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Mr. Jeffrey A. Ford, Attorney
Charles M. Diamond Co., L.P.A.
4310 Main Avenue
P.O. Box 1336
Ashtabula, Ohio 44004

[redacted]
DOI: 12/16/85

Dear Mr. Ford:

[redacted] was examined in my office on 9/13/88, and this report is sent with her written permission.

PRESENT ILLNESS

"On Monday, in the early evening, December 16, 1985, I was driving my car. I was at the junction of Lake Avenue and E. 24th Street. A car hit me broadside, the car came from my left. When that car hit my car, my body went to the right. My head snapped back to the left and I hit my head (left parietal) against the partition between the front door and the back door. The car spun. I really am not aware of what happened to my body. No, I was not unconscious. My car came to a stop. I got out of the car. I turned to see where the other car was. I yelled at her (the driver of the other car) and asked if she was okay. Then I went into Lawson's (nearby) and telephoned the police. The police took the report. I went on (drove) to my friend's house. I was there maybe one hour, maybe an hour and a half, and then I went (drove) home, which was 506 E. 15th Street, in Ashtabula. That was my apartment. I went to bed."

"On Tuesday, December 17, 1985, yes, I had to go to work as a student counselor. (Braden Jr. High School). The only thing I noticed was my head, which I hit (gesture left parietal again) and it was sore. By noon, I was not feeling well, generally all over. I finished work and went home, and went to bed."

"On Wednesday, December 18, 1985, I didn't feel any better. I went to the hospital in Geneva for x-rays. The emergency room doctor, probably Dr. Mangay, examined me. X-rays of the neck were taken. I don't remember how far they went (in taking other x-rays). She (Dr. Mangay) did not discuss the x-rays. I don't know what she said. I believe *she* indicated a cervical sprain. She gave me a cervical collar and *told* me to wear it for relief. She gave me a prescription - I don't remember what it was for. No, I did not take *it*. I was *going to* Europe at the end of *the* week."

"*On* Thursday, the 19th, and Friday, the 20th, yes, I worked."

"Approximately Saturday, the 21st of December, I left, and flew *to* the French Riveria, and then on to Madrid. On the trip I did use the collar on occasion. I had a lot: *of* fatigue. No, I did not see a doctor,"

"Around the beginning of January, 1986, it was time to start school again. For the first *two* months, I would have some better days than others. Generally, I

was not feeling up to par. I used heat, just back of the left shoulder and the left back, and the back of the neck. I had to wear the collar. I generally didn't feel right.."

"The end of February, 1986, I began scheduling students, and this means I stop writing. (Later, she described it as also bending over with her head down.) I started having increasing problems with my neck and my left shoulder and my left arm. I'm left handed. Sometimes a shooting pain - sometimes an achiness. It continued until the end of the school year. (That would be the end of May or beginning of June,) There was no day it all went away. I was exercising at that time, I normally did (exercise),"

"On June 14, 1986, I woke up and I could not move my left arm without creating pain. I called my sister-in-law and she came over and she took me to her house for the weekend." (NOTA BENE: June 14, 1986 was a Saturday.)

"On Monday or Tuesday (June 16th or 17th) I saw Dr. Wells, D.C. in Conneaut. He examined me and took x-rays. He said he could help me with the pain. He gave me cervical traction and manipulations of the neck, and he realigned (the vertebra) all the way down the back. He gave me diathermy and ultrasound, and he worked on my left arm too (gesture to the left shoulder and elbow). By this time, the pain was in the left shoulder and the left side of the back, near and between the shoulder blades, and also it came up here (gesture over the shoulder) to the front of the chest (gesture to the sternum) and in back, down to here (gesture to the left lower ribs laterally)." "And, of course, the left arm, Yes, it (the physical therapy and manipulations) helped for a while. He treated me two times a week for about three weeks. After that, all that summer, he treated me once a week. No other doctors, from the date of the injury,"

"I worked a week after the school closed, and a few days during the summer when the computer stuff would come back."

"In August, I went to Georgia, to visit my family. Yes, I flew. The whole area (gesture left) escalated with pain. I went to the emergency room in Marietta, at the Kennethstone Hospital. The emergency room doctor examined me. He took x-rays. What did it show? I don't remember. He gave me a pain shot and a prescription, but it didn't help. He recommended I see a neurologist. I went to a neurologist (Dr. Tobias) and he examined me and he wanted to do some tests, electromyelogram and nerve velocity conduction tests. What did he say? Diagnosis? I don't recall. I flew home."

"I went back to see Dr. Wells, and this was in August, 1986. He started treatments again, about twice a week. I started back to work, the last feu days of August, 1986. On September 23, 1986, I went to Dr. Wells for therapy in his office, and he sent me to Dr. Cazza-Cerni, she is a lady doctor. She is a doctor of Osteopathy. It was September 24 (1986) when I went to her office; I went directly from her office to the Richmond Heights Hospital. I never even went home. I had an electromyelogram and nerve velocity conduction tests on my left arm only. I had a CT done, and this was in my neck. I had a myelogram. The diagnosis they told me was severe herniation in my neck, between C5 and C6. They recommended surgery. Dr. Kim was the surgeon."

"On October 2, 1986, I had surgery." She says it was a laminectomy and a discectomy. She said that after surgery: "The surgery did stop the pain. Then I had the neck muscles. The surgery did relieve the nerves and the pain in my arm and shoulder. I went home about 10 davs after the operation."

The lady says she was off work from September 23, 1986 until January of 1987. "I went back to work after the Christmas break of 1986." (At this point, with no noise, her eyes began to fill up with tears, and they spilled over, so I simply handed her a box of Kleenex and sat back and waited for a while.) Then I asked her why she was crying so quietly to herself there, and she answered: "I remember how hard it was. This was the end of February, and the scheduling was coming again, and the stress was building up and I had to hold my head down all the time while I was working." (NOTA BENE: The tears had dried now, and she was going on with her story in her usual quiet and pleasant way.) "I went back to see Dr. Cazza-Cerni, and she referred me to Dr. Kim. He gave me Naprosin, He would see me about every six weeks. Yes, I went back to work. I would go see Dr. Cazza-Cerni too," (NOTA BENE: The history sent by her attorney, or at least from somebody in her attorney's office, states that Dr. Cazza-Cerni was her family physician before surgery. You can see from this history, that this is not quite accurate, whether it makes any difference or not.) "About six weeks later I wept back to Dr. Kim. The Naprosin did relieve some of the pain I was still having trouble. I finished my school year in May, 1987."

"During the summer I did my computer work and relaxed. In September, 1987, I went: back to my job at school."

"In March or April, 1988, I went to see Dr. Hergnroeder (Patrick T. Hergnroeder, M.D., the Hergnroeder Orthopedic Clinic, 45 E. Washington Street, Chagrin Falls, Ohio 44022.)" [redacted] goes on to say that the doctor examined her, didn't take any x-rays, and didn't do any tests, but he did recommend physical therapy in his office, one time a week. Meanwhile, at home, she was doing exercises twice a day, chin tucks and weight lifting (very light weights) and other exercises. Her last visit to Dr. Hergnroeder was about eight weeks after her first visit. She still does her exercises at home. She is back at work. She's only had a few days off after leaving the hospital after surgery. She does not have an appointment to see any doctor in the future, she says.

CURRENT MEDICATIONS:

1. Motrin, 400mg, prescribed by Dr. Seiler, at the Cleveland Clinic.
2. E.E.S., 400mg, for skin condition, prescribed by Dr. LoCricchio. This, combined with Hytone Creme, works very well, and her skin is very clear now.
3. Valium. Exact dosage not known. Prescribed by Dr. Kim. She says it's sort of left over, and she doesn't take it except when she's really bad. She goes to bed and takes one of them.

CHIEF COMPLAINTS

A list of [redacted] chief complaints, given in the order that she considers is their severity, is as follows:

1. "When I have a lot of work to do, my neck aches and it stiffens up," (NOTA BENE: As is my policy, I simply wrote down her words as she spoke them. I was of the opinion that this was an ambigous statement that could be misunderstood, so I mentioned it to her, and she was a little startled herself. She said what she meant was that when she actually does the work, her neck aches and stiffens up.) I hope you don't think I was putting words in the patient's mouth, but I did believe that the words she said were not exactly the thoughts she was thinking.

2. "Kind of like that. Anytime I have to hold my head other than straight up and straight forward, my neck aches."

3. "I cannot sit on any hard surface longer than 10 or 15 minutes. My neck and shoulders (gesture left and right) and the left side of my arm, they ache and they tense up."

4. "There are several physical activities I can no longer do without causing my neck to ache. Doing the breast stroke (gestures, this requires extension of her neck); doing the crawl (gestures, turning her head to the left, explaining that she must breathe on the left as she can't breathe from the right)."

5. "When I ride my ten-speed bike, I have to hold my head up, and there's road shock, and it bothers my arms and shoulders."

6, "Anything that is stressful, my neck and shoulders tighten up."

7. "No more rebounder at home for exercises." (NOTA BENE: I had to have her explain to me that a rebounder is a small trampoline about six inches off the floor.)

8, "I have to wear Lower heeled shoes. Dr. Cazza-Cerni said that I had to have lower heels. If I wear higher heels (three inches or higher) my neck hurts."

PAST HISTORY

The past history given by [redacted] is that she is 39 years old, white, female and single. Her mother is living, her father is deceased. She has three brothers and one sister living. Her occupation is a student counselor in the Buckeye School System.

OPERATIONS: Tonsillectomy in childhood. In 1970, a cyst removed from the left arm. In 1972, a cyst removed from the right neck. In 1980, a D&C. In 1981, an abdominal operation for removal of a fibroid from the uterus. In 1983, a ganglion removed from the right forearm.

ACCIDENTS: Age 5, laceration of the right thigh which required sutures. In 1982, playing racquetball, left ankle was injured. It required a bandage and crutches, and is now okay. In 1984, a softball hit her jaw. X-rays were taken, and there was no fracture. In 1985, a dog trite, did not require stitches. In 1985, the automobile accident, the date of injury we are talking about in this report today. In approximately 1986, another car accident. She ran her car into a culvert. She did not seek medical attention. She said that she had bruises and a little scratch on the nose. In 1983, approximately, the left forearm was bruised, and this was another car accident. No more details are available. She said that an x-ray was taken and there was no fracture.

ALLERGIES: Sulfa. Topical alcohol will give her a skin rash. Also most adhesive tapes give her a rash.

SICKNESSES: She was told that hers was a normal pregnancy and delivery. She had measles, mumps and chickenpox. She's had a few colds and strep throat at least once. There is no diabetes, no epilepsy, no jaundice.

REGIONAL HISTORY

HEAD: There are no headaches, no migraines, no seizures.

EYES: Vision is good without glasses. She says that when she is tested, she is always better than 20/20.

EARS: The hearing and the balance are normal.

TASTE & SMELL: These senses are normal.

CARDIOVASCULAR: No pain, no palpitations.

RESPIRATORY SYSTEM: She did have some shortness of breath when she was down in Georgia when she had the pain in the left back and shoulder and arm. It hurt her to catch her breath. She is not a smoker.

GASTROINTESTINAL: Normal appetite, digestion and elimination.

GENITOURINARY: Kidney, ureter and bladder functioning well. No problems here. The menses are normal, allowing for a few menstrual cramps, treated with Motrin by Dr. Seiler, in Florida.

NEUROMUSCULAR: The right arm: "I have no complaints."
The left arm: "If I overdo, I feel it in my back and between my shoulder blades, and if I rest, it will subside. My back (gesture to the left scapular area) and it goes over (gesture over the deltoid area of the left shoulder and down the arm to the elbow.) No, it does not go down the forearm or hand."
The legs and feet: They're alright.

CERVICAL VERTEBRA: (See Chief Complaints above.)

THORACIC VERTEBRA: "Occasionally, when I overdo, I feel it kind of left side (gesture left scapular area, and left area of the back which would be the rhomboid area)."

LUMBAR VERTEBRA: "That's okay. Occasionally, there's some low back pain in midline, during my period."

This concluded the taking of the history which [redacted] had started on the stroke of won today, and the history itself ended at 2:12 PM, which is two hours and 12 minutes of history taking.

PHYSICAL EXAMINATION

[redacted] is a mesomorphic white female, standing 168 centimeters tall and weighing 67.5 kilograms. This is equivalent to 5'6 1/4" in height and 148 pounds. According to the Metropolitan charts, she should weigh between 133 and 147 pounds, so the lady is very well proportioned, well nourished, and well muscled.

AFFECT: She is alert, rational, oriented, and cooperative. She was somewhat nervous at first, and could not understand why I could not take a history made up by her attorney's, in place of a history given to me by herself. However, as I said, she was quite cooperative, and we got along very well. There was the one episode when the tears came into her eyes when she was remembering

her experiences down in Georgia.

STANCE: She is mesomorphic in somatotype. She is left handed. The shoulders are held level. The iliac crests are about one centimeter short on the left, which is within normal limits, I did not find any list, one way or the other. I thought there might be a very slight scoliosis, and if there is one, it would be slightly to the left. It certainly is not of any significant degree.

GAIT: The gait is normal. She does not limp. She can walk on the balls of her feet and her heels without weakness or pain.

SKULL & FACE: The skull and face are symmetrical. There are no weaknesses and no tics, and the TM joints work smoothly.

EYES: The pupils are equal and react well to light and accomodation. The external occular movements are normal. There is no nystagmus and no lid lag.

EARS: The canals are clear. The tympanii appear normal. The hearing is grossly normal.

MOUTH: The teeth are practically perfect, The tonsils are absent. The gag reflex is present, The voice is normal. The tongue is in midline without engorgement, deviation or tremor.

NECK: There is a 6 centimeter scar midline posterior, which is neither tender nor adherent. All of the motions of the neck are painless, and specifically, there is no meningeal tug, which is to say, no back pain, or for that matter, any other pain, on flexion of the neck. She does have a tight cervical fascia, but it is not tender, and apparently, not painful. Flexion is 35°, extension 45°, left rotation 45°, right rotation 50°, left lateral bending 40°, and right lateral bending 45°. All normal, and all painless. Anteriorly, the thyroid is in midline. It is the usual size and shape, and not tender, and there is no dysphasia.

UPPER EXTREMITIES: She is left handed. The scapulo-thoracic joints show normal elevation, depression, flexion and extension with no problems or pain- The scapulo-humeral joints, all active motions, show 180° of abduction and flexion, left and right. External rotation is left 75° and right 80°. Internal rotation is 110' left and right, The active motion in the left elbow is from 0° to 150° of flexion. In the right elbow, it's from 0° to 155° of flexion, with no pain. In the forearm, pronation and supination are 90°, left and right, and painless. In the left wrist, extension is 63' and flexion is 64". In the right wrist, extension is 56" and flexion is 77°. All these are normal and painless. The motions in the fingers are normal. None of the digits show any of the stigmata of arthritis. The thumb opposes the digits normally. There is no tremor, and good coordination. The palms are firm, but not calloused. The circulation is excellent, with the nails blanching and refilling readily, and also Adson's Sign showing normal circulation when the arms are abducted and the neck is rotated. The biceps, triceps and pronator reflexes are brisk and equal. The sensation to touch and pain in the fingers, hands, forearms, arms and shoulders, anteriorly and posteriorly, are all normal sensation. There is a 1 centimeter scar over the anterior aspect of the right wrist where a ganglion was removed years ago. The circumference of the left biceps is 27.5 centimeters, and the right biceps is 28.0 centimeters. The circumference of the left forearm is 25.0 centimeters, and the right forearm is 25.0 centimeters. This is all normal. She still is left handed, but the right is very well developed, and, as

you know from her history, she has been in sports all through her school years. She has done swimming, tennis, softball, volleyball, bowling and weight lifting, just to mention a few. On the dynamometer test, this left handed woman has on the left grip 230 pounds, and on the second trial *240* pounds. On the right, her grip is 240 and 220 pounds. I'll leave it to you if there's any weakness. It looks pretty symmetrical to me. 1 can find only one thing which is the least bit different. (I don't know whether it's abnormal or not.) When I was examining the range of motion in the forearms and wrists and elbows, the lady did all of her active motions, and I've listed how well she moves and that it was all normal. However, she reported that in the left forearm, her forearm (sometimes she points anteriorly, to above the wrist, and other times, on the dorsum or posterior aspect of the **forearm,** at the proximal third) this forearm feels "tacky". After actively flexing it and extending it, she says: "It doesn't come **away.** I have to shake **my** hand and arm." And indeed, that's what drew my attention to it, that without saying anything, **she** would **do** the active motions and I would measure them and dictate the **data** to my x-ray technician to record, and meanwhile, she would be gently ***shaking*** her wrist. **We** spent some time making sure we both understood what "tacky" meant, and she said that it means that things don't want to come apart **when you** pull them apart. My original idea was that it was like pulling taffy, as taffy is tacky, it strings out rather than pulls apart. I think **our** understanding is close. I hope I've communicated what the lady was trying to tell me.

THORAX: The **thorax** is symmetrical. The respirations are ***easy*** and **regular. The** chest expansion is a full 8.0 centimeters, which ***is,*** of course, **extraordinarily goad,**

LUNGS: There are **no** rales and no rubs. The breath sounds are **normal.** There was no coughing at all.

CARDIOVASCULAR: **With the lady seated,** the blood pressure in **the** left **arm *is 96/76.*** She **tells** me ***it's*** usually this low, or even **lower,** in **earlier days. There is a regular** pulse pressure and no pulse deficit, There are no audible **murmurs and no** palpable thrills.

BREASTS *6* AXILLA: No abnormal masses, no lymphadenopathy.

ABDOMEN: There are four good reflexes. There ***is*** a Pfannenstiel incision in the lower **abdomen, and** that's where the fibroid **was** removed, **There are no** hernia. There **is** no **tenderness.**

PELVIS: The pelvis is externally symmetrical, and spreading and compressing the iliac crest caused no pain, which is normal. Internal examination **was** not done at this time. The lady is having a normal menstrual period.

LOWER EXTREMITIES: The iliac crests are not quite level. The left one might be about a centimeter short, perhaps less than half an inch. The Trendelenburg Test is negative for weakness or pain. The Rhomberg Test is normal for balance. The BOGC pathological reflexes are negative, which is normal. The sensation to touch and pain was normal. The circulation in the lower extremities is normal. "he knee jerk and ankle jerk are bilaterally present and equal. The Sciatic Stretch Test is negative, left and right. Toe extensor power is normal, and eliciting this test does not cause any pain (no Valsalva: **No** pain anywhere in the back with increase of the intra-abdominal pressure.) The Straight Leg Raising Test is 95° on the left and 95" on the right, and in both cases, just with hamstring tightness, which is, of course, unusually good. Active hip flexion

is 135" left and right. External rotation is left 75°, right 55". Internal rotation is left 45°, right 40". Adduction is 50° left 45" right. Abduction is 40° left and right. Extension, against gravity, is 20" left and right. These are all normal. Active motion in the left knee is from 0" to 142°, and the right knee from 0° to 134°, and these motions are normal and painless. Active motion in the left ankle is extension 12° and flexion 49°, and on the right, extension is 8° and flexion is 50°, and these are normal and painless.

BACK: When she stands erect there does not appear to be any list at all, and this is determined by dropping a plumb line from the spinous process of C7. Flexion is 13 centimeters, 115°, and the lady can touch the floor easily and without any effort, and with no pain. Extension is 45° and painless. Left and right lateral bending are both 40" each, and painless, and all this is normal.

When the lady is prone and relaxed, there is no sciatic tenderness, no sacro-iliac tenderness, in fact, no tenderness in the back at all, and that included the neck, at this examination, but this is not the best way to examine a neck,

SPECIAL EXAMINATION OF THE NECK: I'd already checked the neck when she was standing and when she was lying prone. Now, I had her seated on a stool in front of the examining table with her hands on the table, her head on her hands, and her shoulders and neck flexed and everything relaxed. Under these conditions, there is a 1+ tenderness in the left occipital bone at the Nuchal Line, and she reports that this really becomes a sore spot sometimes. Right now, it's only just a little bit tender, under firm pressure. There is no such tenderness in midline, nor on the right side of the occipital bone. Then there is a 1+ tenderness at the level of C2 in midline, and this is the first of the spinous processes, and therefore, it can be palpated, and it's just a little bit render to very firm palpation. There is another sensation. On direct and rather firm pressure of the spinous process of C4, she reported "a thin fine line went down over (she gestures with her had) the left trapezius and down (the lateral aspect of the left arm)." Firm pressure over the spinous processes of C5, C6 and C7 and T1 show *zero* tenderness, There is no paravertebral tenderness.

X-RAYS

X-ray number *4978,* taken in the office of Dr. Nolan 9/13/88, shows routine four views of the cervical spine and a single 14x36" standing scoliosis film.

In the cervical area, on the *AP* view, the usual seven vertebra are present. There are no apparent congenital anomalies. There are no cervical ribs. The quality of the bone is good. There is a very slight right cervical, left thoracic scoliosis, hardly noticeable. The spinous process of C7 and C6 are normal, The spinous process of C5 is bifid, which is normal. The spinous process of C4 is identified, I do not see any defects which could be called a laminectomy. There is some widening on the left between the lamina of C6 and C7. There could have been a laminotomy here between 6 and 7 on the left. I see no evidence of any surgical interference in the lamina between the inferior portion of C5 and the superior portion of C6 on the left.

On the special view, the relationships of the atlas axis and odontoid process are normal. There is some fairly well formed osteoarthritic spurring, both medially and laterally, and in both the left and the right sides of C1 vertebra. The joint is normally wide.

On the lateral view in extension, there is a good range of motion and all of the vertebra seem to move smoothly. There is slight narrowing at C5 and C4, and no significant narrowing at C6 or 7. There is anterior spurring at the superior plate of C5, and at the inferior plate of C5, and the superior plate of C6 and the inferior plate of C6. This is accompanied by two bony round masses at the superior and inferior margins of C5 anteriorly, and both of them seem to be, on the x-ray, seperate from the vertebra. These would be called "traction spurs" and would lie in the anterior longitudinal ligament. There is slight sclerosis of the inferior plate of C6 and the superior plate of C6, and the superior plate of C5.

On the Lateral view in flexion, there is a slight degree of motion in all of the vertebra. It is not a large amount. There is a slight degree of motion in all of the vertebra. It is not a large amount. There is no total restriction of motion at any level. There is slight narrowing at 4,5 and 6, and it is again noted. The little traction spurs at the superior and inferior plates of C5 are noted, they have not changed position on motion.

CONCLUSION: Essentially normal cervical vertebra, with some evidence of surgical laminotomy at the inferior lamina of C6 and the superior lamina of C7. This would be the C6 disc space area. Very slight spondylosis of the disc complex at C4, C5 and C6. Small traction spurs, the anterior aspect of the body of C5, superiorly and inferiorly.

On the 14x36" standing scoliosis view, the cervical, thoracic, lumbar area, pelvis and hips are seen. There is some shortening of the left lower extremity in the weight bearing surface of the left femur. It is 8 millimeters lower than the right. The iliac crests are not level either. There is approximately the same 8 millimeter shortness on the left. There is a compound curve scoliosis here, but of extremely slight degree, and pretty well compensated so the head is just about over the sacrum, not quite. Measuring from the spinous process of C7 and the spinous process of L4, to the left lateral margin, we find 0.8 centimeters list to the left. That's not very much. The little curvature that I saw on physical examination is represented here, and this curve is left thoracic, and then there is a compensatory right cervico-thoracic that embraces all of the cervical vertebra and T1 and T2 are part of tkis curve also. The left thoracic curve measures 5° to the left. Generalizations are always dangerous, but I would think, considering x-rays alone, that such a relatively small curvature would probably be asymptomatic. There is no evidence of any massive arthritis of the thoracic area. The usual 12 thoracic vertebra are present, with 12 pairs of ribs. The usual five lumbar vertebra are present. The general alignment is good.

CONCLUSION: A compound curve right cervico-thoracic, left thoracic scoliosis, where the left thoracic component measures 5" to the left.

CONCLUSIONS: 1. A compound curve scoliosis, not quite compensated, but the largest curve is the left thoracic, and that is 5° to the left. The cervical curve would be to the right, and it would be in the order of 5° or less.

2. X-ray evidence, on the AP view only, of possibly a laminotomy on the left involving the inferior portion of the lamina of C5, and either none or a very slight amount of the superior portion of the lamina of C6. This would be the C5 disc space on the left. There is no evidence of surgical intervention elsewhere.

3. Slight narrowing of intervertebral discs 64, C5 and C6, with traction osteophytes or spurs anteriorly at C5, the superior plate and the inferior plate. These litle bits of bone (or possibly calcium) do not move when the neck moves.

COMMUNICATIONS

Thank you, Mr. Jeffrey A. Ford, for the 147 pages of communications which you sent.

Pages 1-3: A letter from Mr. Ford dated 9/7/88, and on page two, he asks five qaestions which will be answered at the end of this report.

Page 4: Apparently an emergency room report, and this is dated 12/18/85 (two days after the DOI). The chart is marked is allergic to adhesives and alcohol to the skin. Quite a bit of the writing is not only in script, but also in abbreviations. However, the diagnosis is: Acute cervical sprain. It says that home instructions were given to her, and Norgesic Forte, one every eight hours, is apparently prescribed.

Page 5: An x-ray report. The date is 12/18/85. (Two days after the accident.) The cervical spine, interpreted by Dr. Urankar is: "...no evidence of fracture, subluxation or bone disease. Degenerative lipping is noted about the margins of the C5, but there is no disc space narrowing nor significant anterior wedging of C5. The odontoid process is intact...". In the thoracic spine, the doctor writes: "...no evidence of recent or remote trauma, or significant degenerative disease, except minimal osteophyte formation at the anterior margins of the 6th, 7th and 8th disc spaces."

Page 6: From the Memorial Hospital of Geneva, from the emergency room. The date is 12/18/85. It says telephone follow up indicated, and it is marked "yes". There was a telephone number listed, but it has been scratched out, and below it is written "going to Europe".

Page 7&8: A report by Hal M. Tobias, M.D. of Marietta, Georgia. His heading at the top of the paper says that he is in "Neurology". It starts off by saying the [redacted] was in an automobile accident on December 17, 1985, but I think this error is not necessarily of any significance, and it does say that she was hit broadside. She was hit on the driver's side, and she was driving. Her head snapped back to the left hitting the post between the front and rear seats. There was no loss of consciousness, but local head pain. It says that the next day she went to the emergency room for precautions to have x-rays taken. (NOTA BENE: Emergency room slip (page 4) states: "Involved in a car accident last Monday." The emergency room on 12/18/85 was a Wednesday. Last Monday would have been 12/16/85. We might as well get the dates straight, as long as we're going to talk about them. She did not go to Dr. Tobias the day after the accident. She went to him on August 13, 1986, and she did not go to the emergency room the day after the accident. She went to the emergency room two days after the accident.) (I hasten to insert here the fact that I do believe the doctor is reporting the information that was given to him.)

The next paragraph, number three, of Dr. Tobias' letter is very important. It starts off by sayfng: "The patient had been doing well up until the end of May, which was the end of her school year." (That would be May, 1986, and that would be approximately six months after the accident of 12/16/85.) It goes on to say

that she was under much stress and tension ... she engaged in a lot of writing with her neck flexed and bent downward ... she developed neck pain and was unable to move her neck because of the pain. Soon, she was unable to raise her left arm above her shoulder because of severe pain in the low neck area. (She is left handed.) She also complained of pain in her left arm, radiating to the shoulder and elbow. There was no weakness or numbness. I think this is extremely important. It can hardly be stressed more than that. There was a six month gap between the accident, the emergency room visit two days later, and Dr. Tobias' examination six months later. During this time, she had been to Europe and enjoye a summer vacation, and started back to regular work at school. And even then, the school having started in late August or early September of 1985, she didn't get into much trouble until the end of May, 1986. Then, she associates her problem with sitting with her neck flexed and bent downward and writing with her left arm. The doctor goes on to talk about [redacted] going to a chiropractor in June, 1986 (which is six months after the accident), and she still had burning pain between her shoulder blades. She did get her neck manipulated. Then: "Over the past couple of weeks (that would be starting somewhere around the first of August, perhaps as much as two months after the chiropractor started his treatment: she started having radiatian of her pain between her shoulder blades to her shoulder, and down the lateral aspect of her arm, to the fourth and fifth digits of her hand (ulnar pattern of pain,)

In the physical examination, one of the things the doctor found was: "Lateral neck bending to the left elicits left axillary pain." The axilla is the armpit. (I had to go look that up in my Cunningham's Anatomy. The diagram shows that the left axilla, and, for that matter, a good portion of the chest adjacent, is ennervated from the C2 nerve root.) On page 8, Dr. Tobias concludes his report saying: "...I do not feel that the patient has a cervical disc disease, although this cannot be ruled out at this time. The most likely diagnosis, however, is brachioplexitis." This, again, is a very important piece of information. The doctor went on to see that an electromyelogram and NCV studies could be done, and a myelogram could be done.

Pages 9-15: Reports from Dr. I.A. Wells, D.C., D.M. He says that the first time he saw her was in June, 1986, and the DOI was 12/16/85. That certainly is a six month interval between the accident and his examination. The doctor described the accident: "These symptoms developed after being in an auto accident on 12/16/85 ...". Then, lower down, he says: [redacted] was diagnosed as having received a forceful extension, flexion strain of the cervical spine, producing the extension and rotation subluxations, along with an exacerbation, etc." (NOTA BENE: Dr. Wells is working from a false premise. She did not receive a flexion and extension injury, Dr. Tobias recorded the history accurately in his consultation on August 13, 1986. [redacted] gave Dr. Nolan the mechanism of injury accurately and correctly when she gave her history to him today. It was the same as that she gave to Dr. Tobias. From this false premise, Dr. Wells concludes: "This, in my opinion, is attributed to the accident injury."

Pages 15-18: These pages are from Kennestone Hospital in Marietta, Georgia. The first page is an emergency room service record, and the lady was admitted and registered there on 8/11/86 at 2:25PM. The diagnosis is "? C4-5 disc". Page 18 is an x-ray taken in Marietta on 8/11/86, and this was the cervical spine. The doctor said there is a normal cervical contour, there is noted some degenerative changes at the C4-5 level, however, the remainder of the cervical spine is within normal limits. (I'm reading these x-ray reports avidly, because I want to see when the two little traction spurs started showing up, and I think if they had been there, the doctor would have mentioned them. I'm also interested that he finds the degenerative changes (narrowing) at the C4 disc.)

Page 20: Admission sheet to the Richmond Heights General Hospital, under the care of Dr. Caizza-Cerni, and on the date 9/24/86 at 7:16PM. The principle diagnosis is the sixth cervical disc protrusion, and additional diagnoses are cervical radiculopathy and cervical myofacitis. It says that she had a cervical laminectomy with discectomy. (The level of the surgery is not mentioned here.) The second procedure she had was a cervical meylogram on 9/27/86.

Pages 22-24: A history. I do not know whether it was done by Mike Stockton, D.O. the intern, or *Mary* Caizza-Cerni, D.O., the attending physician. Both of them have their names signed to it. The history says: "She believes it to be related to a motor vehicle accident in which she sustained a whiplash injury two months ago." (The date at the top of this page is 9/25/86. Yes, she had a motor vehicle accident. No, it wasn't the classic whiplash injury, and most decidedly was not two months ago, it was on 12/16/85, which is nine months and nine days from the accident. It does make a difference.) Under the Systemic Review, the same statement is made that the motor vehicle accident was two months ago. The history concludes on page 24: "Neuropsychiatric - Denies seizures, paresthesias, incoordination, paralysis, atrophy, nervousness, depression, memory loss or emotional instability." (NOTA **BENE:** I don't know what she was like then, but at the present time, she has nervousness, depression and emotional instability. I don't know whether the lady gave a history that her accident was *two* months earlier than her admission to the hospital, but if she did, was this a memory loss?)

Page 25: Dr. Stockton and Caizza-Cerni's physical examination. "The Neck: No evidence of lymphadenopathy or masses noted. Good range of motion. Trachea is in midline." (NOTA BENE: No restriction of motion? No pain locally? No radiation of pain to one of the arms?)

Page 26: At the conclusion of the physical examination, is the neuromuscular skeletal examination. It is *very* important here, I think: "Cranial nerves 2-12 are grossly intact. Motor strength and tone within normal limits for age." Now the doctor is talking about the lady's arms, forearms and hands here, as well as the lower extremities. "Deep tendon reflexes were not able *to* be assessed on left arm due to the patient's refusal to be touched *in* this area due to pain." (NOTA **BENE:** This is extremely important. The lady went to a hospital and did not even allow them to check the routine tests.) The doctor then concludes: "Sensation is intact to pin prick and light touch." **(NOTA BENE:** It's too bad the doctor didn't check the ranges of motion and the circumferences of the arm and forearm.)

Page 27: Under Osteopathic Musculoskeletal Examination it is written: "No increase of the thoracic kyphosis or flattening of the lumbar or cervical lordosis, (The curvatures at the neck, thoracic part of the spine, and the low back are normal.) "NO **SCOLIOSIS.** Leg lengths are equal bilaterally, No increase or decrease in range of motion in flexion, extension, side bending or rotation." (NOTA BENE: This is presumably to apply to the neck, the thoracic spine, the lumbar spine, all of it?)

Page 28: X-ray report done at Richmond Heights General Hospital, The date is 9/25/86, and it's cervical spine x-rays. Dr. Schwartz, D.O., the radiologist, concludes: "Minimal degenerative joint disease within the cervical spine."

After this, there are x-rays of the left shoulder, which is normal, of the chest, which is normal. Then there are *AP* and lateral views of the thoracic spine, also taken on 9/25/86, and Dr. Schwartz, D.O. concludes: "Minimal scoliosis is present with convexity to the left and the apex at T6." (Now that's pretty good, and

this was done with the x-ray taken with the lady lying down. If it had been a standing scoliosis view, it would have been identified as such. We do learn something from this. When the lady does lay down, and her back is x-rayed, nine months after her accident, she still has the curvature of the spine. Incidentiall the doctor is not to be faulted for not measuring the curve, because he probably considered it would not be of significance, since it was not taken under the proper conditions for measuring a scoliosis.)

Page 32: A cervical myelogram, and this was done on 9/27/86. The interpretation reads: "During the transit from the lumbar to the cervical spine, the Omnipaque contrast was somewhat diluted and on the PA views (front to back) it is difficult to visualize nerve roots. Corsstable lateral views demonstrate indentations on the cervical thecal sac at the C4-5 and C5-6 level. This may represent either productive changes from the vertebral body or even a hernfated nucleus pulposus." The doctor recommends a CT scan. (NOTA BENE: At this time, on 9/27/86, the radiologist thinks there might be herniated discs at the C4 disc, and again, at the C5 disc. Apparently, he doesn't find anything wrong at C3 or C6 or C7.)

Page 33: CT scan of the cervical vertebra without contrast, and this was done on 9/27/86. Dr. Murray Schwartz, D.O. states: "Conclusion: Herniated nucleus pulposus at the C5-6 level and lateralizing to the left."

Page 36 & 37: Electromyelogram and Nerve Conduction Velocity tests of the left median ulnar and radial nerves. "...is consistent with left C6 radiculopathy, likely secondary to disc herniation at the left C5-6 level." (NOTA BENE: I'm going to give you a little anatomy, because this is confusing to a lot of people. There are only seven cervical vertebra, but there are eight cervical nerves, and C1 comes out on top of, or superior, to C1 vertebra. Therefore, C6 nerve root is on top of, or superior, to C6 vertebra, and underneath the C5 vertebra. This area of the body is the properly called C5 disc area. It is perfectly reasonable, but sometimes confusing, to call it the C5-C6 area. *Saying* the same thing in the interest of clarity: The C6 left nerve root comes out adjacent to the C5 disc.)

Page 37 is a consultation with Robert Coppola, D.O. which was done before the myelogram and after the EMG and NCV, and it states that these tests would be done: "... in anticipation of possible cervical laminectomy."

Pages 39 & 40: Two page operative report by Dr. Young Kim, M.D., the surgeon who operated [redacted] on October 2, 1986. In paragraph three the doctor says: "Then a partial laminectomy was performed at the left C5 interspaces;" (NOTA BENE: This agrees with the x-ray findings in *my* office today. The operation is also called laminotomy; an opening up. The term "laminectomy" means a complete removal of the roof of the spinal cord. This, of course, was not done here.) The doctor then writes (and this is terribly important): "Then ... On exposure of this epidural space, it was noted that the nerve root is free of any pressure at the foramen. *Also* nerve axilla was carefully searched for the extruded disc. Disc of the left fifth interspace was flat." (That means "normal".)

Continuing, now, with paragraph four of Dr. Kim's operative report: "... partial laminectomy was performed on the sixth cervical interspace on the left side." (I was unable to demonstrate that on my x-rays today.) "The lower portion of C6 and upper portion of C7 lamina was removed with micropunch...it was obvious that there was ruptured cervical disc lying from the axilla of the outgoing C7 root." (NOTA BENE: I've already explained what the C7 root location is; it is found at the level of the C6 disc.) "... it was possible to squeeze out this protruded

cervical disc. A piece of disc material was lying in front of the outgoing C7 root. There was a small opening of the disc interspace. Through this opening it was possible to squeeze out some of the tiny pieces of the degenerated disc from the interspaces." (NOTA BENE: Alright, that's a very vivid and apparently accurate description which I accept as fact. There's two things to be noted. The material "squeezed out" and the material which is removed by going through the hole that the herniated disc came from, is not cartilage, but the nucleus pulposus tissue which is different under the microscope and is very, very significant. That's one of the reasons all specimens removed in surgery are submitted to the pathologist, and in this case, the tissue should be examined under the microscope also *to* determine that it was nucleus pulposus tissue. Pleas note that the material that was removed at the level of, and actually from, the C6 disc, according to the doctor's statement. The radiologist, with his CT scan, was very specific that there was a herniated disc at C5 left.)

Page 41: (NOTA BENE: A very important document, and should be carefully studied and remembered.) This is from the Department of Pathology. The pathologist is Dr. P.S. Murthy, M.D. He is reporting on [redacted]. The diagnosis is herniated cervical disc (level not named). At the line above this, it does say that tissue specimen to be examined: "Herniated cervical disc C2 left, cervical osteoarthritis". I'm sure that this is some typographical error. There is a C2 disc, but the doctor was never up there surgically; and we shouldn't let this distract us. It's just somebody's mistake in records. It doesn't mean that the doctor was mistaken by operating at C2. The pathologist then reports that he saw cervical bone, irregular fragments, and these would be pieces of the lamina of C5 and some of the lamina of C6, when the doctor did the laminotomy. Then it says: "Cervical disc. Received in formalin are multiple irregular fragments of pale tan to pale yellow fragmented soft tissue, measuring from 0.8 cm in greatest dimensions. Representative sections are taken." That means that *the* doctor did take pieces of this material called cervical disc and that he did have slides made so that the material could be examined under the microscope. There is an implication here, quite routine, that the doctor did see the slides when he made this report. Then, "Final Diagnosis: Degenerated cartilage", (NOTA BENE: I have some uneasiness about this. Nucleus pulposus tissue does not look the same as degenerative cartilage. The second thing that makes me uneasy is the amount of the specimen. 0.8 cm is 8 millimeters, and *there's* 25 millimeters to an inch, *so* actually, that's a fairly good sized piece, and he doesn't say how many of those there were, or the volume or weight of the material. But one might expect a little more nucleus pulposus.)

Page *44:* Progress notes, dated 10/10/86. Patient discharged from the hospital. Had a good night. She is given a prescription for Tylenol with Codeine, and range of motion exercises. This discharge progress note was written by Dr. Caizza-Cerni.

Page 50: Progress note for the date 10/8/86 (no the pages are not in chronologic order). It says the patient was seen, and she continues with excellent progress.

Page 51: Discharge summary, signed by Dr. Caizza-Cerni. Final diagnoses are:

1. Sixth cervical disc protrusion.
2. Cervical radiculopathy.
3. Cervical myofascitis.

The operation done was "Cervical laminectomy with diskectomy and cervical myelogram

Pages 67 & *68:* There follow after the discharge summary from the hospital, a number of pages which are copies of different bills. Page 67 is a copy of something, but it's for the surgical pathology, and it has two charges for the

date 10/2/86. One is for $18.70, and the other is $49.50.

Page 68 is an anesthesia bill for the date 10/2/86, and the total bill is $910.00 for the anesthesia,

Page 71: An x-ray report from the Kennestone Hospital in Marietta, Georgia. It says that on 8/11/86, a cervical spine x-ray was done and the x-ray showed: "... reveal a normal cervical contour. There is noted some degenerative changes at the C4-5 level; however, the remainder of the cervical spine appears to be within normal limits." (Now, please notice that this x-ray, taken before the surgery, and nine months after the WI, showed the degenerative changes at the C4 disc, and no place else. I think this is fasinating, and you should remember it.)

Page 72: A report by Dr. A.I. Wells, D.C., D.M. of Cleveland, Ohio. It is addressed to Gaines & Stern Co., L.P.A. in Cleveland. In the second to last paragraph, the doctor says: "...having received a forceful extension, flexion strain of the cervical spine ..." It says that she was treated and had 12 treatments to date with good results. It says that she will continue to need treatment over a six month interval, at which time he expected her to be symptom free.

Page 74: Going back in time again, to 12/18/85, before her surgery, and x-rays of the cervical and thoracic spine were taken, and Dr. Urankar, at Memorial Hospital of Geneva was reporting to Dr. Mangay, who requested the x-rays. Of the cervical spine it says: "Degenerative lipping is noted about the margins of C5 but there is no disc space narrowing nor significant anterior wedging of C5." In the thoracic spine, it is noted that there is some osteophyte formation at the anterior margins of the 6th, 7th and 8th disc spaces.

Pages 76 & 77: Two pages of the police report of the accident. The diagram shows car #1 hitting the left side of car #2.

Page 104: Just a progress note, while the lady was in the Richmond Heights Hospital. The progress note is on the date September 26. On that date it is written: "Refusing cervical traction until "physical therapy is supposed to instruct you how to put this on".

Page 105: A Physician's Order from the Richmond Heights Hospital on 10/1/86. Discharged today. She was signed out by Dr. M. Caizza-Cerni.

Page 112: Another progress note on 9/28/86, from Richmond Heights Hospital. The patient was asking to have the cervical traction changed, because it wasn't comfortable.

There are a series of pages here, where they are called progress notes, and these are nurses progress notes, and the date is one page for one day. For example, on 10/2/86, there is the nurse's notes, and that's all. Apparently, that's all they put on one page. This is done quite often here.

Page 124: Looks like it might be an important nurse's progress note, and it's dated 10/something/86. It is probably shortly after one of the dates for an earlier progress note on 10/4/86. There are three dated entries here, so possibly all of them might be on 10/4/86. The script is not the best, and the ink is only very faint. I can't say that it's a bad copy, because this is the only line that is almost unintelligible. "When walking back from bathroom, patient started having whole body tremors. Denies chills." "I don't know what it is, it just started." (NOTA BENE: This, of course, is why nurse's notes are

important in a chart. I think this is just another manifestation of the lady's general nervous tension, and general nervousness.)

Page 128: Another nurse's progress note, dated 10/6/86. "Resting well. Quiet night." The day shift entry says: "Up in the halls, tolerated well, cervical collar in'place. Cervical neck dressing clean and dry."

Page 133: Nurse's progress note for the. date 10/9/86. The day shift entry reads: "Prescriptions for Codeine, 30mg, Valium, 5mg, and Darvon N-100 to the patient." (This is the nurses note. It only means that one of the doctors wrote those prescriptions for her.)

Page 135: Nurse's progress note, dated 10/10/86. Entry at 10:30AM: "Discharged by wheelchair with family for home."

Page 136: A letter from Young Kim, M.D. dated December 9, 1986, and addressed to [redacted] It says: "You were examined on Thursday, December 4, 1986. I am glad to see that you had complete relief of your intense shoulder and arm pain. Apparently, you also have no weakness or numbness as you had previously. Your neck incision wound is very well healed. Also you have no evidence of weakness in your shoulder nor arms. ... You may return to work beginning January, 1987.... You may contact our office only if you have any serious problem. Good luck to you." All very well and good, of course, but I really should, in the interest of thoroughness, quote the last paragraph, which says: "As I explained to you, you may have occasional neck pain coming from the degenerated cervical discs. Even though you have some occasional stiffness or neck pain, it is not unusual for your neck problem. In those cases, you should take simple medications for pain and contact your family doctor." And this is signed by Dr. Young Kim.

Pages 137 & 138: A report from Mary Caizza-Cerni, D.O. dzted January 7, 1987, and addressed to Mr. John V. Seharon, Attorney At Law. It says that she first saw [redacted] in her office on 9/24/86. The doctor admitted the patient to Richmond Heights General Hospital and she was determined after, appropriate testing, to have a prominent herniated cervical disc at the level of C6-7. (NOTA BENE: I'm afraid this is not a factual statement. The radiologist interpreted the CT scan quite specifically - herniated disc C5-6, on the left posterior. He didn't say anything about the disc at C7.) Dr, C-C continues: "Discectomy was performed per Dr. Kim, with excellent results. I have released [redacted] hospital records for your inspection ...". The next paragraph says: "...has since shown complete resolution of [redacted] pain, and she has gradually achieved nearly full cervical range of motion." On the second page of her letter, the doctor writes: [redacted] states that she had recurrent left cervical pain in May of 1986." The next paragraph reads: "On 8/11/86, [redacted] had recurrence of left neck and shoulder pain. She was seen at the Kennestone Hospital emergency room. Her pain continued, and increased in severity up to presentation in my office on September 24, 1986." The second to last paragraph reads: "In my opinion, the herniation of the C6-7 disc was most probably initiated at the time of the accident and progressively worsened with time. [redacted] had no complaint of neck or shoulder discomfort prior to the accident." (Dr. Nolan observes that I'm sure [redacted] made this statement to her doctor, and I am also sure that the doctor has a history of a long period of time after the accident when she didn't have any problems with her neck or shoulder. It was approximately six months before she saw a doctor again.)

Page 140: A letter from Young Kim, M.D. dated 3/24/87 to [redacted]

"You were re-examined on Tuesday, March 24, 1987." Skipping to the fourth paragraph: "As I explained in detail, I think your pain is coming from cervical facet joints which probably are originating from a strain or osteoarthritic irritation. ... I would like to see you in two months for furthe checkup here."

Page 141:. A letter from Young Kim, M.D. dated 6/1/87 to [redacted] "You were re-examined by me on May 26, 1987. ... you had cervical disc surgery in October of 1986. You did well until March of this year, when you developed quite severe neck pains ... You may continue your activities as of now. It is possible that you could have some neck pain in the future. In that case, you should take simple pain medication."

Page 142 & 143: A *two* page report by Patrick T. Hergenroeder, M.D. , orthopedic surgeon in Chagrin Falls, Ohio. It is addressed to Gaines & Stern Co, L.P.A., *of* Cleveland, Ohio. It is a report of his initial office evaluation on 2/29/88. His diagnosis: "Incomplete rehabilitation post-cervical laminectomy and discectomy." His recommendations, on page *two* of his letter: I referred her to Maria Murphy for the appropriate exercise program." The second paragraph on the second page reads: "Certainly, the poor muscle tone which I've diagnosed in the trapezius, rhomboids and serratus, which she was treated at Ameri-Sports Medicine for, was related to that surgery, presumably necessitated by her accident."

Page 144-146: Apparently copies of the physical therapy records from Ameri-Sports Medicine in Chagrin Falls. Her therapy started on 3/12/88 and the diagnosis is incomplete rehabilitation following cervical laminectomy and C5-6 discectomy. The initial evaluation is on March 12, 1988. The last legible entry is April 16, 1988, but there is half a page of material below that that is totally illegible. I don't know whether it's a problem with the records or with the copying device.

Page 147: A letter from Charles M. Diamond Co., L.P.A. dated 9/7/88, addressed to Gaines & Stern Company. Specifically, it calls the attention of Mr, John V. Scharon, Jr. It says that this letter confirms the arrangements to have [redacted] examined by Dr. Nolan on 9/13/88. He then discusses law matters with Mr. Scharon, which has nothing to do with this medical examination, and my report.

ADDENDUM

Extra x-ray films from Richmond Heights Hospital brought to Dr. Nolan's office on 9/15/88 at 12:30PM.

These are a number of envelopes containing the original films, and therefore, they should be returned to Richmond Heights Hospital. There are three views of the left shoulder, only one of which is identified as left, but from the soft tissue shadows of the lungs, I would say they are all the same side. The name of the patient is [redacted], and the date is 9/25/86. I see no bony pathology.

Then there are a series of films which I shall run rapidly: Two 14x17" films AP and lateral thoracic vertebra shows the left scoliosis, date 9/25/86. Two films, 14x17" same date, same thoracic vertebra. (No, I don't know why there are double x-rays on this date.) There is a portable x-ray called "placement" in crayon, written on the film. I'm not quite sure what's being placed, but it seems to be around the cervical area. The film is very dark,

There is one 10x12" film, too dark. There is one 10x12" film, undated and not numbered. There is one 10x12" film, too dark to interpret, but I can make out that it is of the cervical area.

There is one AP of the mid-cervical area taken 9/27/86. There is one 10x12" cervical AP which shows degenerative arthritis at the level of C4, both left and right.

There is one myelogram lateral that shows encroachment at the level of C4, both anteriorly and posteriorly, on the thecal sac. The lateral view of C3 is normal. C4 is not demonstrated on this film, nor are the others. Please note that the osteophyte at the superior plate of C5 is not seperated from the vertebra.

There are three views, AP and left and right obliques, of the cervical vertebra. These are very clear. They show good wide foramina on the left, but the right has marked narrowing and bony encroachment at the level of C5-6 foramen. I repeat that the left C5-6 appears normal.

There is one AP view of the cervical vertebra which is normal. There is one odontoid process view taken on 9/25/86, which is normal.

There is one AP view of the cervical vertebra taken on 9/27/86, which is normal.

There is one myelogram view, taken 9/27/86. This is an AP view, and it is normal. (These two are the only myelogram films that were sent to me.)

There is one AP of the cervical vertebra taken 9/27/86, normal except for obvious degenerative arthritic changes at C4, both left and right. These are arthritic changes.

One lateral view, taken in surgery. The surgical retractors are at the level of the C5 cervical disc, and posterior, The date is 10/2/86. Unquestionably, this is taken to identify what level the surgeon is inspecting at the time. We know from the doctor's report that he did inspect this area and found no pathology and then went down to a lower level to see C6, and operated there. There was no herniated disc at C5. Nobody looked at C4.

There are 66 views of a CT scan of the neck. The scale is indicating that the C6 level would be on films #24, 25, 26, and 27. Actually, it is on film numbers #24 and 26 that it is best seen, and there is an obvious defect at the level of C6 on the left side, but not the right side.

NOTA BENE: The radiologist very kindly took these at two different densities very often, and one of the reasons he took it light enough to show there was still some residual contrast material left over from the myelogram done the same day. This is very nice and it's an extra help in viewing. I notice that it was stated that the CT scan was done without contrast, but I'm sure this was for purposes of billing, and that was certainly the honest way to do it.

CALENDAR OF EVENTS
(Based on history and x-rays)

1. Auto accident, Monday, 12/16/85, with a compression of the cervical vertebra by left lateral bending, and a distraction of cervical vertebra on the right. (No flexion, no extension injury.)

2. Wednesday, 12/18/85, to the Memorial Hospital of Geneva for x-rays. The doctor called it a cervical spasm. The lady does not remember what the x-rays showed.

3. Thursday, 12/19/85, she worked at her regular job.

4. Saturday, 12/21/85, she flew to Europe. During this holiday, she did not see a doctor.

5. January, 1986, she resumed duties as a Student Counselor. "Generally not feeling up to par", which is her own way of expressing it.

6. End of February, 1986: Began scheduling students again. Non-stop writing, as she described it, and the lady is left handed. Sometimes she had shooting pain, sometimes achiness, again, using her words.

7. June 14, 1986, she woke up and could not move her left arm.

8. She went to Dr. Wells on approximately June 15, or perhaps June 16, 1986, and he was her chiropractor in Cleveland. She had x-rays and manipulations and cervical traction. She had pain in the left shoulder posteriorly, and the upper left back, and other pains, as described in her history.

9. August, 1986 the patient flew to Georgia to visit her family. She had to go to the emergency room at the hospital in Marietta. She went to a neurologist, Dr. Takis. He recommended electromyelogram and nerve velocity conduction studies and a myelogram. The lady flew home.

10. August, 1986, home again, under the care of Dr. Wells in Cleveland. She resumed chiropractic treatment,

11. September, 1986, Dr. Wells referred her to Caizza-Cerni. She was admitted to Richmond Heights Hospital that very same day that she saw Dr. Caizza-Cerni, and this was in September, 1986. (That's nine months after the accident of 12/16/85.). I believe you'll find that this doctor, as well as some other doctors, were given a history that there had been a time interval of two months between the accident and the lady being examined by them.

12. X-rays of the neck showed the arthritic degenerative changes at C4-5-6. Nobody seemed to mention a curvature of the spine, or scoliosis. A myelogram was done (cervical) and this was said to show filling defects. at C4 and also at C5. I have viewed those myelogram films (two of them) and I do see defects, both anteriorly and posteriorly, at C4, but C5 doesn't happen to be on those films. I doubt not that there are other films that were just not sent to me.

13. A CT scan, or sometimes called a CAT scan, and the doctor was very definite about the fact that the lady had a herniated disc at C5 on the left. He didn't see any herniated disc at C4. (Neither did I when I reviewed those CT films in my office, but I did see a large herniated disc at what appeared to be C5 left, or perhaps it was C6. The scale here is very small and close together.)

14. Surgery was performed. It was not a laminectomy, it was a partial laminectomy, which is also called a laminotomy. It was done at C5. This is also called C5-C6, and through a midline incision, it was done left posterior. The doctor did not find a herniated disc. He very wisely then moved down to C6 (and I would really like to hear him explain his thinking, when he moved down to C6 instead of moving up to C4) and he did find a herniated disc at C6-C7 on the left. He removed a

portion of this. The pathologist report is a little ambigous, and this is deplorable, but I think we can accept it as being removal of a portion of the nucleus pulposus, or herniated disc. (Maybe some of the old slides are still in the laboratory, or maybe the block of tissue embedded in it's wax is still there so that more slides could be cut and studied to make sure this was the nucleus pulposus tissue, but I doubt that this is necessary.)

CLINICAL IMPRESSIONS

My clinical impressions after examining [redacted] and after all those sources that I quoted above, are:

1. Nervousness. Extreme tension ("anything that is stressful, my neck and shoulders tighten up").

2. Six operations in the past. Two automobile accidents, four other accidents, none of them, as far as I could tell from her history, involving her neck.

3. Scoliosis. This is right cervico-thoracic, left thoracic. It's old. You have to remember that the patient herself was 36 years old at the time of the accident. One of the radiologist's reported it on films of the thoracic spine taken with the patient lying down. I have had the opportunity of seeing these films, and they certainly do show a scoliosis here, and it looks about the same then as it does today, when I took a true scoliosis film with her standing and weight bearing. The significance of the scoliosis? The mechanism of injury on 12/16/85 was compression or lateral bending of the neck on the left, and distraction or widening of the foramina on the right side of the neck. The left nerve raots got pinched. This scoliosis is a condition which pre-existed, it was present before the accident of 12/16/85. And, I can go further, and say that the scoliosis itself is the direct cause of the increased speed of ageing, the increased development of degenerative arthritis in the lady's neck.

4. Generally, an excellent body in good functioning condition. Specifically, there is no neurologic deficit. There is no atrophy of the arms or the legs. There is no loss of sensation or motor power. There is no change in the circulation, it is normal, both left and right, in the upper extremities. All of her reflexes are normal. The grip is strong and symmetrical.

ANSWERS TO QUESTIONS

1. Your findings on examination.
   ANSWER: 1. See "Present Illness", "Chief Complaints", "Past History", and "Regional History". If you try to put this into a ten word telegram, you're not going to understand the case. The understanding of the case lies in all of the history we could get, all of the x-rays we could see, all the written records that we could review. They are all important.

2. What is the permanency of her condition?
   ANSWER: The scoliosis is long standing and it is permanent. The nervousness is severe, and is increasing with time, and has not really been treated (somebody prescribed a valium at bedtime, and she takes it occasionally, which is a blessing.) Real, thorough treatment is indicated here, and this is primary, more important than any other kind of treatment.

3. What are the functional effects of any conditions you have found?
ANSWER: The lady says it best: "When scheduling student's starts, I get worse. Tension - extra and continuous work, my head bent down in flexion, writing constantly with my left hand." This makes everything worse. Not only that, but everytime the scheduling for student's comes around again, she experiences it all over again. This should be quite bright clue to your understanding of her problem. Let us say the same thing in other words, and you might be able to see it more clearly: There is somatization of her stress and nervousness in addition to the organic lesions that she has; degeneration of the cervical C4 joints, left and right, degeneration of the cervical C5 left and right, with traction spurs that have actually been seperated from the body of the vertebra C5 and have been moved, as we see on x-rays taken over a period of time, degeneration of the disc at C6, both left and right, and this is where the surgeon found a herniated disc which was not demonstrated on the CT scan, not demonstrated on the myelogram. Following a surgical removal of this herniated disc, the patient was very markedly improved. The doctor has several letters, which I have read, saying how well she is. That would be Dr. Young Kim, M.D. Dr. Hergoenroder is another doctor who found her to be in pretty good shape, and just recommended some physical therapy.

4. Your opinion as to future pain?
ANSWER: Yes, she will have pain whenever stress is increased. She says so, she gives a history of it happening repeatedly, and you can bet your boots it's a fact and a truth. There is also the fairly gloomy realization that with the ineluctable changes occuring with progressing ageing, there will be an increase in the arthritic degeneration in the neck, and naturally, in the rest of the body too, but not necessarily at the same speed.

5. Your opinion of the nature and extent of future treatment Miss Stuetzer will need.
ANSWER: I think we can divide these into three types of treatment:

1. Psychiatric evaluation and treatment for her own reaction to stress.

2. This comes first, and is the most important treatment, and without this, no other treatments have their benefits maximized.

3. I am strongly of the opinion that a psychiatrist of the feminine sex would be accepted more readily and would be more helpful to Miss Stuetzer.

4. The possibility of additional surgery, naturally, comes up. The Cloward Procedure of doing an interbody fusion between two cervical vertebra is a time honored answer to some similiar problems (not identical). I mention it only to point out the dangers. Any interbody fusion of C6 and C7 might be quite helpful for those nerve roots, but it certainly would increase the physical stress and strain on C5. Any fusion of C5 and C6 would further increase the stress and strain on C4. Conservative measures are best used here. Specifically, I cannot condone the use of forceable passive motion of twisting in this case. The

use of gentle direct traction, (and that's passive motion) within the sagittal plane and without any rotation, and under controllec and measured amount of force, would be helpful, and she could be taught to use this modality at her own home.

6. Your opinion whether or not [redacted] present condition, as well as her medical condition set forth in the enclosed reports, is the result of the automobile accident of December 16, 1985.

ANSWER: Mr. Ford, this question cannot be answered the way it is phrased. You change the basis of the thought in the middle of the sentence. I do have an opinion, whether [redacted] present condition is a result of the automobile accident. I do have an opinion of her medical condition as set forth in the enclosed reports. The former are my own opinions. The latter are someone else's opinions, and I do have an opinion on their opinions. In the interest of clarity, again, let me elucidate the latter first:

A. **OTHER OPINIONS:** Concerning the relationship of [redacted] and her present condition to the accident of 12/16/85, you must have noticed the number of doctor's who based their opinions of the relationship on a history given (apparently by Miss Stuetzer) that her automobile accident was two months prior to her visiting of the doctor, Now, what would those doctor's opine if they knew that it was six months or nine months since the accident? If they knew she enjoyed her European holiday, and came back and returned to her regular work? If they knew her own often repeated complaints of stress and tension? Then we have another group of doctor's who fail to get an adequate history or an accurate history and therefore, are trea g [redacted] for a ash syndrome, h she does not have How much weight will you put on their opinions? And there is the third group of doctor's who diagnosed her disc at C4 or C5 from the myelogram, and others who found the herniated disc only at C5 from a CT scan (the radiologist), and actually, there was no herniated disc at C5 (surgical findings) but there was a herniated disc at C6 (and nothing pointed to that, or nobody made any diagnosis of it, prior to surgery). Now, this represents a perfectly honest opinion on the part of the doctors, at the level of knowledge they had. But, you have to admit that it is just a little bit embarassing. The beautiful part of it is, that the surgeon did find a herniated disc and did give the lady a large amount of relief. Incidentially, there is no surgeon in the world who would guarantee his patient that she would get 100%relief and return to completely normal after surgery. I'm sure Dr. Kim would agree with that statement. And, I must mention that a large group of doctors whs all have treated Miss Stuetzer (one radiologist excepted) and who not only do not know that she has a scoliosis, but apparently do not understand the obvious direct significance of a concave curve on the left side of [redacted] s neck. And, I haven't even begun to mention the significance of the degenerative arthritis in the neck, of the osteophytes at C5 superior and inferior which were bony projections from the vertebra and which became pulled off and seperated from the vertebral body of C5, according to the x-rays in my office today. Would any of these doctors now, seeing the difference in these films of the neck taken at different times, would they recommend vigorous manipulation of the neck

if they understood the significance of those osteophytes being pulled off?

B. **DR. NOLAN'S OPINION:** Dr. Nolan does have an opinion concerning [redacted] present condition in relationship to the accident of 12/16/85:

1. The cervical scoliosis pre-dated the accident. It was old and the accident happened. The lady was about 36 years old at the time of the accident. She looks a lot younger.

2. She already had degenerative arthritic changes in the neck.

3. It is possible that the accident of 12/16/85 directly caused the herniated disc at C6 left, but anything is possible. The courts do not accept a statement as foolish as that.

4. It is probable that she had a mild left brachial radiculopath which is the direct result of the moderate compression of the left cervical nerve roots as they emerge through the foramina (and remember, C5 left foramen is markedly narrowed in comparison to C5 right foramin, as seen in their respectiv oblique views, with x-rays taken at Richmond Heights Hospital Now, this could have been much worse, but fortunately her head hit the center of the post, limiting the left lateral bending (compression) of her neck. The mild and relatively benign course of her condition after 12/16/85 testifies to a mild and moderate trauma she received.

5. Did the left lateral compression on 12/16/85 aggravate a pre-existing herniated disc C6? I doubt it. Not enough problems afterwards. Did the accident of 12/16/85 give her a left cervical nerve root radiculitis? Sure. Of course I described the reasons why above.

6. However, when student registration time came around, months after the accident, the stress and nervous tension and the long hours of work all aggravated her, as they have done repeatedly.

7. If you are unable ...

ANSWER: I am able to form an opinion, based on the true history of the accident, the true shape of her spine at the time of the accident, and the appreciation of [redacted] nervousness. I do not presume to understand fully the extent of her stress, and perhaps her anxiety, but I do understand that there has been somatization of her problems, which is unfortunate, but which is quite natural.

CONCLUSION

Thank you, Mr. Jeffrey A. Ford, for allowing me to examine [redacted] (and you'd better correct the spelling of her last name in your office. I think you may have it wrong.)

If you have any more questions, I'm sure you will ask them of me, and I most certainly will do my best to answer them.

I want to thank you, not only for the 147 pages of communications you sent, but for the additional x-rays from Richmond Heights Hospital. I had already speculated on what those two little osteophytes floating in front of the C5 vertebra were doing there and what they looked like at the time of the accident. Now I know. Somebody else might have wondered if she got that scoliosis that's apparent on the x-rays taken in my office, since the accident. Now we know that she already had it at the time of the accident, and that's a very, very important point.

Respectfully Yours,

J. Richard Nolan, M.D.

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I N D E X

Respectfully Yours,

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