

ESSEX NEUROLOGICAL ASSOCIATES. P.A.

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50 UNION AVENUE

IRVINGTON, N. J. 07111

201-373-8000

FILES

December 30, 1988

CIGNA Property and Casualty Company
1400 North Providence Road
Suite 400
Post Office Box 171
Media, Pennsylvania 19063

REDACTED

Re:
Vs: Sherwin Williams Corp.
File: 420 C 9639597

Attention: Mr. Robert R. Piha

Gentlemen:

At your request for a neurological and psychiatric consultation I examined William Lodato on December 22, 1988.

Records Received: Dr York and Clara Maass Hospital records.

Name and Address:

Age: Sixty years.

Employment History: Lift truck operator in the employ of Sherwin Williams Corporation for forty-two years.

PAST HISTORY

Operations: Partial gastrectomy fifteen and twenty years ago for ulcer; right herniorrhaphy 1985 and removal of spur from the left foot four years ago.

Accidents (Industrial):

<u>Date</u>	<u>Employer</u>	<u>Injury</u>	<u>Sequelae</u>	<u>Award</u>
thirty-seven years ago	Sherwin Williams	Injured right great toe	None	Unknown
unknown	Sherwin Williams	Fractured rib, left	None	Unknown

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December 30, 1988

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Re:

<u>Date</u>	<u>Employer</u>	<u>Injury</u>	<u>Sequelae</u>	<u>Award</u>
Twenty-five years ago	Sherwin Williams	Injured a shoulder	None	Unknown
Twenty years ago	Sherwin Williams	Injured low back	Low back pain and right leg numbness	Unknown
Eight years ago	Sherwin Williams	Injured left knee	None	Unknown

Accidents (Non-Industrial): None.

Other Hospitalizations: None.

Medical Disorders: None.

Current Medication: Tagamet.

Allergies: None.

SOCIAL HISTORY

Birthplace: Newark, New Jersey.

Military Service: None.

Education: Eighth grade.

Marital Status: Married thirty-seven years; three children over twenty-one years of age.

Composition of Household: Lives with wife.

Family History (Heart disease? Diabetes mellitus? Stroke? Neurological or psychiatric disorders? Hypertension?): Grandmother had hypertension and diabetes.

Habits: Does not smoke; drinks socially.

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December 30, 1988

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Re: :

PRESENT ACCIDENT

Injured's History of Accident: The patient says that while working for the assured, he has been exposed to dust, dirt and various fumes which causes frequent colds, shortness of breath, nasal congestion, irritation of this eyes. He also states he has abdominal pain adding he "doesn't know if it is from my ulcers or the chemicals I worked with." He has pains and cramps in his legs which he feels is due to standing and climbing ladders. He never had treatment for these symptoms.

The patient lost days from work periodically. He continues to work for Sherwin Williams Corporation as a "tank truck man."

Present Complaint: The patient notes intermittent pain and cramping in the abdomen. He has been taking Tagamet which seems to help. He suffers with frequent pain in the low back, shoulders and legs. Since his back accident twenty years ago, he has had a "streak of numbness" along the posterior aspect of the right leg and calf. He finds that he has frequent colds and is easily short of breath. He presently works with ammonia and latex chemicals. He states that he last worked with Benzene about four years ago. He then adds "I guess I've worked with all chemicals at one time." He will be retiring in two years. When I ask him how is job is going he comments "It's hard and I'm sixty. I'm only getting more aches and pains." He remains happily married for thirty-seven years. During his spare time he does chores around his house and enjoys watching television and camping. His appetite is "terrific." Sleeping is "fairly good." He denies any psychiatric history. He specifically denies any complaints of depression or nervousness. He does not consider himself a sick person nor is he overly concerned about his health. When specifically asked if he is worried about the possible health consequences to his previous chemical exposures he states "No."

Physical Examination: Height is 69½ inches, weight is 183 pounds, blood pressure is 130/62 and pulse is 88. He is right-handed.

Mental Status: The patient is a well-developed, well-nourished elderly man, who appears in no acute distress. He is casually dressed and neatly groomed. He is not short of breath at rest. He is pleasant and friendly and seems straightforward as he describes his symptoms. There are no signs of depression or anxiety. His affect is appropriate. His thought processes are coherent. Cognitive functioning is grossly intact.

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December 30, 1988

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Re:

Cranial Nerve Examination: Pupils are equal and reactive to light. Visual fields are within normal limits. The funduscopy examination is unremarkable. Extraocular movements are full without nystagmus. There is normal facial strength and sensation. Hearing is grossly intact. Movements of the tongue, jaw and palate are within normal limits.

Motor Examination: There is normal tone and strength throughout. Reflexes are one to two plus and symmetric with a difficult to elicit right ankle jerk. Plantar responses are flexor.

Coordination: His gait is normal. He can heel, toe and tandem. His Romberg is negative. Rapid movements are performed well bilaterally. There is no tremor of the outstretched arms.

Sensory Examination: Sensory testing is normal to light touch, pin, vibration and joint position sense throughout.

Examination of the head and neck is unremarkable for neurologic disease. There are no cervical bruits.

Examination of the low back reveals no definite lumbar paravertebral muscle spasm or sciatic notch tenderness. The patient flexes to about eighty degrees at the waist with his knees straight. Straight leg raising is negative to eighty degrees in the sitting position bilaterally. His right calf measures fifteen inches as opposed to fourteen and one-quarter inches on the left.

Impression: This sixty year old man presents for evaluation with symptoms that he attributes to his present work with the assured. On neurologic examination he has a depressed right ankle jerk which would be consistent with a residual S1 radiculopathy. The patient relates that he has had numbness in the right leg since suffering a back injury twenty years ago. The patient offers no psychiatric complaints, nor are there any signs of emotional dysfunction present.

Assessment: Neurologic disability is estimated at 1 to 2% of partial total on a regardless of cause basis. There is no permanent psychiatric disability in this patient.

Yours truly,

Allen S. Josephs, M.D.

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