Highland
Musculo·Skeletal
Associates, Inc.

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Orthopaedic Surgeons

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Brian D. Kerns
Attorney at Law
7029 Pearl Road, Suite 310
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RE: Kevin Wesley
File No. 297-A-103

Dear Mr. Kerns:

I evaluated the above claimant in my office on September 10, 1996, in reference to alleged residuals of injury sustained in a low velocity motor vehicular accident.

The patient recalls a work-related incident that occurred on July 7, 1994. At that time he was working part-time as a parking lot attendant at the St. Clair and West 6th Street service lot. He had just attended an "elderly woman" and then walked in front of her car. Apparently the car "inched forward" and struck him on the **lateral** aspect of his right knee "a few inches above my knee." It caused the knee to go in a knock-knee direction according to the patient. He lost his balance and hit the hood of the car.

He was initially evaluated at the MetroHealth Medical Center Emergency Room and was subsequently followed in the outpatient clinic. The diagnosis was a medial collateral ligament strain, possible meniscal injury. X-rays revealed a remote injury to the right knee area. This will be discussed below. According to the MetroHealth Medical Center records he had minimal follow-up care for this injury. No further diagnostic studies were performed.

He was then referred to the Cleveland Therapy Center where he was evaluated approximately six months after the injury on January 23, 1995. No swelling was noted and there was only a question. of a "possible mild instability" on physical examination. Their diagnostic impression was possible tear or partial tear of the right medial collateral ligament. He noted, at that time, that the knee was very sore with walking and occasionally gave out. He was unable to participate in sports. Prior to the initiation of the physical therapy, he had a consultation with Dr. Daniel Leizman of Beachwood Orthopaedics. This was carried out on February 10, 1995. An MRI scan was performed on February 29, 1995 at the Beachwood Orthopaedic Associates Center. This showed an osteochondritis desiccans involving the lateral aspect of the medial condyle and a second osteochondral defect along the medial tibial condyle. No meniscal tears were noted. The therapy performed at CTC was modalities only and did not improve his symptoms.

He subsequently was evaluated by Dr. Edward Gabelman, an orthopaedic surgeon associated with Beachwood Orthopaedics. Those specific records were unavailable for review. It was ultimately decided that an arthroscopy was appropriate and this was performed on. March **24,** 1995. The preoperative diagnosis was "chondral fracture of the right knee." A chondroplasty was done of the medial femoral condyle and proximal tibial plateau. There did not appear in the records from Meridia South Pointe, that the significant previous injuries were at all responsible for his ongoing complaints. It. was not explained how a valgus stress (knock-knee stress) would create the medal lesions as noted.

After the surgery he was instructed in some physical therapy. He last saw Dr. Gabelman in early 1995. He has not had any care or treatment for approximately one and one-half years.

EMPLOYMENT HISTORY: He is employed as a parole office for the State of Ohio. He lost occasional days from work and then a few days after surgery. He has not lost any substantial time.

CURRENT MEDICATIONS include only Motrin or Tylenol which he takes sparingly.

PAST MEDICAL HISTORY is significant. At the time of the evaluation the plaintiff tended to trivialize a trauma that occurred in 1987. He said that this was essentially a penetrating injury that was just repaired and "some chips were removed."

However, according to the complex medical records that were reviewed from St. John's Medical Center in Stubenville, Ohio, this was a very significant injury to the right knee. It involved an open displaced fracture of the medial tibial plateau. This necessitated not only repair of the skin, but an open reduction and internal fixation of the fracture. A second operation was performed after fracture healing had occurred to remove the staple. The entire injury was confined to the joint surface dong the medial aspect of the joint. This is in the exact same vicinity as the abnormality seen at the time of Dr. Gabelman's surgery.

The patient did; however, recover from this injury and was able to play college and some professional football. He claims not to have had any problems with his knee until this injury as stated above.

CURRENT **SYMPTOMS:** At the time of this evaluation he continues to complain of snapping and grinding about the right knee. He has difficulty doing a single leg squat. He has not resumed any degree of weight lifting or physical training, He has not been in a weight room since after his knee surgery. The bulk of his symptoms are confined to the inside of his knee. He has no mechanical symptoms in the form of snapping, popping and locking. He has been gainfully employed without job modifications.

PHYSICAL EXAMINATION revealed a very stocky, muscular, 27 year old male who appeared in no acute distress. His gait pattern was normal. He was able to arise from a sitting position without difficulty. He was able to heel and toe walk without difficulty.

Examination of his knees revealed no gross atrophy. There were well healed scars compatible with his past medical history and surgical procedure. No effusion was noted. A full range of motion of both knees was noted. Patellofemoral examination was normal. His medial and lateral, as well as anterior and posterior ligamental complexes were intact. There was no rotational instability detected. No atrophy was noted in the thigh or calf musculature. No signs of inflammation were noted. Neurovascular exam was normal.

IMPRESSION: Valgus sprain of the knee. Arthroscopic surgery for early post traumatic arthritis.

DISCUSSION: I have had an opportunity to review some medical records associated with his care and treatment. These include records from the MetroHealth Medical Center, The Windom Hospital, St. John's Medical Center in Stubenville, Ohio, and records from Meridia South Pointe. Records were also reviewed from the Cleveland Therapy Center and x-rays from Trinity Medical Center in Stubenville, Ohio, and the scan for Beachwood Orthopaedic Associates. I have not had the opportunity to review the entire records from Beachwood Orthopaedics, including the actual history presented to Dr. Gabelman.

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 his ongoing level of physical impairment.

In my opinion, he sustained, at worst, a sprain of the right knee. The impact was in the lateral aspect which would not have caused anything other than a valgus or stress along the medial side. The bimechanical mechanism is that of **opening** of the medial joint space. This type of mechanism would not have caused a chondral injury or lead to an arthritic process. With this mechanism, it is possible for a medial chondral fracture to occur.

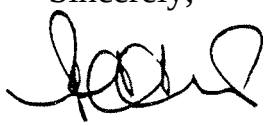
In my opinion, the abnormalities noted on the MRI scan and at the time of surgery, were directly and causally related to his remote medial tibial plateau fracture which

was an open displaced fracture. He underwent an open reduction and internal fixation back in 1987. This was a rather significant injury for a **high** school age student. The plaintiff seemed to downplay this injury. Within a reasonable degree of medical certainty, the chondral abnormahties were related to the old tibial plateau fracture and not to a low velocity valgus stress soft tissue injury.

The long-term prognosis for the soft tissue component is good. His physical examination, as noted, was essentially normal. The arthroscopic surgery indicated early post-traumatic arthritis which, in my opinion, is **solely** related to his 1987 interarticular open tibia fracture. The arthroscopic surgery only by history was related to the motor vehicular accident. In my opinion, all the care and treatment that was done, including the surgery and postop physical therapy, was solely related to his pre-existing problem. Any future surgery or the need for any particular treatment for "arthritis" is related to his pre-existing condition and not to the July 7, 1994 accident. The long-term prognosis is favorable. He has not sought care or treatment in over a year and one-half. No further care or treatment is necessary or appropriate.

If the medical records from Beachwood Orthopaedics become available, I will be glad to review and comment on these.

Sincerely,



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

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