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RALPH J. KOVACH, M. D.  
CYRIL E. MARSHALL, M. D.

February 24, 1992

Marillyn Fagan Damelio, L.P.A.  
Lakeside Place - suite 410  
323 Lakeside Avenue, West  
Cleveland, Ohio 44113

Re: Gina Bortolotto  
D.A: 11-18-88/12-22-89

Dear Ms. Damelio:

I examined Gina Bortolotto at your request in my office on February 24, 1992. Historically, this lady stated that she had been involved in two separate automobile accidents; each accident with sequelae will be described separately and as told to me by Ms. Bortolotto.

Ms. Bortolotto stated that the first accident took place on November 18, 1988. On that date, while a passenger in the right front seat of a moving automobile and while wearing a seatbelt, the automobile was involved in a collision with a pickup truck. As best as I could reconstruct, the truck turned in front of the car in which she was riding and the car struck this truck in the right rear portion of the truck.

She stated that she was turning slightly toward the right at the time the collision took place and that her right arm struck the door. She had immediate pain over the abdomen where the seatbelt restrained her and she thinks that she struck the dash with her right leg in the area of the knee. She stated that she had immediate pain in the region of the neck.

An emergency squad took her to a hospital where she was x-rayed, was given a cervical collar and medication, and was released. She subsequently developed soreness in the neck, soreness in the abdomen, and had complaints of pain in the right shoulder and arm. She also stated that this accident caused her to have pain in the region of the back of the neck and that this started approximately two weeks after the accident.

Ms. Bortolotto then went to a doctor and was stated to have "whiplash". She was sent for physical therapy treatments which helped for a while. She subsequently had a MRI examination of the cervical spine in August 1989 and was told she had a herniated

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February 24, 1992

To: Marillyn Fagan Damelio, L.P.A.

Re: Gina Bortolotto

From: Ralph J. Kovach, M.D.

cervical disc. She complained of pain from her hand which radiated proximally toward the shoulder. She had pain in the neck area on movement of the neck. The abdominal pain, after a period of two weeks, was completely gone; the leg pain was also gone after a period of two weeks. She had no pain in these areas after a two week period.

She was subsequently seen by a neurosurgeon who advised more physical therapy treatments and who, in May 1990, advised that she undergo surgery. Other than pain, she denied having any other symptoms at this point. No loss of sensation and no paresthesias were described by Ms. Bortolotto.

A second accident took place on December 22, 1989. At this time, she again was a passenger in the right front seat of an automobile and was again wearing a seatbelt. She also was wearing a soft cervical collar at this time. The automobile in which she was riding was struck on the right front fender area; she twisted herself and experienced pain in the right arm and neck.

She was seen in a hospital emergency room, x-rays were taken, and she was then released. She stated that she had pain extending from her thumb up to the neck and that, at this time, she also had diminished sensation to touch in the thumb and the radial aspect of the hand. She went for more physical therapy treatments and continued to be seen by a neurosurgeon. More physical therapy treatments ensued and she improved somewhat. A second MRI examination was performed; these findings were similar. She was scheduled for a surgical procedure. She did have an electromyographic examination; she does not know the results of this study.

At the present time, she stated that she is still under treatment and that she stopped physical therapy in January 1992. She takes Darvocet for pain. She has problems with weather changes in that she has increased pain in the region of the neck. Lifting was stated to produce shoulder and neck pain. She stated that she also has intermittent pain and loss of sensation in the right hand and right forearm; sometimes this lasts for as long as a day or two. She stated that no other areas were injured in the second accident.

Previous medical history revealed a previous automobile accident in 1975 which resulted only in a cut lip. She stated that she did not have any neck or back injury. She also had a work related back injury, knee injury, and shoulder injury; these are not related to the present situation,

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To: Marillyn Fagan Damelio

Re: Gina Bortolotto

From: Ralph J. Kovach, M.D.

Examination revealed a well developed, well nourished., obese, white female who was not in distress. Examination of the neck revealed a complete range of movement; she did not experience any pain when she produced these movements. Neurological examination was normal at this time. No sensory or motor changes were present in the upper or lower extremities. Normal biceps, triceps, brachioradialis, patellar, and Achilles reflexes were normal bilaterally. Straight leg raising test was negative in the seated and recumbent position,

Examination of the shoulders revealed a complete range of movement. Examination of the elbows, wrists, and fingers revealed a complete range of movement. Examination of the muscles about the back of the shoulders revealed no areas of tenderness and no areas of muscle spasm.

Review of submitted reports of MRI studies revealed them to be similar and there is no actual difference between them. They show a small central C-3,4 cervical disc protrusion with slight element toward the right side; at C-5,6 there is lateral herniation; and osteophyte formation is present at C-5,6 without distortion of the spinal cord.

It was also noted that she had a normal electromyographic examination which revealed no cervical radiculopathy. Also noted is that the first MRI examination of the cervical spine was performed on Kay 14, 1990 and the normal electromyographic examination was conducted on May 29, 1990.

By my careful history-taking, it should be noted that at no time did she complain of any significant radiation into her right upper extremity; she did not complain of any paresthesias in the right upper extremity following the accident of November 18, 1988.

Ms. Bortolotto related to me that the accident of December 22, 1989 produced the pain and diminished sensation in the thumb and that she experienced this on the injury date of December 22, 1989. This particular complaint was not present following the accident of November 18, 1988.

After review of the submitted material, and after review of the extensive submitted reports and MRI studies, It is my opinion that Gina Bortolotto sustained acute cervical strain as noted in the hospital report of November 18, 1988. The history is also significant in that she at no time had any radiation of pain into the upper extremity nor did she have any paresthesias,

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To: Marillyn Fagan Damelio, L.P.A.

Re: Gina Bortolotto

From: Ralph J. Xovach, M.D.

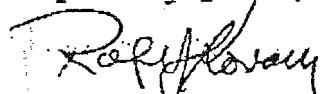
of further significance is that she had normal electromyographic examination which indicated that she was not having any discernible nerve root compression from herniated disc which was shown on MRI scan.

It is my opinion that she had degenerated herniated disc and that this was not made any worse by the accident of November 18, 1988 and had already been present. The fact that she did not have any true symptoms of a herniated cervical disc, is of great significance. She had symptoms consistent with a strain of the neck along with degenerative disease of the cervical spine.

The accident of December 22, 1989 is the incident wherein she first complained of pain and numbness in the right upper extremity. It is also significant to note that the MRI scan of the cervical spine is no different following the second accident than it was following the first accident. The symptomatology of nerve root pressure occurred following the accident of December 22, 1989. This is of significance in that a new type of symptomatology was presented by the accident of December 22, 1989.

At this time, Ms. Bortolotto is not having any symptoms which I would relate to anything other than chronic degenerative changes in the cervical spine. She does not have any findings or symptoms at this time consistent with nerve root irritation which would require surgical procedure in the immediate future.

Very truly yours,

  
Ralph J. Kovach, M.D.

RJK/adm