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December 14, 1981

Mr. Thomas L. Brunn  
Attorney at Law  
2121 Superior Building  
Cleveland, Ohio 44114

Re: Elizabeth Groff  
File No.: 1700-3772

Dear Mr. Brunn:

The above named claimant was examined by me on December 14, 1981, regarding alleged disability as a result of an accident which occurred on August 16, 1979. This 52-year-old female informed me, in the presence of her counsel, that she was injured on August 16, 1979, when she was riding as a front seat passenger which was moving while on the highway. She did not recall the events of the accident, as she apparently became unconscious soon after the impact. She stated that she awoke in the emergency room of St. Alexis Hospital approximately five hours later. A laceration of her forehead and right eye was repaired and she was admitted to the hospital. She came under the care of Dr. Lopez and remained in the Intensive Care Unit on bed rest for approximately four days. She was seen in consultation by Dr. Ling who found "no internal brain damage". She further recalled, "When I left the hospital, I did not realize what condition I was in."

She then returned home and stated that she had difficulty with "navigating". She contacted Dr. Lopez who suggested further bed rest. She also stated that her left knee "constantly ached", and she had swelling which would recede and then return. She remained under Dr. Lopez' care for approximately a year and was seen by him on a "regular basis". She was told that it would take approximately a year to "feel normal". In general, she was advised to "play it by ear".

She continued under Dr. Lopez' care until some time in 1981. She stated that he attributed her left knee symptoms to "tendinitis". In approximately February of 1980, she was examined by Dr. Andrews who found "nothing seriously wrong". Exercises were advised for approximately one month. She was told that if her symptoms increased, arthroscopy would be indicated. She then returned to Dr. Lopez who referred her to Dr. Kovach. Medication was prescribed for "an inflammatory condition". She was examined by Dr. Kovach on several occasions and had an unremembered prescription refilled. She stated the medication decreased her pain but not the swelling. Although she still had some of the medication, she stated that she did not take it "as often as I should".

At the time of this examination, the claimant stated that she was still symptomatic with respect to her knee. She had a "toothache-like feeling" which extended from the posterior aspect of her knee into her calf, as well as a similar feeling extending down the anterior aspect of her shin. Whenever she stood for a period of time or became active, her knee would

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swell, and then she would have "terrible aching". When she sat or rested, she had no aching. She noted swelling along the medial aspect of her joint. There was no buckling nor any localized pain. She felt that her knee had never returned to "normal" with respect to the swelling. She also noted persistent numbness about her forehead laceration but was not questioned regarding any neurological symptoms.

Her past medical history indicated no prior symptoms referable to her left knee. She had been involved in an automobile accident as a child. She had sustained no new injuries. Prior to the accident, she had worked as a department store buyer and was away from her employment for approximately four weeks. She then returned on a part-time basis.

Physical examination revealed a female who appeared somewhat older than her stated age and was of short stature. She stated she was 5 feet 1 inch tall. She arose from the sitting position without difficulty and ambulated without limp. Her general standing alignment was within normal limits. She could perform a full squat and arise from the squatting position without difficulty.

Examination of her face revealed a well-healed laceration extending from the right frontal area over the right eyelid. The area was tender to palpation, and this produced a "pulling" over the eyelid.

Further examination of the left knee revealed a grayish discoloration in the infrapatellar area. This was from a childhood injury. The circumference of the left distal thigh was 1.0 cm. larger than the right. There was no palpable effusion nor obvious swelling. There was a full range of knee motion with a good end point to extension and a negative McMurray's maneuver. There was no tenderness to palpation about the patella, either joint line or in the popliteal space. Fairbanks' test was negative. Tests for collateral and cruciate ligament stability were normal. Following the examination, the claimant stated that she had aching in both medial and lateral joint lines.

Radiographs of the left knee revealed no evidence of fracture, dislocation or degenerative change.

The material forwarded to me has been reviewed and includes the partial records of St. Alexis Hospital. These indicate that the claimant was evaluated in the emergency room on August 16, 1979, and admitted to the hospital. The hand-written notes are generally illegible, although Dr. Ling's consultation of August 21, 1979, indicates his impression, "Doubt any serious intracranial trauma".

In his report of November 30, 1979, Dr. Lopez describes his treatment of the claimant between August 16, 1979 and November 21, 1979. He does not describe any symptoms or physical findings which she may have had referable to her left knee during that period of time. His diagnosis was "Contusion of the skull, brain concussion and laceration of the scalp and forehead, contusion of the left knee". In his report of August 14, 1981, Dr. Andrews describes his treatment of the claimant between January 16, 1981 and February 16, 1981. His impression was "Lipofibroma of the left medial knee".

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Based on the information available to me, I believe that the claimant was involved in a vehicular accident on August 16, 1979, and that she sustained a forehead laceration, a cerebral concussion and contusion of her left knee. These injuries necessitated her hospitalization and the treatment provided by her physicians. At the time of this examination, almost two and a half years after the accident, the claimant is symptomatic with respect to her left knee. Although she may have the symptoms which she describes, there is nothing on physical or radiographic examination to substantiate her complaints. Therefore, I believe she will have no permanent orthopaedic disability directly attributable to her accident of August 16, 1979.

Very truly yours,

Dennis B. Brooks, M.D.

DBB/sld