

John P. Conomy, M.D., J.D.  
PRESIDENT

May 12, 2003

Thomas E. Conway, Esq.  
Friedman, Domiano & Smith  
1370 Ontario St. – Sixth Floor  
Cleveland, OH 44113

***RE: Independent Neurological Evaluation, Herbert Dawson***

Dear Mr. Conway:

It was my pleasure today to meet and examine Herbert Dawson of Medina, Ohio. I saw him in the company of his wife during a neurologic evaluation performed at your request for the evaluation of pain, numbness and inability to properly use his left hand and arm. The history was supplied by Mr. Dawson himself. Today's examination took place over a one hour and ten minute period.

**HISTORY**

Herbert Dawson is a native of Morristown, Tennessee. He lived in that area until about eight or ten years of age when he moved to the Medina-Brunswick area of Ohio where he has resided for the remainder of his life. He didn't graduate high school but quit in the tenth grade in order to work. Eventually he achieved a General Educational Diploma. He is a veteran of the United States Air Force but was discharged for medical reasons after having an inability to properly use his right leg due to a motorcycle-accident related burn affecting the region of his right ankle and Achilles tendon. During his Air Force career he was stationed in San Antonio, Texas (1964-1965). He is married for over 33 years and he and his wife have three adult daughters and four grandchildren. They lost another daughter at childbirth due to placenta praevia about 27 years ago.

Mr. Dawson is a carpenter by trade. He has owned his own company in the past and has worked for the Glaziers Union. He was employed in that capacity of a carpenter for both home and commercial structures at the time of the circumstances defined below supervened. He does not drink and for many years has not smoked. He and his wife reside in a semi-rural setting.

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*History continued...*

In 1997 he began to experience intermittent abdominal cramping pain and apparently had some intermittent lower GI bleeding. In 1999 he was undergoing tests for "colon polyps" when he retained an enema, became distended and surgery needed to be done. He entered the Medina Hospital and was treated by nasogastric aspiration and intravenous fluid for a couple of days or so. After several days he underwent laparotomy and bowel resection for his colon polyps.

Preoperatively he had received IV fluids through IV tubes inserted in his arms. There was occasional redness around the area of puncture sites but no other troubles.

Postoperatively an intravenous infusion was started in the dorsum of his left hand. He remembers the site precisely as being on the posterior surface of the hand near the wrist. He does not recall whether a needle of some sort or intravenous tubing was used. At any rate, the infusion went wrong and his arm "blew up like you wouldn't believe." Apparently his hand was quite swollen and swelling extended virtually to his elbow. This situation went on as he describes it for more than a day. With the onset of swelling of severe sort in his hand his hand became numb "like a pins and needles feeling." He called this to the attention of his caregivers including his physician and was assured that it was a minor sort of thing and would pass off. He was discharged from the hospital to his home and about ten days after his surgery with paresthesias in the hand continuing and now growing a worse, a burning sensation began to occur in his hand. He visited his physician who "more or less shrugged his shoulders and said it wasn't his problem" but was again reassured that things would improve. That is quite opposite from what has occurred.

His swelling has receded. Discoloration did not occur in its wake. He was however beset by growing and continuous pain which continues to this day. Within about two months the burning in his left hand, always substantial, become quite unbearable "like I would like to cut the son-of-a-bitch off." He could not stand to be touched on his hand or forearm. Even wind or slight brushing on his left hand (particularly the ulnar border) of the left forearm sets off a siege of burning, gnawing, boring, unrelenting pain. He protects his hand by wearing a glove and long sleeve shirts at all times and simply protecting his hand and arm from any sort of contact whatsoever.

His pain is durable. It is there 24 hours a day and little modified by most medications. He does obtain some relief from his current medication program which consist of Neurontin 3200 mg per day, OxyContin 120 mg per day and Amitriptyline 100 mg at night. He has undergone so far a series of 11 cervical blocks which have been variably effective, at least in relieving some of his pain for a few hours or a couple of days. They have not been beneficial beyond that. He has experienced delays in achieving treatment, particularly consultations with pain specialists, anesthesiologists and neurologists because of ongoing changes in insurance plans and administrative problems.

***History continued...***

He has been unable to work since all of this occurred. Formerly he was devoted to his work and no matter what befell him (including lacerations with plate glass windows and falls from ladders) hardly missed a day of work in his career.

He has become phenomenally depressed and suicidal. He has received psychiatric care for this. He thought of shooting himself and has gun and bullets at home but they are now locked and his wife retains the key to the cabinet in which they are placed. They have not been able to enjoy sex in three years because of transmitted motion to his left hand or left arm. He is depressed, tearful and nihilistic much of the time and tends to be alone.

Formerly he was a very active man in the care of his own home. He built cars, rode motorcycles and was a self sufficient outdoors type. He was devoted to his family and to his grandchildren and all of this has changed. Currently he cannot play with the children because they bump or touch his left hand or arm. This was evident during yesterday's Mother's Day celebration in which he could not accompany his family to an outside bon fire and wiener roast, not only because of avoidance of touching but the fact that it was a very windy day and wind blowing across his arm "sets the damn thing on fire."

He states that initially his arm and hand were reddened and occasionally mottled. He has not noticed skin color changes since. He has difficulty trimming his nails because of recrudescence of his pain from this sort of manipulation involving the left hand.

He compares the pain in his left hand and arm to the burn he received during a motorcycle accident many years ago which had the property of actually burning and searing of flesh from the back of his calf. He states "what's going on in my hand is ten times worse than this ever was."

**EXAMINATION**

Physical examination discloses a bearded and very polite man who is at first not very animated but through the course of evaluation it is clear that he is tremendously depressed. He is tearful, angry and sad. His blood pressure is 140/100 in his right arm. His chest is clear. He has healed scars over the region of the left biceps tendon (plate glass laceration at the base of the left thumb) and other lacerations and a healed grafted area over his right posterior calf and Achilles tendon. There is some contracture with the later. He has a healed long midline laparotomy scar which is pigmented.

A complete neurologic examination was performed today including mental status, speech, spine, cranium, cranial nerves, motor, sensory, vascular, reflex, autonomic and cerebellar examinations. These are remarkable for the following: he protects his left hand to such a degree that I can hardly touch it.

***Examination continued...***

The examination however with his cooperation and forbearance is possible to do. The skin of his left hand is white, parchment-like, dry and not reddened or cyanotic. Nail growth appears to me intact but the nails of his ring and small finger are left to grow long since he really can't tolerate having these trimmed. The left hand is generally atrophic without any specific nerve distribution to it and the atrophy is mild and appears to be due to disuse. He can use the ulnar border of the hand for such things as helping to hold a handkerchief to his nose or eyes and in spite of having intact pincer movement in the index and middle finger he really doesn't use this in any functional way. The ring and small fingers are left out of this activity because of their hypersensitivity. Hair growth is disturbed in the phalanges of his left but not his right hand. Sensation is hypesthetic and hyperpathic throughout his right hand and conforms to no specific nerve distribution. It is worse distally and worse on the ulnar side of the hand but its borders are fading in the mid forearm and about the wrist. He wears a glove and a long sleeve shirt to protect himself.


While he complains of occasional paresthesias now in his right hand and both his feet I find no evidence of any other nerve disorder. He has distal reflex integrity, no pathologic reflexes, good muscle strength and no atrophy. Position and vibration sense are intact in his right hand and in both his feet. It is difficult to judge this in the left hand because any movement or the application of a tuning fork, however gentle, simply causes him to have pain.

The use of the dorsal column stimulator has been discussed with him. He shuns surgery since he says "my luck with doctors and hospitals has not been too good."

**IMPRESSION:** Flowing from an event in which intravenous infusion infiltrated his left hand and arm, Mr. Dawson has developed Complex Regional Pain Syndrome of severe sort affecting particularly the left hand and in particular the ulnar portion of that hand.

I will be pleased to review medical records sent in Mr. Dawson's behalf and to be in further correspondence with you.

Yours truly,

A handwritten signature in dark ink, appearing to read "John P. Conomy". The signature is fluid and cursive, with the first name "John" and last name "Conomy" clearly legible.

John P. Conomy, M.D., J.D.

JPC/cf

Dawson, Herbert - IME.doc