

CLEVELAND ORTHOPAEDIC ASSOCIATES, INC
GARFIELD HEIGHTS MEDICAL CENTER
0700 GARFIELD BOULEVARD
CLEVELAND, OHIO 44125
TELEPHONE 441-3223

#619

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

June 12,. 1995

Mr. Jeffrey R. Sadlowski
1501 Euclid Ave.
Cleveland OH 44115

RE: Victor Smith
Your File No.: 1450-94493
Cuyahoga County Case No,: 263981

Dear Mr. Sadlowski:

I examined Mr. Victor Smith at your request. He was seen on June 12, 1995. This man is a 32-year-old male who stated he was injured on November 18, 1993. He was a man, who at that time, stated he weighed 480 pounds and stood 6'5" tall. On that date while standing on the side of a drainage ditch, a truck tire with its middle disk apparently rolled off of a truck traveling at a speed which this man estimated to be significant, struck him in the center of his body below his arm level. He stated that he stuck his elbow out and was hit below this area. He stated the force of this collision caused him to fall back 25 feet from where he was struck. He then landed onto his back when he fell backwards. He stated he did have some abrasions about the right elbow. He did not sustain any cuts. He said that he did have a lump on the back of his head. He states he thinks he was unconscious for three to four minutes.

He stated that an ambulance took him to Bedford Hospital Emergency Room where he was examined and x-rays were taken. He said that his right shoulder was probably dislocated and that his shoulder was manipulated and that his right upper extremity was placed into a sling. He was complaining of pain into his back and stated that this felt as if it were a burning sensation. The following day he had difficulty standing because he had more pain and he said that he was referred to Dr. Redus. He did see Dr. Redus who treated him and sent him for physical therapy treatments. Eventually, he was hospitalized for a period of time approximating 17 days and this was at St. Vincent's Hospital in Cleveland. He was hospitalized because he was having severe pain and he was not being helped by therapy treatments. A CT scan was stated to have shown a bulging disk.

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An MRI was unable to be taken because of the extreme bulk and therefore, he could not be accommodated for this study. While in the hospital, he did have consultations with orthopedic surgeons and apparently with a neurologist. He also said that he did have an epidural block which was successful after several failure. He did obtain a moderate amount of relief from the blocks.

Eventually, he had left hospital and said that he had lost bladder control because of pain, that he had fallen frequently because his legs were weak, especially on the right. At this time, he still takes Vicodin approximately ten times per month. He still sees Dr. Redus at least every two weeks. He is now a diabetic and is being treated by Dr. Redus. His present weight is stated to be 420 pounds. The diabetes was stated to have occurred approximately six months ago. He is not working.

He denies any prior problems with his back.

At this time he is not having any complaints about his upper extremities.

Examination revealed a pleasant 6'5", markedly overweight man. He did not appear to be in discomfort at the time that I examined him. He had normal stance and gait which is consistent with his marked obesity. Spinal curvatures could not be evaluated because of his gross bulk. Examination of his neck revealed a complete range of movement without any areas of pain or discomfort or any muscle spasm. Examination of his back revealed no areas of muscle spasm that could be palpated. He did complain of pain upon deep palpation over his lower back and over his sacral area. He had relatively good range of movement to his lower back. In the seated position, he was found to have normal upper and lower extremity reflexes bilaterally. At this time, I could detect no sensory changes in the upper or in the lower extremities and I could detect no motor weakness in the upper or in the lower extremities. Examination of his elbow was normal. Examination of his shoulder was negative. All straight leg raising signs, both when seated and when recumbent were negative. He did have some complaints of pain upon moving the great toe off on the right. There were some degenerative changes present at the metatarsal phalangeal joint of the great toe,

Review of the material which was submitted consisted of a letter of Dr. Redus, records of Trister Physical Therapy and review of hospitalization records of St. Vincent Charity Hospital.

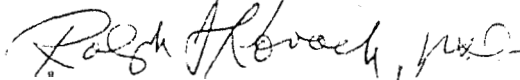
There is quotation on the CT scan showing bulging of a disk at the two lower levels on a CT scan as well as some relative spinal stenosis at L4-5. Report of Dr. Redus other than this, there is record that this man did have

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the epidural injection as noted above and that these were carried out with significant difficulty. There is no actual evaluation by a radiologist in the submitted material to indicate that there was actually a diagnosis of herniated disk or bulging disk,

My examination on this date, he shows no objective evidence of any ongoing disability. He certainly shows no evidence of a radiculitis at this time. In my opinion, prognosis should be considered good. At the time of this examination, he had not taken any pain medication and therefore, in my opinion, my physical findings are accurate,

Yours very truly,

A handwritten signature in cursive script, appearing to read "Ralph J. Kovach, M.D.", written in dark ink.

Ralph J. Kovach, M.D.

RJK/vr