

**Demand Summary  
John Doe  
DOL: August 21, 2019  
Contact Attorney:  
Martin V. Martin  
Martin, Martin  
& Martin, P.A.**

Demand Summary of John Doe,  
Contact Attorney Martin V. Martin,  
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The following contains highlights of the medical history of John Doe due to the crash of 08/21/19. It contains surgical scenes and or illustrations of procedures. Refer to the medical records for complete details.

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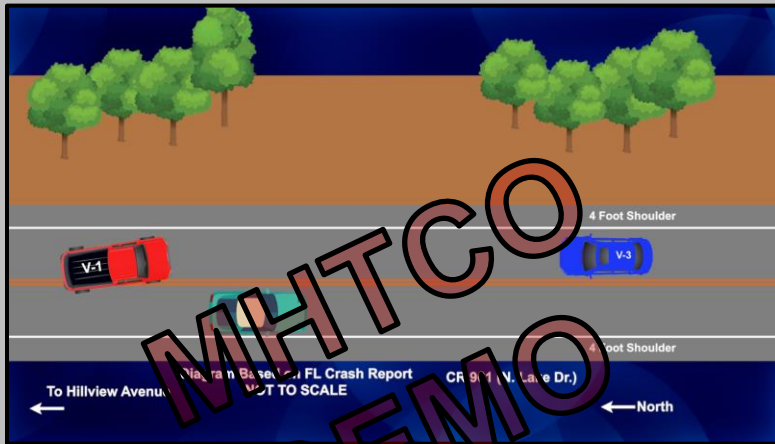
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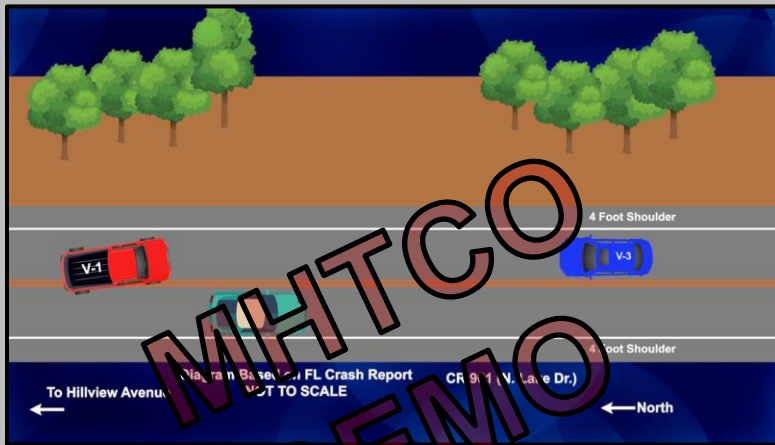
On August 21, 2019, John Doe was the restrained driver of a vehicle represented as V-2 in the Florida Traffic Crash Report, traveling north on CR 961 (N Lake Dr.) approaching Hillview Avenue, in Hillsborough County, Florida. The At Fault Driver, represented as V-1 was traveling south on CR 961 (N Lake Road) behind traffic.

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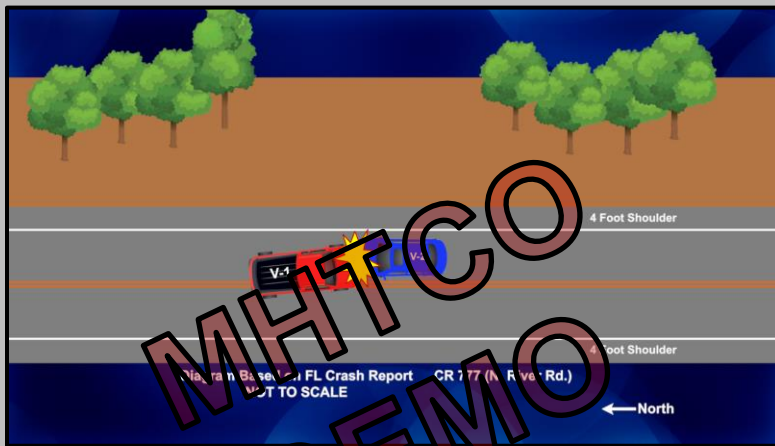
The At Fault Driver of V-1 suddenly pulled onto the Northbound Lane in an attempt to pass the vehicle in front.

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The At Fault Driver of V-1 suddenly pulled onto the Northbound Lane in an attempt to pass the vehicle in front.

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With no time to stop V-2 (Doe) crashed head-on into the front right side of V-1.

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The impact caused V-2 (Doe) to rotate across the east shoulder where its rear collided into a tree facing in a southwesterly direction. The At Fault V-1, rotated counterclockwise onto the east shoulder where its front collided into a tree facing in a northeasterly direction.

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The At Fault Driver of V-1 was cited for violation of Florida Statute #316.087: Improper Passing.

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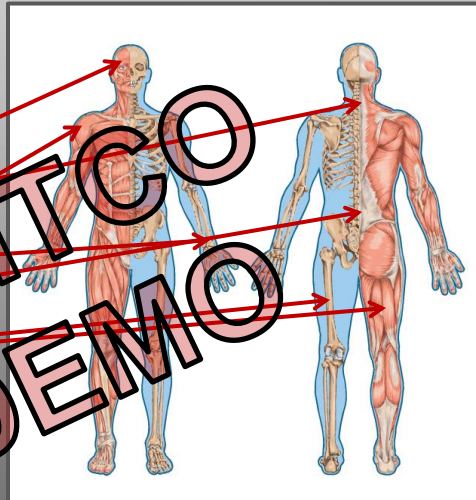


**Inside his vehicle, John Doe's spine was whipped backward and then forward resulting in extreme Hyperextension/Hyperflexion of his spine.**

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**John Doe reported Headaches, Neck Pain, Right Shoulder Pain, Left Wrist Pain, Low Back Pain and Bilateral Leg Pain.**



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**August 21, 2019**  
He was treated at the scene by EMS,  
placed in a Cervical Collar and  
transported to BayFront Medical  
Center Emergency Department.

MHTCO  
DEMO

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**August 21, 2019**  
BayFront Medical Center  
CT Scan of Cervical Spine:  
Straightening of Cervical Lordosis,  
C5-C6 Small Central Disc Bulge.  
CT Scan of Left Lower Extremity:  
Soft Tissue Edema.

MHTCO  
DEMO

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**August 21, 2019**  
**Bayfront Medical Center - ER**  
**Judith Ramirez, MD**  
**Diagnostic Studies were Performed.**  
**Impression included:**  
**Acute Left Hand and Wrist Contusion,**  
**Acute Cervical Sprain, MVA**  
**Arm Sling was Provided,**  
**Medications were Prescribed,**  
**Released for Follow Up Care.**

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**September 01, 2019**  
**BayCare Surgery Center**  
**Jeremiah Prudhoe, MD**  
**Assessment after Examination:**  
**Cervical & Lumbar Strain**  
**Left Wrist Contusion/Strain.**

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September 18, 2019  
Neurosurgeon  
Henry Buggs, MD  
Cervicalgia, Cervical Radiculitis,  
Cervical Spondylosis with  
Radiculopathy  
Intervertebral Disc Displacement  
C6-C7

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October 21, 2019  
Neurosurgeon  
Henry Buggs, MD  
Procedure:  
Anterior Cervical Discectomy,  
Fusion and Instrumentation  
C3-C4 and C4-C5 with  
stand alone devices.

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**Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes**



John Doe was brought into the operating room. A general anesthesia was induced, and respiratory tubes were placed down her throat into her lungs.

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**Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes**



She was then placed on the operating table on her back, and prepped and draped in the usual sterile manner.

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**Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes**



**When properly prepared, an incision was made over the proper disc space.**

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**Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes**



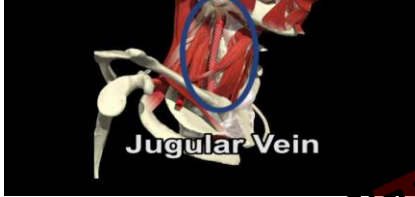
**Dissection was carried down through the platysma and this was bluntly dissected within the plane of its fibers. Then the plane between sternocleidomastoid and strap muscles was exploited to gain access to the prevertebral fascia. A blunt dissection was carried about here and using fluoroscopic guidance, distracting pins were placed in the bodies of C3 and C5.**

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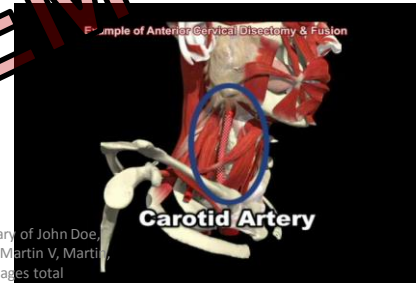
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Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes



Dissection is then carried out through the subcutaneous tissues and muscles of the neck, passing by the jugular vein, the esophagus, the larynx and carotid artery.

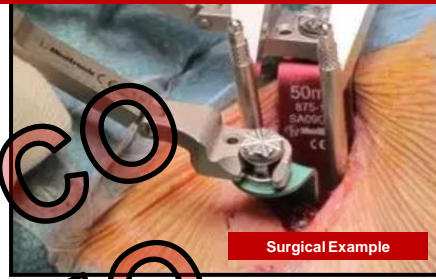


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Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes



The cervical distractor was placed. As the distractor was opened, some disc height was restored at C3 through C4. The longus colli muscles were then retracted laterally 3mm and medial lateral retraction was performed using a self-retaining retractor. With excellent visualization, the levels were once again confirmed using AP and Fluoroscopic Guidance. Attention was then turned to C3-C4.

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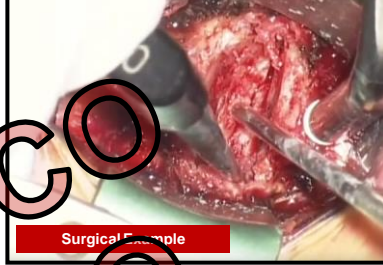
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**Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes**



Surgical Example



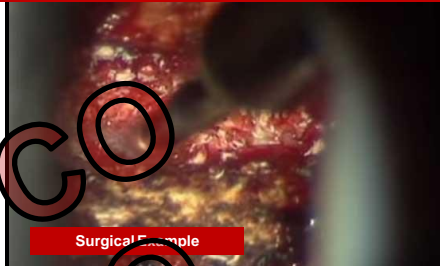
Surgical Example

The C8-C9 disc was approached with a #11 blade. An annulotomy was performed. Anterior osteophytes were removed using a rongeur and these were morselized on the back table and packed into the PEEK spacer to facilitate fusion. Multiple passes were then performed using pituitary rongeur, and angled microcurettes.

**Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes**



Surgical Example

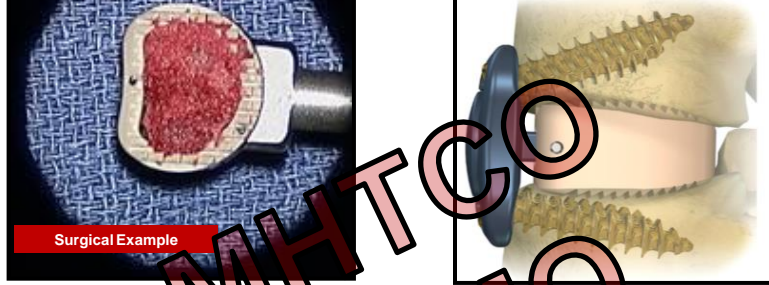


Surgical Example

A high-speed burr was used to debride the endplates. The PLL was taken down. Extruded disc material was encountered, and this was taken out to decompress the neural elements using a micro-pituitary rongeur.



**Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes**



After trialing, a machined stand alone PEEK interbody spacer 6mm, was impacted into excellent position facilitating fusion. It was packed with local autograft as well as demineralized bone matrix allograft. The autograft was harvested from osteophytes as noted above. Excellent position was confirmed in AP and lateral fluoroscopic views, and the spacer was locked by rotation of the blades. Attention was then turned to C4-C5. The same procedure was performed at C4-C5.

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**Example of Anterior Cervical Discectomy & Fusion  
Performed by Dr. Suggs on John Doe 10/21/19  
Text Based on Operative Notes**




Excellent position of the PEEK spacers was confirmed using AP and lateral fluoroscopic views. The cervical plate was not removed at C5 through C7 because of extensive scarring and extensive surrounding blood vessels. The wound was inspected, and no bleeding was found. The wound was irrigated and then closed in layers using 2-0 Vicryl in the platysmal and subcutaneous tissues and the skin was closed using a running subcuticular 4-0 Monocryl. Benzoin and Steri-Strips were applied. The patient had sterile dressing applied and John Doe was brought to recovery room in good condition.

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**Preliminary Future Medical Cost Report:**  
March 30, 2020  
Santo Steven B Fulco, MD  
John Doe sustained serious and permanent injuries to his left wrist, neck, back, left hand, left forearm and left thigh, directly related to a motor vehicle accident (MVA) that occurred on August 21, 2019.

Refer to Complete Report for Details

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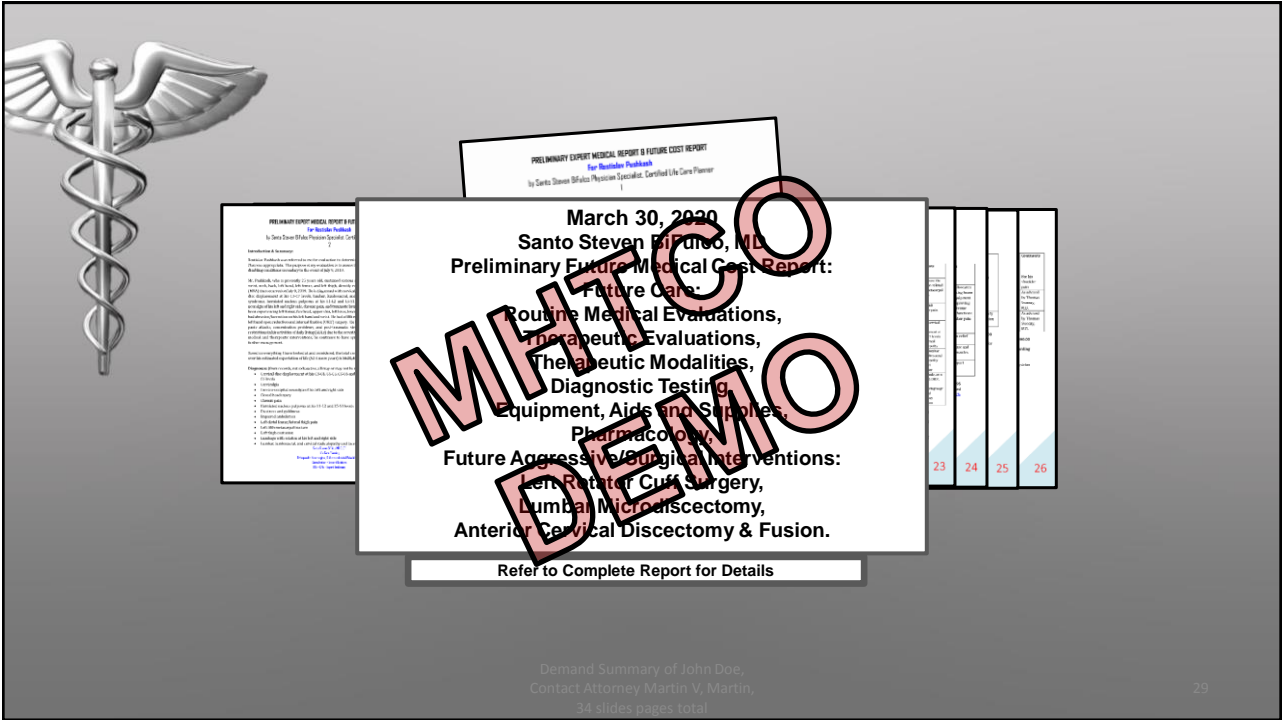
**Preliminary Future Medical Cost Report:**  
March 30, 2020  
Santo Steven B Fulco, MD  
Despite intense medical and therapeutic interventions, he continues to have symptoms for which he will require further management.

Refer to Complete Report for Details

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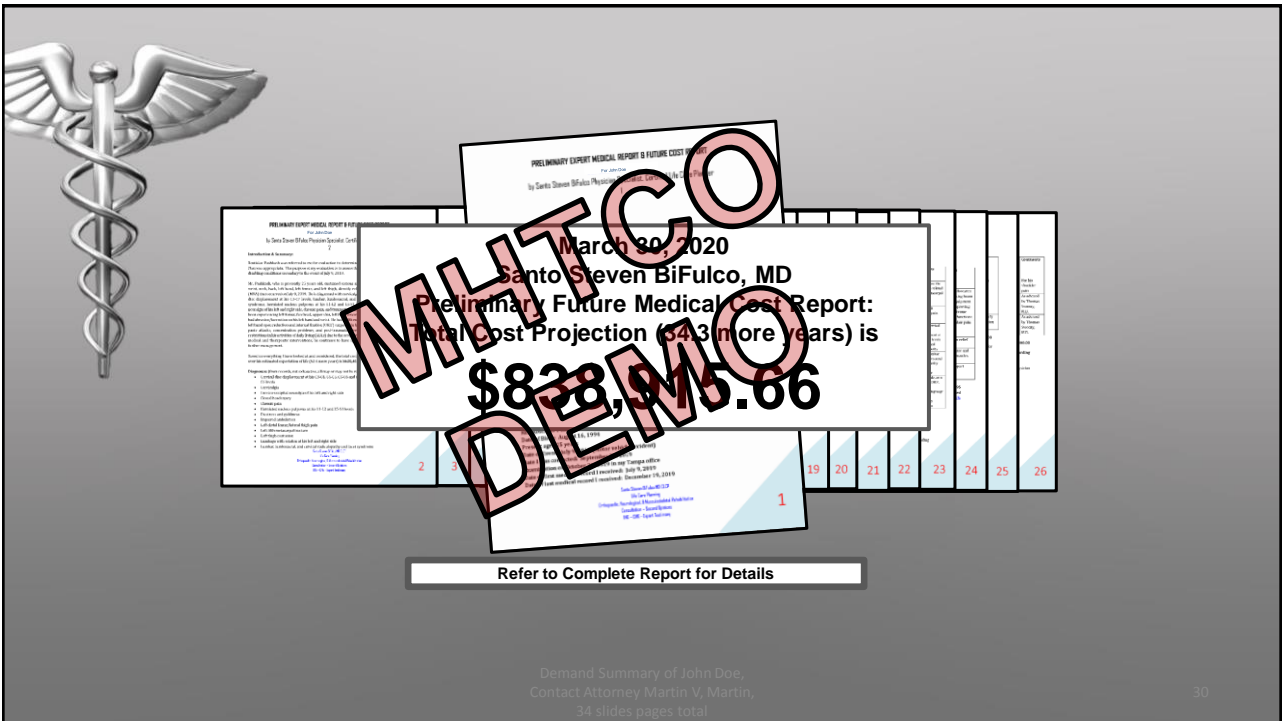
**PRELIMINARY EXPERT MEDICAL REPORT & FUTURE COST REPORT**  
For **Neelima Pothuri**  
By **Santo Steven BiFulco, M.D.**  
Santo Steven BiFulco, M.D. is a Board Certified, Certified Life Care Planner

March 30, 2020  
**Santo Steven BiFulco, MD**  
**Preliminary Future Medical Cost Report:**  
Future Care:  
Routine Medical Evaluations,  
Therapeutic Evaluations,  
Therapeutic Modalities,  
Diagnostic Testing,  
Equipment, Aids and Supplies,  
Pharmacology,  
Future Aggressive/Surgical Interventions:  
Lent Rotator Cuff Surgery,  
Lumbar Microdiscectomy,  
Anterior Cervical Discectomy & Fusion.

Refer to Complete Report for Details

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**PRELIMINARY EXPERT MEDICAL REPORT & FUTURE COSTS**  
By **Santo Steven BiFulco, M.D.**  
Santo Steven BiFulco, M.D. is a Board Certified, Certified Life Care Planner

March 30, 2020  
**Santo Steven BiFulco, MD**  
**Preliminary Future Medical Cost Report:**  
Total Cost Projection (643 more years) is  
**\$828,975.66**

Refer to Complete Report for Details

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**Loss of Enjoyment of Life**  
Damages for which are based at  
\$50.00 a day for an estimated total of  
\$18,250 annually for duration of a lifetime of  
34.3 years or a projected total of:  
**\$625,975**  
over his expected lifetime.

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**Mental Anguish**  
Damages for which are based at  
\$50.00 a day for an estimated total of  
\$18,250 annually for duration of a lifetime of  
34.3 years or a projected total of:  
**\$625,975**  
over his expected lifetime.

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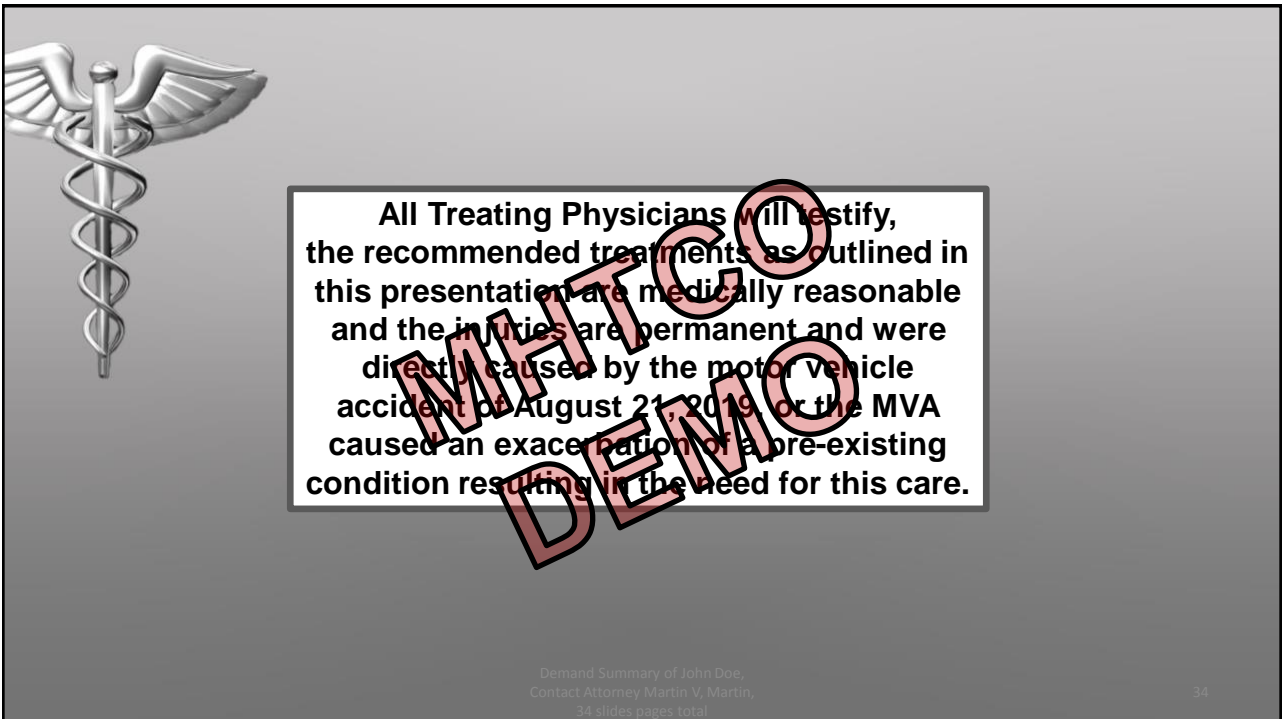


**Total Damages:**  
**\$2,090,865.66**

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**All Treating Physicians will testify, the recommended treatments as outlined in this presentation are medically reasonable and the injuries are permanent and were directly caused by the motor vehicle accident of August 21, 2019, or the MVA caused an exacerbation of a pre-existing condition resulting in the need for this care.**

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