ROBERT D. ZAAS, M.D. DENNIS B. BROOKS, M.D.

#527

ORTHOPAEDIC SURGERY

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August 11, 1986

Ms. Janet D. Dann Attorney at Law 1305 The Superior Building 815 Superior Avenue, N.E. Cleveland, Ohio 44114

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Re: Terry Dann

Dear Ms. Dann:

Terry Dann is a 28-year-old female who first consulted me on June 6# 1986 because of injuries which she sustained on November 21, 1984. She informed me that in November of 1984, she was driving an automobile which was stopped when it was struck from behind by a second car, She was not wearing seat belts at the time of the accident. She developed pain in her neck and came under the care of her family physician who treated her with physical therapy and medication for approximately' six weeks, Thereafter, she was continued on "muscle relaxants - Dolobid" for several months. She was last examined by her family physician approximately two months prior to her initial examination. She was also evaluated by an orthopaedist on one occasion. Because of continuing symptoms, she sought further treatment.

At the time of my initial examination, Ms. Dann indicated that her neck would feel "weak" when she performed "strenuous work - mowing the lawn" or merely sat in a chair watching television. There was no associated arm radiation.

Her past medical history indicated no symptoms referable to her neck prior to the accident, There had been no new injuries.

Physical examination revealed a female of approximately her stated age who was of short stature. She indicated that she was approximately 5 feet 3 inches tall and weighed 130 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 to palpation. There was a full range of cervical flexion, extension, and lateral rotation with approximately <u>25</u> percent limitation of lateral bending bilaterally. Neurological examination of the upper extremities revealed normal deep tendon reflexes, motor power, and sensory perception.

August 11, 1986

Ms. Janet **D.** Dann Re: Terry Dann

Page two.

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

At the time of my initial examination, based on the history which I received and that examination, I felt that Ms. Dann had sustained a cervical strain as a result of her accident of November 21, 1984. I referred her to the physical thera^{pist} for appropriate rehabilitative exercises and asked her to return again in several weeks for further evaluation. Ms. Dann was next examined on June 20, 1986 at which time she indicated that her neck still felt heavy. Examination of her cervical spine revealed normal cervical lordosis without evidence of localized tenderness or spasm, There was a full range of cervical flexion, extension, and right lateral rotation and right lateral bending. She lacked 'approximately 25 percent-of left lateral rotation and left lateral given additional trapezius strengthening exercises, and asked to return again in several weeks.

The patient was examined next on July **3**, **1986** at which time she indicated she was much improved. She had an occasional feeling of pressure. Examination of her cervical spine revealed no areas of localized tenderness or of spasm. There was a complete range of cervical motion. She was advised to continue with her rehabilitative exercises and to return again as necessary.

As of this date, I have no re-examined Ms. Dann and, thus, am unaware of her present comdition. However, based on the history which I received and my treatment of her, I believe she sustained a cervical strain as a result of her accident of November 21, **1984**. She appeared **to** progress while under orthopaedic treatment and at the time of her last examination was minimally symptomatic. Thus, unless she has again become symptomatic, I believe that she will have no permanent disability directly attributable to her accident of November **21**, **1984**.

Very truly yours,

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Dennis B. Brooks, M.D.

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