

CLEVELAND ORTHOPAEDIC ASSOCIATES. INC.
GARFIELD HEIGHTS MEDICAL CENTER
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CLEVELAND, OHIO 44125
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RALPH J. KOVACH. M. D.
CYRIL E. MARSHALL. M. D

November 12, 1992

Fredric E. Kramer, L.P.A.
McNeal, Schick, Archibald & Biro Co.
1660 West Second Street - Suite #700
Cleveland, Ohio 44113-1454

Re: Judith Wetula
Your File No. 20313
D.A: 10-09-90

Dear Mr. Kramer:

I examined Judith Wetula at your request in my office on November 12, 1992. Historically, this lady stated that she was injured in a motor vehicle accident on October 9, 1990. She was driving a vehicle at that time and was wearing a seatbelt when her car was struck on the driver's door area by another vehicle.

Ms. Wetula stated that her left foot was in an externally rotated position at the time that she was driving and that her knee was against some plastic object. The course of the collision was stated to have jammed her knee and hip. She also struck the left side of her head on the window. She did not sustain any cuts. She stated that she blacked out, but she does not exactly recall what she meant by blacking out when I asked her whether or not she lost consciousness.

She stated that she tried to walk, but that the left leg seemed to produce a popping sensation and that it became very painful and difficult to walk. She went to Lakewood Hospital emergency room where she was examined, x-rayed, and released. She subsequently went to Dr. Morris who treated and observed her for a long period of time and her main complaint was centered about the hip. She had various studies performed, including bone scan, CT scan, and repeated x-rays. She was given the diagnosis of trochanteric bursitis and had many Cortisone injections, none of which seemed to improve her symptomatology.

The snapping and popping in the hip continued and was accompanied by pain. sexual intercourse was stated to be extremely uncomfortable for her. Her hip was stated to frequently "dislocate" and was "difficult to pop back in." She was on various anti-inflammatory medications as well as injections into the bursa; none of these seemed to help her. Physical therapy was of no

Page Two

November 12, 1992

To: Fredric E. Kramer, L.P.A.

Re: Judith Wetula

From: Ralph J. Kovach, M.D.

significant help to her. She had various second opinion examinations, the most recent by Dr. Robert Buly at University Hospital. She had arthrogram performed of the hip, **CT** scan of the hip, and **MRI** study of the hip; the diagnosis was stated to be torn labrum of the hip.

Ms. Wetula subsequently had arthroscopic surgery of the hip performed. No actual cutting was done, but the visualization within the joint was incomplete. Subsequent to the operation, she had stretch injuries to the nerves about the hip and leg which took a significant period of time to improve; this was accompanied by pain, weakness, and loss of sensation. She still uses a cane in long walking situations.

At this time, her complaints consist of pain in the groin with walking and weight-bearing. She limps while walking and she cannot sit for **long** periods of time because she has a snapping sensation on arising from a seated position. She stated that, at one time, she had Lidocaine injections to the joint and that this helped for a significant period of time. She has generalized seizures which are now under treatment and she stated that she never had these seizures prior to the accident in question. She also had left temporomandibular joint meniscus repaired in August 1992 and she stated that this was also related to the accident in question. She is on various medications, primarily anti-convulsive, as well as analgesics consisting of Soma and Vicodin which is a narcotic. She no longer has any problems with her left knee.

Previous medical history is significant and corroborates the long list of surgeries dating back to 1967 wherein she had injury to the shoulder as well as ulnar nerve and thoracic outlet syndrome; these, of course, are unrelated to the present situation. She does have a workers compensation situation which occurred in September 1990 when a medical cart fell on her and aggravated the left shoulder injury.

Examination revealed a cooperative, well developed, well nourished, 27 year old white female of moderate medium build who was not in acute distress. She walked with an antalgic type of gait and favored the left lower extremity. She had a negative Trendelenburg test; that is, she was able to stand on the left leg and the right leg without dropping her pelvis.

Examination of the back revealed no abnormalities, no areas of tenderness, and a good range of movement was present. No muscle

Page Three

November 12, 1992

To: Fredric E. Kramer, L.P.A.

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spasm was palpated. Movement of the neck was complete and was not painful in any direction. No areas of tenderness and no areas of muscle spasm were present.

Neurological examination revealed normal biceps, triceps, brachioradialis, patellar, and Achilles reflexes. No sensory or motor discrepancy was present in the upper or lower extremities.

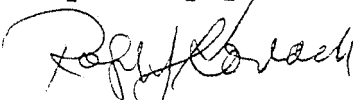
Examination of the knees revealed no effusion, no ligamentous instability, and McMurray tests were negative bilaterally. No atrophy was present about the quadriceps.

Examination of both hips was carried out and movement was complete; however, on flexion and extension of the left hip with slight abduction there was a definite snap which was easily palpable to my examining finger located anterosuperiorly over the hip joint area.

Review of the submitted material was conducted by me. I shall not comment on the reports of Dr. Zayat, a neurologist who is well known to me; as the question of seizures is not within my province, I would accept his opinion. I also defer comment as regards the temporomandibular joint problem. The report of Dr. Richard Bruly of University Hospital has been reviewed by me and I concur with the opinion that Ms. Wetula most likely has a tear of the labrum within the hip joint; this is what is causing her the pain upon weight-bearing and the snapping upon flexion and abduction. The arthroscope unfortunately is not perfected sufficiently at this time to be completely reliable when scoping a hip joint.

I find no problems with her back, shoulders, or neck as related to the accident in question. I do not consider there to be any problem with her left knee; in my opinion, there is no cartilage change and she will not need anything done to the knee.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Ralph J. Kovach", written in a cursive style.

Ralph J. Kovach, M.D.

RJK/adm