



April 6, 1997

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

Margaret M. Gardner
Attorney at Law
The 113th St. Clair Building
Suite 525
Cleveland, OH 44114-1214

RE: Kathleen Maloney
Case No. 318554 (Cuyahoga County)

Dear Ms. Gardner:

I evaluated the above plaintiff in my office on April 4, 1997, in reference to alleged residuals of injury sustained to her left knee in a motor vehicular accident. The accident occurred on October 31, 1995. She was evaluated without friend, family, or legal counsel present.

She was the driver and solo occupant of a Toyota Corolla vehicle in North Royalton on State Road, with a side street intersection. This is a two lane thoroughfare. Traffic suddenly slowed as a car was making a left turn. She stopped and noticed in the rear view mirror a vehicle behind her was not stopping. She braced herself with her hands, her right foot on the brake, and her left foot on a small foot rest. At the moment of impact she felt she was thrown forward and backwards. There was a minor soft tissue strain of her neck. She never really had any care or treatment for her neck related to this accident. There was a previous history of long standing neck pain. The primary injury was to her left knee.

She was evaluated at the scene and a police officer took her home. She claimed to have some difficulty along the medial aspect of the left knee virtually immediately. The next morning, after a hot bath the night before, she had difficulty walking. There was some swelling noted diffusely in the left knee which, in addition to the pain, caused her some dysfunction.

She was ultimately evaluated at a local Urgent Care Center emergency type facility the day after the injury. She was told to ice and elevate the leg. She also received an orthopaedic referral to Dr. Cyril Marshall. She consulted with Dr. Marshall on one and only one occasion about two weeks after the accident and was told that she probably had a torn cartilage.

She sought a second medical opinion through the Southwest Orthopaedic Associates and Dr. Andre Wolanin. Initially physical therapy was tried although it was highly suspicious that she had an internal derangement. Ultimately an MRI scan was performed on December 4, 1995, which did reveal a torn medial meniscus as well as some degenerative changes in the knee. In that the therapy was not helping to any great extent, she was taken to surgery for outpatient arthroscopy on February 12, 1996, at Southwest General Hospital. According to the operative note, a torn medial meniscus, as well as some chondrosis was noted. This is early cartilage changes compatible with early arthritis.

Postoperatively she was on crutches for about a week and then restarted on physical therapy. There were some problems with flexibility with limited bending. She then was enrolled in a water walking program which helped the most. She stated that it took about a full year to recovery. She feels that she is fairly well recovered at this point in time.

CURRENT SYMPTOMS: She has some discomfort on the extremes of flexion of the left knee. This is noted also when she is squatting. Also when she is tired certain twisting maneuvers or descending a large step, such as out of her husband's pickup truck, seems to give her some left knee symptoms. There is no clicking, snapping, popping, or locking. The operation definitely improved her symptoms.

In reference to her cervical spine, she truly does not believe the neck ~~was~~ injured to any great extent and that she has had intermittent problems with the neck for quite some time.

CURRENT MEDICATIONS include only Tylenol and Zantac.

PAST MEDICAL HISTORY failed to reveal previous or subsequent injuries to her left knee.

PHYSICAL EXAMINATION revealed a very pleasant 63 year old female who appeared in no acute distress. Her gait pattern was normal. She was able to arise from a sitting position without difficulty. Ascending and descending the examining table was performed normally.

Examination of her left lower extremity showed a general enlargement, probably due to extensive venous varicosities. There was no swelling in the knee joint itself noted, although the circumferential measurements of the entire left extremity was about 1/4 inch larger than the right. There was excellent range of motion of the left knee with her medial and lateral, as well as anterior and posterior ligaments intact. There was no rotational instability detected. Negative Lachman sign was noted. McMurray and Apley testing was within normal limits.

IMPRESSION: By history, tear of the left medial meniscus versus aggravation of a pre-existing early degenerative meniscal disease. This was made symptomatic by the motor vehicular accident.

DISCUSSION: I have had the opportunity to review a number of medical records associated with her care and treatment. These included the Ohio Traffic Crash Report, the Urgent Care Center, Southwest Orthopaedics, the MRI scan results, as well as the records from Southwest General Hospital.

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 conclusions concerning her ongoing level of physical impairment.

It is my medical opinion, within a reasonable degree of medical certainty, that, at worst, she sustained a torn meniscus of the left knee. At the time of the arthroscopy some chondrosis was present. This literally takes years, if not decades, to develop. These findings were compatible with early degenerative arthritis with degenerative meniscal disease. It is difficult to state within a reasonable degree of medical certainty whether the actual tear was caused by the accident in question. She did claim to have **pain** immediately after the accident which was documented fairly well in the medical records. The accident either caused this degenerative meniscus to tear or there may have been an aggravation of her pre-existing silent meniscal tear.

In my opinion, the care and treatment rendered by the above providers was necessary and appropriate. She has objectively recovered. The only objective findings to indicate any injury was the three, very small, healed arthroscopic surgical incisions. She still continues to have minor complaints without any objective abnormalities.

The long-term prognosis is favorable. On the basis of this evaluation, no further care or treatment is necessary or appropriate. She has objectively recovered from any meniscal injury sustained. No permanent injury was observed. There is no objective evidence of any permanent aggravation or acceleration of a pre-existing condition. On the basis of this evaluation she has objectively recovered. No further care or treatment is necessary or appropriate.

Sincerely,

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

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

RCC/bn
cc: File