Highland
Musculo-Skeletal
Associates, Inc.

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Orthopaedic Surgeons

July 22, 1997

Mr. Kenneth Teleis
Prudential Property & Casualty Insurance
PO Box 22506
Beachwood, OH 44122-0506

RE: Cynthia Farley
DOI: 12/28/95
Claim No. 21Q00148-085

Dear Mr. Teleis:

I evaluated Cynthia Farley in my office for the purpose of an independent medical evaluation on August 13, 1997. This was specifically in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on December 28, 1995. She was evaluated without friend, family or legal counsel present.

She was the driver and solo occupant of a Buick Regal vehicle on a cold and snowy day, December 28, 1995. She was in North Royalton, Ohio, in the vicinity of Mariner Drive and Waterford Drive. She believes she was heading in a westbound direction.

A motor vehicle coming from Waterford from the passenger's side, came out suddenly in her lane. She tried to anticipate the collision and tried to turn her car to the left. The left front portion of her vehicle struck the front of the oncoming car. She believes she was traveling approximately 25 miles per hour.

At the moment of impact she was thrown in a forward-backwards fashion and somewhat shunned. She was able to **walk** with the other driver to the other driver's residence and made the appropriate telephone calls. There was no apparent injury. Later that day she began having some increasing stiffness in her neck and low back region.

Subsequently she came under the care of her family physician, Dr. Charles Hoyt. There was very little in the initial care and treatment that was rendered, She was told that she "probably tore some muscles" in her neck and low back region. He recommended ice, rest, and anti-inflammatories in the form of either Motrin or Lodine. There was some pain in the neck, upper back region with severe posterior headaches, as well as low back pain. These symptoms seemed to dissipate to some extent although she was still symptomatic when a second incident occurred in May of 1996.

While visiting her parent's home, she was on the phone and lifted her leg and slightly twisted her low back. She developed a relatively new type of sharp shooting pain in her low back region. There was a definite change in the quality of the pain and severity of the pain. She had difficulty sitting or lying down. Later that day she was taken back to her home. She contacted Dr. Hoyt again and a MRI scan was subsequently ordered at the Southwest General Hospital Old *Oak* Imaging Center. Records from this study indicate a bulging disc at the L5-S1 level.

She had absolutely no care or treatment in the form of physical therapy until she was started at the Southwest General Hospital during the month of August of 1996. There was a minor attempt at rehabilitation and the primary care and treatment at that time was modalities, in the form of heat, ultrasound, and electrical stimulation. There was always primarily **spinal** pain and never any radicular type of pain, She was started on some home stretching exercises, but she could not recall exactly what they were. This was clearly not an active physical therapy program.

Allegedly she was unable to get an orthopaedic surgeon to see, treat, or evaluate her. She came in contact with Dr. Michael Darr, a chiropractor, who initially saw

her about a year after the accident on December 17, 1996. At that time, she complained of a stiff and sore neck and low back. There was still no radicular symptoms at that time. Dr. Darr had been treating her with similar type of as some spinal manipulation. There has been some overall generalized improvement in her low back and neck pain. The last visit with the chiropractor was approximately one month ago.

There was one additional incident in June of 1996 at a local Wal-Mart store. Apparently she was sitting on a swing, 12 to 14 inches off the ground, and the swing set collapsed. Essentially there was no increasing pain or discomfort with this episode.

EMPLOYMENT HISTORY: She is employed on a full-time basis as a nanny taking care of two children, five days a week. There was no period of disrupted employment during her recovery period.

CURRENT SYMPTOMS: She is still not yet to enroll in a comprehensive rehabilitation for flexibility and strengthening exercises. The chiropractic treatment has generally significantly helped her neck and upper back symptoms. It has even helped her low back symptoms. As mentioned above, throughout this entire recovery period, there was never any signs of nerve root impingement or nerve root impairment.

In reference to her cervical **spine,** she has almost "100%" recovered. She has an intermittent stiff neck. There was never any pain radiating into her upper back or upper extremities. The radiating headache pain seemed to have dissipated.

In reference to her lumbar spine, this has been generally "better" with the chiropractor. She has never had any consistent left leg pain or numbness. She occasionally had a "shooting pain" in her right low back region into her right buttock and thigh. This is not the pain that she typically has. Her low back **pain** seems to increase with her menstrual periods.

PAST MEDICAL HISTORY failed to reveal any significant previous or subsequent trauma.

PHYSICAL EXAMINATION revealed a mildly overweight 25 year old female who appeared in no acute distress. She was noted to sit, stand and move about the examining room normally. Arising from a sitting position was performed normally, as was ascending and descending the exam table.

Examination of her cervical spine failed to reveal any abnormality. There was no spasm, dysmetria, muscular guarding or increased muscle tone. **A** full range of motion was noted in forward flexion, extension, lateral bending and rotation. Protraction, retraction, and elevation of the scapular were performed normally. No atrophy was noted in the neck, upper back or periscapular muscles. There was full motion of both shoulders in forward flexion, extension, abduction, internal and external rotation. The elbows, wrists, and small joints of the hand examined normally. Circumferential measurements of both upper extremities using a tape measure at the axillary, midarm, forearm and wrist level failed to show any atrophy. **A** detailed neurological examination including sensory, motor and reflex testing of both upper extremities was normal.

Examination of her lumbar spine revealed very minimal restrictions of motion in forward flexion, extension, side bending and rotation. No spasm, dysmetria, muscular guarding or increased muscle tone was noted. Her limitation was less than 10% of predicted normal. Her straight leg raising was performed to 90 degrees in both the sitting and supine positions. **A** detailed neurologic examination of both lower extremities was normal. **A** full range of motion of her hips and knees was noted. Her leg lengths were equal. Patrick's sign was negative, as was Lesague's maneuver. There was normal strength testing in her lower extremities.

IMPRESSION: Subjective residuals of a cervical and lumbosacral strain. Mild disc herniation (unrelated) at the L5-S1 level. Her symptom complex is that of a reconditioned lumbar spine.

DISCUSSION: I have had the opportunity to review a number of medical records, including that from Dr. Hoyt and Dr. Darr, as well as records from Southwest General Hospital and the Ohio Traffic Crash report.

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 the patient's ongoing level of physical impairment.

It is my medical opinion, within a reasonable degree of medical certainty, that at worst she sustained a strain or sprain of the neck and low back. I do not believe that the motor vehicular accident or the subsequent Wal-Mart or May 1996 accident was competent to produce a "herniated disc". In my opinion, her symptom complex has never been that associated with a disc herniation. In my opinion, this is probably a mild to moderate degree of disc bulging due to early degenerative disc disease or a normal variant. You are probably aware of a number of prospective studies that show up to two-thirds of all "normal" uninjured individuals have disc abnormalities at at least one level, and a third have disc abnormalities similar to that of the claimant at two or more levels. In my medical opinion, this is a "red herring" and is not the source of her ongoing problems.

I do believe she has recovered to some degree and this is due to her age and the gradual resolution of soft tissue injuries. I do believe she would be greatly benefited by having an active physical therapy program including a work conditioning and progressive resistance exercise program. Water aerobics would also be beneficial. Her general physical examination essentially was normal. No focal neurological orthopaedic abnormalities were noted. I strongly 'opine that her symptoms have nothing to do with the disc abnormalities seen on the MRI scan.

I will be glad to discuss her case with you if necessary. I have a number of sources of therapists closer to her home that can provide this type of therapeutic evaluation and treatment. The long-term prognosis good. I do not believe the herniated disc is related to any of these incidences. She has absolutely no symptoms or physical

findings related to this MRI abnormality. She should recover on a subjective basis with the appropriate rehabilitation.

Sincerely,

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

RCC/bn

cc: File

ADDENDUM: The estimated cost for the rehabilitation program would be approximately $2500 to $3000. In addition, an unsupervised club membership would be approximately an additional $500.