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FELLOW  
AMERICAN ACADEMY OF  
ORTHOPAEDIC SURGEONS

September 19, 2001

Mr. Terrence J. Kenneally  
Westgate Tower Building  
20525 Center Ridge Road, **Suite 505**  
Rocky River, Ohio **44116**

Re: Eugene T. Joyce  
Date of Accident: 11/27/99

Dear Mr. Kenneally:

Eugene Joyce is a 46 year old construction worker. He denies any previous motor vehicle accidents or significant injuries in the past to his musculoskeletal system. On or about 11/27/99, he was a passenger in a motor vehicle and was not seat belted. **They** were stopped and apparently were rear **ended** by another vehicle and Mr. Joyce states he hit the back of his head **on** the cab of the pick up truck. He denies any loss of consciousness but did have some headaches. He had low back pain and left leg **pain** more so than right leg pain. He had cervical spine pain **and** went to Westshore emergency room. Radiographs were taken, no fractures were identified and he was followed by Dr. Reyes and by Dr. Musca. He had conservative treatment with local modalities and physical therapy. He states he missed "a couple of months of work" but is not sure exactly how much work he missed. **He** is now being followed by Dr. Mann who Mr. Joyce states is a neurologist. I only have office notes from Dr. Musca going to 1/4/00 and thea do not know what has transpired with any of his treating physicians **however**, there is a long **gap** in treatment until recently (2001) **when** an MRI was obtained which revealed multi level disc space narrowing and disc dehydration as well as herniation of disc at L3-L4 and L4-L5 with **grade** I retrolisthesis **of** L5 with respect to S1.

His **past** medical history is essentially noncontributory **and** Mr. Joyce **denies** any significant medical illnesses. His **past** surgical history is inclusive of a hernia repair only. He is on **no** medication **and** has no allergies.

His main complaint at this point is low back pain going into both legs **and** minimal neck complaints, which are intermittent. Mr. Joyce does **not** relate **my** missed time from **work** other than the initial couple of months as mentioned previously. He does not complain of any tingling, numbness or bowel or bladder symptomatology or any other radicular **type** symptoms.

On physical examination, he is tender in the lumbosacral spine especially the lumbosacral junction. He **has** decreased range of motion **of** the lumbosacral spine in all spheres and this is somewhat exaggerated and guarded as far **as** motion goes. He has no spasm in any of the musculature *of* the cervical spine or lumbosacral spine. **Me** has full range of motion of the cervical spine with no spasm or abnormal masses detected. He has minimal tenderness in the right trapezius in the mid portion. We has some decreased sensation in the lateral forearm on **the left** but other than that, no sensory changes. He has no weakness of any of the muscle groups in either upper extremity and **we** could not get **my deep** tendon reflexes **as** he was unable to relax **to get** the biceps, triceps, **or** brachioradialis reflexes. No atrophy was noted to either upper extremity. Good radial pulses were detected bilaterally, He has a negative straight leg raising bilaterally for both **lower** extremities. He has 2+ ankle jerk **and** 2+ knee jerks bilaterally, He has decreased sensation to light **touch** and pin **prick** in the bilateral thighs laterally. We has no muscle weakness of either lower **extremity** and no atrophy to either lower extremity. Good distal **pulses** are detected. Toes are **down** going.


Radiographic examination: Radiographs taken of the lumbosacral spine with obliques **show grade I** retrolisthesis of L5-S1 and sclerosis at L5-S1 and diffuse degenerative changes. We also has sclerosis at the S1 joint. Cervical spine series with obliques fail to reveal any significant bony pathology.

Impression: Degenerative arthritis, lumbosacral spine (longstanding) with recent MRI on 8/8/01 showing multi level disc space narrowing and disc dehydration, herniated disc at L3-4 and L4-5 and grade I retrolisthesis of L5 on S1. Motor vehicle accident on 11/27/99 with cervical spine strain/sprain and lumbosacral strain/sprain and exacerbation of pre-existing degenerative arthritis and degenerative disc disease.

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 lumbosacral spine strain/sprain and the lumbar spine strain/sprain that Mr. Joyce were directly and proximately related to the 11/27/89 motor vehicle accident. Clearly they both are asymptomatic at this point and Mr. Joyce's problems with his low back are due to his pre-existing degenerative joint disease, degenerative disc disease, retrolisthesis at **L5-S1**, and his herniated discs which **were picked up** on the MRI of 8/8/01. I can also state within a reasonable degree of medical certainty as an expert in orthopaedic surgery and conditions of the musculoskeletal system, that **only the** lumbosacral straid sprain that Mr. Joyce suffered from the motor vehicle accident **which was** relatively short lived (several months) is the only entity concerning his back that is directly and proximately related to the motor vehicle accident **of** 11/27/99, not the herniated discs, not the degenerative joint disease of the lumbar spine, not the retrolisthesis and not the degenerative disc disease.

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

Sincerely,



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