

ORIGINAL

FILED
COURT OF CLAIMS
OF OHIO

IN THE COURT OF CLAIMS OF OHIO

2015 FEB 27 PM 12: 28

Bryan A. Huff,

:

Case No. 2014-00468

Plaintiff

:

Judge Patrick M. McGrath

- vs -

:

The Ohio State University

:

Medical Center

:

Defendant

:

**IDENTIFICATION OF EXPERT WITNESSES AND
NOTICE OF FILING EXPERT REPORTS**

Pursuant to the Court's Case Scheduling Order dated August 28, 2014, Plaintiff Bryan Huff, by and through counsel, hereby identifies the persons identified below as expert witnesses retained in the above referenced matter who will testify on behalf of the Plaintiff. Attached hereto as exhibits are copies of each of their expert reports and curriculum vitae.

1. Jesse Marymont, MD, FASE, FACC, MBA
Department of Anesthesiology
Department of Medicine, Division of Cardiology
NorthShore University Health System
Clinical Associate Professor, University of Chicago Prizker School of Medicine
2650 Ridge Avenue
Evanston, IL 60201

A copy of Dr. Marymont's report dated January 24, 2015, is attached hereto as Exhibit "A". A copy of Dr. Marymont's Curriculum Vitae is attached hereto as Exhibit "B"

2. Carole E. Miller, M.D.
Neurological Evaluations
Medical Evaluators LLC
5548 Hilliard Road Office Park
Hilliard OH 43026

ON COMPUTER

A copy of Dr. Miller's report dated September 11, 2014, is attached hereto as Exhibit "C". A copy of Dr. Miller's Curriculum Vitae is attached hereto as Exhibit "D"

3. William H. Burke, Ph.D.
William H. Burke & Associates
Noble's Island #7
500 Market Street
Portsmouth NH 03801

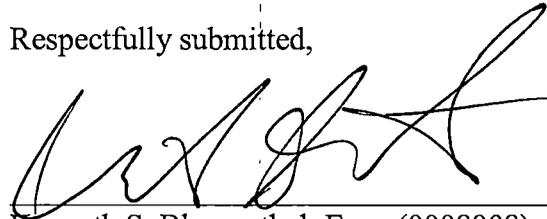
Dr. Burke is a specialist in vocational rehabilitation. A copy of Dr. Burke's report dated August 27, 2014 is attached hereto as Exhibit "E". Attached to his report is a copy of Dr. Burke's Curriculum Vitae. Also attached as Exhibit "F" is a September 23, 2014 amendment to Dr. Burke's original report

4. David W. Boyd, Ph.D.
20 Berlin Court
Granville, OH 43023

Dr. Boyd is an economist. A copy of Dr. Boyd's report dated May 16, 2014 is attached hereto as Exhibit "G". A copy of Dr. Boyd's Curriculum Vitae is attached hereto as Exhibit "H".

In addition, Plaintiff specifically reserves the right to utilize as expert witnesses any and all of Plaintiff's treating physicians as identified in the medical records that have been produced throughout the course of discovery herein. To date, the only discovery that has been done is the production of medical records and the depositions of Dr. Farhadi and Dr. Timperman, both physicians at The Ohio State Wexner Medical Center. Plaintiff will timely amend this disclosure after discovery has been completed as to the specific treating physicians he intends to have testify at the trial on Bryan Huff's behalf.

Respectfully submitted,



Kenneth S. Blumenthal, Esq. (0008908)
Rourke & Blumenthal, LLP
495 South High Street, Suite 450
Columbus, OH 43215
Phone: 614/ 220-9200
Fax: 614/ 220-7900
kblumenthal@randblp.com
Attorney for Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing was served upon counsel listed below by electronic mail and regular U.S. Mail, postage prepaid, this 27th day of February, 2015.

Jeffrey L. Maloon
Assistant Attorney General
Court of Claims Defense Section
150 East Gay Street, 18th Floor
Columbus OH 43215
E-mail: Jeffrey.maloon@ohoattorneygeneral.gov
Phone: 614-466-7447
Fax: 614-644-9285
Counsel for Defendant

Theodore P. Mattis, Esq.
Vorys, Sater, Seymour & Pease
52 E. Gay Street, P.O. Box 1008
Columbus, OH 43216-1008
E-mail: tpmattis@vorys.com
Phone: 614-464-6468
Fax: 614-719-5031
Special Counsel for Ohio Attorney General



Kenneth S. Blumenthal (0008908)

January 24, 2015
Kenneth S. Blumenthal
Rourke and Blumenthal
495 S. High Street. Suite 450.
Columbus, Ohio 43215

RE: Bryan Huff vs. The Ohio State University Medical Center

Dear Mr. Blumenthal:

A significant air embolus occurred intraoperatively which greatly harmed Mr. Huff. The air embolus experienced by Mr. Huff on February 22, 2012, was the result of a deviation from the standard of care by The Ohio State University Medical Center.

According to the progress note of Joseph G. Werner (anesthesiologist), air was detected in one of the lines which was connected to the central venous catheter entering Mr. Huff. As I read Dr. Werner's progress note, the collection bag for the cell saver (still connected to the cell saver machine), was attached to an air filled blood administration tubing and an air filled fluid warmer reservoir. There should have been fluid, not such a large amount of air, in the blood administration tubing and fluid warmer. I believe that the "pressure squeezer" described by Dr. Werner was used, and forced air into Mr. Huff's body. The surgeon also noted some air bubbles in the epidural veins, which were seen in his surgical field. The surgeon also noted erratic somatosensory-evoked potentials, which are consistent with air embolism. During this period of time, Mr. Huff experienced instability within the operating room, which is consistent with a significant air embolism.

In my opinion, a high rate of air introduction into Mr. Huff as well as a high total volume of air delivered into Mr. Huff caused a life threatening air embolism and resultant spinal cord infarction, cerebral infarction and myocardial infarction. The air embolism was the cause of Mr. Huff's postoperative spinal cord infarction, cerebral infarction and myocardial infarction. The significant air embolism was easily preventable, and should not have occurred.

As a result of the preventable and significant air embolism, Mr. Huff will have permanent spinal cord, brain and cardiac abnormalities.

Best Wishes,

Jesse Marymont

Jesse Marymont MD FASE FACC MBA
Department of Anesthesiology
Department of Medicine, Division of Cardiology
NorthShore University HealthSystem
Clinical Associate Professor, University of Chicago Prizker School of Medicine



Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Current Employment:

Anesthesiologist
NorthShore University HealthSystem
2650 Ridge Avenue
Evanston, Illinois 60201
Tel: 847-570-1926
Fax: 847-570-2921
e-mail: JMarymont@northshore.org

Home Address

288 Auburn Avenue
Winnetka, Illinois 60093

Citizenship:

USA

Born:

July 10, 1957. Tacoma, Washington, USA

Married:

MaryAnne H. Marymont, M.D.
Assistant Professor, Department of Radiation Oncology
Northwestern University Feinberg School of Medicine
Northwestern Memorial Hospital
Children's Memorial Hospital
Northwestern Medical Faculty Foundation, Chicago, Illinois

Education

Undergraduate:

1979 B.A., Philosophy Major
Northwestern University, Evanston, Illinois

Medical Education:

1983 M.D.
St. Louis University School of Medicine, St. Louis, Missouri

Internship:

1983-1984
Internal Medicine
Northwestern University Feinberg School of Medicine
Chicago, IL

Residency:

1984-1986
Anesthesiology
Northwestern University Feinberg School of Medicine
Chicago, Illinois

Fellowship:

1986-1987
Chief Resident
Cardiac Anesthesia and Clinical Research
Northwestern University Feinberg School of Medicine
Chicago, Illinois

PLAINTIFF'S
EXHIBIT
B

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Education cont'd:

MBA: 2012
Lake Forest Graduate School of Management
Lake Forest, Illinois

Board Certification:

1984	National Board of Medical Examiners
1987	Diplomate, American Board of Anesthesiology
2000	Testamur, National Board of Echocardiography. Examination of Special Competence in Perioperative Transesophageal Echocardiography
2000	Diplomate, National Board of Echocardiography. Perioperative Transesophageal Echocardiography.
2003	Testamur, National Board of Echocardiography. Examination of Special Competence in Adult Echocardiography
2004	Fellow, American Society of Echocardiography
2005	Associate Fellow, American College of Cardiology
2009	Fellow, American College of Cardiology
2010	Re-certification Examination Perioperative Transesophageal Echocardiography.

Medical Licensure:

Illinois 036-069796

Professional Title:

2009-present	Clinical Associate Professor Department of Anesthesiology and Critical Care The University of Chicago Pritzker School of Medicine Chicago, Illinois
2008-2009	Associate Professor Department of Anesthesiology Northwestern University Feinberg School of Medicine Chicago, Illinois

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Professional Title cont'd:

2004-2008 Senior Attending Physician
Department of Anesthesiology
Department of Medicine - Division of Cardiology
NorthShore University HealthSystem

Faculty Appointments:

1987-2000 Associate
Department of Anesthesiology
Northwestern University Feinberg School of Medicine
Chicago, Illinois

2000-2008 Assistant Professor
Department of Anesthesiology
Northwestern University Feinberg School of Medicine
Chicago, Illinois

2008-2009 Associate Professor
Department of Anesthesiology
Northwestern University Feinberg School of Medicine
Chicago, Illinois

2009-present Clinical Associate Professor
Department of Anesthesiology and Critical Care
The University of Chicago Pritzker School of Medicine
Chicago, Illinois

2003-present Adjunct Faculty
Department of Nursing
DePaul University, Chicago, Illinois

2000-present Instructor
NorthShore University HealthSystem School of Nurse
Anesthesia, Evanston, Illinois

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Professional Staff

Appointments

NorthShore University

HealthSystem:

1987-1989	Assistant Attending Physician Department of Anesthesiology
1989-1991	Associate Attending Physician Department of Anesthesiology
1991- 1994	Attending Physician Department of Anesthesiology
1994-present	Senior Attending Physician Department of Anesthesiology
2006-present	Clinical Coordinator NorthShore University HealthSystem School of Nurse Anesthesia, Evanston, Illinois

Administrative

Appointments:

1995-present	Medical Director, Ambulatory Surgery
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Committee Service

Northwestern University:

1989-1996	Residency Selection Committee
1990-1996	Residency Teaching Committee
1991-1996	Residency Clinical Competence Committee
1996-2000	Appointment and Promotions Committee

Committee Service

NorthShore University

HealthSystem:

1988-present	Transfusion Committee
1990-1996	Operating Room Committee
1995-1998	Radical prostatectomy pathway
1995-2000	Lumbar microdisectomy pathway
1996-1999	Spinal cord injury pathway
1996-2000	Carotid endarterectomy pathway
1997-2000	Brain Pallidotomy pathway

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Committee Service NorthShore University HealthSystem cont'd:

- 1997-2003 Minimally invasive cardiac surgery pathway
- 1997-2008 Operating room efficiency committee
- 1998-2000 Acoustic Neuroma pathway
- 1998-2000 Mastectomy pathway
- 1999-2003 Laparoscopic cholecystectomy pathway
- 2001-2006 Human Resources Committee
- 2002-present Graduate Medical Education (Residency) Committee
- 2006-2011 NorthShore University HealthSystem Medical Group: Risk Management and Professional Liability Committee
- 2006-present NorthShore University HealthSystem Professional Staff: Risk Management Committee
- 2009-present Cardiac Surgical Leadership Committee

NorthShore University HealthSystem School of Nurse Anesthesia Committees:

- 2005-present Grievance committee
- 2006-present Admissions Committee

Awards:

- 2004 Attending Physician of the Year
NorthShore University HealthSystem
School of Nurse Anesthesia
- 2006 Attending Physician of the Year
NorthShore University HealthSystem
School of Nurse Anesthesia
- 2009-2011 Best Doctors in America
- 2011-2012 Marquis Who's Who in America
- 2012 Co-Valedictorian
Hotchkiss Scholar
Delivered the Valedictory Address at Graduation
Lake Forest Graduate School of Management

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Society Memberships:

1984-present American Medical Association
1985-present American Society of Anesthesiologists
1985-present International Anesthesia Research Society
1987-present Chicago Medical Society
1987-present Illinois Society of Anesthesiologists
1987-present Illinois State Medical Society
2000-present American Society of Echocardiography
2000-present Society of Cardiovascular Anesthesiologists
2004-present American College of Cardiology
2009-present Society for Obstetric Anesthesia and Perinatology

Professional Service:

Editorial Service:

2005 Mayo Clinic Proceedings (Guest Reviewer)
2007-2011 Critical Care Medicine (Guest Reviewer)

American Society of Anesthesiologists:

1994 Alternate delegate, House of Delegates
2004 Consultant, (Management of pacemakers and
defibrillators in the perioperative period)

Illinois Society of Anesthesiologists:

1990-1988 Midwest Anesthesia Conference organizing committee
1992-1993 Member, House of Delegates
1992-2000 Rules and Bylaws Committee
1993, 1996 (Chairman) Reference Committee
1994-1998 Assistant Treasurer
1994-1998 Board of Directors
1996-2000 Medical Society Liaison Committee
1997-1998 Ad Hoc Financial Overview Committee
2003-2011 Member, House of Delegates

Chicago Medical Society:

1995-1996 Alternate Councilman, North Suburban Branch
1997-1999 Councilman, North Suburban Branch
1997 Secretary, North Suburban Branch

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Professional Service cont'd:

1998 Vice President, North Suburban Branch

Illinois State Medical Society:

1994-1997 Member, House of Delegates, representing Cook County

Cardiology Trials:

2007-present EVEREST II Trial. "Endovascular Valve Edge-to-Edge Repair Study". Trial to compare the repair of mitral regurgitation by percutaneous repair (cardiac catheterization) with surgical repair. Co-Investigator.

2007-present PARTNER Trial. "Placement of Aortic Transcatheter" heart valves trial. Trial to determine the feasibility of aortic valve insertion by percutaneous techniques (cardiac catheterization laboratory). Co-investigators.

2007-2008 VIVID Feasibility Study. "Valvular and Ventricular Improvement Via iCoapsys Delivery Feasibility Study." Study to determine if the percutaneous delivery of a Coapsys Implant will lessen ischemic mitral valve regurgitation. Co-Investigator.

Peer-reviewed articles:

1. Marymont JH III, Marymont JH Jr, Gavan TL: Performance of Enterobacteriaceae identification systems. Am J Clin Path 70:539-547, 1978.
2. Mills GQ, Marymont JH III, Murphy, DA: Bone scan utilization in the differential diagnosis of exercise induced lower extremity pain. Clin Orth Rel Res 149:207-210, 1980.
3. Murphy GS, Szokol JW, Marymont JH III, Avram MJ, Vender JS, Rosengart TK: Impact of shorter-acting neuromuscular blocking agents on fast-track recovery of the cardiac surgical patient. Anesthesiology 96:600-606, 2002.
4. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS: The use of neuromuscular blocking agents in adult cardiac surgery: results of a national postal survey. Anesth Analg 95: 1534-1539, 2002.

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Peer-reviewed articles cont'd:

5. Murphy GS, Szokol JW, Marymont JH, Vender JS, Avram MJ, Rosengart TK, Alwawi EA: Recovery of neuromuscular function after cardiac surgery: pancuronium versus rocuronium. *Anesth Analg* 96:1301-1307, 2003.
6. Murphy GS, Szokol JW, Franklin M, Marymont JH, Avram MJ, Vender JS: Postanesthesia Care Unit Recovery Times and Neuromuscular Blocking Drugs: A Prospective Study of Orthopedic Surgical Patients Randomized to Receive Pancuronium or Rocuronium. *Anesth Analg* 98:193-200, 2004.
7. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS: Retrograde Air Embolization during Routine Radial Artery Catheter Flushing in Adult Cardiac Surgical Patients: An Ultrasound Study. *Anesthesiology* 101:614-619, 2004.
8. Murphy GS, Szokol JW, Marymont JH, Franklin M, Avram MJ, Vender JS: Residual Paralysis at the Time of Tracheal Extubation. *Anesth Analg* 100:1840-1845, 2005.
9. Rosengart TK, Sweet J, Finnin EB, Wolfe P, Cashy J, Hahn E, Marymont JH, Sanborn T: Neurocognitive Functioning in Patients Undergoing Coronary Artery Bypass Graft Surgery or Percutaneous Coronary Intervention: Evidence of Impairment Before Intervention Compared with Normal Controls. *Ann Thoracic Surg* 80:1327-1335, 2005.
10. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS: Opioids and Cardioprotection: The Impact of Morphine and Fentanyl on Recovery of Ventricular Function After Cardiopulmonary Bypass. *J Cardiothorac Vasc Anesth* 20: 493-502, 2006.
11. Rosengart TK, Sweet JJ, Finnin E, Wolfe P, Cashy J, Hahn E, Marymont J, Sanborn T: Stable Cognition After Coronary Artery Bypass Grafting: Comparisons with Percutaneous Intervention and Normal Controls. *Ann Thorac Surg* 82: 597-607, 2006.
12. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS, Kubasiak J: Retrograde blood flow in the brachial and axillary arteries during routine radial arterial catheter flushing. *Anesthesiology* 105: 492-497, 2006.
13. Murphy GS, Marymont JH, Szokol JW, Vender JS: Correlation of the Myocardial Performance Index with Conventional Echocardiographic Indices of Systolic and Diastolic Function: A Study in Cardiac Surgical Patients. *Echocardiography* 24:1-8, 2007.
14. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS: The Effects of Morphine and Fentanyl on the Inflammatory Response to Cardiopulmonary Bypass in Patients Undergoing Elective Coronary Artery Bypass Graft Surgery. *Anesth Analg* 104:1334-1342, 2007.
15. Murphy GS, Marymont JH: Alternative Anticoagulation management strategies for the patient with heparin-induced thrombocytopenia undergoing cardiac surgery. *J Cardiothorac Vasc Anesth* 21:113-126, 2007.
16. Sweet, J.J., Finnin, E., Wolfe, P., Beaumont, J.L., Hahn, E., Marymont, JH., Sanborn, T., & Rosengart, T.K. Absence of Cognitive Decline One Year After Coronary Bypass Surgery: Comparison to Non-Surgical and Healthy Controls. *Annals of Thoracic Surgery* 85: 1571-1578, 2008.
17. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS. Residual Neuromuscular Blockade and Critical Respiratory Events in the Postanesthesia Care Unit. *Anesth Analg* 107: 130-137, 2008.

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Peer-reviewed articles cont'd:

17.

18. Sweet JJ, Finnin E, Wolfe PL, Beaumont JL, Hahn E, Marymont JH, Sanborn T, Rosengart TK. Absence of Cognitive Decline One Year After Coronary Bypass Surgery: Comparison Nonsurgical and Healthy Controls. *Ann Thorac Surg* 85:1571-1578, 2008.
19. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS. Intraoperative Acceleromyography Monitoring Reduces the Risk of Residual Neuromuscular Blockade and Adverse Respiratory Events in the Postanesthesia Care Unit. *Anesthesiology* 109:389-398, 2008.
20. Murphy GS, Szokol JW, Marymont JH, Greenberg SB, Avram MJ, Vender JS, Sherwani SS, Nisman M, Doroski V. Morphine-Based Cardiac Anesthesia Provides Superior Early Recovery Compared with Fentanyl in Elective Cardiac Surgery Patients. *Anesthesiology* 109:311-319, 2009.
21. Murphy GS, Szokol JW, Marymont JH, Greenberg SB, Avram MJ, Vender JS, Vaughn J, Nisman J. Cerebral oxygen desaturation events assessed by near-infrared spectroscopy during shoulder surgery in the beach chair and lateral decubitus positions. *Anesth Analg* 111: 496-505, 2011
22. Murphy GS, Szokol JW, Avram MJ, Greenberg SB, Marymont JH, Vender JS, Gray J, Landry E, Gupta DK. Intraoperative acceleromyography monitoring reduces symptoms of muscle weakness and improves quality of recovery in the early postoperative period. *Anesthesiology* 115: 946-954, 2011

Book Chapters and Reviews:

1. Marymont JH III, O'Connor, BS: Post-operative cardiovascular complications. Post Anesthesia Care. Edited by Vender JS, Spiess BD. Philadelphia, W. B. Saunders, 1992.
2. Marymont JH, Murphy GS: Intraoperative Monitoring with Transesophageal Echocardiography: Indications, Risks, and Training. Edited by Vender JS, Szokol JW, Murphy GS. Philadelphia, W.B. Saunders. *Anesthesiology Clinics* 24: 737-753, 2006.

Letters:

1. Szokol, JW, Marymont JH III, Gilbert HC: Incorrect assembly of an arrow-flex sheath-dilator: A potential cause of vascular trauma. *J Cardiothorac Vasc Anes* 12:240-242, 1998.
2. Marymont JH III, Szokol, JW, Murphy, GS: Arterial or venous cannulation? A simple yet reliable detection technique. *J Cardiothorac Vasc Anes* 12:495, 1998.
3. Marymont JH, Szokol J, Fry, W: Method to prevent damage to the tracheal cuff of a double-lumen endotracheal tube during laryngoscopy. *J Cardiothorac Vasc Anes* 12:371, 1999.
4. Marymont JH III, Vender JS, Szokol JW, Murphy GS: Arterial or venous cannulation: no transducer needed. *Critical Care Medicine* 28:2676. 2000.
5. Murphy GS, Szokol JW, Marymont JH, Vender JS: Does pancuronium cause prolonged postoperative intubation in cardiac patients? (Response to Letter to the Editor) *Anesthesiology* 98: 279, 2003.

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Letters cont'd:

6. Marymont JH, Rozner MA: Implantable Cardioverter-Defibrillators and Complications. *N Engl J Medicine* 350:734-735, 2004.
7. Marymont JH, Murphy GS, Gilbert HC: Intraoperative Heparin and Heparin-Induced Thrombocytopenia. *Anesth Analg* 102:328, 2006.
8. Marymont JH, Murphy GS, Szokol JW, Vender JS: Mediastinoscopy Requiring a Blood Transfusion: Unusual but Significant. *J Cardiothorac Vasc Anesth* 20:469-470, 2006.
9. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS: Opioids and Cardioprotection: The Impact of Morphine and Fentanyl on Recovery of Ventricular Function After Cardiopulmonary Bypass. (Response to Letter to the Editor). *J Cardiothorac Vasc Anesth* 21: 475-476, 2007.
10. Marymont J, Greenberg S, Deshur M: Preoperative Antibiotic Administration and the Surgical "Time Out". *Anesth Analg* 104:1306-1307, 2007.
11. Murphy GS, Szokol JH, Marymont JH, Greenberg SB, Avram MJ, Vender JS: Residual Neuromuscular Block and Adverse Respiratory Events. *Anesth Analg* 107:1756, 2008.
12. Murphy GS, Szokol JW, Marymont J, Greenberg S, Avram M, Vender JS: Conventional Neuromuscular Monitoring versus Acceleromyography: It's Not the Monitor but the Anesthetist. *Anesthesiology* 110: 949-950, 2009.
13. Murphy GS, Szokol JW, Marymont JH, Greenberg SB, Avram MJ, Vender JS: Research, Not Quality Assurance. *Anesth Analg* 108: 376-377, 2009.
14. Murphy GA, Szokol JW, Avram MH, Greenberg SB, Marymont JH, Vender JS, Gray J, Landry E, Gupta DK. A Train-of-Four Count Should be a Train-of Four Count, Independently of the Method it was Determined With. (Response to Letter to the Editor). *Anesthesiology* 116: 1393-401. 2012.

Abstracts:

1. Marymont JH, Szokol JW, Murphy GS, Reintubation following cervical spine surgery; A survey of spine surgeons. American Society of Anesthesiologists Annual Meeting. 1999.
2. Murphy GS, Szokol JW, Marymont JH, Avram MJ. Are shorter-acting neuromuscular blocking agents associated with reductions in the duration of tracheal intubation following cardiac surgery? American Society of Anesthesiologists Annual Meeting. 2001.
3. Murphy GS, Alspach D, Szokol JW, Marymont JH. Recovery of neuromuscular function following cardiac surgery: Does choice of muscle relaxant make a difference? 20th Annual Symposium: Clinical Update in Anesthesiology. 2002.
4. Murphy GS, Szokol JW, Marymont JH, Vender JS. The use of neuromuscular blocking agents in adult cardiac surgery: Results of a national postal survey. Society of Cardiovascular Anesthesiologists 24th Annual Meeting 2002.
5. Murphy GS, Szokol JW, Marymont JH, Vender JS, Avram MJ. Recovery of Neuromuscular function following cardiac surgery: Pancuronium versus rocuronium. American Society of Anesthesiologists Annual Meeting. 2002.

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Abstracts cont'd:

6. Murphy GS, Szokol JW, Marymont JH, Vender JS, Avram MJ. Neuromuscular and clinical recovery following cardiopulmonary bypass: does choice of neuromuscular blocking agent make a difference? 21st Annual Symposium: Clinical Update in Anesthesiology. Antigua. 2003.
7. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS. Retrograde air embolization during radial artery catheter flushing: an ultrasound study. American Society of Anesthesiologists Annual Meeting. 2004.
8. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS. Residual neuromuscular blockade at the time of tracheal extubation. Postgraduate Assembly of the New York State Society of Anesthesiologists. 2004.
9. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS. Pain associated with supramaximal nerve stimulation during early recovery from anesthesia. Postgraduate Assembly of the New York State Society of Anesthesiologists. 2004.
10. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS: Opioids and Cardioprotection: the impact of morphine and fentanyl on recovery of ventricular function following cardiopulmonary bypass. American Society of Anesthesiologists Annual Meeting. New Orleans, Louisiana. 2005.
11. Murphy GS, Marymont JH, Szokol JW, Avram MJ, Vender JS: Relationship between the myocardial performance index and standard echocardiographic measures of systolic and diastolic function. Postgraduate Assembly of the New York State Society of Anesthesiologists. New York, New York. 2005.
12. Rosengart T, Sweet J, Finnin E, Wolfe P, Cashy J, Marymont J, Sanborn T: Neurocognitive Functioning in Patients Undergoing CABG or PCI: Evidence of Impairment Prior to Intervention Compared to Normal Controls. Society of Thoracic Surgeons Annual Meeting. Tampa, Florida. 2005.
13. Murphy GS, Szokol JW, Marymont JH, Vender JS: Assessment of recovery of ventricular function in cardiac surgical patients randomized to receive either fentanyl or morphine. Clinical Update in Anesthesiology. St Thomas, Virgin Islands. 2006.
14. Murphy GS, Szokol JW, Marymont JH, Vender JS: Retrograde blood flow in the brachial and axillary artery during flushing of radial artery catheters. International Anesthesia Research Society Clinical and Scientific Congress. San Francisco, California. 2006.
15. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS: Retrograde blood flow in the brachial and axillary arteries during radial arterial catheter flushing. American Society of Anesthesiologists Annual Meeting. Chicago, Illinois. 2006.
16. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS: Residual neuromuscular blockade: Clinical relevance in the early postoperative period. Postgraduate Assembly of the New York State Society of Anesthesiologists. New York, New York. 2006.
17. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS: Morphine attenuates the inflammatory response to cardiopulmonary bypass. International Anesthesia Research Society Clinical and Scientific Congress. Orlando, Florida. 2007.

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Abstracts cont'd:

18. Sweet JJ, Rosengart TK, Finnin E, Wolfe P, Beaumont J, Hahn E, Marymont J, Sanborn T: Coronary artery bypass grafting and cognitive decline: Absence of effect when compared to percutaneous intervention using healthy controls to make predictions. *The Clinical Neuropsychologist* 21, 405-406, 2007.
19. Murphy GS, Szokol JW, Marymont JH, Vender JS. Cardioprotective effects of morphine in surgical patients. American Academy of Pain Management Annual Meeting. Las Vegas, Nevada 2007.
20. Murphy GS, Szokol JW, Marymont JH, Vender JS. Residual neuromuscular blockade and respiratory distress in the postanesthesia care unit. American Society of Anesthesiologists Annual Meeting. San Francisco, California 2007
21. Murphy GS, Szokol JW, Marymont JH, Greenberg SB, Avram MJ, Vender JS. Residual neuromuscular blockade and critical respiratory events in the postanesthesia care unit. 61st Postgraduate Assembly of the New York State Society of Anesthesiologists. New York, NY 2007.
22. Murphy GS, Szokol JW, Marymont JH, Greenberg SB, Avram MJ. Residual neuromuscular blockade and critical respiratory events in the postanesthesia care unit. American Society of Anesthesiologists Annual Meeting. Orlando, Florida, 2008.
23. Murphy GS, Szokol JW, Marymont JH, Greenberg SB, Avram MJ, Nisman M, Vender JS. The relationship between cytokine release and hyperthermia following cardiac surgery. 62nd Postgraduate Assembly of the New York State Society of Anesthesiologists. New York, NY, 2008.
24. Murphy GS, Szokol JW, Marymont JH, Greenberg SB, Avram MJ. Acceleromyography Monitoring Reduces the Risk of Adverse Postoperative Events. American Society of Anesthesiologists Annual Meeting. New Orleans, Louisiana 2008.
25. Murphy GS, Szokol JW, Marymont JH, Avram MJ, Vender JS. Choice of intraoperative opioid can influence quality of postoperative recovery in patients undergoing elective cardiac surgery with cardiopulmonary bypass. International Anesthesia Research Society 83rd Clinical and Scientific Congress. San Diego, California, 2009.
26. Murphy GS, Szokol JW, Vaughn JA, Marymont JH, Vender JS. The incidence of cerebral oxygen desaturation events during surgery in the beach chair position. American Society of Anesthesiologist Annual Meeting. New Orleans, Louisiana, 2009.
27. Murphy GS, Szokol JW, Vaughn J, Marymont JH, Vender JS. Cerebral oxygen decaturation events during shoulder surgery in the beach chair and lateral decubitus positions. 63rd Postgraduate Assembly of the New York State Society of Anesthesiologists. New York, New York, 2009.
28. Hastings H, Marymont JH, Roth S, Boucher PE. Critical Care Impact of Monitoring Cardiac Function Via Visualization Using A Miniaturized TEE Probe: A Pilot Study. Society of Critical Care Medicine Annual Congress. Miami Beach, Florida 2010.

Curriculum Vitae

Jesse Henry Marymont III, M.D., F.A.S.E., F.A.C.C., M.B.A.

Presentations:

1. Heparin-Induced Thrombocytopenia for the Anesthesiologist. Milwaukee Society of Anesthesiologists. Milwaukee, Wisconsin. 2003.
2. Heparin-Induced Thrombocytopenia: New Drugs for Anticoagulation. University of Minnesota Department of Anesthesiology. Grand Rounds. Minneapolis, Minnesota. 2003.
3. Heparin-Induced Thrombocytopenia for the Emergency Room Physician. Evanston Northwestern Healthcare Department of Emergency Medicine. Grand Rounds. Evanston, Illinois. 2003.
4. Complications of Heparin Therapy. Condell Medical Center. Cardiology Grand Rounds. Libertyville, Illinois. 2004.
5. Heparin-Induced Thrombocytopenia and Cardiopulmonary Bypass. Innovis Health Care System. Medical-Surgical Grand Rounds. Fargo, North Dakota. 2004.
6. Heparin-Induced Thrombocytopenia for the Tertiary Care Anesthesiologist. University of Minnesota Department of Anesthesiology. Grand Rounds. Minneapolis, Minnesota. 2004.
7. Heparin-Induced Thrombocytopenia as a Complication of Heparin Therapy. Hennepin County Medical Center. Department of Anesthesiology and Cardiac Surgery Grand Rounds. Minneapolis, Minnesota. 2004.
8. Heparin-Induced Thrombocytopenia in the Critically Ill Patient. Society of Critical Care Medicine Annual Meeting. Phoenix, Arizona. 2005.
9. Heparin-Induced Thrombocytopenia. Chinese-American Surgical Oncology Week. Lecturing as a representative of the American Cancer Society. Peking University School of Oncology. Beijing, China. 2006.
10. Direct Thrombin Inhibitors. Chinese-American Surgical Oncology Week. Lecturing as a representative of the American Cancer Society. Peking University School of Oncology. Beijing, China. 2006.

Editorial, peer-reviewed and invited:

1. Marymont JH, Murphy GS. All Off-CPB CABG Should not Employ Intraoperative TEE Assessment. J Cardiothorac Vasc Anesth 22: 629-632, 2008.

Carole A. Miller, MD
Neurosurgical Evaluations

Phone (614) 777-5537
Fax (614) 777-5538

September 11, 2014

Kenneth S. Blumenthal, Esq.
Rourke and Blumenthal
495 S. High Street, Suite 450
Columbus, OH 43215

RE: Bryan Huff
vs. The Ohio State University
Medical Center

Dear Mr. Blumenthal:

Today at your request I performed an Independent Medical Evaluation on Bryan Huff to opine regarding the reasonableness of life care plan prepared by Dr. William H. Burke, PhD. I recognize the accepted conditions and the objective findings noted in the medical file, although I may not agree with the conclusions expressed in those records. I will base my conclusions on a reasonable degree of medical certainty.

RECORDS REVIEWED

Records reviewed were condensed records that included:

- Heartland of Marietta/HRC Manor Care.
- OSU Medical Center records.
- Dot Hall medical records.
- Ross Heart Center records.
- Records of Theodore Fraker, MD, cardiologist.
- Records of the OSU Comprehensive Spine Center.
- Records of Dr. Francis Farhadi.
- Records concerning implantation of the baclofen pump.
- Records of Dr. Joy Chestnut.

HISTORY OF INCIDENT

I saw Mr. Huff on 9/11/2012 and performed a neurologic evaluation. Mr. Huff is currently 45 years old. He had multiple medical issues and sustained, however, a back injury in 2005 for which he was treated by Dr. James Uselman. His past medical history was also significant for hypertension, asthma, COPD, GERD, depression and anxiety,



Page 2
September 11, 2014

RE: Bryan Huff

substance abuse, and multiple prior injuries to his neck, back, and hips, and chronic pain.

Following the surgery by Dr. Uselman, he continued to complain of chronic pain. Eventually it was determined that he had a deformity of his spine which would require further treatment. He was seen by Dr. Francis Farhadi because of spinal deformity.

On 09/06/2012, the patient was seen by Dr. William Thoman and was evaluated. He was found to have abnormalities on EMG in his lower extremities with chronic right L5 radiculopathy.

An MRI of his spine showed a scoliosis. He was evaluated by Dr. Farhadi on 11/29/2012. He underwent a lumbar and thoracic myelogram, and eventually Dr. Farhadi recommended spinal surgery to correct his deformity.

He underwent surgery on 02/22/2013 and unfortunately during surgery did suffer an air embolism, which resulted in a spinal cord injury as well as cerebral injuries.

Prior to his operation by Dr. Farhadi, it had been suspected that he was having some difficulty emptying his bladder, and he had actually been seen by an urologist in June 2010. He was prescribed medication. The patient indicates that prior to his surgery of 2013 by Dr. Farhadi that he had normal bladder and bowel function. At that time, however, he was walking with a walker and was experiencing weakness in his lower extremities. Some of this may have been due to the fact that he was having difficulty with his hips and had aseptic necrosis of both hips and had had bilateral hip replacements.

Following his surgery of February 2013, he has been paraplegic and had memory difficulties.

His current complaints include memory problems and difficulty with his thinking. He also complains of pain in his cervical area and difficulty with his hands, particularly with fine manipulation. He states that he has no sensation below the nipple line bilaterally and has been suffering from severe spasms in his lower extremities which have been helped some by the baclofen pump which was inserted in July 2014. Unfortunately, he has suffered a complication MRSA and currently has a PICC line in his left upper extremity and is on IV antibiotics.

PHYSICAL EXAMINATION

On examination today, he is in a motorized wheelchair. He was alert and oriented and able to discuss his current disabilities but was very sketchy in terms of his recollection and knowledge of his prior issues, but his history is so extensive, that is not unusual.

Page 3
September 11, 2014

RE: Bryan Huff

He had minimal movement of dorsiflexion of the toes of his left foot. Otherwise, he had no movement in either lower extremity. He was unable to stand, and he was unable to walk.

Examination of his back demonstrated a large scar in the midline extending from approximately T4 or 5 all the way down to the lower lumbar area and to the sacrum. It has healed well, and there is no evidence of any complication or infection.

Inspection of his abdomen demonstrated 2 pumps in place. On the right side, he has a subcutaneous pump for pain medication, and on the left side, he has a baclofen pump that was placed on 07/20/2014. He had a dressing over the baclofen pump, and it appeared that the wound was infected, and I did not remove this dressing. He does report that he has a MRSA infection, and that is why he has the PICC line in his left arm, and they are trying to save his baclofen pump if possible.

While sitting in his chair, I did not note any spasms in his lower extremities. As I stated, however, he has complete loss of all sensation from the nipple line (approximately T4) down to both feet.

I could not elicit any reflexes in his lower extremities, but as I moved his legs, he appeared to have some increased tone. He states, however, that the increased tone is much worse when he is lying flat, and he often has jerking of both lower extremities. I did not get him onto the table to try to demonstrate this.

He self-catheterizes himself approximately 6-8 times per day. He states that he has no sensation with the catheterization, but recently he has noted difficulty placing the catheter and has noted some obstruction, and apparently a urology consult has been made for him to have this evaluated. Currently he has a neurogenic bladder.

The patient states that he has a bowel movement approximately every 9-12 days. This is very difficult and often causes rectal bleeding. He also has to use digital stimulation in order to obtain a bowel movement. Laxatives have not been very helpful in the past, and I recommended to him that he discuss this with his spinal cord injury physician. Apparently the possibility of a colostomy has been recommended to him.

He does transfer himself and does some of his daily care needs and dressing himself, but it often takes him 45 minutes to an hour simply to get his shirt on and his underwear on, and he does need help with other activities. He has also noted when he transfers that there is difficulty with his left hip, and it may be dislocating at times, and this may be aggravated by the spasms that he is having.

Page 4
September 11, 2014

RE: Bryan Huff

DISCUSSION AND OPINION

I am interested in your opinions as to the damages suffered by Mr. Huff as a result of the air embolism.

It would appear that he does have some cognitive disabilities, and he was documented to have had an embolic stroke at the time of the air embolus in his postoperative management. I believe that it would be prudent to have neuropsychological evaluation to determine how much and if there is any specific neuropsychological and cognitive impairment. His affect does appear to be very flat, and he does appear to have some memory issues.

He is noting significant difficulty with his self-catheterization and clearly has a neurogenic bladder. He may also be experiencing some prostate issues, and a urology consultation would be prudent and perhaps formal urodynamics would also be in order.

With his bowel issues, he has flatulence of rectum and is having a bowel movement only every 9-12 days. When these occur, they are rather massive and often produce significant rectal irritation with bleeding. I believe that this also needs to be addressed.

He may be having dislocations of his left hip aggravated by his transfers and the spasms he is having. I believe that orthopedic consultation may be in order.

In short, neurologically this man has apparent cognitive disabilities secondary to air embolus at the time of his surgery in February 2013.

He has a transverse myelitis with spinal cord injury with sensory and motor function from T4 down. He had 1/5 movement of left dorsiflexion of his left foot. Otherwise, he has no motor movement in his lower extremities.

He has bowel dysfunction with very difficult bowel movements and should be considered perhaps for a colostomy.

In addition, he has chronic pain both in his back and his legs. Some of this certainly antedated his surgery of February 2013 and, as documented in his chart, multiple other issues which would be contributing to his chronic pain.

In conclusion, Bryan Huff is a 45-year-old man with a long and complicated medical history primarily due to injuries. He did suffer a significant fall in June 2005 while working for the railroad. He had a long history of chronic low back pain and not only had failed back syndrome but an acquired deformity for which surgery on 02/22/2013 was recommended.

Page 5
September 11, 2014

RE: Bryan Huff

I will need for you to opine as to the reasonableness of Dr. Burke's life care plan.

I have reviewed the rehabilitation and life care plan for Bryan Huff by Dr. William Burke, PhD. I in general concur with Dr. Burke's conclusions as to the necessity for his medical management, medication, and medical supplies. I agree that he is going to require additional rehabilitation and require ongoing support services. I would also recommend that he specifically have neuropsychological, urology, perhaps general surgery, physical medicine and rehabilitation consultation for his bowel issues, and an orthopedic consultation for his ongoing left hip issues.

I have not provided care for this individual. I have seen this individual one time on September 11, 2014 for the purpose of an Independent Medical Evaluation. This medical evaluation encompasses the subjective complaints and history as given by the examinee, as well as the medical records provided for my review and the physical examination. My opinions are based upon reasonable medical probability, assuming the materials are true and correct. If more information becomes available, such information may, or may not, change my opinions. My opinions do not constitute per se any recommendation for specific claims or administrative functions to be made or enforced.

Sincerely,



Carole A. Miller, MD
American Board of Neurological Surgeons
American Board of Medical Examiners

CAM/dlw

CURRICULUM VITAE

CAROLE ANN MILLER, M.D.

HOME ADDRESS:

5745 New Bank Circle, #405
Dublin, Ohio 43017
(614) 798-0191

OFFICE ADDRESS:

N1014 Doan Hall
410 West 10th Avenue
Columbus, Ohio 43210
(614) 293-6259

MARITAL STATUS:

William E. Hunt, M.D.
(Deceased January 1999)

BIRTHPLACE / DATE:

Kalamazoo, Michigan
May 7, 1939

EDUCATION AND TRAINING:

1953 - 1957

St. James High School
Bay City, Michigan

Assoc. Sci.(A. Sc.)
1957 - 1959

Bay City Junior College
Bay City, Michigan

B.A.
Honors (History)
1959 - 1962

The Ohio State University
Columbus, Ohio

M.D.
1962 - 1966

The Ohio State University
Columbus, Ohio

Internship
(Award for
Best Intern)
1966 - 1967

Graduate Hospital of the University of
Pennsylvania
Philadelphia, Pennsylvania

Assistant Resident
1967 - 1969

Neurologic Surgery
The Ohio State University
Columbus, Ohio

Acting Senior Resident
1969 - 1970

Neurologic Surgery
The Ohio State University
Columbus, Ohio

PLAINTIFF'S
EXHIBIT
D

Research
Jul - Dec 1970

Neurologic Surgery
The Ohio State University
Laboratories
Columbus, Ohio

Senior Resident
Jan - Dec 1971

Neurologic Surgery
The Ohio State University
Columbus, Ohio

Fellow
Jan - Jul 1972

Neurophysiology
Yale New Haven Hospitals
New Haven, Connecticut

FACULTY APPOINTMENTS

Instructor
1970 - 1971

Neurologic Surgery
The Ohio State University
Columbus, Ohio

Assistant Professor of Surgery
Neurosurgery
1972 - 1974

University of Michigan
Ann Arbor, Michigan

Assistant Professor of Surgery
Neurosurgery
1975 - 1980

The Ohio State University
Columbus, Ohio

Associate Professor of Surgery
1980 - 1990

The Ohio State University
Columbus, Ohio

Acting Chairman
Division of Neurosurgery
Jan 1988 - June 1989

The Ohio State University
Columbus, Ohio

Clinical Professor
1990 - 1997

The Ohio State University
Columbus, Ohio

Professor Emeritus
1997- present

The Ohio State University
Columbus, Ohio

Interim Chairman
Department of Neurological Surgery
May 2003 - March 2004

The Ohio State University
Columbus, Ohio

Residency Program Director
Department of Neurological Surgery
March 2004 - present

The Ohio State University
Columbus, Ohio

Medical Director
Comprehensive Spine Center
2006 – October 2011

The Ohio State University
Columbus, Ohio

HOSPITAL AFFILIATIONS

Courtesy Staff
1975-1989

Children's Hospital
Columbus, Ohio

Consultant
1977-1999

Memorial Hospital of Union County
Marysville, Ohio

Consultant
1991-1999

Riverside Methodist Hospital
Columbus, Ohio

Attending
July 1989-1999

Mt. Carmel Medical Center
Columbus, Ohio

Attending
July 1989-1994

Mt. Carmel East Hospital
Columbus, Ohio

Attending
July 1989-1999

Grant Medical Center
Columbus, Ohio

2001

No current hospital affiliations

May 2003 - present

The Ohio State University Hospitals
Columbus, Ohio

LICENSES

#35-02-9268-M

Ohio (current) 1966

#015501

Connecticut (inactive) 1972

#30790

Michigan (inactive) 1972

CERTIFICATION

Written Examination

American Board of Neurological Surgeons

1971

Oral Examination

American Board of Neurological Surgeons

Recertification not required

April 1975

Written Examination

American Board of Independent Medical Examiners

Recertification required May 2005

April 2000

HONORS AND AWARDS

Phi Theta Kappa	Junior College Honorary 1959
Phi Beta Kappa	1961
Phi Alpha Theta	History Honorary 1961
Graduate Hospital of the University of Pennsylvania	Award, Best Intern 1967
Ohio State Medical Society Award	Best Paper 1971
Van Wagenen Fellowship	Runner-up 1972
Sigma Xi	1972
Alpha Omega Alpha	1981
AMWA 'Local Legends' Award	2005

RESEARCH INTERESTS

Smooth Muscle Physiology with Reference to Vasospasm
Neurosurgical Laboratories, The Ohio State University, Columbus, Ohio

Neurophysiology, Evaluation of C-Fiber Evoked Response of Cerebellum
Yale Neurosurgical Laboratories, New Haven, Connecticut

Cerebellar Function in Primates (with Dr. Elizabeth Crosby)
University of Michigan, Neurosurgical Laboratories
Ann Arbor, Michigan

Cerebellar Circulation
Cerebellar Stimulation in Cerebral Palsy
Percutaneous Spinal Cord Stimulation in Multiple Sclerosis
Vascular Smooth Muscle Physiology
Peripheral Nerve Regeneration
Spinal Trauma: Mechanisms

CLINICAL RESEARCH

Clinical Aspects of Thoraco-Lumbar Spine Trauma
Research Center

Computer Collection of Data on OSU Aneurysm Study

MAGNETIC RESONANCE AND IMAGING RESEARCH

MRI Evaluation of Shallow Cervical Canal with Neurological Deficit
MRI and Spinal Cord and Spinal Trauma
Use of N-Isopropyl - p - [1231] - Iodoamphetamine
Emission Computed Tomography in the Management of
Cerebrovascular Accidents

NATIONAL NEUROSURGICAL SOCIETIES

Congress of Neurological Surgeons	1972
American Association of Neurological Surgeons	1976
Cerebrovascular Section, AANS	1979
Spine Section, AANS (Member of Board)	1983
Trauma Section, AANS	1984
Neurosurgical Society of America	1977
The Society of Neurological Surgeons	1988

NATIONAL MEDICAL SOCIETIES

American Medical Association	1975
Surgical Historical Society	1978
American College of Surgeons	1979
Association of Women Surgeons	2003

STATE AND LOCAL SOCIETIES

Washtenaw County Medical Society	1972
Academy of Medicine of Columbus & Franklin County	1975
Columbus Surgical Society	1975
Ohio State Medical Association	1975
Ohio State Neurosurgical Society	1975
Elected Secretary	1984 -1987
Elected Vice-President	1986 -1987
Elected President	1989
The New York Academy of Sciences	1982

NATIONAL SOCIETIES/APPOINTMENTS

American Association of Neurological Surgeons/Congress of Neurological Surgeons	
Appointed Member, Joint Socio-Economics Committee	1982-1985
Elected Secretary, Joint Spine Section AANS/CNS	1985-1988
American Association of Neurological Surgeons	
CSNS Representative of the JASC Committee	1982-1984
Member of Northwest Quadrant Nominating Committee	1983-1984
Member Ad Hoc Committee on Communication and Public Relations (J-PIC)	1984-1985
Member Joint Public Information Committee	1985-1986
Case Screening Guidelines Committee	1987-1995
Spine Task Force	1989-1996
American Association of Neurological Surgeons/Congress of Neurological Surgeons	
Neurosurgical Society of America Arrangements Committee	1981
Congress of Neurological Surgeons	
Host Committee	1979
Host Committee	1980
Luncheon Seminar Committee	1980
Resident Committee	1980
Host Committee	1985
Senior Status	1999
Congress of State Neurosurgical Societies	
Elected Ohio Representative for the Congress of Neurosurgical Societies CSNS	1982-1985
Neurosurgical Society of America	
Arrangements Committee	1979
Program Committee	1983-1984
	1984-1985
Elected Vice-President	1986 -1987
Chairman, Program Committee	1986 -1987
President Elect	1988 -1989
President	1989 -1990
Ohio State Neurosurgical Society	
President Elect	Dec 1988
Ohio State Neurosurgical Society	
Vice-President	1987 -1988
President	1988 -1989
Society for Neuroscience	1988 -1989

The Society of Neurological Surgeons

May 18, 1988

American College of Surgeons

Appointed representative of AANS to the Advisory
Council for Neurological Surgery 1989-1994

Joint Council of State Neurosurgical Societies

Ohio Delegate 1991-1992

Joint Section on Disorders of the Spine and Peripheral Nerves

Chairman 1991 -1992

Secretary 1987 -1991

Section on History of Neurological Surgery

Member 1992 - 2000

COMMITTEES AT THE OHIO STATE UNIVERSITY

Committee for Undergraduate Education	1975 -1977	
Admissions Committee	1975 -1977	
House Staff Utilization Committee	1975 -1977	
Phase IV Committee	1975 -1982	
Department of Surgery - Phase IV Committee	1977 -1989	
Surgery Teaching Committee	1977 -1989	
Phase III Teaching Committee	1980 -1981	
Surgery Ad Hoc Committee		1981
Search Committee, Chairman, Department of Otolaryngology		1983
Grievance Committee, College of Medicine		1985
Department of Surgery Finance Committee		1987
Medical Records Committee		1987
Medical Records Committee, Chairman		1988
Quality Assurance Committee, Department of Surgery		1988
Graduate Medical Education Committee	2004 - present	
Medical Directors Collaborative Group	2009 - present	
Neurosciences Clinical Quality Management	2009 - present	
Neurosciences Signature Program		
Spine/Trauma Disease State Taskforce	2006 - present	
Physician Executive Council	2009 - present	
Technology Assessment Committee	2009 - present	

VISITING PROFESSOR

Management and Treatment of Head Injuries

Blodgett Hospital and St. Mary's Hospital, Grand Rapids, Michigan, February 1974

Cerebral Vasospasm

United States Air Force, Wilford Hall, San Antonio, Texas, September 1979

Diagnosis and Treatment of Brain Abscesses

Congress of Neurological Surgeons, USC (Huntington Hospital)
Los Angeles, California, October 1981

Shallow Cervical Canal

Northwestern University, Chicago, Illinois, March 1986

Cervical Spondylolisthesis with Radiculopathy

University of Nevada, Reno, Nevada, October 1986

Management of Thoraco-Lumbar Fractures

Maine Medical Center, Portland, Maine, July 1987

Management of Thoraco-Lumbar Fractures

University of Minnesota, Minneapolis, Minnesota, December 1987

Management of Thoraco-Lumbar Fractures

Chicago Institute of Neurosurgery and Neuroresearch, Chicago, Illinois, June 1989

Management of Thoraco-Lumbar Fractures Cervical Spondylolisthesis with

Radiculopathy The Dartmouth-Hitchcock Medical Center, Hanover, New Hampshire
November 1989

Cervical Spondylosis

Hartford Hospital, Hartford, Connecticut, June 1991

PRESENTATIONS

Autonomous Activity in Human Basilar Artery

Neurosurgical Society of America, Sea Island, Georgia, May 1971

Primary Treatment of Subdural Hematoma in Infancy by Pleural Shunt

Congress of Neurological Surgeons, Miami, Florida, October 1971

Effects of KC1, Norepinephrine and CO₂ on Human Basilar Artery

American Association of Neurological Surgeons, Boston, Massachusetts, April 1972

Evaluation of the Diagnosis and Treatment of 65 Cases of Brain Abscess

Congress of Neurological Surgeons, Honolulu, Hawaii, September 1973

Cerebellar Stimulation in Patient with Cerebral Palsy

American Association of Neurologic Surgeons, New Orleans, Louisiana, April 1978 [Exhibit]

Cervical Spine Injuries [Panel]

American Association of Neurological Surgeons, Los Angeles, California, April 1979

Impaction Fractures of the Lumbar Spine: A Special Problem

American Association of Neurological Surgeons, Los Angeles, California, April 1979

Biochemistry of Vascular Smooth Muscle: Contractile Mechanism of Human Basilar Artery

Second International Workshop on Cerebral Vasospasm, Amsterdam, Holland, July 1979

Narrow Cervical Canal

Neurosurgical Society of America, Hilton Head, South Carolina, March 1980

Pediatric Neck Injuries and Injuries of the Spinal Cord

American Association of Neurological Surgeons, April 1980

Cervical Disc Syndromes

Neurosurgical Society of America, March 1981

De Novo Aneurysms

American Association of Neurological Surgeons, Boston, Massachusetts, April 1981

Thoraco-Lumbar Fractures

American Association of Neurological Surgeons, Boston, Massachusetts, April 1981

Brain Abscess

American Association of Neurological Surgeons, Honolulu, Hawaii, April 1982

Reconstruction of the Skull Base

Annual Meeting of the American Society for Head and Neck Surgery, Palm Springs, California
March, 1983 (With D.E. Schuller, M.D. and J. H. Goodman, M.D.)

Steroid Induced Remission in Primary Malignant Lymphoma of Central Nervous System

Neurosurgical Society of America, Key West, Florida, May, 1983
(With F.D. Todd, M.D. and A. Yates, M.D.)

Neurological Correlations in Cervical Monoradicular Syndromes Treatment by the Muscle Splitting Approach

American Association of Neurological Surgeons, Annual Meeting, Monterey, California October 1983 (With W.E. Hunt, M.D.)

Thoraco-Lumbar Fractures

Congress of Neurological Surgeons, Chicago, Illinois, October 1983

Neurological Correlations in Acute Cervical Monoradicular Syndromes: Treatment by the Muscle Splitting Approach [Abstract and Poster Session] (With W.E. Hunt, M.D.)

Cervical Spondylosis [Panelist]

Congress of Neurological Surgeons, San Francisco, California, April 1984

The Course of Vasospasm Following Subarachnoid Hemorrhage: Serial Angiography (With W.E. Hunt, M.D. and C.D. Hunt, M.D.)

Perioperative Management Regimen of Patients with Aneurysmal Subarachnoid Hemorrhage (With W.E. Hunt, M.D., S. Finn, M.D., and S. Stephensen, M.D.)

Second International Symposium: "Cerebral Aneurysm Surgery in the Acute State" Graz, Australia, September 1984

Neurological Correlations in Acute Cervical Monoradicular Syndromes: Treatment by the Muscle Splitting Approach (With W.E. Hunt, M.D.)

Congress of Neurological Surgeons, New York, New York, October 1984 [Exhibit]

Treatment of Acute Cervical Monoradicular Syndromes by Muscle Splitting Approach

American College of Surgeons, San Francisco, California, October 1984

Correlation of CT Scan and Myelogram with Intraoperative Pathology

(With E.M. Chang, M.D.)

Thoraco-Lumbar Trauma

[Poster Session]

The First Meeting of the Joint Section on Spinal Disorders of the AANS and CNS Greenleaf, Florida, February 1985

Correlation of Pulmonary Wedge Pressure with Neurological Deficit in Patients with Aneurysmal Subarachnoid Hemorrhage: Therapeutic Implications (With W.E. Hunt, M.D., S. Finn, M.D., and S. Stephensen, M.D.)

Development Cervical Stenosis with Neurological Complications

(With W.E. Hunt, M.D.) [Poster Session]

Occipito-Atlantal Dislocation

(With J.H. Goodman, M.D., S. Finn, M.D., and S. Stephensen, M.D.) [Poster Session]

Cervical Disc Disease [Seminar]

American Association of Neurological Surgeons; Annual Meeting, Atlanta, Georgia, April 1985

Prognosis of Spontaneous Intraventricular Hemorrhage in Adults

(With A.N. Cole, M.D.)

Neurosurgical Society of America, Kiawah Island, South Carolina, May 1985

Perioperative Management Regimen of Patients with Aneurysmal Subarachnoid Hemorrhage (With S. Stephensen, M.D., S. Finn, M.D., and W.E. Hunt, M.D.)

World Federation of Neurological Surgeons, Toronto, Ontario, Canada, July 1985

Correlation of Myelography and Post CT Scan with Intraoperative Pathology Management of Thoraco-Lumbar Fractures: History, Controversy Current Management [Poster]

Brain Abscess Seminar [Panelist]

AANS/CNS JOINT SPINE SECTION/SPECIAL SCIENTIFIC SESSION

American Association of Neurological Surgeons Annual Meeting

Denver, Colorado, April 1986

Thoraco-Lumbar Fractures

Third Annual Meeting Joint Section on Spinal Disorders AANS/CNS

Boca Raton, Florida, January 1987

(With Rebecca Brightman, M.D.)

The Management of Thoraco-Lumbar Fractures 1979 - 1986

American Spinal Injury Association Annual Scientific Meeting

Boston, Massachusetts, March 1987 [Poster]

Thoraco - Lumbar Fracture

MRI of Posterior Longitudinal Ligament Trauma

MRI in Spinal and Cord Trauma

American Association of Neurological Surgeons Dallas, Texas, May 1987

Neurosurgical Society of America, Portland, Oregon, May 1987

Program Chairman

The Society of Neurological Surgeons, Baltimore, Maryland, May 1987

Management of Thoraco-Lumbar Fractures

Maine Medical Center, Portland, Maine, October 1987

Interim Meeting of the Neurosurgical Society of America New

York, New York, November 1987

Fourth Annual Meeting of the Joint Section of Spinal Disorders
American Association of Neurological Surgeons, February 1988

Neurosurgical Society of America
The Homestead, Hot Springs, Virginia, April 1988

American Association of Neurological Surgeons
Toronto, Ontario, Canada, April 1988

MRI Imaging of the Spine
The Society of Neurologic Surgeons Annual Meeting
Columbus, Ohio, May 1988

Thoraco-Lumbar Fractures
Congress of Neurological Surgeons
Seattle, Washington, October 1988

**Management of Thoraco-Lumbar Fractures
Posterior Lumbar Interbody Fusion**
Joint Section on Spine and Peripheral Nerves
Cancun, Mexico, February 1989

Second International Workshop on Intracranial Aneurysms
Nagoya, Japan, April 1989

**Management of the Rheumatoid Spine Ossification of Posterior Longitudinal Ligament
Outcome in Posterior Lumbar Interbody Fusion**
American Association of Neurological Surgeons Washington, D.C., April 1989

The Society of Neurological Surgeons
Dallas, Texas, May 1989

Ventricular Needle Drainage
Neurosurgical Society of America, Bermuda, May 1989

Management of Thoraco-Lumbar Fractures
24th Japanese Society on Paraplegia
Sapporo, Japan, September 1989

Intraventricular Drainage Technique
Neurosurgical Society of America, Interim Meeting
Columbus, Ohio, September 1989

Management of Thoraco-Lumbar Fractures
Congress of Neurological Surgeons
Atlanta, Georgia, October 1989

Joint Section on Disorders of the Spine and Peripheral Nerves Annual Meeting
Southeastern Plantation, Florida, February 1990

What's a Woman Doing in A Place Like This?

Presidential Address, NSA Annual Meeting,
Pebble Beach, California, April 1990

Thoraco-Lumbar Fractures

AANS Annual Meeting
Nashville, Tennessee, April 1990

American Board of Neurological Surgery
Boston, Massachusetts, May 1990

SNS Annual Meeting
Ann Arbor, Michigan, May 1990

NSA Interim Meeting
Pittsburgh, Pennsylvania, September 1990

American College of Surgeons Annual Meeting, Advisory Council Meeting
San Francisco, California, October 1990

CNS Annual Meeting
Los Angeles, California, October 1990

Degenerative Spondylolisthesis Management

Joint Section on Disorders of the Spine and Peripheral Nerves Annual Meeting
Palm Springs, California, February 1991

Management of Thoraco-Lumbar Fractures

AANS Annual Meeting
New Orleans, Louisiana, April 1991

SNS Annual Meeting
Charleston, South Carolina, May 1991

NSA Annual Meeting
San Destin, Florida, May 1991

NSA Interim Meeting
Lexington, Kentucky, October 1991

Thoraco-Lumbar Fractures

[Moderator]
Mock Boards, October 17, 1991
CNS Annual Meeting
Orlando, Florida, October 1991

Thoraco-Lumbar Fractures

[Panelist]

Joint Section on Disorders of the Spine and Peripheral Nerves Annual Meeting
Miami, Florida, February 1992

Alternative in Thoraco-Lumbar Trauma

[Moderator]

JCSNS Meeting, OSNS Meeting,
AANS Annual Meeting
San Francisco, California, April 1992

Development of a Spine Program for Program Directors

SNS Annual Meeting
Louisville, Kentucky, May 1992

Posterior Lumbar Interbody Fusion for Recurrent Lumbar Disc

[Panelist] NSA Annual Meeting, Banff, Alberta, Canada, June 1992

**Posterior Lumbar Interbody Fusion And
The Management of Low Back Pain**

Japan Neurosurgical Society, Sappora, Hokkaido, Japan, October 1998

STATE AND LOCAL PRESENTATIONS

Subdural Pleural Shunts in the Treatment of Subdural Hematoma

Ohio State Medical Society, May 1970

Subdural Pleural Shunts in the Treatment of Subdural Hematoma in Infancy

Fourth Annual Edgar A. Kahn Meeting, Ann Arbor, Michigan, September 1972

Brain Abscess: Evaluation of 65 Cases

Fifth Annual Edgar A. Kahn Meeting
Ann Arbor, Michigan, September 1973

Control Of Pain

Faculty, Towsley Center for Continuing Education, Obstetrics, Gynecology and
Gynecology Oncology, Ann Arbor, Michigan, March 1974

Cerebral, Brain and Systemic Death

Professional Woman's Association, Columbus, Ohio, April 1974

Surgical Evaluation of Coma

Scioto County Medical Society, October 1975

Emergency Care of the Multiple Trauma Patient

Panel Discussion Organized by Dr. William Evans, May 1976

Acute Neurosurgical Diagnostic Problems

Lecture Para Medical Personnel, September 1976

The Use of the Vertex bolus Scan in the Evaluation of Cerebral Circulation

Eighth Annual Edgar A. Kahn Meeting
Ann Arbor, Michigan, October 1976

CNS Trauma: Diagnosis and Management

American College of Emergency Physician, Ohio Chapter, October 1976

Natural History of Angiographic Vasospasm

Ninth Annual Edgar A. Kahn Meeting, Ann Arbor, Michigan,
September 1977

Giant Aneurysm of the Transverse Cerebral Fissure

The Ohio State Medical Association Annual Meeting, May 1978

Impaction Fractures of the Lumbar Spine

Eleventh Annual Edgar A. Kahn Neurosurgical Meeting
Ann Arbor, Michigan, September 1979

Diagnosis and Treatment of Brain Abscess

Visiting Professor at USC (Huntington Hospital), October 1981

Intracranial Hemorrhage

Ohio Medical Education Network (OMEN) 1982

Management of Injuries to the Nervous System

Memorial Hospital of Union County, Continuing Education Ward Rounds
Marysville, Ohio, January 1983

Neurological Diagnosis and Treatment

Medicine for Lawyers: The Back, Neck and Spine, February 1983

Pain Syndrome

Community MedCenter Hospital, Grand Rounds/Outreach Program
Marion, Ohio, March 1983

General Structures and Functions of the Brain and Their Assessment

The Ohio State University Neurosurgical ICU and Nursing Staff Development
Head Injured Patients and Their Families
Columbus, Ohio, April 1983

Steroid Induced Remission in Primary Malignant Lymphoma of the Central Nervous System (With F.D. Todd, M.D. and A. Yates, M.D.)

OSMA Annual Meeting, Columbus, Ohio, May 1983

Peripheral Nerve Entrapment-Thoracic Outlet Syndrome

Mercy Medical Center, Springfield, Ohio, June 1984

Head Trauma

Chillicothe VA Hospital, Chillicothe, Ohio, July 1985

Thoraco-Lumbar Fractures

Department of Physical Medicine, The Ohio State University Hospitals
Columbus, Ohio, August 1985

The Brain - A User's Manual

Mid Ohio Chapter American Association for Medical Transcription
Columbus, Ohio, December 1985

Neurosurgery Injuries in Sports

Sports Medicine Conference, The Ohio State University
Columbus, Ohio, May 1986

Ohio Shorthand Reports Association 1987 Mid-Year PRP Seminar Columbus,
Ohio, September 1987

Ohio Society of Neurologic Surgery

Ohio Center, Columbus, Ohio, September 1987

OSMA Medical Update with Robert Bornstein, PH.D.

Ohio Center, Columbus, Ohio, September 1987

Neurosurgical Emergencies - Cerebrovascular Disease

Ohio Medical Education Network, Columbus, Ohio, January 1988

The Making of A Surgeon

Community Seminar, Northminster Presbyterian Church
Columbus, Ohio, February 1988

Head and Brain Trauma

Medicine for Lawyers, Hosted by the Columbus Bar Association and
The Franklin County Academy of Medicine
Columbus, Ohio, February 1988

Pathology of the Spinal Cord Injury

Resident Education Program, Department of Anesthesiology,
The Ohio State University Hospitals, Columbus, Ohio, March, 1988

Head and Neck Injuries in Contact Sports

"Sports Medicine 1989 Update" Hosted by the Ohio State University Center
for Continuing Medical Education, Columbus, Ohio, July 1989

Head and Neck Trauma in Sports Medicine

Ohio Medical Education Network, Columbus, Ohio, September 1989
Ohio State Neurosurgical Society
Dayton, Ohio, November 1989

What's a Woman Doing in a Place Like This?

Sarasota County Medical Society Meeting, Sarasota Florida, September 1991

AANS: Reimbursement in the 90's for Neurosurgeons
Cincinnati, Ohio, June 1992

Pyogenic Infections

Panelist- AANS: "Infections of the Spine-Current Management"
San Diego, CA, April 1994

Neurosurgical Emergencies

Physician Lecture Series, Marysville, Ohio, December 1995

New Concepts and Management of Low Back Pain

Physician Lecture Series, Marysville, Ohio, October 1997

Family Challenge

Pucks 'n Pancakes Sunrise Celebrity Breakfast
Columbus, Ohio, August 1998

Spinal Cord Injury

Grand Rounds Presentation
The Ohio State University
Columbus, Ohio, March 2007

Spine Trauma: Cervical Treatment Options

Comprehensive Spine Symposium
Columbus, Ohio, October 2007

Surgery for Cervical and Lumbar Herniated Discs

Lecture to Physical Therapy Graduate Students
The Ohio State University
Columbus, Ohio, February 2008

Lumbar Disc Herniation

MedNet Webcast
Columbus, Ohio, April 2008

Lumbar Disc Herniation

MedCentral Health System
Mansfield, Ohio, September 2008

Ohio State Neurosurgery: 1932 to 2008

28th Annual J. Norman Allen Lecture
Columbus, Ohio, October 2008

Lumbar Spinal Stenosis

MedNet Webcast
Columbus, Ohio, November 2008

Common Spine Problems and Treatment

Presentation Allied Medical Professionals
Columbus, Ohio, January 2009

Nervous System Trauma

Presentation to Trauma Registrars
Columbus, Ohio, February 2009

Cervical Spine Trauma and Treatment Options

Presentation to Trauma Registrars
Columbus, Ohio, June 2009

Subarachnoid Hemorrhage and Aneurysms

OSU Neurology Residents Lecture
Columbus, Ohio, March 22, 2010

Subdurals and Intraparenchymal Hemorrhages

OSU Neurology Residents Lecture
Columbus, Ohio, March 26, 2010

Acute Spinal Cord Compression

OSU Neurology Residents Lecture
Columbus, Ohio, March 29, 2010

Changing the Face of Medicine

Celebrating America's Local Women Physicians
Local Legends Panel Discussion
Columbus, Ohio, April 7, 2010

Women in Neurosurgery

Presentation and Discussion
NSA Annual Meeting
Pebble Beach, California April 12, 2010

Ohio Medical Malpractice Alliance

"Is It A Bad System, Bad Medicine, Bad Result Or Bad Luck?"
Columbus, Ohio, November 5, 2010

GRANTS

Central Ohio Association

Award \$3000.00

Basic Mechanism in Vascular Smooth Muscle Physiology

Project Period: September 1, 1970

Principal Investigator: Carole A. Miller, M.D.

June 1971

NIH 1P17

Award \$74,229.00

NS11111103-01 NSPA

University of Michigan

Stroke, Acute Care Research

Project Period: July 1, 1972

Principal Investigator: Glenn Kindt, M.D.

Co-Investigator: Carole A. Miller, M.D.

Department of Surgery
The Ohio State University
#2595-5215327509

Award: \$4,100.00

**Continuation of Current Neurosurgical Laboratory
Investigation of the Dynamic Pressure-Flow Relationships
(DPFR) in the Monkey Cerebral Circulation**

Project Period: July 1, 1975 – June 30, 1976

Principal Investigator: Carole A. Miller, M.D.

NIH #18821-55-00

Award: \$54,881.00

Muscle Mass Growth with Transcutaneous Stimulation

Project Period: April 1, 1985 – March 31, 1986

Principal Investigator: Kenneth A. Kudsk, M.D.

Co-Investigator: Carole A. Miller, M.D.

**Magnetic Resonance Imaging Research
MRI Evaluation of Shallow Cervical Canal
with Neurologic Deficit**

Project Period: 23 Hours

Principal Investigator: Carole A. Miller, M.D.

MRI of Acute Canine Spinal Trauma: A Model

Project Period: August 15, 1985 – December 31, 1985

Principal Investigator: William E. Hunt, M.D.

Co-Investigator: Carole A. Miller, M.D.

**MRI Evaluation of Low Back Pain with Tissue
Characterization and In-Vivo Spectroscopy**

Project Period: 20 Hours

Principal Investigator: Javier Beltran, M.D.

Co-Investigator: Carole A. Miller, M.D.

CONTINUING EDUCATION

Practical Course in Spinal Instrumentation

Medical College of Wisconsin

Milwaukee, Wisconsin

July 1990

Surgery of the Cervical Spine – Hands-On

Cincinnati, Ohio

May 1992

AMA Guides (4th Edition) Seminar

The American Academy of Disability Evaluating Physicians

Columbus, Ohio

June 1997

Clinical Program on BAK™ Lumbar Interbody Fusion System

Columbus, Ohio

May 1998

American Board of Independent Medical Examiners

Certification Review Program

Certification Examination

April 2000

Foundations in Neurosurgery

Stryker Education Course, Surgical Updates

Columbus, Ohio

May 2009

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Nobles Island, #7
500 Market St.
Portsmouth, NH 03801

777 S. Flagler Drive
West Tower, 8th Floor
West Palm Beach, FL 33401

fax 603 431-5057
800 896-5057

REHABILITATION & LIFE CARE PLAN

BRYAN HUFF

Prepared by

William H. Burke, Ph.D.

Prepared for

Kenneth Blumenthal, Esq.

August 27, 2014

PLAINTIFF'S
EXHIBIT
E

TABLE OF CONTENTS

Introduction	1
Records Reviewed	2
Case Description	3
Current Status	9
Current Medical Care	10
Conclusions	11
Recommendations	11
Rehabilitation and Life Care Plan	13
Medical Care – Routine	14
Medical Care – Surgical/Aggressive	15
Medication/Medical Supplies	15
Therapeutic Intervention	16
Support Services	16
Medical Equipment	17
Mobility Equipment.....	17
Transportation	18
Architectural Renovations	18
Curriculum Vitae, William H. Burke, Ph.D.....	19

REHABILITATION AND LIFE CARE PLAN

BRYAN HUFF

DATE OF BIRTH: 7/19/69

DATE OF INCIDENT: 2/22/13

DATE OF EVALUATION: 3/18/14

INTRODUCTION

Bryan Huff is a 45 year old man who was referred for rehabilitation evaluation by Kenneth Blumenthal, Esq. The purpose of this evaluation was to assess the extent to which Mr. Huff has been disabled secondary to a spinal cord injury (SCI) that he suffered on 2/22/13 secondary to an air embolism during a surgical procedure. In addition and based upon his disabilities opinions are presented regarding Mr. Huff's needs for future care and treatment. An outline of Mr. Huff's needs for future care and treatment is presented in the Rehabilitation and Life Care Plan that is attached to this report as Appendix "A".

The Rehabilitation and Life Care Plan is based upon published standards of practice in rehabilitation, comprehensive assessment, data analysis and research in rehabilitation. This plan presents an organized outline of Mr. Huff's current and future needs for care and treatment along with the costs associated with each need. The Rehabilitation and Life Care Plan is a reliable, valid and consistent methodology that has been utilized by case managers and rehabilitation professionals for decades dating back to the Federal Rehabilitation Act of 1973. The principles and methodology of rehabilitation and life care planning have been widely published in the peer-reviewed literature and in numerous textbooks over the last thirty years. This methodology has gained widespread acceptance among medical and rehabilitation professionals.

Attached as Appendix "B" is my curriculum vitae which presents my qualifications, experience, education and specialized knowledge in the field of rehabilitation. This curriculum vitae also presents an outline of all of my

professional publications. As you will note from this curriculum vitae my qualifications include both a Master's Degree and Ph.D. in rehabilitation. I am board certified in both rehabilitation and case management and duly licensed as a rehabilitation counselor. I have worked in the field of rehabilitation for over thirty years as a clinician, case manager, administrator and university professor.

Mr. Huff was evaluated on 3/18/14 in his home in Marietta, Ohio. In addition to this evaluation the following records were reviewed. The information contained in these records was considered when formulating the opinions presented in this report. A consultation was also conducted with Mr. Huff's treating physician, Joy Chestnut, M.D.

RECORDS REVIEWED

1. Marietta Memorial Hospital
2. St. Joseph's Hospital
3. OSU Medical Center
4. OSU Ross Heart Hospital
5. OSU Dodd Hall
6. L&P Services
7. Gregory Krivchenia, M.D.
8. Gary Miller, M.D.
9. James Uselman, M.D.
10. Michael Sayegh, M.D.
11. Houman Khosrovi, M.D.
12. John Hanna, M.D.

13. Ian Kalfas, M.D.
14. Abbi Ghodsi, M.D.
15. William Thoman, M.D.
16. Francis Farhadi, M.D., Ph.D.
17. Albert Timperman, M.D.
18. Michael Evers, D.O.
19. Gary Rea, M.D.
20. HCA Manor Care/Heartland of Marietta
21. Theodore Fraker, M.D.
22. William Pease, M.D.
23. Westly Nida, D.D.S.
24. Elder Vision Care Services

CASE DESCRIPTION

Bryan Huff is a middle aged man with a long and complicated medical history. He injured his cervical spine in 2000 and underwent an anterior cervical discectomy and fusion from C4 to C6. He recovered well from this procedure and successfully returned to the labor market. In June of 2005 he was injured secondary to a fall from a railroad car while in the course of his employment. He complained of chronic back pain that radiated to his right lower extremity. He failed conservative treatment and in August of 2006 he presented to James Uselman, M.D. for surgical evaluation. Dr. Uselman reviewed Mr. Huff's radiographs and noted that he had a disc herniation at L5-S1 and degenerative disc disease at L4-L5. Dr. Uselman recommended surgical intervention and on 10/25/06 Mr. Huff underwent discectomy and fusion at L4-5 and L5-S1. Post-operatively he followed up with Dr. Uselman and complained of persistent pain. In March of 2008 Dr. Uselman

revised Mr. Huff's lumbar fusion. On 3/21/08 he underwent fusion at L3-4, L4-5 and L5-S1. Post-operatively he followed up with Dr. Uselman and complained of persistent low back and lower extremity pain. Secondary to his chronic pain Mr. Huff underwent implantation of an intrathecal Dilaudid pump for pain management in February of 2011. He underwent another discectomy and fusion at L3-L4 in May of 2011. In August of 2011 he underwent an L3-L4 exploration, duraplasty and L3 laminectomy.

In 2009 and 2010 Mr. Huff was diagnosed with avascular necrosis of his hips bilaterally and underwent bilateral total hip arthroplasties.

In June of 2010 he presented to John Hanna, M.D. at the Urology Clinic secondary to difficulty emptying his bladder. In September of 2010 Dr. Hanna suspected that he had a neurogenic bladder and prescribed medication.

Mr. Huff had a history of depression, anxiety, panic attacks and difficulty with anger management. He was noted to have over fifty suicide attempts. In April of 2008 he was evaluated at L&P Services and diagnosed with a depressive disorder NOS, panic disorder and agoraphobia, personality disorder with borderline features and alcohol abuse in partial remission. In February of 2009 his diagnosis was revised and the major depressive disorder NOS was changed to depressive disorder, recurrent and severe without psychotic features. In 2010 he was further diagnosed with post traumatic stress disorder (PTSD).

Mr. Huff further had a history of chronic obstructive pulmonary disease (COPD), asthma, gastroesophageal reflux disease (GERD) and hypertension.

Mr. Huff continued to present with chronic low back pain and lower extremity pain. He was eventually diagnosed with a failed back syndrome. On 10/23/12 Mr. Huff was admitted to the Heartland of Marietta for subacute care. He was ambulating with a walker. He was generally independent with self care and activities of daily living. On admission he was diagnosed with GERD, neurogenic bladder, asthma, generalized anxiety disorder, low testosterone levels, depression, chronic pain syndrome and nicotine abuse.

In early September of 2012 Mr. Huff presented to William Thoman, M.D. at the OSU Comprehensive Spine Center secondary to his chronic low back and lower extremity pain. He reported that his pain had gotten worse over the prior six months. Mr. Huff reported that he had a history of bowel and bladder incontinence since his last surgery in 2011. Dr. Thoman reviewed his MRI and CT scans from January of 2012 and noted that he didn't see any significant impingement of the nerve root and could not explain his incontinence based upon these scans. He recommended an EMG study. Mr. Huff followed up with Dr. Thoman on 10/22/12 and complained of chronic low back and lower extremity pain and difficulty walking. He recommended considering removal of the pain pump and placement of a spinal cord stimulator.

In December of 2012 Mr. Huff was examined by Francis Farhadi, M.D. at the OSU Spine Center. He continued to complain of chronic back and lower extremity pain and difficulty ambulating. Dr. Farhadi diagnosed Mr. Huff with an acquired deformity of the spine, difficulty walking, lumbar radiculopathy with numbness and tingling of the lower extremity, failed back syndrome and neck pain. He discussed surgical options with Mr. Huff.

On 2/21/13 Mr. Huff was admitted to the OSU Medical Center by Dr. Farhadi and on 2/22/13 he underwent surgical repair of the lumbar spine secondary to the acquired deformity. This procedure was complicated by an air embolism. Mr. Huff became acutely hypotensive and after extubation he was found to be aphasic and with no lower extremity motor function. He underwent urgent hyperbaric oxygen therapy. An MRI of the brain showed several tiny peripheral acute embolic infarcts. He was transferred to the ICU. He developed respiratory distress and was intubated. He was diagnosed with pulmonary emboli and bilateral pleural effusions. Cardiac consultation was ordered and Mr. Huff was diagnosed with a myocardial infarction (MI) secondary to the embolism. He continued to receive hyperbaric oxygen therapy and anticoagulation therapy was started secondary to the pulmonary embolism. Mr. Huff was treated acutely at OSU through 3/12/13 when he was transferred to the OSU Dodd Hall for rehabilitation.

Mr. Huff was admitted to Dodd Hall on 3/12/13. He was diagnosed with ischemic myelopathy/SCI, status post ischemic stroke, MI and status post pulmonary embolism. He presented with incomplete tetraparesis,

neurogenic bowel and bladder and impaired memory. He was admitted for inpatient rehabilitation. Mr. Huff developed chest pains with nausea and shortness of breath. On 3/14/13 he was transferred from the rehabilitation unit to the OSU Ross Heart Hospital.

Mr. Huff was treated acutely at the Heart Hospital through 3/19/13. He underwent cardiac catheterization that revealed normal coronary arteries. His ejection fraction improved to 45% during his acute course. Mr. Huff was stabilized and transferred back to Dodd Hall for continued rehabilitation. Mr. Huff was readmitted to Dodd Hall on 3/19/13. He participated in further rehabilitation through 3/31/13 when he was transferred to the ER secondary to the onset of severe chest pain and shortness of breath. He was stabilized in the ER and readmitted to the Ross Heart Hospital. He was treated acutely through 4/15/13 when he returned to Dodd Hall for continued rehabilitation.

Mr. Huff participated in further rehabilitation at Dodd Hall through 5/1/13. At the time of discharge he was ambulating short distances with a wheeled walker. He was independent with upper body activities of daily living and required assistance with lower body cares. He was diagnosed with a neurogenic bowel and bladder and was independent with bowel and bladder management. Mr. Huff was transferred on 5/1/13 to the Heartland of Marietta for subacute care and continued rehabilitation.

Mr. Huff was admitted to Heartland and diagnosed status post cerebral vascular accident (CVA) secondary to air embolism and pulmonary emboli. He presented with impaired lower extremity motor function. He continued to be diagnosed with a chronic pain syndrome, hypertension, depression, anxiety and hypogonadism.

On 5/6/13 Mr. Huff was examined at the Cardiology Clinic by Theodore Fraker, M.D. He diagnosed Mr. Huff with atypical chest pain that he considered non-cardiac in origin. He revised his medications.

On 5/23/13 Mr. Huff was examined at the OSU Spine Clinic by Robert Timperman, M.D. He recommended continued physical therapy at Heartland and close monitoring of his anticoagulation therapy. He also refilled his medications. On 6/5/13 Mr. Huff was examined by Michael

Evers, D.O. secondary to chronic pain. He recommended continued physical and occupational therapy and revised his medications.

On 6/10/13 Mr. Huff presented to the Marietta Memorial Hospital ER with complaints of chest pain. He was stabilized and discharged back to Heartland.

On 6/20/13 Mr. Huff was examined at the OSU Spine Center by Gary Rea, M.D. He recommended continued physical therapy and follow-up in three months.

Mr. Huff returned to the Marietta Memorial ER on 6/29/13 secondary to an increase in his back pain. He was stabilized and returned to Heartland.

Mr. Huff followed up with Dr. Rea on 7/11/13 for management of his chronic pain. He continued to complain of neck and back pain. He recommended repeat MRI of the spine.

Mr. Huff underwent an MRI of the cervical, thoracic and lumbar spine in early August of 2013. The MRI of the cervical spine showed a fusion for C4 to C6, slight straightening of the cervical lordosis and a C3-C4 disc osteophyte. The MRI of the thoracic spine showed degenerative changes at T7-T8 and MRI of the lumbar spine showed post-operative changes.

On 8/10/13 Mr. Huff was examined at the OSU Rehabilitation Clinic by William Pease, M.D. He complained of worsening spasticity of the lower extremities. He presented with no sensation below T4/nipple line. He presented with right shoulder pain that interfered with transfers and propelling a manual wheelchair. Dr. Pease diagnosed him with a likely rotator cuff tendonitis.

Mr. Huff followed up at the Cardiology Clinic with Dr. Fraker in August of 2013. He noted his cardiac function had returned to normal and he recommended follow-up as needed.

On 8/20/13 Mr. Huff followed up with Dr. Timperman at the Spine Center. He noted that Mr. Huff presented with lower extremity swelling and he recommended a venous duplex study. This study was negative for DVT's. Dr. Timperman noted that he spoke with Dr. Pease regarding the use of an

intrathecal baclofen pump for spasticity management. He noted that with intrathecal baclofen the intrathecal narcotics would have to be discontinued and replaced with oral medications. He recommended readmission to Dodd Hall after intrathecal baclofen was initiated. He recommended consultation with Albert Clairmont, M.D. for conversion of narcotics to baclofen in the pump that was in place.

Mr. Huff followed up with Dr. Evers at the Pain Clinic in September of 2013. He revised his medications. He also recommended readmission to Dodd Hall. He again followed up with Dr. Evers in October of 2013.

On 10/15/13 Mr. Huff followed up at the OSU Spine Clinic with Dr. Timperman. He complained of tremendous burning of his feet and aching from his hips to his knees. He continued to present with lower extremity swelling. He further presented with painful lower extremity extensor spasms. He arranged for a trial of intrathecal baclofen and again recommended readmission to Dodd Hall for comprehensive rehabilitation.

Mr. Huff was examined at the Elder Vision Care on 10/17/13 secondary to episodes of sudden vision loss. He was diagnosed with amaurosis fugax optic nerve disorder that resulted in transient monocular vision loss and bilateral diplopia.

Mr. Huff followed up at the OSU Pain Clinic with Dr. Evers on 12/2/13 for a trial of intrathecal baclofen. However the trial had to be rescheduled secondary to Mr. Huff's anticoagulation therapy. He has continued to follow-up with Dr. Evers to the present time. He did undergo a trial of intrathecal baclofen in March of 2014 that he reported was successful in reducing his lower extremity spasticity. An intrathecal baclofen pump was recently placed.

Mr. Huff was cared for at the Heartland of Marietta extended care facility through 12/16/13 when he moved into a mobile home in Marietta with a friend and his friend's daughter. Mr. Huff is provided with home health aide assistance seven hours per week and daily skilled nursing visits. His friend, Barbara Carpenter and her daughter Emily also provide Mr. Huff with personal care and homemaking assistance.

CURRENT STATUS

Mr. Huff presented for evaluation as alert, oriented and cooperative. He presented for evaluation in a hospital bed. He is status post ischemic CVA's, MI and pulmonary emboli secondary to the air embolism. He is further status post ischemic myelopathy with paraplegia secondary to the air embolism.

Mr. Huff had a long history of chronic back pain however following the surgical complications in February of 2013 he reports the onset of constant lower extremity pain and the onset of mid back pain. Secondary to the ischemic myelopathy he presents with no sensation below the nipple level (T-4). He presents with significant debilitating lower extremity spasticity that was reduced at the time of a recent intrathecal baclofen trial. His lower extremity spasticity can be expected to improve following the recent placement of the permanent baclofen pump.

Mr. Huff reports that he has suffered from chronic headaches since February of 2013. He reports a constant daily moderate to severe headache.

Mr. Huff is non-ambulatory and requires a wheelchair for all mobility. He generally utilizes a power wheelchair for mobility however he does have a manual wheelchair for backup. The power wheelchair however is in significant disrepair and should be replaced. He tolerates sitting in the wheelchair throughout the day. He is generally independent with wheelchair transfers. He does require assistance transferring to and from his bed and to and from the shower. Mr. Huff's upper extremity fine motor speed and coordination are within functional limits. He reports some decreased sensation of the digits of the right hand. His capacity for lifting and carrying are limited to the sedentary level of exertion and at wheelchair level.

Mr. Huff reported that his sleep hygiene is interrupted throughout the night secondary to his pain. He further reports he is often unable to sleep for up to three to four days and then will "crash". Secondary to his poor sleep hygiene he presents with chronic daily fatigue. He reports that prior to February of 2013 his sleep hygiene was within normal limits and that he regularly slept throughout the night.

Mr. Huff's hearing is within functional limits. Visually he complains of constant diplopia.

Mr. Huff requires assistance with self care and basic activities of daily living. He requires assistance with transfers for bathing and requires maximum assistance with dressing. He presents with a neurogenic bowel and bladder. His bladder is managed with intermittent catheterization and his bowels are managed with a daily bowel program. He is independent with bowel and bladder management. He reports that he suffers from frequent urinary tract infections and experiences spontaneous bowel evacuations one to two times per week. He feeds independently however he is dependent for meal preparation and grocery shopping. He is also dependent for homemaking activities and household production tasks. He is unable to drive and is dependent for community mobility. Mr. Huff reported that prior to February of 2013 he independently performed self care activities, prepared meals independently and drove a motor vehicle.

Mr. Huff suffered multiple ischemic infarcts at the time of the air embolism and complains of cognitive impairment. He does appear however to independently capable of managing his personal and financial affairs.

Emotionally Mr. Huff presented with a flat affect and his mood was quite depressed. Secondary to his emotional distress his social skills and social pragmatics are fair. He is extremely frustrated secondary to his physical disabilities and reports intermittent episodes of anger. His self esteem appeared poor.

CURRENT MEDICAL CARE

Mr. Huff is under the primary medical care of Joy Chestnut, M.D. He follows up with Dr. Chestnut for overall medical management. He continues to follow-up at the OSU Spine Clinic with Dr. Timperman. He is also followed at the OSU Pain Clinic with Dr. Evers and at the OSU Rehabilitation Clinic with Dr. Pease. As noted earlier, Mr. Huff underwent a successful trial of intrathecal baclofen and a permanent pump was recently placed.

Mr. Huff is prescribed a number of medications and requires a variety of daily medical supplies secondary to his disabilities. His medications and

medical supplies related to the surgical complications in February of 2013 are presented on the attached plan. However it should be noted that his medications may well be revised over time and may result in a variance in the costs presented on the plan.

CONCLUSIONS

Bryan Huff is a 45 year old man with a long and complicated medical history largely secondary to injuries that he suffered due to a fall in June of 2005. He had a long history of chronic low back pain and was diagnosed with a failed back syndrome. In December of 2012 he established medical follow-up with Dr. Farhadi who recommended surgical repair of a spinal deformity. He underwent surgical repair of the spine on 2/22/13. This procedure however was complicated by an air embolism. Secondary to the air embolism Mr. Huff was diagnosed with multiple cerebral infarcts, an MI and pulmonary emboli. He also suffered ischemic myelopathy with SCI. Mr. Huff was treated acutely at the OSU Medical Center and participated in a course of rehabilitation at OSU Dodd Hall. This rehabilitation however was interrupted secondary to complaints of chest pain that required transfer to the OSU Heart Hospital. He was eventually discharged to a subacute care facility in Marietta, Ohio.

Mr. Huff presents with multiple physical and cognitive disabilities secondary to the complications of the air embolism. As a result of his increased disabilities he will require ongoing specialty medical management, medications and medical supplies. He will require additional rehabilitation and will require ongoing support services in order to live in the community. He will require the ongoing purchase of medical and mobility equipment and will require wheelchair accessible transportation and a barrier free living environment.

RECOMMENDATIONS

Attached as Appendix "A" is an outline of Mr. Huff's needs for future care and treatment. This plan presents recommendations for regular follow-up at the OSU Rehabilitation and Urology Clinics. He will also require ongoing primary medical care to manage his medications and his overall health. He will also require ongoing laboratory work and diagnostic studies.

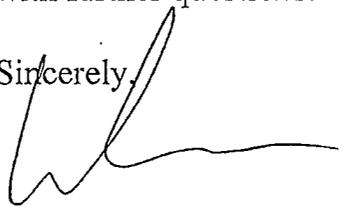
The plan presents recommendations for ongoing reimplantation of the intrathecal baclofen pump. This pump will require ongoing refilling and reprogramming. The plan also presents an outline of his current medications and medical supply needs. As noted earlier, his medications and medical supplies may well be revised over time.

Central to this plan of future care are recommendations to provide Mr. Huff with additional therapeutic intervention and ongoing support services that will allow him to live with some independence in the community. His treating physicians have recommended additional inpatient rehabilitation at Dodd Hall following placement of the intrathecal baclofen pump. Following his inpatient rehabilitation he will benefit from additional outpatient physical therapy. A course of psychotherapy is recommended to assist Mr. Huff in adjusting to his new disabilities. In terms of support services Mr. Huff will require the ongoing services of a personal care attendant and homemaker. As he ages his needs for daily care will increase secondary to the repetitive trauma discussed above.

The plan further presents recommendations to provide Mr. Huff with medical and mobility equipment to compensate for his physical disabilities. He will also require wheelchair accessible transportation and a barrier free living environment.

After you have had an opportunity to review this narrative report, these recommendations and the attached plan, please do not hesitate to contact me with further questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'William H. Burke', written over the word 'Sincerely,'.

William H. Burke, Ph.D.

WHB/lw