



**SPINE CENTER**  
OF WISCONSIN

**STEPHEN P. DELAHUNT, M.D.**

*Reconstructive Spine Surgery*

January 16, 2003

Attorney Michael Laufenberg  
Laufenberg & Hoefle, S.C.  
115 S. 84<sup>th</sup> Street - #330  
Milwaukee, WI 53214

RE: Debra Bett

Dear Mr. Laufenberg:

Debra Bett was initially evaluated by me on 01/28/02 for the complaints of non-radicular cervical and lumbar spine pain.

She stated that she had no symptoms referable to her cervical and lumbar spine prior to a motor vehicle accident in which she was involved on 05/07/00.

When I evaluated her on 01/28/02, my impression was that she was experiencing discogenic cervical and lumbar spine pain. On physical exam, palpation of the cervical and lumbar spine reproduced considerable pain in those two areas. No neurologic deficits were present.

My impression at that time was that her neck and low back symptomatology were a result of the motor vehicle accident of 05/07/00.

I am not aware of any treatment that Debra Bett might have had for cervical or lumbar spine symptomatology prior to the motor vehicle accident of 05/07/00. I did not evaluate her prior to my initial assessment on 01/28/02.

Her treatment has consisted of chiropractic care, analgesics, and muscle relaxants. She had also been on anti-inflammatory medication prior to my initial evaluation of her.

On 01/28/02, I recommended that she engage in a lumbar stabilization, hamstring stretching, and general trunk conditioning exercise program. She was also to review cervical isometric and range of motion exercises. A home cervical traction device was prescribed. These were to be carried out by a physical therapist.

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BY L&H

RE: Debra Bett  
January 16, 2003

I last evaluated Debra Bett on 12/26/02. At that time, her cervical spine symptoms had resolved quite well. She continued to experience low back pain without radiation to the lower extremities.

Debra Bett has reached a healing plateau in regard to injuries sustained in the motor vehicle accident of 05/07/00.

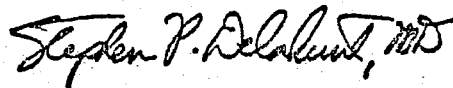
She has sustained a 1%-2% permanent partial impairment as a result of injury to her lower back sustained in the motor vehicle accident. The nature of her disability is chronic low back pain.

I anticipate that she will continue to experience low back pain. Back pain will be exacerbated by activities such as repetitive bending, twisting, and lifting. I have recommended to her that she avoid as well as possible the activities that are most apt to exacerbate the pain.

I do not anticipate that she will require further treatment for her injuries sustained in the motor vehicle accident.

These opinions are given to a reasonable degree of medical probability.

Sincerely,

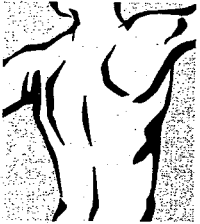


Stephen P. Delahunt, M.D.

SPD:at

IMAGED

RCO



KERWIN CHIROPRACTIC, S.C.  
DR. KENNETH KERWIN

4325 S. 60th St., Suite 2  
Greenfield, Wisconsin 53220  
Telephone: (414) 541-1110  
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February 26, 2003

Atty. Michael L. Laufenberg  
Laufenberg & Hoefle, S.C.  
115 S. 84<sup>th</sup> Street, Suite 330  
Milwaukee, WI 53214

RE: Debra K. Bett  
DOL: 5-7-00

Dear Atty. Laufenberg:

Ms. Bett presented to our clinic on May 12, 2000 with complaints of neck pain, pain between her shoulders, an achy feeling throughout her neck and back, left leg pain and tingling/numbness into the left upper extremity including the hand.

An examination was performed on May 12, 2000. The exam revealed objective findings consistent with cervical sprain/strain injury with spinal involvement and related neuralgia. The exam performed included positive orthopedic test which indicate nerve root compression lower cervical spine which would be related to the symptomatology that she experienced in her left upper extremity. Treatment was rendered for 2 ½ months with the goal of reducing muscle spasms and improving neck ROM and decreasing nerve pressure. Ms. Bett responded well to this type of treatment but there continued to be radicular symptoms into the left upper extremity.

A further diagnostic test was performed on July 5, 2000 which consisted of nerve conduction velocity test to rule out or indicate neuropathy in the cervical thoracic spine. A positive findings was noted in the Somatosensory portion of the test in the mid lower thoracic region. This is an area lower than I expected but, none the less, was a positive finding for nerve interference.

**Prognosis**

Having an opportunity to treat Ms. Bett for her accidental injuries related to her MVA on May 7, 2000 until May 2001, it was obvious to me that the injuries she sustained to her cervical thoracic spine and lower lumbar spine were directly related to the MVA. I make this opinion based on examination and diagnostic studies. Her injuries are consistent with the nature of her MVA including vectors of impact and objective findings on her examinations.

It was brought to my attention that Ms. Bett had similar symptomatology involving numbness in her left hand as far back as January of 1996. An impression was made by Dr. Cohn that some sort of trauma had occurred to her left brachial artery. At that time, angioplasty was recommended for the brachial artery. Additional records from Milwaukee Heart and Vascular Clinic in St. Luke's Medical Center, Aurora Healthcare, these difficult to read notes seem to indicate that a procedure was performed on the left brachial artery which included removal of occlusion. This was performed on January 31, 1996.

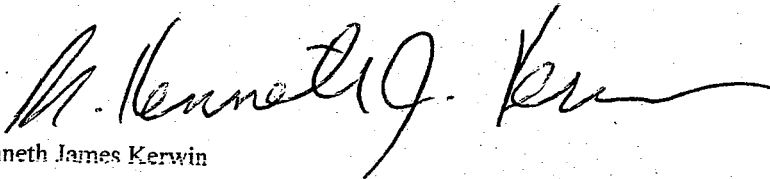
Summation

Ms. Bett treated at this clinic for a period of a year involving her symptomatology from her MVA. Throughout her treatment, she continued to show spinal dysfunction and sensitivity in the cervical and upper thoracic spine and resolution of lumbar symptomatology. After reviewing her previous medical records, it was obvious to me that there was a vascular condition causing numbness in the left hand back into 1996 which she had surgical procedures to correct. Her cervical thoracic injury seemed to flare-up or exacerbate this left upper extremity condition. It is my opinion, to a reasonable degree of chiropractic probability, that this had occurred. As of May 9, 2001, the last time I was able to evaluate and treat Ms. Bett, she continued to complain of neck pain and stiffness with intermittent tingling of the left upper extremity. Examination continued to show dysfunction of the lower cervical spine including positive orthopedic tests which are indications of spinal dysfunction and possible nerve root compression. The medical records that were provided to me did not show any previous spinal diagnosis or complication of the musculature in the cervical thoracic region.

Upon release of Ms. Bett on May 9, 2001, I recommended that she maintain a home stretching regimen to decrease chances of exacerbation to her cervical thoracic condition. She was advised on being in tune with her condition and to be able to pin point activities and postures that exacerbate this condition and to do her best to stay away from those type of activities. Such activities would include working with hands above the chest which would strain the shoulder and cervical thoracic region. The advice of not working with her head in a flexed posture for a long period of time was also recommended to prevent further strain of her injured region. Although Ms. Bett showed improvement throughout her treatment, it was obvious to me that she continued to have mechanical problems in her lower cervical and upper thoracic spine with intermittent exacerbations to muscle spasms and radiculopathy of numbness into her upper extremity. After release of Ms. Bett, I felt she had reached maximum medical/chiropractic improvement for her condition related to her MVA of May 7, 2000. I feel at this point, that she has plateaued and that no improvement would be obtained for her current permanent condition. I recommended home care that would involve stretching and occasional visits to the therapy or chiropractic clinic to maintain ROM in her cervical thoracic spine and improve muscular flexibility which has been limited because of the soft tissue trauma to the cervical thoracic spine.

If I can be of any further assistance, please feel free to contact me.

Sincerely,



Dr. Kenneth James Kerwin

KJK/lr