Measurement of the lower extremities reveal that the right leg measures 36" from medial malleolus to anterior superior spine and the left measures 35-1/4". The vast majority of the deformity is below the knee. Measurement of the upper extremities reveals 1/4 to 3/8" shortening of the left humerus as compared to the right.

X-rays are taken of both wrists. They fail to reveal any gross bony or soft tissue abnormality. X-rays which Mr. Thomson brings with him taken by Dr. Sorger reveal wedging of the 1st lumbar vertebra, consistent with diagnosis of old fracture. There is no other gross bony or soft tissue abnormality in the lumbar spine. There is evidence of a Schmorl's node in the 3rd lumbar vertebra in the dorsal plate and a suggestion of a smaller node in the 2nd lumbar vertebra.

We then have a 20 year old man who has a 3/4" leg length discrepancy on the left leg, a 1/4 to 3/8" arm difference in the upper arm. He has evidence of an old wedging fracture of the 1st lumbar vertebra. Pain in Mr. Thomson's right wrist would appear to be a mild synovitis. I can see no evidence of aseptic necrosis or old fracture.

In regard Mr. Thomson's availability for military service, one would anticipate increasing backache with the leg length discrepancy which throws weight alignment off center when it is added to wedging fracture at the 1st lumbar vertebra. I do not believe the upper extremity deformity will be a limiting factor.

Sincerely,

Robert G. Greene, M.D.

RGG:enb

ROBERT GEORGE GREENE, M.D.
66 South Fullerton Avenue
Montclair, New Jersey

November 20, 1967

To Whom It May Concern:

Mr. David Thomson, 20 year old man, was seen in my office on 11-16-67 for a disability evaluation of injuries suffered June 6, 1962. So far as I can ascertain, he suffered at that time vertebral fractures, fracture of the left upper extremity and left leg. Both extremity injuries involved the epiphyses and he has residual shortening of both the left arm and of the left leg. He has been wearing a 3/8" lift in the left heel in an attempt to compensate for the leg length discrepancy.

Mr. Thomson states he was treated at Methodist Hospital in Minneapolis, Minn. with a cast to the left leg, reduction and casting of the left upper arm, bed rest for one month and a brace for four months.

Recently Mr. Thomson was seen by Dr. Martin Sorger who took x-rays of his lumbar spine, which he brought with him to my office.

Mr. Thomson's complaint now is of chronic backache and some aching and pain in his both wrists, somewhat worse on the right than on the left. He has no problem with his left upper extremity as far as activity is concerned.

Mr. Thomson works as a reporter for the Newark Evening News. He states that with prolonged activity, getting in and out of a car and being on his feet all day he does develop aching in his back and his leg.

On examination, Mr. Thomson is a well-developed young man of stated age. He moves without evident pain. It takes a 3/4" lift under the left foot to level his pelvis. He has good range of back motion without evident paravertebral muscle spasm. He has 90 degrees straight leg raising on the right and 75 to 80 degrees on the left. Reflexes are physiological in the lower extremities. Sensation and motor power are intact. There is some tenderness at the level of L-3 in the mid-line.

Examination of the upper extremities reveals good range of motion in all joints. There is some pain on marked flexion of the right wrist. There is no thickening of the synovia there. There is no appreciable weakness of grip.