



September 26, 1996

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Orthopaedic Surgeons

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RE: John Helleis
Case No. 301057 (Cuyahoga Co.)
File No. 254 454 0053

Dear Ms. Gardner:

I evaluated the above plaintiff in my office on September 24, 1996, in reference to alleged residuals of injury sustained in a somewhat unusually described incident which occurred on May 2, 1995.

At that time the plaintiff was jogging in the vicinity of Wooster and Center Ridge Roads in Rocky River, Ohio. He described this area as mostly residential with some small shops. He was crossing Wooster when a car heading in a north-bound direction began turning and, in fact, it appeared as though it was going to strike him along the left side. The car was turning west, heading onto Center Ridge Road. He described this as a 1984 General Motors vehicle.

As the car was turning into him he extended his arms to the left side. He braced himself with his upper extremities, mostly the left side. There was an impact in the left knee and right calf area by the bumper of the car. By the patient's description this was a somewhat low velocity impact.

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He **was** conveyed by ambulance to the Fairview General Hospital Emergency **Room**. The appropriate precautions and diagnostic workups were performed. Examination revealed an abnormality in the right calf which was bruised, left hand, wrist and left shoulder regions. X-rays of the left shoulder, left hand, left wrist, right tibia and fibula were all ~~within~~ normal limits. He was discharged ~~with~~ a diagnosis of multiple contusions.

Subsequently he came under the care of his family physician, Dr. Dohar, through his HMO insurance. He tried ~~him~~ on a **variety** of anti-inflammatory medications. Persistent symptoms were noted in the left wrist and shoulder area. Ice also seemed to help ~~him~~ to some degree. Because of ongoing symptoms he was referred to University Hospitals Orthopaedics and he saw Dr. ~~William~~ Petersilge on May 23, 1995, approximately three weeks after the accident. Examination revealed a possible tear or sprain of the ligaments of the wrist and a traumatic bursitis of the **left** shoulder. Anti-inflammatory medications were recommended. The plaintiff believes he **saw** this physician on only one occasion. It was obvious by the subsequent resolution of his **left** wrist condition that, in fact, no ~~tom~~ cartilage ~~was~~ sustained.

The only other physician that treated the plaintiff was Dr. John Kavlich of Berea, **Chio**. These treatments occurred ~~from~~ the end of August on an intermittent basis through the middle of October. ~~The~~ treatments consisted primarily of hot packs and a MEMS Unit. Eleven treatments were provided during this time period.

The plaintiff has had no further medical care. His lower extremity symptoms have completely resolved. His left wrist and hand symptoms have resolved. The only residual discomfort he has is in the region of the left shoulder.

CURRENT MEDICATIONS are just over-the-counter Tylenol and **aspirin**.

EMPLOYMENT HISTORY: He is employed by the Cuyahoga County Community College as a maintenance mechanic. He stated he has ~~missed~~ about two weeks out of **work** since ~~the~~ injury. He did ~~return~~ to work on a limited duty status for a period of

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time, but now works without **difficulty**. A great deal of his **work** involves heavy **lifting** and bending, **as** well as overhead work. He has been able to perform his job **which** involves doing general maintenance, conduit, lifting and carrying motors without difficulty.

The patient has also been a body builder and has competed in this type of competition. He has used free weights for many years every other day and does a **series** of aerobic exercises **as** well.

PAST MEDICAL HISTORY failed to reveal previous or subsequent trauma to **the** left shoulder. There **was** a previous metacarpal fracture of the left hand and a previous right knee sprain. Both of these areas are asymptomatic.

CURRENT SYMPTOMS: At the time of the evaluation he ~~continued~~ to complain of discomfort in the left shoulder. These are intermittent episodes of **pain** depending on what he does at work. Cold and damp weather seems to aggravate his symptoms but heavy and repetitive lifting, as well as working over his head, seems to bother him **as** well. He has tried a variety of sports creams and does use these on **an** intermittent basis. He **has** been doing a series of exercises which he explained to be, exercising primarily the **left** anterior, posterior and lateral deltoid ~~with~~ high repetitions. As will be discussed below, his left upper extremity is actually larger from a **muscular** basis **than** his right upper extremity. The bulk of his discomfort, **as** well as a "crunching" sensation, seems to stem from the subacromial area, primarily anteriorly.

PHYSICAL EXAMINATION revealed a pleasant, cooperative, 35 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.

Examination of his 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. There was good muscle development in the neck,

Examination of both shoulders was essentially normal in range of motion. To observation, the left shoulder appeared to be slightly larger at the *axillary* level and biceps level. This was also noted on circumferential measurements. In other words, the injured shoulder was larger than the uninjured shoulder by approximately 1 cm. I discussed this with the plaintiff and he felt this may have been due to his excessive exercising trying to "build up my shoulder." Some subacromial crepitation was noted bilaterally, the left side slightly worse than the right.

A thorough examination of the elbows, wrists, and small joints of the hand, and neurologic examination of both upper and lower extremities was normal.

IMPRESSION: Resolved strain or sprain of the left wrist and hand. Resolved contusion of the lower extremities. Subjective residuals of a probable shoulder **strain** or sprain (minor).

DISCUSSION: I have had the opportunity to review a number of medical records associated with his care and treatment. These include records from the Fairview General Hospital, Drs. Petersilge, Kavlich, and Dohar.

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 the plaintiff's ongoing level of physical impairment.

As stated above, there is no objective impairment at the time of this evaluation. In fact, due to the patient's repetitive exercises, the left (injured) shoulder appears to be developed from a muscular standpoint due to his home rehab program. The only objective finding was some subacromial crepitation which was noted bilaterally. This is undoubtedly due to the type and repetitive nature of these exercises and his ongoing maintenance occupation.

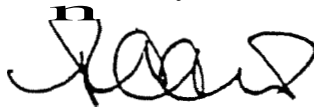
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By history and by physical examination there was no significant left wrist injury. This was probably a strain or sprain that resolved without ongoing subjective or objective abnormality. The lower extremity contusions also resolved.

On the basis of this evaluation, he has objectively recovered from any soft tissue injuries sustained. At worst, he sustained a minor strain or sprain and contusions as described above. He has objectively recovered from all these abnormalities. He still continues to complain of subjective discomfort in the left upper extremity with repetitive use. It is my opinion, based on a reasonable degree of medical certainty that it is the type of exercises that the plaintiff has been performing, as well as his work requirements, that are the source of his persistent left shoulder discomfort. Subjective symptoms; however, seem to stem from the motor vehicular/pedestrian accident as described by the patient's history.

The long-term prognosis is favorable. No further orthopaedic care or treatment is necessary or appropriate. The long-term prognosis is favorable. He has recovered.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert C. Corn', with a stylized, cursive script.

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

RCC/bn

cc: File