July 20, 1997

Robert C. Corn, M.D., F.A.C.S.
Timothy 1. Gordon, M.D.
Orthopaedic Surgeons

Kenneth Abbarno
Attorney at Law
The 113th St. Clair Building
Cleveland, OH 44114

RE: Danny Flint
Case No. 95 CV 0607 (Portage Co.)

Dear Mr. Abbarno:

I evaluated the above plaintiff in my office on July 3, 1997, in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on June 29, 1994. He was evaluated without friend, family or legal counsel present.

He was heading east bound on Route 18 which he described as a somewhat rural area. The accident occurred at approximately eleven o'clock at night. A truck, heading in a west bound direction, was backing across the highway to enter a driveway. He allegedly was blinded by the lights of the tractor-trailer and, at highway speeds; the truck struck the trailer part of the vehicle. He had severe injuries of the pelvis.

Initially he was conveyed by ambulance to the Robinson Memorial Hospital and later transferred to the Akron General Hospital where he had definitive surgical procedures performed.

In review of the medical records, the diagnosis included a displaced fracture of the right acetabulum, which was a closed fracture, including a dislocation of the right

Highland Medical Center • 850 Brainard Road • Highland Heights, Ohio 44143-3106 • (216)461-3210 • (216) 461-5400 FAX
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femoral head, three rib fractures, a contusion of the right thigh, a contusion of the **right** wrist, abrasions of the forehead and chin. He also sustained a nondisplaced central left acetabular fracture.

He was cared for by Dr. Mark Leeson who did the definitive surgical procedure and has been his treating orthopaedic surgeon since that time. He underwent an open reduction and internal fixation. He was hospitalized for an appropriate period of time. There was prolonged bedrest which was necessary for his left hip fracture. He was ultimately advanced through physical therapy and is now walking without an ambulatory assist device. He still has some ongoing complaints.

EMPLOYMENT HISTORY: He was previously employed as an assembler for General Motors. He is now on a disability retirement.

CURRENT SYMPTOMS: At the time of the evaluation he complained of intermittent bilateral hip **pain,** the right was worse than the left. There was intermittent right groin pain. He had extensive physical therapy for eight months at the Robinson Memorial Hospital "to learn how to walk again". Ultimately this improved his condition. He subsequently developed some diffuse low back pain. He has recently completed some physical therapy for his low back.

Due to the intermittent right leg, hip and groin pain, he has a limited standing and walking capacity. He can only sit for about two hours without developing right hip and groin symptoms. He has minimal, if any, symptoms in his left **hip** and groin area. He still performs his ongoing pelvic tilt and low back exercises.

PHYSICAL EXAMINATION revealed a pleasant 59 year old male who appeared in no acute distress. On evaluating his walk, he has a very mild right antalgic gait. He does not have any significant flexor contracture. The general range of motion of both hips appeared to be within normal limits. His leg lengths appeared to be equal clinically.

Specific examination of his lumbar spine failed to reveal any objective findings in the form of spasm, dysmetria, muscular guarding or increased muscle tone. There was

approximately 15%, at worst, diminished range of motion, that is 85% of his predicted range of motion was present. Examination of his right hip area revealed well healed scars compatible with his surgical history. There was no **hip** flexion deformity and essentially a full passive range of motion of both hips. His leg lengths were equal. No significant atrophy was noted on circumferential measurements of his thighs or calves.

In that x-rays were not performed for quite some time, x-rays were of both hips were performed. These revealed two pelvic reconstruction plates with multiple screws fixing the right posterior pelvis in anatomic position. There was some very minor arthritic changes in the lower portion of the femoral head compatible with the injury but still excellent joint space, in fact, equal joint space, as the left hip. The left **hip** appeared to be completely normal. There was some remnant of a healed nondisplaced central acetabular fracture. There was absolutely no signs of arthritis in the left hip. Some minor arthritic changes in his low back were noted as well.

IMPRESSION: Multiple pelvic fractures with other associated minor bony and soft tissue traumas.

DISCUSSION: I have had an opportunity to review a significant number of medical records involving his care and treatment. These included the records from the Robinson Memorial Hospital, the Akron General Hospital, Robinson Memorial Hospital Physical Therapists, records from Drs. Leeson and Tocino, as well as Dr. Vadnal. None of the acute immediate injury radiographs were 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 his ongoing level of physical impairment.

On the basis of this evaluation, he has done actually quite well considering the extent of the pelvic injuries. He has virtually no chest complaints and only intermittent right hip complaints. These are compatible with the injury only. Radiographic examination clearly show some very mild arthritic changes in the femoral head, but excellent preservation of joint space, in fact, equal to the left side, which appeared radiologically

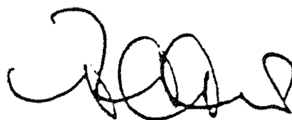
nonnal. He was evaluated approximately three years after the accident and treatment. If there was going to be a rapid development of post traumatic arthritis it would have certainly appeared by this point in time. There is very mild post traumatic change. On a 1 to 10 scale where a 10 would need a hip replacement, I would rate his as a 1-112 to a 2.

In reference to his prognosis and future, in my opinion, he has completely resolved his **left** hip injury. There is no signs of arthritis and the probability of any surgery on the left hip is close to, if not, zero. He is essentially asymptomatic.

In reference to his right hip, at three years post injury there is a very slight degree of post traumatic arthritis. Undoubtedly, this will progress over the next 10 to 20 years. It is my opinion, within a reasonable degree of medical certainty, that he will not need a total **hip** replacement on his right hip within the next five years. There is excellent preservation of his joint space to date. If this gentleman was under my care I certainly would not anticipate a hip arthroplasty in the near or distant future.

It is my medical opinion that the above described residuals of injury were related to the motor vehicular accident in question. The long term prognosis is fair to good in his right **hip,** and good to excellent in his left **hip.** His other injuries are minor. He had some minor degenerative arthritic changes in his lumbar spine which seemed to be well controlled. I would not anticipate any surgical intervention of the right **hip** for many years. There would need to be a much greater degree of hip joint deterioration, **as** well as corresponding symptoms, prior to recommending any invasive procedures. I would not recommend having the hardware removed.

Sincerely,



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

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