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ORTHOPAEDIC SURGERY

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March 4, 1988

Mr. Martin J. Murphy
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1700 Midland Building
101 Prospect Avenue, West
Cleveland, Ohio 44115-1027

Re: Cynthia Schidlowski
File No. T-9309

Dear Mr. Murphy:

Cynthia Schidlowski was examined on March 4, 1988 regarding an accident which occurred on May 16, 1984. This 29-year-old female informed me, in the presence of Mr. Guion, that she could not remember the date of her accident. Mr. Guion indicated that it had occurred on May 16, 1984. Ms. Schidlowski indicated that at that time, she was driving an automobile which was "moving slowly, two miles an hour, I have no idea," when her car was struck from behind by a "pick-up truck with a plow on the front of it." She was wearing a seat belt "loosely" and "flew forward and flew backward." She recalled that her right knee struck "something" and that her head struck the "cushion." Following the accident, she "felt funny. I had a bad headache. My right knee swelled up right away."

That evening, she went to the Emergency Room of Kaiser Permanente where she was examined, treated, and released. At that time, she had a "bad headache and pain in my knee. I felt funny all over."

She was then examined in the Emergency Room of Lutheran Medical Center, "shortly after that." Her pain had increased, and she was aware of pain in the muscles in the front of her neck and that her muscles were "weaker." She noted pain as she was driving home from work. She also recalled that her low back was "hurting, it was mostly my neck." Following an examination, a cervical collar was prescribed. She recalled that "on the way out, I told them my lower back was hurting too, but they had examined me." Within "a couple of weeks," she was examined by Dr. Brightman. She had made an appointment earlier, but that was the first occasion that he "could get me in." After obtaining radiographs, Dr. Brightman referred her to physical therapy where she was treated with "neuroprobes like ultrasound." These "relieved the numbing pain in my low back for about 20 minutes." She attended physical therapy "quite a bit on and off, sometimes three times a week." She was re-examined by Dr. Brightman but did not know the frequency of her examinations.

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Ms. Schidlowski indicated that she then attended the "Metro Clinic." She could not recall the date of her first visit. Mr. Guion read from my letter of December 17, 1987 and indicated that she was admitted to the hospital on July 15, 1985 for a myelogram. Ms. Schidlowski indicated that the myelogram demonstrated "that I need a spinal fusion." This was performed "a few weeks later by Dr. Haller." She remained hospitalized for "a few days." She recalled that prior to surgery, she wore a "corset which helped the pain. It lightened it." After surgery, she did not wear the corset "at first." She thought that ^{he} she might have been re-examined by Dr. Haller "once or twice."

She then returned to Dr. Brightman for further care. She indicated that when she was being treated at Metro, she "wasn't guaranteed to see one particular doctor." She was re-examined by Dr. Brightman "every three months or sooner. It's a guess." She indicated that immediately following surgery, "you're worse because of all the things you had to do. I could sit." She was rather evasive in describing her postoperative course.

She thought that during 1986, she was re-examined by Dr. Brightman approximately every three months. She also thought that: during 1987, she was re-examined by Dr. Brightman "probably every three months, I guess. I never paid attention to dates." During 1988, she was examined by Dr. Brightman, "it might have been in January."

She has not been examined or treated by other physicians for her low back symptoms.

At the time of this examination, Ms. Schidlowski indicated that she experiences "sharp pains" in the middle of her low back which radiate into either buttock and "just down the leg." She indicated that the majority of time, she was symptomatic with the posterior aspect of her thigh, and "sometimes I can feel it to the back of my foot." Her symptoms were most pronounced on the left, although they also occurred on the right. These symptoms occurred at varying intervals from every day to "sometimes weeks." She indicated that "anything throws it off, bending, making the bed." She also experienced a "heat feeling" in her right calf which was "not that: painful." This first began "a couple of months ago." She had previously had the "heat feeling" in her low back. There were no specific activities which caused this symptom. She experienced cramping of the toes of both feet - "they just split." This symptom "happens often." She would also develop numbness across her sacrum from "sitting." She had not "noticed" that a Valsalva maneuver produced either back or leg pain.

In addition, Ms. Schidlowski indicated that she experienced a "burning and pinching" in the lower portion of her cervical spine. This occurred "not often." It did occur when she was working on a computer - "one at a different level." There was no associated arm radiation.

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She indicated that she had no other symptoms referable to the accident under discussion. She specifically stated "my knees don't bother me that much anymore."

She was presently taking Darvocet and would take medication one to three times a day. She had taken none on the day of the examination.

Prior to the accident of May 16, 1984, she had had a "cracking feeling" in her neck but had not had any "pinching and burning." Her neck did get "stiff" from driving. She had had no pain in her low back or her legs. She had had pain in her knees and ankles.

When asked to describe the benefits from her surgery, she indicated "some days yes - some days no. I can sit for longer periods of time. I can stand for longer periods of time. The pain is not lighter - it's less frequent." She had sustained no new injuries.

Ms. Schidlowski was a poor historian and somewhat evasive in her remarks.

Physical examination, performed in Mr. Guion's presence⁸ revealed a female of approximately her stated age who was of small proportions. She indicated that: she was approximately 5 feet 4 inches tall and weighed 115 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 cervical spine revealed normal cervical lordosis without evidence of paracervical or trapezius spasm. There were no areas of localized tenderness with palpation of the cervical spine, paracervical or trapezius muscles. There was a full range of cervical flexion, extension, right and left lateral bending, and right lateral rotation. Left lateral rotation was decreased by approximately 25 percent. Neurological examination of the upper extremities revealed symmetrical deep tendon reflexes and normal muscle strength. There was decreased perception of pinprick along the radial aspect of the right index finger and the ulnar aspect of the left index finger.

Examination of the lumbosacral spine revealed decrease in the lumbar lordosis without evidence of paraspinous spasm. There was a long, well-healed, midline scar extending from approximately L4 to the gluteal crease. There was tenderness with palpation of the mid portion of the scar and the right buttock. Forward flexion was initially accomplished such that the fingertips reached the proximal tibias. She complained of "the sharp pain" in her left leg. Extension and lateral bending were performed normally. Burns' test was negative, and she complained of pain in her upper back. She was asked to repeat forward flexion, and she did so such that her fingertips reached her mid tibias. She complained of back and leg pain. She later said that "my flexibility is fine." She was asked to perform forward flexion again and indicated "I don't like pain." She was able to walk on her heels and toes without difficulty.

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Further examination revealed that sitting straight leg raising was restricted to 15 degrees from the horizontal bilaterally and accompanied by thigh pain on the right and thigh and back pain on the left. Supine straight leg raising was restricted to 45 degrees bilaterally and accompanied by thigh pain radiating to the buttock bilaterally. Lasegue's maneuver increased the hamstring pain. Simultaneous hip and knee flexion decreased this pain. Further examination revealed that the patellar tendon reflexes were symmetrically hyperactive, and the Achilles tendon reflexes were symmetrically active. Babinski signs were negative, Sensory perception and muscle strength were normal. Her feet were cool. The posterior tibial pulses were palpable, but the dorsalis pedis pulses were not.

Radiographs of the cervical spine revealed no evidence of fracture, dislocation, or disc space narrowing.

Radiographs of the lumbosacral spine and pelvis revealed no evidence of fracture) dislocation, or disc space narrowing. There was a Grade I spondylolisthesis at the lumbosacral interspace as well as a solid fusion from L5 to the sacrum. There was no motion at the lumbosacral interspace on flexion and extension views.

I have reviewed Dr. Brightman's letter of August 11, 1986. His final diagnosis was "sprains of the muscles and ligaments of the cervical and lumbosacral spines superimposed upon underlying spondylolisthesis of L5 on S1..." I note some discrepancies between Dr. Brightman's office records and his letter.

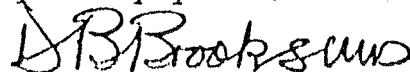
I have also reviewed my letter of December 17, 1987.

Based on this examination, as well as the material which I previously reviewed, I continue to believe that Ms. Schidlowski was involved in a vehicular accident on May 16, 1984 and that she sustained a contusion of her right knee and a cervical strain. I do not believe that she sustained any significant injury to her lumbosacral spine if she sustained any injury at all. I continue to believe that the bilateral lateral fusion of L5 to S1 was not causally related to the accident of May 16, 1984.

At the time of this examination) Ms. Schidlowski continues to be symptomatic with respect to her low back and neck. There is nothing on physical or radiographic examination to substantiate her complaints referable to her cervical spine. Physical examination demonstrates persistent hamstring tightness, and her radiographs demonstrate a solid lumbosacral fusion.

I believe that she has recovered from what injuries she sustained in the accident of May 16, 1984 and that she has no permanent disability directly attributable to that accident.

Very truly yours,



Dennis B. Brooks, M.D.