Highland
Musculo·Skeletal
Associates, Inc.

August 17, 1996

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RE: Gwendolyn Sanders
Case No. 298146
File No. 2199-SF

Dear Mr. Williams:

I evaluated the above plaintiff in my office on August 12, 1996, in reference to alleged residuals of injury sustained to her right lower extremity at a rental property. Throughout the history and physical she was accompanied by her attorney, Jeffrey Lojewski.

The history presented was that she was getting out of a friend's car in front of the driveway of a rental property at 961 Helmsdale. She apparently slipped and fell on ice, and sustained a twisting injury to her right ankle. She was unable to walk, was assisted by her friend back to the car, and taken to University Hospitals Emergency Room.

X-rays and a diagnostic workup at that time revealed a displaced ankle fracture. She was placed in a splint temporarily and admitted to the hospital for a surgical procedure. This was done later that evening on January 31, 1995. An open reduction and internal fixation of the lateral malleolus was performed. No surgery was performed along the medial aspect of the ankle. She was hospitalized for a few days for intravenous. antibiotics and started on the appropriate physical therapy. She was discharged on or about February 1, 1995, nonweight bearing on crutches.

Her only follow up was with the orthopaedic outpatient clinic. They followed her appropriately with serial x-rays and continuing immobilization. Her fracture healed without complication and her immobilization was discontinued after approximately eight or nine weeks. She sought no medical attention for this after April of 1995 with University Hospitals.

In summary of this early care, this appeared to be a very routine minor type of ankle fracture which, because of its configuration, necessitated internal fixation. The care and treatment was what was required and the fracture ultimately healed.

Since that time she has had some intermittent complaints in reference to her ankle. She was never placed on a formal physical therapy program, just on home stretching exercises. She would have continued discomfort with activity, primarily prolonged standing and walking, as well as with weather changes.

The only other physician that she has seen was for an evaluation by Dr. Richard Kaufman, being referred by her attorney. This evaluation was on January 28, 1995, about six months after the accident. Dr. Kaufman recounted the injuries and recommended the continuation of physical therapy. He raised the possibility of traumatic arthritis, but this, in fact, never developed. An additional evaluation and communication indicated that if she would elect to have the plate taken out it would cost "$8,000" for this. This is, in my opinion, an extremely inflated price for a minor hardware removal. In my opinion, the fee for this would be much less than 10 percent of the figure quoted.

She has not sought any medical attention since that time.

EMPLOYMENT HISTORY: She was employed as a file clerk around the time of the accident. She never returned to gainful employment. She was previously employed as a mail clerk for Charter One Bank.

CURRENT MEDICATIONS: She takes only over-the-counter medications.

PAST MEDICAL HISTORY failed to reveal previous or subsequent trauma to the ankle.

CURRENT SYMPTOMS: At the time of this evaluation she continued to have the complaint of "stiffness" in the ankle which was present after prolonged periods of sitting. The stiffness would last about eight hours and it was somewhat uncomfortable. *Also* standing for long periods of time, wearing dress shoes or high-heeled shoes, would bother her. She claimed to have some swelling around the ankle. Hot and cold' weather, as well as **damp** weather, seems to bother her. She is right-side dominant. I carefully questioned her as to any complaints specifically in reference to the "hardware" and I was unable to elicit any complaints that were specific for this.

PHYSICAL EXAMINATION revealed a pleasant, cooperative, 41 year old female. Examination was confined to her lower extremities. There was no gross atrophy noted when she was standing. She was able to ambulate without a **limp.** She was observed both in the examining room and walking to her car, from the front of the medical building.

Range of motion of the ankle was unrestricted. She had approximately 25 degrees of dorsi and **45** degrees of plantarflexion. This was the exact same range of motion noted of the uninjured left ankle. There was some thickness around the ankle area compatible with this type of fracture. This was definitely not swollen and there **was** no pitting edema noted. **A** well healed scar was localized along the lateral aspect of her joint, There was **no** palpable hardware on examination. (Frequently one can palpate the small screw heads, This was not noted at the time of this exam.) She did claim to have some tenderness in this area. No atrophy was noted on circumferential measurements of both thighs and calves. The only increased circumference was at the level of the fracture, and was approximately one-quarter inch larger on the **right** side, This is compatible with this type of injury and surgery.

IMPRESSION: Healed fracture right ankle.

DISCUSSION: I have had the opportunity to review a number of medical records associated with her care and treatment. These include the comprehensive records from University Hospitals of Cleveland, both inpatient and outpatient, as well as those from Beachwood Orthopaedics. I have not yet had the opportunity of reviewing the actual x-ray films.

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.

In my opinion, as noted in the medical records, she did sustain a fracture of the right ankle. This necessitated the appropriate open reduction and internal fixation. She recovered objectively completely from this. The fracture healed without consequence. She had minimal orthopaedic care other than follow-up visits with the resident staff. This care and treatment was totally appropriate.

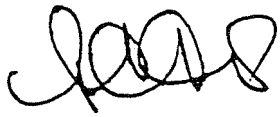
The remote orthopaedic consultation was solely for the purpose of a second orthopaedic opinion needed by the lawyer. Dr. Kaufman does not indicate in his report that he felt it necessary to remove the hardware. In my opinion, on the basis of this evaluation, hardware removal would not enhance the patient's clinical picture and would, in fact, not be beneficial in anyway, shape or form. There was absolutely no clinical symptoms or abnormal physical findings that were directly related to the hardware. I would not recommend that this be removed.

The fee, as quoted by Dr. Kaufman, for removal of the hardware was ludicrously high for this type of surgical procedure. Most health insurance carriers pay from $500 to $800 for this procedure. This is an outpatient procedure involving no hospitalization. It can be performed under local anesthesia with IV sedation. It is doubtful that the cost of this would be in excess of $1200, including all fees.

In summary, there has been a complete resolution of her injury objectively. There is complete healing of her fracture. There is no objective residuals of injury other than

her appropriate incision and the slight degree of swelling. In my opinion, there is no function abnormality, Also, on the basis of this evaluation, it is my opinion she could have returned to work as a file clerk within four months of the accident in question. There is no clear orthopaedic explanation for her prolonged absence from work on the basis of this injury.

Sincerely,



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

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