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Margaret Pinkham Esq.
Brown Rudnick Berlack Isreals LLP
One Financial Center
Boston, Massachusetts 02111

RE: Marcia Rhodes

Dear Ms. Pinkham,

This letter is in response to your request for a narrative report summarizing Marcia Rhodes' inpatient hospital stay, her outpatient progress since that time, her prognosis, and any potential secondary disabling conditions that may occur as a result of the initial injury that she sustained.

Marcia Rhodes initially came under my care during her in-patient stay at Fairlawn Rehabilitation Hospital in February of 2002. She had been involved in a motor vehicle crash when her car had been struck on 1/9/2002. She was hospitalized from the time of the collision until 4/16/2002 when she was discharged from Fairlawn.

Injuries sustained during the motor vehicle crash included a T12 burst fracture causing a complete sensory and motor paralysis below that level with consequent incontinence of bowel and bladder, multiple rib fractures, a left pneumothorax, a psoas hematoma and a subarachnoid hemorrhage diagnosed by CT scan of the head. She had developed a deep venous thrombosis while at the acute care hospital because blood thinners could not be used due to her subarachnoid hemorrhage. She had a Greenfield filter placed as a preventative measure against development of pulmonary embolism because of this thrombosis. As a result of this clot and the necessary placement of the Greenfield filter as well as because of her motor paralysis Mrs. Rhodes developed marked swelling of her lower extremities that could not be entirely alleviated even with compression garments and elevation of the legs. This chronic swelling has been a persistent impediment to Mrs. Rhodes independent transfers because of the extra weight associated with her peripheral edema.

Prior to transfer to Fairlawn Mrs. Rhodes had undergone a spinal fusion by Dr. Bayley to stabilize the burst vertebra. During her hospital stay Mrs. Rhodes had to wear a hard plastic fitted thoracolumbar spinal orthosis when she was sitting up or out of bed. This was necessary to maintain spinal stability while the fusion was healing, but caused

discomfort due to her rib fractures. Use of the upper extremities necessary for any kind of movement exacerbated the discomfort that she had from her rib fractures as well.

In addition, Mrs. Rhodes had Methacillin resistant staph aureus pneumonia and was treated with intravenous antibiotics. This necessitated her being unable to participate in activities outside her hospital room for a large portion of her hospital stay.

Since discharge to home from Fairlawn she has developed a gangrenous gallbladder, necessitating surgical intervention, as well as multiple episodes of shoulder tendonitis recalcitrant to treatment, requiring episodic physical therapy for treatment. This overuse type of injury is common in individuals with complete motor paralysis because of the dependency on the upper extremities not only for all the usual activities of the upper extremities but also for all mobility, including transferring from bed to commode or to wheelchair and back as well as for wheelchair propulsion. Mrs. Rhodes has had tendonitis twice since discharge one year ago and will likely require an electric wheel chair as well as a standard manual chair in order to rest her arms and shoulders during tendonitis flares as well as in between flares as a preventative measure to diminish overuse injuries and allow some measure of independence outside the home. As of this time, her insurance has not approved an electric wheelchair, a source of distress to the patient.

In addition to tendonitis, Mrs. Rhodes has suffered from depression, a frequent medical condition after paralysis. She has reported a mild memory loss and disorganization since the collision which may in part be related to either the depression itself or to the head injury that she sustained during the collision.

She has also required a catheter for drainage of her bladder and has required medications to evacuate her bowels a process which she tells me can take hours due to her neurogenic bowel.

In addition, Mrs. Rhodes developed multiple decubitus ulcers on her sacrum and ischium in December of 2002 which were much improved but still not healed on my last assessment of the patient on 3/17/2003.

Most recently, however, Mrs. Rhodes telephoned me to inform me that she had fallen onto the bathroom tile and had sustained fractures in each leg one of which is now casted.

Marcia Rhodes has a complete sensory and motor paralysis, a condition that is permanent and irreversible. There is no cure for this condition at this time. She has permanent impairment of her bowel and bladder function and sustained a head injury with the injury as well.

Secondary disabling conditions commonly associated with paraplegia include but are not limited to decubitus ulcers, depressed mood, higher likelihood of lower extremity fractures, upper extremity tendonitis and bursitis and well as an increased propensity for urinary tract infections, diabetes, heart disease and hypercholesterolemia.

Elizabeth Roaf, M.D.
Marcia Rhodes

Mrs. Rhodes has sustained multiple secondary disabilities already during her first year home. Because of her paralysis and the secondary disabilities that are commonly associated with such a diagnosis, Mrs. Rhodes will require substantial durable medical equipment as well as structural changes to her living environment to allow her some measure of independence. She will require the installation of a ramp or ramps, the widening or doorways and possibility new bath facilities to allow her shower accessibility. She will require the use of specialized mattresses for her bed and specialized air cushions for her wheelchairs. She may require a hospital bed for certain periods.

She should have both a manual and an electric wheel chair given her propensity to develop tendonitis in her shoulders. She should have a standing frame to allow her weight bearing to help maintain her bone mass and prevent further fractures after her current fractures are healed. In addition, she will require a lifetime supply of catheters for bladder emptying, as well as frequent contact with doctors, nurses and physical therapists as well as person care attendants to help her care and with activities of daily living including bathing, dressing, transfer and bowel care as well as positioning.

With the advent of new antibiotics, the life expectancy of individuals with paraplegia from spinal cord injuries is close to that of non injured individuals. The impact of paraplegia on the quality of life is devastating, however.

Please do not hesitate to telephone me if you have any questions about this letter.

Sincerely,

Elizabeth Roaf, M.D.

Board Certified in Physical Medicine & Rehabilitation, Internal Medicine and Spinal Cord Injury Medicine