Mr. Brown was sitting down at the time of impact (facing south); he stood up when his co-worker (Denise Jones) began screaming and turned his torso towards the emergency door, looking over his right shoulder, just as the impact occurred. Mr. Brown was thrown out of his seat with the jolt

(between two seats) before landing on the aisle floor, tilted on his right side (hip), and attempting to cling onto the seat. Mr. Brown was shaken but able to get himself up, independently.

EMS responded. Mr. Brown was alert, oriented and ambulant at the scene and walked towards the ambulance. He complained of pain in his right leg and right groin. He was transported, via ambulance, to the Franciscan Health Olympia Fields ED where he underwent an X-ray of the right hip which was negative for acute osseous abnormality (with moderate to severe degenerative changes of the hip with joint space loss and marginal osteophytosis and an incidental finding of cam deformities of the bilateral femoral heads). He was diagnosed with right groin strain and released home with prescriptions for Naproxen and Flexeril. Mr. Brown was advised to follow up with his primary care provider in 1-2 days.

On October 14, 2020, 2 days after the crash, Mr. Brown presented to Dr. Sunil Patel (family medicine) with additional complaints of pain in his left knee, left wrist (with clicking) and pain in his neck and lower back. Dr. Patel diagnosed right groin sprain, left wrist pain and acute left knee pain. He refilled the muscle relaxant and pain medications.

On October 14, 2020, Mr. Brown returned to Dr. Venkat Seshadri (orthopedic surgery-refer to prior history). Physical examination elicited midline cervical and lumbar spine pain; crepitation of the right hip joint, pain in the left posterior dorsal wrist, right leg greater trochanter pain and pain in the left knee and lower leg with crepitation of the patellofemoral and medial tibial plateau. Mr. Brown received a left knee steroid injection, further imaging studies were ordered, and he was referred for specialist orthopedic evaluation, therapy, and prescribed a wrist splint.

On October 23, 2020, Mr. Brown underwent an MRI of the right hip which revealed: a right-sided CAM morphology; and an MRI of the lumbar spine which revealed: moderate bilateral degenerative facet arthropathy and mild bilateral neural foraminal stenosis at L4-5; at L5-S1, a grade 1 anterolisthesis due to chronic bilateral L5 pars interarticularis defects as well as moderate bilateral neural foraminal stenosis.

On November 3, 2020, Mr. Brown presented to Dr. Dragan Gastevski (interventional pain medicine) with complaints of low back pain radiating down both legs. On examination he had a positive straight leg raise, bilaterally, with bilateral hypoesthesia in the lower extremities. Dr. Gastevski recommended a series of lumbar epidural injections.

On November 9, 2020, Mr. Brown presented to Dr. John Kung (orthopedic surgery) to evaluate the left wrist. Examination elicited pain to the distal radius. Left wrist X-rays revealed: scaphoid non-union with degenerative joint disease without evidence of fracture. Dr. Kung ordered a cock-up brace and prescribed occupational therapy.

On November 16, 2020, through July 30, 2021, Mr. Brown participated in formal physical therapy (40 sessions). The left wrist and left knee pain abated, and, although pain persisted in his right hip, he transitioned to a home exercise program.

On November 17, 2020, Mr. Brown underwent an MRI of the left wrist which revealed: a chronic fracture in the proximal scaphoid and degenerative changes in the wrist.

On November 23, December 21, 2020, and February 8, 2021, Dr. Gastevski performed lumbar epidural steroid injections at L5-S1, providing 75% symptom relief. During this time, on January 22, 2021, Dr. Seshadri performed a left hip injection with improvement of pain.

On October 4, 2021, Dr. Seshadri released Mr. Brown to work without restrictions and on November 17, 2021, he placed Mr. Brown at MMI (maximum medical improvement).

However, by September 2022, Mr. Brown was unable to work due to increasing pain and discomfort.

On September 13, 2022, Mr. Brown returned to Dr. Seshadri with concerns for persistent pain in his right hip. He wished to discuss surgical treatment options. Right hip X-rays revealed end stage osteoarthritis. Dr. Seshadri discussed proceeding with a right hip arthroscopy.

**On October 6, 2022, Dr. Seshadri performed a right total hip arthroplasty.**

Post-surgery, Mr. Brown progressed well, and serial X-rays showed good alignment. He participated in a further 9 physical therapy sessions between October 12 and 27, 2022.

On November 21, 2022, Mr. Brown returned to Dr. Seshadri with pain in his right ankle and he was unable to weight-bear on his right side. On examination he had pain to the lateral ligament and anterior talofibular ligament, and mild to moderate swelling in the lateral ankle. X-rays of the right ankle revealed moderate osteoarthrosis at the tibiotalar joint and across the midfoot, tiny Achilles osteophytes and soft tissue edema. He was placed in a CAM boot and provided with crutches.

On January 18, March 15, and April 12, 2023, Mr. Brown returned to Dr. Seshadri with complaints of increasing pain in his lower back with an altered gait (limp). Dr. Seshadri prescribed Voltaren gel for pain relief and recommended continuing therapy.

Mr. Brown’s right hip healed well, and he was released back to full time work in August 2023 but due to further persisting pain in his lower back, Dr. Seshadri referred Mr. Brown to Dr. Gastevski for re-evaluation. Height: 5 ft 10 inches, weight: 332 lb.

*Pre-crash medical history*

Mr. Brown underwent left shoulder surgery in 1991 then, after a slip and fall incident in January 2017 he re-injured his left shoulder and injured his left hip. Imaging of the left shoulder revealed high-grade partial tearing of the distal supraspinatus and infraspinatus tendons; and an MRI of the left lower extremity revealed: findings compatible with a moderate strain involving the left biceps femoris with a small partial-thickness tear proximally without evidence of a high-grade or full-thickness tear.

Mr. Brown elected to undergo physical therapy to treat both injuries; and received steroid injections into the left shoulder joint. However, on March 23, 2017, he underwent **a left shoulder arthroscopy with extensive synovectomy, subacromial decompression and tenotomy of the biceps tendon related to glenohumeral arthritis, status post prior dislocations of the shoulder, performed by Dr. Venkat Seshadri (orthopedic surgery).**

He returned to work, without restrictions, on October 6, 2017, after a period of physical therapy.

Mr. Brown also underwent 2 x left knee arthroscopies, in 1987 and 2004; and a right knee scope in 2010 for meniscal repairs. He subsequently developed arthritis but was asymptomatic at the time of the subject incident.

*Medical and other records reviewed for history*

Athletico Physical Therapy (prior)

Premier Orthopedic and Hand Center, Dr. Seshadri (prior/post)

Bone and Joint Physicians (prior)

UChicago Medicine, Ingalls Memorial (prior/post)

Franciscan Health Olympia Fields ED

Dr. Kevin Trangle, Medical Examination Report (defendant)

Life Care Plan, Lauren Petkoff M.Ed.

Premier Orthopedic and Hand Center Imaging

Premier Orthopedic and Hand Center, physical therapy

SimonMed Imaging, MRIs

Richton Park Fire Department

Franciscan Health Olympia Fields Radiology

Advocate Medical Group Imaging Report

Occupational Health Centers of Illinois

Anthony Brown, deposition; June 6, 2023