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Mark R. Chulick
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1660 West Second Street
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RE: LYNN CARTELLONE

Dear Mr. Chulick:

I examined Lynn Cartellone on November 14, 1994 because of injury which she said occurred July 1, 1990 when the car in which she was riding in the back seat was involved in a collision with the right side with another car. She said that on her lawyer's advice she refused to describe the accident any further. She said she was not wearing a seat belt. She said she ricocheted around the car. She said her head broke the window. She was not unconscious. She said that she was stunned and somewhat shaken. Following the accident, she had "pain in the whole body". In particular, she had pain in the lumbar spine, the right rib cage, the right shoulder and in the entire right upper extremity and pain in both knees. She had contusions of the side of her face and abrasions of her knees but she does not remember which one. She had a laceration of her forehead and lip and glass apparently in her forehead. She went to Southwest General Hospital the day of the accident and was released after examination and suture of the laceration.

Following the accident, she saw Dr. Albainy who removed the sutures. She also saw Dr. Pandrangi who removed some of the glass from her forehead on two other occasions. She saw Dr. Bell about her shoulder and was treated with exercises and cortisone injections without relief. She is still seeing Dr. Bell. Apparently, eventually she had acromioplasty in January of 1993 and some physical therapy immediately after surgery. She has had none since. She has also seen Dr. Rose who treated her shoulder with physical therapy without relief. The patient said she had no

RE: LYNN CARTELLONE
Page 2

treatment for her low back except for NSAID from Dr. Marcus in 1990 with some relief until she had physical therapy for her low back for the first time in the spring of 1994 with "quite a bit" of relief but the physical therapy irritated her shoulder. She was also taking the medication for her knee. She apparently has had an MRI of the lumbar spine.

The right rib pain has improved. It is said to be localized over the anterior axillary line about the eighth rib. It is said to be intermittent and mild in degree. The patient has no pain at the time of this examination and last had pain "**probably** this morning when working with horses". She said the pain is made worse by reaching or stretching and is relieved by rest. The patient said that before the right shoulder surgery she had some improvement initially but then the shoulder pain remained unchanged. Since the surgery, the right shoulder has improved quite a lot but then she said the symptoms recurred in September 1993 with cold weather and have continued to increase. The pain is located laterally and posteriorly. It is intermittent and moderate in degree. She is having pain now. The pain is said to be made worse mostly by use and movement of the arm and by cold and damp weather. She also has pain with lying on her right shoulder with her arm abducted. The pain is relieved by rest. There is said to be intermittent radiation of the pain to the lateral arm and the radial side of the forearm which she is having now. There is no history of redness or swelling of the shoulder joint.

Symptoms referable to the right knee have improved. The pain is said to be located diffusely in the whole knee. It is intermittent and variable in degree, from mild to severe. It is mild now. It is made worse by walking all day and by climbing stairs and is relieved by rest. It is helped at times by NSAID and by ice as well. The patient said she has rare episodes of swelling, the last time six months ago. There is no history of giving way or locking.

Symptoms referable to the low back have improved. The pain is said to be located across both sides at the lumbosacral level and over one sacroiliac joint or the other at times. The low back pain is said to be intermittent and variable in degree, from moderate to severe. She is having pain at the time of this examination. The pain is made worse by walking all day, by gardening, by doing housecleaning, by dressing and undressing and at night when she sleeps. It is better with ice packs and physical therapy. The patient said there is intermittent spread of the low back pain to the left hip and then to the lateral calf along to the side of the foot and the second and third toes. She said she has intermittent numbness in the same distribution which she is having now.

Symptoms referable to the left knee have subsided.

RE: LYNN CARTELLONE
Page 3

The patient's occupation is as a horse trainer and stable manager. she also gives riding lessons. She returned to work after "a good week". She said there has been periodic loss of time from work because of symptoms arising from the accident. She lost two weekends for surgery for the glass removal and about a week when she had the arthroscopic surgery of her shoulder. She is now back to full duty and no longer has a helper. The patient said there have been no previous or subsequent injuries or symptoms in her knee or shoulder. She had a past injury in which she had similar low back pain off and on for a few years. She was having symptoms at the time of this accident. The patient said the symptoms now are more persistent and they don't get completely better. She said she has to be more careful. She also has a past history of previous right rib fractures in the same area in the 1980's. The patient has been in good health with no serious illnesses or operations.

On physical examination, the patient appeared to be in no discomfort. The patient was instructed to let me know if anything caused her pain during the examination. The gait was normal and the patient moved about easily. She could heel and toe walk easily.

Examination of the neck revealed the head to be held in the midline position. Neck motion was normal in range without pain. There was no spasm or tenderness in the paraspinal muscles.

Examination of the right shoulder revealed no swelling, effusion, ligamentous instability, redness or heat or evidence of inflammation. There was no ecchymosis noted. Internal rotation of the shoulder was to T10 on the right side compared to T6 on the left. Abduction was to 150 degrees blocked by complaints of pain. There was no tenderness.

Examination of the right ribs showed no tenderness over the area where she said she had been injured.

Examination of the right knee joint revealed the contours to be normal. There was no swelling, effusion, ligamentous instability, redness or heat or evidence of inflammation. There was no ecchymosis present. Range of motion was normal. All motions were pain free. No crepitus was present. There was no tenderness anteriorly, posteriorly, medially or laterally. Measurement of the quadriceps muscles showed no atrophy. This indicates normal use of the right knee.

Examination of the lumbar spine revealed no list. There was moderate restriction of all motion due to complaints of pain. No muscle spasm could be palpated in the paraspinal muscles. There was no indication of tenderness. LaSeque sign was negative bilaterally. Patrick's sign was negative bilaterally.

RE: LYNN CARTELLONE
Page 4

Measurements of the lower extremity lengths, thigh circumferences and calf circumferences were all equal. Neurological examination of the lower extremities revealed the knee and ankle reflexes to be equal. There were no sensory changes present. There was no motor weakness in either lower extremity.

The patient refused any x-rays of the lumbar spine. The patient said she might be pregnant and did not have any x-rays taken of her right shoulder.

Following the patient's examination here, I reviewed the records which you sent me. These included the Ohio Traffic Accident Report. There is the EMS Report from Southwest General Hospital dated July 1, 1990. There are the operative room reports of August 4, 1990 and December 3, 1990 when glass was removed. There was a report from Dr. Robert Bell dated November 7, 1991 concerning her shoulder. There are office notes of Dr. Richard Rose from November 1991 and January of 1992 concerning her shoulder. There are office notes concerning the foreign bodies in her forehead but they are unsigned, presumably they are the records of Dr. Pandrangi. There are records from Medina General Hospital consisting primarily of physical therapy records. There is a report from Dr. Bell dated April 13, 1993. This describes the arthroscopic surgery January 15, 1993 in which he did a subacromial decompression. Her rotator cuff was intact. He states that she has done very well with the decompression after that. There is an operative note from the Crystal Clinic Surgery Center for the arthroscopic subacromial decompression at which time a diagnosis of chronic impingement tendonitis right shoulder was made. There was an office visit note dated April 13, 1993 in which she was doing much better. There is a note February 10, 1994 when she had "a little bit of a flare-up with her shoulder". This is almost a year after her previous visit.

I also reviewed an MRI of the lumbar spine done October 1994 which showed a slight bulge at L5. CT scan done November 1994 showed narrowing of the L5-S1 interspace. X-rays of the right shoulder done August 1994 were reviewed and showed possible calcification on one view only under the acromion. I would like to review previous x-rays of the lumbosacral spine as well as pre and post-operative x-rays of her shoulder.

It is difficult to tell from the records when the low back pain actually began since the orthopedist who followed her made no mention of it. I do not have the records of Dr. Marcus who is said to have treated her low back in 1990 but apparently this subsided because there were no further notations about it.

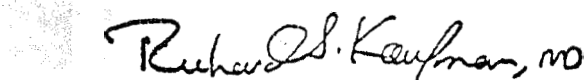
There are no objective signs of injury to her low back. The diagnosis, based entirely on her subjective complaints of pain on motion, would be possible lumbosacral myofascitis. However, this

RE: LYNN CARTELLONE
Page 5

diagnosis is not supported by any further objective or subjective findings. The patient apparently had impingement syndrome of her right shoulder and still has some residual limitation of motion. I find no evidence of injury to her right knee or her ribs.

It is my opinion that Ms. Cartellone can continue working with horses as she has been doing. This is obviously strenuous work and one in which she can be reinjured. It is possible that some of her continuing symptoms are actually related to new injuries arising from her work. She has had low back pain off and on for years and the symptoms she now has are probably related to her chronic low back pain rather than to this accident.

Yours sincerely,

A handwritten signature in cursive script that reads "Richard S. Kaufman, M.D." The signature is written in dark ink and is positioned to the right of the typed name.

Richard S. Kaufman, M.D.

RSK:mfl