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ORTHOPAEDIC SURGERY

April 12, 1984

Mr. William H. Rider
Attorney at Law
1806 Illuminating Building
55 Public Square
Cleveland, Ohio 44113

Dear Mr. Rider:

Tiasia Russin was examined by me on April 12, 1984 regarding an accident which occurred on January 9, 1981. This 20-year-old female informed me that she was injured in January of 1981 when she was driving an automobile which was "barely moving" when it was "slammed into" from behind. She was not wearing seat belts at the time of the accident and recalled that she was "jerked around and stunned". Following the accident, she went to Lakewood Hospital where she was examined, treated and released for her symptoms referable to her neck and low back. A cervical collar was applied.

Within a week of the accident, sty came under the care of Dr. Gabelman and was treated with muscle relaxants and pain medication. She was evaluated by Dr. Gabelman approximately every one to two months, over an eighteen month period of time.

Approximately six months after the accident, she was referred to Dr. Mars by Dr. Gabelman because of symptoms of headache, "twitching" in her right arm, as well as right leg pain. Nerve conduction studies and "the brain thing" were performed. She was informed they "came out O.K." She was examined by Dr. Mars on approximately four occasions.

In addition, she was treated by Dr. Mulligan "periodically" since the accident. She was last examined by him in March of 1984.

At the time of this examination, Ms. Russin stated that she was "average". Her low back "always bothers me" and she described pain in the midline of the lumbosacral area. On occasion, she would have pain radiating into the right buttock down the posterior aspect of the right thigh as far as the knee. This symptom was present "not so much anymore". A Valsalva maneuver produced only back pain. In general, she had to "take it easy" for all "physical activities" increased her symptoms.

In addition, she had pain in the posterior aspect of her cervical spine which radiated into her occiput. "Every once in awhile", she would develop "numbing pain" which radiated down the posterior aspect of her right arm, into the ulnar aspect of her forearm and ulnar three fingers. This symptom occurred when her neck was "really hurting" or when she used her arms. She took Fiorinal and Flexeril, depending on her symptoms.

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Her past medical history indicated no symptoms referable to the above described areas prior to the accident. There had been no new injuries.

Physical examination revealed a female of approximately her stated age who was of small proportions. She stated that she was 5 feet 2 inches tall and weighed 105 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 was tenderness to palpation in the lower cervical area as well as in each trapezius. There was a full range of cervical flexion, extension, lateral rotation and lateral bending. These maneuvers were performed quickly and freely.

Examination of her shoulders revealed no evidence of deformity. There was a full range of motion bilaterally. Tests for thoracic outlet syndrome were negative. Neurological examination of the upper extremities revealed normal deep tendon reflexes, muscle strength and sensory perception.

Examination of the lumbosacral spine revealed normal lumbar lordosis without evidence of paraspinal spasm. There was tenderness to palpation in the midline of the lumbosacral spine but no associated sacroiliac or sciatic notch tenderness. Forward flexion could easily be accomplished such that the fingertips reached the toes and extension and lateral bending were performed normally. 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 on the right and was accompanied by posterior knee pain. On the left, it could be accomplished to 70 degrees and was accompanied by low back pain. Lasegue's maneuver was negative. Further neurological examination of the lower extremities revealed normal deep tendon reflexes, muscle strength and sensory perception.

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.

The material forwarded to me has been reviewed and does not include Dr. Gabelman's reports.

The emergency room record of Lakewood Hospital indicates that Ms. Russin was treated in that facility on January 10, 1981, a day following the accident. The impression of the examining physician was "Cervical strain". I have reviewed radiographs of the cervical spine and would agree that these are normal. There is nothing to indicate that she had symptoms or physical findings referable to her lumbosacral spine.

In his letter of September 17, 1981, Dr. Mars describes his examination of Ms. Russin on September 9, 1981, approximately nine months after the accident. He noted "I was not able to define a specific neurologic deficit".

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Based on the information available to me, I believe that Ms. Russin was involved in a vehicular accident on January 9, 1981 and that she apparently sustained a cervical strain. I am unaware of the treatment which she received in the immediate post accident period. At the time of this examination, more than three years after the accident, she has symptoms referable to her cervical and lumbosacral spine. Although she may have the symptoms which she describes, there is nothing on physical or radiographic examination to substantiate her complaints. Therefore, I believe that she has no permanent disability directly attributable to the accident of January 9, 1981.

Very truly yours,

DB Brooks MD

Dennis B. Brooks, M.D.

DBB/anm