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ORTHOPAEDIC SURGEONS

April 11, 2001

Mr. Perrin I. Sah
Attorney at Law
113 St. Clair, Suite 525
Cleveland, Ohio 44114

Re: John Seelie

Dear Mr. Sah:

John Seelie is a 42 year old salesperson who does a lot of traveling. On or about 7/1/99, he was the driver of a motor vehicle, was seat belted. Apparently, this was a misty day and at around 5:30 to 6:00 p.m. he was stopped because a car in front of him was turning. He saw a car coming at him in the rear view mirror and was hit in the rear end and pushed him into the car in front of him. He denies any head trauma but states he may have had some chest trauma. He developed low back pain when he got out of the car but had no radicular symptomatology. He sought no medical attention until "a few days later" but he is not very specific on when this was. He came under the care of Dr. Kim Sterns complaining of low back pain, right more so than left leg pain. He does not know when the onset of the leg pain or the tingling to the heel actually started. He had a work up which included an MRI dated 7/20/99 which revealed a far lateral disc herniation on the right at the L4-5 level and a small far lateral disc herniation to the left at the L5-S1 level as well as increased signal within the pars bilaterally at L4-5 with no discrete fracture line identified. The plain radiographs performed in this work up dated 7/15/99 concluded that there was a unilateral pars defect with approximately 3 mm. of spondylolisthesis, L4 on L5. Clearly, correlating the MRI and plain radiographs, there was bilateral pars defect present at this time with some spondylolisthesis (slippage) of 3 mm. or thereabouts. Mr. Seelie was placed on Vicodin and is currently undergoing no physical therapy formally but is doing a home exercise program. He denies any previous injury of significance to his back.

Mr. Seelie was accompanied at the IME with Robert V. Housel, his attorney.

His main complaints at this point are low back pain and right more so than left leg pain. He denies any tingling or numbness or any muscle weakness or any bowel or bladder symptomatology or any radicular type symptomatology.

His past medical history and surgical is essentially noncontributory. He is on no medications and has no allergies.

On physical examination, he is tender in the left more so than right sacroiliac joint area, minimally tender in the sciatic notch, left more so than right. No significant tenderness in the lumbosacral junction or paraspinal structures. He has normal lateral bending and hyperextension of the lumbosacral spine and only lacks 12 degrees of touching his fingertips to the floor on forward flexion. He has a negative straight leg raising bilateral. No sensory or motor deficits are noted to either lower extremity. Deep tendon reflexes are 2+ and equal for knees and ankles. Toes are down going, good peripheral pulses are detected. No atrophy or skin changes are noted to either lower extremity or his back.

Radiographic examination: Lumbosacral spine series with obliques reveal the pars defect and grade I spondylolisthesis and decreased L5-S1 disc space. I have compared these with his original set of plain films taken shortly after the accident on 7/15/99 and they are basically identical with regards to the spondylolisthesis and the decreased disc space in L5-S1.

Impression: Motor vehicle accident on or about 7/1/99 with low back pain which at this point is mostly in the sacroiliac junctions and occasional right leg pain with no evidence of neurological deficits whatsoever on examination. Pars defect with grade I spondylolisthesis, L4-L5.

Discussion: I can state within a reasonable degree of medical certainty as an expert in orthopaedic surgery and conditions of the musculoskeletal system that the grade I spondylolisthesis predated the motor vehicle accident of 7/1/99. I can also state within a reasonable degree of medical certainty and based on the examination in the office today that his tenderness is in the area of the sacroiliac joints which is nowhere near the pars defect and grade I spondylolisthesis of L4-L5. I can also state based on a reasonable degree of medical certainty and according the American Medical Association guides to the evaluation of permanent impairment (4th edition) that Mr. Seelie has no permanent impairment or disability related to this motor vehicle accident of 7/1/99. I would recommend he continue with his home exercise program of stretching and flexibility exercises as well as strengthening of his abdominal and back muscles and would not put him on any significant restrictions regarding activities of daily living or his work activities.

Should you need any further information from me, please feel free to contact me at your earliest possible convenience.

Sincerely,



Brett S. Smith, M.D., F.A.C.S.