

CLEVELAND ORTHOPAEDIC ASSOCIATES, INC.
GARFIELD HEIGHTS MEDICAL CENTER
9700 GARFIELD BOULEVARD
CLEVELAND, OHIO 44125

TELEPHONE 441-3223

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

May 28, 1992

Eric A. Shamp, Senior Claims Representative
Farmers Insurance Group
16500 Sprague Road
P.O. Box 308008
Middleburg Heights, Ohio 44130-8008

Re: Gretchen Lobas
Your Claim No. T5 36303

Date of Loss: 03-19-90

Dear Mr. Shamp:

I examined Gretchen Lobas at your request in my office on May 28, 1992; she was accompanied by a representative of her attorney and the history taking and examination was tape recorded with my consent.

Historically, this lady was in the driver's seat of a stopped automobile when involved in an automobile accident which occurred on March 19, 1990. While wearing a seatbelt, her car was struck from behind by another vehicle which was pushed into her from a collision which struck that car from behind. She did not strike any car in front of her.

Ms. Lobas stated that her neck snapped and that the right knee struck the steering column on its medial aspect; she pointed to the anteromedial aspect of the knee and she did not point to the patella. She stated her knee initially felt good; however, two to three days later the knee became quite painful. She did have some initial pain in the back of the neck. She did go for emergency treatment, was examined, was given a cervical collar, and was released.

She subsequently went to a physician who then treated her on several occasions and who did give her a cervical collar to use. She stated that this was extremely uncomfortable for approximately two weeks to such a point that she had significant difficulty sleeping. The cervical problem eventually subsided.

However, because she continued to have problems even after she had gone to Yugoslavia, she returned to Cleveland and sought help from an orthopaedic surgeon whom she saw in May 1990. She stated that she was told that she had some deviation at the anterior aspect of

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her patella and he suggested exercises for her. She also went for physical therapy treatments. She was given intravenous Colchicine for the neck. She ~~is~~ using a Nordic Ski Machine in order to do the exercises and as long as she is doing the exercises she does fairly well. She has increasing stiffness and pain with occasional swelling if the exercises are not performed.

Previous medical history indicated that she had surgery to her right knee performed thirteen years previously wherein an open medial menisectomy was carried out. She stated that she was doing fine after this procedure and that she did not have any problems whatsoever. She also has a history of having Raynaud's Disease since the age of ~~twenty-one~~. She had no significant time loss from work since she was working at home in a computer business. At this time, she is not on any special medications and is not going for formal therapy other than the exercises which she does at home. There are no other areas which cause her problems and she no longer has any problems whatsoever with her neck. lesion of ,

Examination revealed a well developed, well nourished, slightly obese, white female who had normal stance and gait. No limp was present. She was able to get onto the examining table without any significant problem, although she stepped first with her left foot. She was found to have a complete range of painless movement to her neck. No areas of tenderness or spasm were present anywhere in the entire neck.

Neurological examination revealed normal biceps, triceps, brachioradialis, patellar, and Achilles reflexes bilaterally. Straight leg raising test was normal bilaterally. No sensory discrepancy was present in the upper or lower extremities. Pulses were good at this time. The skin was within normal temperature and did not seem excessively cold.

Examination of the knees revealed that she had complete extension on flexion bilaterally with no difference between the knees. A transverse medial scar, which was long and wide, was present over the medial aspect of the right knee; this was nontender and was the area where she had the medial menisectomy. Equal circumference was present to the thighs with no atrophy of the quadriceps. No joint effusion to either knee was present. Equal q-angles of approximately thirty degrees were present bilaterally. The patella could not be dislocated. Negative apprehension test was present on pressing the patella to either side. No pain was present upon deep palpation over the inferior aspect medially of the right or left patella. Crepitation was present on flexion/extension of the right

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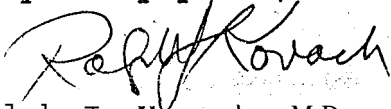
knee; none was present on the left knee. The crepitation was located at the femoral tibial medial joint surface. No crepitation was present on palpation of the patella femoral joint on movement. No instability of the knee was present. McMurray test was negative.

I viewed x-rays which were taken of the right knee and these showed that there is moderate narrowing of the medial joint space which I presume is secondary to the excision of the meniscus completely. There is early arthritic spur formation at the medial joint space over the femur and adjacent tibial levels. This is as a result of the menisectomy and shows early degeneration present. This is also borne out by the crepitation present at this space on flexion and extension.

In general, I found no evidence of chondromalacia existing in the patella. She does have changes which could be chondromalacia at the medial joint space secondary to the excision of the meniscus.

On the basis of this examination, it is my opinion that she does not have any chondromalacia of the patella. I do not anticipate her having to have any surgical procedure done to the patella. It is also my opinion that she will not require a MacQuet procedure. At this time, I find no evidence of any problem existing with her neck.

Very truly yours,



Ralph J. Kovach, M.D.

RJK/adm