



February 17, 1996

Robert C. Corn, M.D., F.A.C.S.  
Timothy L. Gordon, M.D.  
Orthopaedic Surgeons

John J. Owens  
Attorney at Law  
The 113th St. Clair Building  
Suite #525  
Cleveland, OH 44114-1214

RE: Clark Vaden  
File #421 6241

Dear Mr. Owens:

I evaluated Clark Vaden in my office on February 13, 1996, in the presence of his attorney, Mr. Mark Wiseman.

This evaluation was specifically in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on February 21, 1994. At that time, Mi. Vaden was the driver of a late model Jeep Cherokee vehicle heading southbound on Warrensville Center Road. A vehicle approaching in the opposite direction apparently was easing over into his lane. He tried to avoid the collision by turning to his right. **An** impact did occur on the driver's rear aspect of his vehicle. His car apparently jumped the curb, his left hand became tangled in the steering wheel and he struck both knees, **right** worse than the left.

There was no pain initially in his knees. He went home after making the appropriate police reports and used ice on his left hand. His left hand symptoms completely resolved. He essentially sustained a contusion laceration or abrasion.

He subsequently returned to his previous treating physician, Dr. Robert Mark Fumich, who evaluated him on March 3, 1994. This was a short period of time after the

accident. **An** MRI scan was performed on March 4, 1994, which showed some thinning of the articular cartilage and a tear of the posterior horn of the medial meniscus. Surgery was performed at the Meridia Hillcrest Hospital on March 11, 1994, with a partial medial meniscectomy and chondroplasty of the medial lateral femoral condyle, as well as the patellofemoral joint. There was clearly x-ray and MRI evidence of degenerative cartilage disease which was the primary abnormality noted at the time of surgery. The actual copies of the surgical pictures were reviewed. He continued to followed with Dr. Fumich after the injury. He underwent some physical therapy in the form of watching a video tape; performing exercises. He also returned to his part-time job, working for the Shaker Recreational Board and teachmg an exercise class. He has not seen Dr. Fumich since late 1994.

He is currently on no medications. He retired from the previous job he had working as a courier for the Brinks Company. He also was a maintenance worker and Zamboni driver for the Shaker Rec. Board.

**PAST MEDICAL HISTORY** failed to reveal previous or subsequent specific trauma to his knee. He clearly had signs of degenerative arthritis and a meniscal tear. He claims these were asymptomatic prior to this accident and symptomatic from the time of the accident.

**CURRENT SYMPTOMS:** He has recovered nicely from his surgery. The only time the right knee bothers him is when he does a fair amount of running. The knee is somewhat sore the next day, primarily in the patellofemoral joint. Also sitting for prolonged periods of time, he develops a snapping which gives him some soreness for a couple of days. Other than that he has no limitations. He continues to exercise on a regular basis.

**PHYSICAL EXAMINATION** revealed a pleasant, very healthy appearing, 67 year old male who appeared in no acute distress. There was **limp** detected. Examination of his left upper extremity was entirely normal. There were no areas of tenderness or muscle wasting. **A** normal examination of the left hand and Wrist was noted.

In reference to his right knee, there were four well-healed scars compatibles with his surgical history. A full range of motion was noted from 0" to 140° of flexion. His medial and lateral, as well as anterior and posterior ligamental complexes were intact. There was no rotational instability detected. Essentially a normal knee examination was noted with the exception of some mild patellofemoral crepitance on range of motion. He had similar findings, but less severe, in the left knee. These are clearly on the basis of his degenerative disease which is well documented by the medical records. No atrophy was noted in circumferential measurements of the upper and lower thigh, knee level, or calf level. He had objectively recovered from his knee surgery.

**IMPRESSIONS:** Contusion of left hand, confusion of the right knee by history. By history, aggravation of previously existing arthritis and probably degenerative meniscal tear.

**DISCUSSION:** I have had the opportunity of reviewing medical records associated with his care and treatment. These include the records from Dr. Mark Fumich, Ohio Physical Therapy, Meridia Hillcrest Hospital, and records from Bureau of Workers' Compensation from an old injury, not involving his knee.

After careful questioning of the patient's history and physical limitations, as well as after a careful physical examination and review of medical records, I have come to some conclusion concerning his ongoing level of physical impairment.

On the basis of this evaluation, he has objectively recovered from any soft tissue injury sustained to his knee. The only objective finding is the well-healed scars from the arthroscopic surgery. There is no limitation of motion and other than the mild patellofemoral crepitance, there is no objective evidence of any ongoing treatable knee condition.

It is clear by review of the records that there was a degree of degenerative cartilage disease (chondrosis) of both the medial and lateral femoral condyle and the patellofemoral joint. There was also a minor posterior horn meniscal tear. This

degenerative condition was adequately treated by the arthroscopic surgery and an excellent recovery was anticipated and achieved. The degenerative condition and, in my opinion, the meniscal tear were not caused by the accident. They were subjectively aggravated by the patient's history. There was definite MRI evidence and arthroscopic evidence of a degenerative process. This condition is typically not associated with trauma. The necessity for the surgery was due to the change in symptoms which Mr. Vaden states occurred after this motor vehicular accident. There is no evidence that the accident permanently aggravated or accelerated this degenerative condition. It just became symptomatic. He had an excellent result from his surgery.

The long-term prognosis is favorable. He is minimally symptomatic at this point in time. Undoubtedly the degenerative conditions will worsen as time goes on. There is, however, no objective evidence of any permanent aggravation or acceleration of these degenerative conditions. He has objectively recovered from the blunt trauma sustained. I do not anticipate any further care or treatment necessary for this condition. The prognosis is favorable,

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Corn', with a stylized, cursive script.

Robert C. Corn, M.D., F.A.C.S.

RCC/bn

cc: File