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INC.

#503

ORTHOPAEDIC SURGERY

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June 15, 1992

Ms. Billie J. Workman  
Attorney at Law  
2060 Illuminating Building  
55 Public Square  
Cleveland, Ohio 44113

Re: Nick Chrisopulos

Dear Ms. Workman:

Nick Chrisopulos was examined on June 15, 1992 regarding an accident that occurred on April 27, 1989. The history was obtained and the physical examination was performed in the presence of Mr. Roth.

This 59-year-old male informed me that he was injured on April 25, 1989 when he was working as an inspector. As he was standing on the top of a staircase making an inspection, the staircase "fell" approximately 12 to 15 feet. He was not rendered unconscious but was "more in shock." He was ultimately taken to Medical Center South where he was evaluated for injuries to his left shoulder, left thumb, left hip, and left ankle. He also "had an abrasion on my right shin bone." At the Medical Center, he was examined by Dr. Marshall who indicated that he had "no breaks" in his left ankle. Dr. Marshall applied a "full plaster cast." Mr. Chrisopulos was given a walker.

Mr. Chrisopulos was then re-evaluated by Dr. Marshall approximately 10 to 14 days after the accident. At that time, Dr. Marshall "removed the plaster cast and put an air cast on." Mr. Chrisopulos began walking with crutches. He wore the air cast for five or six weeks. During the last two weeks, he was without crutches.

He continued under Dr. Marshall's care on a "periodic basis," approximately every two to three months. He wore an Ace bandage.

During 1990, he continued under Dr. Marshall's care and was re-examined by him approximately every three months. He indicated that he was symptomatic with respect to his left ankle and that "the hip was starting to bother me more." He indicated that he had been symptomatic with respect to his left hip since the time of the accident but that he had been taking "Tylenol with Codeine for approximately ten days and then Ibuprofen and Tylenol up to seven per day." Mr. Chrisopulos clearly indicated to me that he had no left hip pain because of the "excessive medication" that he was taking. When he stopped this medication, his left hip began "hurting more." Mr. Roth interrupted at that point to insure that the history which I received was that Mr. Chrisopulos' left hip began hurting more.

June 15, 1992

Ms. Billie J. Workman  
Re: Nick Chrisopulos

Page two.

Mr. Chrisopulos indicated that in 1990, he went to his family physician, Dr. Silverman, who "looked at the left ankle and discussed the hip. He put me on Voltaren." Mr. Chrisopulos then returned to Dr. Marshall who indicated that he would have done "the same thing, I've been on it ever since." He then continued under Dr. Marshall's care and was re-evaluated by him on a "periodic basis."

During 1991, he was re-examined by Dr. Marshall approximately every two to three months. When he was re-examined by Dr. Marshall, he "didn't do anything differently" than he had previously.

He was last examined by Dr. Marshall on June 11, 1992.

At the time of this examination, Mr. Chrisopulos indicated that he was symptomatic with respect to both his left ankle and his left hip. He noted that "sometimes I can't bend it," referring to the left ankle, in fact, he noted that this decrease in motion was present "most of the time, i don't have full movement." He noted it when he climbed on stairs, walked on uneven ground, or stepped down. He indicated that when he walked on uneven ground, his ankle would twist. He would be required to put on an Ace bandage, for it became swollen. He had not had to seek medical attention when these new episodes occurred,

We had "almost a constant" pain in his left hip. It varied from "like a groin pull" to pain in the lateral aspect of his hip which was always present. He indicated that if he sat back in a chair that he would have difficulty changing from the sitting to the standing position. His hip would be like "a dry socket. I have to grab it until I put pressure on it." However, if he sat on a cushion and thus sat forward in the chair, he would have less difficulty. He used a cushion when he went on long drives or when he sat in a chair. He also had difficulty leaning over because of the pain in his hip.

He was presently taking Motrin three to four times a day and Zestrill. The latter medication was for his high blood pressure.

At the time of the accident, he was working as a building inspector and had missed approximately one month from work. He then returned to the same job that he had been performing before the accident.

Prior to the accident, he had had "none whatsoever" in the way of symptoms referable to his left hip. He had had "no" symptoms with respect to his left ankle. During 1965 or 1967, while working in construction, he had a "whiplash type of injury" to his upper back and-neck. He still had "some" symptoms. He had not sustained any new injuries.

Physical examination revealed a male of approximately his stated age who was moderately overweight. He indicated that his height was 5 feet 5 inches and his weight, 182 pounds. He arose from the sitting position with the use of his hands and limped for the first: two steps. Thereafter, he took equal but short steps. In the standing position, his pelvis was level. The Trendelenburg test was negative bilaterally. In fact, he performed this test better on the left than on the right. He was able to walk on his heels and toes without difficulty, although, again, he took short steps.

June 15, 1992

Ms. Billie J. Workman  
Re: Nick 'Chrisopulos

Page three.

Further: examination of the lower extremities revealed no leg length discrepancy. The active range of motion of the left hip, in degree's, was: fixed flexion contracture - 0, further flexion - 80, internal rotation/external rotation in flexion - nil/nil, abduction/adduction - approx 10/approx 10. He complained of pain at the extremes of all motion. Comparable examination of his right hip revealed the active range of motion, in degrees, to be: fixed flexion contracture - 0, further flexion - 70, external rotation/internal rotation in flexion - nil/nil, abduction/adduction - 30/30. He complained of pain, although it was "not as much" at the extremes of all motion on the right side. He volunteered that he had become symptomatic with respect to his right hip during the last four to five months. Hip muscle strength was 4/5 bilaterally. The peripheral pulses were palpable.

Evaluation of the left ankle revealed that there was no visible swelling or deformity. The bimalleolar circumference was equal bilaterally. The active range of motion on the left was: dorsiflexion - to neutral, plantar flexion - to 30, absent subtalar motion, and normal forefoot motion. There was tenderness with palpation around the entire ankle. Comparable evaluation of the right ankle revealed dorsiflexion to 20 degrees with other motions the same,

Radiographs of the pelvis and both hips revealed no evidence of fracture or dislocation. There was considerable degenerative change bilaterally as evidenced by loss of joint space, subchondral sclerosis, and spurring.

Radiographs of the left ankle revealed no evidence of fracture or dislocation. There was spurring of the talus and of the medial malleolus. There was poor demonstration of the subtalar joint. Comparable radiographs of the right ankle revealed similar talar spurring,

I have reviewed the material which you forwarded and note that Mr. Chrisopulos was treated at the Medical Center South on April 27, 1989. The examining physician noted, among other things, the following:

Blow and inversion injury to L ankle. C/O pain to L hip and L thenar eminence. P.E.: Pt in NAD...L hip: minimal pain to internal rotation only. No point tenderness. L ankle: 1+ swelling. No ecchymosis. Point tenderness to lateral malleolus...2 cm abrasion to R anterior leg.

His diagnosis was "Left Lateral Malleolar 1° Sprain. Abrasion R Lower Leg." His treatment included "Posterior splint & crutches L. F/U c Dr. Keppler..." A notation indicates that Mr. Chrisopulos returned for an "air cast crutches" on May 2, 1989. There is nothing to indicate that the examining physician made a diagnosis referable to the left hip.

I have reviewed the radiographs obtained on the day of the accident and agree with the radiologist that the radiographs of the right and left hips demonstrate the following:

osteoarthritic changes bilaterally with narrowing of the hip joint superiorly and sclerosis and eburnation of the acetabuli. No acute abnormalities however are identified.

June 15, 1992

Ms. Billie J. Workman  
Re: Nick Chrisopulos

Page four.

I have compared the radiographs obtained on the day of the accident with those obtained at the time of this examination. There has been a slight increase in the bilateral degenerative joint disease as demonstrated by a slight increase in the loss of joint space. The changes are greater on the right than on the left.

I have reviewed the radiographs of the left ankle obtained on the day of the accident and agree with the radiologist that the "soft tissues.. are normal." I have compared those radiographs with the ones obtained on the day of this examination and note that there has been no change.

I would be willing to review the radiographs of the left ankle obtained on January 18, 1990 at Medical Center South and the radiographs of the pelvis and left hip obtained on December 5, 1991 at Medical Center South. These radiographs were not included with those which I received. I would also be willing to review the radiographs of the left foot and ankle, pelvis and left hip, and the bone-scan which was obtained at Deaconess Hospital.

Dr. Marshall's office records describe his care of Mr. Chrisopulos between May 2, 1989 and [?] 16, 1992. At the time of the initial examination, five days after the accident, Dr. Marshall's records indicate that he performed an examination of the left ankle which revealed "torn ligaments." He does not include the findings upon which this diagnosis is based. He does indicate that he prescribed "air cast L ankle." There is nothing to indicate that he had examined the patient previously at Medical Center South or that he had applied a short leg cast.

Thereafter, Dr. Marshall re-examined Mr. Chrisopulos on various intervals. On May 11, 1989, he noted that the "L hip - OK." On May 25, 1989, he noted that "X-ray pelvis shows moderate OA both hips." He then re-examined the patient in June, July, and September of 1989.

During 1990, he examined the patient on five occasions. There is nothing in the record to indicate that the patient had symptoms or physical findings referable to his left hip. The only examination during 1991 occurred on December 5, 1991, 17 months after the last examination and more than two and a half years after the accident. At that time, the patient was "Having a lot of pain in L hip & L ankle." Dr. Marshall suggested that the patient continue with his Voltaren. There is nothing to indicate that he compared the radiographs of the left hip taken on the day of the accident with those which he obtained on December 5, 1991.

In his letter of January 12, 1992, Dr. Marshall describes his treatment of Mr. Chrisopulos between May 2, 1989 and December 5, 1991. In his letter, he indicated "x-rays of the left hip showed increase in the degenerative process."

I would be willing to review Dr. Silverman's records of his treatment of Mr. Chrisopulos. These records will indicate the onset of Mr. Chrisopulos' hip symptoms.

June 15t 1992

Ms. Billie J. Workman  
Re: Nick Chrisopulos

Page five.

Based on this information, I believe that Mr. Chrisopulos was involved in an accident on April 7, 1989 and that he sustained a 1st degree sprain of his left ankle and a contusion of his left hip. At the time of the accident, he had degenerative joint disease of both the right hip and the left hip. I do not believe that the accident of April 27, 1989 accelerated this pre-existing condition. Although I do believe that Mr. Chrisopulos will undergo total hip replacement in the future, I do not believe that the cause of the total hip replacement is the accident of April 27, 1989.

At the time of the accident, Mr. Chrisopulos also had degenerative joint disease of his left ankle. I believe that he is fully recovered from the sprain which he sustained in the accident. I further believe that his symptoms with respect to his left ankle are a result from the pre-existing condition. There is nothing in the material which I have reviewed to indicate that the pre-existing left ankle arthritis was accelerated by the accident of April 27, 1989.

Very truly yours,

A handwritten signature in dark ink, appearing to read "D.B. Brooks, M.D.", written in a cursive style.

Dennis B. Brooks, M.D.

DBB/anm