



**University Suburban
Health Center**

1611 South Green Road
South Euclid, Ohio 44121

Donald C. Mann, M.D.
Practice Limited to Neurology
(216) 381-2673

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Terrence J. Kenneally, Esq.
Attorney at Law
Savoy, Bilancini, Flanagan & Kenneally
595 West Broad Street
Elyria, OH 44035

Re: [REDACTED]

Dear Mr. Kenneally:

I examined [REDACTED] on July 13, 1993 and provide you the following report based on her history, a review of her treatment records, and a physical examination.

Mrs. [REDACTED] 46, describes a burning pressure and tingling sensation from the right shoulder down to the right wrist, bothering her daily. Fingers are spared. She also described pain in the neck, brought on by bending forward or overhead activities, and a more constant pain in the occipital area of the skull.

There are no symptoms in the left upper extremity or in the legs.

These symptoms began, by her description, May 28, 1991, at which time her car ran into another vehicle. A seat belt prevented her from impact with the steering wheel or windshield. She noted immediate neck and chest pain and shortness of breath. She was treated at Akron City Hospital for neck and chest symptoms that day. X-rays proved normal and she was released with Ibuprofen.

She visited neurosurgeon, Richard Zahn, on May 30, 1991, with neck pain and numbness in the right arm. He diagnosed acute cervical strain and followed her through March, 1992. Notes June 24th describe her as much improved and in March, 1992, he again describes her as doing extremely well. Dr. Zahn diagnosed cervical sprain and thoracic outlet syndrome, although I can not tell what maneuver he used to determine the latter condition.

Physical therapy took place for three months.

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Mrs. [REDACTED] remained off work around five weeks following her injury and then returned to Allen Bradley as an assembler, where she works presently.

Her general physician, Lisa Deranak, M.D., referred her for treatment of depression in the early months of 1992, which led to counselling and Prozac. Mrs. [REDACTED] also followed up with psychologist, Dr. Toth, in the summer of 1992. These treatments brought her relief, as has the treatment of her physical condition.

Accidents in 1978 led to several days off work and in 1983 requiring physical therapy to the neck and treatment at a Sports Clinic in Denver.

EXAMINATION: Mrs. [REDACTED] shows normal neck range of motion in casual conversation.

On direct testing she has full flexion, extension and lateral rotation.

Strength in the hands is normal. She has good intrinsic muscle strength. The biceps and triceps muscles are showing strong, as are the shoulder girdle muscles.

Gait is normal.

Pin sensation is preserved in the fingers and lower extremities.

Vibratory sense is normal in the fingers and the lower extremities.

Reflexes: Biceps trace, brachioradialis absent, triceps trace, knee jerks +1, ankle jerks +1. Plantar response flexor.

The left brachial blood pressure is 130/80. The right is 135/80. Adson's maneuver for outlet obstruction is negative. There is no supraclavicular bruit.

The eye movements and pupils are normal.

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The upper cervical dermatomes show normal sensation. There is no tightness of the cervical paraspinous musculature.

IMPRESSION: Mrs. [REDACTED] has neck and mild radicular symptoms of some two year standing, which I rate in the low category. I do not believe she has a significant cervical root disorder or abnormality of the cervical spine, as her examination is normal, the initial x-rays were normal, and there is no indication of limitation in function.

Thoracic outlet syndrome, a rather rare condition that arises from congenital muscle bands pressing on a neurovascular bundle, is not present, as there are no findings.

Some of the complaints she voices may relate to an active life at work, or just the biologic changes of aging that descend upon all persons.

It is difficult to relate her present symptoms to the accident of two years ago, given her improvement and the absence of findings or a means to connect by means of a physical mechanism, the current clinical picture with an injury.

Yours sincerely,



Donald C. Mann, M.D.

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