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Consultant, Oral and Maxillofacial Surgery

19565 Beachcliff Blvd.
Rocky River, Ohio 44116

October 4, 1991

Mr. Richard Houser
P.O. Box 110
Tallmadge, Ohio 44278

Doc. 426

Re: Clairmont Ross
Claim Number: 34-4-21493

Dear Mr. Houser:

Please be advised that I have had adequate opportunity for oral, regional, radiographic and historical examination on the above named patient. The examination took place in my office on September 27, 1991. The examination was in regard to injuries to Mr. Ross allegedly as a result of a moving motor vehicle collision. Please be advised of the following observations which I believe to be germane to these alleged injuries. In as much as I was not privy to any medical or dental records prior to the motor vehicle accident I will list the patient's complaints and my genuine opinion.

1. Mr. Ross was asked whether he was aware of his jaw making noises. He responded that there were noises in the left and right temporo mandibular joints. I listened to both the left and right temporo mandibular joint with a stethoscope and could not detect any joint noises, both joints sounded normal.

2. Mr. Ross denied any jaw joint pain, however, he complained of tenderness over both joints when pressure was applied.

3. He complained of pain upon opening his mouth wide, such as yawning or taking big bites of food.

4. He denied pain when talking.

5. When questioned about whether his discomfort interfered with his work, he replied, "only on head movements."

6. Mr. Ross stated that certain foods were difficult to chew.

7. When questioned how long the problem had bothered him, he stated it began on September 26, 1989.

8. Mr. Ross stated he was aware of clenching his teeth now and not before the accident.

a. Clenching or grinding the teeth is the major cause of myofacial pain dysfunction.

b. Temporomandibular joint disease, usually referred to as T.M.J., but sometimes by a subset of acronyms, **TMJD**

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such as M.P.D. (myofacial pain dysfunction) or P.D.S. (pain dysfunction syndrome) is a remarkably common disease.

- (1.) Although Mr. Ross apparently was not aware of clenching his teeth, I firmly believe that this existed prior to the accident and his present T.M.J. symptoms are an aggravation of a preexisting condition.

9. Mr. Ross places more importance to his neck being stiff in the morning.

- a. This can be attributed to stress rather than the result of a neck injury which occurred two years ago.
b. Both Dr. Paul A. Steuer, Jr. and Dr. S. R. Scheinberg diagnosed Mr. Ross as having a cervical strain. If Mr. Ross had a cervical sprain with a stretching disruption of the supportive soft tissue about the cervical spine, the range of neck motion is limited by the muscle attachments. In a hyperflexion injury where muscles or ligaments are stretched or even torn these very strong muscles and ligaments heal readily. Mr. Ross had no limitation of neck motion, therefore, he should have been diagnosed as a mild sprain, which is the most common type of injury and involves mainly the muscles, and symptoms last only a few days to a few weeks.

10. On 9/27/89 Mr. Ross was referred to Radiology and Imaging services for X-rays of the cervical spine, skull, and temporo mandibular joints. T.M.J. X-rays show only bone pathology and have no value in identifying soft tissue abnormalities where T.M.J. dysfunction occurs. T.M.J. dysfunction is diagnosed by either an Arthrogram or an M.R.I. None of the examining doctors suggested either of these and in spite of this made a diagnosis of a temporo mandibular joint dysfunctional problem, an inaccurate diagnosis without the interpretation of an Arthrogram or an M.R.I.

11. The condyles of the temporo mandibular joints were checked and were found to function normally.

12. Mr. Ross could open his mouth 50 mm. This is the normal incisal edge aperture range.

13. Further, Mr. Ross presented no lock and no impingement upon the act of opening or closing.

14. In short, the classical symptoms of temporo mandibular joint disease, which includes clicking upon the act of opening and closing, inability to open very wide, and locking are simply not present in regard to Mr. Ross, at least at the time of my examination.

15. The panorex X-ray taken by Dr. Richard Pankuch

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demonstrated "flattened condyles with a bone spur visible on the left condyle." Structural abnormalities such as condylar flattening and spurs (osteophytes) are the result of a degenerative arthritis of the T.M.J. and usually affects one side at a time and is signaled by pain on movement of the condyle. Mr. Ross stated he had pain when yawning and eating certain foods. These changes usually occur over a one to three year period.

16. Dr. Haas in his letter of August 24, 1990 to Mr. Ross stated that in his opinion Mr. Ross's temporo mandibular joint dysfunction problem is a direct result of an automobile accident he suffered September 26, 1989. As stated before, a diagnosis of a T.M.J. dysfunction is made only with the aid of an Arthrograph or an M.R.I., neither of which was done. Dr. Haas's examination demonstrated a malocclusion and several missing teeth for which he recommended correcting with fixed orthodontic appliances, which Mr. Ross was wearing at the time of my examination on September 27, 1991. The motor vehicle accident did not cause the missing teeth or the malocclusion.

- a. There is no real agreement about the relationship of the position of the dental occlusion to the condylar position (T.M.J.).
- b. There are many different views about tooth position and position of the condyles in the fossa.
- c. Many T.M.J. patients are benefitted by occlusal treatment but a significant number are not, and some get much worse.
- d. If a patient's face pain is due to stress it is my opinion, and that of others that the movement of teeth will be of little or no help.

Summary:

It is my genuine dental opinion that the following statements are fair and correct.

- A. Mr. Ross does have a myofacial pain dysfunction.
- B. He exhibits tenderness in the occipital area as well as tenderness over the left and right temporal areas.
- C. Mr. Ross has pain or discomfort when yawning and eating certain foods.
- D. Cervical strains or sprains heal over many weeks and full cervical motion is restored.
 1. A pulled hamstring muscle experienced by many football players heals in seven weeks
- E. If Mr. Ross's neck and facial muscles continue to trouble him after two years have passed, than the etiology must be attributed to something other than the MVA.

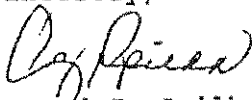
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If you have further need of information, please so advise me.

Sincerely,



Conrad J. Spilka, D.D.S.
Professor Emeritus of Oral
and Maxillofacial Surgery
Case Western Reserve University
Cleveland, Ohio

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