



November 8, 1997

Robert C. Corn, M.D., FACS  
Timothy L. Cordon, M.D.  
Orthopaedic Surgeons

Nicholas J. Fillo  
Attorney at Law  
1520 Standard Building  
12370 Ontario Street  
Cleveland, OH 44113-1757

RE: Bruce Gordon  
Case No. 321073  
File No. 4065

Dear Mr. Fillo:

I evaluated Bruce Gordon in my office on November 4, 1997 for the purpose of an independent medical evaluation. This examination was specifically carried out in reference to alleged residuals of injury sustained in a motor vehicular accident which occurred on September 15, 1995. Throughout the history and physical he was accompanied by Eileen Lynch from the plaintiffs attorney's law firm.

The plaintiff recalls a history of a rear-end motor vehicular accident which occurred on Mayfield Road, heading in an eastbound direction, near SOM Center in Mayfield Heights, Ohio. He was the driver and solo occupant of 1985 New Yorker vehicle with his seat belt on. He was stationary in line of traffic. He was the second car hit in a rear-end collision. His vehicle was forced into the car in front of him. At the moment of impact he stated he was thrown forward and backwards. He described the body feeling as being "snapped". There was no head injury and no loss of consciousness.

The local police were on the scene and the appropriate reports were filed. There was no pain reported at the scene and no emergency room treatment was requested or

required. The plaintiff stated that he was returning home from his "last" chiropractic visit, being followed by Dr. Douglas McLain.

Approximately three days after the accident he returned to the chiropractor. This has been the only physician who has been involved in his care and treatment for this injury. Initially the visits were quite office, approximately three times a week, and then gradually tapered off to once a month. He never went through any formal physical therapy nor did he ever have any special diagnostic scans. At time was he evaluated by a musculoskeletal specialist prior to this evaluation.

In reference to his symptoms, there was no pain initially. Within the first few days he started having diffuse spinal pain and soreness. He believes he initially saw Dr. McLain on or about October 2, 1995, a few weeks after the motor vehicular accident in question. The treatments, according to the records, consisted solely of some manipulations, a roller bed type of treatment, electrical stimulation, massage, and other modalities. He believes he may have been instructed in some stretching exercises but he never went through any therapeutic exercises or progressive resistance exercise program. These were essentially the same treatments that he had for his "spinal malalignment problem" that he was being treated for prior to the car accident, other than the roller bed treatment. There was a gap of treatment from January of 1996 to April of 1996 due to an unrelated hernia operation. The treatments seemed to commence after that period of time. Essentially he believes his treatments concluded by January of 1997.

Since that time there has not been any significant change in his symptoms. He has "good days and bad days". Typically, there is some discomfort which ranged from an aching pain to a pain "like someone sticking me with a knitting needle" in his left trapezius muscle. This seems to radiate from the midline out to about midway toward the shoulder. On bad days this pain seems to be more intense. In general, the worsening of the pain is unpredictable. It is not related to weather and only sometimes related to activity.

Bruce Gordon, Page 3  
Case No. 321073  
File No. 4065

He also describes a low back soreness which is really both sides, the right slightly worse ~~than~~ the left. Usually sitting for prolonged periods of time or putting pressure against his back seems to aggravate this discomfort. When he sits for long periods of time he has mostly left sided neck pain, as well as some mid and upper back pain. He has not had any care or treatment for many months. To relieve his discomfort he puts manual pressure on this area. He is currently on no medications. As stated before, he has never been on any rehabilitative exercise program.

**EMPLOYMENT HISTORY:** At the time of the accident he was going to school and working at a Dollar Store in Chester Township, Ohio. Approximately a year ago he obtained his current employment, working as a manager for the May-SOM Sunoco Station at Mayfield and SOM Center Roads.

**PAST MEDICAL HISTORY** failed to reveal any previous back injuries. He was in a number of motor vehicular accidents but he claims there was no injuries sustained. He came in contact with Dr. McLain in the spring of 1995 for a "free consultation". X-rays and diagnosis showed a misalignment condition and he was started on a variety of treatment modalities. This was again quite frequently; a number of times a week and then tapered off to once a month. He was returning from his last appointment, having his misalignment condition cured.

**PHYSICAL EXAMINATION** revealed a pleasant, somewhat soft spoken, 38 year old male who appeared in no acute distress. His gait pattern was normal. He was observed ambulating in and out of the office suites. He was able to stand on his heels and toes without difficulty.

Examination of his neck and upper back region revealed an area of aching discomfort primarily just left of the midline in the trapezius muscle. This was not associated with any objective abnormalities in the form of spasm, dysmetria, muscular guarding or increased muscle tone. There was no tenderness in the anterior or lateral muscles. Examination of his neck, upper back and periscapular region failed to any atrophy and a normal proportional muscle development. Range of motion of the cervical spine ~~was~~ performed in forward flexion, extension, side bending and rotation without

any restrictions. Protraction, retraction, and elevation were performed without any restrictions. There was some discomfort at the extremes of motion primarily right rotation and hyperextension. There was full range of motion of both shoulders, elbows, wrists, and small joints of the hand. A detailed neurological examination including sensory, motor and reflex testing of both upper extremities was normal. Circumferential measurements of the upper extremities at the axillary, midarm, forearm and wrist level were equal and symmetrical bilaterally.

Examination of his thoracolumbar spine again revealed no objective signs of injury. There was no spasm, dysmetria, muscular guarding or increased muscular tone. The range of motion of his lumbar spine was minimally Limited being able to bend forward to touch below his knee level. There was good reversal of his lumbar lordosis with this maneuver. Hyperextension, side bending and rotation was also performed without objective limitation. His straight leg raising in the sitting position was performed to 90 degrees bilaterally. There was a full range of motion of both hips and knees. A detailed neurologic examination including sensory, motor and reflex testing of both lower extremities was normal.

**IMPRESSION:** Subjective residuals of a probable cervical and thoracolumbar strain or sprain. Complete objective recovery.

**DISCUSSION:** I have had the opportunity to review the records that were generated by Dr. Donald McLain. These included his office visits, the treatment records, as well as the billing for these treatments.

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 the plaintiffs ongoing level of physical impairment.

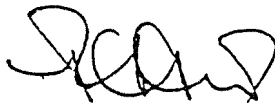
On the basis of this evaluation, he has objectively recovered from any soft tissue injury sustained. The injuries, at worst, were that of a cervical and lumbar strain or sprain. There was no physical mechanism for there to be a bony "misalignment" solely due to this rear-end impact. The only care and treatment he has had ~~was~~

Bruce Gordon, Page 5  
Case No. 321073  
File No. 4065

modalities and some chiropractic manipulation. Clearly this type of treatment is somewhat repetitive and noncurative in my opinion. He has never been placed on any comprehensive rehabilitation exercises for flexibility and/or strengthening. It these types of exercises which typically "cure" soft tissue injuries on a long-term basis.

There were some residual subjective symptoms which he claims has not dissipated since the time of the accident. I, however, could not find any objective correlation with these symptoms. In my opinion, he has objectively recovered from any soft tissue injuries sustained. Care and treatment by the chiropractor, in my opinion, gave him some temporary subjective relief. It is, of course, not curative in nature. There has been no attempt at rehabilitation. On the basis of this evaluation, no further care or treatment is necessary or appropriate. The long-term prognosis is favorable for complete subjective recovery.

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