



October 29, 1997

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Orthopaedic Surgeons

John P. Gallagher
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5333 Meadow Lane Court
Elyria, OH 44035-1469

RE: Ruth Bentley
Case No. 96 CV 117036 (Lorain Co)
File No. 17,000

Dear Mr. Gallagher:

I evaluated the above plaintiff in my office on October 24, 1997 in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on September 27, 1994. She was evaluated at that time without friend, family, or legal counsel present.

The history provided was that she the driver of a motor vehicle, being three months pregnant at that time. The vehicle was described as a late model Topaz. She had her first child, a little girl, four years old, in the front seat with a child restrain. She was on Route #58 in the vicinity of Route #303 in Pittsville Township, Ohio. She was waiting to make a left turn on this two-lane highway.

A motor vehicle approaching from the rear apparently passed her on the left. A second motor vehicle that was following that car rearended her. The car was "totaled". At the moment of impact she was thrown forward and backwards. She does not remember hitting her head or there being any loss of consciousness. Her child was safe and protected in the child restraint.

She was conveyed by ambulance to the Allen Memorial Hospital in Oberlin, Ohio, where she received the appropriate evaluation. It was essentially felt that she had a soft tissue cervical strain and she was in her second trimester of her second pregnancy. She had the appropriate x-rays after clearance from her OB-GYN physician. Her cervical spine films were essentially normal. Her urine was also normal, indicating no significant abdominal trauma. She was then released from the hospital.

She did not receive a great deal of care and treatment during her pregnancy. She followed up with Dr. Ed Miller, her gynecologist, who did not treat her at all for her soft tissue complaints during the remaining six months. He recommended only Tylenol, heat and ice. Dr. Theodore Mabini evaluated her for a short period of time at the Lorain Therapy Center. He treated her from October 11, 1994 through October 27, 1994. During this time she was treated essentially just with modalities. When seen for a final visit, it was noted that she had "only minor complaints". She was sent back to work on October 17, 1994 with the restrictions of no heavy lifting.

Subsequently Dr. David Grayson of the Oberlin Clinic, a multi-specialty group, has managed her. Initial care and treatment which this physician did not start until June 1, 1995, approximately seven months after the motor vehicular accident in question. He also felt that she had a traumatic cervical strain and initially started her with non-steroidal anti-inflammatories and a more formal physical therapy program carried out at the Vermilion Healthcare Center. She has had three physical therapy sessions to date, the last one ended in December of 1996.

She was also seen by two other physicians, Dr. Hampole, a rheumatologist who saw her in August of 1997. Apparently her rheumatological workup was normal. He felt she had a "chronic cervical strain". She was also seen by a Dr. B. C. Shah, pain management affiliated with the Comprehensive Pain Care Center. She underwent a series of trigger point injections, as well as a TENS unit through the summer of 1997. This did not give her any long lasting relief.

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CURRENT MEDICATIONS include Naprosyn 500 mg twice a day and Flexeril 10-mg for severe pain which she can take twice a day. This does make her a little sleepy so she does limit this medication.

PAST MEDICAL HISTORY failed to reveal previous problems with her neck or upper back region. There was no treatable previous injury.

EMPLOYMENT HISTORY: She is currently employed at the Ames Department Store as a department manager. She claims that her hours are somewhat limited due to "pain".

CURRENT SYMPTOMS: At the time of this evaluation she continued to have pain primarily in the trapezius muscle bilaterally, right slightly worse than the left. This was solely in the neck paraspinal muscles and in the upper back. There **was** no radiation of pain beyond the shoulder level. These can also be associated with headaches. The pain is always there with varying degrees of Intensity. Increased activities such as doing laundry, housework, or picking up her young child aggravates her symptoms. With careful questioning, there was no radiating or radicular pain in the upper extremity or down the mid or low back regions. She also reports that with work and with repetitive lifting the pain seems to be worse. This is associated with stiffness in the neck and upper back region.

PHYSICAL EXAMINATION revealed a 33 year old female who appeared in no acute distress, Her gait pattern was normal. She was able to sit, stand, and move about the examining room normally. She arose from a sitting position normally, as well as ascended and descended the exam table normally.

Examination of her cervical spine revealed a complaint of tenderness in the trapezius muscle only. Most of her pain was in the base of the neck region, just lateral to the C7-T1 area. This was not associated; however, with any objective signs of spasm, dysmetria, muscular guarding, or increased muscle tone. She was; however, fairly consistent in the areas of her discomfort. Range of motion of the cervical spine was voluntarily limited. This was not associated with any objective abnormality. There

was approximately 15% limitation of motion due to "pain". Protraction, retraction, and elevation of the scapulae was performed normally. There ~~was~~ some more discomfort with the shoulder shrug maneuver. Range of motion of both shoulders was normal in forward flexion, extension, abduction, internal and external rotation. The elbows, wrists, and small joints of the hand examined normally. A detailed neurological examination including sensory, motor and reflex testing of both upper extremities was within normal limits. No atrophy was detected in the upper back or pectoral muscles.

IMPRESSION: Subjective symptoms of a chronic cervical strain or sprain. No neurological or objective orthopaedic pathology noted.

DISCUSSION: I have had the opportunity to review a number of medical records associated with her care and treatment. These included records from Allen Memorial Hospital, Lorain Therapy Center, Dr. David Grayson (records from the Oberlin and the Vermilion Comprehensive Healthcare), records of Drs. V. M. Hampole and B. C. Shah. There was never any MRIs or electroneurodiagnostic testing performed.

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 I agree with her treating physicians that, at worst, this was a cervical strain or sprain. She did not have a great deal of care or treatment for the first seven months. Most of this ~~was~~ during the second and third trimester of her second pregnancy. There were no additional problems with the pregnancy and her second daughter was born and is developing normal.

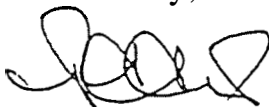
On the basis of the review of the medical records there ~~was~~ no permanent injury sustained. All of her treating physicians, including her medical and rheumatological workup, indicated, at worst, a cervical strain, a muscular stretch injury. These typically resolve in a very short period of time. Histologically they heal within a six-week period of time with most of the symptoms resolving by three to four months.

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There is have no clear orthopaedic explanation why her symptoms have persisted. She **certainly** had adequate care and treatment. She does not do any ongoing exercises nor has she been on any therapeutic weight lifting or progressive resistance exercises. This probably would have helped her gain more strength and endurance in these muscle groups. She continues with a variety of subjective symptoms which are mild to moderate in intensity. These are not associated with any objective neurological or orthopaedic abnormality.

In my opinion, at worst, she sustained a soft tissue strain or sprain. She has objectively recovered, although subjectively she still remains symptomatic. I am optimistic that a complete recovery will be realized. No further care or treatment is necessary or appropriate. She would benefit from an unsupervised conditioning program including aerobic exercises and light weight lifting. The prognosis is favorable.

Sincerely,

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

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

RCC/bn

cc: File