

November 7, 1988

Robert C. Carr, M.D., F.A.C.S.
Orthopaedic Surgery

James C. Girdle, R.N., S.A.
Clinical Associate

Thomas Mester
Attorney at Law
Seventh Floor Engineers Building
Cleveland, Ohio 44114

Re: Cheryl
File No. T-45838
DOI: 4/29/86

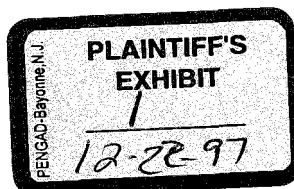
Dear Mr. Mester:

I am writing to you in follow-up to the above patient who has been under my care since 11/6/86.

Since my last letter to you dated December 8, 1986, Cheryl has been seen on a regular basis. She has gone through the Meridia Huron Hospital Chronic Pain Management Program with essentially no improvement in her symptoms. I have run her through a variety of diagnostic testing, including an MRI scan of her cervical spine, a CT scan of her lumbosacral spine and an EMG evaluation of her upper extremities. These tests failed to show any herniated disc although the CT scan of her L5 spine showed a mild bulging annulus at the L4 level as well as a central protrusion at the L5 level. The nerve conduction studies that were performed by Dr. Joseph Zayat, a neurologist, revealed "possible C8-T1 cervical radiculopathy".

Despite all conservative invasive and non-invasive methods, **we** have been totally unsuccessful in relieving the vast majority of Cheryl's complaints of intermittently severe chronic neck and upper back pain, as well as low back pain. Recently, I sent her to Dr. Peter Poulos, a neurosurgeon, who evaluated her. Apparently, according to Cheryl, there were no additional findings made by this physician. Cheryl has been evaluated by experts in the fields of orthopaedic surgery, radiology, neurology, as well as neurosurgery..

The long term prognosis for this particular incident *is* quite poor. In all likelihood, there will never be any resolution of her symptoms. Clearly, her psychological testing shows that there has been some significant damage by this accident and has brought out possible underlying psychological pathology. It is my opinion that she will continue to need physical therapy for the rest of her life on an intermittent basis. The cost of this would be approximately 62500.00 a year. I doubt whether there will be any significant recovery or that she will ever reach a pain free status.



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Cheryl.

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It is my opinion the above described residuals of injury were a direct consequence to the motor vehicular accident in question which occurred on 4/29/86.

Sincerely,



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

RCC/mkm



October 30, 1993

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

Leon M. Plevin
Attorney at Law
1370 Ontario Street
First Floor
Cleveland, OH 44113-1792

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.

RCC/bn

cc: File

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