Highland
Musculo-Skeletal
Associates, Inc.

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Joseph Ritzler
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330 Hanna Building
1422 Euclid Avenue
Cleveland, OH 44115-1901

RE David Wolkoff
Case #288450 (Cuyahoga County)
File #1110'13317-SF

Dear Mr. Ritzler:

I evaluated David Wolkoff in my office on January 26, 1996, in reference to alleged residuals sustained in a motor vehicular accident which occurred on May 3, 1994. At that time he was the driver of a vehicle described as a mini-van with a cargo design. He is in the installation and security business. He was actually in front of his home at 2499 Brentwood in Beachwood, Ohio. He had just picked up the co-plaintiff, Lewis Fellinger, and had driven around the block as Mr. Fellinger had forgotten some item. He was parallel parked to the Fellinger's car. A car allegedly tried to go around their vehicle arid a driver's rear corner collision occurred.

At the moment of impact, the plaintiff was restrained but his head flew back and hit a key box attached to the metal cage. His head hit the sharp edge and he sustained a laceration to the back of his skull. His right ann was on the steering wheel and got "jolted".

Lewis Fellinger conveyed his companion to the University Green Urgent Care Center where he had some x-rays, an examination, as well as the laceration repaired. X-rays

of the cervical spine were the only films that were done and they were normal. No films of his shoulders were performed.

He stated his attorney sent him to Dr. Jeffrey Morris of Beachwood Orthopaedics. He has a number of visits from May 11. 1994 until the treatments concluded a number of months later. in mid to late July of 1994. He underwent two sets of physical therapy, the first one modality and the second one for weights. There was a gradual progressive improvement in his overall symptoms and he was discharged from Dr Morris' care in July of 1994 He has had no further medical care since that time.

EMPLOYMENT HISTORY: He is self-employed in the security installation business. He does independent work, as well as is subcontracted by a number of other security firms including Castle Security. He states he was out of work for six weeks during which time lie was receiving the physical therapy and then returned to work and has lost no work since that time. His work is not modified in any way shape or form.

PAST MEDICAL HISTORY revealed a previous work related right shoulder problem. He was evaluated at University Hospitals Orthopaedics by Dr. Steven Lacel.. This coinpletely recovered.

CURRENT SYMPTOMS: At the time of tlie evaluation the patient is on no routine medications. Most of his musculoskeletal symptoms are intermittent in nature and related only by history to the motor vehicular accident.

In reference to his cervical spine, he claims there is intermittent aching and stiffness which occurs when working over his head for a prolonged period of time or with repetitive lifting. The patient is primarily in the midline cervical spinal region with radiating in to the trapezius area. There is absolutely no radiation into his upper extremities. No complaints of numbness or tingling was noted. He is asymptomatic at the time of this evaluation.

In reference to his lumbar spine, he has intermittent aching pain primarily at the belt line. approximately the inid-lumbar region. This occurs when standing too long or working in unusual postures or positions. This discomfort is unaffected by weather changes.

PHYSICAL EXAMINATION revealed a pleasant 33 year old male who appeared in no acute distress. His gait pattern was normal. He was observed to sit, stand, and move around the exam room without difficulty.

Examination of his cervical spine was normal. There was no spasm, dysmetria or muscular guarding. Unrestricted motion was noted in forward flexion, extension, side bending and rotation. Protraction, retraction, and elevation of the scapulae were performed normally. There was a full range of 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 at the axillary, midarm, forearm, or wrist level were equal and symmetrical bilaterally. Neurologic examination of both upper extremities was normal.

Examination of his lumbar spine revealed no area of tenderness. Again, his musculoskeletal examination was normal. He had excellent flexibility being able to bend forward to his ankle level. There was good reversal of his lumbar lordosis with this maneuver. Hyperextension, side bending, and rotation was also unrestricted. His straight leg raising both in the sitting and supine positions were performed to 90" bilaterally. There was a full range of motion of both hips and knees. Neurologic exaimination of both lower extremities was normal.

IMPRESSION: By history, soft tissue strain or sprain to the neck and low back that has resolved.

DISCUSSION: I have had the opportunity to review medical records associated with his claim. These include records from the University Suburban Health Care Center including the Urgent Care records, as well as those from Dr. Jeffrey Morris and Beachwood Orthopaedics.

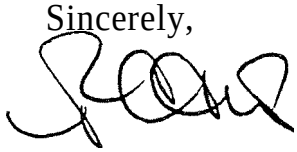
After careful questioning of the patient's history and physical limitations, as well as after a careful physical examination and review of medical records, I have come to some conclusions concerning his ongoing level of physical impairment.

As noted above, although there is still some resulting subjective symptomatology, there are absolutely no objective findings to support his ongoing complaints. In my opinion, his ongoing problems are strictly related to the type of work that he does and are unrelated to the motor vehicular accident in question. He has objectively recovered from any soft tissue injury sustained.

On the basis of this evaluation ,at worst, he sustained a minor soft tissue strain or sprain, as well as the laceration which healed without difficulty. The laceration was caused by the force of the impact, but the impact of the head along the sharp edge of a key box. This area was not evaluated.

The long-term prognosis is good. On the basis of this evaluation no further care or treatment is necessary or appropriate. He has objectively recovered.

Sincerely,



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

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