Highland
Musculo-Skeletal
Associates, Inc.

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

February 3, 1997

Richard C. Talbert
Attorney at Law
The Superior Building, 21st Floor
815 Superior Avenue, NE
Cleveland, OH 44114-2701

RE: B. Lorraine Cragin
Case No. 95 CV 115172 (Lorain Co)
File No. 170013720

Dear Mr. Talbert:

I evaluated the above plaintiff in my office on February 7, 1997, in the presence of her husband. This evaluation was carried out in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on November 27, 1993.

She was the driver and solo occupant of a vehicle described as a late model Chevrolet Impala. Her vehicle was in the vicinity of Gateway Boulevard and Woodward Avenue in Elyria, Ohio. Her vehicle was stationary at a stop sign when a rear end collision occurred. She was wearing a seat belt. She cannot recall the details of the injury, but she believes she may have been forced forward and backwards. No head injury was realized. She felt she was "hurting all over" including a headache. Her right side hip and back were bothering her as well.

The local police were on the scene and her husband was summoned. Later that day she was evaluated at the Elyria Memorial Hospital Emergency Room which was her first medical contact. Records at that time did not indicate any injury to her low back.

X-rays were done of her cervical spine which were essentially normal for traumatic abnormalities. She was essentially treated and released.

The plaintiff subsequently came under the care of her family physician, Dr. Romeo Miclat of Elyria, Ohio. This physician treated her on three occasions according to the medical records, December 2 and 23, 1993 and then not seen for approximately one year, on November 14, 1994. He gave her some **pain** medications, but ultimately because of ongoing right leg complaints she was referred to Dr. Gale Hazen, a neurosurgeon.

Dr. Hazen's initial evaluation was on **April** 19, 1994, approximately five months after the accident. She had some ongoing complaints of a burning type of **pain** going from her right **hip** region down the lateral aspect of her right **thigh** and leg to the lateral two toes. The pain was described as both a burning and numbing sensation. This seemed to be worse while sitting. **As** the day progressed it became more difficult for her to do other activities. She had been on a variety of medications according to Dr. Hazen's report.

Physical examination revealed a slight limp on the right side. Initially it **was** felt that there may have been an S1 nerve root irritation as **initially** her right ankle jerk reflex was slightly diminished. Initial impression **was** of probable stretch injury to the right sciatic nerve.

She had a diagnostic workup which included an MRI scan of her lumbar spine performed on April 27, 1994. This was essentially normal in the low lumbar region. There was a slight compression of the T12 vertebral body that was unrelated. An EMG and nerve conduction studies were obtained. These were entirely within normal limits. There was no objective evidence of any permanent nerve injury.

The only other care and treatment she had was an attempt at some physical therapy at the Jaworski Physical Therapy Associates. This seemed to make her "leg hurt worse". She has had no other further treatments with therapy.

The last care and treatment that she had was with Dr. Bharht Shah, associated with Lorain County Pain Clinic. She underwent a series of trigger point injections which temporarily improved her symptoms. Then when she was hospitalized in 1995 for pneumonia, a severe coughing episode seemed to make the **pain** worse again.

Since that time she has had no further care or treatment. She just "deals with it".

PAST MEDICAL HISTORY revealed approximately 50 years ago a low back operation in which she believes part of her coccyx was removed. This stemmed from a trauma and an infection. She has had no further problems with her low back prior to this accident.

CURRENT SYMPTOMS: Her symptoms have essentially persisted subjectively exactly as the same as described in the medical records. She complains of a burning and tingling pain radiating from her low back region down the lateral aspect of her right leg down to the foot and ankle level and the lateral two toes. Sitting for periods of time seems to bother this. It eases up somewhat when she changes posture and position. She feels this discomfort in her right leg which forces her to limp OR occasion. She does not use a cane, crutch, or ambulatory assist device. Her symptoms have been unchanged for "years".

PHYSICAL EXAMINATION revealed a pleasant 71 year old female who appeared in no acute distress. Her gait pattern was very slightly antalgic on the left side. She was, however, able to arise from a sitting position, as well as ascend and descend the exam table normally.

Objective examination of her lumbar spine showed a mild degree of stiffness with approximately 15% decreased range of motion in forward flexion, extension, side bending, and rotation. None of these maneuvers made the right leg symptoms worse. Her straight leg raising was performed to 90 degrees with a negative Lesague's sign in both lower extremities. Again this did not change her right lower extremity symptoms in any way, shape, or form. There was good normal muscle development with no

atrophy noted on circumferential measurements of the upper and lower thigh or upper and lower calf level. There was a full range of motion of her hips, knees and ankles. Neurological testing, other than the burning **pain,** revealed no decreased sensation with a normal motor and reflex examination. The right and left ankle jerk reflexes appeared to be equal and symmetrical.

IMPRESSION: By history, continuing subjective burning in the SI nerve distribution. No MRI evidence of disc pathology and no EMG and nerve conduction study evidence of any nerve root abnormality.

DISCUSSION: I have had the opportunity to review a number of medical records associated with her care and treatment. These included records from the Elyria Memorial Hospital, Jaworski Physical Therapy, and Drs. Miclat, Hazen, and Shah. The MRI scan results were also reviewed.

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 her ongoing level of physical impairment.

On the basis of this evaluation, she has objectively recovered from any soft tissue injury sustained. She still continues to have the same complaint of burning and tingling in the S1 nerve root distribution. This is despite all normal evaluations, including MRI scan, EMG and nerve conduction study and a normal physical examination. Her symptoms have persisted despite the lack of objective findings.

As noted above, review of the scan results show essentially a normal MRI with no nerve root pathology. Even the EMG and nerve conduction study, which is an exquisitely sensitive test to determine the manner in which a nerve can conduct *an* electrical impulse, was normal. Despite this, her symptoms persist. They have been unchanged for years.

In my opinion, within a reasonable degree of medical certainty, at worst, she sustained a slight stretch injury of the S1 nerve root. This is solely based on the patient's history. There have not been any objective confirmatory findings short of this slightly diminished right ankle jerk reflex when initially seen by Dr. Hazen. This also has reverted to normal at the time of this evaluation. She continues with ongoing subjective pain without objective correlation.

On the basis of this evaluation, she has objectively recovered from any soft tissue injury sustained. I did not discuss the pain and discomfort she had in her neck, upper back and shoulders which occurred a few days after the accident. This had dissipated within a number of weeks. She still has persistent radicular symptoms without objective findings. The long term prognosis is favorable. No further care or treatment is necessary or appropriate. She has objectively recovered.

Sincerely,

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

RCC/bn

cc: File