



September 21, 1996

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Orthopaedic Surgeons

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RE: Doris Winkfield
Case #232342 (Cuyahoga County)
File #1064/11853

Dear Mr. Ritzler:

I evaluated Doris Winkfield in my office on September 13, 1996, in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on May 20, 1990. As a result of this accident, she claims to have ongoing pain in the neck and back region. There was also a second motor vehicular accident which occurred in 1994, as well as a fall at work. The similar anatomic areas were reinjured in both of these incidences. These will be discussed below.

At the time of this evaluation she described herself as the driver and solo occupant of a 1988 Toyota Camary vehicle heading south-bound on Warrensville Center Road in Maple Heights, Ohio. Near the vicinity of Warrensville's intersection with Raymond Street, she was struck in the back and driver's side, being rear-ended by a Greyhound bus. She was waiting to make a left turn on Raymond, the bus hit first, and spun the car around. The Ohio Traffic Crash Report was reviewed which indicated primarily a driver's side door impact. Apparently there was, according to the report, a no left turn sign present with a left turn arrow in a circle with a line through it, indicating no turning off of Warrensville. She was in the act of turning when the accident took

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place. She claimed to have an injury to her neck, head and left upper shoulder region. She believes she may have been briefly unconscious.

After being extricated from the car she was taken by ambulance to the Meridia Suburban Hospital where she had x-rays and an examination. Complaints at that time were of her neck and back. The appropriate trauma diagnostic workup was done including portable cervical spine, lumbosacral, and left shoulder, as well as the chest. These were all interpreted as normal.

Subsequently she was followed up by the Kaiser Foundation Emergency Room for two days in a row. These records were not available for review. She had great difficulty tolerating her mid and upper back pain. She was given a soft cervical collar and a leg brace for a blunt trauma to her left knee. She cannot recall any specific treatment given for her knee complaints.

She has only seen two doctors according to the records in reference to this claim. This included Dr. M. P. Patel who initially evaluated her on May 25, 1990, approximately five days after the motor vehicular accident. Dr. Patel treated her with a series of exercises and physical therapy. His diagnosis included essentially soft tissue injuries of the neck: mid and low back region, as well as a sprain of the left ankle and left knee. A number of tests were performed including the digital myography which is questionable comprehensive value. There was some abnormalities with this test.

She continued to follow with Dr. Patel on an intermittent basis, the last indication of treatment was in October of 1990.

She also consulted with Dr. Grant Heller, a neurologist, who did some neurological testing. His initial evaluation was on June 7, 1990. EEG's were done, as well as visual and brain stem evoked responses. These were all reported as normal.

The only other physician that is following her is Dr. Frederick Lafferty who is her ongoing treating family physician. He provides her with her annual physical

examinations. Initially she started seeing this doctor in 1977 and has been followed by him since that time on a yearly basis. According to the records he saw her on September 4, 1990, in reference to this motor vehicular accident. He has seen her on yearly visits since that time with notations of right mid lumbar back pain, as well as interscapular type of pain. It did not appear on his medical records that he treated her for this condition. There is no mention in the medical evaluations in 1994 or 1995 of any mention of her ongoing musculoskeletal complaints.

OTHER MEDICAL HISTORY revealed follow-up with Dr. Hillal Mazansky for both these injuries, that is the October 29, 1990, as well as a subsequent motor vehicular accident which occurred on March 13, 1992. In reference to the 1990 accident, Dr. Mazansky followed her for a period time for neck, upper and lower back pain, as well as left arm pain and pain in both of her hands. A bone scan was performed on January 31, 1991 which was normal. He continued with a series of heat, ultrasound and follow-up checks up to the time of the second injury in March of 1992. Treatments were continued after this second accident.

The patient could not recall any of the details of the second trauma, but according to Dr. Mazansky's records, this was described as an intersectional collision at Solon and SOM Center Roads. She essentially injured the exact same areas, the neck, upper back, left shoulder and left wrist, and had pain in her left arm and hand. He treated her with a rather prolonged course of physical therapy. The total bill sent for the second accident was in excess of \$5500. Clearly, she had extensive treatment for her spinal complaints, both subsequent to the 1990 and, to a greater extent, after the 1992 accident.

EMPLOYMENT HISTORY: At the time of this accident she was employed as a recreational commissioner for the City of Bedford Heights and in retail sales at Higbees. She was unable to continue either of these jobs due to her pain. In May of 1991 she became a child care worker for the Sister's of the Good Shepherd. She continues with this type of work at the time of this evaluation.

CURRENT SYMPTOMS: She no longer wears a cervical collar. She still continues to use a cervical pillow, as well as a lumbar support at work.

The bulk of her pain is primarily in the left medial scapular region. She claims this is constant. The pain seems to radiate proximally and distally along the medial border of the scapular but never quite into the cervical spinal region. Occasionally she has pain between her shoulder blades and up into the trapezius area, but this is not the most common region of recurrence. She specifically stated that it is difficult for her to separate the residuals of this accident from the 1994 injury.

In addition, she complains of her left hand, **palm**, and fingers being sore and occasionally numb and cold. She also describes a radiating pain from the back of the shoulder down to the posterior left elbow region.

In reference to her lumbar spine, she claims to have seasonal low back pain related primarily to the cold weather and dampness. There are no radicular symptoms specifically related to her low back.

In reference to her left knee, which she claimed she had injured, she has occasional stiffness. She does not believe she had any treatment for this.

In reference to her lower extremities she claims to have "poor circulation." She has a great deal of stiffness in her feet, especially when awaking in the morning. When she starts moving around this pain seems to improve. Getting started is "tough." She also complains of a vague numbness on occasions in the left second and third toe.

PHYSICAL EXAMINATION revealed a somewhat soft spoken 48 year old female who appeared in no acute distress. Her gait pattern was normal. She was able to arise from a sitting position without difficulty. Ascending and descending the examining table was performed in a minimally labored fashion.

Examination of her cervical spine revealed a full range of motion in forward flexion, extension, side bending, and rotation. Protraction, retraction, and elevation of the scapulae were performed normally. She did claim to have a fair amount of tenderness along the medial border of the left scapula. A full range of motion of both shoulders was noted in forward flexion, extension, abduction, internal and external rotation. The elbows, wrists, and small joints of the hand examined normally. A detailed neurological evaluation including sensory, motor, and reflex testing of both upper extremities was normal. Circumferential measurements of both upper extremities at the axillary, midarm, forearm and wrist level were equal and symmetrical bilaterally.

Examination of her lumbar spine revealed full flexibility being able to bend forward to touch just above her ankle level. There was good reversal of her lumbar lordosis with this maneuver. Hyperextension, side bending and rotational movements of her lumbar spine were performed within normal limits. Her straight leg raising both in the sitting and supine positions were performed to 90 degrees bilaterally. There was a full range of motion of both hips and knees. The left knee examined entirely within normal limits for ligamentous instability, as well as the patellofemoral joint. No atrophy was noted on circumferential measurements of the upper and lower thigh, and upper and lower calf level. No distinct numbness was noted following any radicular pattern in either lower extremity.

IMPRESSION: Subjective residuals of a recurrent cervical, thoracolumbar strain or sprain. No active documented care for many years.

DISCUSSION: A series of medical records were reviewed involving her care and treatment. These included records from Meridia South Pointe Hospital, Dr. M. P. Patel, Dr. Mazansky and Eastside Physicians, Dr. Grant Heller, as well as the Ohio Traffic Accident 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 her ongoing level of physical impairment.

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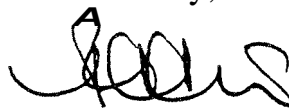
On the basis of this evaluation, she continues to complain of similar type of subjective **pain** in the upper and mid back region as she has for many years. As was well documented in the records, there was clearly a subsequent motor vehicular accident which necessitated prolonged care. It was difficult to assess retrospectively how much of the care and treatment rendered after the March of 1992 accident was specifically related to the 1990 accident. In Dr. Mazansky's record there was no significant residuals claimed from the first accident when he wrote his consultation letter to plaintiffs counsel involving the second motor vehicular accident.

At the time of this evaluation, she has no specific ongoing objective abnormalities that would be consistent with her level of complaints. She still continues to have subjective complaints without any objective findings. The symptoms expressed were that of a soft tissue injury. In my opinion; however, she has objectively recovered. The physical examination was entirely within normal limits. There were no objective residuals of injury directly related to either of the motor vehicular accidents.

It is clear that virtually the same mechanism of injury occurred with both collisions. She has objectively recovered without any objective physical abnormalities.

In conclusion, the long-term prognosis is favorable. There were no permanent injuries sustained. Although complaints of subjective pain continue there was no objective abnormalities noted at the time of examination. On the basis of this evaluation, no further orthopaedic care or treatment is necessary or appropriate. She has completely objectively recovered.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Corn', with a stylized, cursive flourish at the end.

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

RCC/bn
cc: File