*

Very truly yours,

DB Brooks MD

Dennis B. Brooks, M.D.

DBB/anm