

1 The State of Ohio, )  
2 ) SS:  
3 County of Cuyahoga. )  
4 IN THE COURT OF COMMON PLEAS  
5 LINELL PERRY, et al., )  
6 Plaintiffs, )  
7 - vs - ) Case No.  
8 JAMILLA JOHNSON, ) 250456  
9 Defendant. ) Judge Corrigan  
10 - - - 000 - - -  
11 Videotaped Deposition of RALPH S.  
12 KOVACH, M.D., a Witness herein called by  
13 the Defendant as if under direct  
14 examination under the statute, and taken  
15 before Mary Jo Baden, RPR, a Notary Public  
16 within and for the State of Ohio, pursuant  
17 to the further stipulations of counsel  
18 herein contained, on Wednesday, the 19th  
19 day of October, 1994, at 10:30 A.M., at  
20 the medical office of Ralph S. Kovach,  
21 M.D., 9700 Garfield Boulevard, City of  
22 Garfield Heights, County of Cuyahoga and  
23 the State of Ohio.  
24 - - - 000 - - -  
25

APPEARANCES:

On behalf of the Plaintiffs:

DAVID A. KULWICKI, ESQ.

On behalf of the Defendant:

Mazanec, Raskin & Ryder, by:

THOMAS S. MAZANEC, ESQ.

- - - 000 - - -

1 P R O C E E D I N G S

2 - - - 000 - - -

3 RALPH S. KOVACH, M.D., a  
4 Witness, being of lawful age,  
5 having been first duly sworn  
6 according to law, deposes and says  
7 as follows:

8 - - - 000 - - -

9 MR. MAZANEC: I'd like the  
10 record to reflect, we're here for  
11 the trial video deposition of Dr.  
12 Ralph Kovach being taken pursuant  
13 to notice. Would any defects be  
14 waived in that, Dave?

15 MR. KULWICKI: Yes.  
16 Waived.

17 MR. MAZANEC: Thank you.  
18 Would you also waive the filing  
19 requirement?

20 MR. KULWICKI: Sure.

21 MR. MAZANEC: Doctor  
22 Kovach, my name is Tom Mazanec. I  
23 represent Jamilla Johnson in this  
24 case.

25 At my request, I've asked you

1 to examine the Plaintiff, Linell  
2 Perry, and also look at some  
3 medical records involving Mr.  
4 Perry.

5 DIRECT EXAMINATION OF  
6 RALPH S. KOVACH, M.D.

7 BY MR. MAZANEC:

8 Q Let's start off by explaining to the  
9 folks on the jury your education,  
10 beginning with medical school, if you  
11 don't mind.

12 A I graduated from Loyola University  
13 School of Medicine, that's in Chicago  
14 Illinois; that was in 1953, with an M.D.  
15 degree. Following that, I interned at St.  
16 Luke's Hospital in Cleveland, 1953 to '54.  
17 I completed an orthopedic residency  
18 training program at St. Luke's in  
19 Cleveland, that was in 1954 to 1958. And,  
20 following that, I started practice in July  
21 of 1958, confining my practice to  
22 orthopedic surgery only.

23 Q Okay. Doctor, are you licensed to  
24 practice in the State of Ohio?

25 A Yes, I am.

1 Q When did you obtain your license?  
2 A The license was obtained in 1953,  
3 following the examination by the Ohio  
4 State Medical Board.  
5 Q Are you board certified in any  
6 specialty?  
7 A Yes.  
8 Q What are you board certified in,  
9 Doctor?  
10 A Orthopedic surgery.  
11 Q When did you obtain your board  
12 certification?  
13 A Certification was obtained in 1962.  
14 Q Okay. Are you currently a member of  
15 any medical societies?  
16 A Yes.  
17 Q What would those be, Doctor?  
18 A St. Alexis, St. Luke's, Marymount,  
19 Deaconess Hospital and Bedford Hospital.  
20 Q Are you involved in teaching medicine  
21 in any fashion?  
22 A Yes.  
23 Q Okay. Where would that be?  
24 A I teach in the orthopedic residency  
25 training program at St. Luke's in

1 Cleveland.

2 Q Okay. Now, Doctor, I want to  
3 initially go through with you some records  
4 that you have reviewed at my request.  
5 Let's start out, I'll try to get them to  
6 you quickly, if I can here, with  
7 Defendant's Exhibit A, that's been marked,  
8 That is a medical report; is it not,  
9 Doctor?

10 A Yes.

11 Q And that's -- this is a record for  
12 Mr. Perry; would that be correct?

13 A Yes.

14 Q What is date of the examination or  
15 report?

16 A The examination and date of the  
17 report are both November of 18th, 1982.

18 Q Okay. Now, in looking at that  
19 record, what were Mr. Perry's complaints  
20 back in 1982?

21 MR. KULWICKI: Objection.

22 A This record states that, "Claimant  
23 complained of a pain in his lower back  
24 most of the time. His right eye is  
25 watering and burning at times. He was

1 working at Crestmont Cadillac at the time  
2 of this accident as a mechanic and he was  
3 injured as he slipped and fell on a wet  
4 floor."

5 BY MR. MAZANEC:

6 *a* Okay. Now, Doctor, there's a section  
7 for the examination there and I just want  
8 to really discuss the back, is what we're  
9 interested in in this case. As the  
10 examination that was performed by the  
11 physician back in 1982, what was the  
12 restrictions of motion on this gentleman's  
13 back, if any?

14 MR. KULWICKI: Objection.

15 A The doctor records "a 30 to 35  
16 restriction of the motion range to all  
17 directions due to pain, mostly on flexion  
18 and extension. The straight leg raising  
19 tests were positive bilaterally at 60  
20 degrees. Reflexes, sensation, the station  
21 and gait were normal."

22 BY MR. MAZANEC:

23 Q Thank you. Doctor, handing you  
24 Defendant's Exhibit B, leave those over  
25 there and put them in a pile, if you don't

1 mind. Defendant's Exhibit B is a record  
2 from Brentwood Emergency Hospital, dated  
3 February 22nd, 1985.

4 A That's correct.

5 Q On that date, what are Mr. Perry's  
6 complaints and problems?

7 MR. KULWICKI: Objection.

8 A Low back and right hip pain.

9 BY MR. MAZANEC:

10 Q Okay. Now, this is a three-page  
11 document from Brentwood?

12 A Yes.

13 Q On page 2 of it, I just want to  
14 review so we have an accurate picture in  
15 1985 of what the low back pain was  
16 relating to. Is there any mention of what  
17 Mr. Perry stated were the problems?

18 A Yes. It's recorded here that "client  
19 states to have fallen in 1979 and has been  
20 having intermittent pain in lower back and  
21 right hip ever since."

22 MR. KULWICKI: Objection.

23 Move to strike.

24 BY MR. MAZANEC:

25 Q Now, let's go with Defendant's



1 Exhibit C, Doctor. Defendant's Exhibit C  
2 is another record from Brentwood for Mr.  
3 Perry dated May 10th of 1986.

4 A Yes, sir.

5 Q Looking at the history, what was the  
6 history that Mr. Perry provided to the  
7 medical staff at that time?

8 MR. KULWICKI: Objection.

9 A This is a description of an accident,  
10 an illness, and states that there is a  
11 motor vehicle accident involving the neck  
12 and lower back; says cervical lumbar  
13 strain was, SEC, myositis and it says, was  
14 rear-ended in a motor vehicle accident  
15 with neck and lower back discomfort.

16 BY MR. MAZANEC:

17 Q Okay. This is also a three-page  
18 record. On page 2 of this record, Doctor,  
19 from May of 1986, there is an x-ray report  
20 which is page 2.

21 What did the x-ray report show  
22 with regard to this gentleman's lumbar  
23 spine?

24 A The report states that there's facet  
25 arthritis, that's lower back lumbar spine

1 facet arthritis with minimal lipping, with  
2 no loss of axial height; pedicles and  
3 processes are intact and impression is no  
4 fracture and there is degenerative joint  
5 disease.

6 Q Just briefly, what is degenerative  
7 joint disease?

8 A Things that the impression of the  
9 examiner of the x-rays of his lower back  
10 felt that there were changes on those  
11 x-rays which were not normal. It was his  
12 impression that there were changes in the  
13 facet joints. And in order to have some  
14 idea of what a facet joint is, this is a  
15 model of a spine of the lower back.  
16 There's three segments here.

17 You see this one in front is  
18 called the body and in back we call these  
19 the posterior elements. And these bodies  
20 are separated by this little  
21 representation which would be a spongy  
22 material called the intervertebral disk.  
23 Back in here, we have what we call the  
24 facet joints because these are where we  
25 have movement.

1                   So if I pull that apart and see  
2   that there's areas that articulate from  
3   above with the one below. And that is  
4   what gives you that little bending  
5   movement, makes them get flexible;  
6   otherwise it would be rigid and not bend.  
7   And that's a joint and that's called the  
8   facet joint or the epaxial joint; those  
9   are the names that are used for that.

10                   The description of the  
11   radiologist who read those x-rays taken on  
12   that date said that these joints back in  
13   here, the facet joint, show changes that  
14   were arthritic and it was his impression  
15   that this was what was showing as  
16   degenerative disease of these particular  
17   joints.

18   Q       Okay.

19   A       It was not talking about the disk  
20   spaces in front, but these joints in the  
21   back.

22   Q       Okay. Thank you, Doctor. Let's move  
23   along.

24                   We have another exhibit,  
25   Defendant's Exhibit D, which now we're up

1 to the end of 1986. This is a record from  
2 Brentwood Hospital, again dated December  
3 26, 1986. Once again, what is Mr. Perry  
4 at the hospital for?

5 MR. KULWICKI: Objection.

6 A He's there because of low back pain  
7 on an old industrial injury.

8 BY MR. MAZANEC:

9 Q Okay. Now, on page 2 of this record,  
10 again, there's a discussion of this  
11 person's lumbar spine. Would you relate  
12 to the folks on the jury what the findings  
13 on the x-ray report were with regard to  
14 this gentleman's lower back and spine?

15 A This is in December of 1986; the  
16 record before that was in May of '86, so  
17 it's approximately seven months later and  
18 repeated an x-ray on the lower back. It  
19 says, "Vertebrae and interspaces appear  
20 maintained as do pedicles and processes  
21 with no apparent pars defect. Facet  
22 arthritis is developing," and again the  
23 impression was early degenerative joint  
24 disease.

25 Q Okay. Thank *you*, Doctor.

1                   The next document is Exhibit E.  
2   The examination date on this medical  
3   report is November 23rd of **1987**; we've  
4   advanced another year now.

5   A       Yes.

6   Q       Briefly looking at the examination  
7   that was performed on this gentleman's  
8   lower back, limiting to the lower back,  
9   what, if any, restrictions in motion did  
10  Mr. Perry have at this time?

11                   MR. KULWICKI:    Objection.

12  A       The doctor stated that there was a  
13  "35 to 40 percent reduced motion range due  
14  to pain on the chronic post-traumatic  
15  myofascitis.  The straight leg raising  
16  tests were positive bilaterally at 55  
17  degrees."

18  BY MR. MAZANEC:

19  Q       Thank you, Doctor.  Defendant's  
20  Exhibit F, another record from Brentwood,  
21  we're now up to **1988**, August of **1988**.  
22  Looking at -- it's another three-page  
23  document.

24                   Looking at page 2 -- it's  
25  another three-page document; looking at

1 first of all this man, what happened to  
2 this man in August of 1988?

3 MR. KULWICKI: Objection.

4 Go ahead.

5 A It says patient arrived at ER by  
6 self. States while lifting a garbage bag  
7 filled with dirt, he felt something tear  
8 loose at the right groin.

9 BY MR. MAZANEC:

10 Q Okay. When a patient has lower back  
11 problems, lower back pain, as a physician,  
12 is lifting any -- heavy objects, is that  
13 any kind of a problem for a person with  
14 that kind of --

15 A If you have ongoing pain in your  
16 lower back, lifting will likely aggravate  
17 your complaints of ongoing pain.

18 Q Okay. Thanks.

19 Exhibit F -- I think we're at  
20 Exhibit G. I think I had it wrong. I  
21 missed one.

22 Exhibit G, Doctor, once again we  
23 have a medical report, refers to an  
24 examination of December 22nd, 1990,  
25 approximately four months before the motor

1 vehicle collision involving my client,  
2 Jamilla. And I want you to go through on  
3 December 22nd, 1990, for the benefit of  
4 the folks on the jury what Mr. Perry's  
5 complaints concerning his lower back were,  
6 if any.

7 MR. KULWICKI: Objection.

8 A The examination as reported on this  
9 document states that Mr. Perry was  
10 examined on December 22, 1990; that he was  
11 injured on November 9th, 1997; said that  
12 he slipped and fell on a wet floor,  
13 injuring his head, his right arm and lower  
14 back, and it also states that since then,  
15 he has continued to complain of problems.  
16 He states that his condition has worsened,  
17 not improved as regards -- the other  
18 complaint is that he's unable to lift  
19 anything heavy.

20 He complains of his right hand  
21 swelling, his lower back is a constant  
22 source of pain. Weather changes tend to  
23 aggravate the condition. Pains from the  
24 back radiate down the right leg to the  
25 foot. His right leg tends to cramp,

1 numbness affects the right leg and foot;  
2 states that he cannot bend completely  
3 forward and is unable to lift heavy  
4 objects. The back hurts when he goes up  
5 and down steps, twists or turns.

6 He uses a heating pad and takes  
7 Tylenol for the pain. In the morning, the  
8 back is particularly stiff and sore. He  
9 states that he must roll out of bed.

10 Then --

11 BY MR. MAZANEC:

12 Q Okay. Doctor, on the examination,  
13 once again for the benefit of the folks on  
14 the jury, what, if any, limitation and  
15 ranges of motion did Mr. Perry have at  
16 this period of time in his back?

17 MR. KULWICKI: Objection.

18 A This doctor recorded that forward  
19 flexion, that means bending over, is  
20 restricted to 30 degrees with pain;  
21 lateral flexion and rotation are very  
22 painful and restricted to 15 degrees.

23 Leg raising on the right is  
24 performed to 30 degrees, with pain in the  
25 back and leg, and to 50 degrees on the



1 left, with pain in the back. So there is  
2 a sensory deficit that meant that he  
3 didn't have good sensation over the outer  
4 side of the right thigh, and complained of  
5 increased lumbar pain when standing on his  
6 heels and toes and squatting is restricted  
7 and painful, particularly when standing  
8 up.

9 He had difficulty crossing his  
10 right knee over the left knee. He had  
11 lower lateral pain, that means pain in the  
12 lower back.

13 BY MR. MAZANEC:

14 Q Thank you, Doctor. Then, of course,  
15 after that in time, now we come to the  
16 automobile accident involving Jamilla in  
17 April of 1991 and I'm going to get back to  
18 that in just a second. But I want to  
19 finish with the records.

20 And the next record I have is  
21 Exhibit H, which is another medical  
22 record. The examination was March 9th of  
23 of 1992 now.

24 A Yes.

25 MR. KULWICKI: Objection.

1 BY MR. MAZANEC:

2 *a* Would you relate Mr. Perry's physical  
3 problems and complaints at that time?

4 MR. KULWICKI: Objection.

5 A Complaints on this examination were  
6 that he was injured while working as a  
7 mechanic for the city of Warrensville  
8 Heights; that the date of the injury was  
9 July 20th of 1983; the date of this  
10 particular examination was March 9th,  
11 1992. He said that he was originally  
12 injured when he fell on a slippery floor  
13 and he claimed that there was a fracture  
14 of the radial head on the right. That  
15 meant that the -- the radius is the long  
16 bone in your arm. You have two bones in  
17 the forearm, one toward the thumb side is  
18 called the radius, and that goes up to the  
19 elbow and the upper end is called the  
20 radial head and that is where he was  
21 supposed to have had a broken bone at that  
22 level.

23 And also states that the  
24 claimant denies any prior history of  
25 injury to the elbow and reports no acute

1 reinjury in the time between July 20th,  
2 1983 to the date of the examination of  
3 March 9th, 1992.

4 Q Thank you, Doctor. The final exhibit  
5 is Defendant's Exhibit I. This is dated  
6 July of 1993. It's a radiology report.

7 A Yes.

8 Q Once again, there's another x-ray of  
9 the lumbar spine and, for the benefit of  
10 the folks on the jury and myself, what  
11 were the findings concerning this  
12 gentleman's lumbar spine?

13 MR. KULWICKI: Objection.

14 A This is an x-ray report of the lower  
15 back, says, "Lumbar spine with obliques,"  
16 that means taking the x-rays in four  
17 different positions; both in the front,  
18 from the side and then halfway turning to  
19 one side, halfway turning to the other  
20 side. And the finding was that the  
21 indications for the x-rays was back pain;  
22 the findings were stated that facet  
23 arthritis is occurring.

24 BY MR. MAZANEC:

25 Q Okay. Now, Doctor, I want to go

1 through, then, your examination in  
2 February of this year, 1994 --

3 A Yes, sir.

4 Q -- of Mr. Perry. At my request, as  
5 we indicated, you examined Mr. Perry?

6 A Yes.

7 Q Can you tell the folks on the jury  
8 the history that you received from Mr.  
9 Perry regarding what had happened?

10 A Mr. Perry told me that he was injured  
11 in an automobile accident; that the  
12 accident was on April 30th of 1991. I was  
13 examining him in February of 1994, so that  
14 was almost three years prior to the time  
15 that I had examined him that I was talking  
16 to him.

17 And he said that he was working  
18 on a road and, while traffic was stopped,  
19 an automobile struck him in the area about  
20 his left hip. He said that someone  
21 shouted to him and, therefore, he turned  
22 around and he was facing this automobile  
23 when he was hit by this car, and that the  
24 force of this collision caused him to be  
25 knocked down to the ground.

1           He said that he was able to get  
2 up from that position. He then went to a  
3 hospital where he was examined; had x-rays  
4 taken and he was released. He said that  
5 no fractures; in other words, no broken  
6 bones, were found on the x-ray  
7 examination.

8           He said that he was complaining  
9 of pain in his left side and his lower  
10 back area and his left wrist at that time.

11           He also told me that the  
12 following day he was called back to take  
13 more x-rays because a small metallic  
14 foreign body was found on the x-rays, and  
15 so he was re-x-rayed and no fractures were  
16 found.

17 Q       Now, Doctor, continuing with the  
18 history, tell us what Mr. Perry related to  
19 you about seeing physicians for these  
20 problems.

21 A       Subsequent to that, the only thing  
22 that happened next was that he was in  
23 Birmingham, Alabama, and he had problems  
24 there so he went to an emergency room  
25 while he was there.

1                   Then, when he came back to  
2   Cleveland, he then went to a physician for  
3   examination and treatment and that he had  
4   had various pain medication prescribed;  
5   that he had a lot of physical therapy  
6   treatments given him and that he was  
7   unable to work for about five months after  
8   that. And after he had returned to work,  
9   he said he had worked on an intermittent  
10   basis; in other words, it wasn't steady.  
11   He said that sometimes he was unable to  
12   work because he was having increased pain  
13   and so as a result of these problems, that  
14   he hadn't been working since July 15th of  
15   1993.

16                  And also he said that he had  
17   changed physicians and was going to a  
18   different doctor and that he had more  
19   physical therapy treatments prescribed and  
20   was taking more medications, but he said  
21   he wasn't improving. He said that he was  
22   using a cane because he said that his left  
23   leg would frequently give way; in other  
24   words, would be weak and it would suddenly  
25   bend at the knee beneath him and that he

1     could fall because of that sensation.

2                   He again was complaining of pain  
3     in his left wrist and his left hip area  
4     and his left lower back area.

5     Q       Now, Doctor, in addition to the  
6     history of this particular accident, did  
7     Mr. Perry discuss with you any prior  
8     problems with his lower back?

9     A       Well, I asked him if he had any prior  
10    problems with his back and, at first, he  
11    denied having had any prior injuries or  
12    problems to me. But then, he said yeah,  
13    he did recall having a low back injury for  
14    which he was given a permanent partial  
15    disability evaluation rating by the Bureau  
16    of Workers' Compensation because he had  
17    had a work-related injury as a result of a  
18    fall in 1979.

19                   MR. KULWICKI:     Objection.  
20                   Move to strike reference to the  
21                   permanent partial disability  
22                   award.

23    BY MR. MAZANEC:

24    **a**       Was there any discussion with Mr.  
25    Perry -- did he tell you whether or not he

1 had ever recovered from that '79 problem?  
2 A I don't have it written down here,  
3 but that at first -- the way I recorded  
4 it, was that at first he couldn't recall  
5 ever having any problems or any injuries  
6 before. Because, at first, as I say that  
7 he actually denied that he ever had any  
8 injury to his lower back. And I said:  
9 Well, gee, I have some information in here  
10 that you had some problems. He said: Oh,  
11 yes. I had this thing. So --  
12 Q Now, Doctor, you performed an  
13 examination of --  
14 A Yes.  
15 Q .. Mr. Perry?  
16 A Yes.  
17 Q Tell the folks on the jury what the  
18 result of your examination showed.  
19 A The examination showed that we were  
20 dealing with a well-developed,  
21 well-nourished, short black man. He  
22 didn't appear to be in any distress. In  
23 other words, it was my impression that he  
24 was not having any pain or discomfort at  
25 the time that I examined him.



1                   He looked like he was what he  
2   told me, 62 years of age. He didn't  
3   appear to be younger or older.

4                   He had a normal posture and he  
5   said that he couldn't get **up** on to his  
6   toes or on to his heels but straight  
7   walking, he had normal posture; no  
8   deviation of spine and no muscle spasm  
9   anywhere when he was standing.

10                  Then I had him sit on the  
11   examining table with his legs hanging over  
12   the edge, such as I'm sitting in a chair,  
13   and I watched him and he was able to get  
14   onto this table without any difficulty.  
15   And he appeared to be quite comfortable  
16   when I had him in that position.

17                  Then, I checked his reflexes and  
18   I checked him in his arms and his legs and  
19   reflexes were normal. They were the same  
20   on both sides; no difference. None were  
21   absent that should have been there and  
22   abnormal reflexes were not present.

23                  And I checked him to see his  
24   ability to feel, touch, and there was no  
25   loss of sensation anywhere in his arms or

1 in his legs. And then I checked the  
2 muscle power in his arms and his legs and  
3 his feet. And in this position, he didn't  
4 seem to have any weakness anywhere. There  
5 was no difference from one side to the  
6 other.

7 And, while he was seated, I did  
8 the straight leg raising test. That is,  
9 when he was seated, I straightened his  
10 knee out completely so that his hip was  
11 flexed 90 degrees and then straightened  
12 the knee out. That was not uncomfortable  
13 or painful to him.

14 Then while I had his knee  
15 stretched out, I pulled on the sciatic  
16 nerve in the back of the knee; we call it  
17 a popliteal stretch test or Bolstring's  
18 test, and that was normal on either side;  
19 that did not produce any discomfort.

20 Then I examined him when he was  
21 lying on his back and in this position, I  
22 tried to bend his hip and knee at the same  
23 time; in other words, hold by the back of  
24 the knee and by the foot and you bend your  
25 hip and your knee at the same time in

1 order to do a straight leg raising test or  
2 the Lasegue test, as it's known. And he  
3 resisted that because he said that putting  
4 his knee and hip into that position was  
5 producing severe pain in his lower back  
6 and also in the front of his left thigh.

7           While he was lying down,  
8 therefore, I couldn't do the straight leg  
9 raising test because he said it was so  
10 painful. When I did the test on the right  
11 side, that was normal. I could bend his  
12 hip and knee and straighten the leg out,  
13 and that was not producing any pain.

14           Then, I examined him when he was  
15 lying on his abdomen with his head turned  
16 to either side and I felt the entire back  
17 from his buttocks up to the top of the  
18 shoulders and into the neck and I didn't  
19 find any muscle spasm on that day. As I  
20 also mentioned, I didn't find any muscle  
21 spasm when he was standing when I felt  
22 this area.

23           I also did what we call a skin  
24 rolling test. I pick up the skin between  
25 my fingers, then gently roll it in that

1 manner without squeezing. That's to see  
2 if there's any underlying problem between  
3 the skin and the fascia, which is the  
4 covering of the muscle deep down his side.

5 That was supple, it was easy to  
6 pick up. It was not producing any pain.  
7 But that didn't present any pain, but  
8 then, when I touched his lower back  
9 without really pressing, just touching the  
10 skin, he stated that was producing painful  
11 discomfort to him, and that was without  
12 pressing down on the muscles; that was  
13 just touching the skin.

14 Also when he was lying down in  
15 this position, lying down on his abdomen,  
16 I bent the knee upwards so you flex the  
17 knee and I moved the big toe up and down.  
18 When I did that on the right side, there  
19 was no problem. When I did it on his left  
20 leg, he said that this was producing pain  
21 and that when I moved the big toe up and  
22 down, I was producing pain in the back of  
23 his thigh on the left and in his left  
24 lower back.

25 And then I observed that he was

1 able to turn onto his back from that  
2 position, then sit up and he was able to  
3 sit completely up with his knees  
4 completely straight, his hips flexed 90  
5 degrees. Then he moved his legs off the  
6 table and he did that without any  
7 difficulty.

8 That was the physical  
9 examination. Then I reviewed other  
10 material with -- which was submitted to  
11 me.

12 Also while I had him on his  
13 back, I measured the circumference of his  
14 thighs and there was no difference from  
15 one side or the other.

16 Q Now, Doctor, based on your review of  
17 the medical records, this man's medical  
18 history, going back to '82, the '82  
19 report, up to your: medical examination,  
20 can you state with reasonable medical  
21 certainty that any of the problems that  
22 Mr. Perry continues to have to this day  
23 would be related solely to the automobile  
24 collision?

25 MR. KULWICKI: Objection.

1 A Wt-s my opinion that he has so  
2 problems related to the automobil<sup>e</sup>,  
3 collision at all.  
4 BY MR. MAZANEC:  
5 Q Okay Now, Doctor, I want to hand  
6 you the records of Dr Kaufman just to  
7 look at W-r not going to use them as  
8 an exhibit but just to take a look at it.  
9 A Yes, sir.  
10 Q Just take a second and go through  
11 those records. I want to ask you if, in  
12 those records, you find any mention of Mr.  
13 Perry mentioning to Dr. Kaufman about that  
14 1979 lower back injury  
15 MR KULWICKI: Objection.  
16 A No, there's no indication of any  
17 mention at all  
18 MR. MAZANEC: Thank you.  
19 Doctor I have nothing further  
20 MR. KULWICKI: Doctor, I'm  
21 Dave Kulwicki. I represent Mr.  
22 Perry. I have a few questions for  
23 you.  
24 CROSS-EXAMINATION OF RALPH S. KOWACK, M.D.  
25 BY MR. KULWICKI:

1 Q First of all, I just want to be clear  
2 about your opinion in this case. Is it  
3 your opinion that Mr. Perry does not  
4 currently have any orthopedic medical  
5 condition or is it your opinion that he  
6 does currently have an orthopedic medical  
7 condition but that it's not related to the  
8 accident of April 30, 1991?

9 A The opinion is that the accident of  
10 1991 has not injured him to the point that  
11 he has any complaints. The evidence  
12 indicates that he has preexisting  
13 arthritis for which he was being treated;  
14 any flare-up that he may have is on that  
15 basis and not on the basis of the accident  
16 where he was knocked down.

17 Q Okay. Doctor, would you agree that  
18 an arthritic condition can be aggravated  
19 by trauma?

20 A Yes.

21 Q Okay. And certainly, you don't  
22 disagree that Mr. Perry suffered a trauma;  
23 that is, being struck by a car on April  
24 30, 1991?

25 A No, by history, was that he was

1 struck by a car. How severe; that is not  
2 recorded, but -- I don't know how fast  
3 other than the fact that he was bumped and  
4 he fell.

5 Q Okay. Doctor, so that there's no  
6 question in the jury's mind, I'd like to  
7 focus on the role of the various doctors  
8 in this litigation.

9 You did not see Mr. Perry for  
10 medical care; is that correct?

11 A That's correct.

12 Q And you saw him on one occasion, on  
13 February 7, 1994; right?

14 A Yes, sir.

15 Q And that was for litigation purposes  
16 only?

17 A It was an independent medical  
18 examination. I didn't -- I had -- I'm not  
19 litigating anything.

20 Q Okay. Well, you did it for the  
21 defense attorneys; you didn't do it  
22 independently. It wasn't a court --

23 A No, he didn't come to me for  
24 treatment.

25 You did it at the request of the

o



1 defense attorney?

2 A Yes.

3 Q Okay. The examination had nothing to  
4 do with treatment?

5 A No.

6 Q All right. And this is not the first  
7 time that you've performed these  
8 medical-legal examinations; is it, Doctor?

9 A No, it is not.

10 Q You've been involved in  
11 litigation-type exams for eight or nine  
12 years; is that true?

13 A Or perhaps even longer.

14 Q Okay.

15 A I've always done examinations ever  
16 since I started practicing.

17 Q Okay. Can you tell the jury roughly  
18 how many of these exams you do for defense  
19 attorneys only on a weekly basis?

20 A Between four to six.

21 Q Okay. What do you charge for one of  
22 those examinations, Doctor?

23 A I charge for the examination, report  
24 and review of the material which is  
25 submitted and writing the report, I charge

1 \$450.

2 Q Okay. Have you reviewed the medical  
3 reports of Dr. Kaufman and Dr. Corn?

4 A I've read these reports, yes.

5 Q Okay. In those reports, Drs. Kaufman  
6 and Corn were both board certified  
7 orthopedic surgeons; correct?

8 A They don't state that in their  
9 reports.

10 Q But, they're board certified  
11 orthopedic surgeons?

12 A Right.

13 Q Do you know either of them?

14 A Yes.

15 Q Do you know them both to be  
16 orthopedic surgeons?

17 A Yes.

18 Q All right. Is it the case that both  
19 of these doctors state in their reports  
20 that Mr. Perry, in fact, suffered some  
21 injury on April 30, 1991, when he was  
22 struck by the car?

23 A They both state that there was an  
24 accident on that date.

25 Q You disagree with the opinion that he

1 suffered any injury on that date as a  
2 result of being hit by a car?  
3 A No, I don't disagree that he had an  
4 injury on that date.  
5 Q Okay. Doctor, isn't it the case that  
6 doctors can look at the same patient and  
7 arrive at different opinions?  
8 A Yes.  
9 Q And that happens with you and other  
10 doctors; does it not?  
11 A Yes, and that's frequently based on  
12 the history that the individual relates.  
13 Q Okay. Let's talk about Mr. Perry's  
14 examinations in this case.  
15 In the emergency room, isn't it  
16 true that Mr. Perry complained of pain to  
17 his low back and left hip area?  
18 A I believe also his arm.  
19 Q We're looking at --  
20 A No --  
21 Q I'm sorry. Let's tell the jury what  
22 we're looking at, Doctor.  
23 A Okay. We're going back to the  
24 Brentwood Hospital Emergency Services --  
25 Q On April 30, 1991? The date of the

1 accident.

2 A On April 30, 1991.

3 The question was: Did he  
4 complain of pain in his back. From what I  
5 see here, no, he did not complain of any  
6 pain in his back whatsoever.

7 Q You're right.

8 A The complaint was only in his thigh.

9 Q Left thigh and left hip; correct?

10 A Yes, sir.

11 Q Okay. Then, when he went and saw Dr.  
12 Kaufman, Mr. Perry continued to complain  
13 of the left hip pain; is that true?

14 A Let me find his report. I'm sure he  
15 did.

16 Yes, he was complaining about a  
17 pain in the left hip area.

18 Q Okay. And from the date of this  
19 report, we see that Dr. Kaufman treated  
20 Mr. Perry from May 17 of 1991, about a  
21 little less than a month after the date of  
22 the accident, through at least March 28 of  
23 '92, which is the date of this report; is  
24 that accurate?

25 A Yes, sir.

1 | Q       Okay.   And then Mr. Perry went to Dr.  
2 |   Corn?  
3 |   A       Yes.  
4 |   Q       And he saw Dr. Corn in March of '93  
5 |   and is treating with him through the  
6 |   present?  
7 |   A       Yes, approximately one year after he  
8 |   left the other doctor, he went to another  
9 |   doctor.  
10 |   Q       Okay.  
11 |   A       Well, if these are the dates that --  
12 |   Q       Right.   I understand we have to check  
13 |   that.   But, there Mr. Perry continued to  
14 |   complain of left thigh pain, is that true,  
15 |   throughout his treatment with Dr. Corn?  
16 |   A       Yes.  
17 |   Q       Okay.   Doctor, you noted in your  
18 |   report that I have here dated February 7  
19 |   of '94 that Mr. Perry did not appear in --  
20 |   did not appear to be in distress, that's  
21 |   on page 2 of your report, the second full  
22 |   paragraph, first sentence?  
23 |   A       Yes, sir.  
24 |   Q       Okay.   Isn't it the case that he came  
25 |   in with a cane; he was using a cane?

1     A       He had a cane but he didn't appear to  
2     be in distress.

3     Q       Okay.  Isn't it the fact that, as you  
4     testified earlier, that there were a  
5     couple of orthopedic exams that you wanted  
6     to perform but had difficulty doing  
7     because he complained of pain or  
8     complained of being in distress?

9     A       Yes.

10    Q       Okay.  Doctor, the difference between  
11    subjective complaints and objective  
12    complaints boils down to what you can  
13    actually feel or see; is that fair to say?

14    A       Yeah.  It's complaints and findings  
15    -- objective findings, subjective  
16    complaints.

17    Q       In your opinion, indicating that my  
18    client was not injured in this case is  
19    based on the fact that you personally  
20    didn't find any objective findings that  
21    would lead you to believe that an injury  
22    existed; is that true?

23                   MR. MAZANEC:    Objection.  
24                   Move to strike.  He didn't say  
25                   that Mr. Perry was not injured in

1 the accident. That was not his  
2 testimony, go ahead.

3 MR. KULWICKI: Okay.

4 Doctor, let me rephrase to be  
5 fair.

6 BY MR. KULWICKI:

7 Q Your opinion today that Mr. Perry  
8 wasn't suffering any significant  
9 orthopedic conditions, as a result of the  
10 April 30, '91 accident, was based in part  
11 on the fact that you didn't find any  
12 objective finding; is that fair to say?

13 A Oh, yes.

14 Q And isn't pain -- pain is a  
15 subjective finding; right?

16 A Yes.

17 Q Okay. Pain is a symptom of injury;  
18 isn't that true?

19 A It can be.

20 Q And people with injuries typically  
21 complain of pain; isn't that the case?

22 A Yes.

23 **a** Okay. And if a person is suffering  
24 from symptoms of pain, you would not be  
25 able to predict with any certainty when

1     that pain would resolve?

2     A       In this instance, I think I would.

3     Q       Okay.  Let's see, pain by definition

4     is subjective; isn't that true?

5     A       Yes.

6     Q       All right.  And that means that you

7     can't feel, measure or touch a person's

8     pain; correct?

9     A       Yes, but I can check to see if he's

10    truthful with me when I do certain

11    maneuvers.

12   Q       Okay --

13   A       And I did that in this case.

14   Q       That's fine.  Even though, you can't

15   feel a person's pain, he nevertheless can

16   have that pain; isn't that fair to say?

17   A       Oh certainly.  Because you can't see

18   pain, but certain things that I do can

19   bring about responses that should not

20   bring about certain complaints.

21   Q       Now, the degenerative -- degenerative

22   arthritic condition, that is an objective

23   finding; isn't that true?

24   A       Yes.

25   Q       You don't doubt for a minute that Mr.



1 Perry had degenerative arthritis or  
2 degenerative joint disease in his back  
3 prior to this accident?  
4 A No. It's well documented that he had  
5 that for many years prior to the accident.  
6 Q As we said earlier, you would agree  
7 with the fact that a trauma to a  
8 preexisting condition can aggravate it or  
9 cause it to become symptomatic?  
10 A Yeah, that's possible.  
11 Q All right. Now, in this case, Dr.  
12 Corn has testified that he got a positive  
13 leg -- straight leg raising test.  
14 A Yes.  
15 Q That would be an objective finding?  
16 A Depends on how you do it. In my  
17 examination, Mr. Perry, as I testified,  
18 but I did not mention the discrepancies,  
19 was that I did the same test when he was  
20 seated and when he was lying down.  
21 When I did this test when he was  
22 seated, there was no complaint whatsoever.  
23 He should have had the same complaint when  
24 the test was performed the two ways that I  
25 did; both when he was lying down on his

1 back and when he was seated. It should  
2 have been consistent, and it wasn't. When  
3 he was seated, he had absolutely no  
4 problems whatsoever, and this is what I  
5 said.

6 The discrepancy is that when he  
7 was lying on his back, I couldn't do it  
8 because all of a sudden it became very,  
9 very painful, yet he was able to sit  
10 perfectly comfortably in the position that  
11 I checked him.

12 MR. KULWICKI: Objection;  
13 move to strike, nonresponsive.

14 BY MR. KULWICKI:

15 Q Doctor, my question was: Isn't the  
16 straight leg raising test a test that is  
17 designed to show objective signs of  
18 injury?

19 A The only thing --

20 Q Yes or no; I don't know. Is that an  
21 objective or subjective test?

22 A You cannot answer that with a  
23 straight yes or no because it's confusing.

24 Q That's fine, that's all I wanted to  
25 know.

1 | A       Okay.

2 | Q       Mr. Perry complained of pain to you;  
3 | did he not?

4 | A       Yes.

5 | Q       And, in fact, a person can have a  
6 | legitimate medical basis for subjective  
7 | complaints of pain without any objective  
8 | findings to support that subjective  
9 | complaint; isn't that true?

10 | A       Yes, that's possible.

11 |                       MR. KULWICKI:     That's all  
12 |                       I have.   Thanks, Doctor.

13 |                       MR. MAZANEC:     Nothing  
14 |                       further.   Thank you, Doctor.

15 |                       - - - 000 - - -

16 |                       (Deposition concluded at 11:30 a.m.)

17 |                       - - - 000 - - -

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1 CERTIFICATE

2  
3 The State of Ohio, )  
4 ) SS:  
5 County of Cuyahoga. )  
6

7 I, Mary Jo Baden, Registered  
8 Professional Reporter, a Notary Public  
9 within and for the State of Ohio, duly  
10 commissioned and qualified, do hereby  
11 certify that the within-named witness,  
12 RALPH S. KOVACH, M.D., was by me first  
13 duly sworn to testify to the truth, the  
14 whole truth and nothing but the truth in  
15 the cause aforesaid; that the testimony  
16 then given by the above-referenced witness  
17 was by me reduced to stenotype in the  
18 presence of said witness; afterwards  
19 transcribed, and that the foregoing is a  
20 true and correct transcription of the  
21 testimony so given by the above-referenced  
22 witness.

23 I do further certify that this  
24 deposition was taken at the time and place  
25 in the foregoing caption specified and was

1 completed without adjournment.

2 I do further certify that I am not a  
3 relative, counsel or attorney for either  
4 party or otherwise interested in the event  
5 of this action.

6  
7 IN WITNESS WHEREOF, I have hereunto  
8 set my hand and affixed my seal of office  
9 in Cleveland, Ohio, this 19th day of  
10 October A.D., 1994.

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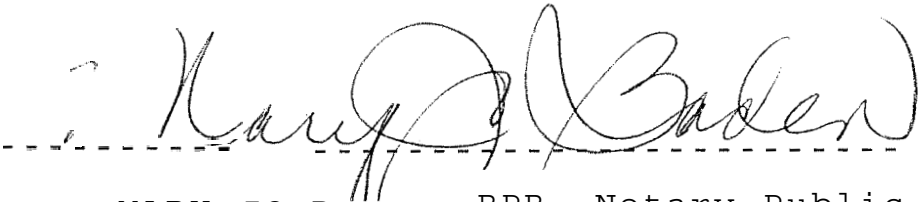
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MARY JO B RPR, Notary Public  
Within and for the State of Ohio  
My commission expires 5/23/99

THE INDUSTRIAL COMMISSION OF OHIO  
COLUMBUS, OHIO 43215



No 79-51729  
79-51728

Case of Linell Perry  
Warrensville Hts., Ohio  
Crestmont Cadillac  
Employer

MEDICAL REPORT

OFFICE

CHIEF MEDICAL ADVISOR

Date of this Report: 11-18-82

Date of Examination: 11-18-82

REPRESENTED BY: Robert Ruggeri.

AGE OF CLAIMANT: 50, working.

DATE OF INJURY: 1. 11-9-79.  
2. 2-7-79.

NATURE OF INJURY: 1. Back, right arm, head, Date  
2. Right eye.

COPY TO:

Claimant  
Employer  
Other  
MEDICAL ACTION - CLERK.  
by 11-26-82

COMPLAINT: Claimant complained of a pain in his lower back most of the time. Sitting, standing, bending over and lifting objects cause pain. He has pain in his right elbow on bending or extending it. His grip is weak. He has headaches. His right eye is watering and burning at times. He was working at Crestmont Cadillac at the time of this accident as a mechanic and he was injured as he slipped and fell on a wet floor. His right eye was injured as he was drilling a hole in a car.

EXAMINATION: Revealed his cranial nerves to be normal. The Romberg sign was stable. He had no intracranial pathology. He had a tenderness on the occipital area. The right eye was normal in appearance. He had no significant redness or any opacity on the cornea. The deeper parts were normal. He had a slight flattening of his lumbar lordosis. There was a 30-35% restriction of the motion range to all directions due to pain, mostly on flexion and extension. The straight leg raising tests were positive bilaterally at 60 degrees. Reflexes, sensation, the station and gait were normal. He had a chronic posttraumatic myofascitis of his lumbar muscles. His right elbow showed a spur on the olecranon. He had a tenderness on the lateral epicondyle area. The motion range and strength were normal.

OPINION: His permanent partial impairment is low degree, approximately 25% under paragraph B on 79-51729. There was no remaining disability on 79-51728.

CC: Claimant  
Med 42 Robert Ruggeri  
Employer

By

F. M. Freimann, MD -dc-

DEFENDANT'S  
EXHIBIT

# BRENTWOOD HOSPITAL EMERGENCY SUMMARY SHEET

PATIENT'S NAME		BIRTH DATE	SEX-AGE	R	SOCIAL SECURITY NO.	BR. IN BY	MEDICAL HISTORY I.D.
PERRY LINELL		06/17/32	M 52Y	R	249-46-2468	DAUGHTER	0000016412
PATIENT'S ADDRESS		ADMISSION	INCIDENT	PREVIOUS ADMISSION MATCH NAME			
20111 RIDGEWOOD		DATE	TIME	DATE	TIME	NAME (IF DIFFERENT)	MONTH YR THRU
CUY		2/22/85	1906	2/22/85	0600	PERRY LINELL	11/84 3
WARR HTS OHIO		ATTENDING PHYSICIAN					
44122 TEL: 561 5733		R/C PHYSICIAN					
PATIENT'S EMPLOYER		STANLEY J					
CITY OF WARKENSVILLE HTS		09132					
		09999					
		EMERGENCY CONTACT					
		PERRY ELIZABETH					
RESPONSIBLE PARTY'S INFO.		REL: WIFE TEL: 561 5733					
PERRY LINELL		RELIGION					
20111 RIDGEWOOD		REGISTERED BY					
WARR HTS OHIO		PROT					
44122 TEL: 561 5733		RIS					
RESPONSIBLE PARTY'S EMPLOYER		INSURANCE COMPANY					
CITY OF WARR HTS		POLICY HOLDER					
18909 MILES 44128		POLICY NUMBER					
249462468		EFFECTIVE DATE					
		EXPIRATION DATE					
		GROUP					
		EXHAUST DATE					
		PAT TYPE 4					
		FIN. CLASS: U2					
		BILLING NUMBER: 25503095					

BRENTWOOD HOSPITAL  
WARRENSVILLE HEIGHTS, OHIO 44122

DESCRIPTION OF ACCIDENT OR ILLNESS 1/LOW BACK AND RIGHT HIP PAIN

HISTORY & PHYSICAL: 750 98.3-88-20 150/130/94/ Rx Miral, NKA

P: Act, KAD.

Neuro - mostly intact.

DTR = Rom good

TREATMENT: Exon  
Lumbar spine 8/8/80  
Pelvis 4/8/80  
Wh + r

Pir RT SI reg  
+ lumbar spine

No Flexion 100% P. T. 10 #30  
Motion 400-7 #20 T36.

IMPRESSION: Lumbo-sacral strain.

PHYSICIAN SIGNATURE: [Signature]

000039

DISPOSITION: TIME OUT 120 a.m. (CIRCLE ONE) HOME WORK EXPIRED TRANSFERRED ADMITTED

NOTIFIED: TIME: a.m. (CIRCLE ONE) RELATIVE FRIEND CORONER POLICE LOCALITY

# BRENTWOOD HOSPITAL EMERGENCY SUMMARY SHEET

PATIENT'S NAME		BIRTH DATE	SEX-AGE	R	SOCIAL SECURITY NO.	BR. IN BY	MEDICAL HISTORY I.D.
PERRY, LINELL		04/15/77	F 17 Y 0		760-44-7619	DAUGHTER	0000016619
PATIENT'S ADDRESS		CITY.					
20111 RIDGEWOOD		CITY					
WARR HTS OHIO							
66199 TEL: 544 5777							

EMERGENCY DEPARTMENT NURSES' NOTES

EMERGENCY DEPARTMENT NURSES' NOTES

DATE: 30 Feb 88

TIME	T	P	R	BP		
				RIGHT	LEFT	
						ADMITTED: <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> CART LAST TETANUS TOXOID: ALLERGIES: <u>None</u>
7:50	98.3	88	90	150/130	94	CURRENT MEDICATIONS: <u>Orinase</u> <u>Client states</u> 's he fell in 1979 & has been having intermittent pain & lower back & (R) hip since "today it's worse, must have gotten out of bed wrong" he stated; N.V. states in fact he lower extrem. bilaterally alert, oriented, in moderate distress — <u>2 Buss</u> <u>exam per Mr. Stanley</u> X-ray ordered & obtained. <u>Buss</u> discharged for home & by home instructors — <u>Buss</u>

000041

## NURSING NOTES



BRENTWOOD HOSPITAL

No. 751

NO. 85-127499  
NAME PERRY, LINELL  
DR. ER  
DATE 2-22-85  
AGE 52☐ AMBULATORY ☐ WHEELCHAIR ☐ CART ☒ M.I. ☐ PORTABLE

CLINICAL INFORMATION:

DATE ORDER WRITTEN TIME A.M. P.M. DATE TO BE DONE

PAIN IN LOW BACK &amp; RT SI

DATE 2-22-85 CLASS ER

EXAMINATION

LUMBAR SPINE

PELVIS ATT RIGHT SI JT

25503095

OF

## X-RAY REPORT

BRENTWOOD HOSPITAL 4110 WARRENSVILLE CENTER ROAD CLEVELAND, OHIO 44122 283-3455

PELVIS

No evidence of fracture, dislocation or radiopaque foreign body. There is a questionable lytic area in the region of the right SI joint, and films should be obtained.

IMPRESSION

Questionable lytic area in the region of the SI joint. Further study is recommended.

LUMBAR SPINE

No evidence of fracture, subluxation or radiopaque foreign body. The disc spaces are well maintained.

*Sullivan*

KERRY SULLIVAN, D.O.

SIGNATURE OF RADIOLOGIST

## X-RAY REPORT

BRENTWOOD HOSPITAL

No. 751

NO. 85-127499 DATE 2-22-85  
NAME PERRY, LINELL AGE 52  
DR. ER☐ AMBULATORY ☐ WHEELCHAIR ☐ CART

M.I.

☐ PORTABLE

CLINICAL INFORMATION:

DATE ORDER  
WRITTEN

TIME

A.M. DATE TO  
P.M. BE DONE

DATE 2-22-85

CLASS ER

PAIN IN LOW BACK &amp; RT SI

EXAMINATION

LUMBAR SPINE

PELVIS ATT RIGHT SI JT

25503095

OF

## X-RAY REPORT

BRENTWOOD HOSPITAL 4110 WARRENSVILLE CENTER ROAD

CLEVELAND, OHIO 44122

283-3455

## PELVIS

No evidence of fracture, dislocation or radiopaque foreign body. There is a questionable lytic area in the region of the right SI joint, and films should be obtained.

## IMPRESSION

Questionable lytic area in the region of the SI joint. Further study is recommended.

## LUMBAR SPINE

No evidence of fracture, subluxation or radiopaque foreign body. The disc spaces are well maintained.

KSL:cp

Sullivan, D.O.

KERRY SULLIVAN, D.O.

SIGNATURE OF RADIOLOGIST

## X-RAY REPORT

# BRENTWOOD HOSPITAL EMERGENCY SUMMARY SHEET



PATIENT'S NAME	PERRY LINELL	BIRTH DATE	06/12/32	SEX	M	AGE	53	RACE	R	SOCIAL SECURITY NO.	249-46-2468	BR. IN BY	DATE	0000016412	MEDICAL HISTORY I.D.	
PATIENT'S ADDRESS	2011 RIDGEMOOD	CITY	CUY	STATE	OH	ZIP	44122	COUNTY	CUY	DATE OF BIRTH	06/12/32	DATE OF DEATH		DATE OF LAST VISIT		
MARK HIS 0110	44122	TEL	361 5733	PATIENT'S EMPLOYER		ATTENDING PHYSICIAN	R/C PHYSICIAN	DR NONE	09999	EMERGENCY CONTACT	HENRY ELIZARETH	REL	WIFE	TEL	361 5733	
CITY OF WARRENSVILLE	SEWICK 18909	MILES	4	RESPONSIBLE PARTY'S INFO.		NAME	ELIZARETH	REL	WIFE	TEL	361 5733	REGISTRATION	REGISTERED BY	CONNIE	GROUP	
2011 RIDGEMOOD	MARR HIS 0110	44122	TEL	361 5733	RESPONSIBLE PARTY'S EMPLOYER		NAME	ELIZARETH	REL	WIFE	TEL	361 5733	REGISTRATION	REGISTERED BY	CONNIE	GROUP
CITY OF WARRENSVILLE	SEWICK 18909	MILES	4	RESPONSIBLE PARTY'S EMPLOYER		NAME	ELIZARETH	REL	WIFE	TEL	361 5733	REGISTRATION	REGISTERED BY	CONNIE	GROUP	
249462468	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

COPY OF AUTO INS PAPERS  
DESCRIPTION OF ACCIDENT OR ILLNESS  
A/MVA/CERVICAL LUMBAR STRAIN WITH SEC MYOSITIS  
BILTING NUMBER: 25631271

HISTORY & PHYSICAL: 1030 T-97.1 P-82 P-22 BP 170/100  
 by as near ended in MVA 5 neck & lower back  
 discomfort: closed shooting pain into L0 L1  
 dined 10 meta fact 110 L1 L2 & S1 S2 S3 S4 S5  
 had recent experience along some blood neck ground pain  
 at head/neck: KKK/CY1. was same day blood neck ground pain  
 of neck/neck: under to poly cervical & lumbar pain  
 more 1/20 M. P. & not to R & C spine 5 had pain  
 TREATMENT: PERRY LINELL, COM1.

(1) 5x pm  
 (2) X-ray Cervical Spine 1/5 0130 appear 0 for fx,  
 (3) X-ray Lumbar Spine 1/5 0130 Subluxation  
 Use soft collar as needed for neck discomfort  
 (4) Radiograph to monitor X-ray 1/5 0130 Am, any change pt to be informed  
 (5) Rx: Robax 500, #16, T-11, D-11, Penicillin neck pain  
 (6) Home instruction sheet (7) FIC Physician in 2-3 days

IMPRESSION:  
 Cervical - Lumbar Strain with Secondary Myositis  
 PHYSICIAN SIGNATURE: [Signature]  
 CERVICAL LUMBAR STRAIN WITH SECONDARY MYOSITIS  
 MEDICAL RECORDS - ORIGINAL COPY

DISPOSITION: TIME OUT: 3:00 PM  
 NOTIFIED: TIME: 3:00 PM  
 MEDICAL RECORDS - ORIGINAL COPY  
 POLICE LOCALITY

BRENTWOOD HOSPITAL		No. 751	
NO. 86-139931	DATE 5-10-86	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> CART <input type="checkbox"/> PORTABLE	
NAME	AGE 53	CLINICAL INFORMATION:	
DR. PERRY, LINELL	RESNICK		
DATE 5-10-86	CLASS ER	DATE ORDER WRITTEN	TIME
		A.M.	DATE TO BE DONE
		P.M.	
CERVICAL			
LUMBAR			

### X-RAY REPORT

BRENTWOOD HOSPITAL

4110 WARRENSVILLE CENTER ROAD

CLEVELAND, OHIO 44122

283-3455

139931 LP

#### CERVICAL SPINE:

Degenerative disease is occurring in the lower cervical segment but on the composite of views there is no evidence of fracture or subluxation. Spinous processes appear intact, as does the odontoid.

#### LUMBAR SPINE:

Facet arthritis with minimal lipping but no loss of axial height. Pedicles and processes are intact.

#### IMPRESSION:

1. No fracture.
2. Degenerative joint disease.

WES:lp

W. E. Suttleire, D.O.

SIGNATURE OF RADIOLOGIST

000035

X-RAY REPORT

PATIENT'S NAME		BIRTH DATE	SEX-AGE	R	SOCIAL SECURITY NO.	BR. IN BY	MEDICAL HISTORY I.D.
PERRY L. LITTLE							
PATIENT'S ADDRESS		CTY.					
20111 RIDGEWOOD AVE WARRENSVILLE HTS OH 44122 561 5733 TEL:							

EMERGENCY DEPARTMENT NURSES' NOTES

DATE:

ADMITTED: ☒ AMBULATORY ☐ WHEELCHAIR ☐ CART

LAST TETANUS TOXOID: UNKNOWN

ALLERGIES: NONE KNOWN

CURRENT MEDICATIONS: HYPERTENSIVE DRUG (NAME UNKNOWN)

CURRENT MEDICATIONS: HYPERTENSIVE DRUG (NAME UNKNOWN)

EA/HVA/ STITCHES FROM CIRCUMCISION. PULLED LOOSE  
COPY OF AUTO PAPER. *Adm 11*

Admitted  $\bar{c}$  complaint of:  
Being involved in MVA - (Hit from  
behind) - 7 hr ago - Steering wheel  
hit groin - now has bleeding from  
post op area (Circumcision 1 week ago)  
Also has neck pain. Vides  $\bar{c}$  difficulty <sup>Incident</sup>  
Alert; Skin warm, dry to touch. Denies LOC.  
Exam by Dr. D. Bal Korec. ~~Like~~  
Dried blood noted around penile tip  
(at line of incision); no active bleeding or  
drainage noted. Sutures appear intact. ~~Like~~  
To X-Ray for C & L Spine X-Rays ~~Like~~  
Soft C-Collar placed on.  
Discharged home  $\bar{c}$  instruction sheet  
and Rhogam Samples ~~Like~~ for

000030

## NURSING NOTES



DEFENDANT'S  
EXHIBIT

# BRENTWOOD HOSPITAL EMERGENCY SUMMARY SHEET

PATIENT'S NAME		BIRTH DATE	SEX-AGE	R	SOCIAL SECURITY NO.	BR. IN BY	MEDICAL HISTORY I.D.
PERRY-LINELL		06/17/32	M 54Y	B	249-46-2468	SELF	0000016412
PATIENT'S ADDRESS		ADMISSION		INCIDENT	PREVIOUS ADMISSIONS (W/IN HALL)		DATE OF BIRTH
20111 RIDGEWOOD		DATE	TIME	DATE	TIME	NAME OF PATIENT	DATE OF BIRTH
CUY		12/26/86	1423	9/09/79	0000	PERRY LINELL	9/86 3
WARR HTS OHIO		ATTENDING PHYSICIAN		R/C PHYSICIAN			
44122 TEL: 561 5733		STANLEY J		GORDON/DR SUBURBAN HOS			
PATIENT'S EMPLOYER		09132		09999			
CITY OF WARR		EMERGENCY CONTACT					
SERVICEMILES AVEWAR		PERRY ELIZABETH					
RESPONSIBLE PARTY'S INFO.		REL: WIFE		TEL: 561 5733			
PERRY LINELL		RELIGION		REGISTERED BY			
20111 RIDGEWOOD		PROT		DARLENE			
WARR HTS OHIO		INSURANCE COMPANY		POLICY NUMBER		GROUP	
44122 TEL: 561 5733		900 WORKERS COMP		79 51729		HW 791728	
RESPONSIBLE PARTY'S EMPLOYER		1 PERRY LINELL		01			
CITY OF WARR		BCNO 333		249462468		10691C	
18900 MILES AVE 28		2 PERRY LINELL		01		CB5CAX	
662-5861 249462468		3					
IND: THRU CRESTMONT CADILLAC		PAT TYPE 4		FIN. CLASS: 03			

BRENTWOOD HOSPITAL  
WARRENSVILLE HEIGHTS, OHIO 44122

DESCRIPTION OF ACCIDENT OR ILLNESS: A/LOW BACK PAIN/OLD IND. INJURY

BILLING NUMBER: 25647113

HISTORY & PHYSICAL:

249 984 84-20-15078 NKA

Old injury to the low back. Old injury to the low back.

TREATMENT:

Exam  
Lumbar spine x-ray. Neg.  
Same Complaint. i-it 94%  
With sheet

IMPRESSION:

Lumbosacral Strain

LUMBOSACRAL STRAIN

PHYSICIAN SIGNATURE:

*[Signature]*

000003

DISPOSITION: TIME OUT: (CIRCLE ONE) HOME WORK EXPIRED TRANSFERRED ADMITTED

NOTIFIED: TIME: (CIRCLE ONE) RELATIVE FRIEND CORONER POLICE LOCALITY

MEDICAL RECORDS - ORIGINAL COPY

BRENTWOOD HOSPITAL		<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> CART <input type="checkbox"/> PORTABLE	
NO. 86-127499	DATE 12-26-86	CLINICAL INFORMATION:	
NAME PERRY, LINDELL	AGE 54	injury lower back	
DR. GORDON		DATE ORDER WRITTEN	TIME
		A.M.	DATE TO BE DONE
DATE 12-26-86	CLASS cr		
EXAMINATION			
lumbar spine		25647113	
lumbar spine			

X-RAY REPORT

BRENTWOOD HOSPITAL 4110 WARRENSVILLE CENTER ROAD CLEVELAND, OHIO 44122 283-3455  
127499 LP

LUMBAR SPINE:

Vertebrae and interspaces appear maintained as do pedicles and processes with no apparent pars defect. Facet arthritis is developing.

IMPRESSION:

Early degenerative joint disease.

WES/PS:06

  
WM. E. SETTLEMIRE, D.O.  
SIGNATURE OF RADIOLOGIST

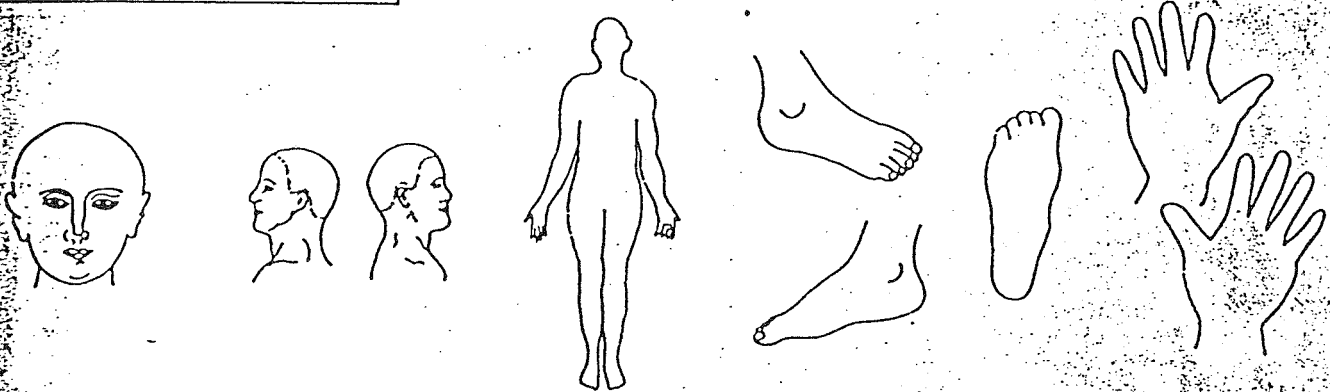
000008

# BRENTWOOD HOSPITAL EMERGENCY SUMMARY SHEET

PATIENT'S NAME: LENN LITELL BIRTH DATE: 06/17/32 SEX: M AGE: 47 SOCIAL SECURITY NO.: 33-43-3480 REF. BY: SELF MEDICAL HISTORY ID: 000009

PATIENT'S ADDRESS: 20111 RIDGEWOOD CITY: CUY  
WARR HTS OHIO  
44122 TEL: 561 5733

## EMERGENCY DEPARTMENT NURSES' NOTES



DESCRIPTION OF ACCIDENT OR ILLNESS: LOW BACK PAIN/OLD TRD INJURY BILLING NUMBER: 25647113

TIME	T	P	R	BP		
				RIGHT	LEFT	
						ADMITTED: <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> CART
						LAST TETANUS TOXOID: _____ FDLP: _____
						ALLERGIES: <u>NKA</u>
						CURRENT MEDICATIONS: <u>Pain for Discomfort</u>
						<p><u>States back pain. States he felt something snap this morn upon arising. Skin warm dry. Crey good. Bowel. Stool by Dr Stanley. Sent to Xray for Lumbal spine film. (Dr Stanley R) Returned from Xray. Films reviewed. Instructions + ix. given + pt. discharged @ 1540</u></p>
<u>2:40</u>						
<u>98/60</u>						
<u>84-20-98</u>						
<u>3:40</u>						

NURSING NOTES

ST. SPECK



**BRENTWOOD HOSPITAL**

4110 Warrensville Center Road  
Warrensville Heights, Ohio 44122

283-2900

NAME OF PATIENT

*Lonell Perry*

E.R. NUMBER

*16912*

HOME INSTRUCTIONS TO THE PATIENT

WOUND CARE

- Keep the dressing clean and dry.  
Elevate the wound.

Despite the greatest care, any wound can become infected. If your wound becomes red, swollen, shows pus or red streaks, or feels more sore instead of less sore as days go by, you must report to your doctor right away.

If dressings need to be changed, you should change them every \_\_\_\_\_ days.

HEAD INJURY INSTRUCTIONS

Report to your doctor immediately if any of the following occur (even within several months):

1. Drowsiness or undue irritability
2. Nausea and vomiting
3. Blurred or double vision or unequal pupil size
4. Dizziness
5. Persistent headache (do not give potent pain relieving drugs or sedatives)
6. Fluid or blood coming from the ears or nose
7. Weakness of any face, arm or leg muscles
8. Twitching or convulsions
9. Change in respiration--difficulty breathing or bluish tinge to the skin
10. Difficulty speaking, slurred or incoherent speech
11. Confusion, disorientation and abnormal behavior
12. Loss of consciousness

It is wise to check the patient every 2-3 hours during the first 24 hours night and day to check for the level of consciousness and the above symptoms. These checks should be continued beyond 24 hours if any doubt exists.

SPRAIN AND FRACTURE, SEVERE BRUISES

- Elevate the injured part to lessen swelling.  
Ice packs also help prevent swelling, especially during the first 48 hours.  
Place ice in plastic or rubber bag, cloth cover.  
If you have an elastic bandage, re-wrap it if too tight or too loose.  
If you have a cast, keep it perfectly dry at all times.  
Wait 48 hours for the cast to become strong before you allow pressure or weight on any part of the cast.  
Wiggle toes or fingers to help prevent swelling in the cast; this should be done often if it does not cause pain.  
If the area swells anyway or gets cold, blue, or numb, or if pain increases markedly, have it checked promptly.

FURTHER INSTRUCTIONS:

*No heavy lifting, No excessive  
bending, Prolonged sitting*

**GENERAL INSTRUCTIONS:** Call Family Doctor for appointment at his office in 3 days, or sooner if a problem arises. If you do not have a family doctor, call the Academy of Osteopathic Medicine, 561-5075, or Academy of Medicine, 231-3500, for follow-up care.

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment only, and that I may be released before all of my medical problems are known or treated. I will arrange for follow-up care as instructed above.

Witness

*[Signature]*

Patient or Representative Signature

*Lonell Perry*

000010

The Industrial Commission of Ohio

Columbus, Ohio 43215

Medical Report



Claim Number 79-51729

Claimant Line 11 Perry  
20111 Ridgewood Road  
Warrensville Heights, Ohio 44122  
Employer Cresmont Cadillac

Date of this Report 11-23-87

Date of Examination 11-23-87

REPRESENTED BY: Horwitz & Horwitz,

AGE OF CLAIMANT; 54, working,

DATE OF INJURY: November 9, 1979.

NATURE OF INJURY: Lower back and head,

PURPOSE OF EXAM: C-92A.

COMPLAINT: Claimant complained of a pain in his lower back on bending over, straightening up and lifting objects over 50 lbs., and sitting or standing for a while. He has more pain on the right side and it radiates into his right buttock at times. He has headaches on the back of his head. He was working for Cresmont Cadillac as a mechanic and he was injured as he slipped and fell and hit his head and back on the floor. He was treated at Suburban Community Hospital E. R. and x-rays were taken there. He was followed by the out patient department and treated conservatively. He was treated last a few days later. Denies any other head or back injury.

EXAMINATION: Revealed his spinal contours to be normal. He had a tenderness on the lumbosacral area and right iliolumbar angle. There was a 35-40% reduced motion range due to pain and a chronic posttraumatic myofascitis. The straight leg raising tests were positive bilaterally at 55 degrees. Reflexes, sensation, the station and gait were normal. The toe walking was difficult. The heel walking was normal. His cranial nerves were normal. He had a tenderness on the occipital area. The Romberg sign was stable. He had no evidence of an intracranial pathology or focal neurologic deficit.

OPINION: His permanent partial impairment is low moderate degree, approximately 30% under paragraph B due to this accident, an increase of 5% [McBride's guidelines].

CC: Claimant  
Horwitz & Horwitz  
Employer

COPY TO:  
Claimant.....  
Claimant Rep.....  
Employer.....  
Other.....

BY Am DATE 12-4-87

Am Freiman  
F. M. Freiman, MD -dc-



# BRENTWOOD HOSPITAL EMERGENCY SUMMARY SHEET

PATIENT'S NAME		BIRTH DATE	SEX-AGE	R	SOCIAL SECURITY NO.	BR. IN BY	MEDICAL HISTORY I.D.
PERRY LINELL		06/17/32	M 56Y	B	249-46-2468	SELF	0000016412
PATIENT'S ADDRESS		CTY.					
20111 RIDGEWOOD		ADMISSION DATE	TIME	INCIDENT DATE	TIME	PREVIOUS ADMISSION - MAIDEN NAME	
WARR HTS OHIO		8/02/88	1343			PERRY LINELL	
44122 TEL: 561 5733		4		12/86		3	
PATIENT'S EMPLOYER		ATTENDING PHYSICIAN		R/C PHYSICIAN			
HOWNEN PHILIP B		NONE		09999			
09037		EMERGENCY CONTACT		PERRY ELIZABETH			
OCC EMP #		MARITAL INFORMATION		RELWIFE TEL: 561 5733			
RESPONSIBLE PARTY'S INFO.		ELIZABETH		REGISTERED BY			
PERRY LINELL		FATHER		RELIGION			
20111 RIDGEWOOD		MOTHER		PROT 92102			
WARR HTS. OHIO		INSURANCE COMPANY		POLICY NUMBER		GROUP	
44122 TEL: 561 5733		PRIORITY		POLICY HOLDER		EFFECTIVE DATE	
RESPONSIBLE PARTY'S EMPLOYER		WORKERS COMPENSATION		EXHAUST DATE			
CITY OF WARR HTS		1 PERRY LINELL		01			
18909 MILES AVE		BC 333		249462468		106910	
WARRENSVILLE HTS OH44128		2 PERRY LINELL		01			
587-6570		3					
PAT TYPE 4		FIN. CLASS: 03					

BRENTWOOD HOSPITAL  
 WARRENSVILLE HEIGHTS, OHIO 43081

BRENTWOOD HOSPITAL,  
WARRENSVILLE HEIGHTS, OHIO 44122

DESCRIPTION OF ACCIDENT OR ILLNESS: RIGHT GROIN PAIN

BILLING NUMBER: 256849342

HISTORY & PHYSICAL: 1355 98.5 104 20 140/90 NKA M

S: Pt. brought to ER after lifting very heavy can at work and felt something "give" in R groin area. Pain was sharp & hrs prior had been since. Associated w/antes nausea, difficulty walking or putting weight on R leg.

O: Pt. alert, oriented, NAD, HEENT - unremarkable neck supple. Lungs - clear. Ab - RR & normal. Abdominal - mild & mod tenderness to deep palpation in RLQ.

BS x 4. Hernia exam neg. Tenderness in R lower abdominal area extending to scrotum. Ext. lower pulses intact, muscle tone and strength adequate. Scrotum - normal.

TREATMENT ① Motrin 800 mg T.T.I.D. 2 weeks prn pain #30. NR. ② Ice compress to area 10 min x 4/day. ③ Refrain from physical labor & 2 days.

IMPRESSION: Acute muscle strain @ strain area

ACUTE MUSCLE-STRAIN-R-GROIN-AREA

PHYSICIAN SIGNATURE:

DISPOSITION: TIME OUT: 3:30 p.m. (CIRCLE ONE) HOME WORK EXPIRE TRANSFERRED ADMITTED

NOTIFIED: TIME: \_\_\_\_\_ p.m. (CIRCLE ONE) RELATIVE FRIEND CORONER POLICE LOCALITY \_\_\_\_\_

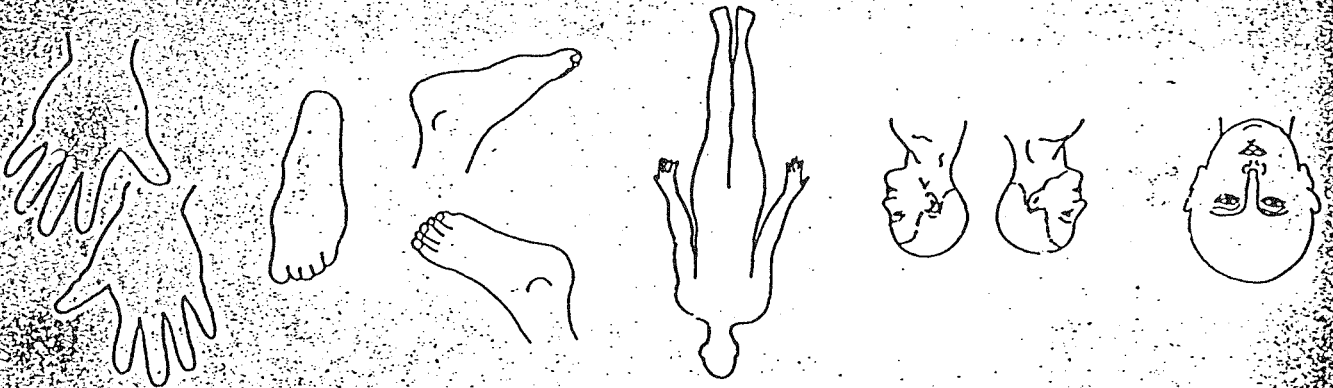
MEDICAL RECORDS ORIGINAL COPY

# BRENTWOOD HOSPITAL EMERGENCY SUMMARY SHEET

PATIENT'S NAME: PERRY, LYNELL  
 PATIENT'S ADDRESS: 20311 RIDGEWOOD  
 CITY: WARR, OHIO  
 45122 TEL: 561 5733

BIRTH DATE: 06/17/32 SEX: M AGE: 58  
 SOCIAL SECURITY NO.: 249-46-2468  
 BR. IN BY: SELF  
 MEDICAL HISTORY I.D. #: 0000014412

EMERGENCY DEPARTMENT NURSES' NOTES



DESCRIPTION OF ACCIDENT OR ILLNESS: RIGHT GROIN PAIN

BILLING NUMBER: 25684934

TIME	T	P	R	BP	RIGHT	LEFT
------	---	---	---	----	-------	------

ADMITTED: ☒ AMBULATORY ☐ WHEELCHAIR ☐ CART

LAST TETANUS TOXOID: FDLMP:

ALLERGIES: NKAM

CURRENT MEDICATIONS: PT STATES AS MOTRAIN (5 mg) HYPER TENSION

PT. ARRIVED AT ER BY SELF. STATES WHILE LIFTING A GARBAGE BAG FILLED WITH DIRT HE FELT SOMETHING

TENR LOOSE AT @ GROIN, AT 13:50 TODAY. PT ALSO

STATES PAIN COMES & GOES - NOTE PT FAVORING

@ SIDE WITH SLIGHT LIMF. - DENIES PAIN ANY

WHERE ELSE - PT DIDN'T NOTICE ANY BULGES

IN GROIN AREA. - R. Groin Area

edema. No pain or burning or swelling

Currently have No acute pain

000003

NURSING NOTES

# BRENTWOOD HOSPITAL'S

## EMERGENCY ROOM

4110 Warrensville Center Road  
Warrensville Heights, Ohio 44122  
283-3420

### IMPORTANT

BILLING INFORMATION ON BACK

DATE 8-2-88

E.R. NUMBER 25681939

NAME OF PATIENT Cinell Perry

### HOME INSTRUCTIONS TO THE PATIENT

#### EYE INJURY INSTRUCTIONS

1. Leave eye patch in place.
2. Do not drive or operate machinery with patch on.
3. Reading, TV, bright lights will aggravate eye pain and headache — avoid these while eye is patched.
4. Ice packs help prevent swelling, especially during first 24 hours. Place ice in plastic or rubber bag with cloth cover.
5. Sunglasses will help to ease pain from bright lights.

#### COLDS, VIRUS INFECTIONS

1. Force extra clear liquids.
2. Avoid milk and milk products. (Ice cream, pudding, cottage cheese or similar foods) for next 3-4 days.
3. Aspirin \_\_\_\_\_ or tylenol \_\_\_\_\_ every 4 hours as needed for fever over 101 degrees.
4. Give medicine until full amount is used — do not stop when these symptoms are gone. Some illnesses return unless full treatment is given.
5. Fever and "cold symptoms" will probably remain for 48-72 hours. Do not expect immediate cures.
6. Cool-mist vaporizer at bedside eases breathing.
7. Gargle with warm salt water 4-6 times a day (1/2 tsp. to 8 oz. water).

#### INTESTINAL DISORDERS

1. No solid foods to be eaten for next \_\_\_\_\_ days. Gradually add bland solids as tolerated after that time.
2. Force extra liquids, such as "Gator-ade", jello, water, juices, etc.
3. Avoid spicy, fried, chewy foods.
4. Avoid all milk products for next few days.
5. Use antacid such as Mylanta or Maalox \_\_\_\_\_ Tbsp. after each meal and at bedtime.

#### OTHER INSTRUCTIONS:

- 1) Take Motrin for pain as needed with meals.
- 2) Apply ice compress to area for 10-15 minutes 3x/day for relief or pain.
- 3) If pain persists or worsens consult physician immediately.
- 4) Rest sore area — refrain from physical activity for 2 days.

GENERAL INSTRUCTIONS: Call family doctor for appointment at his office in 1 days, or sooner if a problem arises. If you do not have a family doctor, call the Academy of Osteopathic Medicine, 663-1142, for follow-up care.

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment only, and that I may be released before all of my medical problems are known or treated. I will arrange for follow-up care as instructed above.

000005

Witness

Patient or Representative Signature

January 5, 1991

NEUMAN INDUSTRIAL

75 PUBLIC SQUARE

SUITE 900

CLEVELAND, OHIO 44113

Mr. Martin Horwitz  
Attorney at Law  
2000 Illuminating Building  
55 Public Square  
Cleveland, Ohio 44113

(216) 771.5806



Re: Linell Perry  
Claim Number 79-51729

Dear Mr. Horwitz:

Claimant was examined at this office on December 22, 1990, in connection with injuries ~~sustained~~ during the course of his employment with Crestmont Cadillac on November 9, 1979. He slipped and fell on a wet floor, injuring his head, right arm and lower back,

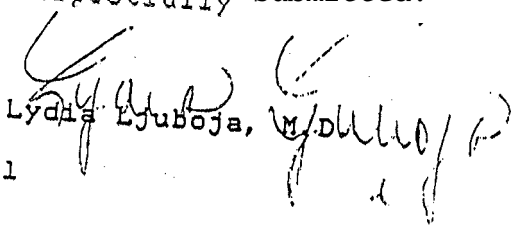
Since then, he has continued to complain of problems. He states that his condition has worsened, not improved. He still suffers from headaches, and he claims that his vision blurs. Driving at night bothers him **because of** the bright lights. Grip in the right hand has weakened since the injury, and he states that he cannot grasp objects for too long without dropping them. His right hand goes numb, and his entire arm tingles at times. Pains radiate upwards to the shoulder, and he states that pushing and pulling aggravate the pain. He is unable to lift anything heavy. He complains of his right hand swelling. The lower back is a constant source of pain. Weather changes tend to aggravate the condition. Pains from the back radiate down the right leg to the foot, and his right leg tends to cramp. Numbness affects the right leg and foot. He states that he cannot bend completely forward, and he is unable to lift heavy objects. The back hurts when he goes up and down steps, twists or turns. He uses a heating pad, and takes Tylenol for the pain. In the morning, the back is particularly stiff and sore. He states that he must roll out of bed.

On examination, the eye signs were essentially negative. The pupils were round and equal, and reacted to light and accommodation. Superficial and deep reflexes were essentially negative. The headaches described by claimant are occipital in nature. There were no neurological abnormalities. Sudden movements of the head result in blurred vision. Tenderness is noted over the right biceps, and the anterior aspect of the shoulder, with pain radiating to the elbow. Elevation of the right arm resulted in complaints of pain, as well as pushing and pulling with the right arm. There is Lumbosacral flattening. Tenderness is noted over the lumbosacral area, with pain on deep palpation over the right, perillumbal region, and with pain radiating to the right leg and toe. Forward flexion is restricted to 30 degrees, with pain. Lateral flexion and rotation are very painful, and restricted to 15 degrees. Leg raising on the right is performed to 30 degrees, with pain in the back and leg, and to 50 degrees on the left, with pain in the back. There is a sensory deficit over the

lateral aspect of the right thigh. He complained of increased lower lumbar pain when standing on *his* heels and toes. Squatting is restricted and painful, but particularly when straightening up. He had difficulty crossing his right knee over his left knee as a result of lumbar pain. Circulation was normal,

As a result of this injury, Guidelines, claimant's history taking into consideration *the* AMA is my opinion that this man has, complaints and medical findings, it proximately 49%. a permanent-partial Impairment of ap-

Respectfully submitted.

  
Lydia Ljuboja, M.D.

1

BUR. OF WORKERS' COMP.  
CLEV RECEIVED  
91 JAN 10 AM 10:50





C-92 MEDICAL REPORT

CLAIM # PEL26366 :

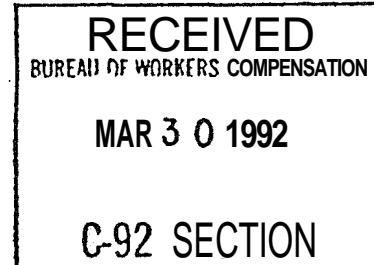
CLAIMANT'S NAME

Linell Perry  
20111 Ridgewood Road  
Warrensville Hts., Ohio 44122

REPRESENTATIVE

Horwitz & Horwitz

DATE OF INJURY: 07/20/83  
DATE OF EXAM: 03/09/92  
DATE OF REPORT: 03/11/92  
ISSUE: C-92



CLAIM ALLOWANCES: Non-displaced fracture right radial head

OCCUPATIONAL HISTORY

The claimant is a 59 year old, right-hand dominant male who states that he was injured while working as a mechanic for the City of Warrensville Heights, Ohio. He states that he was originally injured when he fell on a slippery floor. The claimant sustained a fracture of the radial head in the fall. He was seen following his injury at a local hospital. He was treated with physical therapy following the injury which included whirlpool treatments and moist heat treatments. The claimant cannot recall whether he had any significant period of cast immobilization following the injury. At the present time the claimant states he is not under the care of a physician, chiropractor or therapist for treatment of the allowed injury. He reports that he occasionally uses a brace for his elbow at work.

The claimant states that he is currently employed with the City of Warrensville Heights as a general laborer. The claimant estimates that he missed approximately 1 week from work as a consequence of the injury. The claimant denies any prior history of injury to the elbow, and reports no acute reinjury in the time between 07/20/83 and today's evaluation,

CURRENT COMPLAINTS

At the present time the claimant complains of numbness along the dorsal aspect of the forearm and the anterior surface of the right arm. He notes that he has slightly decreased grip strength as well.

PHYSICAL EXAMINATION

On examination, the claimant is a well developed, well nourished male in no distress. Evaluation of the right elbow discloses mild tenderness on palpation of the radial head and the lateral



epicondyle. There is no crepitation with range of motion. The claimant exhibits no deficits in flexion or extension of the elbow. There is a **20** degree loss of pronation and 10 degree loss of supination of the elbow. Strength in flexion and extension of the elbow is normal. There is a moderate decrease in strength of the elbow in pronation and supination at **5-/5** because of anterior proximal forearm pain associated with effort.

#### RATIONALE

Based on this claimant's loss of range of motion of the elbow and mildly decreased strength of the elbow in flexion due to anterior elbow pain, the claimant is calculated to have a 7% upper extremity impairment. Using standard conversion tables from the revised Third edition of Guides to the Evaluation of Permanent Impairment, the claimant is calculated to have a **4%** whole person impairment.

#### OPINION

BASED ON THIS CLAIMANT'S HISTORY AND PHYSICAL EXAMINATION, **IT IS MY OPINION** THAT HE CURRENTLY DEMONSTRATES A **4% WHOLE PERSON IMPAIRMENT**, AS NOTED ABOVE. AT THIS TIME, THE AVAILABLE CLINICAL EVIDENCE SUGGESTS THAT THE CLAIMANT'S ALLOWED CONDITION IS STABLE, AND WILL PROBABLY NOT BENEFIT **FROM** ACTIVE MEDICAL OR SURGICAL INTERVENTION AT THIS TIME. THIS CLAIMANT'S OVERALL LEVEL OF IMPAIRMENT IS UNLIKELY TO VARY BY MORE THAN **3%** IN **THE** COMING YEAR. THIS AWARD REPRESENTS A 14% DECREASE OVER THAT -PREVIOUSLY CALCULATED FOR THIS CLAIM ON **6/26/87**.

Respectfully Submitted,



Russell M. Whittemore, M.D.

PATIENT NAME: PERRY, LINELL

RADIOLOGY NO: 93-162161

MEDICAL RECORD NO:

BILLING NO: 27503333

AGE: 51 DATE: 7-15-93

CLASS: ER

REFERRING PHYSICIAN:

Palmer *Per 28/9/93*

RADIOLOGY REPORT

721662

GREENWOOD HOSPITAL 4110 WARRENSVILLE CTR. RD. WARR. HTS, OHIO 44122 283-3433

PROCEDURE: LUMBAR SPINE WITH OBLIQUES

INDICATIONS: BACK PAIN

FINDINGS: Facet arthritis is occurring. Vertebrae and interspaces are remarkably well preserved with only minor flapping. No pedicular wipe-out or pars defect. The balloon of what apparently is the upper portion of a penile prosthesis is projected over the true pelvis.

IMPRESSION:

Facet arthritis

RES:05

RADIOLOGIST:

W. E. SETTLEMIRE, D.O.

RECEIVED

OCT 18 1993

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