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ORTHOPAEDIC SURGERY

December 17, 1987

Mr. Martin J. Murphy  
Attorney at Law  
816 Engineers Building  
Cleveland, Ohio 44114

Re: Cynthia Schidlowski  
File No. T-9309

Dear Mr. Murphy:

I have reviewed the material which you provided regarding Cynthia Schidlowski. This material includes the records from Kaiser Permanente Foundation for the period from September 15, 1983 to May 16, 1984, the Emergency Room record of Lutheran Medical Center for May 18, 1984, Dr. Brightman's office records for the period from June 5, 1984 to October 24, 1986, various radiographs obtained at Lutheran Medical Center, the outpatient and inpatient records from Cuyahoga County Hospital for the period from June 11, 1985 to December 19, 1986, and various radiographs obtained at Cuyahoga County Hospital. In particular, I have reviewed this material to determine what injuries, if any, Ms. Schidlowski sustained as a result of the accident of May 16, 1984.

The records from Kaiser Permanente indicate that on September 15, 1983, Ms. Schidlowski "Cont. to have some pain c̄ Naprosyn. (Pain rt. leg pulling feeling.)" On September 26, 1983, the patient complained of "groin, behind knees and ankle pain." In March 1984, she was examined in the Emergency Room where she gave a history of "painful hip and knee joints on and off." On March 14, 1984, she apparently made phone contact with Kaiser Permanente, but the complaints and response are illegible.

On May 16, 1984, Ms. Schidlowski was examined in the Emergency Room of Kaiser Permanente where the examining physician noted that the patient had been in an accident and "was hit from behind. Pt went forward and then backward. Hit head against head back cushion, Also hit R knee against dashboard." The physical examination revealed that the right knee was "bruised." There were no findings referable to the cervical spine. There is nothing to indicate that the patient had symptoms or physical findings referable to her low back.

The patient was examined in the Emergency Room of Lutheran Medical Center on May 18, 1984 when she complained of "pain in back of neck." The examination of the neck revealed "slight restriction of movement." Radiographs of the cervical spine revealed "no fractures or dislocations." The diagnosis of the examining physician was "Musculoskeletal strain." There is nothing to indicate that the patient had symptoms or physical findings referable to her lumbar spine.

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Dr. Brightman's office records indicate that he first examined Ms. Schidlowski on June 5, 1984, approximately three weeks after the accident. (These records have been prepared by various individuals, for notations are made in different handwritings.) At the time of the initial examination, the patient indicated that she had sustained an injury to "her neck and low back." She had a "burning sensation in neck." The physical examination was confined to the neck and upper extremities. Radiographs of the lumbosacral spine were obtained, although the indication for this study is not clear. I have reviewed the radiographs of the lumbosacral spine obtained on June 5, 1984 and agree with the radiologist that "[t]here is bilateral spondylolysis at the L5-S1 level with Grade I spondylolisthesis of L5 on S1." On June 18, 1984, the patient had pain in "both shoulders" and "headaches lasting all day." On July 2, 1984, she complained of "R-sided LBP." (The remaining notations for that visit as well as for July 27, 1984 are difficult to decipher.) On August 23, 1984, Dr. Brightman noted "No L5 disease by bone-scan." (I have reviewed the bone-scan obtained on August 21, 1984 and agree with the radiologist that "Images of the ribs, thoracolumbar spine and pelvis reveal no definite abnormal area of increased activity." The patient was re-examined on several occasions. On November 15, 1984, six months after the accident, she complained of "legs ache - in a.m." Dr. Brightman noted that the "L ankle reflex depressed, motor - intact, calf - 1/2 inch atrophy, tight hamstrings." A CT-scan was ordered and was performed on November 16, 1984. I would agree with the radiologist that it demonstrates "[n]o evidence of disc disease." I am unable to determine the results of the office visits between December 10, 1984 and March 14, 1985. On April 22, 1985, the patient was given a note to return to work on May 6, 1985. On May 24, 1985, she complained of "increasing pain after being back at work..." The physical examination revealed normal deep tendon reflexes and muscle strength. Sensation was "diminished lateral border Lt foot." Dr. Brightman's "Plan: Decompressive laminectomy & fusion."

Radiographs of the lumbosacral spine were also obtained at Lutheran Medical Center on January 28, 1985. I agree with the radiologist that they show "again the Grade I spondylolisthesis of L5 on S1. There appears to be an associated spondylolisthesis. There has been no significant change since 1984."

The records from Cuyahoga County Hospital indicate that Ms. Schidlowski was apparently first examined in the Outpatient Clinics on June 11, 1985. At that time, approximately 13 months after the accident, the patient was symptomatic with low back pain and "occ. bilat R greater than left leg pain - S1 dist of numbness." The assessment of the examining physician was "L5 S1 spondylolysis with poss L5 S1 HNP..." He recommended an MRI and referral to Dr. Wilber. An MRI was performed on June 20, 1985 and interpreted by the radiologist as demonstrating "about 1.0 cm. anterior offset of L5 with respect to S1...The dural sac is displaced posteriorly as a result of these changes and there is an increase in the epidural fat anterior to the sac. The L5-S1 disc shows reduced signal intensity as compared with other discs in the lumbar region."

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Ms. Schidlowski was admitted to Cuyahoga County Hospital between July 15, 1985 and July 16, 1985. On July 15, 1985, a myelogram was performed and I would agree with the radiologist that this demonstrates "mild anterior extradural indentations at all lumbar levels. These in themselves are of doubtful significance. There is no significant narrowing of the subarachnoid space at the level of the spondylolisthesis. No nerve root sleeve cutoff is seen." A CT examination was performed after the myelogram and was interpreted as showing "no evidence of disc herniation."

Following her discharge, Ms. Schidlowski was fitted with a lumbosacral corset. On August 16, 1985, she was noted to have "marked improvement with corset." She was then readmitted to the hospital between August 25, 1985 and August 31, 1985. The initial history and physical examination indicates that the patient "was asymptomatic until (approximately) one year ago when she was involved in MVA. 2-3 days following accident developed increasing LBP...The only thing which has helped the pain is a corset." On August 26, 1985, the patient underwent "Bilateral lateral fusion of L-5 to S-1." The operative note indicates that a bilateral lateral fusion was performed from L5 to the sacrum, that the posterior elements were not removed, and that the disc spaces were not explored. The discharge summary indicates that the patient had an uneventful postoperative course.

Following her surgery, Ms. Schidlowski was re-examined in the Orthopaedic Clinics on several occasions between September 5, 1985 and May 30, 1986. On the latter date, approximately a year after her surgery, she was noted to be "comfortable." There is no record of her examination on December 19, 1986. Radiographs were obtained on that date and interpreted by the radiologist as demonstrating "on flexion and extension views, there is essentially no motion at the L5-S1 level."

Dr. Brightman's office records indicate that he also re-examined Ms. Schidlowski following her fusion at Metropolitan General Hospital. He apparently was not aware of the precise nature of her surgery. On July 1, 1986, the patient had "residual LBP since accident..." On October 24, 1986, she "still c/o aches or pains; occasional neck pain."

Based on this information, I 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. Although she underwent a bilateral lateral fusion of L5 to S1 to stabilize that area on August 26, 1985, I do not believe that that operation was necessitated by the accident of May 16, 1984. Rather, that operation was performed to eliminate the patient's symptoms which were apparently resulting from her pre-existent lumbosacral spondylolisthesis. There is nothing in the records to indicate that the accident of May 16, 1984 affected that condition. A

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bone-scan performed approximately three months after the accident was normal, and radiographs of the lumbosacral spine obtained at various times after the accident showed no increase in the lumbosacral spondylolisthesis.

Very truly yours,

*DBB* Brooks *MD*

Dennis B. Brooks, M.D.

DBB/anm