Mr. Suber was sitting straight and looking to his left, he saw the defendant approaching and slammed on the brakes, bracing with both arms and legs for impact. His seatbelt engaged, his head struck the headrest and his right knee hit the center console. Mr. Suber declined medical evaluation at the scene/ambulance transportation to the ED. He was shocked and dazed (he believed he may have lost consciousness or had an altered level of consciousness) but was not immediately aware of pain or injury. Mr. Suber drove himself home and within a couple of hours he began to feel pain in his neck, lower back, and right knee. Around 4 hours after the crash, Mr. Suber presented to the Shands ED (Springhill) where he complained of pain in his bilateral upper extremities (left greater than right), shooting pains down both arms, left elbow and right knee pain and mild headache. Mr. Suber underwent CT scans of the cervical and lumbosacral spine which were negative for osseous abnormality; an X-ray of the right knee revealed an equivocal small joint effusion without evidence for fracture; and an X-ray of the left elbow revealed: mild soft tissue fullness at the left elbow without evidence for acute osseous abnormality. He was diagnosed with muscle spasms, prescribed Robaxin 500 mg, Flexeril 5 mg and released home.

On October 25, 2022, Mr. Suber presented to Crystal Clay PA-C with complaints of headache, brain fog, difficulty concentrating, memory loss, temporomandibular joint (TMJ) pain, mild dizziness, tinnitus, cervical, thoracic, and lumbar spine pain, bilateral upper extremity weakness, bilateral shoulder pain with decreased range of motion, bilateral elbow pain, bilateral wrist pain and bilateral knee pain. He was diagnosed with acute post-traumatic headache, brachial plexus disorder, left ear tinnitus, bilateral upper and lower extremity pain, bilateral TMJ disorder, cervicothoracic radiculopathy, cervicalgia, dorsalgia, bilateral hand pain, dizziness, headache, concussion, and ligament sprains (cervical/thoracic/lumbar spine, bilateral rotator cuff capsule/AC joint, bilateral wrists, bilateral knees). Ms. Clay recommended monitoring traumatic brain injury (TBI) symptoms, physical therapy twice a week, (to include strapping of the shoulders, knees, elbows, wrists, and hands), prescribed Flexeril 10 mg, Meloxicam 15 MG, provided Mr. Suber with a TENS machine and discussed obtaining bilateral shoulder, knee, cervical and lumbar MRIs with persisting symptoms.

On October 31, 2022, Mr. Suber started physical therapy and underwent treatment through April 2023.

On November 21, 2022, Mr. Suber had a slip and fall incident necessitating a visit to the Shands ED. He was wearing a neck/back brace at the time, felt pain in his legs and ankles, lower back, and left arm where he hit the ground. Mr. Suber underwent CT scans of the head, cervical, thoracic, and lumbar spine which were negative for acute intracranial abnormality/acute osseous abnormality, respectively. He also underwent X-rays of the right knee and left elbow. The right knee study revealed prepatellar and infrapatellar tissue fullness; the left elbow study revealed mild soft tissue fullness about the left elbow. Mr. Suber was diagnosed with back pain and released home.

On November 29, and December 6, 2022, Mr. Suber returned to Crystal Clay PA-C with persistent pain, aggravated by the fall on the November 21, 2022. He was referred for cervical and lumbar MRIs.

On December 12, 2022, Mr. Suber underwent the MRIs. The cervical spine study revealed: at C3-4, a broad-based posterior disk herniation and mild thecal sac compression; at C5-6, a right paracentral disk herniation extending into the right neural foramen, moderate thecal sac compression and mild compression of the right anterolateral aspect of the spinal cord; at C6-7, a right paracentral disk herniation slightly extending below the level of the disk space, moderate thecal sac compression and compression of the spinal cord to the right of midline, moderate to severe right foraminal stenosis.

The lumbar spine study revealed: at L4-5, a broad-based posterior disk herniation indenting the anterior margin of the thecal sac.

On December 19, 2022, Crystal Clay PA-C recommended home traction therapy for the cervical and lumbar spine, neurosurgical/orthopedic evaluation, and continuing physical therapy.

On February 14, 2023, Mr. Suber presented to Dr. Neil Brown (neurosurgery) with intermittent neck pain with occasional tingling in his fingers and difficulty with fine motor tasks, persistent tinnitus, occasional gait imbalance, headaches, and intermittent low back pain radiating to the left leg with occasional tingling. Dr. Brown diagnosed cervical spondylosis with early myelopathy, post-traumatic lumbago with left L5 radiculopathy; recommended electromyography/nerve conduction studies with persisting symptomatology; noted early symptoms of myelopathy in the cervical spine (contra-indicating cervical epidurals) and thus recommended an anterior cervical discectomy and fusion at C5-6 and 6-7.

On March 15, 2023, Crystal Clay PA-C prescribed Tramadol 50 mg, a home traction unit; and ordered MRIs of the left shoulder and right knee.

On April 7, 2023, Mr. Suber underwent MRIs of the right knee and left shoulder. The right knee study revealed: mild edema within the superolateral aspect of the Hoffa’s fat pad and mild pes anserine bursitis.

The left shoulder study revealed: High-grade articular sided tear of the supraspinatus tendon; moderate infraspinatus tendinosis and mild acromioclavicular arthrosis.

On April 18, 2023, Crystal Clay PA-C referred Mr. Suber to pain management, for surgical evaluation, and refilled the Tramadol.

On June 2, 2023, Mr. Suber presented to Dr. Yailiz Calderin (physical medicine & rehabilitation) with persistent pain in his right knee, lower back, neck, and associated headaches. Dr. Calderin diagnosed cervicalgia, low back pain, discussed trigger point /facet/medial branch block injections, and prescribed Celebrex 100 mg.

On June 5, 2023, Mr. Suber presented to Kim Nordelo PA-C to Dr. Odest Cannon (orthopedic surgery) to evaluate the right knee and left shoulder. She diagnosed left shoulder pain with impingement syndrome, right knee pain with media plica syndrome, and discussed treatment options to include steroid injections. Mr. Suber agreed to proceed with a shoulder injection and to take anti-inflammatory medication for the knee. Ms. Nordelo injected the left shoulder subacromial space with Kenalog 40 mg. (with significant improvement).

On July 7, 2023, Mr. Suber returned to Dr. Calderin. He had numbness and tingling in both arms about every two weeks (or less frequent). Dr. Calderin performed trigger point injections, prescribed Flexeril for muscle spasms, and discussed cervical epidurals and continuing home exercises.

(The trigger point injections helped but started to wear off after a couple of weeks, providing around 35% pain relief).

On August 11, 2023, Mr. Suber returned to Dr. Calderin with complaints of persistent numbness in his left hand. Dr. Calderin recommended electrodiagnostic/nerve conduction studies, and further trigger point injections.

On September 14, 2023, Mr. Suber returned to Dr. Cannon with intermittent but persistent pain in his left shoulder, occasional popping, and a catching sensation. On examination he had near full range of motion in the left shoulder. Dr. Cannon recommended continuing conservative treatment, repeating the cortisone injection and to follow up as needed.

On September 21, 2023, Mr. Suber underwent electromyography/nerve conduction velocity (EMG/NCV) studies of the left upper extremity which revealed a left C6-7 radiculopathy with decreased motor unit recruitment (age indeterminate).

On October 25, 2023, Dr. Calderin repeated the trigger point injections and scheduled an epidural injection for the cervical spine.

On November 29, 2023, Dr. Robert Valentine (anesthesiology) performed the cervical epidural steroid injection at C7-T1.

On December 13, 2023, Mr. Suber returned to Dr. Calderin with complaints of pain in his entire body. She discussed physical therapy, recommended taking pain medication (Celebrex) as prescribed, and to return to clinic in 6 weeks.

On January 24, 2024, Mr. Suber returned to Dr. Calderin with a request to repeat the cervical epidural steroid injection (CESI). Dr. Calderin considered the risks outweighed the benefits for repeating the CESI and recommended proceeding with Botox therapy for the myofascial pain. Height: 6 ft, weight: 215 lbs.

*Pre-crash medical history*

On November 25, 2011, Mr. Suber was in a traffic crash in Gainesville FL, injuring his neck, lower back, and he had some tingling in his left hand and left leg. He was evaluated in the Shands ED where he underwent X-rays of the pelvis, cervical/lumbar spine and chest which were negative for fracture/acute cardiopulmonary abnormality, respectively. He subsequently attended physical therapy and underwent MRIs of the cervical and lumbar spine and left knee on January 24, 2012. The cervical spine study revealed: at C3-4 and 4-5, central disk osteophyte complex; at C5-6, central disk osteophyte complex and mild ligamentum flavum hypertrophy, effacing the ventral thecal and dorsal CSF (cerebrospinal fluid); at C6-7, central disk osteophyte complex.

The lumbar MRI revealed: normal alignment of the lumbar spine without evidence of acute injury.

The left knee study revealed: small free margin tear of the lateral meniscus (age uncertain and less than 20% of the thickness of the meniscus); subtle changes in the Hoffa’s fat pad adjacent to the inferolateral aspect of the patella.

Mr. Suber had some persistent mild residual intermittent pain, in his neck and lower back, at the time of the subject crash.

*Medical and other records reviewed for history*

Robert Suber, deposition July 11, 2023

UF Shands ED (prior/post)

Titan MRI

Invision Outpatient Imaging (prior)

Medig, Medical Injury Group, Crystal Clay PA-C

Ocala Orthopedic Group, Kim Nordelo PA-C/Dr.Cannon

Interventional Medical Associates, Dr. Calderin

Florida Surgery Consultants, Drs. Cannon/Brown

Plaintiff’s Answers to Interrogatories

Records to Dr. Barnes (UF Shands Radiology Records, November 21, 2022)

Records to Dr. Fox (Interventional Associates record June 2, 2023)