Highland
Musculo-Skeletal
Associaces, Inc.

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Orthopaedic Surgeons

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RE; Jason D. Cavadas
Case No. 95 09 3270 (Summit Co.)
File No. 1009113644-A

Dear Mr. Kuri:

I evaluated the above plaintiff in my office on August 19, 1996, in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on September 30, 1993. Throughout the history and physical he was accompanied by one of his attorneys, Joseph Pidala.

The history presented was that he was the driver and solo occupant of a Geo Tracker vehicle that was towing a 5 x 8 foot utility trailer. There was a large walk behind mower on the trailer. This was a part-time job the patient had. The accident occurred in Macedonia, Ohm, heading south-bound on Route 8. He was in the left hand turn lane. A number of cars were in front of him. He was the first car hit in a chain reaction type of collision. The trailer was hit, it jarred his car and forced his vehicle into the car in front. A chain reaction type of impact occurred. He was thrown forward and backwards at the moment of impact. His seat belt "worked" and he did not strike any part of the interior of the car.

Initially he was evaluated at the Brentwood Hospital Sagamore Hills Unit. He was conveyed by the Macedonia Fire Department. According to the medical records, there

was complaints of neck and back pain at that time. A series of x-rays and examinations were performed. No traumatic injury was noted on his x-rays.

Subsequently he returned back to his family physician, Dr. Charles Hugus, an osteopathic family practitioner associated with the Nordonia Hills Clinic. This was the primary physician who followed the patient. The neck initially was giving him more trouble than the low back and physical therapy was Initiated. The osteopathic manipulations were performed by Dr. Hugus. *Also*, traction was applied. Despite the patient's complaints, there was a normal range of motion with no spasm or loss of flexibility at the time of the initial evaluation. He followed the plaintiff on a fairly regular basis with manipulation to the neck and low back. A variety of medications were tried.

The patient obviously tried to return back to normal activity by the end of November of 1993, two months after the accident. His chief complaint at that time was that he had left low back pain and that weight lifting, jumping, basketball and swinging a baseball bat "didn't feel right." This caused some pain going down his left leg in a sciatic like distribution. Ultimately a CT scan of the lumbar spine was performed on December 3, 1993. This revealed some central disc bulging at the L5-S1 level. No further diagnostic workup in the form of scans were performed.

He was seen on an intennittent basis for these types of treatments into 1994. Apparently he re-injured his back straining it while repetitively lifting boxes. When he and his wife started the travel agency, lifting the boxes seemed 'to aggravate his symptoms. It was then decided to consult a neurologist, Dr. Robert Coppola, in early February of 1994. EMG and nerve conduction studies were performed. This showed a very minor electrical abnormality of which one of the **possible** diagnosis was a disc hemiation. A herniation was never identified in his diagnostic workup.

The only other caregiver was the Marden Rehabilitation Associates. This initial evaluation was on October 25, 1993. The final visit was on November 1, 1993. According to extensive review of the medical records, there has been absolutely no attempt at muscular rehabilitation or an active rehabilitation program. The only

therapy he really had was the traction and osteopathic manipulations. There was no conditioning muscular exercise program every prescribed.

Ultimately he had three epidural blocks which did not affect his pain whatsoever. This is a fairly significant finding. If, in fact, this was true radiculopathy or nerve root impingement, there would have been some relief with this technique. The fact that no relief was realized, strongly indicates that the disc abnormality was not the source of his ongoing symptoms.

He was evaluated by an osteopathic orthopaedic surgeon, Dr. Robert Hampton. Dr. Hampton saw him on a number of occasions and had no specific recommendations. He did; however, communicate with plaintiff's counsel that he felt that the bulging disc was probably related to the motor vehicular accident in question. There was subjective symptoms of radiculopathy, but no objective abnormalities noted.

He also was seen by Dr. Abood, a chiropractor, who gave him 12 treatments, This was for "back and stomach pain." These treatments started in November of 1995 and ended in early 1996. He has had no care or treatment since that time.

EMPLOYMENT **HISTORY:** At the time of the accident he was employed on a part-time basis as a mail carrier for the US Postal Service. He did this on a part-time basis for two and one-half years. He did not lose any significant time from work right after the accident. In addition, he and his wife work at this travel agency which has been in business approximately three years. The only time that he mentioned that he lost was at the time of his blocks and scans, as well as for doctor's visits.

PAST MEDICAL HISTORY failed to reveal previous trauma to his low back region. He did, in the seventh grade, have a neck injury. The details could not be recalled to any great extent. He remains active in sports and plays baseball, runs cross-country, and continues to do free weights as part of a conditioning exercise program.

CURRENT SYMPTOMS: He is currently on no medications. He has no symptom in reference to his cervical spine that are present at the time of this evaluation. He occasionally has a "stiff neck." The neck symptoms seemed to have resolved shortly after the motor vehicular accident.

We continues to have left sided low back pain. This is intermittent. It is associated with sitting for long periods of time, as well as repetitive lifting, bending, and squatting. At times he has episodes which can last for up to two or three days. When the low back is at its worst is when he gets his left leg pain. In these severe episodes, 60 percent of his symptoms are from his back, 40 percent from his leg. Usually it is just low back. The pain seems to radiate in a somewhat patchy distribution not following any particular nerve root. He has some discomfort behind his knee on an intermittent basis, as well as medially or laterally in his leg. This does not follow any dermatomal pattern.

PHYSICAL EXAMINATION revealed a pleasant, somewhat robust, healthy appearing, 28 year old male who appeared in no acute distress. His gait pattern was normal. He was able to arise from a sitting position without difficulty. Ascending and descending the examining table was performed normally. He was able to heel and toe walk without difficulty. No gross atrophy was detected on these maneuvers. He had no obvious signs in his lower extremities.

Specific examination of his cervical spine revealed no spasm, dysmetria or muscular guarding. There was a full, unrestricted range of motion of his cervical spine in forward flexion, extension, side bending, and rotation. Protraction, retraction, and elevation of the scapulae were performed normally. There was excellent muscle development in the upper back, neck and shoulders. No atrophy was noted. A full range of motion of both shoulders was noted. Neurologic examination of both upper extremities was normal.

Examination of his lumbar spine revealed no spasm, dysmetria or muscular guarding. There was no area of tenderness. When pointing to his area of pain it was fairly well localized to the left sacroiliac joint region. This was descriied as a "dullachy" type

of discomfort. There was excellent flexibility being able to bend forward to almost touch his toes. There was a good reversal of his lumbar lordosis noted with this maneuver. Hyperextension, side bending and rotation was performed without limitations. His straight leg raising both in the sitting and supine positions were performed to 90 degrees bilaterally. His leg lengths were equal. A detailed neurologic examination including sensory, motor and reflex testing of both lower extremities was normal. Circumferential measurements of both lower extremities at the upper and lower thigh, and upper and lower calf were equal and symmetrical bilaterally.

In summary, physical examination showed no objective signs of a chronic neurological process. Both neck and low back examined normally.

IMPRESSION: Subjective residuals of a cervical and lumbosacral soft tissue strain or sprain, CT evidence of a bulging disc. In my opinion, this is unrelated to the motor vehicular accident and unrelated to his current level of symptoms.

DISCUSSION: I have had the opportunity to review a number of medical records associated with his care and treatment. These include the records from the Nordonia Fire Department, the Brentwood Sagamore Hills Emergency Center, Nordonia Family Practice, Drs. Hampton and Coppola. I have not had the opportunity to review the actual x-rays to date. This is a preliminary report

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 stated above, in my opinion, at worst, he sustained a neck and low back strain or sprain. We has continuing intermittent subjective complaints without objective findings. From the initial visit, he had excellent flexibility with no signs of neurological deficits or abnormalities. It was only two months after the accident when he tried to resume his normal activity that he began having more consistent intermittent leg pain. The EMG and nerve conduction studies, in my opinion, were non-diagnostic. The abnormalities were very minor. Review of current literature indicates that EMG

and nerve conduction studies can show as high as a 30 percent false-positive rate. Clearly the findings do not correlate with his clinical symptoms.

Review of the actual x-ray reports revealed disc narrowing and bulging. This, in my opinion, was not the source of his ongoing symptoms and was probably related to his ongoing sporting endeavors.

On the basis of this evaluation, he has objectively recovered from any soft tissue injury sustained. There were no objective findings to support his ongoing complaints. In my opinion, he has not had any attempts at supervised muscular rehabilitation. In my opinion, with some slight adjustments in his weight lifting routine, the bulk of his ongoing symptoms can be relieved. In my opinion, the disc abnormality was unrelated to the motor vehicular accident in question. He has objectively recovered from any soft tissue injury sustained.

As stated above, I have not had the opportunity to complete my analysis as I have not had the opportunity to review the actual x-rays. If these become available, I will be glad to review these.

Sincerely,

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

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