

**LESLIE TAR, M.D.**

Allergy/Rheumatology/Dermatology  
Adults and Children

434 North St.  
Meadville, PA 16335  
(814) 333-3785

1 Hospital Drive  
Clarion, PA 16214  
(814)

December 3, 1990

Karen L. Shettler  
RD #1 Box 167A  
Knox, PA 16232

Dear Ms. Shettler,

Thank-you for sharing the details of your motor vehicle accident from October 20, 1989 with me along with the discussion of your neck pain and headache. After the incident, you were seen by several doctors including Dr. Long, who reviewed a CT scan of the head which was unremarkable. Dr. Gelfand (a neurologist in Oil City) performed a EEG which showed some slowing of the brain waves on the left side of the brain but was apparently viewed as being non-pathologic. Initiation of Pamelor was associated with blurred vision and Amitriptyline initiated by another neurologist (Dr. McLaughlin of Franklin) was not tolerated well. Dr. Walker was also involved in your care in March of 1990 when you were seen in the emergency room, and he prescribed a T.E.N.'s unit. While this has been helpful over the past few months, it seems no longer to be effective. An MRI of the brain was unremarkable in May of this year and a bone scan performed as directed by Dr. Long in November of this year was also unremarkable.

It now appears that your complaint of aching, stiffness and restriction in range of motion at the cervical and posterior mid-thoracic level is persistent and that your complaint of "headache" is actually an extension of the lower vertebral process. This process on my examination appears to be non-articular in nature. Your exam is otherwise unremarkable. One can discern to some limitation in flexion and extension at the cervical region and areas of muscle tenderness (triggerpoints) in the posterior cervical and shoulder girdle region. This is quite prominent in the interscapular zones.

Luckily, there have been no paresthesias, dysesthesias, (numbness), weakness, change in bowel or bladder habits, gait, constitutional symptoms or symptoms suggestive of an inflammatory process.

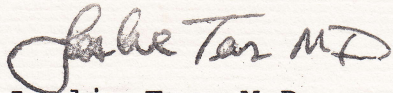
This condition is best characterized as a muscular entity that appears to have come about after the accident. Such post-traumatic muscular conditions are not uncommon but tend to be chronic in nature. I would suggest that you discontinue using the T.E.N.'s unit. It may be reasonable to discontinue Tegretol as well, as



this seems to have provided no relief. Please with-hold on discontinuing the same until our next visit. Today, you received several triggerpoint injections to the posterior cervical and interscapular region. Let's be patient in assessing the results of these injections and review how you are doing over the course of the next week.

Thank-you for giving me the opportunity of reviewing your condition. Some limitation in work (no greater than 6 hour shifts with no lifting of more than 30 pound items) would seem reasonable. If I can be of any further assistance, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "Leslie Tar M.D.", with a stylized, cursive script.

Leslie Tar, M.D.

LT/rs

cc: Dr. Long



CLARION HOSPITAL  
RESPIRATORY CARE  
ONE HOSPITAL DRIVE  
CLARION, PA 16214

### ELECTROENCEPHALOGRAPH REPORT

PATIENT: SHETTLER, KAREN  
EEG NUMBER: 90-052 AGE: 20

DOCTOR: WALKER  
DATE: MARCH 12, 1990

EEG DESCRIPTION: Record shows irregular 9 - 10 HZ activity of moderate symmetrical voltage, more prominent over the central and posterior regions. There is intermixed lower voltage faster activity symmetrically throughout. There is irregular lower voltage slowing at 4-7 HZ symmetrically throughout during drowsiness. There are symmetrical vertex sharp waves, fronto-central spindles and generalized slowing during sleep. There is transient sharp wave and slow wave activity over the left fronto-temporal and temporal-central regions appearing synchronously over both hemispheres at times. Hyperventilation was performed and added no significant changes. Eye movement and EKG were monitored.

IMPRESSION: Abnormal EEG showing transient sharp wave and slow wave activity over the left fronto-temporal and temporal-central regions appearing synchronously over both hemispheres at times.

DISCUSSION: These findings are consistent with an irritative or ischemic process greater on the left. Consider further neurodiagnostic studies such as neuro-imaging in view of these electrographic findings and the clinical story as given.

*Harley E. Schear, M.D.*

HARLEY E. SCHEAR, M.D.