

I. M. Newrough, M.D.
The Head Clinic
One Horses Tail Way
Flagstaff, New State 03333

June 27, YR-0

Re: Margaret A. Hertz
Date of Birth: 11/17/YR-44
Date of Accident: 11/18/YR-2

To Whom It May Concern:

Margaret A. Hertz is a 44-year-old female who gives a history of having been in good health until 11/18/YR-2 when she was a pedestrian involved in a motor vehicle accident. She was struck a glancing blow in the head by a bus, hit her head when she fell to the ground, and believes that she lost consciousness briefly. She recalls being taken by ambulance to General Hospital where she was treated in the emergency room and then released. A CT scan was read as negative. Her discharge diagnosis from General Hospital was cerebral concussion and cervical sprain and strain. She complained of headache. Ms. Hertz returned to work two days post-accident. She was recommended to me by her lawyer's paralegal.

Ms. Hertz first presented at my office approximately six weeks post-accident and was referred to me by Mr. Able. She has subsequently remained under my care. She appeared generally dull and concerned. Ms. Hertz stated that after the accident she experienced headaches and neck pain, but assumed that they would subside. The neck pain subsided after a few days. The headaches diminished in frequency and intensity, but she began to notice that she was having difficulty concentrating at work. She felt physically tired and emotionally "drained." She experienced frequent headaches, receiving only minimal relief from over-the-counter pain relievers. She cannot identify provocative or palliative factors. She also has developed a sleep disturbance, difficulty getting to sleep, as well as staying asleep, and she finds that she is generally very easily frustrated and very irritable and has episodes of "exploding" at home and work. She is easily distracted and feels that she is unable to concentrate for extended periods of time. She thought that her difficulties at work were causing the sleep problems, as she had been worried about her suffering job performance and fears an inability to support herself. She stated that she was one of her company's top programmers and was frequently given the most challenging assignments. She felt that post-accident she was doing a "lousy job" and was having difficulty solving what used to be routine problems. She has become very forgetful and can no longer recall numbers or dates. She felt she could no longer perform her job as she had been and her self-confidence and attitude have declined.

I suggested she take time off from work, but she rejected my suggestion due to her devotion to her employer and her need for the income. Eventually, she was unable to perform her assigned duties and was forced to take a leave from her job. She fears that her home may fall into foreclosure. She is frustrated, confused and depressed. Ms. Hertz thought that her problems might be related to the accident after seeing a medical education program on TV on head injuries.

She saw Dr. Bombay, her family doctor, once, approximately two weeks after the accident. She complained of being unable to sleep. Dr. Bombay prescribed a sleeping pill. As the sleeping pills did not help she stopped taking them after a few days and has not taken them since. She does not recall the name of the medication.

Ms. Hertz denies any past history of injuries or medical treatment beyond routine care. She is single. She denies smoking and drinks only wine occasionally with dinner. She denies any allergies. She has worked as a computer programmer her entire adult life.

On examination, Ms. Hertz is a well-developed woman who is awake, alert, oriented, and cooperative. Examination of the skull is normal.

The neck is supple with no trapezial spasm or tenderness. Blood pressure is 124/84.

Cranial nerves:

- | | |
|-------------|---|
| II | The fundi are well visualized and fields are intact to finger counting. |
| III, IV, VI | Normal. Pupils are equal and reactive. |
| V | Normal. |
| VII | Shows no asymmetries. |
| VIII | TMs intact. |
| IX, X | Symmetrical. |
| XI | Strong. |
| XII | Strong. |

Cerebellar function is intact in the upper and lower extremities. Sensation testing is intact to pin, light touch and vibration.

Motor function testing shows good bulk. Triceps, wrist flexors and extensors and grip are intact. She is right handed. Grip is 32 kilograms right, 27 kilograms left. In the lower extremities, hip flexors, knee flexors and extensors, EHL and TA are intact.

Gait is unremarkable.

Deep tendon reflexes in the upper and lower extremities are normal and symmetrical with symmetrical knee jerks and ankle jerks with bilateral flexor plantar response.

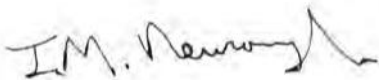
As Ms. Hertz was exhibiting classic signs of a closed head injury, I referred her to Dr. Cyrus Coe for complete neuropsychological testing in order to determine whether these signs were a result of her injury. Dr. Coe examined Ms. Hertz on March 8, YR-1 and rendered a report to me dated March 10, YR-1. Based on my own findings and as confirmed by Dr. Coe's examination and interview with Ms. Hertz, it is my opinion that to a reasonable degree of medical probability Ms. Hertz has suffered a cognitive disability caused by the injuries which she sustained in the accident on November 18, YR-2 when she was struck in a crosswalk by a speeding bus.

IMPRESSION: Margaret A. Hertz suffered a serious head injury on November 18, YR-2 with cerebral concussion or contusion and resulting in cognitive deficits in memory and problem solving abilities. She complains of post-traumatic headache that dates back to the time of the accident.

Ms. Hertz had a cerebral injury with significant and persistent post-concussion syndrome. She experienced a major depressive episode. Ms. Hertz' sleep disturbance may respond to tricyclic antidepressants. Counseling on living with head injury is recommended so that she may better adapt to her condition. I have prescribed a course of physical therapy and biofeedback to help control the neck and shoulder tension that may be triggering her headaches.

From the history available to me, it is my opinion to a reasonable degree of medical probability, that all of the aforementioned problems are causally related to the November 18, YR-2 motor vehicle accident. Ms. Hertz has suffered significant cognitive disabilities, which have prohibited her from carrying on her usual occupation as a computer programmer. Ms. Hertz' prognosis is extremely guarded. I believe that she will be left with permanent sequelae.

Very truly yours,



Irving Max Newrough, M.D. F.A.C.P.,

Board Eligible in Both Neurology and Psychiatry