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#519

ORTHOPAEDIC SURGERY

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January 18, 1985

~~Cronquist, Smith, Marshall & Nagels~~
1133 Ohio Savings Plaza
Cleveland, Ohio 44114

Re: Dorothy Smith

Gentlemen:

Dorothy Smith was examined on January 17, 1985 regarding an accident which occurred on May 31, 1983. This 57-year-old female informed me, in the presence of her counsel, that she was injured on May 31, 1983 when she was riding as a front seat passenger in an automobile which was moving when it was struck in the front end by a pick-up truck. She recalled that she was not wearing seat belts at the time of the accident and, thereafter, was "down on the floor". She did not become unconscious. She was aware of pain in her lower back and right shoulder and the fact that she "couldn't move". She was taken to Lake County West Hospital where she was examined, treated and released with medication.

Within a week of the accident, she came under the care of Dr. William Mast and was referred to Hillcrest Hospital for physical therapy. She received pelvic traction and hot packs approximately two to three times a week for approximately three months. She was examined by Dr. Mast on one occasion after she had completed her physical therapy.

In approximately August of 1983, she was examined by Dr. Mast because of symptoms with respect to her right hand. She recalled that she had pain in her right thumb and the radial aspect of her wrist. Her hand symptoms began in approximately August of 1983 and she had mentioned it to the physical therapist. She was referred to Dr. Olsen who performed a test with "needles". She received no information regarding this test from either Dr. Mast or Dr. Olsen.

In September of 1983, she came under the care of Dr. Hacker, for Dr. Mast had been on vacation. She received a Cortisone injection over the radial aspect of her wrist. She had symptoms for approximately a week thereafter and then became asymptomatic.

She has not been treated by other physicians nor has she been hospitalized. She is presently taking Tylenol as needed.

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At the time of this examination, Mrs. Smith stated that her low back "hurts. There is a lot I can't do". She **had** no associated leg radiation. She indicated that she was unable to pick up her grandchildren, move furniture or make a bed. She was no longer able to perform yard work or lift heavy objects like leaves. Her pain was present "some of the time" and was not constant.

She had no other symptoms referable to the accident.

Her past medical history indicated that she was "**as** healthy as a horse. There was nothing wrong with me" prior to the accident under discussion. In February of 1984, she fell from a stepladder and sustained injuries to her left foot and ribs. She went to Lake County Hospital and then was cared for by an unremembered physician. She specifically indicated that she had sustained no additional injuries to her low back.

Physical examination revealed a female of approximately her stated age who was of short stature. She indicated **that she was 5 feet 4 inches tall and weighed 135 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.**

Examination of her lumbosacral spine revealed normal lumbar lordosis without evidence of paraspinous spasm. There **was** tenderness to palpation in the left iliolumbar area but there was no tenderness in the sacroiliac joints or sciatic notches. Forward flexion could be accomplished such that her fingertips reached her toes and extension and lateral bending were performed normally. There was pain at the extremes of these maneuvers. 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 90 degrees bilaterally and Lasegue's maneuver **was** negative. Further neurological examination of the lower extremities revealed symmetrically hyperactive deep tendon reflexes, normal motor power: and normal sensory perception. There was no ankle clonus and Babinski signs were negative.

Radiographs of the lumbosacral spine and pelvis revealed no evidence of fracture, dislocation or disc space narrowing. There was scattered vertebral body spurring throughout the lumbar spine with prominent spurring at the L3-4 interspace.

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I have reviewed the material forwarded to me and note that the emergency room records of an unidentifiable hospital indicate that Mrs. Smith was treated on May 31, 1983. The diagnosis of the examining physician was "Lumbosacral sprain". He made no diagnosis with respect to the right wrist. I have compared the radiographs of the lumbosacral spine obtained on May 31, 1983 with those obtained at the time of this examination and note that there has been no change in the degree of lumbosacral osteoarthritis.

In his letter of March 23, 1984, Dr. Mast describes his treatment of Mrs. Smith on June 4, 1983 and September 8, 1983. At the time of the initial examination, four days after the accident, she had symptoms and physical findings referable to her lumbosacral spine but none referable to her right wrist. At the time of the second examination, four months after the accident, "her back was much improved". She did have wrist symptoms.

In his letters of March 29, 1984 and April 13, 1984, Dr. Hacker describes his treatment of Mrs. Smith.

Based on the information available to me, I believe that Mrs. Smith was involved in a vehicular accident on May 31, 1983 and that she sustained a lumbosacral strain. This injury required some treatment in the immediate post accident period. I do not believe that she sustained any injury to her right wrist nor do I believe that the condition diagnosed and treated by Dr. Hacker was related to the accident.

~~At the time of this examination, approximately a year and a half after the accident, Mrs. Smith has symptoms referable to her low back. Her physical examination is normal and her radiographs demonstrate lumbosacral osteoarthritis. I believe that this condition is the basis of her present symptoms and, as noted above, do not believe that the lumbosacral arthritis was affected by the accident under discussion. Thus, I believe Mrs. Smith has no permanent disability directly attributable to the accident of May 31, 1983.~~

Very truly yours,

DBB Brooks M.D.

Dennis B. Brooks, M.D.

DBB/anm