Cleveland Metropolitan General Hospital

Highland View Hospital

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1988 SEP 1 W AM 8:57

September 14, 1988

Ms. Mary A. Spencer
The Police and Firemen's Disability & Pension Fund
230 East Town Street
Columbus, OH 43215-4650

RE: **ROBERTSON,** JOHN
SSN# 270-26-1963

Dear Ms. Spencer:

I saw Mr. John Robertson on September 2, 1988 as requested by your letter dated August 19, 1988. Mr. Robertson is a 55 year old police officer who was injured in a motorcycle accident on August 1, 1987. He was responding to diesel fuel spill when his cruiser was struck in the rear by another car. He was conscious. He could not recall whether he was in pain. He recalled he had problems standing and was sent to the emergency room at the Hillcrest Hospital. Xray of his lumbar spine, right shoulder and right hip were taken and reported to him showing no evidence of fracture. He was released on the same day. He experienced pain in his low back, along the back of his right thigh and anterior aspect of his right leg to the medial aspect of his right ankle, and pain in his right shoulder. He consulted a chiropracter, who ordered a CT scan of his low back in September 1987, the result of the CT scan is not known by the patient. At the end of October, 1987, the pain in his right lower extremity was worse and severe, that he visited the emergency room of the Hillcrest Hospital. He was admitted to the hospital with a diagnosis of sciatica. Myelogram and CT scan of his lumbar spine was reported to him showing two herniated disks and five pieces of bone chip in his low back. He underwent a low back surgery on November 3, 1987.. He continued to have low back pain, he could return to work doing light duty work in January, 1988. He presently complains of almost constant pain and stiffness in his low back. He complains of burning pain along the right shin bone if he sits in a chair or car longer than five minutes. He denies numbness or tingling. He denies problems with control of his bowel or bladder. He denies impotency. He has increase pain in his low back during sexual activity. He has problems wiping himself after a bowel movement because of low back pain. He could dress and wash himself. He is working on light duty job mostly sitting in a police office. He has problems sitting because of pain and stiffness in his low back and burning pain along his right shin bone. He cannot stand erect because of pain and stiffness in his low back. He cannot sit or stand in one place longer than thirty to forty minutes because of pain and stiffness. He can walk as much as he needs to. He takes Feldene one tablet daily. He has worked as a police officer for twenty seven years.

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Robertson, John
SSN# 270-26-1963
September 14, 1988

Physical Examination: His height was 6'1 1/2", his weight was *248* pounds. His visual acuity tested with the Snellen chart was 20/25 for the right eye and 20/50 for the left eye without eyeglasses. His blood pressure was 135/88 taken while sitting. Heart rate was 80 per minute, regular sinus rhythm. His heart was of normal size by percussion. His lungs were clear to percussion and auscultation. His abdomen was soft and not tender. There was no palpable organomegaly. Bowel sound was normal. He had a surgical scar at the left flank of the abdomen, he recalled he had a left kidney stone removed 15 years ago. He has no symptom related to his kidney at this time. He has not had a recurrence of kidney stone. He has trace pitting edema on both legs and feet. There was no observable vericose veins. There was no skin tropic changes observed on his legs and feet.

He stood and walked'without assistive device. He could walk on his heel and toes bilaterally. He could squat and arise from low squatting position. He was tender to palpation along the right and left lumbar paraspinal muscle with involuntary spasm. Midline surgical scar was observed on his low back. He had flattening of his lumbar lordosis. He could not stand erect, he stood with his hip and knee slightly flexed. Thus, his actual height should be higher than 6'1 1/2". The ranges of motion of his lumbar spine were 30 degree flexion, 10 degree extension, 15 degree each for right and left lateral flexion and 20 degree for right and left rotation associated with complaint of stiffness and crackling. He was not tender to palpation at the major joint of his upper and lower extremities bilaterally. He had crepitus and limitation of motion of the right shoulder. The ranges of motion of his right shoulder were 105 degrees flexion, 105 degrees abduction, *40* degrees extension, 50 degrees each for internal and external rotation. He stated that his right shoulder has been stiff for many years, he could not recall specific year. The range of motion of his left shoulder were within normal limits.

The girths of his arm, forearm and thigh were equal bilaterally. The girth of his right calf was half an inch smaller than his left calf. Muscle strength was 5/5 for upper and lower extremities bilaterally, except for the right extensor hallucis longer muscle which had 4+/5 strength. Gross sensory examination to pinprick and touch was normal bilaterally. Bicep, tricep, and knee jerks were one plus bilaterally. Ankle jerk was not elicitable bilaterally. Hoffman was negative bilaterally. Babinsky was flexor bilaterally. Supine straight leg raising test was negative to 50 degrees bilaterally.

Review of the available medical record, among them the report of CT scan of the lumbo sacral spine dated October 30, 1987 reported by Dr. Krudy which stated there was disc space narrowing between L3 and L4 and between the transitional vertebra and the top of the sacrum. The L5 S1 level appeared normal. At the level of L-3 pedicle there was a soft tissue mass in the

right anterior lateral aspect of the spinal canal which deforms the thecal sac and extends to about the L3/L4 disc. the L-3/L-4 disc demonstrated degeneration. The soft tissue density most likely represented a free disc fragment was reported, most likely arising from the L3/L4 disc.

Dr. Lalli reported in the lumbar myelogram report dated October 30, 1987 that there were five lumbar vertebra and a partially lumbarlized S1. There was marked spondylosis throughout the lumbar spine, especially at L3/L4. The 4th lumbar nerve root sleeve on the right was amputated by what appeared to be a large disc fragment which Dr. Lalli believed that this had reached this point fromthe L3-L4 intervertebral disc.

In summary, Mr. John Robertson suffered a low back injury in the course of his police duty on August 1, 1987. His low back problem was subsequently diagnosed **as** herniated lumbar disc between L3/L4 vertebra. He underwent. a **low** back surgery in November, 1987. He felt better, but his low back pain remain symptomatic. This examination found tenderness at the right and left lumbar paraspinal muscles, marked limitation of motion of his lumbar spine slightly smaller girth of his right calf as compared to his left calf. He had slightly weaker right great toe extensor, which could be residual of right L5 radiculopathy. I believe the residual impairment of his low back problem can be considered permanent.

This examination also found clinical evidence of osteoarthritis with limitation of motion of his right shoulder and decreased visual acuity of his left eye.

On September 2, 1988, I examined Mr. John Robertson and found the findings previously listed on the basis of this examination and review of the available medical records, I make the following judgement: the applicant is permanently incapacitated for performance of duty as a police officer. His disability is partial and performance of any other gainful occupation would depend upon the occupation in question.

Diagnosis: 1) post traumatic chronic pains involving his low back and right low extremity, status post low back surgery.

This examination found clinical evidence suggestive of residual of right L5 radiculopathy as evidence by slightly weaker right great toe extensor and slightly smaller girth of his right calf. 2) osteoarthritis and limitation of motion of his right shoulder. 3) decrease visual acuity of the left eye.

Recommendation: Continue follow up with his physicians.

Sincerely,

Asikin Mentari, M.D.
Department of Physical Medicine & Rehabilitation
AM:pl

G. Summary of applicant's physical and mental conditions with related prognosis(ses)

PLEASE SEE ATTACHED REPORT.

H. Physician's Conclusions and Recommendations

On September 2, 19 88, I examined M Mr. John Robertson and made the findings previously listed. On the basis of this examination and review of the available medical records, I make the following judgment:

☐ The applicant is not-incapacitated for performance of duties for which he/she has been responsible.

☐ The applicant is temporarily incapacitated for performance of duties for which he/she has been responsible. Recovery may reasonably be expected in a period of _____.

☒ The applicant is permanently incapacitated for performance of duty as a (fire fighter) or (police officer). His/her disability is "partial" and performance of any other gainful occupation would depend upon the occupation in question.

☐ The applicant is permanently incapacitated for performance of duty as a (fire fighter) or (police officer). His/her disability is "totai" meaning an inability to perform the duties of any gainful occupation for which the applicant is reasonably fitted by training; experience, and accomplishments; provided that absolute helplessness is not a prerequisite of total disability.

Signature of Examining Physician

Name Asikin Mentari, M.D.

Address 3395 Scranton Road

Date 9-2-88

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