



ORTHOPAEDIC SURGEONS, INC.  
CRYSTALCLINIC

OH.  
1425749  
5-4-PM/32  
Cly

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USAA Casualty Insurance Company  
9800 Fredericksburg Road  
San Antonio, TX 78288

Re: Lola Coker  
Reference Number: 1425749-7103-5-1014

Dear Ms. Thomason:

The above-captioned patient was seen by me on November 17, 1994.

**HISTORY AS GIVEN BY THE PATIENT**

The patient stated that she was involved in a motorvehicular accident on September 29, 1993. She was driving her car, wearing her seat belt and while the car was moving she was hit head on the driver's side by another vehicle. As a result of the impact, her head was thrown backward. Her right knee hit the steering wheel or the dashboard and the left hand hit the left window. She went to St. Thomas Hospital where x-rays were taken. According to the patient they could not find anything wrong. She was told she had a strain, given medication and advised on warm compresses. She was in bed for about 3 days. She noticed subsequently some swelling in the left hand. She returned to the emergency room of St. Thomas Hospital where x-rays were taken. She was told she had a fracture in her hand and was put in a splint and was advised to leave it in the splint for 14 days. She then sought the care of Dr. Morris an orthopaedic surgeon in Beachwood. he took x-rays of her hand and told her that she did not have a fracture. He advised her to remove the splint and to use her hand. He referred her to physical therapy for her neck and back on the basis of 3 times a week from September to January. She was also advised on using home traction and exercises. She was told she has fibrositis. Her last office visit with Dr. Morris was on August 29, 1994.

**PAST HISTORY**

The patient stated she has had a long history of fibrositis since 1982 which was diagnosed by Dr. Bacha. She has been on medication and exercises since. Her

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problem has been ongoing with occasional flare up. She stated that prior to the accident of September 1993 she was having no problem. She had a laceration of her right knee as a result of a car accident at the age of 6. She had a hysterectomy in 1984 and laparoscopic exploration in 1990.

#### CHIEF COMPLAINT

Her chief complaint was pain in the neck particularly with rotation as well as pain in the lower back. She also stated that all her body is hurting and on occasion she gets swelling in her hands. She felt that her symptoms are similar to the symptoms she has when her fibrositis flares up. She also stated that as a result of the accident she separated from her husband as she was unable to continue with her marital sexual activities.

#### WORK STATUS

The patient stated that she is an insurance agent. She was laid off at the time of the accident. She returned to work in July 1994 working for Allstate working about 12 hours day. She quit working on October 19, 1994 and is presently not working.

#### RECORD REVIEW

There is record of a visit to the St. Thomas Hospital Emergency Room on September 29, 1993 where she was diagnosed as having a cervical strain and contusion of the right knee as result of a motorvehicular accident. There was a repeat visit to the emergency room on October 4, 1993 for swelling of the left hand. An x-ray of the left hand was normal and because of her pain she was splinted.

In a report dated April 21, 1994 Dr. Morris reported that he first saw the patient on October 11, 1993. She reported to him that she sustained injuries to her neck, lower back, left hand and right knee. She gave a history of a motorvehicular accident 6 years earlier injuring her right knee from which she recovered. His impression was that she had a myofascial sprain of the cervical, dorsal and lumbosacral spine as well as contusion of the left hand and right knee. He took an x-ray of the left hand which confirmed that no fractures were present. He recommended discontinuing the finger splint and starting exercises. She was referred to physical therapy and upon subsequent visits she appeared to have made good improvement. When he last saw the patient on January 3, 1994 Dr. Morris stated that the patient's neck, mid back and low back seemed to have improved considerably and that her left hand and right knee were not giving her any significant trouble. She had good range of motion of the spine with no significant trapezial trigger point tenderness and only mild spasm in the paravertebral muscle of the cervical spine. He mentioned that he did receive a call on January 24, 1994 because of increased pain in the neck and back. Apparently the patient was on bed rest for some kind of cardiac problem. He felt that her prognosis was guarded for the time being and he was unable to say with reasonable degree of medical probability whether she would be left with any permanent disability as a result of the motorvehicular accident.

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#### PHYSICAL EXAMINATION

The patient gave her age as 41, her height as 5 foot 7 inches and her weight 162 pounds. The examination revealed a poor posture with the head slightly slouched forward. The paravertebral muscle of the cervical spine and trapezia appeared to be firm. They were slightly tender to pressure. She has, however, pain free good range of motion of the cervical spine. She had no reflex, sensory or motor deficit in either upper extremity.

Examination of the lumbosacral spine revealed no evidence of muscle spasm. She had no localized tenderness. She had good range of motion of the lumbosacral spine and her neurological examination was negative.

The examination of the left hand was essentially non remarkable. She had no localized tenderness. She had no deformity. She had good range of motion in the wrist as well as the fingers at the metacarpal phalangeal joint and interphalangeal joint.

Examination of the right knee revealed a scar over her right patella. She had no effusion of the joint. She had good ligamentous stability and full range of motion.

#### X-RAYS

The patient did not bring any x-rays with her. X-ray of the cervical spine was non remarkable. An x-ray of the lumbosacral spine was also non remarkable.

#### CONCLUSION

In conclusion, it appeared that the patient sustained, as a result of the motorvehicular accident, what appeared to be a cervical and lumbosacral strain superimposed over a preexisting long term duration fibrositis of her neck and back which was diagnosed in 1982. The patient stated that her present symptoms are similar to the symptoms she has when she gets a flare up of her fibrositis. Her orthopedist Dr. Morris felt in January 1994 that the patient had considerably improved as far as her neck, mid and low back and that her left hand and the right knee were not giving her any significant trouble.

I feel that the effect of the strain to the neck and the back and the contusion to the knee and the hand will eventually subside without leaving her with any residual permanent disability. However, she will stay have the underlying fibrositis.

Very truly yours,

Zouhair C. Yassine, M.D.  
Professor of Orthopaedic Surgery

ZCY/mt