



**University Suburban  
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James L. Glowacki, Esq.  
Glowacki and Associates  
510 Leader Building  
East 6th & Superior  
Cleveland, Ohio 44114

Re: Monique Sword

Dear Mr. Glowacki:

I evaluated Monique Sword April 21, 1994 and send you this report based on her personal history, a review of her treatment records, and a physical examination.

Miss Sword, 19, complains of pain from the lower thoracic region to the buttocks, all the time, aggravated by sitting half an hour or standing ten minutes. This sharp pain finds no relief with any particular measures and has been relatively constant the past two years.

She suffers no sensory symptoms in the lower extremities, nor trouble walking.

The right hand becomes numb from the mid-forearm to through the wrist and all the fingertips. She also describes "a sensation like the hand is asleep," and a sharp pain. These symptoms also occur daily for the past two years. Fortunately, she is left-handed.

She suffers no neck pain but she has sharp headaches radiating from the front of the head back accompanied by dizziness and a feeling of almost fainting. Headaches occur weekly for the past two years.

Unemployed at the present time, Miss Sword lives with her six week old, but plans to move in with her parents.

Symptoms began in an automobile accident March 14, 1992 when her car was struck from the side. She grabbed the steering wheel but struck her head on the seat headrest. A seat belt restrained her to some extent. She was not rendered unconscious.

She returned home with her father and experienced no symptoms until the evening of the 15th when low back pain, numbness, neck pain, and headache occurred taking her to Lakewood Hospital Emergency Room

the next morning.

In the emergency room symptoms included double vision, dizziness, neck and back pain. A brain CT scan, lumbosacral, and cervical spine films all came out normal.

She treated with orthopaedic surgeon Edward Gabelman, M.D., April 13, 1992 for neck and back pain, and numbness in the hands. During the course of his three month treatment and physical therapy she improved. A lumbar CT scan for Dr. Gabelman was normal on April 13, 1992.

She treated with neurologist Harold Mars, M.D., from April, 1992 through June, 1993 for the same symptoms. Dr. Mars' MR scan of the brain on April 30, 1992 was normal and an electromyogram/NCV study August 25, 1992 showed four/tenths of a second difference between the ulnar and palmar sensory latency, a very minor finding of "median neuropathy" which is consistent with carpal tunnel syndrome as concluded by Dr. Mars and Dr. Gabelman. More important is the absence of substantial findings on the nerve conduction study or EMG indicative of moderate or severe carpal tunnel. A repeat study on June 12, 1993 was normal as described in Dr. Mars' report of April 7, 1993.

Miss Sword has not had other injuries or medical problems of note. Her family history is unremarkable.

**Examination:** Neck range of motion is normal: she can flex, extend and rotate laterally fully.

Spine movement is normal: she can bend, twist, and roll over without any limitation, particularly in light of her considerable weight.

The straight leg raising test is normal bilaterally.

There is no tightness of the cervical or lumbar paraspinous musculature.

Proximal and distal strength is normal in the upper extremities.

The lower extremities are strong.

Pin sensation is preserved in the fingers of each hand and in the lower extremities.

Vibratory sense is preserved in the distal joint of each finger and in the lower extremities.

She shows a positive Tinel's sign at the right wrist, and not the left. Phalen's maneuver is negative.

The reflexes are +1 in the upper extremities, +2 in the lower extremities, and the plantar response is flexor.

Cranial nerves II, III, IV, VI, and VII are normal.

**Impression:** I attribute Miss Sword's spine pain to a combination of weight, mechanical factors in the spine, and possibly her pregnancy. It is clear she suffered no derangement of the lumbar spine such as a disc herniation, or compressed nerve, on the basis of today's normal examination and the absence of any findings on scanning.

She has consistently shown signs of a positive Tinel's sign indicative of minimal median nerve compression at the wrist. The symptoms she describes do not fit with carpal tunnel because sensation distortion occurs downstream from the wrist, usually in the thumb, index, and middle fingers, and at the tips rather than extending above the wrist. Should she have carpal tunnel syndrome it would not arise from a trivial trauma to the wrist such as occurred in March, 1992. To the extent carpal tunnel exists in this lady, it results from biologic changes in the wrist, and possibly her pregnancy.

Headaches also escape a specific diagnosis, she suffered no head injury of note, and her scan and normal examination rule out any physical process accounting for headaches. Perhaps they derive from tension.

I find no lasting effects of the accident two years ago: I believe she was recovered by the time she finished treatment with Dr. Gabelman, or over the succeeding several months of the summer.

Yours sincerely,

  
Donald C. Mann, M.D.

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