



October 5, 1996

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RE: **Mark** and Kathleen Nestor  
Case No. 279537 (13130-SF)

Dear Mr. Ritzler:

I have just completed an additional review of extensive medical records concerning the above co-plaintiffs, and their care and treatment for alleged residuals of injury from the motor vehicular accident in question.

Additional medical records were from a number of sources. An additional 550 pages plus of medical records were reviewed.

**Mark J. Nestor** - The only other additional information that was mentioned in the medical records in reference to **Mark** Nestor was the complaints of carpal tunnel syndrome and the abnormal EMG and nerve conduction study that was carried out. He was referred to Dr. Michael Keith, according to the medical records. Because he was totally asymptomatic it was decided not to pursue this. He had no further care and treatment. It was not felt that the carpal tunnel complaints were at all related to the motor vehicular accident in question.

**Mark** and Kathleen Nestor, Page 2  
Case No. 279537 (13130-SF)

**Kathleen Nestor** - Extensive records were reviewed, including all the therapy records from Metro. More enlightening records; however, were reviewed from the Parma Community General Hospital.

These records were essentially of three admissions in 1984 and 1985.

On August 14, 1984, she was admitted to the hospital for recurrent tonsillitis. This was specifically for a tonsillectomy procedure. In the review of systems she stated that she had "arthritis, osteo hips, knees, jaw and spine, low back pain radiating down posterior aspect of legs to heels occurs."

A second admission was on October 2, 1985 to October 4, 1985, and was in reference to her work related incident. She was, at that time, **as** you are aware, complaining of diffuse neck, low back pain, as well as symptoms that would be compatible with cervical and lumbosacral radiculopathy. She underwent a myelogram during this admission which was entirely within normal limits. Complaints demonstrated at that time was immediate right leg pain, as well as neck **pain** radiating into the right C8 distribution in her upper extremities. She had constant pain from May 4, 1985 until this workup five months later, in October of 1985.

*Also* during this admission, there was an intake form which she did complain of radiating pain down both lower extremities. An EMG and nerve conduction study was performed which also was entirely within normal limits during this hospitalization.

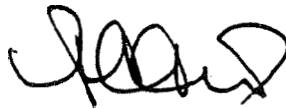
The initial impressions that were expressed in the medical reports of September 22, 1996, are essentially unchanged. Although no previous MRI scans were performed of Kathleen's spine, a myelogram that was done 10 years before the subsequent MRI scan was normal. It is difficult to compare these two studies, **as** one (the MRI scan) shows the exact configuration of the disc and the spinal anatomy, whereas the other (myelogram) shows merely the shadows of pressure on the spinal nerve sac and nerve roots. The fact that the myelogram was normal in 1985 and the MRI scan of the neck

**Mark** and Kathleen Nestor, Page 3  
Case No. **279537** (13130-SF)

and back were positive, showing some signs of early disc disease in **1995**, do not in any way, shape or form change my original opinions.

I will be glad to review any further medical records as they become available.

Sincerely,

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

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

RCC/bn

cc: File