



January 27, 1997

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

Jonathan M. Steingass
Attorney at Law
105 West Liberty Street
PO Box 394
Medina, OH 44256

RE: Roberta Mealy
Case No. 95 CIV 0499 (Medina Co.)
DOI: 10/20/93

Dear Mr. Steingass:

I evaluated the above plaintiff in my office on January 24, 1997 in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on October 20, 1993. Throughout the history and physical she was accompanied by her husband and her attorney, Alan Krause.

She presented with a history that she was driving a full size van on Vandermark Road, a rural area near Lodi, Ohio. This road was somewhat of a "rolling hills" type of thoroughfare. **As** she came over the rise of a hill on a rainy wet surface, she noticed a utility van parked on the side of the road. She was afraid that she would hit the van and tried to avoid the collision. She skidded and the van actually rolled over. This was a single vehicular accident and it did not strike any other vehicle or fixed object.

The van apparently landed upside-down. She ~~was~~ tossed about the interior of the car and felt "bruised all over".

Initially she was conveyed by EMS to the Lodi Hospital where multiple x-rays were noted. She was, according to the history, admitted to the hospital for a few days for observation. A number of right sided rib fractures were noted. She was cared for by an orthopaedic surgeon, Dr. Robert Kleinman, of Wadsworth, Ohio.

Other than the soft tissue injuries which gradually resolved, as did the right rib fractures, she sustained what was described as a comminuted but minimally displaced right distal humerus fracture. She was seen in the hospital by Dr. Kleinman and, due to the complexity of the fracture and the small amount of displacement, it was elected to treat this non-operatively. She was placed in a large bulky splint initially and then this was transferred to a cast. Immobilization was continued until the fracture had completely healed. She continued with Dr. Kleinman on an outpatient basis and ultimately the cast was removed. Physical therapy was started and continued for a period of time. She has not had any care or treatment for quite some time. There is residual stiffness in the right elbow region.

The only other physician she saw was Dr. Robert Zaas, for a one-time orthopaedic evaluation on October 21, 1995.

CURRENT SYMPTOMS: At the time of this evaluation the patient states that she continues to be right hand. The **primary** problems with her right elbow are aching **pain**, stiffness especially in cold and damp weather, and some discomfort when she tried to use her elbow too much. She has incomplete movement in flexion and extension, as well as a "tight feeling". There is not a great deal of pain associated with her current condition. Although she complained of a tremor since the time of the accident to Dr. ~~Zaas~~ and a slowing of her gait, there was no complaints at the time of this evaluation, almost two years later. According to Dr. Zaas, her range of motion was from -40 to 100 degrees of flexion. He felt there appeared to be a bony end point at both ends of the range of motion. There was full supination and pronation. The limitation was in flexion and extension only.

PHYSICAL EXAMINATION revealed a pleasant 74 year old female who appeared in no distress. She had no complaints other than those in the **right** elbow.

Physical examination of both shoulders revealed full ranges of motion in forward flexion, extension, abduction, internal and external rotation. The upper arm musculature on both upper extremities appeared to be of normal size, and to circumferential measurements, were within an eighth of an inch of each other. This indicates continuing usage of her right upper extremity. The forearm musculature, as well as the wrist area seemed also to be normal. The only abnormalities were noted in the region of her **right** elbow.

Range of motion of the elbow was definitely limited still. There was slight improvement since the time Dr. Zaas has seen her. Her measurements with the goniometer on a number of occasions were -30 degrees of full extension and approximately 130 degrees of extension. This was somewhat improved from her -40 to 100 degrees of range of motion two years ago. There has been some improvement. It is doubtful that much more improvement will occur. Neurovascular examination ~~was~~ normal.

IMPRESSION: Resolved multiple contusions and healed fractured right ribs. Healed fracture right distal humerus with resulting slight x-ray evidence of malunion and partial stiffness.

DISCUSSION: I have had an opportunity to review a number of medical records associated with her care and treatment. These included records from the Medina County Fireman's Association, the Lodi Hospital, Dr. Robert Kleinman, and Dr. Robert Zaas.

Mer 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.

Roberta Mealy, Page 5
Case No. 95 CIV 0499

more improvement will be realized in the future. She is left with some permanent stiffness, but in an extremely functional range of motion.

The long term prognosis is favorable. No further care or treatment is necessary or appropriate at this point in time.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Corn', with a stylized flourish at the end.

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

RCC/bn

cc: File