Highland
Musculo-Skeletal
Associaces. Inc.

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Orthopaedic **Surgeons**

July 23, 1997

William L. Hawley
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RE: Charles Apthorpe

Dear Mr. Hawley:

I evaluated the above plaintiff in my office on July 15, 1997, in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on December 6,1994. He was the driver with a Ford service mechanic in his car. He had dropped his car off with some problems and was going on a test drive. This accident was on Route 82 in Garretsville, Ohio, approximately five o'clock in the afternoon. He was operating an F150 pickup truck.

A vehicle coming in the opposite direction allegedly crossed over center and a front end impact occurred with his truck. The impact was on the front end and passenger side of the vehicle. He was not wearing a seat belt. He was able to see the accident coming and braced himself. He was holding on to the steering wheel with his right hand and the impact actually physically bent the steering wheel forward. He was able to get out of the truck and paramedics were summoned.

Initially he was taken by ambulance to the Robinson Memorial Hospital in Ravenna, Ohio. At this point, he had his appropriate emergency room evaluation, including multiple x-rays of his right shoulder, neck and chest. Rib films did not reveal specific

fracture, but a subsequent bone scan did reveal right seventh and eighth rib fractures. He was essentially treated and released.

He subsequently returned to his family physician, Dr. Niton Patel. This physician followed him through the balance of 1994 into 1995. A bone scan, as noted above. Did reveal the rib fractures and he was treated symptomatically for this.

He then was referred to Dr. David Baroff, an orthopaedic surgeon, who initially saw him on December 28, 1994. He treated him for a right shoulder and elbow problem with physical therapy at the Trumbull Memorial Hospital. The hand did not start bothering him until later that spring when the right shoulder and elbow symptoms seemed to diminished. He was treated with heat, ultrasound, passive and active stretching exercises with some improvement.

He noticed while doing some home plumbing that he was having increasing difficulty with his right hand. It was also bothering him at work when he would repetitively use his wrist. This was initially felt to be a tendonitis of the wrist when noted in early March of 1995. Because of ongoing problems and an increased uptake in the bone scan in this area, he was referred to Dr. Michael Keith specifically for his wrist injury.

The initial evaluation at University Hospitals of Cleveland was on May 5, 1995. By that time there was a large soft tissue swelling along the medial aspect of his right elbow with numbness and tingling into his forearm. An EMG and nerve conduction study was suggested if the symptoms worsened, but the symptoms seemed to improve. An arthrogram of the right wrist showed a tear of the TFCC intercarpal ligaments. An MRI scan also revealed an ulnar abutment syndrome. Because of failure to improve, a wrist arthroscopy was performed on September 11, 1995. There was some destruction of the triquetrum with a full thickness loss and a TFCC tear. It was felt that this was specifically from the blunt trauma to his forearm.

The surgery did definitely help his constant wrist pain. He had less problems with his wrist at work. He had continued working up to the time of his surgery, losing about two and one-months off and on. He is employed as a painter at the Sea World

Amusement Park. After his surgery he was out of work for approximately two months. He has been working since that time.

The last physician he saw was a Dr. Butch, a chiropractor. He gets intermittent chiropractic treatments to his neck when it "stiffens up." He has had no care for his shoulder, elbow or wrist since early 1996.

CURRENT SYMPTOMS: At the time of this evaluation he still continued to complain of intermittent pain in his neck, right shoulder, right elbow and right wrist.

In reference to the **cervical spine,** when he is working over his head for a period of time, that is, with his neck extended, he develops some stiffness. The chiropractic treatment either helps or eliminates it entirely.

The right elbow and right shoulder are essentially recovered. We complains of a small lump which appears to be a fatty or fleshy mass along the medial aspect of the elbow. The right hand numbness was present for quite some time but has now resolved.

In reference to his right wrist, he has limited motion with pain on twisting. He feels he has some decreased in opening jars. He also has difficulty repetitively lifting five gallon paint drums necessary for his employment.

PHYSICAL EXAMINATION revealed a pleasant 55 year old male who appeared in no acute distress. His gait pattern was normal. He was able to arise from a sitting position without difficulty. Ascending and descendmg the exam table was performed normally.

Examination of his cervical spine revealed no spasm, dysmetria, muscular guarding or increased muscle tone. There was well preserved range of motion with at least 90% of the expected forward flexion, extension, side bending, and rotation noted. Protraction, retraction, and elevation of the scapulae were performed normally. No atrophy was noted in the neck, upper back or periscapular muscles.

Examination of both shoulders revealed no restriction in range of motion in forward flexion, extension, abduction, internal and external rotation. The right elbow examined normally as well, There was no atrophy on circumferential measurements of the right upper extremity at the axillary, midarm, forearm or wrist level.

Examination of his wrist revealed some well-healed scars compatible with the arthroscopic surgery. There was some minor limitations of motion at the extremes of dorsi and volar flexion, as well as radial and ulnar deviation. There was approximately 85% of his predicted range of motion present. A 15% restriction range of motion was estimated as his current level of function.

The balance of the neurovascular examination was normal.

IMPRESSION: Multiple trauma from the above noted accident. These included contusion of the chest with fractured ribs, sprain of the right shoulder and a severe contusion of the right arm and forearm. In my opinion, the right wrist ligament sprain was, more likely than not, caused by the accident in question.

DISCUSSION: I have had the opportunity to review a number of medical records associated with his care and treatment. These included the records from the Robinson Memorial Hospital, Trumbull Memorial Hospital, the photos of the motor vehicles after the accident, records from Drs. Patel, Baroff, and Michael Keith.

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 his ongoing level of physical impairment.

It is my opinion, within a reasonable degree of medical certainty, that the above described injuries were directly related to the motor vehicular accident in question. It is reasonable, from a medical standpoint, with the severe right upper extremity dysfunction, not to notice the right wrist pain. There was never any right wrist trauma before, and tear of this ligament does occur with singular incidents of trauma. There

appears to be a direct causal relationship by history and this is the opinion of his treating physicians as well.

The long term prognosis; however, is favorable. He has recovered from all other injuries, including the chest, right shoulder and right elbow. There is still some residual degree of stiffness. In my opinion, this will undoubtedly improve with time. He may be left with some residual stiffness but this does not interfere with his work or avocation. On the basis of this evaluation, he has objectively recovered with the exception of this stiffness. No further orthopaedic care or treatment is necessary or appropriate. He should continue with his ongoing stretching and strengthening exercise program.

The long term prognosis is favorable. No further surgery or medical care is anticipated.

Sincerely,

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

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