

UNITED STATES BANKRUPTCY COURT Northern DISTRICT OF Illinois

**PROOF OF CLAIM**

Name of Debtor  
Kmart Corporation

Case Number  
02 302474

**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
Kerri Fotiadis

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

MAR 14 2002  
KENNETH S. GARDNER, CLERK  
MAILROOM - LL

Name and address where notices should be sent:  
c/o Tracie Nunno, Esq.  
45 Essex Street  
Hackensack, NJ 07601

Telephone number: 201-343-5022

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:  
Fotiadis v. Kmart

Check here if this claim  replaces a previously filed claim, dated: \_\_\_\_\_  
 amends

- 1. Basis for Claim**
- Goods sold
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other \_\_\_\_\_

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
  - Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

**2. Date debt was incurred:** DIA-3/4/01

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** \$ 60,000.00 (Sixty Thousand Dollars)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

Real Estate     Motor Vehicle  
 Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

- 7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
- 8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.
- 9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

3/14/02

690 \$0

Date  
2/26/02

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  
X Tracie Nunno  
Consel for creditor

**ANSWERS TO UNIFORM INTERROGATORIES (FORM A) OF PLAINTIFF,**  
**KERRI A. FOTIADIS**  
**FOTIADIS VS. K-MART**  
**DOCKET NO.: BER-L-9057-01**

1. Kerri A. Fotiadis  
182 Cambridge Avenue  
Saddle Brook, New Jersey 07663  
D.O.B.: 7/6/76
  
2. On March 4, 2001, as I was walking in the detergent aisle in K-Mart in Passaic, New Jersey, I slipped on Pine Sol cleaning solvent that was spilled on the floor and fell. After falling, a security guard took photographs of the spill and requested that I complete an incident report.
  
3. My doctors advise that I sustained a central disc herniation at C5-C6 level; left paramedian disc herniation at T11-T12; central-right disc herniation at T12-L1 level.
  
4. All injuries are permanent in nature.  
I experience neck pain which starts in my right shoulder and travels up the back of my neck.  
I cannot work on my computer for any length of time due to neck stiffness and pain.  
I have difficulty playing with my two-year-old twin cousins due to neck and back pain. I cannot pick them up, spin them around, or sit and play games with them on the floor as I once enjoyed. I see my cousins often and I get upset when they ask me to play with them and I have to decline due to back and neck pain.  
I experience back pain which starts in my lower back and travels into my left hip.  
I cannot sit at my desk at work or on my computer for any length of time due to back stiffness and pain.  
I am afraid to perform any summer activities that I once enjoyed such as boating, bicycling, or wave running for fear that I will cause more injury to my neck and back.  
I can no longer go food shopping and lift or carry heavy shopping bags or objects due to back pain.  
I have trouble sleeping at night. I cannot lie flat on my back due to back pain. I toss and turn to find a comfortable position throughout the night.  
I experience increasing back pain and stiffness while driving in a car for more than 20-30 minutes. If I am travelling a long distance, I must pull over to the side of the road or stop at an available rest area every 20-30 minutes so I could walk around and stretch to relieve the stiffness and pain.
  
5. N/A.
  
6. MRI of the cervical spine performed on April 6, 2001 at Teaneck Radiology Center by David V. Habif, Jr., M.D. revealing central HNP at C5-C6 level;

MRI of the thoracic spine performed on April 6, 2001 at Teaneck Radiology Center by David V. Habif, Jr., M.D. revealing left paramedian HNP at T11-T12 level and central right HNP at T12-L1 level;

MRI of the lumbosacral spine performed on April 6, 2001 at Teaneck Radiology Center by David V. Habif, Jr., M.D.

7. Dr. Kenneth Conte  
600 Midland Avenue  
Garfield, New Jersey

Community Physical Therapy  
1530 Palisades Avenue  
Fort Lee, New Jersey

8. Community Physical Therapy

9. N/A.

10. a. Aspen Medical Associates  
DeGraw Square  
Teaneck, New Jersey 07666  
b. Medical Receptionist  
c. N/A  
d. N/A  
e. N/A

11. N/A.

12. I must pay a \$20.00 co-payment at each doctor and physical therapy visit.

13. Dr. Kenneth Conte.....	\$ 580.00
Community Physical Therapy.....	\$ 440.00
Teaneck Radiology Center.....	<u>\$ 4,017.00</u>
<b>TOTAL.....</b>	<b>\$ 5,037.00</b>

14. Unknown at this time.

15. See answer to Question #23 below.

16. Any and all parties to this action and Diane Fotiadis, my mother, who resides at 182 Cambridge Avenue, Saddle Brook, New Jersey.

17. Any and all parties to this action, all examining and treating physicians, police officers at the scene, family members, co-workers, friends who have seen me in discomfort and pain, my mother, Diane Fotiadis and any other persons an ongoing investigation may reveal.

18. N/A

19. N/A.

20. N/A.

21. N/A

22. My attorney advises that this question calls for a legal conclusion, therefore, I am unable to answer.

23. David V. Habif, Jr., M.D.- See attached copies of MRI reports of the cervical spine, thoracic spine and lumbosacral spine dated April 6, 2001.

Catalina Anca Grigorescu, M.D.- See narrative report dated August 16, 2001.

24. No.

25. N/A

Attorney(s): Hack, Piro, O'Day, Merklinger, Wallace & McKenna  
Office Address: 30 Columbia Turnpike, Post Office Box 941  
Florham Park, New Jersey 07932-0941

Telephone Number: (973)301-6500

Attorney(s) for Defendant(s): Kmart Corporation i/p/a K-Mart

\_\_\_\_\_ X  
:KERRI A. FOTIADIS, :SUPERIOR COURT OF NEW JERSEY  
: :LAW DIVISION/BERGEN COUNTY  
Plaintiff, : Docket #: BER-L- 9057-01  
vs. : :  
: CIVIL ACTION  
: :  
KMART, ABC CORPS. 1-20, Said Names :  
Being Fictitious, True Names Unknown, : INTERROGATORIES  
: ALL PERSONAL INJURY CASES  
Defendants. : TO BE ANSWERED BY PLAINTIFF  
: :  
\_\_\_\_\_ X

TO: **Law Offices**  
**William R. Nunno**  
**45 Essex Street**  
**Hackensack, New Jersey 07601**

In compliance with your demand, the undersigned hereby submits Certified Answers to the following Interrogatories in accordance with R. 4:17-1.

1. Full name, present address and date of birth.
  
  
  
  
  
  
  
  
  
  
2. Describe in detail your version of the accident or occurrence setting forth the date, location, time and weather.
  
  
  
  
  
  
  
  
  
  
3. Detailed description of nature, extent and duration of any and all injuries.
  
  
  
  
  
  
  
  
  
  
4. Detailed description of injury or condition claimed to be permanent together with all present complaints.
  
  
  
  
  
  
  
  
  
  
5. If confined to a hospital, state its name and address, and dates of admission and discharge.

6. If any diagnostic tests were performed, state the type of test performed, name and address of place where performed, date each test was performed and what each test disclosed. Attach a copy of the test results.

7. If treated by any health care provider, state the name and present address of each health care provider, the dates and places where treatments were received and the date of last treatment. Attach true copies of all written reports provided to you by any such health care provider whom you propose to have testify on your behalf.

8. If still being treated, the name and address of each doctor or health care provider rendering treatment, where and how often treatment is received and the nature of the treatment.

9. If a previous injury, disease, illness or condition is claimed to have been aggravated accelerated or exacerbated, specify in detail the nature of each and the name and present address of each health care provider, is any, who ever provided treatment for the condition.

10. If employed at the time of the accident, state:

- a. name and address of employer;
- b. position held and nature of work performed;
- c. average weekly wages for past year;
- d. period of time lost from employment, giving dates; and
- e. amount of wages lost, if any.

11. If there has been a return to employment or occupation, state:

- a. name and address of present employer;
- b. position held and nature of work performed; and
- c. present weekly wages, earnings, income or profit.

12. If other loss of income, profit or earnings is claimed:
  - a. state total amount of the loss;
  - b. give a complete detailed computation of the loss; and
  - c. state the nature and source of the loss of income, profit and earnings, and the dates of the deprivation.
  
13. Itemize in complete detail any and all moneys expended or expenses incurred for hospitals, doctors, nurses, diagnostic tests or health care providers, x-rays, medicines, care and appliances and state the name and address of each payee and the amount paid and owed each payee.
  
  
  
  
  
  
  
  
  
  
14. Itemize any and all other losses or expenses incurred not otherwise set forth.
  
  
  
  
  
  
  
  
  
  
15. Identify all documents that may relate to this action, and attach copies of each such document.
  
  
  
  
  
  
  
  
  
  
16. State the names and addresses of all eyewitnesses to the accident or occurrence, their relationship to you and their interest in this lawsuit.
  
  
  
  
  
  
  
  
  
  
17. State the names and addresses of all persons who have knowledge of any facts relating to the case.

18. If any photographs, videotapes, audio tapes or other forms of electronic recording, sketches, reproductions, charts or maps were made with respect to anything that is relevant to the subject matter of the complain, describe:

- a. the number of each;
- b. what each shows or contains;
- c. the date taken or made;
- d. the names and addresses of the persons who made them;
- e. in whose possession they are at present; and
- f. if in your possession, attach a copy, or if not subject to convenient copying, state the location where inspection and copying may take place.

19. If you claim that the defendant made any admissions as to the subject matter of this lawsuit, state:

- a. the date made;
- b. the name of the person by whom made;
- c. the name and address of the person to whom made;
- d. where made;
- e. the name and address of each person present at the time the admission was made;
- f. the contents of the admission; and
- g. if in writing, attach a copy.

20. If you or your representative and the defendant have had any oral communication concerning the subject matter of this lawsuit, state:

- a. the date of the communication;
- b. the name and address of each participant;
- c. the name and address of each person present at the time of such communication took place;
- d. where such communication took place; and
- e. a summary of what was said by each party participating in the communication.



21. If you have obtained a statement from any person not a party to this action, state:
- a. the name and present address of the person who gave the statement;
  - b. whether the statement was oral or in writing and if in writing, attach a copy;
  - c. the date the statement was obtained;
  - d. if such statement was oral, whether a recording was made, and if so, the nature of the recording and the name and present address of the person who has custody of it;
  - e. if the statement was written, whether it was signed by the person making it;
  - f. the name and address of the person who obtained the statement; and
  - g. if the statement was oral, a detailed summary of its contents.

22. If you claim that the violation of any statute, rule, regulation or ordinance is a factor in this litigation, state the exact title and section.

23. State the names and addresses of any and all proposed expert witnesses. Set forth in detail the qualifications of each expert named and attach a copy of each expert's current resume. Also attach true copies of all written reports provided to you by any such proposed expert witnesses.

With respect to all expert witnesses, including treating physicians, who are expected to testify at trial and with respect to any person who has conducted an examination pursuant to Rule 4:19, who may testify, state each such witness's name, address and area of expertise and attach a true copy of all written reports provided to you. If a report is not written, supply a summary of any oral report provided to you.

State the subject matter on which your experts are expected to testify.

State the substance of the facts and opinions to which your experts are expected to testify and a summary of the grounds for each opinion.

24. State whether you have ever been convicted of a crime:

Yes

No

If the answer is "Yes," state:

- a. date;
- b. place; and
- c. nature.

**Note: THIS QUESTION TO BE ANSWERED ONLY IN AUTOMOBILE ACCIDENT  
CASES**

25. Do you have insurance coverage and/or PIP benefits under an applicable policy or policies of automobile insurance? As to each such policy provide the name and address of the insurance carrier, policy number, the named insured and attach a copy of the declaration sheet.

If you are making a claim for property damage to a motor vehicle, provide answers to the uniform interrogatories contained in Form B, questions 1 through 18.

**FOR MEDICAL MALPRACTICE CASES. ALSO ANSWER FROM A(1)  
FOR PRODUCT LIABILITY CASES (OTHER THAN PHARMACEUTICAL AND  
TOXIC TORT CASES). ALSO ANSWER A(2)**

**CERTIFICATION**

I hereby certify that the foregoing answers to interrogatories are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

I hereby certify that the copies of the reports annexed hereto provided by either treating physicians or proposed expert witnesses are exact copies of the entire report or reports provided by them; that the existence of other reports of said doctors or experts, written or oral, are unknown to me, and if such become later known or available, I shall serve them promptly on the propounding party.

\_\_\_\_\_  
DATE

Kerri Fotiadis  
KERRI A. FOTIADIS, Plaintiff



## Teaneck Radiology Center

699 Teaneck Road, Teaneck, New Jersey 07666  
Tel (201) 836-2500 • Fax (201) 836-7921  
www.tradiology.com

David V. Habib, Jr., M.D.

April 6, 2001

PATIENT: Kerri Fotiadis  
DOB: 07/06/1976  
UNIT NO: 83646  
EXAMINATION: MRI of the Cervical Spine  
REFERRING DOCTOR: Dr. Kenneth Conti

### MRI OF THE CERVICAL SPINE

MRI of the cervical spine was performed in the sagittal plane at T-1 and T-2 weighted parameters, and in the axial plane at gradient echo technique in this patient with a history of trauma.

There is a small central HNP at C5-C6. Lack of desiccation of disc material suggests that this is of relatively recent onset. No indication is seen for extrusion or sequestration.

Vertebral body heights appear maintained. No indication is seen for central stenosis, bony foraminal stenosis, or spondylolisthesis. The cord appears intrinsically unremarkable, without indication for syrinx or for widening or abnormal signal to suggest tumor formation. No cord compression is noted. No erosion or destruction of the marrow containing elements is seen on this exam.

### IMPRESSION:

Small central HNP, C5-C6, as above.

### MRI OF THE THORACIC SPINE

MRI of the thoracic spine was performed in the sagittal plane at T-1 and T-2 weighted parameters and in the axial plane at T-1 weighted protocol.

There is a small left paramedian HNP at T11-T12. No indication is seen for extrusion or sequestration. There is a small central-right HNP at T12-L1. Again, no indication is seen for extrusion or sequestration.

Disc space heights and vertebral body heights appear maintained. No indication is seen for central stenosis, bony foraminal stenosis, or spondylolisthesis. The cord appears intrinsically unremarkable, without indication for syrinx or for widening or for abnormal signal to suggest tumor formation. No cord compression is seen. No paravertebral mass is noted. No erosion or destruction of the marrow containing elements is noted on this exam.

(CONTINUES)

- 2 -

PATIENT: Kerri Fotiadis  
DATE: 04/06/2001

**IMPRESSION:**

Small left paramedian HNP, T11-T12. Small central-right HNP, T12-L1, as above.

**MRI OF THE LUMBOSACRAL SPINE**

MRI of the lumbosacral spine was performed in the sagittal plane at proton density and T-2 weighted parameters and in the axial plane at proton density protocol.

Disc space heights and vertebral body heights appear maintained. No indication is seen for central stenosis, disc herniation, bony foraminal stenosis, or spondylolisthesis. The conus is at the thoracolumbar junction, and no intradural defect is seen. No erosion or destruction of the marrow containing elements is seen on this exam.

**IMPRESSION:**

Unremarkable study, as above.

Thank you for this referral.

*David V. Habib, Jr. MD*  
D.V. Habib, Jr., M.D.

DVH/pcv  
via fax



August 16, 2001

Tracie Nunno, Esquire  
Law office of William R. Nunno, Esquire  
45 Essex St., Suite 201  
Hackensack, New Jersey 07601

**RE: Kerri Fotiadis**  
**DATE OF LOSS: March 4, 2001**

Dear Ms. Nunno:

The patient is a 25-year-old right hand dominant young lady who sustained multiple injuries as a result of a slip and fall accident which occurred on March 4, 2001 in a K-Mart Shopping Center. The patient fell onto the left side of her body, injuring left elbow, left arm, left buttock and left lower extremity. She developed an extensive ecchymosis of the left thigh a few days later. The patient sustained an abrupt sudden movement of the cervicothoracic and lumbar area of the spine.

By the next day, the patient's entire back was sore and painful. That night, she also developed headaches.

Due to persistent, severe back pain, the patient sought medical attention from her primary care physician, Dr. Kenneth Conte. The patient was prescribed a course of physical therapy two to three times per week for a few weeks. Physical therapy did seem to help, but only on a temporary basis.

The patient comes today for physiatric evaluation of her recent injuries. The patient's chief complaints include headaches, severe, frequent, and occurring at least three to four times per week and lasting for a few hours, back pain, and neck pain which increases with sitting, standing or bending forward. Ms. Fotiadis continues having trouble turning her neck and has persistent cervical tightness and stiffness. She continues to have problems sleeping from back pain.

RE: Kerri Fotiadis  
August 16, 2001  
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**PAST MEDICAL HISTORY:** Negative for prior injuries. She denies neck or lower back pain prior to this accident.

**MEDICATIONS:** None.

2

**ALLERGIES:** None.

**SOCIAL HISTORY:** She is a right-hand dominant medical assistant.

**FUNCTIONAL STATUS:**

Before the accident, Ms Fotiadis was able to function without restriction, having a pain free status prior to this fall. Since the accident, the patient's ability to sit, stand, walk, turn and twist has been limited. She continues to have pain at night and trouble finding a comfortable position. Her routine activities and household chores have been limited as she is unable to function without pain.

I had the opportunity to examine Ms. Fotiadis on August 2, 2001 at New Jersey Total Health Center in Lodi, New Jersey.

**INITIAL PHYSICAL EXAMINATION:**

Initial physical examination demonstrated that the patient was alert and oriented.  
**HEIGHT:** 5'2". **WEIGHT:** 225 pounds. **GAIT:** Walks with a normal walking pattern and is able to perform heel and toe walk.

Examination of the cervical area demonstrates significant spasm and tenderness involving the right upper trapezius and right rhomboid muscle.

Range of motion of the cervical spine was reduced in left lateral bending and left cervical rotation and associated by pain. Spurling maneuver is negative. Compression test exacerbates right-sided neck pain.

Range of motion of the upper extremities is full throughout.

RE: Kerri Fotiadis

August 16, 2001

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There is tenderness to palpation of the lower thoracic paraspinals at T11-L1 level bilaterally, worse on the right.

Examination of the lumbar region demonstrated tenderness at L4-L5 and L5-S1 level and tightness of the piriformis muscles and hamstrings muscles bilaterally.

Range of motion of the lumbar spine is reduced in forward flexion with pain and extension with pain. Lateral flexion and trunk rotation are within normal limits.

Straight leg raising testing is negative bilaterally. Lasegue maneuver and Patrick's maneuver are negative.

Manual muscle testing of the upper extremities demonstrated good strength throughout.

Muscle stretch reflexes were symmetrical. Sensory testing involving upper and lower extremities dermatomes is normal.

#### **DIAGNOSTIC TESTING:**

The patient underwent MRI testing of the cervical, lumbar and thoracic spine on April 6, 2001 at Teaneck Radiology Center. I had the opportunity to review the patient's MRI films as well as the reports, read by Dr. D.V. Habif.

Cervical MRI reveals a central disc herniation at C5-C6 level. Lack of desiccation of the disc material suggests a relatively recent onset of her cervical pathology.

Thoracic spine MRI revealed a small left herniation at T11-T12 level and a small central right disc herniation at T12-L1 level.

MRI of the lumbar spine revealed a normal study.

#### **TREATMENT:**

This patient underwent a course of physical therapy at a frequency of two to three times

RE: Kerri Fotiadis  
August 16, 2001  
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per week for approximately six to eight weeks. Physical therapy did seem to improve the patient's symptoms, but only on a temporary basis. She continues having complaints of headaches, neck pain, mid back pain and lower back pain.

Treatment sessions included modalities, ice packs, hydrocollator applications and a stretching and strengthening program.

#### **RESPONSE TO CARE:**

This patient has responded very slowly and inconsistently to treatment. Although the symptoms appeared to have been somewhat reduced in intensity, she continues to have neck, mid back and lower back pain. The patient has never achieved a pain-free status.

#### **DIAGNOSIS:**

1. Cervical disc herniation, C5-C7 level as revealed by MRI testing of the cervical spine;
2. Thoracic disc herniations at left T11-T12 level and central right T12-L1 level as revealed by MRI testing;
3. Lumbar sprain/strain injury;
4. Headaches.

#### **PROGNOSIS:**

The prognosis is poor. This is a twenty-five year old young lady who has only received temporary relief from treatments and her condition persists.

Due to mechanism of injury inherent in this type of trauma suffered by this patient, the supporting tissues of the spine become left effective and therefore subject to frequent exacerbations of symptoms as a result of chronic joint dysfunction which usually ensues.



RE: Kerri Fotiadis  
August 16, 2001  
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**DISCUSSION:**

In my professional opinion, within a reasonable degree of medical probability, the patient's symptoms and MRI findings are directly related to the accident described in this report. The mechanism of injury is entirely consistent with the clinical presentation.

There has been severe trauma to the spine, specifically to cervical, thoracic and lumbar regions. This causes vertebrae to be misaligned, ligaments and muscles to be overstretched, nerves to be irritated, and various soft tissues to be inflamed. Injuries of this nature and the body's response to them can go on for years.


The ligamentous and capsular structures of the spinal joints possess elasticity and tensile strength only to a limit. When they are subjected to a deforming force beyond their functional capacity, while some recoil is possible, they never regain their original size and shape. Repair is slow and occurs by scar tissue formation. These scars are less elastic and less functional than the original tissue they replace. This serves to reduce intersegmental motion.

The subsequent irritation of the involved neurostructures can be responsible for future complications involving pain and tenderness which so often accompany these types of injuries in the form of long-term sequelae.

In my opinion, with a reasonable degree of medical probability, there have been permanent injuries of the cervical and thoracic regions of the spine and the patient's injuries are permanent in nature as there will be permanent weakening of these regions.

The patient is not a surgical candidate at this point in time. She will be subject to frequent exacerbations which will require medical attention and medical treatment for palliative care of her symptoms.

Sincerely,

  
Catalina Anca Grigorescu, M.D.  
Diplomat of American Board of PM&R

CAG/dmd  
Enclosure