



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

October 26, 1996

Sherry A. Croyle
Attorney at Law
The 113th St. Clair Building
Suite 525
Cleveland, OH 44114-1214

RE: Kimberly Farinacci
Case No. 303502

Dear Ms. Croyle:

I evaluated Kimberly Farinacci in my office on October 22, 1996, in reference to alleged residuals of injury sustained to her neck and upper back in a motor vehicular accident which occurred on February 16, 1994. Throughout the history and physician she was accompanied by Peggy Moran, a paralegal from Mr. Shiff's law firm.

She described the accident as being a rear seat, driver's side passenger, in a Chevrolet Corsica, operated by her mother. Her maternal grandfather was in the front seat and their vehicle was stopped at an intersection on Chagrin Boulevard in Beachwood, Ohio. She could not recall the details of the accident as she was not the driver. She realized a rear end collision occurred and she was "jerked forward and backwards. She was claiming to have worn a seat belt. The vehicle was drivable. According to the police traffic crash report, there was absolutely no observable damage and the vehicle was driven away.

Overnight, she started developing neck, upper back and shoulder pain, and was evaluated by her previous treating family physician, Dr. Alejandro Aldana, Jr. This evaluation was in late February of 1994, the date of the accident through March 1,

1994. X-rays were obtained from the Marymount Hospital and these were reported as normal.

She was subsequently referred to Beachwood Orthopaedics and Dr. Jeffrey Morris. This initial consultation was on March 4, 1994, approximately three weeks after the motor vehicular accident in question. Her symptoms at that time were primarily that of soft tissue strain or sprain. of the neck. Physical examination, other than some tenderness and some increased muscle tone, was essentially normal. Neurologic examination was normal. He felt there was “spasm” present.

She started on physical therapy for the soft tissue neck injury. She had, according to the patient, some difficulty in that a great deal of the things that the therapist was trying to do made her symptoms worse. Muscle relaxants seemed to help as would massotherapy. She then continued with physical therapy at the Marymount Hospital, being initially evaluated in May of 1994. Again the muscle massage, strengthen, and stretching exercises seemed to help to some extent.

She was out of Cleveland for a period of time in New York City with her job as a musician. She stated this time period was approximately three months. During this time she had no care or treatment has her symptoms had improved. She started having a gradual onset of increased pain. When she returned back to the Cleveland area she again saw Dr. Momo who had an MRI scan ordered at his facility. This was interpreted as normal. He recommended, because of her ongoing stiffness, a cervical manipulation. Tzus outpatient “surgical” procedure was performed on March 13, 1996. She claims that this increased her movement and decreased her pain to some extent.

The only care and treatment she has had since that point is “trigger point massotherapy.” This has been performed about on a weekly basis which gives her relief for a few days and sometimes longer, and sometimes not as long. She is currently on no medications.

She, in addition, has had some evaluations for her temporomandibular joint. This was not addressed at the time of this evaluation.

PAST MEDICAL HISTORY failed to reveal previous problems with her cervical spine.

EMPLOYMENT HISTORY: She is self-employed as a guitarist and singer, and a performer.

CURRENT SYMPTOMS: At the time of this evaluation she continued with soft tissue symptoms primarily. There was never any neurological complaints. The pain seems to be intermittent and associated with some stiffness. Weather changes seem to adversely affect her, especially cold and damp weather. Playing her guitar or prolonged standing and walking, also seems to bother her neck symptoms. She continues to see Dr. Morris, as well as the massotherapist.

PHYSICAL EXAMINATION revealed a pleasant 25 year old female who appeared in no acute distress. In summary, the physical examination was entirely normal. Her gait pattern was normal. She was able to heel and toe walk without difficulty. There was no sense of posture or position abnormality.

Examination of her cervical spine revealed a claim of tenderness, but no objective signs of spasm, dysmetria or muscular guarding. There was a full unrestricted range of motion of her cervical spine in forward flexion, extension, side bending and rotation. Protraction, retraction, and elevation of the scapulae were performed normally. No atrophy was noted in the neck, upper back, or shoulder musculature.

Examination of both upper extremities revealed full ranges of motion. There was no atrophy noted on circumferential measurements. A detailed neurologic examination of both upper extremities was normal.

IMPRESSION: Subjective residuals of a cervical strain or sprain.

DISCUSSION: I have had the opportunity to review a number of medical records associated with her care and treatment. These include the records from Drs. Aldana and Moms; Marymount Hospital and South Pointe Hospital, and Treister's Physical Therapy. Records were also reviewed from the orthodontist.

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.

On the basis of this evaluation, she has objectively recovered from any minor soft tissue injury sustained. Despite the minor nature of the collision, she seems to have ongoing complaints and has had a great deal of physical therapy. All of these sessions were prescribed solely on the basis of her subjective symptoms. There was some stiffness noted which was treated with a cervical manipulation under anesthesia. This will be discussed below. In general, she still has similar complaints and has relief with massotherapy.

In my opinion, the physical therapy provided and the ongoing massotherapy does not have any physical benefit other than relief of her subjective pain. In my opinion, the ongoing trigger point massotherapy is solely based on her subjective symptoms. There is no indication on the basis of any objective abnormalities that she should continue this or that it is at all related to the motor vehicular accident in question.

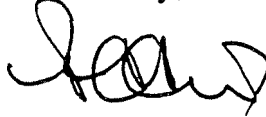
Dr. Morris is the only physician in the Cleveland area that performs cervical manipulations under anesthesia. I do not believe this has any long-term benefit, and only subjectively increased the patient's range of motion. My opinion is that this is a tool and technique, that is, the benefits are only realized by this physician. There is no indication other than the subjective improvement in range of motion that there was any benefit.

On the basis of this evaluation, she has objectively recovered from any soft tissue injury sustained. There was a full normal range of motion and no objective abnormalities were detected, On the basis of this evaluation, she has objectively

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recovered from any minor soft tissue injury sustained. I have no explanation as to the necessity, based on solely her subjective symptoms, for all the physical therapy, the MRI scan without neurological symptoms, or the spinal manipulation under anesthesia. On the basis of this evaluation she has objectively recovered. The long-term prognosis is favorable.

Sincerely,

A handwritten signature in black ink, appearing to read "RC Corn", written in a cursive style.

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

RCC/bn

cc: File