



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

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John P. Calandra
Attorney at Law
Suite B-1
10800 Pearl Road
Cleveland, OH 44138

RE: Lisa Medina
DOI: 6/12/95

Dear Mr. Calandra:

I evaluated the above plaintiff in my office on October 8, 1996. This was specifically in reference to alleged residuals of injury from a motor vehicular accident which occurred in mid-June of 1995. The plaintiff was evaluated without legal representation present. I found her an extremely poor historian.

She described a motor vehicular accident in which she was a front seat passenger in a vehicle driven by her friend, Glenn Griffin. The car was described as a Honda Accord. They were traveling on what she described as 1-480, but the medical records described it as 1-71, when a large object fell off a truck in front of them. The driver was unable to avoid a collision with this object and an impact occurred on the passenger front side of the vehicle. The driver lost control of the car as it "blew out the front tire." She was not wearing a seat belt. She tried to brace herself by trying to crouch down on the floor. The car apparently spun out of control when he slammed on the brakes to get some control of the vehicle. No other impacts occurred. The car ended up in the median, facing in the direction of traffic. There was no pain after the incident. They were able to change the tire and then went on home.

The following day she woke **up** with "the worst headache of my life." She was evaluated at the Metro Hospital Emergency Room where x-rays were done of her cervical spine. She was given some medications, which she believes was Ibuprofen. She was told she had a soft tissue injury of her neck. A CT scan **was** also performed of her head which was normal.

The only other medical care that she has had to date was at the Kel Care Medical Center in Solon, Ohio. There were a number of physical therapy treatments that were rendered through the office of Dr. Manohar Kelcar. Their working diagnosis was cephalalgia (headaches) and acute strain of the neck area. According to the medical records she was treatment from mid-June to late November of 1995. According to the records, **the** treatments were essentially just heat and electrical stimulation. No special studies were done. She was treated on an intermittent basis. This was the only care that she has had for this injury. The treatments concluded in November of 1995.

CURRENT MEDICATIONS: She is currently on no medications. Occasionally she takes Tylenol for her pain.

EMPLOYMENT HISTORY: She was, at the time of the accident, working as a cashier. She recently started working as an assembler. She claims to have no loss of time from her soft tissue injury.

PAST MEDICAL HISTORY failed to reveal any previous or subsequent injuries to her neck or upper back.

CURRENT SYMPTOMS: At the time of this evaluation, she complained only of intermittent symptoms in the neck and low back. Most of her symptoms, when she got them, were in her neck. The low back symptoms were only on rare occasions.

In reference to her cervical spine, she complains of an intermittent pain in the midline region at or around the C7 area. There is also some discomfort in the trapezius muscles bilaterally. Cold and damp weather seems to aggravate her symptoms to a minor degree. She occasionally awakens **with** a stiff and sore upper back and neck. She takes Tylenol for this. There has never been any complaints of radicular **pain**.

In reference to her low back, this again is intermittent with lesser intensity and less frequency than her neck area. It seems to be worse after long periods of sitting. It seems to "loosen up" with increased activity. There are no radicular complaints in either lower extremity.

PHYSICAL EXAMINATION revealed a very heavyset 20 year old female who appeared in no acute distress. She was observed to sit, stand and move around the examining room without difficulty. Her gait pattern was normal. She was able to heel and toe walk without difficulty.

Examination of her cervical spine revealed no signs of spasm, dysmetria or muscular guarding. A full range of motion was noted in forward flexion, extension, lateral bending and rotation. Protraction, retraction, and elevation of the scapulae were performed normally. There was a full range of motion of both shoulders in forward flexion, extension, abduction, internal and external rotation. The elbows, wrists, and small joints of the hand examined normally. A detailed neurologic examination of both upper extremities was normal.

Examination of her lumbar spine revealed a full range of motion in forward flexion, extension, lateral bending, and rotation. Her straight leg raising both in the sitting and supine positions was performed to 90 degrees bilaterally. Neurologic examination was normal of both lower extremities. No atrophy was detected on circumferential measurement.

Essentially a completely normal physical examination was noted.

IMPRESSION: Alleged subjective residuals of a soft tissue neck and low back strain or sprain. No objective abnormalities noted.

DISCUSSION: I have had the opportunity to review the records from MetroHealth Medical Center Emergency Room, as well as her subsequent care and treatment from the Kel Care organization.

Mer 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.

As stated above, there are no objective findings to support her ongoing subjective complaints. She has **minimal** care to date and has not had any care or treatment for the past 10 months. She has never lost any time from work. She has had **minimal** therapy to date which will be discussed below. On an objective basis, she has completely recovered from any minor soft tissue injury sustained. At worst, she sustained a minor soft tissue strain or sprain when she was unrestrained in this somewhat unusually described motor vehicular incident.

In reference to the physical therapy, in my opinion, this seemed to be of a minor repetitive nature. It appeared to be primarily modalities ~~with~~ no attempt at muscular rehabilitation or conditioning. In my opinion, this type of treatment usually is beneficial only during the first three or four weeks after **an** injury. I have no explanation for the care that lasted almost five months after the accident. It is difficult to ascertain any improvement as the results of each treatment were poorly documented in the records, In my opinion, the therapy after four or five weeks was redundant and not beneficial to the long term recovery of a soft tissue injury.

In summary, there is a complete resolution of any objective abnormalities. There is very **minimal** ongoing subjective complaints. The plaintiff, in my opinion, has objectively recovered from any soft tissue injury sustained. **At** worst these appeared to be of a minor nature. The long-term prognosis is favorable. No further care or treatment is necessary or appropriate.

Sincerely,



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

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cc: File