



Highland
Musculo-Skeletal
Associates, Inc.

October 30, 1993

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Timothy L. Gordon, M.D.
Orthopaedic Surgeons

Leon M. Plevin
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1370 Ontario Street
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RE: Pamela Gray-Jones

Dear Mr. Plevin:

Pamela Jones **was** re-evaluated in my office on October 29, **1993** in reference to her chronic **neck**, upper and **low** back symptoms, as well as her intermittent hip pain.

I was presented with further information concerning her former job and the working environment. **An** up-to-date job description **was** also provided for my consideration. Mrs. Gray-Jones **was** re-evaluated with these factors in mind.

It is my understanding that her former job was a manager, finance, and control. This involved a one hour per day of standing, one hour per day of walking, **six** hours per day sitting at a desk or work station (the major source of her ongoing problems), occasionally reaching overhead, stooping, and crouching, repetitive movements of both arms and hands, lifting and carrying notebook and paperwork (two to four pounds), and working at a desk and computer for the major portion of her time.

Although Pamela's job is **basically sedentary** it **does require her to spend most of the** day reading and **typing** at her desk at a computer terminal. She states that 90% of her day was involved **in this** occupation. This **sitting** for long periods of time and the necessity to flex her neck **to** read and use a computer screen was a constant source of reactivation of her severe **neck and** upper back pain. Despite the **fact** that the employer has provided her **with a back** support pillow and has allowed her to stand and provided a stand for reading **material, and** rearrangement of her computer, her symptoms persisted. The **severity of her** pain even with these modifications **prevented her from** performing her job even **with** these corrective measures.

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Although some of her previous job description involved carrying a 15# computer in the most recent years of her employment this **was** not necessary. The employer also indicated that Pamela had the ability to frequently **change** her position at will and had the availability of assistance from co-workers. This frequent change in position was, of course, limited to the confines of her desk **or work area**. In my opinion, and according to Pamela, the provided assistance would not relieve Pamela from sitting at her desk which was her main source of difficulty in the posture and position she had to maintain. It is, therefore, **my** opinion that the ability to change her position at her desk and the availability of assistance **from** her co-workers was not enough **to** alleviate her, at times, disabling pain.

PHYSICAL EXAMINATION at the time exhibited approximately a 20% decrease range of motion of her cervical spine with definite paraspinal muscle guarding especially on forward flexion, right and left rotation. There **was** a 20% restriction of motion of her scapula due to pain and muscle **guarding**. **A** 20% decrease range of motion of her shoulder was apparent. These significant objective findings have persisted despite the rather long-term that the patient has not been able to work.

In summary, based on the new information provided, it is still my opinion that Pamela is unable to perform her job duties as noted above. Despite the fact that she has the ability to change her position at the work station and the available assistance in most of her duties, her physical impairment has not changed and her pain level has not diminished. Even with the corrective measures as noted her level of pain has persisted. **As** noted above there are definite objective signs to support her subjective complaints.

It is my opinion that her ongoing subjective symptomatology and her objective abnormalities do prevent Pamela **from** returning to her previous job as a manager of finance and control.

Sincerely,



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

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