Highland
Musculo·Skeletal
Associates.Inc.

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

September 30, 1997

Carole N. Siskovic
Attorney at Law
1520 Standard .Building
1370 Ontario Street
Cleveland, OH 44113-1757

RE: Michael D. Stone
Case No. 328502
File No. 4026-CNS
PRELIMARY REPORT

Dear Ms. Siskovic:

I evaluated the above plaintiff in my office on September 8, 1997 in the presence of Ms. Denise Delgado, from the plaintiffs lawyer's law firm. This evaluation was specifically in reference to aileged residuals of injury sustained in a motor vehicular accident, which occurred on May 29, 1995.

The history presented was that of a motor vehicular accident that occurred to this City of Cleveland police detective on the above date. He was the driver and solo occupant of a 1989 Taurus vehicle. The accident took place in the vicinity of Ontario and Carnegie on Memorial Day weekend of 1995. The accident occurred at approximately 4:30 in the morning. **A** passenger side impact was noted. His vehicle then lost control and hit a utility pole. There was a severe front-end impact. Although he was wearing a seatbelt "'it didn't catch. At the moment of the second impact, he flew forward, his chest hit the steering wheel and his right knee hit the dashboard.

He was evaluated at the scene and conveyed by Cuyahoga County EMS to the Lutheran Hospital. He was in full spinal protection complaining of neck pain and multiple bruises. **A** standard work-up was commenced with complaints of neck pain, chest discomfort, and right hand pain and numbness. **A** series of x-rays were performed. No significant bony cervical injury was noted. There was no mention of a significant right knee trauma although x-rays were taken and were essentially normal. Some blood studies that were done were also within normal limits. He was treated and released.

His subsequent care was through Dr. Sheldon Friedman, being referred by his attorney. The initial evaluation was on June 1, 1995. Complaints at that time were primarily neck and upper back, and were soft tissue in nature. There was a fair amount of stiffness and soreness. He was out of work for approximately three weeks and was treated with somewhat repetitive heat and ultrasound type of treatment. No additional x-rays were performed. The working diagnosis was essentially that of cervical strain or sprain. There was some neurological symptoms which completely dissipated. He was also treated for a contusion and strain of the right knee. He was treated through early September of 1996. Treatments were at the Southeast Therapy Center, associated with Dr. Sheldon Friedman's office.

He was also evaluated by Community Chiropractic Center and Dr. James Foy. He treated him periodically for his spinal injuries.

In late 1996, at the time of his annual physical, he mentioned his right knee to his doctor. He was referred to Dr. David Krahe in late December or early January of 1994. He had seen Dr. Krahe, I believe, on two occasions total and surgery was recommended for what sounded like a plica syndrome. He has not decided on surgery. He has never had any rehabilitation for his right knee or thigh. I have not had the opportunity to review Dr. Krahe's records or ascertain what the clinical suspicions were.

CURRENT MEDICATIONS include only over-the-counter medications.

CURRENT CONDITION: He complaints of absolutely no pain in his neck, upper back or shoulder. The soft tissue cervical injury has completely dissipated, The only area of his symptoms are in reference to his right knee. He complains of a constant, fairly diffuse pain located in the patellofemoral joint. There is some soreness in the medial and lateral patellar retinaculum as well. He has intermittent "catching" sensation and some numbness around the knee area. There had been some giving way sensations although no gross episodes of the knee collapsing were noted. Stair climbing and patellofemoral loading activities seem to give him his ongoing pain. As stated above, there has been absolutely no care or treatment, or rehabilitation for his knee symptoms. He has seen the orthopaedic surgeon on only two occasions.

EMPLOYMENT HISTORY: Other than the initial period of time, approximately three weeks, that he lost out of work, he has had no work restrictions or work absences.

PAST MEDICAL HISTORY failed to reveal any previous neck or knee complaints. He did have a previous low back injury, which completely resolved.

PHYSICAL EXAMINATION revealed a large frame 38 year old male who appeared in no acute distress. Examination of his neck, upper back, and shoulder areas were normal. There were no objective residuals of injury.

Examination of his right lower extremity; however, was not normal. There was no effusion in his right knee. His medial and lateral, as well as anterior and posterior ligamental complexes were intact. There was no joint instability noted in the femoral tibial articulation as well as the patellofemoral articulation. There was; however, a fair amount of soreness in the peripatellar area of the right knee and definite palpable patella plicae were noted.

The most prominent feature was approximately 2 cm of right thigh atrophy. Clearly this gentleman has been favoring his right knee and there has been no attempt at rehabilitation. No other abnormalities were noted.

IMPRESSION: Resolved cervical and lumbar strain or sprain. Contusion of the right knee with right thigh atrophy and patellofemoral dysfiinction.

DISCUSSION: I have had the opportunity to review a number of medical records associated with his care and treatment. These included records of Drs. Friedman and Foy involving the care and treatment of his cervical spine condition and the associated physical therapy, Records were requested from Dr. David Krahe but have yet to be 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, the initial spinal trauma and chest injury have subjectively resolved. The care and treatment provided by the emergency room and the level of care necessary were directly related to the motor vehicular accident. The care by Dr. Friedman, his physical therapist, and Dr. Foy, although somewhat repetitive in nature, did ultimately resolve his musculoskeletal complaints involving his spine.

In reference to his ongoing right knee complaints, in my opinion, his knee atrophy is on the basis of disuse and probable chronic pain. This ends up being a somewhat viscous cycle for once the muscle wasting starts the knee does not bimechanically work normally and leads to further dysfunction and more inflammatory type of discomfort. This atrophy is reversible. He has never been on any rehabilitation program and his would be the most appropriate first step in his long-term management. If his symptoms do persist and are related to interarticular pathology, even the developmental plica inflammation, arthroscopic surgery may be of some benefit. This should certainly note be entertained until an adequate rehabilitation program is performed. The bulk of his knee complaints are totally reversible with a good long-term prognosis.

The long-term prognosis for the above soft tissue injuries are favorable. The spinal injuries have resolved both subjectively and objectively. In my opinion, had appropriate care and treatment been rendered for his right knee, with appropriate rehabilitation, a more complete recovery would have been realized at this time point. The true ongoing nature of his knee complaints are obscure. He certainly needs to go through an active rehabilitation program. The need for arthroscopic surgery has yet to be determined in that all the records have not been reviewed.

Sincerely,

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

RCC/bn

cc: File