

Not filed

00-1322-CJ

Yarger vs. Nadvit

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
: :
Plaintiff, : :
: :
v. : :
: :
CINDY NADVIT, : :
: :
Defendant. : :

DEFENDANT'S POINTS FOR CHARGE

RECEIVED

AUG 19 2003

**COURT ADMINISTRATOR'S
OFFICE**

James M. Horne
I.D. No. 26908
McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant Nadvit

Defendant's Proposed Point for Charge #1:

Under all the law and the evidence, you must return a verdict in favor of the Defendant Cindy Nadvit and against the Plaintiff Tracy Yarger.

Given

Refused

Modified

Refused, as covered in the general charge

}

Defendant's Proposed Point for Charge #2:

If you decide that a witness, including a party, has deliberately falsified her testimony on a significant point, you should take this into account in deciding whether to believe the rest of her testimony; and you may refuse to believe the rest of her testimony, but you are not required to do so.

Pa. S.S.J.I. No. 5.05 (Civ.)

Given

Refused

Modified

Refused, as covered in the general charge

Defendant's Proposed Point for Charge #3:

The Plaintiff, Tracy Yarger, has the burden of proving by a preponderance of the evidence that a causal relationship exists between the automobile accident of October 30, 1998 and the injuries alleged by Ms. Yarger. In order to meet that burden, the Plaintiff must introduce unequivocal expert medical testimony that such a relationship exists. If you find that the Plaintiff has not met that burden with respect to any of the claimed injuries, then you should not include any compensation for such injuries in your verdict.

McArdle v. Panzek, 262 Pa. Superior Ct. 88, 396 A.2d 658 (1938); Albert v. Alter, 252 Pa. Superior Ct. 203, 381 A.2d 459 (1977); Stathas v. Wade Estate, 251 Pa. Superior Ct. 269, 380 A.2d 482 (1977); Smith v. German, 434 Pa. 47, 253 A.2d 107 (1969); Florig v. Sears Roebuck & Co., 388 Pa. 419, 130 A.2d 445 (1957).

 Given

Refused

Modified

Refused, as covered in the general charge

Defendant's Proposed Point for Charge #4:

The fact that the Defendant, Cindy Nadvit, was negligent, and responsible for the occurrence of the accident, does not in and of itself prove that the Plaintiff is entitled to the recovery of any damages. Plaintiff must still prove that this negligence was a substantial factor in bringing about her injuries.

Gigliotti v. Machuca, 409 Pa. Superior Ct. 50, 597 A.2d 655 (1991).

Given

Refused

Modified

Refused, as covered in the general charge

Defendant's Proposed Point for Charge #5:

The Plaintiff has the burden of proving each and every element of damage which she seeks. It is not up to the Defendant to disprove an element of damage.

Kmiotek v. Anast, 350 Pa. 593, 39 A.2d 923 (1944).

4 Given

_____ Refused

_____ Modified

_____ Refused, as covered in the general charge

Defendant's Proposed Point for Charge #6:

The Plaintiff must prove that each of her injuries and damages were with reasonable certainty caused by the Defendant's negligence. The mere "possibility" that the claimed injuries and damages could be related to the Defendant's negligence is not sufficient proof of causation. In such a situation, the Plaintiff has not met her burden of proof on the item of injury or damage at issue, and you may not award Plaintiff any damages for such items.

Gordon v. Trovato, 234 Pa. Superior Ct. 279, 338 A.2d 653 (1975); Rice v. Hill, 315 Pa. 166, 172 A. 289 (1934); Lorch v. Eglin, 369 Pa. 314, 85 A.2d 841 (1952); Baccare v. Mennella 246 Pa. Superior Ct. 53, 369 A.2d 806 (1976); American Air Filter Co., Inc. v. McNichol, 527 F.2d 1297 (3rd Cir. 1975).

Given

Refused

Modified

Refused, as covered in the general charge

Defendant's Proposed Point for Charge #7:

You may not award damages based on guess, speculation, or conjecture, or on the possibility that there may or could have been harm in the past. Only damages that are proven with reasonable certainty are recoverable.

Kearns v. Clark, 343 Pa. Superior Ct. 30, 493 A.2d 1358 (1985).

Given

Refused

Modified

Refused, as covered in the general charge

Defendant's Proposed Point for Charge #8:

The issues of whether the Plaintiff has really suffered or sustained any of the damages she claims, and whether any of these damages were actually caused by the Defendant, is for you, the jury, to decide.

Holland v. Zelnick, 329 Pa. Superior Ct. 469, 478 A.2d 885 (1984); Broadhead v. Brentwood Ornamental Iron Company, Inc., 435 Pa. 7, 255 A.2d 120 (1969); Morgan v. Philadelphia Electric Co., 299 Pa. Superior Ct. 545, 445 A.2d 1263 (1982).

Given

Refused

Modified

Refused, as covered in the general charge

Defendant's Proposed Point for Charge #9:

There has been evidence in this case that medical services were performed for the Plaintiff. Under the law applicable to this case, you should not include in your verdict any compensation for these medical expenses. Under the law, these expenses have been paid from another source and the Defendant is not legally responsible for them.

Pennsylvania Motor Vehicle Financial
Responsibility Law, as amended, 75 Pa. C.S. §
1711.

Given

Refused

Modified

Refused, as covered in the general charge

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
: Plaintiff, :
: v. :
: CINDY NADVIT, :
: Defendant. :
:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant's proposed Points for Charge in the above-captioned matter was served via Fax and U.S. First Class Mail, postage prepaid, on this 18th day of August, 2003, to the attorney/party of record:

James B. Cole, Esquire
Stokes, Lurie, Cole & Hens-Greco, P.C.
2100 Law & Finance Building
Pittsburgh, PA 15219
(412) 391-0800

McQUAIDE, BLASKO, SCHWARTZ,
~~FLEMING~~ & FAULKNER, INC.

By: _____
James M. Horne, Esquire
I. D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER,

: No. 00-1322-C.D.

Plaintiff,

: TYPE OF PLEADING:
Supplemental Points for Charge

v.

CINDY NADVIT,

: TYPE OF CASE: CIVIL
: FILED ON BEHALF OF:
DEFENDANT

Defendant.

: COUNSEL OF RECORD FOR
: FOR THIS PARTY:
: JAMES M. HORNE, ESQ.
: I.D. NO. 26908
: CHENA L. GLENN-HART, ESQ.
: I.D. NO. 82750
: McQUAIDE, BLASKO, SCHWARTZ,
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RECEIVED

JAN 29 2004

COURT ADMINISTRATOR'S
OFFICE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
: Plaintiff,
: v.
: CINDY NADVIT, :
: Defendant.

DEFENDANT'S SUPPLEMENTAL POINTS FOR CHARGE

James M. Horne
I.D. No. 26908
McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant Nadvit

Defendant's Proposed Point for Charge #10:

In order to recover any damages in this case, the Plaintiff must do more than prove by a fair preponderance of the evidence that the Defendant was negligent and that the Defendant's negligence was a substantial factor in causing her harm. The Plaintiff must also demonstrate by a fair preponderance of the evidence that her injuries were serious. I will separately define for you what constitutes a serious injury.

75 Pa. C.S.A. § 1705(d); Washington v. Baxter, 553 Pa. 434, 719 A.2d 733 (1998).

Given

Refused

Modified

Refused, as covered in the general charge

Defendant's Proposed Point for Charge #11:

A serious injury is one which results in either serious impairment of a bodily function or permanent serious disfigurement.

75 Pa. C.S.A. § 1702; Washington v. Baxter, 553 Pa. 434, 719 A.2d 733 (1998).

Given

Refused

Modified

Refused, as covered in the general charge

Defendant's Proposed Point for Charge #12:

In determining whether Ms. Yarger's injuries, if any, caused a serious impairment of bodily function, your focus should be on assessing how the injuries affected a particular bodily function and not on the injuries themselves. Injury alone is not sufficient to constitute a serious impairment.

Washington v. Baxter, 553 Pa. 434, 719 A.2d 733 (1998).

Given

Refused

Modified

Refused, as covered in the general charge

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.

Plaintiff, :

v. :

CINDY NADVIT, :

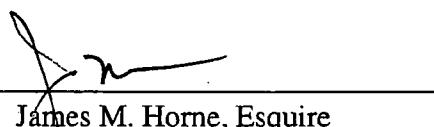
Defendant. :

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant's Supplemental Points for Charge in the above-captioned matter was served via Fax and U.S. First Class Mail, postage prepaid, on this 28th day of January, 2004, to the attorney/party of record:

James B. Cole, Esquire
Stokes, Lurie, Cole & Hens-Greco, P.C.
2100 Law & Finance Building
Pittsburgh, PA 15219
(412) 391-0800

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: 

James M. Horne, Esquire
I.D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

TRACY YARGER, :
: No. 00-1322 C.D.
Plaintiff, :
: **PLAINTIFF'S POINTS FOR
CHARGE**
vs. :
CINDY NADVIT, : Filed on behalf of:
: Plaintiff
Defendant. : Counsel of Record for this
: Party:
: James B. Cole, Esquire
: Pa. I.D. #15801
: STOKES LURIE COLE &
: HENS-GRECO, P.C.
: Firm #012
: 2100 Law & Finance Building
: Pittsburgh, PA. 15219
: (412) 391-0800

RECEIVED

AUG 25 2003

**COURT ADMINISTRATOR'S
OFFICE**

JURY TRIAL DEMANDED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

TRACY YARGER, :
: Plaintiff, : No. 00-1322 C.D.
: :
: vs. :
: :
CINDY NADVIT, :
: :
: Defendant. :
:

PLAINTIFF'S POINTS FOR CHARGE

1. The plaintiff claims that she was injured and sustained damage as a result of the negligent conduct of the defendant. The plaintiff has the burden of proving her claims.

The defendant admits that she was negligent and that her negligence caused the accident.

Based upon the evidence presented at this trial, the only issue for you to decide in accordance with the law as I will give it to you is whether the defendant's negligent conduct was a factual cause in bringing about harm to the plaintiff.

Conduct is a factual cause of harm when the harm would not have occurred absent the conduct. An act is a factual cause of an outcome if, in the absence of the act, the outcome would not have occurred.

In order for the conduct of a party to be a factual cause, the conduct must not be fanciful or imaginary, but must have played a real role in causing the injury. Therefore, in determining factual cause, you must decide whether the negligent conduct of the defendant was more than an insignificant factor in bringing about any harm to the plaintiff. Under Pennsylvania law, conduct

can be found to be a contributing factor if the action or omission alleged to have caused the harm was an actual, real factor, not a negligible, imaginary, or fanciful factor, or a factor having no connection or only an insignificant connection with the injury. However, factual cause does not mean it is the only, primary, or even the most important factor in causing the injury. A cause may be found to be a factual cause as long as it contributes to the injury in a way that is not minimal or insignificant.

To be a contributing factor, the defendant's conduct need not be the only factor. The fact that some other cause concurs with the negligence of the defendant in producing an injury does not relieve the defendant from liability as long as her own negligence is a factual cause of the injury.

In effect, the test for factual causation has been met when the conduct in question has such an effect in producing the harm as to lead reasonable persons to regard it as one of the contributing causes that is neither insignificant nor inconsequential considering all the circumstances. Pa. SSJI (Civ) 3.00 (Modified)

Granted _____

Refused X

2. One who is negligent and as a consequence injures another must take his victim as he finds him and he is liable for the full extent of the victim's injuries. The defendant has admitted that the accident was caused by her negligence and thus she is liable to the full extent of the injuries caused by the accident even if Tracy Yarger had a particular vulnerability which resulted in more harm than the defendant could have foreseen. *Lebesco v. Septa*, 251 Pa. Super, 180 A2d 848 (1977), Restatement, Torts, 2nd, § 3461.

Granted _____

Refused _____

3. One who is negligent is liable for all injuries caused by the negligence and the term "injury" refers as much to aggravation of an already existing condition as it does to the infliction of an original injury. *Pavorsky v. Engles*, 410 Pa. 100, 188 A.2d 731 (1963); *Offensend v. Atlantic Refining Company*, 322 Pa. 399, 185 A. 745 (1936).

Granted X

Refused _____

4. If you find that the defendant is liable to Tracy Yarger, you must then find an amount of money damages you believe will fairly and adequately compensate Tracy Yarger for all the physical injury she has sustained as a result of the occurrence. The amount you award today must compensate the plaintiff completely for damage sustained in the past, as well as damage the plaintiff will sustain in the future. Pa. SSJI (Civ) 6.00

covered in class

Granted _____

Refused _____

5. Tracy Yarger is entitled to be fairly and adequately compensated for all physical pain, mental anguish, discomfort, inconvenience, and distress you find she has endured, from the time of the accident until today. Pa. SSJI (Civ) 6.01E

covered

Granted _____

Refused _____

6. Tracy Yarger is entitled to be fairly and adequately compensated for all physical pain, mental anguish, discomfort, inconvenience, and distress you find she will endure in the future as a result of her injuries.

Covered

In determining the amount of just compensation, you may consider as part of the damages from the defendant's conduct, expert testimony regarding the probability that additional physical, and emotional effects from the injury will occur in the future. Pa. SSJI (Civ) 6.01F (Modified)

Granted _____

Refused X

7. The disfigurement that Tracy Yarger sustained is a separate item of damages recognized by the law. Therefore, in addition to any sums you award for pain and suffering and for embarrassment and humiliation, the plaintiff is entitled to be fairly and adequately compensated for the disfigurement she has suffered in the past as a result of this accident, and that she will continue to suffer during the future duration of her life. Pa. SSJI (Civ) 6.01H

Granted _____

Refused _____

overruled

8. Tracy Yarger is entitled to be fairly and adequately compensated for past, present, and future loss of her ability to enjoy any of the pleasures of life as a result of her injuries.

Pa. SSJI (Civ) 6.01I

overruled

Granted _____

Refused _____

9. Under Pennsylvania law, Tracy Yarger may recover damages in this case if she can prove that:

- (A) the defendant's negligence was a factual cause in bringing about injury to Tracy Yarger, and
- (B) Tracy Yarger suffered serious impairment of a body function or permanent serious disfigurement.

To decide this last and additional element of proof, you must decide, based upon the evidence:

- (1) whether the injuries sustained by the plaintiff in the accident impaired one or more body functions; and
- (2) whether that impairment of a body function was serious.
- (3) whether the plaintiff suffered disfigurement that is permanent and serious.

In determining whether the impairment of a body function was serious, you should consider such factors as the extent of the impairment, the particular body function impaired, the length of time the impairment lasted, the treatment required to correct the impairment, and any other relevant factors.

covered
An impairment need not be permanent to be serious.

The terms "serious," "impairment," and "body function" have no special or technical meaning in the law and should be considered by you in the ordinary sense of their common usage.

Pa. SSJI (Civ) 6.02D (Modified).

Granted _____ Refused _____

9. If you find that Tracy Yarger suffered serious impairment of a body function, but her injury has ceased, or may in the future cease to be a serious impairment of a body function, that fact will not relieve the defendant from liability for any of the noneconomic loss damages suffered by the plaintiff as a result of the defendant's negligence. Pa. SSJI (Civ) 6.02E

7.
Granted _____ Refused _____

10. The operation of the mind and of the nervous system are body functions. Mental or emotional injury that is caused by physical injury, or mental or emotional injury not caused by physical injury but that results in physical symptoms, may be a serious impairment of a body function. Pa. SSJI (Civ) 6.02F

Granted _____

Refused _____

11. If you find that the plaintiff's injuries will continue beyond today, you must determine the life expectancy of the Tracy Yarger. According to statistics compiled by the United States Department of Health and Human Services, the average life expectancy of all persons of the Tracy Yarger's present age, sex, and race is 42 years. This figure is offered to you only as a guide, and you are not bound to accept it if you believe that the Tracy Yarger will live longer or less than the average individual in her category. In reaching this decision, you are to consider the plaintiff's health, her manner of living, her personal habits, and other factors that may have affected the duration of her life. Pa SSJI(Civ) 6.21 (Modified)

Granted _____

Refused _____

covered.

STOKES LURIE COLE & HENS-GRECO, P.C.

By James B. Cole

James B. Cole

Attorneys for Plaintiff

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the within Plaintiff's Points for Charge was served upon the counsel for defendant by first class mail, postage prepaid, this 21st day of August, 2003.

TO: James M. Horne, Esquire
McQuaide Blasko
811 University Drive
State College, PA. 16801-6699

STOKES LURIE COLE & HENS-GRECO, P.C.

By: 
James B. Cole
Attorneys for Plaintiff



MCQUAIDE BLASKO

ATTORNEYS AT LAW

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www.mcquaideblasko.com

August 18, 2003

William Shaw, Prothonotary
Clearfield County Courthouse
P.O. Box 549
1 North Second Street
Clearfield, PA 16830

Re: Yarger v. Nadvit, No. 00-1322-CD

Dear Mr. Shaw:

Enclosed for filing in the above-referenced matter please find Defendant's proposed Points for Charge.

Thank you for your attention to this matter.

Very truly yours,

McQUAIDE BLASKO

JAMES M. HORNE

JMH/sap
Enclosure

cc w/Enc.: The Honorable John K. Reilly, Jr.
David S. Meholic, Court Administrator
James B. Cole, Esquire
G. Hugh Givens, Claim Specialist (#38-J107-189)

RECEIVED

AUG 19 2003

COURT ADMINISTRATOR'S
OFFICE

MCQUAIDE, BLASKO, SCHWARTZ, FLEMING & FAULKNER, INC.

State College Office: John W. Blasko Thomas E. Schwartz R. Mark Faulkner David M. Weixel Steven S. Hurvitz James M. Horne Wendell V. Courtney Darryl R. Slimak Mark Righter Daniel E. Bright

Paul J. Tomeczuk Janine C. Giunandi John A. Snyder April C. Simpson Allen P. Neely Pamela A. Ruest Katherine V. Oliver Katherine M. Allen

Wayne L. Mowery, Jr. Ashley Himes Kranich Chena L. Gleam-Hart Richard K. Laws John H. Taylor Livinia N. Jones Cristin R. Barnes

Hershey Office: Grant H. Fleming Maureen A. Gallagher Michael J. Mohr Jonathan B. Stepanian

Hollidaysburg Office: Thomas M. Reese

John G. Love (1893-1966) Roy Wilkinson, Jr. (1915-1995) Delbert J. McQuaide (1936-1997)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER,

: No. 00-1322-C.D.

Plaintiff,

: TYPE OF PLEADING:

Revised Special Verdict Questions

v.

CINDY NADVIT,

: TYPE OF CASE: CIVIL

: FILED ON BEHALF OF:

DEFENDANT

Defendant.

: COUNSEL OF RECORD FOR

: FOR THIS PARTY:

: JAMES M. HORNE, ESQ.

: I.D. NO. 26908

: CHENA L. GLENN-HART, ESQ.

: I.D. NO. 82750

: McQUAIDE, BLASKO, SCHWARTZ,

: FLEMING & FAULKNER, INC.

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JAN 29 2004

COURT ADMINISTRATOR'S
OFFICE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
Plaintiff, :
v. :
CINDY NADVIT, :
Defendant. :

REVISED SPECIAL VERDICT QUESTIONS
PROPOSED BY DEFENDANT

James M. Horne, Esquire
I.D. No. 26908
McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant Nadvit

Answer the following questions based on the preponderance of the evidence:

QUESTION NO. 1:

Was the negligence of the Defendant, Cindy Nadvit, a substantial factor in causing any injuries to the Plaintiff, Tracy Yarger?

(check one) _____ Yes
_____ No
_____ Evidence equally balanced

INSTRUCTIONS:

- (a) *If your answer to Question No. 1 is "Yes," go to Question No. 2.*
- (b) *If your answer to Question No. 1 is "No" or "Evidence equally balanced," skip the balance of the questions and return to the Courtroom.*

QUESTION NO. 2:

As to those injuries you found causally related to the accident of October 30, 1998, did those injuries result in serious impairment of body functions or permanent serious disfigurement?

(check one) Yes
 No
 Evidence equally balanced

INSTRUCTIONS:

- (a) *If your answer to Question No. 2 is "Yes," go to Question No. 3.*
- (b) *If your answer to Question No. 2 is "No" or "Evidence equally balanced," skip the balance of the questions and return to the Courtroom.*

QUESTION NO. 3:

State the amount of damages, if any, sustained by Plaintiff Tracy Yarger.

\$ _____

Jury Foreperson

INSTRUCTIONS:

Return to the Courtroom.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.

Plaintiff, :

v.

CINDY NADVIT, :

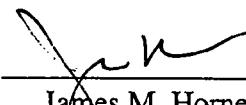
Defendant. :

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant's Revised Special Verdict Questions in the above-captioned matter was served via Fax and U.S. First Class Mail, postage prepaid, on this 28th day of January, 2004, to the attorney/party of record:

James B. Cole, Esquire
Stokes, Lurie, Cole & Hens-Greco, P.C.
2100 Law & Finance Building
Pittsburgh, PA 15219
(412) 391-0800

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: 

James M. Horne, Esquire
I.D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

TAMERA E. HUGHES,
Plaintiff

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA

vs.

: NO. 2603 S 1997

RUSTY BLACK,
Defendant

: CIVIL ACTION - LAW

VERDICT SLIP

1. Was the negligence of the Defendant, Rusty Black, a substantial factor in bringing about the Plaintiff's harm?

Yes _____ No _____

(If you answer question number 2 "Yes", proceed to question number 2. If you answer question number 1 "No", the Plaintiff cannot recover and you should not answer question number 2 and you should return to the Courtroom).

2. State the total amount of damages, if any, sustained by the Plaintiff as a result of the accident.

\$ _____

Date: _____

Foreperson: _____

Juror Number: _____

MCQUAIDE BLASKO

ATTORNEYS AT LAW

811 University Drive, State College, Pennsylvania 16801-6699
Additional offices in Hershey and Hollidaysburg

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www.mcquaideblasko.com

January 28, 2004

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JAN 29 2004

COURT ADMINISTRATOR'S
OFFICE

William Shaw, Prothonotary
Clearfield County Courthouse
P.O. Box 549
1 North Second Street
Clearfield, PA 16830

Re: Yarger v. Nadvit, No. 00-1322-CD

Dear Mr. Shaw:

In anticipation of the upcoming trial in this matter, enclosed for filing are the following:

- (1) Defendant's Supplemental Points for Charge;
- (2) Defendant's Revised Special Verdict Questions; and,
- (3) Certificates of Service thereto.

Thank you for your attention to this matter.

Very truly yours,

McQUAIDE BLASKO

By:


James M. Horne

JMH/sap

Enclosure

cc w/Enc.: James B. Cole, Esquire
David S. Meholic, Court Administrator
G. Hugh Givens, Claim Specialist (#38-J107-189)

MCQUAIDE, BLASKO, SCHWARTZ, FLEMING & FAULKNER, INC.

State College Office: John W. Blasko Thomas E. Schwartz R. Mark Faulkner David M. Weixel Steven S. Hurvitz James M. Horne Wendell V. Courtney Darryl R. Slimak Mark Righter Daniel E. Bright Paul J. Tomeczuk Janine C. Gismondi John A. Snyder April C. Simpson Allen P. Neely Pamela A. Ruest Katherine V. Oliver Katherine M. Allen Wayne L. Mowery, Jr. Ashley Himes Krunic Chena L. Glenn-Hart Richard K. Laws Livinia N. Jones Cristin R. Barnes Matthew T. Rogers Frederick R. Battaglia Anthony A. Simon

Hershey Office: Grant H. Fleming Maureen A. Gallagher Michael J. Mohr Jonathan B. Stepanian Britt D. Russell

Hollidaysburg Office: Thomas M. Reese J. Benjamin Yeager

John G. Love (1893-1966) Roy Wilkinson, Jr. (1915-1995) Delbert J. McQuaide (1936-1997)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
: Plaintiff, :
: :
: v. :
: :
CINDY NADVIT, :
: :
: Defendant. :
:

SPECIAL VERDICT QUESTIONS PROPOSED BY DEFENDANT

RECEIVED

AUG 19 2003

**COURT ADMINISTRATOR'S
OFFICE**

James M. Horne, Esquire
I.D. No. 26908
McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant Nadvit

Answer the following questions based on the preponderance of the evidence:

QUESTION NO. 1:

Was the negligence of the Defendant, Cindy Nadvit, a substantial factor in causing any injuries to the Plaintiff, Tracy Yarger?

(check one) _____ Yes
_____ No
_____ Evidence equally balanced

INSTRUCTIONS:

- (a) *If your answer to Question No. 1 is "Yes," go to Question No. 2.*
- (b) *If your answer to Question No. 1 is "No" or "Evidence equally balanced," skip the balance of the questions and return to the Courtroom.*

QUESTION NO. 2:

As to those injuries you found causally related to the accident of October 30, 1998, state the amount of damages, if any, sustained by Plaintiff Tracy Yarger.

\$_____

Jury Foreperson

INSTRUCTIONS:

Return to the Courtroom.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
:
Plaintiff, :
:
v. :
:
CINDY NADVIT, :
:
Defendant. :
:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Special Verdict Questions proposed by Defendant in the above-captioned matter was served via Fax and U.S. First Class Mail, postage prepaid, on this 18th day of August, 2003, to the attorney/party of record:

James B. Cole, Esquire
Stokes, Lurie, Cole & Hens-Greco, P.C.
2100 Law & Finance Building
Pittsburgh, PA 15219
(412) 391-0800

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: _____

James M. Horne, Esquire
I. D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant



MCQUAIDE BLASKO

ATTORNEYS AT LAW

811 University Drive, State College, Pennsylvania 16801-6699
Additional offices in Hershey and Hollidaysburg

(814) 238-4926 FAX (814) 234-5620
www.mcquaideblasko.com

August 18, 2003

William Shaw, Prothonotary
Clearfield County Courthouse
P.O. Box 549
1 North Second Street
Clearfield, PA 16830

Re: Yarger v. Nadvit, No. 00-1322-CD

Dear Mr. Shaw:

Enclosed for filing in the above-referenced matter please find Special Verdict Questions proposed by Defendant.

Thank you for your attention to this matter.

Very truly yours,

MCQUAIDE BLASKO

JAMES M. HORNE

RECEIVED

AUG 19 2003

COURT ADMINISTRATOR'S
OFFICE

JMH/sap
Enclosure
cc w/Enc.:

The Honorable John K. Reilly, Jr.
David S. Meholic, Court Administrator
James B. Cole, Esquire
G. Hugh Givens, Claim Specialist (#38-J107-189)

MCQUAIDE, BLASKO, SCHWARTZ, FLEMING & FAULKNER, INC.

State College Office: John W. Blasko Thomas E. Schwartz R. Mark Faulkner David M. Weixel Steven S. Hurvitz James M. Horne Wendell V. Courtney Darryl R. Sliwak Mark Righter Daniel E. Bright
Paul J. Tuszczuk June C. Gismondi John A. Snyder April C. Simpson Allen P. Neely Pamela A. Ruest Katherine V. Oliver Katherine M. Allen
Wayne L. Mowery, Jr. Ashley Himes Krunich Chena L. Glenn-Hart Richard K. Laws John H. Taylor Livinia N. Jones Cristin R. Barnes

Hershey Office: Grant H. Fleming Maureen A. Gallagher Michael J. Mohr Jonathan B. Stepanian

Hollidaysburg Office: Thomas M. Reese

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.

Plaintiff,

v.

CINDY NADVIT,

Defendant.

SPECIAL VERDICT QUESTIONS PROPOSED BY DEFENDANT

James M. Horne, Esquire
I.D. No. 26908
McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant Nadvit

Answer the following questions based on the preponderance of the evidence:

QUESTION NO. 1:

Was the negligence of the Defendant, Cindy Nadvit, a substantial factor in causing any injuries to the Plaintiff, Tracy Yarger?

(check one) _____ Yes
_____ No
_____ Evidence equally balanced

INSTRUCTIONS:

- (a) *If your answer to Question No. 1 is "Yes," go to Question No. 2.*
- (b) *If your answer to Question No. 1 is "No" or "Evidence equally balanced," skip the balance of the questions and return to the Courtroom.*

QUESTION NO. 2:

As to those injuries you found causally related to the accident of October 30, 1998, state the amount of damages, if any, sustained by Plaintiff Tracy Yarger.

\$ _____

Jury Foreperson

INSTRUCTIONS:

Return to the Courtroom.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.

Plaintiff,

v.

CINDY NADVIT,

Defendant.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Special Verdict Questions proposed by Defendant in the above-captioned matter was served via Fax and U.S. First Class Mail, postage prepaid, on this 18th day of August, 2003, to the attorney/party of record:

James B. Cole, Esquire
Stokes, Lurie, Cole & Hens-Greco, P.C.
2100 Law & Finance Building
Pittsburgh, PA 15219
(412) 391-0800

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: _____

James M. Horne, Esquire
I. D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
Plaintiff, :
v. :
CINDY NADVIT, :
Defendant. :
: TYPE OF PLEADING:
Supplemental Pre-Trial Memorandum
: TYPE OF CASE: CIVIL
: FILED ON BEHALF OF:
DEFENDANT
: COUNSEL OF RECORD FOR
: FOR THIS PARTY:
: JAMES M. HORNE, ESQ.
: I.D. NO. 26908
: CHENA L. GLENN-HART, ESQ.
: I.D. NO. 82750
: McQUAIDE, BLASKO, SCHWARTZ,
: FLEMING & FAULKNER, INC.
: 811 University Drive
: State College, PA 16801
: PH# (814) 238-4926
: FAX#(814) 238-9624

RECEIVED

JAN 16 2004

**COURT ADMINISTRATOR'S
OFFICE**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER,	:	No. 00-1322-C.D.
	:	
Plaintiff,	:	
	:	
v.	:	
	:	
CINDY NADVIT,	:	
	:	
Defendant.	:	

SUPPLEMENTAL PRE-TRIAL MEMORANDUM OF DEFENDANT

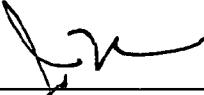
This matter was previously pre-tried before Judge Reilly, and was in fact scheduled to proceed to trial in September 2003. The trial was continued at the last moment when Plaintiff belatedly disclosed that she had the limited tort option. This was contrary to Plaintiff's sworn complaint allegations, and contrary to all information provided by Plaintiff throughout the course of this matter. As a result of this development, the parties agreed the matter should be re-scheduled to permit adequate time for this issue to be considered and addressed.

Defendant has previously filed a pre-trial narrative, and a copy of that pre-trial is attached for the Court's convenience. Defendant has also filed points for charge and proposed special verdict questions. Defendant will file revised special verdict questions along with supplemental points for charge owing to the limited tort issue. Defendant will also file a trial brief.

Respectfully submitted,

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

Dated: January 15, 2004

By: 

James M. Horne, Esquire
I.D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

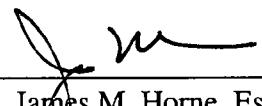
TRACY YARGER, : No. 00-1322-C.D.
:
Plaintiff, :
:
v. :
:
CINDY NADVIT, :
:
Defendant. :
:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant's Supplemental Pre-Trial Memorandum in the above-captioned matter was mailed by U.S. First Class Mail, postage prepaid, on this 15th of January, 2004, to the attorney/party of record:

James B. Cole, Esquire
Stokes, Lurie, Cole & Hens-Greco, P.C.
2100 Law & Finance Building
Pittsburgh, PA 15219
(412) 391-0800

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: 

James M. Horne, Esquire
I.D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
Plaintiff, : TYPE OF PLEADING:
: PRE-TRIAL MEMORANDUM
v.
CINDY NADVIT, : TYPE OF CASE: CIVIL
Defendant. : FILED ON BEHALF OF:
: DEFENDANT
: COUNSEL OF RECORD FOR
: FOR THIS PARTY:
: JAMES M. HORNE, ESQ.
: I.D. NO. 26908
: CHENA L. GLENN-HART, ESQ.
: I.D. NO. 82750
: McQUAIDE, BLASKO, SCHWARTZ,
: FLEMING & FAULKNER, INC.
: 811 University Drive
: State College, PA 16801
: PH# (814) 238-4926
: FAX#(814) 238-9624

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
: :
Plaintiff, : :
: :
v. : :
: :
CINDY NADVIT, : :
: :
Defendant. : :

PRE-TRIAL MEMORANDUM OF DEFENDANT

1. **PROCEDURAL HISTORY:**

This personal injury action was initiated by way of a Writ of Summons issued on October 26, 2000. After an Appearance was entered on behalf of the Defendant on or about November 20, 2000, Plaintiff was ruled to file a Complaint. Plaintiff's Complaint was then filed on or about January 3, 2001, following which Defendant filed her Answer with New Matter on January 12, 2001. No reply to Defendant's New Matter allegations was ever filed by the Plaintiff.

With respect to discovery, depositions have been taken of the Plaintiff and the Defendant. Plaintiff also served interrogatories and a request for production of documents which were promptly responded to by the Defendant. Defendant has taken records depositions of numerous health care providers of the Plaintiff. Defendant also served interrogatories and request for production of documents, which were responded to only after Defendant was required to file a motion to compel owing to Plaintiff's refusal to respond. Defendant has similarly been forced to file two other motions to compel owing to Plaintiff's refusal to properly respond to discovery requests. One of these motions related to a request for certain psychiatric records of Plaintiff,

while the other related to Plaintiff's lack of response to a request for certain MRI films. Plaintiff did eventually agree to provide the requested information, but only because she was faced with the pending motions to compel. Finally, Defendant served a set of requests for admission with accompanying interrogatories and requests for production of documents. These requests were responded to by Plaintiff. Defendant believes all discovery necessary has been completed and that this matter is ready for trial.

2. FACTS:

The facts of this matter with respect to the accident at issue are simple and straight forward. On October 30, 1998, Plaintiff was driving a 1988 Oldsmobile Calais in a northerly direction on S.R. 53 in Osceola Mills. She brought her vehicle to a stop near the intersection with S.R. 970. At this time, the Defendant was operating her 1983 Buick Electra behind the Plaintiff, when slight contact occurred between the front of Defendant's vehicle and the rear of Plaintiff's vehicle. There was virtually no damage to either vehicle, and the police were not called as it appeared no one was injured, the vehicle damage was slight, and both vehicles were drivable.

Plaintiff now claims that this minor incident led her to develop a herniated disc in her neck for which she underwent surgery. Discovery has shown that in fact Plaintiff had extensive and long standing neck complaints which pre-dated the incident at issue by many years. Discovery confirms that Plaintiff's neck complaints began at least by 1993, and continued up to the time of the accident at issue. In addition, Plaintiff was in the years before the automobile incident of October 30, 1998, involved in a number of other accidents and incidents that injured

her neck, including an ATV accident and multiple incidents of domestic violence. It is clear that there is no relationship between the minor accident at issue and Plaintiff's herniated disc, and also clear that Plaintiff in fact was not injured in the subject accident.

3. UNUSUAL LEGAL ISSUES:

Defendant does not anticipate any unusual legal issues. Liability appears to rest with Defendant and thus this should not be an issue. Plaintiff had been disabled and was on social security disability for many years before the accident at issue, so there would be no issues regarding lost wages or impairment of earning capacity. To the extent the alleged medical bills for the neck surgery have been paid or are payable through a policy of insurance, they would not be recoverable in the instant action. The sole issue in this case is whether the Plaintiff suffered any injury in the accident.

4. EXHIBITS:

Defendant's Exhibit Listing is attached hereto. Defendant reserves the right to use any document produced in discovery, as well as any document identified as an exhibit by Plaintiff.

5. WITNESSES:

1. Plaintiff, as-on cross-examination; (Damages)
2. Defendant; (Damages)
3. Trooper Shawn Compton, Pennsylvania State Police, Clearfield; (Damages) ✓
4. Dr. Richard Moser, report and CV attached; (Damages/Expert) ✓
5. Records custodians of any of the following hospitals: J.C. Blair Memorial Hospital in Huntingdon; Conemaugh Memorial Medical Center in Johnstown; Clearfield

Hospital; Philipsburg Hospital; Tyrone Hospital; York Hospital; Centre Community Hospital in State College; and Geisinger Medical Center in Danville. (Medical/Damages)

6. Any of the following health care providers or their custodians: Dr. Karl Green; William Schroeder, D.C., Dr. Kao; Dr. Rundorff; Susan Harchak, D.C.; Dr. Davidson; Dr. Lukacs; KDV Orthopedics; and Dr. Cardamone. (Medical/Damages)

7. Records custodian of Social Security Disability file; (Damage)

8. Records custodian of Clearfield-Jefferson Mental Health; (Damages)

9. Any witness identified in any discovery response;

10. Any witness listed by Plaintiff.

6. **UNUSUAL EVIDENTIARY ISSUES:**

None anticipated.

7. **STIPULATIONS:**

Defendant requests a stipulation with respect to the authenticity of Plaintiff's medical and Social Security files.

8. **ESTIMATED TIME OF TRIAL:**

Two to two and one-half days.

9. **SETTLEMENT:**

There has been no demand and no offer. No offer is anticipated as there is no evidence Plaintiff was injured in the accident and all the evidence clearly indicates Plaintiff's problems pre-date the accident at issue.

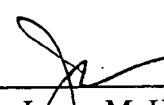
10. **SPECIAL POINTS FOR CHARGE:**

None anticipated. Defendant will submit appropriate requests for a jury charge together with supporting authority in advance of trial.

Respectfully submitted,

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

Dated: April 2, 2003

By: 

James M. Horne, Esquire
I.D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

EXHIBIT LISTING

Abbreviated Name of Case: Yarger vs. Nadvit

Case No.: 00-1322-C.D.

Name of party submitting this list: Defendant, Cindy Nadvit

(Judge's trial notes: vertical lines equal ditto marks throughout; W equals witness)

<u>Exhibit Initial and No.</u>	<u>Description of Object or Item</u>	<u>Document Dated</u>	<u>Identified in Court</u>	<u>Date Admitted</u>	<u>Witness On Stand</u>
D-1	MRI of C-Spine (611 Open MRI) – Report				
D-2	MRI of C-Spine (611 Open MRI) – Report	2/3/99			
D-3	MRI of C-Spine (611 Open MRI) – Report	8/9/99			
D-4	MRI of C-Spine (611 Open MRI) – Report	8/13/01			
D-5	MRI of L-Spine (611 Open MRI) – Report	11/11/98			
D-6	Schroeder Chiropractic Records	5/2/00 to 9/27/00			
D-7	Plaintiff's Answers to Interrogatories – ATV case	5/27/99			
D-8	Plaintiff's deposition transcript – ATV case	10/21/98			
D-9	Susan Harchak records, pre-11/2/98				
D-10	Susan Harchak records, post-11/2/98				
D-11	Tyrone Hospital E.R.	3/17/00			

D-12	Philipsburg Hospital E.R.	6/30/96	
D-13	Philipsburg Hospital E.R.	11/19/96	
		to 11/20/96	
D-14	Philipsburg Hospital E.R.	4/6/97	
D-15	Philipsburg Hospital E.R.	10/30/98	
D-16	Complaint filed by Plaintiff to No. 00-127 (Yarger v. Yarger)		
D-17	Clearfield Hospital E.R.	10/13/97	
D-18	Dr. Davidson O.V.	3/28/00	
D-19	Conemaugh Memorial Medical Center	6/30 to 7/1/96	
D-20	Conemaugh Memorial Medical Center	7/8/96	
D-21	KDV Orthopedic records		
D-22	Lukacs records		
D-23	Sheehan Patient Anxiety Scale – Clearfield/Jefferson Mental Health	5/20/94	
D-24	Carlos Santiago report	1/5/95	
D-25	PFA – No. 98-1481		
D-26	Dr. Fernan report	3/1/96	
D-27	Medical Assessment form (Social Security)	2/14/95	
D-28	Social Security Exh. 10		
D-29	Social Security Exh. 9 (Reconsideration Disability Report)		
D-30	Social Security Exh. 8 (Disability Report)		
D-31	Social Security Exh. 7 (Daily Activity Questionnaires)		
D-32	Repair bill for Yarger vehicle		

D-33	Photos of Yarger vehicle
D-34	Repair bill for Nadvit's vehicle
D-35	Photos of Nadvit vehicle
D-36	PFA No. 97-771
D-37	PFA No. 96-1508
D-38	Petition for Modification and Extension of PFA No. 96-1508
D-39	Petition for Civil Damages re § 3104(2)(5) No. 96-1540

October 2, 2002

James M. Horne
McQuaide Blasko
Attorneys at Law
811 University Drive
State College, Pennsylvania
16801

Dear Mr. Horne,

I have had the opportunity to carefully review five separate cervical spine MR scans (on Tracy Yarger) that were obtained between July 1996 and August 2001. As is my customary practice, the scans were reviewed both before and after I reviewed the medical records related to Ms. Yarger. These records included documents related to visits/admissions at Altoona Hospital, Conemaugh Memorial Hospital, JC Blair Memorial Hospital, Philipsburg Hospital, Tyrone Hospital and York Hospital, as well as treatment/operative notes from Dr. J. Davidson, Dr. Y. Kao, KDV Orthopedics, Philipsburg Chiropractic and Schroeder Chiropractic.

The earliest cervical spine MR scan from 7/8/96 demonstrated a mild abnormality at the C5-C6 disc level. The next available MR scan from 11/3/98 demonstrated a considerably more prominent mass at the C5-C6 level than was noted previously and, shortly thereafter (on 11/13/98); the patient underwent cervical discectomy and anterior spinal fusion as treatment for the anatomical abnormality at the C5-C6 level.

With a very high level of medical certainty, it can be stated that the radiologic abnormality at the C5-C6 level on the cervical spine MR scan on 11/3/98 is age-indeterminate. This means that the change at the C5-C6 level occurred at some time between the previous cervical spine MR scan on 7/8/96 and the subsequent scan on 11/3/98. Furthermore, the change could have occurred gradually. Therefore, any attempt to better localize the time when these changes were occurring must take into consideration all available history and any subjective complaints by Ms. Yarger. The history and complaints should include reference to cervical spine trauma of any nature, including incidents that at the time of occurrence might have been perceived as relatively minor trauma.

Thank you for the opportunity to review this material. If further questions remain, please feel free to contact me at your convenience.

Sincerely,

Richard P. Moser, Jr.
Richard P. Moser, Jr., M.D., FACR
690 Olde Ventura Farm Road
Hummelstown, Pennsylvania
17036

October 11, 2001

CURRICULUM VITAE
Richard Pershing Moser, Jr., M.D., F.A.C.R.
212 50 1251

Address: Office: 1990 - Present
Department of Radiology
Penn State University College of Medicine
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
Phone: (717) 531-6865, 8044
Fax: (717) 531-5596
Internet e-mail address: rmoser@psu.edu

Home:
690 Olde Ventura Farm Road
Hummelstown, Pennsylvania 17036
(717) 566-6846

MARRIED: Patricia Mary (Rapchinski) Moser
Pottstown, Pennsylvania 19464
26 August 1972 - present

CHILDREN: Richard Pershing III, Baltimore, Maryland 21204, 11 September 1975
(Hershey High School, Hershey, Pennsylvania '93)
(B.S. - Duke University, Durham, North Carolina '96),
(M.D. - University of Virginia School of Medicine, Charlottesville, Virginia '00)
(Intern-Internal Medicine, Walter Reed Army Medical, Washington, D.C., July 2000 - June 2001)
(Resident - Diagnostic Radiology, Walter Reed Army Medical Center, Washington, D.C.,
July 2001-June 2005)

Lauren Elaine, Washington, D.C. 20307-5001, 29 March 1978
(Hershey High School, Hershey, Pennsylvania '96)
(B.S. - Bucknell University, Lewisburg, Pennsylvania '00)
(Medical Student - Pennsylvania State University College of Medicine, Hershey, Pennsylvania '04)

Carolyn Elizabeth, Washington, D.C. 20307-5001, 16 September 1979
(Hershey High School, Hershey, Pennsylvania '97)
(B.A. - Bucknell University, Lewisburg, Pennsylvania '01)
(Law Student - Penn State University's Dickinson School of Law, Carlisle, Pennsylvania -
August 2001 - May 2004)

Kristen Ellen, Washington, D.C. 20307-5001, 1 July 1982
(Hershey High School, Hershey, Pennsylvania '00)
(Lebanon Valley College, Lebanon, Pennsylvania - August '00 - Present)

SECONDARY SCHOOL: McDonogh School '66
(1954 - 1966) McDonogh, Maryland 21208

UNDERGRADUATE EDUCATION: B.S. (Mechanical Engineering)
(1966 - 1970) United States Military Academy
West Point, New York 10996
July 1966 - June 1970
(Admitted 7/66 - 915 Cadets, Graduated 6/70 -
749 Second Lieutenants)

MEDICAL EDUCATION:
(1972 - 1976)

M.D.
University of Maryland School of Medicine
Baltimore, Maryland 21201
September 1972 - June 1976

PROFESSIONAL TRAINING:

Walter Reed Army Medical Center
Washington, D.C. 20307-5001
Internship in Internal Medicine
July 1976 - June 1977

Walter Reed Army Medical Center
Washington, D.C. 20307-5001
Residency in Diagnostic Radiology
July 1977 - June 1980

CERTIFICATION:

Federal Licensing Examination (FLEX) - June 1976

National Board of Medical Examiners - March 1977

American Board of Radiology - June 1980

MEDICAL LICENSURE:

Maryland 1976 D19621 (Inactive)
Washington, D.C. 1979 11389, Renewal No. 7606 (Inactive)
Pennsylvania 1989 MD-044272-E (Active)

MILITARY SERVICE SYNOPSIS (Active Duty, 1970 – 1990; Col. – USA, Ret.)

LEADERSHIP TRAINING/EDUCATION:

June 1970

Commissioned 2nd Lt., RA, Air Defense Artillery (ADA)
First member of West Point Class of 1970 in Air Defense
Artillery to serve in the Republic of Vietnam (RA = Regular Army)

August 1970

Graduate
Air Defense Artillery Officer Basic Course
Fort Bliss, Texas 79906

November 1970

Graduate
Airborne School
Fort Benning, Georgia 31905

December 1970 - February 1971

Graduate
Ranger School
Fort Benning, Georgia 31905
(The Ranger Course is considered the Army's most
difficult physical training. Throughout the 65 days of the
course, training averages nearly 20 hours per day, seven
days a week. The course has four phases, with each phase
conducted at a different location. Ranger School is located
at Fort Benning, Georgia).

August 1971	Republic of Vietnam Military Region II 4th Battalion, 60th Artillery Artillery Platoon Leader/Maintenance Officer First member of West Point Class of 1970 to successfully complete a combat tour of duty in the Republic of Vietnam. Special test site was arranged in August 1971 for testing of the Medical College Admissions Test (MCAT) at Cam Ranh Bay, Military District II, Republic of South Vietnam.
June 1971	1st Lt., ADA, Promotion
March 1972	Edgewood Arsenal, Maryland 21010 C Battery, 4th Battalion, 1st ADA (Nike Hercules) Battery Executive Officer Duties included responsibility for nuclear armed missiles valued in excess of \$20,000,000 (1972 dollars).
September 1972	Baltimore, Maryland Branch Transfer to MSC (Medical Service Corps) Attended University of Maryland School of Medicine (9/72 - 6/76) on Army Scholarship for Regular Army Officers (Army Regulation 601-112).
June 1974	Captain, MSC, Promotion
July 1975	From 749 USMA graduates in 6/70, 670 remain on Active Duty
June 1976	Branch transfer to MC (Medical Corps) upon graduation from medical school
July 1976 - June 1977	Walter Reed Army Medical Center Washington, D.C. 20307-5001 Internship - Internal Medicine
July 1977 - June 1980	Walter Reed Army Medical Center Washington, D.C. 20307-5001 Residency - Diagnostic Radiology One of two members of West Point Class of 1970 to become a Radiologist
June 1978	Major, MC, Promotion One of first eight members of West Point Class of 1970 to be promoted to Major
July 1980	From 749 USMA graduates in 6/70, 382 remain on Active Duty

March 1986	Cape Canaveral, Florida 32920 Special assignment: Radiologist assigned to Aerospace/Forensic Pathology Team to identify astronaut remains from the destruction of the Space Shuttle "Challenger". (Exploded 74 seconds into mission on January 28, 1986)
July 1986 - June 1990	Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000 Chairman and Registrar Senior Academic Radiologist in the United States Army
July 1987	From 749 USMA graduates in 6/70, 329 remain on Active Duty
December 1989	Colonel, MC, Promotion One of first 10 members of West Point Class of 1970 to be promoted to Colonel
May 2, 1990	Retirement Parade "The Plain" United States Military Academy West Point, New York 10996
June 30, 1990	Colonel, MC, USA (Ret.) Recipient of the <u>Legion of Merit</u> from: The United States of America signed by: The Secretary of the Army and The Surgeon General of the United States Army

MILITARY SOCIETIES AND ASSOCIATIONS:

- Association of Graduates, USMA, 1970-Present
- West Point Society of the District of Columbia, 1980-1990
- West Point Society of Annapolis, 1988-1990
- West Point Medical Association, 1988-Present
- West Point Society of Southcentral Pennsylvania, 1991-Present

COMMUNITY SERVICE/GOOD CITIZENSHIP:

Member, Rotary International, Hershey Chapter, 1990-1996 (only HMC Physician member)
Member, Program Committee, 1991-1992, 1994-1995
Outward Bound Committee, Youth Exchange Program:
 Member, 1991-1994
 Chair, 1992-1993, 1993-1994
Co-Chairperson, Program Committee, 1993-1994

Hummelstown, Middletown, Hershey Annual Boy Scout Breakfast Fundraiser:

March 1992, Table Host

March 1993, Assistant-Chair for this breakfast, for which a record \$33,000 was raised for the Union Canal District of the Boy Scouts of America

March 1994, Chair for this breakfast, another new record of \$34,000 was raised for the Union Canal District of the Boy Scouts of America

Attendee, Contributor 1991 - Present

Elected Office, School Director of Derry Township (November 1993 – November 1997)

School Board Related Activities (typically a 30-40 hour per month time commitment):

- A. 1993-1994 Medical Profession Representative, Community Advisory Council, Commonwealth of Pennsylvania, Department of Education, Drug-Free Schools and Communities Act of 1986, Derry Township School District
- B. 1993-1994 Chairperson, Administrative Compensation Plan Committee
- C. 1993-1994 Chairperson, Policy Committee
- D. 1993-1994 Member, Student Discipline Committee
- E. 1993-1994 Member, Land Committee
- F. 1996 Chair, Middle School Conversion Committee. This effort resulted in the preparation of a several hundred page document and the development of a script (including 300 slides) for public presentation of the Committee's recommendation for a \$13.71 million renovation project. The recommendation was approved.
- G. 1996-1997 Chair, Alumni and Educational Endowment Fund Committee
- H. 1996 Chair, Judicious Use of Resources Committee
- I. 1996 Chair, PennDot Committee
- J. 1996-1997 Chair, Renovation Oversight Committee. This effort converted the concept listed in "F," above, into reality. The Middle School conversion was completed on time and approximately \$1 million under budget.

Leadership Role, 1994 – Attempted to persuade the Milton Hershey School to fund Pennsylvania's first "Challenge Center"

Member, 1994 Children's Miracle Network Council, 1993-1994

Participating Advisor, "Duke-Source," 1994-1996

Radon Consultant – assisted in a Junior High School Science Fair Project in 1994-1995 that measured Radon levels in 10 homes in the Stoney Run submission. All participating homeowners were notified of the results – that indicated 8 of 10 homes had elevated radon levels (above the upper limits of normal of 4 Pico curies/liter of air/minute) – including the home of one HMC physician, whose 3 young daughters all enjoyed playing in the finished off basement of their home, where the radon level was 144 – equivalent to smoking 14 packs of cigarettes per day! These homeowners decided to promptly vent their home of radon gas. Because of the 80% "flunk rates" in the homes tested during the experiment, all homeowners in the submission were alerted as to the potential need for them to measure the radon levels in their homes.

Demonstrator, Howard Hughes Medical Institute Precollege Science Education Initiative for Biomedical Research Institutions, 1994-1995 science room demonstrator (demonstration to fourth grade students of the Derry Township School District, demonstration entitled "Let's Look Inside the Body With Xrays and Other Tools")

Demonstrator at "unveiling" ceremony, Hershey Medical Center and Museum of Scientific Discovery Launch of New Human Anatomy Exhibit - A.D.A.M. (Animated Dissection of Anatomy for Medicine), an interactive, multi-media atlas

of human anatomy with a database of more than 20,000 precisely-rendered images of the human body, with radiologic correlation; presented at the Museum of Scientific Discovery in Harrisburg, Pennsylvania, March 23, 1995

Participant, Public Science and Health Education Program - Electronic Mentor Program

Attendee, Contributor – Annual Hershey Museum Breakfast Fundraiser, 1996-Present

Advisor, Hershey Public School Educational Foundation Committee, 2000

Via Services as a School Director, Membership in Hershey Rotary Club, Annual Boy Scout Breakfast Fundraiser, and Participation in the Annual Hershey Museum Breakfast Fundraiser – have established a close personal relationship with State Representative Chuck Tulli and the leadership of Hershey Foods Corporation, the Hershey Trust Company and the Milton Hershey School

2001 Fundraiser Chair, Class of 1966 35th High School Reunion, McDonogh School, McDonogh Maryland (these fundraising efforts broke all previous records by raising 75% more than the previous record-setting McDonogh School class on the occasion of its 35th reunion)

2001 Explained to interested eligible parties of HMC how to rollover pre-merger TIAA/CREF retirement monies into a Self-Directed IRA

ACADEMIC APPOINTMENTS:

1980 - 1985	Assistant Professor of Clinical Radiology and Nuclear Medicine Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
1982 - 1990	Visiting Lecturer in Radiology Walter Reed Army Medical Center Washington, D.C. 20307-5001
1984 - 1986	Visiting Lecturer in Radiology George Washington University School of Medicine and Health Sciences Washington, D.C. 20037
1984 - 1990	Visiting Lecturer in Radiology Bethesda Naval Hospital Bethesda, Maryland 20814
1985 - 1988	Associate Professor of Clinical Radiology and Nuclear Medicine Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
1986 - 1987	Associate Clinical Professor of Radiology George Washington University School of Medicine and Health Sciences Washington, D.C. 20037
1987 - 1990	Clinical Professor of Radiology George Washington University School of Medicine and Health Sciences Washington, D.C. 20037
1988 - 1990	Associate Professor of Radiology/Nuclear Medicine Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
1989 - 1992	Associate Professor of Radiology Pennsylvania State University The Milton S. Hershey Medical Center Hershey, Pennsylvania 17033

1992 - Present Professor of Radiology (with tenure) and Orthopaedic Surgery
Pennsylvania State University
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033

PROFESSIONAL ACTIVITIES SINCE GRADUATION FROM MEDICAL SCHOOL:

1976 - 1977	Internship (Internal Medicine) Walter Reed Army Medical Center Washington, D.C. 20307-5001
1977 - 1980	Residency (Diagnostic Radiology) Walter Reed Army Medical Center Washington, D.C. 20307-5001
1979 - 1990	Staff Radiologist (Part-time) Department of Radiology Greater Southeast Community Hospital 1310 Southern Avenue Washington, D.C. 20032
1980 - 1982	Staff Radiologist Walter Reed Army Medical Center Washington, D.C. 20307-5001
1981 - 1982	Assistant Chief of Diagnosis Department of Radiology Walter Reed Army Medical Center Washington, D.C. 20307-5001
1981 - 1982	Interviewer, Medical Student Applicants Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
1982 - 1989	Staff Radiologist (Part-time) Department of Radiology Holy Cross Hospital of Silver Spring 1500 Forest Glen Road Silver Spring, Maryland 20910
1982 - 1990	Chief, Sections of Orthopaedic and Cardiovascular Radiologic Pathology Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000
1984 - 1986	Chief of Diagnostic Radiology Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000

1984 - 1985	Participant, Teleradiology Project Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
October 1985 - January 1986	Acting Chairman and Registrar Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000
July 1986 - June 1990	Chairman and Registrar Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000
1986 - 1990	Member, Registrars' Forum Armed Forces Institute of Pathology Washington, D.C. 20306-6000
1986 - 1988	CAP (Center for Advanced Pathology) Representative Education Committee Armed Forces Institute of Pathology Washington, D.C. 20306-6000
June - September 1989	Chairman - Special Project Marketing Committee (Education - Marketing) Armed Forces Institute of Pathology Washington, D.C. 20306-6000
October 1989	"SCARD" Representative (by invitation) Forum on the Transition Year from Medical School to Residency Annual Meeting of the Association of American Medical Colleges (AAMC) Washington, D.C. 20306-6000
1989 - 1997	Chief of Diagnostic Radiology Pennsylvania State University The Milton S. Hershey Medical Center Hershey, Pennsylvania 17033 (pre-merger with Geisinger)
1997 - 1998	Chief of Diagnostic Radiology The Milton S. Hershey Medical Center Penn State Geisinger Health System Hershey, Pennsylvania 17033 (post-merger with Geisinger)

1998 – 2000

Vice Chair
Department of Radiology
The Milton S. Hershey Medical Center
Penn State Geisinger Health System and
Pennsylvania State University College of Medicine
Hershey, Pennsylvania 17033

April 1, 2000 – Present

Acting Chair
Department of Radiology
The Milton S. Hershey Medical Center
Pennsylvania State University College of Medicine
Hershey, Pennsylvania 17033

COMMITTEE APPOINTMENTS AND RELATED RESPONSIBILITIES:

I. NATIONAL/INTERNATIONAL LEADERSHIP/TEAMWORK

Committee Year

1989 - 1998 Radiological Society of North America (RSNA):
Refresher Course Committee - Bone Section, Coordinator and
Liaison to RadioGraphics for Refresher Course Publication
75th-84th Scientific Assemblies and Annual Meetings of the
Radiological Society of North America
Chicago, Illinois 60521
(RSNA is the largest annual medical meeting in the world, with the attendance of 60,000 individuals.
The Refresher Courses are the highlight of the annual meeting)

1989 - 1990 Radiological Society of North America (RSNA):
Selector of Bone "Unknown" Cases for the Sunday Night Film Reading Panel
76th Scientific Assembly and Annual Meeting of the
Radiological Society of North America
Chicago, Illinois 60521
November 1990
(This session was attended by 4300 Radiologists from around the world)

1992 - 1993 Radiological Society of North America (RSNA):
By Invitation - Co-Director, Categorical Course in Musculoskeletal Radiology
79th Scientific Assembly and Annual Meeting of the
Radiological Society of North America
Chicago, Illinois 60521
December 1993

1995 - 1996 University Hospital Consortium (UHC)
By Invitation - Member, Steering Committee
UHC Imaging Benchmarking Project

1998 Participant (By invitation - 1 of 10 physicians nationally)
Item Modeling Project
Item Modeling Committee # 8
Step 3, United States Medical Licensing Examination (USMLE)
National Board of Medical Examiners
Philadelphia, Pennsylvania 19104

1999 - Present Member
Step 3, Acute Care Test Material Development Group (TMDG-3)
Step 3, United States Medical Licensing Examination (USMLE)
National Board of Medical Examiners
Philadelphia, Pennsylvania 19104
(Currently, there are approximately 400 physicians, nationwide, on the USMLE step 1, 2 and 3
Committees, including only three Radiologists.)

1999 - Present Co-Chair
Musculoskeletal (MSK) Disease (Non-trauma)
American Board of Radiology (ABR)

II. STATEWIDE LEADERSHIP/TEAMWORK:

<u>Committee Year</u>	<u>The Pennsylvania Radiological Society*</u> :
1990 - 1992	Member, Program Committee for the Annual Meeting
1992 - 1993	Chairperson, Program Committee for the Annual Meeting for 1993
1993 - 1995	Member, Program Committee for the Annual Meeting
1992 - 1994	Member, Scientific Exhibits Committee for the Annual Meeting for 1993 and 1994
1992 - 1995	Central State Representative, Board of Directors
1992 - Present	Member, Board of Directors
1993 - 1997	Publications Committee 1993 - 1994 Vice Chairperson 1994 - 1997 Chairperson
1993 - 1995	Member, Bylaws Committee, Southcentral Pennsylvania Radiological Society
1994 - Present	Member, Executive Committee of the Board of Directors
1994 - 1997	Editor of the <u>Bulletin</u> of the Pennsylvania Radiological Society (under Dr. Moser's Supervision, the <u>Bulletin</u> of the PRS became the first in the nation to be "published" on the Internet at http://www.paradsoc.org)
1994 - Present	Chairperson, Peer Review Committee
1997 - 1998	Second Vice President
1998 - 1999	First Vice President
1999 - 2000	President-Elect (includes lobbying responsibilities/opportunities in the U.S. Senate)
1999	Member, "Search Subcommittee" of the Executive Committee of the Board of Directors (to identify/recruit a new Executive Director of the Pennsylvania Radiological Society to replace the out-going Executive Director who is retired after 25 years of service to the PRS - this search resulted in the hiring of Mr. Robert Powell)
March 2000	Invited Participant, ACR State Chapter Leaders' Meeting, Washington, D.C.
2000 - Present	President (includes lobbying responsibilities/opportunities in the U.S. Senate and the Pennsylvania State Senate and House of Representatives)
March 2001	Invited Participant, ACR State Chapter Leaders' Meeting, Washington, D.C.

2000 – Present	Member, Internet Committee
2000 – Present	Member, Committee on Annual Oration
2001 – Present	Member, Board of Censors/Judicial Affairs
2001 – Present	Member, Committee on Archives
2001 – Present	Member, Committee on Fellowships
2001 – Present	Member, Nominating Committee
2001 – Present	Co-Chair, Committee on Resident Affairs and Resident Seminars
2001 – Present	Member, Past Presidents' Advisory Committee

* Note: With 1700 members statewide, the Pennsylvania Radiological Society (PRS) is the third largest State Chapter of the American College of Radiology (ACR) (See Attachment)

III. LOCAL LEADERSHIP/TEAMWORK:

The Milton S. Hershey Medical Center, Penn State Geisinger Health System:

Committee Year The Pennsylvania State University College of Medicine/Hospital-Wide

1989 - 1992 Member, Medical Staff Quality Assurance (QA) Subcommittee (In the Chairman's absence, Dr. Moser was intermittently tasked with Chairing this meeting). In 1992, the committee was re-named the Peer Review Committee.

1989 - Present Member, Medical Records Committee (re-named Health Information Services Committee in 1992)

1991 - 1995 Vice Chairman/Forms Sub-Committee Chairman
Medical Records Committee (re-named Health Information Services Committee in 1992)

1989 - 1992 Participant, Orthopaedic Pathology Course for
Second Year Medical Students

1990 - 1994 Participant, Medical Student Faculty Advisor System
(Advisee: Ms. Amaryllis Sanchez)

1991 - 1995 (Advisee: Ms. Deanne Gulban)

1992 - 1996 (Advisee: Mr. Gary Ott)

1993 - 1997 (Advisee: Mr. Andrew Schwentker)

1995 - 1999 (Advisee: Mr. John Min)

1996 - Present (Advisee: Mr. Michael Socher)

1997 - Present (Advisee: Mr. Stewart McCarver)

1999 - Present (Advisee: Mr. Marc Portner)

2001 - Present (Advisee: Mr. Kevin Lee)

1990 - 1999, Interviewer of Medical School Candidates in support of the Medical Student
2000-Present Selection Committee
Penn State University College of Medicine

1990 - 1991 Member, Penn State Cardiovascular Center
Education Subcommittee

1990 - 1991 Member, Focus Group
Staff Position Evaluation and Compensation Program (SPEC)

1990 - 1991 Participant, Radiation Biology Course for First Year Medical Students

1991 - 1992 Member, Search Committee for the New Chief of the Division of
Neurosurgery, Penn State University Hospital
(Search culminated in the recruitment of Stephen K. Powers, M.D.)

1991- 1994 Member, 4 Surgery Unit Governing Board
Penn State University Hospital

1991 - 1994 Member, Emergency Medical Services Task Force
Penn State University Hospital

1991 - 1992 Member, JCAHO Compliance Task Force
Penn State Community Health Center
Fishburn Road Medical Building

1991 - 1995, 2000-Present Faculty Member, Hearing Board and Appeals Board (for conduct standards)
Penn State University College of Medicine

1992 - 1995 In-House Site Reviewer
Preparation for Site Visits by the American College of Graduate Medical Education (ACGME)
Penn State University Hospital
(General Surgery Site Visit - July, August, 1992)
(Pediatrics Site Visit - May, 1995)

1992 - 1999, 2000- Present Member, Medical Student Selection Committee, Team #1

1992 - 1993 Member, Employee Communications Task Force

1993 Member, Search Committee for the New Chief of the Center for Emergency Medical Services
(Search culminated in the recruitment of Kym Salness, M.D., who was actually first
identified by Dr. Moser through his SCARD contacts)

1993 - 1994 Member, Medical Policy Board

1995 Member, Task Force to Assess Delivery of Care in the Emergency Department

1995 Member, Surgical Intensive Care Unit (SICU) Collaborative Practice Task Force
on C-Spine Clearance

1995 Chair, Ad Hoc Committee to Investigate Patient Flow Through the Emergency Department

1995 - 1997 Participant Leader, Hershey Medical Center Medical Explorers Post #729

1996 - 1997 Department of Radiology Representative to the University Physicians Governing Council (UPGC)

1996 - 1997 Participant, Physician Leadership Program (a 4 block, three-day Module course – total of 12 days),
sponsored by the Crimson Group, Inc. of Boston, Massachusetts

1996 - 1997 Member, Clinical Information System Feedback Group

1996 - 1997 Participant, Hershey Medical Center/Harrisburg High School Mentor Program

1997 Member, Advisory Team, Patient Access Redesign Project, RX₂

1998 - Present Member, Trauma Core Group (successfully prepared for re-certification by the Pennsylvania
Trauma System Foundation – PTSF, for both Adult and Pediatric Trauma in 1999, efforts ongoing to

prepare for the re-certification inspection in July 2001)

1999 Member, Physician's Compensation Committee (pre-demerger)

2000 Member, Cost Conscious Quality (CCQ) Committee

2000 Member, Executive Committee

2000 Member, Core Group

2000 Member, Transition Steering Committee

2000 - Present Member, Information Technology Team

2000 - Present Member, ED Patient Flow CQI Team

2000 - 2001 Opened our home on 4 occasions (including Thanksgiving Day 2000) for "pot luck dinners," "wine and cheese parties," etc. for members of the PSU COM and spouses (with the largest gathering including approximately 40 people).

<u>Committee Year</u>	<u>Department of Radiology (re-named Division of Radiology in 7/97 during the Penn State Geisinger merger, reverted to former name following the de-merger)</u>
1989 - 1992	Chair, Department of Radiology Committee for Continuous Quality Improvement (Rad CQIC). Prior to May 1991 this was called the Department of Radiology Quality Assurance Committee.
1989 - 1994	Member, Radiology Administrative Management (RAM) Committee
1989 - 1990	Chair, Department of Radiology CT Selection Committee (Committee's activities resulted in the selection of the Picker PQ2000 CT Scanner and Penn State's subsequent selection as a Picker Center of Excellence, beginning a 12 + year mutually advantageous relationship between Picker/Marconi and HMC)
1990 - 1994	Member, PACS Steering Committee
1990 - 1991	Chair, Department of Radiology Ad Hoc Committee on Film Storage
1990 - 1991	Member, Ad Hoc Committee to Consider the Issue of Copying Outside Films
1990 - 1991 Certification	Member, Department of Radiology Ad Hoc Committee on Advanced Cardiac Life Support
1990 - 1992	Chair, Department of Radiology Ad Hoc Committee to Address the Issue of Having PSU Confer an Associate Degree in Radiologic Technology to our RT Students (note: RT School subsequently closed in 1996 for "cost containment")
1990 - Present	Member, Department of Radiology Tenure and Promotion (T & P) Committee Chair of Committee (1995-2000), Ex-Officio member (2000-present)
1990 - 1996	Member, Department of Radiology Selection Committee for Prospective Radiology Fellows
1990 - 1996	Member, Radiology Research Committee
1990 - 1996	Member, Radiology Education Committee
1990 - 1991	Fishburn Office Building Project Co-Chairperson, Department of Radiology's Portion of the Project
1990 - 1994	Co-Chair, Department of Radiology Renovation and Relocation Committee
1990 - 1996	Member, Advisory Committee, School of Radiologic Technology
1991 - 1992	Member, Ad Hoc Radiology Conference Room Committee
1991 - 1992	Chairperson, Ad Hoc Committee to Recruit a Faculty Candidate for Body Imaging/General Radiologist in the Department of Radiology (Committee's activities resulted in the successful recruitment of Claudia J. Kasales, M.D.)
1991 - 1994	Member, Committee for MRI Operations

1991 - 1992 Member, Ad Hoc Committee to Recruit a Faculty Candidate as a Pediatric Radiologist in the Department of Radiology (Committee's activities resulted in the successful recruitment of Donna J. Seibert, M.D.)

1991 - 1992 Co-Chairperson, Ad Hoc Committee to Establish a Policy for Marketing Special Radiology Services

1991 - 1992 Member, Search Committee for Chief, Section of Radiologic Computing and Imaging Science (Committee's activities resulted in the successful recruitment of Fred Prior, Ph.D.)

1991 - 1995 Co-Judge, Co-Award Presenter, for an award sponsored by the Department of Radiology at HMC, Capital Area Science and Engineering Fair (CASEF)
Carlisle, Pennsylvania 17013
March 1992, 1993, 1994, 1995

1992 - 1993 Member, Ad Hoc Committee to recruit two Faculty Neuroradiologists in the Department of Radiology (Committee's activities resulted in the successful recruitment of:
(1) John D. Barr, M.D. along with his spouse Michelle Ann Barr, M.D., Dr. Michelle Barr transferred from the University of Pittsburgh to Penn State University for the 4th year of her diagnostic radiology residency (1993-1994), followed by an eighteen month fellowship in musculoskeletal radiology (1994-1995) under the auspices of Richard P. Moser, Jr., M.D. and (2) Kevin P. McNamara, M.D.)

1993 - 1994 Building Project Coordinator, Department of Radiology's Renovations in Cardiovascular/Interventional Radiology (CVIR) and New Construction of the Interventional Neuroradiology Room (INR-Neurostar; the project cost for the Neurostar room alone was approximately \$2,000,000)

1994 - 1996 Member, Product Review/Cost Containment Committee

1994 - 1996 Member, Strategic Radiology Planning (SRP) Committee

1994 - 1997 Radiology Practice Site Medical Director, Penn State University Physicians Center and Member, Practice Site Fund Committee (1994 - 1996)

1994 - 1995 Member, Conscious Sedation Policy Task Force

1995 Member, Radiology Information System (RIS) Executive Group

1995 Member, Ad Hoc Committee to recruit an additional Faculty Neuroradiologist (Committee's activities resulted in the successful recruitment of Blaise V. Jones, M.D.)

1995 - 1996 Chairperson, Ad Hoc Committee to investigate the feasibility of establishing Penn State University Hospital as the second site in the United States with a Neuromag system (and, simultaneously, to consider the acquisition of a Viewpoint system). This effort resulted in the preparation of a several hundred-page document that planned the formation of a Penn State Neuroscience Center (PSNSC). Subsequently, the Viewpoint was acquired in 1998. The PSNSC was never established.

1996 Member, Ad Hoc Committee to consider "Radiology Reorganization"

1996 - 1997 Member, Ad Hoc Committee to recruit an additional Faculty
Cardiovascular/Interventional (CVI) Radiologist
(Committee's activities resulted in the successful recruitment of Harjit Singh, M.D.)

1996 - 1997 Chair, Ad Hoc Recruitment Committee to recruit an additional Faculty Candidate for
Body Imaging in the Department of Radiology (Committee's activities resulted in the
successful recruitment of Judy S. Blebea, M.D.)

1997 - 2000 Coordinator, Faculty Clinical Work Schedule/Yearly Call Schedule

1997 - Present Member, Departmental Executive Staff. Meets weekly on Tuesday afternoon, Chair since 2000
(with the meeting re-named "Weekly Operations Meeting")

1998 Coordinator of Revision of the Faculty Leave Request Form

2000 - Present Faculty Recruitment Efforts/Transitions:
1. William J. Meisler, M.D. to full time Faculty (Neuroradiology) (May 2000)
2. Belinda G. Collins, M.D., Ph.D. from Body Imaging Fellow to a 0.7 FTE Faculty
(Body Imaging and General Radiology) (July 2000)
3. David J. Salinger, M.D., Chief, Radiation Oncology (September 2000)
4. A. Awat Aliyar, Ph.D. – Radiation Physicist (May 2001)
5. Becky Hill, M.D., Radiation Oncologist (to begin at HMC in 7/2001)
6. Janet A. Neutz, M.D. – General/Body Imaging Radiologist (to begin at HMC on 9/2001).
(Note: This recruitment process began in 5/2000 and was finalized on 4/30/2001).

SPECIAL ACKNOWLEDGEMENTS:

March 1989 Invited by Kellogg Hunt, M.D., COL, MC, USA (Chief of Professional Staff at Walter Reed Army Medical Center, Washington, D.C., and member of the Search Committee) to apply for the position of Chair, Department of Radiology and Nuclear Medicine, Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine Bethesda, Maryland (However, due to satisfaction with my position at the Armed Forces Institute of Pathology and anticipated retirement from the United States Army in June 1990 with commitment to full-time relocation to Penn State University Hospital in July 1990, this invitation was respectfully declined).

January 1991 Invited by Irving L. Kron, M.D. (William H. Muller, Jr. Professor of Surgery and Chair, Radiology Search Committee) to apply for the position of Chair, Department of Radiology, University of Virginia Health Sciences Center, Charlottesville, Virginia 22908 (However, due to my satisfaction with and, at the time, recent arrival at Penn State University, this invitation was also respectfully declined)

October 1993 Invited member, Ad Hoc Review Committee, Office of the Dean, Harvard Medical School, to consider the qualifications for Barbara N. Weissman, M.D., for appointment as full time Professor of Radiology at Harvard Medical School and the Brigham and Women's Hospital, Boston, Massachusetts

December 1993 "Gratitude and appreciation (extended) for outstanding services to this Society and to the science of radiology as Organizer for the Categorical Course In Musculoskeletal Radiology: Advanced Imaging of Joints – 1993" presented by: Donald R. Kirks, M.D. (Chairman of the Refresher Course Committee) on behalf of:
Thomas S. Harle, M.D.
President
Radiological Society of North America
at the Radiological Society of North America's
79th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1993

January 1994 Via invitation by C. Everett Koop, M.D. - invited to White House Briefing on healthcare reform
January 15, 1994
Washington, D.C.
Participants from the Clinton Administration included:
Ira C. Magaziner, Brian Biles, M.D., Gary Claxton, Jo-Ivy Bufford, M.D., Chrtistine Heenan, Barbara Wynn, Lynn Margherio, Roz Lasker, M.D., Arnold Eptein, M.D., Phil Lee, M.D., and Irwin Redlener, M.D.

September 1994 Awarded a Fellowship in the American College of Radiology (FACP)
New Orleans, Louisiana 70140
(approximately six percent of the radiologist members of the ACR have been awarded Fellowships)

October 1994 Nominated by C. Douglas Maynard, M.D. (Secretary – Treasurer of the Board of Directors of the Radiological Society of North America [RSNA] and Chair of the Department of Radiology, Bowman Gray School of Medicine, Winston-Salem, North Carolina) to be the RSNA representative as a Trustee on the American Board of Radiology for a six year term effective July 1, 1995. This appointment to the ABR was subsequently awarded to my then Department Chair, Dr. John E. Madewell, who had been nominated for this position by the American Roentgen Ray Society (ARRS).

PROFESSIONAL ORGANIZATIONAL AFFILIATIONS:

- 1978 - Present Radiological Society of North America (RSNA)
- 1979 - 1982 Medical Society of the District of Columbia
- 1980 - Present American College of Radiology (ACR)
- 1988 - 1998 American Roentgen Ray Society (ARRS)
- 1988 - 1989 Maryland Radiological Society
- 1988 - Present International Skeletal Society (ISS) (by invitation)
- 1989 - 1996 Association of University Radiologists (AUR)
- 1989 - 1991 American Medical Association (AMA)
- 1989 - Present Pennsylvania Radiological Society (PRS)
- 1990 - 1992 American Academy of Forensic Sciences
- 1994 - 1996 Central Pennsylvania Radiological Society (CPRS)
(this Society dissolved in 1996 because of logistical problems related to geographic disbursement of its members)
- 2001 Midwest/Big 10 Radiology Chairs' Group

PUBLICATIONS

MANUSCRIPTS IN PRINT:

1. Curtis DJ, Ayella RJ, Whitley J, **Moser RP**, Rugh KS: Digital radiology in trauma using small-dose exposure. *Radiology* 132:587-591, 1979.
2. Bova JG, **Moser RP**: Cholecystosonography: The initial diagnostic test for chronic gallbladder disease. *Military Medicine* 148: 60-63, 1983.
3. **Moser RP**: Case for Diagnosis: Multiple fibroxanthomas of bone. *Military Medicine* 150:51-54, 1985.
4. Ros PR, **Moser RP**, Dachman AH, Murari PJ, Olmsted WW: Hemangioma of the spleen: imaging-pathologic correlation in 10 cases. *Radiology* 162:73-78, 1987.
5. **Moser RP**, Sweet DE, Haseman DB, Madewell JE: Multiple skeletal fibroxanthomas: radiologic-pathologic correlation of 72 cases. *Skeletal Radiology* 16:353-359, 1987.
6. **Moser RP**, Vinh TN, Ros PR, Smirniotopoulos JG, Madewell JE, Berrey BH: Paget's disease of the anterior tibial tubercle. *Radiology* 164:211-214, 1987.
7. Hartman DS, **Moser RP**, McCarthy MJ: Radiologic-pathologic correlation from the Armed Forces Institute of Pathology: anomalous left coronary artery. *Revista Interamericana de Radiologia* (Interamerican Journal of Radiology) 10:217-220, 1987.
8. Ros RP, Olmsted WW, **Moser RP**, Dachman AH, Hjermstad BM, Sabin LH: Mesenteric and omental cysts: histologic classification with imaging correlation. *Radiology* 164:327-332, 1987.
9. Ros PR, McCarthy MJ, Smirniotopoulos JG, Hartman DS, **Moser RP**: Magnetic resonance-pathologic correlations in the cardiovascular system. *Appl Radiol* 16:40-48, 1987.
10. **Moser RP**, Madewell JE: "An approach to primary bone tumors." *Radiol Clin North Am* 25:1049-1093, 1987.
11. Kransdorf MJ, Wehrle PA, **Moser RP**: Atlantoaxial subluxation in Reiter's syndrome: a report of three cases and review of the literature. *Spine* 13:12-14, 1988.
12. **Moser RP**, Brockmole DM, Vinh TN, Kransdorf MJ, Aoki J: Chondroblastoma of the patella. *Skeletal Radiology* 17:413-419, 1988.
13. **Moser RP**: Taxation for using "forbidden terms." *Investigative Radiology* 24:158, 1989.
14. **Moser RP**: A radiology style manual for curriculum vitae preparation. *Investigative Radiology*, 24:248, 1989.
15. Kransdorf MJ, Jelinek JS, **Moser RP**, Utz JA, Brower AC, Hudson TM, Berrey HB: Soft tissue masses: diagnosis using MR imaging. *AJR*, 153:541-547, 1989.
16. Kransdorf MJ, **Moser RP**, Vinh TN, Aoki J, Callaghan J: Primary tumors of the patella, a review of 42 cases. *Skeletal Radiology*, 18:365-371, 1989.

17. Aoki J, Moser RP, Kransdorf MJ: Chondrosarcoma of the sternum: CT features. *Journal of Computer Assisted Tomography*, 13(5):806-810, 1989.
18. Kransdorf MJ, Moser RP, Jelinek JS, Weiss SW, Buetow PC, Berrey BH: Intramuscular myxoma: MR features. *Journal of Computer Assisted Tomography*, 13(5):836-839, 1989.
19. Utz JA, Kransdorf MJ, Jelinek JS, Moser RP, Berrey BH: MR appearance of fibrous dysplasia. *Journal of Computer Assisted Tomography*, 13(5):845-851, 1989.
20. Aoki J, Moser RP, Vinh TN: Giant cell tumor of the scapula, a review of 13 cases. *Skeletal Radiology*, 18:427-434, 1989.
21. Moser RP, Kransdorf MJ, Gilkey FW, Manaster BJ: Giant cell tumor of the upper extremity, a survey of 268 cases. *RadioGraphics*, 10-1: 83-102, 1990.
22. Brower AC, Moser RP, Kransdorf MJ: The significance of periostitis in the chondroblastoma. *AJR* 154: 309-314, 1990.
23. Moser RP, Wagner GN: The nutrient groove of the ilium, a subtle, but important forensic radiologic marker in the identification of victims of severe trauma. *Skeletal Radiology*, 19: 15-19, 1990.
24. Hopper KD, Moser RP, Haseman DB, Sweet DE, Madewell JE, Kransdorf MJ: Osteosarcomatosis. *Radiology*, 175: 233-239, 1990.
25. Moser RP, Karnei RF: Magnetic resonance - pathologic correlation. *Investigative Radiology*, 25: 286, 1990.
26. Moser RP, Kransdorf MJ, Brower AC, Hudson TM, Aoki J, Berrey BH, Sweet DE: Osteoidosteoma of the elbow, a review of six cases. *Skeletal Radiology*, 19: 181-186, 1990.
27. Buetow PC, Kransdorf MJ, Moser RP, Jelinek JS, Berrey BH: Radiologic appearance of Intramuscular hemangioma with emphasis on MR. *AJR*, 154: 563-568, 1990 (Synopsis reprinted in *Year Book of Diagnostic Radiology*, C.V. Mosby - Yearbook, 1992).
28. Kransdorf MJ, Moser RP, Gilkey FW: Radiologic pathologic correlation of skeletal fibrous dysplasia. *RadioGraphics*, 10-3: 519-537, 1990.
29. Giles J, Sechtin AG, Waybill M, Moser RP: Bilateral internal mammary artery aneurysms, a previously unreported cause for an anterior mediastinal mass. *AJR*, 154: 1189-1190, 1990.
30. Kumar R, Moser RP, Madewell JE, Edeiken J: Parosteal osteosarcoma of skull. *AJR*, 155: 113-118, 1990.
31. Stull MA, Moser RP, Vinh TN, Kransdorf MJ, Jelinek JS, Callaghan JJ: Paget's disease of the patella. *Skeletal Radiology*, 19: 407-410, 1990.
32. Moser RP, Davis MJ, Gilkey FW, Kransdorf MJ, Rosado de Christenson ML, Kumar R, Bloem JL, Stull MA: Primary Ewing's sarcoma of rib. *RadioGraphics*, 10-5: 899-914, 1990.
33. Kransdorf MJ, Jelinek JS, Moser RP, Utz JA, Hudson TM, Neal J, Berrey BH: Magnetic resonance appearance of fibromatosis: a report of 14 cases and review of the literature. *Skeletal Radiology*, 19: 495-499, 1990 (Synopsis reprinted in *Year Book of Diagnostic Radiology*, C.V. Mosby - Yearbook, 222-225, 1992).

34. Hopper KD, Haseman DB, **Moser RP**, Sweet DE, Madewell JE: Case Report #634, Osteosarcomatosis: progressive sclerosis and "caked" calcification of the secondary foci with chemotherapy. *Skeletal Radiology*, 19: 535-537, 1990.
35. Jelinek JS, Kransdorf MJ, **Moser RP**, Temple HT, Lenhart MK, Berrey BH: MR imaging in patients with bone chip allografts. *AJR*, 155: 1257-1260, 1990.
36. Nemoto O, **Moser RP**, vanDam BE, Aoki J, Gilkey FW: Osteoblastoma of the spine: a review of 75 cases. *Spine*, 15-12: 1272-1280, 1990 (Synopsis reprinted in *Year Book of Diagnostic Radiology*, C.V. Mosby -Yearbook, 214-216, 1992).
37. Kransdorf MJ, **Moser RP**, Meis JM, Meyer CA: Fat-containing soft-tissue masses of the extremities. *RadioGraphics* 11:81-108, 1991. (As a major addition to *RadioGraphics* by the journal's new editor, William W. Olmsted, M.D., one article per issue is designated by Dr. Olmsted for continuing medical education (CME). This article was the first one selected by Dr. Olmsted for CME Credit.)
38. Osborn AG, Buck JL, Kransdorf MJ, **Moser RP**, Rosado de Christenson ML, Smirniotopoulos JG. The Radiological Society of North America 76th Scientific Assembly and Annual Meeting, Image Interpretation Session. *RadioGraphics* 11:133-155, 1991.
39. Stull MA, Kransdorf MJ, **Moser RP**, Bogumill GP, Nelson MC: MR appearance of peripheral nerve sheath tumors. *Skeletal Radiology*, 20: 9-14, 1991 (Synopsis reprinted in *Year Book of Diagnostic Radiology*, C.V. Mosby - Yearbook, 217-219, 1992).
40. Kransdorf MJ, McFarland DR, **Moser RP**, Venbrux AC: Case Report #649: Arteriovenous malformation arteriovenous hemangioma) of the distal thigh with bone involvement. *Skeletal Radiology*, 20: 63-65, 1991.
41. Whitaker MD, Jelinek JS, Kransdorf MJ, **Moser RP**, Brower AC: Open Quiz: Arthritis of the wrist due to mycobacterium avium-intracellulare. *Skeletal Radiology*, 20: 76-77, 1991.
42. Meyer CA, Kransdorf MJ, Jelinek JS, **Moser RP**: MR and CT appearance of nodular fasciitis. *Journal of Computer Assisted Tomography*, 15: 276-279, 1991.
43. Harned RK, Buck JL, Olmsted WW, **Moser RP**, Ros PR: Extracolonic manifestations of the familial adenomatous polyposis syndrome. *AJR*, 156: 481-485, 1991.
44. Kransdorf MJ, Stull MA, Gilkey FW, **Moser RP**: Osteoid osteoma. *Radiographics*, 11-4: 671-696, 1991.
45. Magen AB, **Moser RP**, Woomert CA, Giudici MAI: Septic arthritis of the hip: a complication of rectal tear associated with pelvic fractures. *AJR* 157: 817-818, 1991.
46. Doud TM, **Moser RP**, Giudici MAI, Frauenhoffer EE, Maurer RE: Extraskeletal osteosarcoma of the medial thigh. *Skeletal Radiology*, 20: 628-632, 1991.
47. Benedikt RA, Kransdorf MJ, Jelinek JS, **Moser RP**: The importance of MR imaging in osteosarcomatosis, a case report. *Skeletal Radiology*, 20: 628-632, 1991.

48. Meyer CA, Kransdorf MJ, **Moser RP**, Jelinek JS: Soft tissue metastasis in synovial sarcoma, report of a case. *Skeletal Radiology*, 21:128-131, 1992.
49. Stull MA, Kransdorf MJ, **Moser RP**, Bogumill GP, Nelson MC: MR appearance of peripheral nerve sheath tumors. *Applied Radiology*, 21(3): 44-48, 1992.
50. Giudici MAI, Eggli KD, **Moser RP**, Roloff JR, Frauenhoffer EE: Case report: Primary lymphoma of the proximal tibial epiphysis. *Skeletal Radiology*, 21: 260-265, 1992.
51. Kransdorf MJ, Sweet DE, Buetow PC, Giudici MAI, **Moser RP**: Giant cell tumor in skeletally immature patients. *Radiology*, 184:233-237, 1992.
52. Rappaport DC, Ros PR, **Moser RP**: Idiopathic dilatation of the thoracic venous system. *Journal of the Canadian Association of Radiologists*, 43-5:385-387, 1992.
53. Hopper KD, Eggli KD, Haseman DB, **Moser RP**: Osteosarcomatosis and metastatic osteosarcoma. In Osetosarcoma in adolescents and young adults: new developments and controversies (edited by Humphrey GB, Koops HS, Molenaar WM, Postma A). Kluwer Academic Publishers, 163 - 171, 1993.
54. Benedikt RA, Jelenek JS, Kransdorf MJ, **Moser RP**, Berrey BH: MR imaging of soft tissue masses: role of Gadopentate Dimeglimine (Gd-DTPA). *Journal of Magnetic Resonance Imaging*, 4:485-490, 1994
55. **Moser RP**, Barr MS, Hopper KD, Haseman DB. (Four) Musculoskeletal Cases(s) of the day. *AJR*, 162:1463: 1469, 1994.

BOOKS:

1. **Moser RP**, ed. Syllabus: *Cardiovascular Radiology Review Course*. pp. 469. For Annual Courses conducted from 1983-1987.
2. **Moser RP**: *Cartilaginous Tumors of the Skeleton; AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II. Cartilaginous Tumors of the Skeleton*. Philadelphia: Hanley and Belfus, Inc./Mosby-Year Book, 1990.
3. **Moser RP**: "Imaging of Bone and Soft Tissue Tumors" - *Radiologic Clinics of North America*. 31-2, 1993. (Invited Guest Editor). (A unique feature of this book was the publication of 31 color images. Corporate sponsorship was successfully procured to accomplish this goal).

BOOK CHAPTERS:

1. **Moser RP**, Madewell JE: "Metastatic Bone Cancer" - In: Taveras JM, Ferrucci JT, (eds.) Radiology Diagnosis, Imaging, Intervention. Chapter 100, Philadelphia: J.B. Lippincott Company, 1986.
2. Madewell JE, **Moser RP**: "Soft Tissue Tumors (Benign and Malignant)" - In: Taveras JM, Ferrucci JT, (eds.) Radiology - Diagnosis, Imaging, Intervention. Chapter 102, Philadelphia: J.B. Lippincott Company, 1986.
3. **Moser RP**: "Primary Bone Tumors" - In: Contemporary Issues in Computed Tomography. Computed Tomography of the Musculoskeletal System. Chapter 2, New York: Churchill Livingstone, 1987.
4. Madewell JE, **Moser RP**: "Radiologic Evaluation of Soft Tissue Tumors" - In: Enzinger FM, Weiss SW (eds.) Soft Tissue Tumors. 2nd Edition, Chapter 3, pp. 43-82, St. Louis: C.V. Mosby Company, 1988.
5. Gilkey FW, **Moser RP**: "The Biology of Cartilage" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
6. **Moser RP**, Gilkey FW, Madewell JE: "Enchondroma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
7. **Moser RP**, Gilkey FW, Kransdorf MJ: "Osteochondroma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
8. Brower AC, **Moser RP**, Gilkey FW, Kransdorf MJ: "Chondroblastoma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
9. **Moser RP**, Kransdorf MJ, Gilkey FW, Aoki J: "Chondromyxoid Fibroma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
10. Hudson TM, **Moser RP**, Gilkey FW, Aoki J: "Chondrosarcoma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
11. Giudici MA, **Moser RP**, Kransdorf MJ: "Cartilage Tumors" In: Imaging of Bone and Soft Tissue Tumors - The Radiologic Clinics of North America. 31-2: 237-259, 1993.
12. Eggli KD, Quioque T, **Moser RP**: "Ewing's Sarcoma" In: Imaging of Bone and Soft Tissue Tumors - The Radiologic Clinics of North America. 31-2: 325-337, 1993.
13. Kransdorf MJ, Jelinek JS, **Moser RP**: "Imaging of Soft Tissue Tumors" In: Imaging of Bone and Soft Tissue Tumors - The Radiologic Clinics of North America. 31-2: 359-372, 1993.
14. Kransdorf MJ, **Moser RP**, Madewell JE: "Imaging of Upper Extremity Lesions." In: Bogumill GP, Fleegler ES (eds.). Tumors of the Hand and Upper Limb. New York: Churchill Livingstone, 25-49, 1993.

15. Moser RP, Madewell JE: "Radiologic Evaluation of Soft Tissue Tumors" - In: Enzinger FM, Weiss SW (eds. Soft Tissue Tumors. 3rd Edition, Chapter 3, pp. 39-88, St. Louis: C.V. Mosby Company, 1995.
16. Van Slyke MA, Moser RP, Madewell JE: "MR Imaging of Periarticular Soft-Tissue Lesions" In: Musculoskeletal Soft-Tissue Imaging - MRI Clinics of North America. 3-4: 1-15, 1995.

ABSTRACTS:

1. Hopper K, Moser R, Haseman D, Sweet D, Kransdorf M. Osteosarcomatosis. Radiology 1984; 150P:198.
2. Hopper K, Moser R, Haseman D, Sweet D, Kransdorf M. Osteosarcomatosis: Metastatic variant of osteosarcoma. Radiology 1987; 165(P):381.

LETTERS TO EDITOR:

1. **Moser RP:** News: Roger K. Harned, Third Distinguished Scientist, Armed Forces Institute of Pathology. AJR 149:1298-1299, 1987.
2. **Moser RP:** Third Distinguished Scientist, Department of Radiologic Pathology, Armed Forces Institute of Pathology. Radiology 166:576, 1988.
3. **Moser RP:** Special Report: Fourth Distinguished Scientist, Department of Radiologic Pathology, Armed Forces Institute of Pathology. Radiology 168:869, 1988.
4. **Moser RP:** News: Terry M. Hudson, Fourth Distinguished Scientist, Armed Forces Institute of Pathology. AJR 151:635-636, 1988.
5. **Moser RP:** Terry M. Hudson, Fourth Distinguished Scientist, Armed Forces Institute of Pathology. Investigative Radiology 23:559-560, 1988.
6. **Moser RP:** Anne G. Osborn, Fifth Distinguished Scientist: Armed Forces Institute of Pathology. Investigative Radiology 24:343-344, 1989.
7. **Moser RP:** News: Anne G. Osborn, Fifth Distinguished Scientist, Armed Forces Institute of Pathology. AJR 153:213, 1989.
8. **Moser RP:** Fifth Distinguished Scientist, Department of Radiologic Pathology, Armed Forces Institute of Pathology. Radiology 172:277, 1989.
9. **Moser RP:** News: Robert D. Pugatch, Sixth Distinguished Scientist, Armed Forces Institute of Pathology. AJR 154:1176, 1990.
10. **Moser RP:** Robert D. Pugatch, M.D., Sixth Distinguished Scientist: Armed Forces Institute of Pathology. Investigative Radiology 25:7, 763-764, 1990.
11. **Moser RP:** Robert D. Pugatch, M.D., Sixth Distinguished Scientist, Department of Radiologic Pathology Armed Forces Institute of Pathology. Radiology, 176: 285, 1990.

ON GOING PROJECTS:

1. **Moser RP, Parrish W:** "Radiologic Evaluation of Soft Tissue Tumors" – In: Enzinger FM, Weiss SW (eds.) Soft Tissue Tumors. 4th Edition (manuscript originally submitted to Dr. Weiss in 9/99, publication slated for late spring 2001 – this continues as the pre-eminent textbook in the world dealing with "soft tissue tumors")

NOTE: Responsibilities related to services on the Derry Township School Board and, to a greater extent, to serving as Chief of Diagnostic Radiology, Vice Chair of Radiology, and Acting Chair of Radiology have necessitated authorship by Dr. Moser of numerous planning, policy and procedure documents – varying in length from several pages to comprehensive documents.

AUDIOVISUAL:

1. **Moser RP:** Paget's Disease and Fibrous Dysplasia. Taped at the Reading Hospital and Medical Center, Reading, Pennsylvania 19603, October 1984, VHS Tape-50 minutes.
2. **Madewell JE and Moser RP:** An Approach to Solitary Bone Tumors, Chicago, Illinois, December 1986. RSNA Audiovisual library: RSP (Radiology Study Program) #136 (85 minutes), 2 3/4" cassettes, 270 slides.
3. **Moser RP:** Introduction to Cardiovascular Radiology. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
4. **Moser RP:** Situs and the Cardiac Apex. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
5. **Moser RP:** Vascular Rings and Other Anomalies of the Aortic Arch, Part I. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
6. **Moser RP:** Vascular Rings and Other Anomalies of the Aortic Arch, Part II. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
7. **Moser RP:** Atrial Septal Defect and Anomalous Pulmonary Venous Return. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
8. **Moser RP:** Truncus Arteriosus. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
9. **Moser RP:** Transposition of the Great Arteries and the Transposition Complex. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
10. **Moser RP:** VSD, PDA and Miscellaneous Left-to-Right Shunts. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
11. **Moser RP:** Tetralogy of Fallot and Other Right Heart Lesions. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
12. **Moser RP:** Surgical Correction of Congenital Heart Disease. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
13. **Moser RP:** Vascular Rings and Other Anomalies of the Aortic Arch. Taped at the Reading Hospital and Medical Center, Reading, Pennsylvania 19603, January 1991. VHS Tape-60 minutes.
14. **Moser RP:** Transposition of the Great Arteries and the Transposition Complex. Taped at the Reading Hospital and Medical Center, Reading, Pennsylvania 19603, January 1991. VHS Tape-60 minutes.

EXHIBITS**SCIENTIFIC EXHIBITS DISPLAYED AT MAJOR NATIONAL AND INTERNATIONAL MEDICAL MEETINGS (30 EXHIBITS DISPLAYED AT 62 MEETINGS):**

1. "Microdose Radiology in Trauma," by Curtis DJ, Moser RP, Rugh KS:
 - A. Radiological Society of North America
64th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
November 1978
 - B. 50th Annual Scientific Meeting of the Aerospace Medical Association
Washington, D.C. 20008
May 1979
 - C. D.C. Medical Society Annual Meeting
Washington, D.C. 20008
September 1979
2. "Knee Arthrography," by Axelbaum S, Moser RP, Rugh KS:
 - A. D.C. Medical Society Annual Meeting
White Sulfur Springs, West Virginia 24986
October 1978
Exhibit selected for CME Credit
 - B. Radiological Society of North America
65th Scientific Assembly and Annual Meeting
Atlanta, Georgia
November 1979
3. "Correlation of Oral Cholecystography, Cholesonography, and Cholescintigraphy,"
by Bova JG, Blei L, Kaminski RJ, Moser RP, Curtis DJ:
Radiological Society of North America
65th Scientific Assembly and Annual Meeting
Atlanta, Georgia
November 1979
Exhibit selected for CME Credit

4. "Body Magnetic Resonance Imaging: Pathologic Correlation," by Ros PR, McCarthy MJ, Hartman DS, Moser, RP:
 - A. Radiological Society of North America
71st Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
17-22 November 1985
 - B. 24th Annual Miami Seminar
MRI, CT, Ultrasound Correlations
Bal Harbour, Florida 33154
26-30 January 1986
 - C. American Roentgen Ray Society
86th Annual Meeting
Washington, D.C. 20008
14-18 April 1986
 - D. XVIII National Congress of Radiology of the Spanish Society of Radiology, Electrology and Nuclear Medicine
Seville, Spain
20-24 October 1986
Summa Cum Laude
5. "Hip Lesions Mimicking Primary Osteoarthritis: A Radiographic and Histopathologic Study," by Moser RP, Ros PR, Vinh TN, Olmsted WW, Callaghan JJ, McMahon K:
 - A. American Academy of Orthopaedic Surgeons
53rd Annual Meeting
New Orleans, Louisiana 70140
February 1986
 - B. American Society of Clinical Pathology/College of American Pathology
Fall Meeting and Exhibits
Orlando, Florida 32804
September 1986
"Selected as Best Exhibit in the Federal Institution Category"
 - C. Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
30 November - 5 December 1986
 - D. American Academy of Orthopaedic Surgeons
54th Annual Meeting
San Francisco, California 94102
January 1987
(Return Exhibition by Invitation)

- E. American Roentgen Ray Society
87th Annual Meeting
Miami Beach, Florida 33140
26 April - 1 May 1987
- F. American Academy of Orthopaedic Surgeons
55th Annual Meeting
Atlanta, Georgia
4-8 February 1988
(Return Exhibition by Invitation)
- G. American Academy of Orthopaedic Surgeons
56th Annual Meeting
Las Vegas, Nevada
6-9 February 1989
(Return Exhibition by Invitation)
- H. American Academy of Orthopaedic Surgeons
57th Annual Meeting
New Orleans, Louisiana
8-15 February 1990
(Return Exhibition by Invitation)
- I. American Academy of Orthopaedic Surgeons
58th Annual Meeting
Anaheim, California
7-12 March 1991
(Return Exhibition by Invitation)

6. "Lesions Mimicking Chondromalacia Patella," by Moser RP, Ros PR, Kransdorf MJ, Vinh TN, Callaghan JJ, McMahon K:

- A. American Academy of Orthopaedic Surgeons
54th Annual Meeting
San Francisco, California 94102
January 1987
- B. American Roentgen Ray Society
87th Annual Meeting
Miami Beach, Florida 33140
26 April - 1 May 1987
"Certificate of Appreciation"
- C. American Academy of Orthopaedic Surgeons
55th Annual Meeting
Atlanta, Georgia
February 1988
(Return Exhibition by Invitation)

7. "Radiological Approach to a Bone Lesion," by Viamonte M, Ros PR, Moser RP:
 - A. 19th International Diagnostic Course
Davos, Switzerland
March 1987
 - B. IV International Symposium on Medical Imaging
Barcelona, Spain
October 1987
 - C. 20th International Diagnostic Course
Davos, Switzerland
20-25 March 1988
8. "Visceral-Musculoskeletal Syndromes," by Ros PR, Moser RP:
 - A. 19th International Diagnostic Course
Davos, Switzerland
March 1987
 - B. IV International Symposium on Medical Imaging
Barcelona, Spain
October 1987
 - C. 20th International Diagnostic Course
Davos, Switzerland
20-25 March 1988
9. "Osteosarcomatosis: A Metastatic Variant of Osteosarcoma," by Hopper KD, Moser RP, Haseman DB, Sweet DE, Kransdorf MJ:

Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
29 November - 4 December 1987
10. "Pathophysiology of the Nodular and Micronodular Small Bowel Fold," by Olmsted WW, Ros PR, Moser RP, Shekitka KM, Lichtenstein JE, Buck JL:
 - A. American Roentgen Ray Society
87th Annual Meeting
Miami Beach, Florida 33140
26 April - 1 May 1987
(Exhibit was awarded a "Certificate of Appreciation")
 - B. Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
29 November - 4 December 1987

11. "Radiologic-Pathologic Correlations of Hemangioblastomas," by Murphy FM, Smirniotopoulos JG, Moser RP, Parisi J:

- A. Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
29 November - 4 December 1987
- B. American Roentgen Ray Society
88th Annual Meeting
San Francisco, California 94102
8-13 May 1988

12. "Extracolonic Manifestations of Familial Polyposis Coli," by Harned RK, Buck JL, Olmsted WW, Dachman AH, Ros PR, Lichtenstein JE, Moser RP:

- A. American Roentgen Ray Society
88th Annual Meeting
San Francisco, California 94102
8-13 May 1988
- B. Radiological Society of North America
74th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
27 November - 2 December 1988
(Exhibit was awarded a "Certificate of Merit" citation)

13. "Osteoblastoma of the Spine," by Aoki J, Moser RP, Smirniotopoulos JG, Nemoto O, Van Dam BE, Gilkey FW:

American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"

14. "Enchondroma, Radiologic-Pathologic Correlation Based on a Series of 1229 Cases," by Moser RP, Kransdorf MJ, Gilkey FW, Smirniotopoulos JG, Rosado de Christenson ML, Aoki J, Madewell JE:

- A. American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"
- B. Radiological Society of North America
75th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
26 November - 1 December 1989

15. "Osteochondroma, Radiologic-Pathologic Correlation Based on a Series of 1185 Cases," by Moser RP, Kransdorf MJ, Gilkey FW, Smirniotopoulos JG, Rosado de Christenson ML, Aoki J, Madewell JE:
 - A. American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"
 - B. Radiological Society of North America
75th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
26 November - 1 December 1989
16. "Chondroblastoma, Radiologic-Pathologic Correlation Based on a Series of 250 Cases," by Moser RP, Brower AC, Gilkey FW, Kransdorf MJ, Smirniotopoulos JG, Rosado de Christenson ML, Aoki J:
 - A. American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"
 - B. Radiological Society of North America
75th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
26 November - 1 December 1989
17. "Chondromyxoid Fibroma, Radiologic-Pathologic Correlation Based on a Series of 173 Cases," by Moser RP, Kransdorf MJ, Gilkey FW, Smirniotopoulos JG, Rosado de Christenson ML, Aoki J, Hudson TM:

American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"
18. "Giant Cell Tumor of the Upper Extremity," by Kransdorf MJ, Moser RP, Gilkey FW, Manaster BJ:

American Roentgen Ray Society
90th Annual Meeting
Washington, D.C.
13-18 May 1990

19. "MR Appearance of Peripheral Nerve Sheath Tumors," by Stull MA, Kransdorf MJ, Moser RP, Nelson MC:

American Roentgen Ray Society
90th Annual Meeting
Washington, D.C.
13-18 May 1990

20. "Tumors and Allied Lesions of the Bony Rib Cage," by Kumar R, Varma DG, Moser RP, Lindell MM, Madewell JE:

A. American Roentgen Ray Society
90th Annual Meeting
Washington, DC
13-18 May 1990

B. Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1991

21. "Vascular Rings and Other Aortic Malformations: Interactive Computerized Tutorial," by Moser RP, Zukoski MJ, Zajdel M, Mayer JS:

Radiological Society of North America
76th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
25-30 November 1990

22. "Expansile Bony Lesions of the Sacrum," by Kumar R, Varma DGK, Moser RP, Shirkoda A, Madewell JE, Matasar KW, Lindell MM:

A. American Roentgen Ray Society
91st Annual Meeting
Boston, Massachusetts
5-10 May 1991

B. Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1991

23. "Chondromyxoid Fibroma, Radiologic-Pathologic Correlation," by Moser RP, Giudici MAI, Kransdorf MJ, Gilkey FW: (This was a revised version of Exhibit #17)

Pennsylvania Radiological Society
76th Annual Scientific Meeting
Hershey, Pennsylvania 17033
16-18 May 1991
This exhibit received Honorable Mention at this meeting.

24. "Common Diseases of the Rib Cage," by Giudici MAI, Moser RP, Eggli KD, Kransdorf MJ, Gilkey FW:

- A. Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1991
- B. American Roentgen Ray Society
92nd Annual Meeting
Orlando, Florida
10-15 May 1992

25. "Uncommon Diseases of the Rib Cage," by Giudici MAI, Moser RP, Eggli KD, Kransdorf MJ, Gilkey FW:

Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1991

26. "MR Appearance of Several Uncommonly Encountered Skull Lesions," by
Woomert CA, Mamourian AC, Moser RP:

- A. American Roentgen Ray Society
92nd Annual Meeting
Orlando, Florida
10-15 May 1992
- B. Annual Meeting
Swiss Society of Radiology and Nuclear Medicine
Flims, Switzerland
12 - 13 June 1992

27. "The Scapula - Normal and Abnormal," by Kumar R, Varma DGK, Moser RP,
Swischuk LE, Madewell JE:

- A. Radiological Society of North America
78th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1992
- B. American Roentgen Ray Society
93rd Annual Meeting
San Francisco, California
25-30 April 1993

28. "Bone Tumors of the Vertebral Column," by Kumar R, Varma DGK, **Moser RP**, Swischuk LE, Madewell JE:

American Roentgen Ray Society
93rd Annual Meeting
San Francisco, California
25-30 April 1993

29. "Malignant Bone Neoplasms Arising in Pre-existing Benign Lesions," by Kumar R, **Moser RP**, Madewell JE:

A. Radiological Society of North America
79th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1993

B. American Roentgen Ray Society
94th Annual Meeting
24-29 April 1994
New Orleans, Louisiana

30. By Invitation: Prepared the following three cases:
"Musculoskeletal Cases of the Day"

(A) Extraskeletal Osteosarcoma of the Thigh
(B) Intramuscular Hemangioma of the Thigh
(C) Chondrosarcoma of the Pelvis

American Roentgen Ray Society
94th Annual Meeting
24-29 April 1994
New Orleans, Louisiana

EDITORIAL/REVIEW EXPERIENCE:**Journal Review Responsibilities:****I. American Journal of Roentgenology:**

A. Member of Editorial Board: 1989 - 1998

B. Manuscript Reviewer*: 1986 - 1998

* Recognized in December 1991 as one of the top 20 Reviewers by Robert N. Berk, M.D.,

C. Book Reviewer: 1987 - 1995

1. ABK-87009 Petterson H, Springfield DS, Enneking WF: Radiologic Management of Musculoskeletal Tumors. Berlin: Springer-Verlag. Book review published in AJR 148:1152, 1987.
2. ABK-87083 Hudson TM: Radiologic-Pathologic Correlation of Musculoskeletal Lesions. Baltimore: Williams and Wilkins, pp. 670, 1987. Book review published in AJR 150:234, 1988.
3. ABK-89120 Mirra J: Bone Tumors: Clinical, Radiologic and Pathologic Correlations. (Two volumes) Philadelphia: Lea and Febiger, pp. 1857, 1989. Book review published in AJR 154: 1240, 1990.
4. ABK-90019 Greenspan A: Orthopedic Radiology, A Practical Approach. Philadelphia: Lippincott, pp. 640, 1988. Book review published in AJR 156: 1010, 1991.
5. ABK-90143 Berquist TH: MRI of the Musculoskeletal System, 2nd Edition, Raven Press, pp. 559, 1990. Book review published in AJR 157: 526, 1991.
6. ABK-91046 Milgram JW: Radiologic and Histologic Pathology of Nontumorous Diseases of Bones and Joints, (Vols. 1 & 2) Chicago: Northbrook Publishing Company, Inc. pp. 1374, 1990. Book review published in AJR 158: 346, 1992.
7. ABK-92031 Lewis MM: Musculoskeletal Oncology, A Multidisciplinary Approach. W.B. Saunders, pp. 560, 1992. Book review published in AJR: 159: 1262, 1992.
8. ABK-95037 Gilani S, Wignall BK: Teaching Atlas of Hand Radiology. W.B. Saunders, pp. 203, 1995.

II. Radiology:

A. Book Reviewer: 1989

1. Netter FH: The CIBA Collection of Medical Illustrations; Volume 8, Musculoskeletal System; Part 1: Anatomy, Physiology and Metabolic Disorders. Summit, New Jersey: CIBA-GEIGY Corporation, pp. 245, 1987. Book review published in Radiology 170:142, 1989.
2. Calder JF, Chessel G: An Atlas of Radiological Interpretation: The Bones. Littleton, Massachusetts: PSG Publishing Company, Inc., pp. 286, 1988. Book review published in Radiology 171:86, 1989.
3. Stoker DJ, Tilley E: Orthopaedics: Self Assessment in Radiology and Imaging. Littleton, Massachusetts: PSG Publishing Company, Inc., pp. 224, 1988. Book review published in Radiology 171:132, 1989.
4. Sim FH: Diagnosis and Management of Metastatic Bone Disease: A Multidisciplinary Approach. New York: Raven Press, pp. 372, 1988. Book review published in Radiology 171:150, 1989

III. RadioGraphics:

A. Contributing Editor: 1990

B. Manuscript Reviewer: 1990 – 2000

C. Editorial Board - Musculoskeletal Imaging: 1992 – 1996
Liaison to Refresher Course Committee of the RSNA: 1997 – 2000

D. Special Assignment - First Coordinator for a new long term project - selecting outstanding Refresher Courses presented at the Annual Meeting of The Radiological Society of North America (RSNA) for publication in RadioGraphics.

IV. Skeletal Radiology:

A. Book Reviewer: 1991 – Present

1. Huvos AG: Bone Tumors: Diagnosis, Treatment and Prognosis. Philadelphia: WB Saunders Company, pp 784, 1991.

B. Manuscript Reviewer: 1994 - 1996

V. Arthritis & Rheumatism

A. Manuscript Reviewer: 1994 - 1996

1. MS # 94-251-A

RADIOLOGY BOARD EXAMINER:

American Board of Radiology (ABR) - Oral Examination
Executive West Hotel
Louisville, Kentucky 40209
By Invitation - "Bone Section"

1. June 1987 - Relief Examiner
2. June 1990 - Relief Examiner
3. June 1994 - Guest Examiner
4. November 1996 - Examiner (Diagnostic Radiology - Condition Oral Examination)
5. June 1998 - Guest Examiner
6. November 2000 - Examiner (Diagnostic Radiology - Condition Oral Examination)

Note: As a result of Dr. Moser's oral and written recommendation to the ABR, HMC Department of Radiology faculty member, Douglas F. Eggli, M.D., was also designated by the ABR as an Oral Examiner in the category of Nuclear Medicine.

DIRECTOR OF DISTINGUISHED SCIENTIST PROGRAM:

Department of Radiologic Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
(Distinguished Scientist Years 1986 - 1990):

SUPERVISED:

1. Distinguished Scientist No. 2:
Alan J. Davidson, M.D.
Genitourinary Radiologic Pathology
July 1986 - June 1987
Upon completion of his year as Distinguished Scientist, Dr. Davidson remained on the staff of the Department of Radiologic Pathology as Senior Scientist and Chief, Section of Genitourinary Radiologic Pathology. Effective 1989, he received a joint appointment as Professor of Radiology at Johns Hopkins Hospital.
2. Distinguished Scientist No. 3:
Roger K. Harned, M.D.
On sabbatical to the AFIP from the University of Nebraska School of Medicine
Gastrointestinal Radiologic Pathology
July 1987 - June 1988
3. Distinguished Scientist No. 4:
Terry M. Hudson, M.D.
On sabbatical to the AFIP from the Massachusetts General Hospital,
Harvard Medical School
Musculoskeletal Radiologic Pathology
July 1988 - June 1989

4. Distinguished Scientist No. 5:

Anne G. Osborn, M. D.

On sabbatical to the AFIP from the University of Utah, School of Medicine

Neurological Radiologic Pathology (Neuroradiology)

July 1989 - June 1990

-Assisted in establishing the position of Sterling Winthrop Visiting Professor in Diagnostic Imaging at the Armed Forces Institute of Pathology, Washington, D.C.

-- Dr. Osborn was the first Sterling Winthrop Visiting Professor beginning in July 1990

-- Dr. Osborn rendered an Acknowledgement to Dr. Moser in her world famous textbook entitled Diagnostic Neuroradiology

Due to the initial success of the program, in early 1987 additional supplemental funding was acquired for \$135,000 (\$45,000 per year) to continue the program from 1988-1991. This combined funding was from the Radiological Society of North America, The American Roentgen Ray Society, and The American College of Radiology.

COORDINATED APPOINTMENTS OF:

5. Distinguished Scientist No. 6:

Robert D. Pugatch, M.D.

On sabbatical to the AFIP from the Brigham and Women's Hospital, Harvard Medical School

Chest and Mediastinal Radiologic Pathology

June 1990 - June 1991

6. Distinguished Scientist No. 7:

Robert Ackerman, M.D.

On sabbatical to the AFIP from the Massachusetts General Hospital, Harvard Medical School

Neurological Radiologic Pathology (Neuroradiology)

June 1991 - June 1992

COORDINATOR OF AFIP-SPANISH RADIOLOGIC PATHOLOGY COURSE

Madrid, Spain

First Course: June 1990

DIRECTOR OF VISITING SCIENTIST PROGRAM

Department of Radiologic Pathology

Armed Forces Institute of Pathology

Washington, D.C. 20306-6000

1. William W. Olmsted, M.D.

Professor of Radiology

George Washington University School of Medicine and Health Sciences

Washington, D.C. 20037

Visiting Scientist, AFIP

1986 - Present

2. B.J. Manaster, M.D.

Associate Professor of Radiology

University of Utah School of Medicine

Salt Lake City, Utah

Visiting Scientist, AFIP

September 1989 - June 1990

DIRECTOR OF FELLOWSHIPS IN MUSCULOSKELETAL RADIOLOGY:

Department of Radiologic Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000

1. Mark Kransdorf, M.D., MAJ, MC, USA

July 1984 - June 1985

Dr. Kransdorf is one of only two Army radiologists to ever do a full-time fellowship at AFIP for an entire year.

2. Michael J. Davis, M.D., Captain (N), Canadian Forces Medical Service

July 1987 - December 1987

Dr. Davis is the only Canadian Radiologist to spend this length of time in the Department of Radiologic Pathology, AFIP. Dr. Davis was funded by the Canadian Government.

3. Jun Aoki, M.D.

September 1987 - June 1989

Dr. Aoki came to the AFIP from the University of Kyoto, Kyoto, Japan and was the first Radiologist from Japan ever to have spent any significant amount of time in the Department of Radiologic Pathology, AFIP. (Dr. Aoki personally funded his stay from September 1987 - June 1988, after which he received a stipend from the American Registry of Pathology from July 1988 - June 1989).

Department of Radiology
Penn State University Hospital
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033

4. Michaela (Hurth) Giudici

January 1991 - January 1992

Dr. Giudici came from University Hospital, Zurich, Frauenklinikshane 10, Zurich, Switzerland. Following her fellowship, she returned to The Inselspital in Berne, Switzerland, under the direction of Dr. Peter Vock.

5. Michelle Ann Barr, M.D.

July 1994 - December 1995

VISITING PROFESSORSHIPS: (Total-51)

NOTE: Separate entries are made according to didactic sessions with substantially different groups of radiologists and/or sessions conducted in different locations.

1. George Washington University School of Medicine and Health Sciences
National Childrens Medical Center
Department of Pediatrics
Washington, D.C. 20010
November 1982
2. Johns Hopkins University Affiliated Hospitals
Baltimore City Hospital
Department of Radiology
Baltimore, Maryland 21224
11 January 1983
(In 1987, following acquisition by Johns Hopkins Hospital,
this institution was re-named the Francis Scott Key Hospital)
3. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
16-17 May 1983
4. Johns Hopkins University Affiliated Hospitals
Baltimore City Hospital
Department of Radiology
Baltimore, Maryland 21224
25 January 1984
(In 1987, following acquisition by Johns Hopkins Hospital,
this institution was re-named the Francis Scott Key Hospital)
5. University of Tennessee
Department of Radiology
Memphis, Tennessee 38146
18-19 April 1984
6. George Washington University School of Medicine and Health Sciences
Department of Radiology
Washington, D.C. 20037
10 May 1984
7. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
14-15 May 1984

8. The Reading Hospital and Medical Center
Department of Radiology
Reading, Pennsylvania 19603
3 October 1984
9. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston (San Antonio), Texas 78234
13-14 December 1984
10. Wilford Hall Air Force Hospital
Department of Radiology
San Antonio, Texas 78236
13 December 1984
11. West Virginia University
Department of Radiology
Morgantown, West Virginia 26505
4-5 April 1985
12. George Washington University School of Medicine and Health Sciences
Department of Radiology
Washington, D.C. 20037
1, 15 May 1985
13. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
20-21 May 1985
14. Johns Hopkins University Affiliated Hospitals
Francis Scott Key Hospital
Department of Radiology
Baltimore, Maryland 21224
8 January 1986
(In 1987, following acquisition by Johns Hopkins Hospital, this
institution was re-named the Francis Scott Key Hospital)
15. Louisiana State University School of Medicine in Shreveport
Department of Radiology
Shreveport, Louisiana 71130-3932
26 March 1986
16. Temple University Hospital
Department of Radiology
Philadelphia, Pennsylvania 19140
23-24 April 1986

17. University of Calgary
Foothills Hospital
Department of Radiology
Calgary, Alberta, Canada
16-17 October 1986
18. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston (San Antonio), Texas 78234
18-19 November 1986
19. University of Virginia Medical Center
Department of Radiology
Charlottesville, Virginia 22908
5-6 February 1987
20. Temple University Hospital
Department of Radiology
Philadelphia, Pennsylvania 19140
21 May 1987
21. George Washington University School of Medicine and Health Sciences
Department of Radiology
Washington, D.C. 20037
19 October 1987
22. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston (San Antonio), Texas 78234
29-30 October 1987
23. West Virginia University
Department of Radiology
Morgantown, West Virginia 26505
28-29 January 1988
24. Louisiana State University School of Medicine in Shreveport
Department of Radiology
Shreveport, Louisiana 71130-3932
23 March 1988
25. University of British Columbia
Department of Radiology
Vancouver, British Columbia, Canada
5-6 May 1988
26. Medical University of South Carolina
Department of Radiology
Charleston, South Carolina 29425-0720
20-21 October 1988

27. Ottawa Civic Hospital
Department of Radiology
Ottawa, Ontario, Canada K1Y 4E9
3 November 1988
28. University of Ottawa Affiliated Hospitals
Ottawa General Hospital
Department of Radiology
Ottawa, Ontario, Canada K1Y 4E9
4 November 1988
29. University of Florida
Gainesville, Florida 32610
14-16 November 1988
30. University of Washington
Seattle, Washington 98195
17-19 January 1989
31. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston (San Antonio), Texas 78234
16-17 May 1989
32. Wilford Hall Air Force Hospital
Department of Radiology
San Antonio, Texas 78236
16-17 May 1989
33. Temple University Hospital
Department of Radiology
Philadelphia, Pennsylvania
30 May 1989
34. St. Boniface General Hospital
Department of Radiology
Winnipeg, Manitoba
Canada R3E 0Z3
4 October 1990
35. University of Manitoba
Winnipeg, Manitoba, Canada
4-5 October 1990
36. Department of Radiology
Medical College of Virginia
Richmond, Virginia
1 November 1990

37. The Reading Hospital and Medical Center
Department of Radiology
Reading, Pennsylvania 19603
23 January 1991
38. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
21 May 1991
39. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
6 May 1993
40. Temple University Hospital
Department of Radiology
Philadelphia, Pennsylvania
26, 27 May 1993
Named Lecture: 22nd Herbert M. Stauffer Lecture
41. Loyola University Medical Center
Department of Radiology
Maywood, Illinois 60153
26 May 1994
42. The Reading Hospital and Medical Center
Department of Radiology
Reading, Pennsylvania 19603
September 1994
43. Wilford Hall USAF Medical Center
Department of Radiology
Lackland AFB, Texas 78236-5300
November 1994
44. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston, Texas 78234
November 1994
45. University of Texas at San Antonio (UTSA)
Department of Radiology
San Antonio, Texas
November 1994
46. The Reading Hospital and Medical Center
Department of Radiology
Reading, Pennsylvania 19603
November 1994

47. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston, Texas 78234
July 1995
48. Oakwood Hospital
Department of Radiology
Dearborn, Michigan
November 1995
49. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston, Texas 78234
July 1996
50. University of Pittsburgh
Department of Radiology
Pittsburgh, Pennsylvania
March 2000
51. Scheduled:
12th Seminar of the Japanese Society of Musculoskeletal Radiology (JSRM)
Takasaki, Japan
August 2001

INVITED GUEST LECTURESHIPS AND CONSULTANTSHIPS: (Total-18)

1. Walter Reed Army Medical Center
Department of Orthopaedic Surgery
Washington, D.C. 20306-6000
Biweekly Multidisciplinary Orthopaedic Tumor Conference
1982 - Present
2. Walter Reed Army Medical Center
Department of Internal Medicine, Rheumatology Section
Washington, D.C. 20307-5001
Monthly Conference
1982 - 1987
3. Uniformed Services University of the Health Sciences
F. Edward Hebert School of Medicine
Didactic Lecturer in Skeletal Radiology to Senior Medical Students
Bethesda, Maryland 20814
Approximately 6 times per year
1982 - 1983
4. Ark-La-Tex Radiological Society Meeting
Shreveport, Louisiana 71130-3932
26 March 1986
5. Uniformed Services University of the Health Sciences
F. Edward Hebert School of Medicine
Radiologist Participant in Pathology Lab for Sophomore Medical Students
Bethesda, Maryland 20814
1986 - 1989
6. Radiological Society of Calgary
Calgary, Alberta, Canada
16 October 1986
7. Montgomery General Hospital
Medical/Surgical Grand Rounds Conference
Olney, Maryland 20832-9990
10 December 1987
8. George Washington University Affiliated Hospitals
Veterans Administration Medical Center
Neurology Grand Rounds
Washington, D.C. 20422
16 March 1988
9. Ark-La-Tex Radiological Society Meeting
Shreveport, Louisiana 71130-3932
23 March 1988

10. Vancouver General Hospital
Radiology Grand Rounds
Vancouver, British Columbia, Canada
4 May 1988
11. Ottawa Radiological Society Meeting
Ottawa, Ontario, Canada K1Y 4E9
3 November 1988
12. South Central Pennsylvania Area-Wide Radiology Conference
("SPARC" Meeting)
Carlisle, Pennsylvania
2 November 1989
13. Winnipeg Radiological Society Meeting
Winnipeg, Manitoba, Canada
4 October 1990
14. Richmond Radiological Society
Richmond, Virginia
November 1990
15. Invited Lecturer
Annual Meeting of the Pennsylvania Society of Radiologic Technologists
(Affiliated with the American Society of Radiologic Technologists)
Valley Forge, Pennsylvania
15 April 94
16. Featured Speaker
Orthopaedic Surgery Grand Rounds
Penn State University Hospital
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
16 May 1996
17. Pittsburgh Radiological Society
Pittsburgh, Pennsylvania
8 March 2000
18. Invited Lecturer
Annual Meeting of the Pennsylvania Society of Radiologic Technologists
(Affiliated with the American Society of Radiologic Technologists)
Lancaster, Pennsylvania
May 2000

PAPER PRESENTATIONS AT MAJOR MEDICAL MEETINGS: (Total-22)

1. Osteosarcomatosis, by Hopper KD, **Moser RP**, Haseman DB, Sweet DE, Kransdorf MJ
Radiological Society of North America
70th Scientific Assembly and Annual Meeting
Washington, DC
25-30 November 1984
2. Lesions Mimicking Primary Osteoarthritis of the Hip, by Callaghan JJ, McMahon K,
Moser RP, Ros PR, Vinh TN, Olmsted WW
Hip Society of Military Orthopaedic Surgeons
Colorado Springs, Colorado
20 November 1986
3. The Pathophysiology of the Nodular and Micronodular Small Bowel Fold, by Olmsted WW, Ros PR,
Moser RP, Shekitka KM, Lichtenstein JE: Paper No. 12:
Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
November - 5 December 1986
4. Hemangioma of the Spleen: Imaging - Pathologic Correlation in Ten Cases, by Ros PR,
Moser RP, Dachman AH, Murari RJ, Olmsted WW: Paper No. 591:
Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
30 November - 5 December 1986
5. Mesenteric and Omental Cysts: Sonography, CT and MR Findings with Pathologic Correlation,
by Ros PR, Olmsted WW, **Moser RP**, Dachman AH, Sabin LH: Paper No. 799:
Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
30 November - 5 December 1986
7. The Incidence of Diffuse Small Bowel Changes in Crohn's Disease and Primary Small Bowel
Lymphoma, by Olmsted WW, Ros PR, Buck JL, **Moser RP**, Dachman AH:
16th Annual Meeting and Postgraduate Course
Society of Gastrointestinal Radiologists
Scottsdale, Arizona
8-13 February 1987

7. Mesenteric Fibromatosis: Radiologic-Pathologic Correlation in 24 Cases, by Ros PR, Buck JL, Dachman AH, Federspiel BH, **Moser RP**:
16th Annual Meeting and Postgraduate Course
Society of Gastrointestinal Radiologists
Scottsdale, Arizona
8-13 February 1987

87th Annual Meeting
American Roentgen Ray Society
Miami Beach, Florida 33140
26 April - 1 May 1987
8. Specific Sonographic Diagnosis of Choledochal Cyst: Sonographic - Cholangiographic Correlation, by Buck JL, Ros PR, **Moser RP**: Paper No. 834:
Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
29 November - 4 December 1987
9. Radiologic-Pathologic Correlation: Renewed Importance as a Radiologic Teaching Method, by Ros PR, **Moser RP**: Paper No. 17-5:
Association of University Radiologists
36th Annual Meeting
New Orleans, Louisiana 70140
17-21 April 1988
10. Osteoblastoma of the Spine: A Clinical and Radiographic Review of 74 Cases, by Nemoto O, van Dam BE, **Moser RP**, Gilkey FW:
Society of Military Orthopaedic Surgeons
30th Annual Meeting
Williamsburg, Virginia
4-9 December 1988
11. The Significance of Periostitis in the Chondroblastoma, by Brower AC, **Moser RP**, Kransdorf MJ:
The International Skeletal Society
New York, New York
10-16 September 1989
12. MR Appearance of Peripheral Neurilemomas, by Stull MA, Kransdorf MJ, **Moser RP**, Nelson MC:
American Roentgen Ray Society
90th Annual Meeting
Washington, DC
13-18 May 1990

13. MR Appearance of Post-Operative Allografts, by
Jelinek JS, Kransdorf MJ, Lenhart MK, **Moser RP**, Berrey BH:
American Roentgen Ray Society
90th Annual Meeting
Washington, DC
13-18 May 1990
14. Gadolinium Enhancement of Soft-Tissue Masses by
Benedikt RA, Jelinek JJ, Kransdorf MJ, **Moser RP**, Berrey BH: Paper No. 703
Radiological Society of North America
76th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
25-30 November 1990
15. Magnetic Resonance of Soft-Tissue Masses: Diagnostic Value of
Associated Edema by Kransdorf MJ, Jelinek JS, Benedikt RA, **Moser RP**, Berrey BH:
Paper No: 705
Radiological Society of North America
76th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
25-30 November 1990
16. Soft-Tissue Masses: Comparison of Gd-DTPA Enhanced MR with Angiography
and Dynamic Scintigraphy by Kransdorf MJ, Jelinek JS, Benedikt RA, Davidson M,
Moser RP, Berrey BH:
American Roentgen Ray Society
91st Annual Meeting
Boston, Massachusetts
5-10 May 1991
17. Extraskeletal Osteosarcoma of the Extremities by Giudici MAI, **Moser RP**,
Kransdorf MJ:
Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
November 1991
18. Giant Cell Tumor in Skeletally Immature Patients by Kransdorf MJ, Sweet DE,
Buetow PC, Giudici MAI, **Moser RP**:
Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1991
19. Giant Cell Tumor of the Hands and Feet: a Review of 171 Cases by Giudici MAI,
Moser RP, Kransdorf MJ, Gilkey FW:
American Roentgen Ray Society
92nd Annual Meeting
Orlando, Florida
10-15 May 1992

20. Craniocervical, Thoracic and Lumbar Chordoma by Giudici MA, Smirniotopoulos JG, Aoki J, **Moser RP**:
Annual Meeting
Swiss Society of Radiology and Nuclear Medicine
Flims, Switzerland
12-13 June 1992
21. Giant Cell Tumor of the Proximal Femur by Giudici MA, **Moser RP**, Kransdorf MJ:
Annual Meeting
Swiss Society of Radiology and Nuclear Medicine
Flims, Switzerland
12-13 June 1992
22. Giant Cell Tumor of Bone: Imaging Features in 1,282 Histologically Proved Cases by Giudici MA, **Moser RP**, Kransdorf MJ:
Radiological Society of North America
78th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
28 November - 4 December 1992

TYPICAL TOPICS FOR DIDACTIC LECTURES IN RADIOLOGIC/PATHOLOGIC CORRELATION:

Skeletal Topics:

1. Classification of Bone Tumors
2. Margin Analysis of Solitary Lytic Bone Lesions
3. Matrix Analysis of Solitary Lytic Bone Lesions
4. Periosteal Reactions
5. Chondroid Lesions of Bone - Enchondroma, Chondromyxoid Fibroma, Chondroblastoma, Osteochondroma, Chondrosarcoma (two hours)
6. Radiologic-Pathologic Correlation of Osteosarcoma
7. Giant Cell Tumor of Bone, Radiologic-Pathologic Correlation and Treatment Considerations
8. Paget's Disease
9. Fibrous Dysplasia
10. Radiologic-Pathologic Correlation and Contrast of Paget's Disease and Fibrous Dysplasia
11. Radiologic-Pathologic Correlation of Gout
12. Radiologic-Pathologic Correlation of Rheumatoid Arthritis
13. Radiologic-Pathologic Correlation of Bony Sarcoidosis
14. The Radiographic Spectrum of Skeletal Metastases
15. Skin and Bones - Discussion of Various Diseases with Bone Cutaneous and Skeletal Manifestations
16. Neuropathic Osteoarthritis
17. Musculoskeletal MRI
18. Bone Lesions of the Calvarium
19. So You Think You Know All The Diseases That Can Affect The Hip?
20. Case Seminars in Skeletal Radiologic-Pathologic Correlation
21. The Importance of MR in Disease Affecting the Shoulder and Knee

Cardiovascular Topics:

1. Fundamental Approach to Cardiovascular Radiology
2. Vascular Rings, Slings and Things
3. Situs and the Cardiac Apex
4. Atrial Septal Defects and Anomalous Pulmonary Venous Return
5. Ventricular Septal Defects, Patent Ductus Arteriosus, and Miscellaneous Left to Right Shunts
6. Truncus Arteriosus
7. Transposition of the Great Arteries and the Transposition Complex
8. Congenital Heart Lesions Causing Decreased Pulmonary Blood Flow
9. Surgical Correction of Congenital Heart Disease
10. Where is the Catheter?
11. Syndromes Associated with Congenital Heart Disease
12. Coronary Artery Anatomy
13. Echocardiography for the Radiologist
14. Case Seminars in Cardiovascular Radiologic-Pathologic Correlation

Miscellaneous Didactic Topics:

1. Masses of the Mediastinum
2. The Concept of Radiologic-Pathologic Correlation: Review of a Forty-Year Experience
3. The AFIP Approach to the Analysis of Images: An Experience Spanning Over 40 Years - With Special Emphasis on Musculoskeletal Lesions

EDUCATIONAL COURSE FACULTY PARTICIPATION: (Total-71)

1. Walter Reed Army Medical Center
AMEDD Diagnostic Radiology Symposium
Washington, D.C. 20307-5001
27-29 May 1981
2. Seminar in Gastrointestinal Radiology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
May 1982
3. Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Radiologic Pathology Course, Faculty (August 1982 - Present)

August 1982 - June 1990
As of June 1990, participated in 40 Radiologic Pathology
Courses attended by approximately 4650 Radiology Residents.

The course was six weeks in duration and was conducted six times per year with a yearly enrollment of approximately 800 Radiology residents. The attendees included all radiology residents in Military Training Programs (Army, Navy and Air Force). The remaining residents represented more than 200 universities and hospitals from across the United States and Canada as well as some programs from Europe and South America. Course attendees now include "second generation attendees", i.e., the sons and daughters of radiologists who were former "graduates" of the course during their own radiology residency. Due to the popularity, the courses are fully subscribed two years in the future. Number of didactic lecture hours per course provided by Dr. Moser varied from 19-28, according to faculty staffing in the Department of Radiologic Pathology. Including both long and short courses, during 1989 the Department of Radiologic Pathology provided approximately 21,000 man-days of educational training to radiologists and other physicians who attended our courses. These six week courses afforded the opportunity for enormous national exposure.

4. Seminars in General Diagnostic Radiology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
6-10 December 1982

5. Seminar in General Diagnostic Radiology
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
11-15 April 1983
6. First Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Silver Spring, Maryland 20910
2-5 May 1983
Course Director - 28 credit hours in Category 1 for the
American Medical Association's Physicians Recognition Award
and in Category 2D by the American Osteopathic Association
(20 of 28 lecture hours provided by Dr. Moser).
7. Walter Reed Army Medical Center
AMEDD Diagnostic Radiology Symposium
Washington, D.C. 20307-5001
25-27 May 1983
8. Seminar in General Diagnostic Radiology
Sponsored by AFIP, ARP
Holiday Inn
Silver Spring, Maryland 20910
26-30 September 1983
9. Weekly Professional Staff Conference
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
November 1983
10. Orthopaedic Pathology Conference
Sponsored by AFIP, ARP
National 4H Center
Bethesda, Maryland 20814
2 February 1984
11. Radiologic-Pathologic Concepts in Diagnostic Radiology
Sixth Annual Meeting of the Radiologic Alumni of the AFIP
Orlando, Florida 32802
1-4 March 1984

12. Second Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
24-27 April 1984
Course Director - Twenty-two credit hours in Category 1 for the American Medical Association's Physicians Recognition Award and in Category 2D by the American Osteopathic Association.
13. Seminar in Pulmonary and Mediastinal Diagnosis
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
10-13 September 1984
14. Seminar in General Diagnostic Radiology
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
17-21 September 1984
15. Orthopaedic Basic Science and Pathology Course for Military Orthopaedic Residents
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Six week course in Orthopaedic Pathology for Orthopaedic Surgery Residents in the Armed Forces of the United States
October 1984
16. Radiological Society of North America
70th Scientific Assembly and Annual Meeting
Washington, D.C. 20001
30 November 1984
17. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
14-15 February 1985
18. Radiologic-Pathologic Concepts in Diagnostic Radiology
7th Annual Meeting of the Radiologic Alumni of the AFIP
Orlando, Florida 32802
21-24 March 1985

19. Third Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
7-10 May 1985
Course Co-Director - including videotapes, showing "motion" of
2D echocardiography, coronary angiography and ventriculography of congenital and
acquired cardiovascular diseases. Twenty-eight credit hours in Category 1 for
the American Medical Association's Physicians Recognition Award and in Category
2D by the American Osteopathic Association (9 of 28 lecture hours provided by
Dr. Moser.)
20. Walter Reed Army Medical Center
AMEDD Diagnostic Radiology Symposium
"Current Concepts in Diagnostic Radiology"
Washington, D.C. 20307-5001
22-24 May 1985
21. Pathologic Basis of Radiologic Diagnosis
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
23-27 September 1985
Course Co-Director
22. Orthopaedic Basic Science and Pathology Course for Military
Orthopaedic Residents
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Six week course in Orthopaedic Pathology for Orthopaedic Surgery
Residents in the Armed Forces of the United States
October 1985
23. Radiological Society of North America
71st Scientific Association and Annual Meeting
Refresher Course Faculty, Refresher Course No. 204
Chicago, Illinois 60521
November 1985
24. American Osteopathic College of Radiology
Winter Meeting in Cancun, Mexico
16-19 January 1986
25. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
January 1986

26. Radiologic-Pathologic Concepts in Diagnostic Radiology
8th Annual Meeting of the Radiologic Alumni of the AFIP
Orlando, Florida 32802
6-9 February 1986
27. Fourth Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
5-9 May 1986
Course Co-Director - including videotapes showing "motion" of 2D echocardiography, coronary angiography and ventriculography of congenital and acquired cardiovascular diseases. Twenty-eight credit hours in Category 1 for the American Medical Association's Physicians Recognition Award and in Category 2D by the American Osteopathic Association (9 of 28 lecture hours provided by Dr. Moser).
28. Letterman Army Medical Center
Present Concepts in Diagnostic Radiology
AMEDD Conference
Presidio of San Francisco, California 94129
20-23 May 1986
29. Orthopaedic Basic Science and Pathology Course for Military Orthopaedic Residents
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Six week course in Orthopaedic Pathology for Orthopaedic Surgery
Residents in the Armed Forces of the United States
October 1986
30. Seminar in Pulmonary and Mediastinal Diagnosis
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
6-9 October 1986
31. Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Refresher Course Faculty, Refresher Course No. 604
Chicago, Illinois 60521
December 1986
This course was selected by E. Robert Heitzman, M.D., Editor, Education Materials, RSNA, for conversion to an audiovisual program and subsequent inclusion in the RSNA audiovisual library and became RSP (Radiology Study Program) #136 (85 minutes), 2 3/4" cassettes, 270 slides.
32. Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
1-12 December 1986

33. 25th Annual International Radiology Seminar
Sponsored by the Department of Radiology of Mount Sinai
Medical Center, Miami Beach, Florida
Ocho Rios, Jamaica
10-15 January 1987
34. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
February 1987
35. Gross Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
February 1987
36. Fifth Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
4-8 May 1987
Course Co-Director - including videotapes showing "motion" of 2D echocardiography, coronary angiography and ventriculography of congenital and acquired cardiovascular diseases. Twenty-eight credit hours in Category 1 for the American Medical Association's Physicians Recognition Award and in Category 2D by the American Osteopathic Association (8 of 28 lecture hours provided by Dr. Moser).
37. Walter Reed Army Medical Center
18th Annual AMEDD Diagnostic Radiology Symposium
"Current Concepts in Diagnostic Radiology"
Washington, D.C. 20307-5001
19-21 May 1987
38. Walter Reed Army Medical Center
Department of Radiology
"Mock Boards for Senior Residents" - Cardiovascular Examiner
Washington, D.C. 20307-5001
May 1987
(No CME Credit)
39. George Washington University School of Medicine
Department of Radiology
"Mock Boards for Senior Residents" - Cardiovascular Examiner
Washington, D.C. 20307
May 1987
(No CME Credit)

40. Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
September 1987
41. Orthopaedic Basic Science and Pathology Course for Military Orthopaedic Residents
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Six week course in Orthopaedic Pathology for Orthopaedic Surgery Residents in the Armed Forces of the United States
October 1987
42. Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Refresher Course Faculty, Refresher Course No. 404
Chicago, Illinois 60521
December 1987
43. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
25-29 January 1988
44. Naval Medical Command, National Capital Region
Department of Radiology
"Mock Boards" - Cardiovascular Examiner
Bethesda, Maryland 20814
April 1988
(No CME Credit)
45. 1988 Annual Seminars of the AFIP
Sponsored by AFIP, ARP
Crowne Plaza Holiday Inn
Rockville, Maryland 20852
11-13 May 1988
46. 5th Bi-Annual Meeting of Spanish Military Radiologists
Mediterranean Naval Hospital
Cartagena, Spain
29 May - 1 June 1988
(No CME Credit since documentation and accumulation of Continuing Medical Education Credits are not requirements for Spanish Physicians)

47. Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
September 1988
48. Weekly Professional Staff Conference
Armed Forces Institute of Pathology
Washington, D.C.
12 October 1988
49. Radiological Society of North America
74th Scientific Assembly and Annual Meeting
Refresher Course Faculty, Refresher Course No. 507
Chicago, Illinois 60521
27 November - 2 December 1988
50. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
23-27 January 1989
51. Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
May 1989
52. Radiological Society of North America
75th Scientific Assembly and Annual Meeting
Monitor, Works in Progress Session - By Invitation
Chicago, Illinois 60521
29 November 1989
53. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
22-26 January 1990
54. Sophomore Medical Student Pathology Course
Musculoskeletal Section
Penn State University
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
2 April 1990

55. "Mock Boards" for Senior Radiology Residents from Geisinger Medical Center
Category - Bone
Session conducted at the Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
10 May 1990
56. Sophomore Medical Student Pathology Course
Musculoskeletal Section
Penn State University
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
10 April 1991
57. "Mock Boards" for Senior Radiology Residents from Geisinger Medical Center
Categories - Bone and Cardiovascular
Session conducted at the Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
13 May 1991
58. Second Annual AFIP -- Spanish Radiologic Pathology Course
Madrid, Spain
June 1991
(This course was attended by 480 attending and resident radiologists from
across Spain and Portugal)
59. "Surface Lesions of Bone"
18th Annual Meeting of the International Skeletal Society (ISS)
San Diego, California
25 September 1991
60. "Musculoskeletal Tumors: CT and MRI"
19th Annual Meeting of the International Skeletal Society (ISS)
Stockholm, Sweden
August 26, 1992
61. "Diseases with Cutaneous and Skeletal Manifestations"
"Giant Cell Tumors"
Organ Imaging Review 1992
Toronto, Canada
September 16, 1992
62. "Skin and Bones"
The Second Annual Armed Forces Institute of Pathology Course:
Radiologic Pathologic Correlation
Lake Buena Vista, Florida
October 14, 1992

63 "Bone Tumors"
Invited Panelist: Interesting Case/Film Reading Conference
25th International Diagnostic Course in Davos
Davos, Switzerland
27 March - 2 April 1993

64. "Radiologic - Pathologic Correlation of Bone Tumors"
American Roentgen Ray Society
93rd Annual Meeting
San Francisco, California
25-30 April 1993

65. "Bone Tumors"
26th International Course in Davos
Davos, Switzerland
20-25 March, 1994

66. "The Utility of CT in Assessing Musculoskeletal Tumors"
American Roentgen Ray Society
94th Annual Meeting
New Orleans, Louisiana
25-29 April, 1994

67. "Bone Tumors"
27th International Course in Davos
Davos, Switzerland
April, 1995

68. "Radiologic Assessment of Bone Tumors and Tumor-Like Processes"
First Annual Musculoskeletal Imaging Weekend
Course Sponsors: Armed Forces Institute of Pathology
American Registry of Pathology
Washington, D.C. 20306-6000
20-21 May 1995

69. "First Annual Orthopaedics Program for Primary Care Physicians"
The Hershey Lodge and Convention Center
Hershey, Pennsylvania 17033
9-10 May 1997

70. "Musculoskeletal Tumors - Osseous"
"Musculoskeletal Tumors - Cartilaginous"
Radiology at the Doral
Joint Presentation by Faculty from:
Pennsylvania State University and
University of California, Irvine
Miami, Florida
26 February - 1 March 2001

71. "Mock Boards" for Senior Radiology Residents from The Milton S. Hershey Medical Center, Geisinger Medical Center, and the Reading Hospital
Category - Bone
Session conducted at The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
5 May 200



(C)

MCQUAIDE BLASKO

ATTORNEYS AT LAW

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January 15, 2004

David S. Meholic, Court Administrator
Clearfield County Courthouse
P.O. Box 549
1 North Second Street
Clearfield, PA 16830

Re: Yarger v. Nadvit, No. 00-1322-CD

Dear Mr. Meholic:

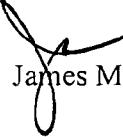
Enclosed please find Defendant's Supplemental Pre-Trial Memorandum, together with Certificate of Service in the above-referenced matter.

Thank you for your attention to this matter.

Very truly yours,

McQUAIDE BLASKO

By:


James M. Horne

RECEIVED

JAN 16 2004

COURT ADMINISTRATOR'S
OFFICE

JMH/sap
Enclosure
cc/Enc.:

James B. Cole, Esquire
G. Hugh Givens, Claim Specialist (#38-J107-189)

MCQUAIDE, BLASKO, SCHWARTZ, FLEMING & FAULKNER, INC.

State College Office: John W. Blasko Thomas E. Schwartz R. Mark Faulkner David M. Weixel Steven S. Hurvitz James M. Horne Wendell V. Courtney Darryl R. Slimak Mark Righter Daniel B. Bright Paul J. Tomeczuk Janine C. Gismondi John A. Snyder April C. Simpson Allen P. Neely Pamela A. Ruest Katherine V. Oliver Katherine M. Allen Wayne L. Mowery, Jr. Ashley Himes Kranich Chena L. Glenn-Hurt Richard K. Laws Livinia N. Jones Cristin R. Barnes Matthew T. Rogers Frederick R. Buttiglia Anthony A. Simon

Hershey Office: Grant H. Fleming Maureen A. Gallagher Michael J. Mohr Jonathan B. Stepanian Britt D. Russell

Hollidaysburg Office: Thomas M. Reese J. Benjamin Yeager

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

1
TRACY YARGER, : No. 00-1322-C.D.
Plaintiff, : TYPE OF PLEADING:
v. : Trial Brief
CINDY NADVIT, : TYPE OF CASE: CIVIL
Defendant. : FILED ON BEHALF OF:
 : DEFENDANT
 : COUNSEL OF RECORD FOR
 : FOR THIS PARTY:
 : JAMES M. HORNE, ESQ.
 : I.D. NO. 26908
 : CHENA L. GLENN-HART, ESQ.
 : I.D. NO. 82750
 : McQUAIDE, BLASKO, SCHWARTZ,
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MAR 01 2004

**COURT ADMINISTRATOR'S
OFFICE**

Yarger v. Nadvit

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
: :
Plaintiff, : :
: :
v. : :
: :
CINDY NADVIT, : :
: :
Defendant. : :

TRIAL BRIEF OF DEFENDANT

I. EVIDENCE WITH RESPECT TO OTHER LAWSUITS FILED BY PLAINTIFF

As the Court is aware from the argument held with respect to Plaintiff's Motion in Limine, the Plaintiff in this matter has filed several other personal injury lawsuits. The first of these lawsuits was filed in Allegheny County in 1998, and arises from an ATV accident which the Plaintiff was involved in on June 30, 1996. This suit was filed against Suzuki Motor, and was allegedly settled by way of a confidential settlement agreement. The second lawsuit filed by Plaintiff is currently pending in Clearfield County. This suit was brought against one Megan Srock and arises from injuries which the Plaintiff sustained in a motor vehicle accident that occurred on April 8, 2000.

With respect to the ATV lawsuit, Plaintiff provided testimony under oath at a deposition on October 21, 1998, which is just 9 days prior to the automobile accident at issue in the instant matter. Plaintiff also provided sworn interrogatory answers on May 27, 1999. In both the deposition and the interrogatory answers, Plaintiff provided sworn testimony with respect to the

injuries she claims were the result of the ATV accident. Plaintiff also provided sworn testimony with regard to the permanent and ongoing nature of those injuries. Defendant has cross-examined Plaintiff's expert witnesses with respect to this sworn testimony without objection from Plaintiff. Defendant intends at trial to cross examine Plaintiff with regard to her sworn testimony in the ATV lawsuit in order to show that Plaintiff has previously claimed that she injured her neck in the ATV accident, and that her neck complaints result from that accident as opposed to the automobile accident of October 30, 1998. Further, Defendant will utilize this evidence to show that as of October 30, 1998 Plaintiff was already permanently limited in her daily activities as a result of the injuries she claims to have received in the ATV accident.

With regard to the automobile accident of April 8, 2000, Plaintiff has filed a complaint alleging that as a result of the injuries she received in that accident she has sustained past and future pain, inconvenience, mental distress and loss of enjoyment of life. Obviously, these are the same damages Plaintiff asserts in the instant action arise from the accident of October 30, 1998. Defendant is, for the reasons set forth below, clearly entitled to cross examine Plaintiff regarding her sworn allegations in the Srock action to show that Plaintiff is making inconsistent allegations with respect to the cause of her alleged ongoing injuries and damages. This is particularly true inasmuch as Plaintiff has already attempted, through the testimony of Dr. Lukacs, to imply that she was not injured in the accident of April 8, 2000. Such evidence is directly contradicted by the sworn allegations in the Srock complaint.

Pennsylvania Rule of Evidence 607 provides that a witness may be impeached by any evidence relevant to that issue unless otherwise proscribed by statute or the Rules of Evidence. Pa.R.E. 607(b). No positive rule of Pennsylvania law prohibits impeachment of a party or

witness by use of pleadings or testimony given in another lawsuit. Indeed, Pennsylvania law clearly permits the introduction of pleadings and testimony from other lawsuits for impeachment purposes when the evidence is relevant to damages and/or credibility.

Pennsylvania courts have held that a party's pleadings from an unrelated suit may be used not just for impeachment, but even as admissions against him or her. See Hess v. Vinton Colliery Co., 255 Pa. 78, 86, 99 A. 218, 220 (1916). Cf. Harkins v. Calumet Realty Co., 418 Pa. Super. 405, 424, 614 A.2d 699, 709 (1992) (finding plaintiff's allegations in complaint against defendants who had settled prior to trial admissible). In Hess, the Pennsylvania Supreme Court stated the rule as follows:

A record . . . is admissible against one of the parties. . . as containing a solemn admission or judicial declaration by such parties in regard to any particular fact. But in these instances it is received, not as an adjudication conclusively establishing the fact, but as the declaration or admission of the party himself, that the fact is so.

Hess, 99 A. at 220.

Importantly, the Supreme Court went on to recognize that:

This rule [is] applied even in a subsequent suit between such party and a stranger to the first suit. . . The pleadings in prior causes are to be treated as admissions by the parties, and as such are available in later cases.

Hess, 99 A. at 220. Just as the pleadings of a party are admissible as admissions in other actions, so, too, are statements such as deposition and trial testimony given in other actions. Bruno v. Brown, 414 Pa. 361, 363, 200 A.2d 405, 406 (1964) ("Testimony at prior trials, at examination before trial, in depositions, interrogatories or statements in verified bills of particulars are proper sources for cross-examination and impeachment."); DeVita v. Durst, 167 Pa. Cmwlth. Ct. 105, 115, 647 A.2d 636, 641 (1994).

Pennsylvania courts have specifically recognized the relevancy of evidence of other lawsuits, and pleadings and testimony therein, for impeachment purposes, when a plaintiff makes similar claims for permanent injuries in the different suits. DeVita v. Durst, 167 Pa. Cmwlth. Ct. 105, 115-16, 647 A.2d 636, 641 (1994). In DeVita, the Commonwealth Court upheld the introduction of deposition testimony of the plaintiff given in a prior lawsuit, as well as publication of the fact that the plaintiff had brought a prior lawsuit involving prior injuries. Id. The DeVita plaintiff brought an action in 1990 for injuries allegedly sustained in a car accident which occurred in 1988. The injuries claimed in the 1990 action included anxiety, depression, post traumatic stress syndrome, a closed head injury, and organic brain disorder. The plaintiff in DeVita claimed that she was permanently disabled as a result of these injuries. At trial, the defense introduced portions of the plaintiff's deposition testimony from 1979 given in connection with a fall she sustained in 1976 and also introduced the fact that the plaintiff had brought a lawsuit involving the injuries sustained in the 1976 fall. See id. In holding that the introduction of this evidence was proper, the DeVita court stated:

Testimony at prior trials, in depositions, and interrogatories are proper sources for cross-examination and impeachment. However, a discrepancy must exist which is material to the present issue. . . . In her interrogatory answers pertaining to this case, she stated that, in her 1976 accident, she suffered only minor leg injuries. However, in the 1979 deposition, describing her 1976 fall, LaRussa stated that she fell so hard that she was knocked unconscious. Additionally, in her suit, LaRussa claimed that she suffered anxiety and depression from that fall. Because the defense contended that LaRussa's mental disability predated the automobile accident, the impeachment of LaRussa regarding previous head injuries and conflicting testimony was properly permitted by the trial court.

Id., at 116, 647 A.2d at 641.

Similarly, in Becker v. City of Philadelphia, 217 Pa. 344, 66 A. 564 (1907), the Pennsylvania Supreme Court held that introduction of the record of a prior suit by the plaintiff and of the testimony of one of the medical witnesses therein was proper as a means of impeaching the plaintiff on the issue of damages. In Becker, the plaintiff brought suit against the City of Philadelphia, claiming that she suffered a uterine disturbance as a result of a fall. Id., at 345-46, 66 A. at 564. Approximately eight to ten years prior to that suit, the plaintiff had brought suit against a different defendant, claiming damages for injuries she allegedly sustained as a result of a fall on a sidewalk. In the Becker action, the defense introduced both the record of the plaintiff's previous action, as well as the transcribed testimony of the plaintiff's medical witness in the prior action for the purpose of demonstrating that one of the injuries claimed in the prior action was a uterine disturbance, and that the uterine disturbance was claimed in the prior action to be permanent in nature. Id. Although the plaintiff's medical witness from the prior action was deceased, the Becker defendant introduced the stenographer's notes from the prior action showing that the medical witness had testified that one of the results of the prior accident was a uterine disturbance, that he had treated the plaintiff for that injury, and that the injury was permanent in character. Id. at 347, 66 A. at 564. In affirming the introduction of this evidence, the Pennsylvania Supreme Court stated:

The purpose of the offer was to discredit [the plaintiff] as a witness, and to impute to her want of good faith in the present action. It was pertinent to the issue. How [sic] effective was for the jury to say. Dr. Cooper was a witness testifying on behalf of the plaintiff. The plaintiff was present at the time he testified according to her own admission. She relied upon his testimony with regard to the nature and extent of her injury, as furnishing a basis upon which she asked the jury to reckon her compensation. She thus adopted an [sic] used the declarations and admissions of the witness as her own, and it was the same as though she herself had asserted the fact which they tended to prove. Such is the rule. The purpose of the offer was clearly legitimate, and the mode of proof entirely proper.

Id., at 347, 66 A. at 565 (emphasis added). Thus, the Becker court not only allowed introduction of the record of the action itself, but also allowed introduction of testimony of the plaintiff's prior medical witness for the purpose of impeaching the plaintiff.

In Bruno v. Brown, 414 Pa. 361, 200 A.2d 405 (1964), the Pennsylvania Supreme Court held that it was error to preclude testimony that the plaintiff had previously brought a suit in which he claimed prolonged and lengthy disability due to injuries sustained in a prior accident. Bruno, 414 Pa. at 365-66, 200 A.2d at 407-408. In Bruno, the plaintiff brought suit arising from a 1960 automobile accident and claimed serious low back injury. Prior to that suit, the plaintiff had been involved in an accident in 1953 and had brought a lawsuit claiming that he suffered prolonged and lengthy disability resulting from the 1953 accident. At trial regarding the 1960 accident and alleged injuries, the defense sought to introduce several witnesses to testify that the plaintiff had claimed a low back injury relative to the 1953 accident, including a juror from the trial regarding the 1953 accident. The Pennsylvania Supreme Court reversed the trial court's preclusion of this evidence. In reversing the trial court's ruling, the Supreme Court stated as follows:

At first blush, it would appear that the ruling of the court below was correct and that the testimony did, in fact, raise collateral matters. However, more studied consideration leads to a contrary conclusion.

As noted herebefore, the plaintiff testified in the present action that as a result of the accident involved he suffered severe, continuing back pains. He also denied suffering any back injury in the accident in 1953. To the contrary, the proffered testimony would show that following the 1953 accident, and up to the date of trial in 1954 or 1955, he was making claims for severe back injuries. Since testimony was absent to show any connection between the injuries in the two accidents, the rejected testimony was not admissible, as appellant contends, to support an inference of a pre-existing condition. But, in view of the circumstances presented, it was relevant to aid the fact finders in assessing the plaintiff's credibility in resolving whether or not his testimony as to his present

back injuries, was believable and should be accepted. The testimony, therefore, was admissible and its rejection was error.

Id.

In line with the foregoing authority, the Defendant in this matter is clearly entitled to reference the sworn testimony of the Plaintiff in her ATV lawsuit, as well as her sworn interrogatory answers. This evidence will show that the Plaintiff asserted, just nine days before the accident at issue in this case, that she had injured her neck in the ATV accident and that this injury caused her to use a cervical pillow, to have difficulty lifting objects with her arm, to have headaches, and so on. Plaintiff further asserts in her deposition that the injury interfered with her ability to perform day to day activities. Finally, in her interrogatory answers, Plaintiff claimed that these injuries were ongoing, and that all were related to the ATV accident. This evidence bears not only on the credibility of the Plaintiff, but is directly related to the critical issue of causation.

Similarly, the authority discussed above supports introduction of the sworn allegations made by Plaintiff in the Srock complaint. Such evidence is relevant to show that Plaintiff's damages, if any, relate to the April 2000 accident and not to the accident at issue in this case. This evidence is also admissible to impeach the credibility not only of the Plaintiff, but also of her expert witness, Dr. Lukacs. As such, evidence of the sworn allegations made by Plaintiff in the Srock complaint should be permitted.

II. THE TESTIMONY OF PLAINTIFF'S CHIROPRACTOR, DR. SUSAN HARCHAK

On July 10, 2003, Plaintiff took the deposition for use at trial of Susan Harchak, a chiropractor. At that deposition, Plaintiff elicited opinions from Dr. Harchak as to: (1) her interpretation of the November 1998 MRI film of Ms. Yarger; (2) her opinion as to the cause of

Ms. Yarger's symptoms following the automobile accident of October 30, 1998; and (3) her opinion as to the cause of Ms. Yarger's herniated disc.

Defendant objected to the testimony on the basis that as a chiropractor, Dr. Harchak was not competent or qualified to render such opinions. For the reasons below, the objections should be sustained.

Under §625.102 of the Chiropractor Practice Act of 1986, 63 Pa.C.S.A. §625.101, et. seq., chiropractic treatment is defined as follows:

“Chiropractic.” A branch of the healing arts dealing with the relationship between the articulations of the vertebral column, as well as other articulations, and the neuro-musculoskeletal system and the role of these relationships in the restoration and maintenance of health. The term shall include systems of locating misaligned or displaced vertebrae of the human spine and other articulations; the examination preparatory to the adjustment or manipulation of such misaligned or displaced vertebrae and other articulations; the adjustment or manipulation of such misaligned or displaced vertebrae and other articulations; the furnishing of necessary patient care for the restoration and maintenance of health; and the use of board-approved scientific instruments of analysis, including x-ray. The term shall also include diagnosis, provided that such diagnosis is necessary to determine the nature an appropriateness of chiropractic treatment; the use of adjunctive procedures in treating misaligned or dislocated vertebrae or articulations and related conditions of the nervous system, provided that, after January 1, 1998, the license must be certified in accordance with this act to use adjunctive procedures; and nutritional counseling, provided that nothing herein shall be construed to require licensure as a chiropractor in order to engage in nutritional counseling. The term shall not include the practice of obstetrics or gynecology, the reduction of fractures or major dislocations, or the use of drugs or surgery.

As opposed to the limited focus of chiropractic, §1991 of the Statutory Construction Act of 1972, 1 Pa.C.S.A. §1991, broadly defines “physician” as “an individual licensed under the laws of this Commonwealth to engage in the practice of medicine and surgery in all of its branches..., or in the practice of osteopathy or osteopathic surgery....” In comparing the area of expertise of a chiropractor to that of a physician, it is clear that, unlike physicians, chiropractors are not authorized nor would they be trained to practice medicine or the healing arts generally,

and specifically, are limited to adjustments and manipulations of conditions of the spinal vertebrae column or other articulations (joints), and may not use drugs or surgery to treat patients. Similarly, while the Chiropractic Practice Act allows for chiropractors' "diagnosis," it is limited by the caveat, "provided that such diagnosis is necessary to determine the nature and appropriateness of chiropractic treatment." Consistent with the foregoing, their authority to provide care is limited to locating, examining, preparing for an adjustment or manipulation of misaligned or displaced spinal vertebrae or other articulations and necessary patient care. They are only allowed to provide "adjunctive" physical therapies such as massage, mobilization, heat, col, etc., if they have a special certification to do so.

It becomes especially important to distinguish chiropractors from physicians when considering their respective qualifications as expert witnesses. The trial judge must make an estimation of the qualification of any potential expert presented to the court and determination of competence. Donaldson v. Maffucci, 397 Pa. 584, 558, 156 A.2d 835, 840 (1959). The party who presents a medical expert has the initial burden of establishing the medical expert's qualifications to render an opinion in a particular field. Id. As stated in Arnold v. Loose, 352 F.2d 959, 962 (3rd Cir. 1965) (citing Pennsylvania law):

An expert is competent to express an opinion if he had a "reasonable pretension to specialized knowledge on the subject under investigation." DeMarco v. Frommyer Brick Co., 203 Pa. Super. 486, 201 A.2d 234, 236 (1964). He must show at least a general familiarity with the field or that he has had some opportunity or means of acquiring special knowledge or experience with reference to the particular question. 1 Henry, Pennsylvania Evidence, §563.

Thus, chiropractors are competent to testify as experts only concerning matters within the scope of the profession and practice of chiropractic, and not medical or the "healing arts" generally. McKinney Manufacturing Corp. v. Workmen's Comp. Appeal Board, 9 Pa. Cmwlth.

79, 305 A.2d 59 (1972). A chiropractor may testify to the legally permissible treatment he provided to an individual for a specific chiropractic complaint and the individual's reaction to this specific method of treatment. However, as chiropractic "diagnosis" is limited to that "necessary" for "chiropractic treatment," which by law cannot include the use of drugs or surgery, for example, a chiropractor is not qualified to testify as to the future prognosis or permanent or continuing nature of an injury. A chiropractor does not have the required educational background and experience to render a medical judgment that an injury is permanent, i.e., cannot be corrected by the use of physical therapy, injections, or other drugs, or surgery. Such determinations are necessarily beyond the scope of any care he is licensed to provide and, thus, cannot be offered under the guise of being within the expertise of a chiropractor. Similarly, while a chiropractor is qualified to diagnose the need for chiropractic care, i.e., the need for an adjustment to realign the spine, it is not within his qualifications and licensure to express opinions on what caused the misalignment of vertebrae in the first instance. Such issues are beyond his competence as demonstrated by the limited sphere of licensure. It is not a "diagnosis" "necessary" for chiropractic adjustments.

In Hardy v. Commonwealth, Dept. of Public Welfare, 81 Pa. Cmwlth. 428, 473 A.2d 1138 (1984), the Commonwealth Court held that under §432(3)(i)(C) of the Public Welfare Code, (Act), 62 Pa.C.S. §432(3)(i)(C), a chiropractor's testimony is not admissible as documentation of a disability. The court stated that disability must be shown by a physician or a licensed psychologist. The court refused to interpret the term "physician" to include chiropractors, emphasizing that "[t]he legislature certainly could have included chiropractors among persons authorized to provide documentation under section 432 if it had so desired."

Hardy, 81 Pa. Cmwlth. at 431-432, 473 A.2d at 1140 (1984). This distinction between

chiropractors and physicians was recognized as early as 1964 in Howe v. Smith, 203 Pa. Super. 212, 199 A.2d 521 (1964), wherein the court stated:

Naturally the chiropractors would like to be equated with the medical profession, but neither their recognized field of practice nor the statutes relating to these professions makes such an equation realistic. Chiropractors are engaged in a limited field of the healing arts which requires less education and training of them than is required of those practicing medicine and surgery. They are classified separately by the legislature from physicians in numerous ways.

Howe, 203 Pa. Super. at 219, 199 A.2d at 524.

Just as a nurse is not qualified to give a medical opinion on a subject which requires the specific educational background and experience of a physician, a chiropractor is not qualified to render a medical opinion on any subject which is solely within a physician's sphere of knowledge and experience. The law only allows medical specialists who are not physicians, such as nurses or chiropractors, to testify to (1) acts which they are legally permitted to do, and which they have in fact done, or (2) acts which they have not performed, but which they are legally permitted to perform. As stated in Taylor v. Spencer Hospital, 222 Pa. Super. 17, 26, 292 A.2d 449, 453 (1972), "if a duly qualified practical nurse is permitted by law to do certain acts, and she has in fact done those acts or is familiar with them, there is no reason why she could not testify as an expert witness as to the proper method of performing those acts." See also McKinney Manufacturing Corp. v. Workmen's Comp. Appeal Board, 9 Pa. Cmwlth. 79, 305 A.2d 59 (1973). However, a careful watch must be kept on even medical specialists so that they are not permitted to testify in areas where they do not have the necessary qualifications. See Arnold, supra. In Pistella v. W.C.A.Bd. (Sampson Buick Body Shop), 159 Pa. Cmwlth. 342, 349, 633 A.2d 230, 233 (1993), it was emphasized that it was appropriate to preclude a chiropractor from expressing his own opinions on, and even from merely referencing or testifying regarding, the

reports of a medical specialist (therein, a neurologist, whose specialty also deals with the neuromuscular systems).

In light of the foregoing, it is clear that a chiropractor is not qualified to testify to matters outside his or her field of licensure and experience. Specifically, a chiropractor cannot be permitted in the case at hand to express an opinion as to the causation of the Plaintiff's condition, or as to the interpretation of the MRI scan. Such determinations can only be made by a properly qualified physician.

III. CAUSATION

Not surprisingly, Plaintiff proposes that this Court follow the most recent set of Suggested Jury Instructions on the issue of causation. (See, Plaintiff's Point for Charge No. 1; Pa. SSJI (Civ) 3.00 (Modified)). These suggested instructions propose a fundamental departure from the long and well established requirement under Pennsylvania law that an essential element of Plaintiff's negligence case is that of proving that the Defendant's conduct was a substantial factor in bringing about the Plaintiff's harm. To the best of Defendant's knowledge, no Pennsylvania case, particularly at an appellate level, has accepted this radical proposal. Indeed, should the Court charge as requested by Plaintiff, it would be acting contrary to current authority. As such, Defendant believes that the only correct course of action is to charge in accordance with the long held law in this area.

The Subcommittee note to Pa. SSJI (Civ) 3.00 (Modified) clearly recognizes that the proposed charge represents a departure from the substantial factor charge which has long been a part of Pennsylvania jurisprudence. While the Subcommittee attempts to say that the new language is not intended to "make new law", this is indeed precisely what it is proposing. With all due respect, given the Plaintiff oriented composition of the committee, it is not surprising that

the proposed charge is clearly one which favors the plaintiff and seeks to reduce the plaintiff's burden of proof. Unless and until the appellate courts embrace the new charge, this Court should follow existing law and hold Plaintiff in this case to her well established burden of proving that the Defendant's conduct was a substantial factor in causing her herniated disc and bringing about the need for surgery.

It is well established that the Standard Jury Instructions are guides only, and are in no way binding on the trial court. See, Smith v. Stribling, 168 Pa. Cmwlth. 188, 649 A.2d 1003 (1994); Butler v. Kiwi, S.A., 412 Pa. Super. 591, 604 A.2d 270 (1992); City of Philadelphia v. Duda, 141 Pa. Cmwlth. 88, 595 A.2d 206 (1991); Mackowick v. Westinghouse Electric Corp., 373 Pa. Super. 434, 541 A.2d 749 (1988), aff'd., 525 Pa. 52, 575 A.2d 100 (1990). As stated in Mackowick, supra., 541 A.2d at 752: "These instructions are guides only and the trial judge is free to deviate from them or ignore them entirely. What is important is whether the charge as a whole provides a sufficient and correct legal basis to guide the jury in its deliberations." This is true even where a party specifically requests the trial court to utilize a standard instruction.

Butler, supra.

It cannot seriously be disputed that Pennsylvania has long required that in a negligence action, the plaintiff must demonstrate that the defendant's wrongful conduct was the proximate cause of plaintiff's harm. Proximate cause, in turn, is premised upon a finding that the wrongful conduct was a substantial factor in bringing about the plaintiff's injury. As long ago as 1965, the Supreme Court stated: "It is well established in Pennsylvania that in order to find that defendant proximately caused an injury it must be found that his allegedly wrongful conduct was a substantial factor in bringing about the plaintiff's injury even though it need not be the only factor." Majors v. Brodhead Hotel, 416 Pa. 265, 271, 205 A.2d 873, 877 (1965). Since then, the

appellate courts have repeatedly reaffirmed the necessity for a finding that the defendant's conduct was a substantial factor in bringing about the plaintiff's harm. See, e.g., Zieber v. Bogert, 2000 PA Super 24, 747 A.2d 905 (2000), aff'd., 565 Pa. 376, 773 A.2d 758 (2001); Frangis v. Duquesne Light Co., 232 Pa. Super. 420, 335 A.2d 796 (1975); Dornon v. Johnston, 421 Pa. 58, 218 A.2d 808 (1966). Indeed, just last year the Superior Court reaffirmed the need for a substantial factor finding, and in so doing rejected the idea as proposed by the new suggested jury instructions that a finding of factual causation is sufficient. As explained in Gutteridge v. A.P. Green Services, Inc., 2002 PA Super 198, 804 A.2d 643, 655 (2002), appeal denied, 2003 WL 21754964 (Pa. July 29, 2003):

To recover damages in a negligence action . . . a plaintiff must establish that a particular defendant's negligence was the proximate cause of his or her injuries. 'Cause in fact' or physical cause' is not the same thing as 'proximate cause' or 'legal cause'. Proximate causation is found when wrongful conduct is a 'substantial factor' in bringing about the specific harm incurred. Whether a party's conduct has been a substantial factor in causing injury to another is ordinarily a question of fact for the jury.

Id.

Accordingly, Defendant urges the Court to reject the proposal by Plaintiff herein that the Court disregard decades of clear precedence with respect to the proper charge on the issue of causation and instead follow a committee's suggestion that has yet to receive the endorsement of any appellate decision in the Commonwealth. The new instruction is nothing more than a proposal, and the Court is in no way bound by this recommendation. The Court is, however, bound by numerous decisions which through the years have confirmed the central place which the concept of substantial factor has in our jurisprudence. It is respectfully submitted that the Court should follow this sound judicial precedent, as opposed to following a committee recommendation that clearly faces a highly uncertain future.

IV. LIMITED TORT/SERIOUS INJURY

Despite the sworn allegations in her complaint that she had selected the full tort option, Plaintiff has now belatedly conceded that in fact she was insured under a policy of automobile insurance bearing the limited tort option. As a result, Plaintiff has the burden of proving not only that the Defendant was negligent and that her negligence was a substantial factor in bringing about her harm, but also that any injuries she sustained are serious injuries as defined by The Pennsylvania Motor Vehicle Financial Responsibility Law (“MVFR”).

With limited exceptions not pertinent to the case at bar, the MVFR precludes a person who is bound by the limited tort election from maintaining an action for non-economic loss resulting from a motor vehicle accident unless the person has sustained a “serious injury.” See 75 Pa. C.S.A. § 1705. “Serious injury” is defined under the MVFR as, *inter alia*, a “personal injury resulting in ... serious impairment of body function or permanent serious disfigurement.” 75 Pa.C.S.A. § 1702. Whether the plaintiff has suffered a “serious impairment of body function” involves two inquiries: (1) was any body function impaired because of injuries sustained in the motor vehicle accident?; and (2) was the impairment of body function serious? Washington v. Baxter, 553 Pa. 434, 447, 719 A.2d 733, 740 (1998).

The proper focus in a “serious impairment” case is upon how a plaintiff’s injuries affected a particular body function, and not upon the injuries themselves. Washington, 553 Pa. at 449, 719 A.2d at 741. Injury alone is not sufficient to constitute a serious impairment. Id. To determine whether an impairment is “serious,” the following factors should be examined: “the extent of the impairment, the particular body function impaired, the length of time the impairment lasted, the treatment required to correct the impairment, and any other relevant factors.” Id. at 447-448, 719 A.2d at 740. Furthermore, the Pennsylvania Supreme Court has

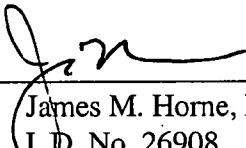
admonished that “[g]enerally, medical testimony will be needed to establish the existence, extent, and permanency of the impairment. ...” Id. at 447, 719 A.2d at 740. The burden is on a plaintiff seeking non-economic losses to prove a serious injury sufficient to cross the limited tort threshold. See Id. at 449, 719 A.2d at 741.

In this case, there are numerous facts which would support a finding by the jury that the Plaintiff did not suffer a serious injury. First, the records and testimony of Dr. Triantafyllou reflect that Plaintiff initially reported a good recovery from her surgery with little, if any, in the way of ongoing symptoms. This recovery occurred within a very short time of the surgery itself. Second, there is significant support in the record for a determination that the Plaintiff’s ongoing symptoms post-surgery were no different from the problems she had experienced for many years prior to the automobile accident at issue. Thus, a jury could well conclude that Plaintiff’s level of ‘impairment’ post-accident was no different from her level of impairment pre-accident. Third, the factual record strongly suggests that Plaintiff was disabled and relatively inactive in the years leading up to the automobile accident of October 30, 1998. As such, a jury could well conclude that even if Plaintiff’s injuries result in ongoing symptoms, Plaintiff herself is relatively unimpaired in terms of the impact of those injuries on her day to day activities. Finally, there are substantial questions as to the credibility of the Plaintiff, her description of her injuries, her contentions as to the cause of those injuries, and her claims as to the impact of those injuries upon her. In this respect, it is clearly for a jury to make a final determination as to whether she has sustained a serious injury as defined by the MVFRL, under either an impairment standard or a disfigurement standard.

Respectfully submitted,

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

Dated: February 27, 2004

By: 

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Attorneys for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.

: Plaintiff,

: v.

CINDY NADVIT, :

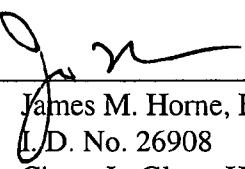
: Defendant.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant's Trial Brief in the above-captioned matter was mailed by U.S. First Class Mail, postage prepaid, on this 27th day of February, 2004, to the attorney/party of record:

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Pittsburgh, PA 15219
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McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: 

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Attorneys for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

TRACY YARGER, :
: No. 00-1322 C.D.
Plaintiff, :
: **PLAINTIFF'S PRE-TRIAL
STATEMENT**
vs. :
:

CINDY NADVIT, : Filed on behalf of:
: Plaintiff

Defendant. : Counsel of Record for this
: Party:

James B. Cole, Esquire
Pa. I.D. #15801

STOKES LURIE COLE &
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**COURT ADMINISTRATORS
OFFICE**

APR 01 2003

**COURT ADMINISTRATORS
OFFICE**

JURY TRIAL DEMANDED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

TRACY YARGER,

:

Plaintiff,

: No. 00-1322 C.D.

:

vs.

:

CINDY NADVIT,

:

Defendant.

:

PLAINTIFF'S PRE-TRIAL STATEMENT

Narrative Statement of Facts

This is an action requesting money damages for injuries suffered by the plaintiff Tracy Yarger in a motor vehicle accident that happened October 30, 1998 in Osceola Mills, Clearfield County. The accident occurred at about 7:45 a.m. on State Route 53. The plaintiff was driving her car in a northern direction on Route 53 and she had come to a stop in traffic in response to a red light. As she waited at the light her car was struck from the rear by an automobile operated by the defendant. The plaintiff sustained injuries to her neck as a result of the accident, and she required surgery two weeks later on November 13, 1998. The plaintiff has continued to have difficulty with her neck.

Witnesses

1. The plaintiff may call any of the following persons as witnesses on the issue of liability:

a. Tracy Yarger, plaintiff herein

- b. Brian Shane Yarger
- c. Trooper Shawn Compton
Pennsylvania State Police
Woodland Barracks
- d. Dawn Bailey
Madera, Pennsylvania
- e. Gary Wyant
current address unknown
- f. Hugh Givens
State Farm Insurance Company
383 Rolling Ridge Drive
State College, PA 16801
- g. Cindy Nadvit, defendant herein

2. The plaintiff may call any of the following persons as witnesses on the issue of damages:

- a. Tracy Yarger, Plaintiff herein
- b. Brian Shane Yarger
- c. Thomas McGlynn
Box 617
Houtzdale, PA 16651
- d. Wanda McGlynn
Box 617
Houtzdale, PA 16651
- e. Timothy McGlynn
Route 53
Sanborn, PA
- f. Susan Harchak, D.C.
1114 Walton Street
Philipsburg, PA 16866

- g. Steven J. Triantafyllou, M.D.
908 South George Street
York, PA 17403
- h. Kornel Lukacs, M.D.
1915 Valley View Boulevard
Altoona, PA 16601
- i. Records custodian
Philipsburg Area Hospital
210 Lochlomond Road
Philipsburg, PA 16866
- j. Records custodian
611 Open MRI
611 University Drive
State College, PA 16801
- k. Records custodian
York Hospital
1001 South George Street
York, PA 17405
- l. Records custodian
Conemaugh Memorial Hospital
1086 Franklin Street
Johnstown, PA 15905
- m. James P. Davidson, D.O.
502 Park Avenue
Clearfield PA 16830
- n. Records custodian
Clearfield Hospital
809 Tunpike Avenue
Clearfield PA 16830
- o. Anthony Scuderi, M.D.
c/o Conemaugh Memorial Hospital
1086 Franklin Street
Johnstown, PA 15905

p. Howard Forman, M.D.
c/o Conemaugh Memorial Hospital
1086 Franklin Street
Johnstown, PA 15905

q. Franklin B. Olney, M.D.
611 Open MRI
611 University Drive
State College, PA 16801

Medical Reports

The following reports of medical experts are attached to this Pre-Trial Statement:

<u>Provider</u>	<u>Date of Report(s)</u>
Susan Harchak, D.C.	11-2-98, 11-3-98, 11-4-98, 11-6-98, 11-10-98, 1-29-99 to 8-25-99 (office notes)
S. Triantafyllou, M.D.	11-10-98, 11-13-98, 11-24-98 to 9-27-01 (office notes)
Kornel Lukacs, M.D.	12-8-99, 12-14-99, 12-14-99, 1-31-2000, 3-6-00
Howard Forman, M.D.	7-8-96
Franklin B. Olney, M.D.	11-3-98
Rudy J. Nicolas, M.D.	2-3-99

Exhibits

The plaintiff may offer any of the following items as exhibits at trial:

- photographs of the accident scene
- photographs of the vehicles involved in the accident
- transcript of the defendant's tape recorded statement given to State Farm
- audio tape of defendant's statement to State Farm
- MRI films of plaintiff's cervical spine taken 11-3-98

- Report of MRI of plaintiff's cervical spine taken 11-3-98
- MRI films of plaintiff's cervical spine taken 7-8-96
- Report of MRI of plaintiff's cervical spine taken 7-8-96
- Report of MRI of plaintiff's cervical spine taken 2-3-99
- records of plaintiff's treatment at Philipsburg Hospital on 10-30-98
- records of plaintiff's treatment at York Hospital, 11-13-98 to 11-14-98
- records of Steven Triantafyllou, M.D. relating to the plaintiff
- records of Kornel Lukacs, M.D. relating to the plaintiff
- records of Susan Harchak, D.C. relating to the plaintiff

Estimated Time Required for Trial

Plaintiff's counsel estimates that the case will take approximately three days to try.

STOKES LURIE COLE & HENS-GRECO, P.C.

By James B. Cole

James B. Cole

Attorneys for Plaintiff

Automobile And Job Injury Information

JOB INJURY INFORMATION Date _____

Time _____

Injury reported to employer _____

Description of accident _____

AUTO ACCIDENT INFORMATION: Date 10/30/98 Time 7:45 AM Police report made YES
Location 4th vehicle at Red Lite stopped in Osceola Mills, PA.

Were you struck from: Behind Right Side Left Side Front Were you: Driver Passenger

Description of Accident: WAS SITTING AT Red Light completely stopped, heard tires squealing and wham! It happened so fast! Had seat belt on.

Were you injured YES How Hit off of steering wheel, column, not sure Where RTE. 53 FROM HOUTZDALE TO OSCEOLA MILLS 4th vehicle at red lite

Were you unconscious _____ Fractures _____ Cuts Abrasions Bruises

Patient taken to Philipsburg Hospital for Emergency Treatment _____

Confined to hospital for Treatment (X-ray) Days (Hours) Name of hospital doctor Dr. Mathis

What are your present complaints: Back - neck shoulder, mid-lower back, upper back, arms, pain in left leg, hip, sore all over a lot.

What treatments have you received or on going? This point would like further testing
OTHER DOCTORS SEEN FOR THIS CONDITION: MD DC Chiropractor Headaches and ect.

Doctor's name _____ Diagnosis _____

X-rays _____ Urinalysis _____ Blood Tests _____ Other _____

Treatment: Pills _____ Shots _____ Traction _____ Physiotherapy _____

Results _____ Length of time under his care _____ Other _____

Have you had any problems as the result of the injury YES

Were you off work N/A If so, how long _____

Have you returned to your same job N/A If not, why _____

HISTORY OF PRIOR INJURY, ILLNESS OR SURGERY: _____

Name of other party Cindy Nadvit Address RD Henderson
City Houtzdale State PA. 16651 Phone 378-5088

Their insurance company STATE FARM Insurance Agent LARRY KOKISKY

ATTORNEY: Name Tim Cole Address Pittsburgh, PA. Phone 412-391-0800

Litigation: Yes No _____ Maybe _____ Comment Handled by ATTORNEY

EXAMINATION: _____ MINOR'S SIGN.

Date: 11/02/98 Age: 33 HT: _____ WT: _____ Gait: Normal Limp Impaired

X-ray views / dates Reviewed X-rays, taken at P-burg ER.

X-ray Findings hypolordosis C and L spine muscle spasm

Subjective Findings headaches, left forehead, Neck pain and stiffness that radiates into (L) shoulder region, (R) arm pain through fingers, Right lowback hip discomfort (R).

Objective Findings Severe restricted cervical ROM w/ crepitus and Edema, C-distrustion test (R), B/L rot trap spasm esp (R), L-L paraspinal spasm at S/I fixation w/ reduced L/S ROM, R SLR (R) at 35° w/ GRRAGGRADS

Dynagrip: R N/A L N/A

Neurological: Ranges of motion: use of full range inclinometer

	R	L	C/S	EN	Amt pain % norm	L/S	EN	Amt pain % norm
Biceps	-N+	-N+	Flex	90	30 <input checked="" type="checkbox"/> N 60	Flex	90	60 <input type="checkbox"/> N 30
Triceps	-N+	-N+	Extend	30	15 <input type="checkbox"/> N 15	Extend	30	20 <input type="checkbox"/> N 10
Brachioradials	-N+	-N+	R Lat Bend	40	20 <input type="checkbox"/> N 20	R Lat Bend	30	24 <input type="checkbox"/> N 6
Patellar	-N+	-N+	L Lat Bend	40	22 <input type="checkbox"/> N 18	L Lat Bend	30	26 <input type="checkbox"/> N 4
Achilles	-N+	-N+	R Rot	90	60 <input type="checkbox"/> N 30	R Rot	20	Y N
			L Rot	90	15 <input type="checkbox"/> N 25	L Rot	20	X N

Diagnosis Severe cervical strain/sprain

Cervical disc herniation (C5-C6) as demonstrated by MRI
moderate lumbar strain/sprain.

11/03/98

2nd opinion scheduled for 11/10/98. DR. TRIANTAFYLLOU, MD.
of YORK (Spine SpeciaLst)

Patient Tracy Yarger Date 1/2/98

Subjective _____

See other

Borg Pain Scale 10 Improving/Worsen//Stable

Objective Exam: C/T L/S S/I knee(R/L)
ankle(R/L), shoulder(R/L), elbow(R/L), wrist(R/L)
TMJ(R/L), other

Assess/Prog: No Improv. Fair Guard Imp. but
Guard Stable Maint. MMI.
Areas Tx: C/T L/S S/I shoulder(R/L),
elbow(R/L), knee(R/L), TMJ(R/L), other
shoulder(R/L), elbow(R/L),
knee(R/L), TMJ(R/L), other
Visit Schedule: ASAP, 5X, 4X, 3X, 2X, 1X, 1wk,
2wk, 3wk, 4wk, 5wk, 6wk. M T W Th F S
As needed Call in Change Dx/Add'l plans/other
Change Dx/Add'l plans/other recomm.
Complete Bedrest - moist heat 20 min
2x DAY. Mobilization is only - Schedule
C-PT/RI ASAP - R/L Herniation.

Description of treatment: CAT-1-PT. WI
exercises on reducing pain/spasm.
Lumbopelvic JOINT mobil.

Today's Procedures: E/M Codes:

Joint mobil.(spine) 97265 NewPl.(30min.)99203
Joint mobil(extrem) 97265 NewPl.(45min.)99204
Spinal manip. A2000 NewPl.(60min.)99205
Myofas.Rel. 97250 Est.Pt.(10min.)99212
Trigger Pt.Ther. 97139 Est.Pt.(15min.)99213
Mass.Therapy 97124 Est.Pt.(25min.)99214
Est.Pt.(40min.)99215

Manual spinal traction 97122

<u>Mech. traction</u>	<u>97012</u> X-Rays:	
<u>Hot Pack</u>	<u>97039</u> Cervical AP	72040
<u>Cryotherapy</u>	<u>97039</u> Cervical Lat	72040
<u>Elec. Stim(unatten)</u>	<u>97014</u> Davis (5)	
<u>Ultrasound</u>	<u>97035</u> Thoracic AP	72070
<u>Self care/ADLs</u>	<u>97535</u> Thoracic Lat	72070
<u>In-office Rehab.</u>	<u>97530</u> Lumbopelvic Lat	72100
<u>Thera. Activities each add'l. 15 min.</u>	<u>97530-15</u> (2) Obligues	72052
<u>Therapy exercises</u>	<u>97110</u> Pelvis AP	72170
<u>Cold pack</u>	<u>99070</u> Other	
<u>Cervical pillow</u>	<u>06371</u> Inclinometer	95851
<u>L/S support</u>	<u>99070</u> Re-Exam	99214
<u>Orthotics</u>	<u>99070</u> Reports: Initial Progress	
<u>Heel lifts</u>	<u>07324</u> Narrative (# pages <u>99080</u>)	
<u>Other</u>		

Patient _____ Date 1/14/98

Subjective still extremely uncomfortable,
was able to rest better than before tx here.
A little discomfort after MRI.

Borg Pain Scale 10 Improving/Worsen//Stable

Objective Exam: C/T L/S S/I knee(R/L)
ankle(R/L), shoulder(R/L), elbow(R/L), wrist(R/L)
TMJ(R/L), other cervical edema diminishing, still
has extremely restricted C-T-L ROM.

BILAT trapezius and rhomboids
xt S/F fixated.

Assess/Prog: No Improv. Fair Guard Imp. but
Guard Stable Maint. MMI.

Areas Tx: C/T, L, L/S, S/I, shoulder(R/L),
elbow(R/L), knee(R/L), TMJ(R/L), other
shoulder(R/L), elbow(R/L),
knee(R/L), TMJ(R/L), other

Visit Schedule: ASAP, 5X, 4X, 3X, 2X, 1X, 1w,
2wk, 3wk, 4wk, 5wk, 6wk. M T W Th F S

As needed Call in Change Dx/Add'l plans/other
Change Dx/Add'l plans/other recomm.

do. obtuse from G1 Imaging called w/
MRI result: very large C5 disc
herniation.

Description of treatment: P.T. in conjunction w/ T & L Joint Mobil.

Today's Procedures: E/M Codes:

Joint mobil.(spine) 97265 NewPl.(30min.)99203
Joint mobil(extrem) 97265 NewPl.(45min.)99204
Spinal manip. A2000 NewPl.(60min.)99205
Myofas.Rel. 97250 Est.Pt.(10min.)99212
Trigger Pt.Ther. 97139 Est.Pt.(15min.)99213
Mass.Therapy 97124 Est.Pt.(25min.)99214
Est.Pt.(40min.)99215

Manual spinal traction 97122

<u>Mech. traction</u>	<u>97012</u> X-Rays:	
<u>Hot Pack</u>	<u>97039</u> Cervical AP	72040
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<u>Ultrasound</u>	<u>97035</u> Thoracic AP	72070
<u>Self care/ADLs</u>	<u>97535</u> Thoracic Lat	72070
<u>In-office Rehab.</u>	<u>97530</u> Lumbopelvic Lat	72100
<u>Thera. Activities each add'l. 15 min.</u>	<u>97530-15</u> (2) Obligues	72052
<u>Therapy exercises</u>	<u>97110</u> Pelvis AP	72170
<u>Cold pack</u>	<u>99070</u> Other	
<u>Cervical pillow</u>	<u>06371</u> Inclinometer	95851
<u>L/S support</u>	<u>99070</u> Re-Exam	99214
<u>Orthotics</u>	<u>99070</u> Reports: Initial Progress	
<u>Heel lifts</u>	<u>07324</u> Narrative (# pages <u>99080</u>)	
<u>Other</u>		

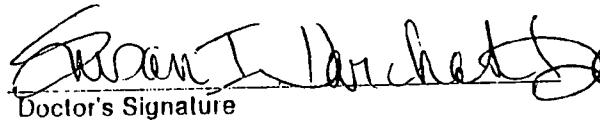
INITIAL REPORT

TO: Allstate Insurance Company

PATIENT TRACY YARGER

EMPLOYER A/A DATE OF INJURY/ONSET 10/30/98

1. Incident of Injury We were 4th vehicle stopped at red light. I heard tires squealing and it happened so quick. We got rearended hard.
2. Patient's Complaints Headaches, left forehead, neck pain and stiffness that radiates into (R) shoulder region, (R) arm pain through fingers, right low back-hip discomfort (R).
3. Objective Findings (Examination) Severely restricted cervical ROM with crepitus and edema; C-distraction test (+); bilateral trapezius spasm, esp. (R); T-L paraspinal spasm; (R) S/I fixation with reduced L/S ROM; (R) SLR (+) at 35° with (+) Braggards.
4. X-Ray Analysis Summary Hypolordosis with significant muscle spasm.
5. Diagnosis — ICD-A # Severe cervical strain/sprain
Cervical disc herniation (C5-C6) as demonstrated by
MRI 11/3/98
Moderate lumbar strain/sprain
*****SECOND OPINION scheduled for 11/10/98 with Dr. Triantafyllow, of York, PA (spine specialist)
6. Alternate Summary (Comments)
7. Disability Data
8. Examination Forms Attached? Yes No
9. Additional Evaluations Attached? Yes No
10. Accident Report Attached? Yes No


Doctor's Signature

11/3/98

Date

Completed by SIH

Patient Tracy Young Date 11-16-98

Subjective resting better, but still exhausted from pain, no real comfortable position.

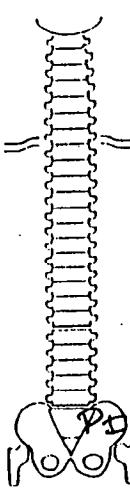
Borg Pain Scale 9 Improving/Worsen//Stable

Objective Exam: C T L L/S S/I knee(R/L)

ankle(R/L), shoulder(R/L), elbow(R/L), wrist(R/L)

TMJ(R/L), other C-T-L SPASM is reducing.

Lower C & RT S/I Edema,
hypertrophic C-spine w/ trigger pts
RT trapezius



Assess/Prog: No Improv. Fair Guard Imp. but
Guard Stable Maint. MMI.

Areas Tx: C T L L/S S/I shoulder(R/L),
elbow(R/L), knee(R/L), TMJ(R/L), other
shoulder(R/L), elbow(R/L),
knee(R/L), TMJ(R/L), other

Visit Schedule: ASAP, 5X, 4X, 3X 2X, 1X, 1wk,
2wk, 3wk, 4wk, 5wk, 6wk. M T W Th F S

As needed Call in Change Dx/Add'l plans/other
Change Dx/Add'l plans/other recomm.
discussed w/pr. 2nd opinion w/ Dr. T.
needs to take driver along.

Description of treatment C-T-L PT.w/
T-L/S Joint Mobilization

Today's Procedures: E/M Codes:

- Joint mobil.(spine) 97265 NewPt.(30mn.) 99203
- Joint mobil(extrem) 97265 NewPt.(45mn.) 99204
- Spinal manip. A2000 NewPt.(60mn.) 99205
- Myofas.Rel. 97250 Est.Pt.(10mn.) 99212
- Trigger Pt.Ther. 97139 Est.Pt.(15mn.) 99213
- Mass.Therapy 97124 Est.Pt.(25mn.) 99214
Est.Pt.(40mn.) 99215

Manual spinal traction 97122

- Mech. traction 97012 X-Rays:
- Hot Pack 97039 Cervical AP 72040
- Cryotherapy 97039 Cervical Lat 72040
- Elec. Stim(unatten) 97014 Davis (5)
- Ultrasound 97035 Thoracic AP 72070
- Self care/ADLs 97535 Thoracic Lat 72070
- In-office Rehab. 97530 Lumbopelvic Lat 72100
- Thera. Activities each (2) Obligues 72052
- add'l. 15 min. 97530-15 Pelvis AP 72170
- Therapy exercises 97110 Other _____
- Cold pack 99070 Inclinometer 95851
- Cervical pillow 06371 Re-Exam 99214
- L/S support 99070 Reports: Initial Progress
- Orthotics 99070 Narrative (# pages) 99080
- Heel lifts 07324
- Other _____

Patient _____ Date _____

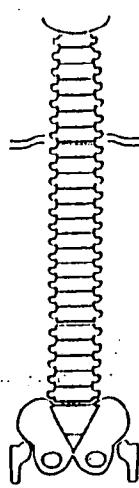
Subjective _____

Borg Pain Scale Improving/Worsen//Stable

Objective Exam: C T L L/S S/I knee(R/L)

ankle(R/L), shoulder(R/L), elbow(R/L), wrist(R/L)

TMJ(R/L), other



Assess/Prog: No Improv. Fair Guard Imp. b:
Guard Stable Maint. MMI.

Areas Tx: C, T, L, L/S, S/I, shoulder(R/L),
elbow(R/L), knee(R/L), TMJ(R/L), other
shoulder(R/L), elbow(R/L),
knee(R/L), TMJ(R/L), other

Visit Schedule: ASAP, 5X, 4X, 3X 2X, 1X, 1wk,
2wk, 3wk, 4wk, 5wk, 6wk. M T W Th F S

As needed Call in Change Dx/Add'l plans/other
Change Dx/Add'l plans/other recomm.

Description of treatment _____

Today's Procedures: E/M Codes:

- Joint mobil.(spine) 97265 NewPt.(30mn.) 99203
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- Orthotics 99070 Narrative (# pages) 99080
- Heel lifts 07324
- Other _____



SUSAN I. HARCHAK, D.C.

1114 Walton Street
Philipsburg, PA 16866
Telephone: (814) 342-3591

11/10/98

908 South George Street
York, PA 17403
Fax (717) 845-2439

Dear Dr. Triantafyllou,

Please evaluate Tracy Yarger for severe cervical and upper back discomfort.

Dr. Danyo suggested we send her directly to you. I just wanted you to know a brief history on how I have treated her to date.

Tracy was a regular patient of mine when she was in an auto accident on 10/30/98. She has had a MRI done locally, the radiologist suggested what he felt was a very significant disc herniation.

To date I have treated her with physical therapy only to the cervicathoracic region, in attempt to alleviate the spasms.

I have not pursued and cervical manipulation, but I have manipulated her pelvis and thoracic spine, due to other effects of the injury.

Tracy is a very nice and cooperative patient.

I would appreciate your input.

Thank you,

Susan I. Harchak, D.C.
Susan I. Harchak, D.C.
HF

Tracy Yarger
1998-00003

01/29/99

Subjective: Ms. Yarger presented today and indicated that she is feeling intermittent severe pain in the neck. She has also noticed intermittent mild to moderate restricted movement as well as burning and achy pain radiating to the posterior right upper shoulder and posterior left upper shoulder. She states that her neck pain is made worse by looking down.

The patient evaluated her pain and discomfort on a 1 to 10 pain scale and reported her neck pain at 5. Ms. Yarger also rates the improvement of her neck pain at 50%. Ms. Yarger is recovering from a cervical discectomy (C5/C6). This was conducted on 11/13/98. She is here today per request of Dr. Triantafyllou. He would like us do P.T. to help reduce her cervical muscle spasm.

Objective: On examination of the spinal joints, a moderate amount of spinal joint fixation C1, C2 and T1 was detected. A digital inspection of the spinal area was performed. A moderate pain and discomfort at C1, C2 and T1 bilaterally was elicited.

Spinal ROM:	Normal	Patient	Quantity	Quality
Cervical:				
Flexion	60°	45°	With Pain	Tight
Extension	65°	35°	With Pain	Burn
Right Lateral Flexion	45°	32°	Mild Pain	Achy
Left Lateral Flexion	45°	34°	Mild Pain	Achy
Right Rotation	80°	60°	Mild Pain	Tight
Left Rotation	80°	56°	Mild Pain	Tight

Diagnosis:

722.2 Cervical IVD Herniation
847.2 Sprain/Strain - Lumbar
728.85 Cervical Muscle Spasm
847.0 Sprain/Strain - Cervical Spine

Postural Analysis:

Forward Head Translation
Decreased Cervical Lordosis

Plan: The patient's condition has shown some improvement and has entered a subacute phase. The visit schedule is for three times per week, until reexamination warrants change in visit frequency. Treatment consisted of ultrasound therapy to the cervical spine, in order to reduce edema and encourage circulatory flow to the tissues. Treatment consisted of heat therapy to the neck area, in order to enhance local circulation. Myofascial release was also performed on the upper thoracic spine to help reduce muscle spasm and encourage circulation.

Tracy Yarger
1998-00003

02/01/99

Subjective: The patient indicated on her visit today that there hasn't been any change in the neck pain since the last treatment. Ms. Yarger was asked to rate her pain on a scale of one to ten, where ten is the worst pain imaginable. She rated her neck pain at 5. She also estimated the improvement in her neck pain at 50%.

Objective: Spinal evaluation for functional motoricity revealed a moderate loss of joint function C1, C2 and T1. The spine and paraspinal tissues were examined and found to show a moderate pain at C1, C2 and T1 bilaterally.

Assessment: The patient has shown some progress but is in a subacute phase.

Plan: The patient's symptoms reflect an intermediate subacute nature. The visit schedule is for three times per week, until reexamination warrants change in visit frequency. Ultrasound therapy was performed to increase circulatory flow to while reducing edema and soft tissue inflammation in the neck. Treatment consisted of heat therapy to the area of the cervical spine. The purpose is to within the involved paraspinal tissue, provide an increase of circulation flow. Myofascial release was performed to decrease myofascial adhesions of the soft tissues in the thoracic spine and cervical spine.

Tracy Yarger
1998-00003

02/05/99

Subjective: Ms. Yarger enters the office today and states the neck pain is slightly improved. The patient evaluated her pain and discomfort on a 1 to 10 pain scale and reported her neck pain at 5. Ms. Yarger also rates the improvement of her neck pain at 50%. Lots of thoracic and cervical muscle spasm. Arms feel heavy. Resting better after leaves here

Objective: On evaluation of the spine for joint mobility, a moderate amount of spinal joint fixation C1, C2 and T1 was elicited. On palpation of the spinal segments there was a medium level of pain at C1, C2 and T1 bilaterally. Dynogrip measurement indicates 100 lb. with the right hand and 98 lb. with the left.

Assessment: The status of the patient's condition has changed as treatment progresses. The patient is now in a subacute phase.

Plan: The acute phase of this patient's condition has passed. The condition has entered an intermediate stage. The patient will return three times weekly until a brief reexam indicates a revision in schedule. Ultrasound therapy was administered to the neck. This treatment is given to increase circulatory flow to while reducing edema and soft tissue inflammation. Treatment included heat therapy to the cervical spinal area to promote circulatory flow into the involved tissues. Myofascial release was performed to decrease myofascial adhesions of the soft tissues in the thoracic region and cervical spine.

02/08/99

Subjective: Ms. Yarger enters the office today and states she is feeling slightly better in the neck area. A 1 to 10 pain scale was used for Ms. Yarger to assess her current status. She assessed her neck pain at 5. The response to treatment was estimated as a percentage. She estimates her neck pain at 50%.

Objective: On evaluation for spinal functional motoricity a moderate fixation of the spinal joints C1, C2 and T1 was detected. On examination of the spine by palpation, there was a medium level of pain at C1, C2 and T1 bilaterally.

Assessment: The patient's condition has progressed to the subacute phase.

Plan: The acute phase of this patient's condition has passed. The condition has entered an intermediate stage. Anticipating a reexamination, the patient will return three times per week. Ultrasound therapy was performed to promote soft tissue healing by decreasing inflammation in the cervical spine. The cervical spinal area received heat therapy to encourage circulatory flow in the effected tissues to relax muscle tissue. Myofascial release was administered to the thoracic spinal area and cervical area. This treatment is given to restore functional mobility to the soft tissues by releasing myofascial adhesions.

Tracy Yarger
1998-00003

02/10/99

Subjective: At the time of Ms. Yarger's appointment today, she related that the neck pain is slightly improved. A 1 to 10 pain scale was used for Ms. Yarger to assess her current status. She assessed her neck pain at 4. The response to treatment was estimated as a percentage. She estimates her neck pain at 60%.

Objective: Functional segmental motoricity was checked and there was a moderate degree of fixation C1, C2 and T1 noted. The spinal tissues were evaluated by palpation and showed evidence of a moderate pain and discomfort at C1, C2 and T1 bilaterally.

Assessment: The patient has shown some progress but is in a subacute phase.

Plan: The patient has shown some progress but is in a subacute phase. The patient will return three times per week until the next reexamination. Treatment consisted of ultrasound therapy to the cervical spinal area. The purpose is to reduce edema and encourage circulatory flow to the tissues. Heat therapy was administered to the cervical spine. This treatment is given to locally stimulate circulatory flow. Treatment consisted of myofascial release to the thoracic spine and cervical spinal area. The purpose is to decrease myofascial adhesions of the soft tissues. I called Dr. T's office yesterday to get MRI results. (see other). Extensive discussion today with instructions on ADL's. I also discussed with her a restrengthening program that I would like to begin next week. She is agreeable.

02/12/99

Subjective: Ms. Yarger keeps her appointment today and reports that there hasn't been any significant improvement in the cervical region pain. Based on a pain scale from 1 to 10, the patient was asked to rate her current condition. She places her neck pain at 5. She was further asked to assess her improvement and stated that she felt improvement of her neck pain at 50%.

Objective: On evaluation for functional motoricity a moderate amount of joint fixation at C1, C2 and T1 was detected. The spinal tissues were evaluated by palpation and showed evidence of a moderate pain level at C1, C2 and T1 bilaterally.

Assessment: The patient's condition has progressed to the subacute phase.

Plan: The patient's condition has reached an intermediate stage. The patient's condition indicates the need for 3 visits/week until the next reexamination. Treatment included ultrasound therapy to the neck to increase circulatory flow to the soft tissues thereby reducing edema and abating inflammation. Heat therapy was administered to the neck. This treatment is given to encourage circulatory flow in the effected tissues to relax muscle tissue. Treatment included myofascial release to the thoracic spinal region and cervical area to restore functional mobility to the soft tissues by releasing myofascial adhesions.

Tracy Yarger
1998-00003

03/01/99

Subjective: On her office visit today, Ms. Yarger stated that she is feeling slightly better in the neck area. Ms. Yarger was requested to evaluate her perception of the current status of her condition. On a pain scale of 1 to 10 she rates her neck pain at 5. On a percentage basis, she rates the improvement of her neck pain at 50%. Started rehab today here. It seemed to go well. Tracy is still complaining of hand and leg paresthesias, but is showing improvement. Tracy has been very ill with sinus infections. Missed several appointments due to incapacitation.

Objective: Palpation revealed moderate fixation at C1, C2 and T1. A moderate level of pain and discomfort at C1, C2 and T1 bilaterally was found on palpation of the spine.

Assessment: The patient's condition has reached an intermediate stage.

Plan: The acute phase of this patient's condition has passed. The condition has entered an intermediate stage. The patient's condition indicates the need for a visit frequency of three times per week, until reexamination. Ultrasound therapy was performed to actuate inflammatory exudates from the soft tissue while reducing edema in the cervical area. Treatment included heat therapy to the cervical spine to improve local circulation to diminish muscle tension. Myofascial release was administered to the area of the thoracic spine and neck area. This treatment is given to decrease myofascial adhesions of the soft tissues. The neck received ROM exercises to improve the range of joint motion. Second opinion is scheduled for tomorrow with Dr. Parry. Patient received interferential to the cervical area in order to encourage relaxation and strengthening of muscles while abating tissue congestion. Review of activities of daily living was done with patient.

03/03/99

Subjective: Ms. Yarger enters the office today and states she is feeling a slight improvement in the condition of cervical pain. When asked to rate the pain and discomfort she's experiencing, Ms. Yarger rated her neck pain at 5. She indicated she has noticed improvement in her neck pain at 50%.

Objective: Spinal evaluation revealed a moderate degree of fixation at C1, C2 and T1. The spine and paraspinal tissues were examined and found to show a moderate pain and discomfort at C1, C2 and T1 bilaterally.

Assessment: The patient's symptoms reflect an intermediate subacute nature.

Plan: The patient's condition has reached an intermediate stage. The patient's condition indicates the need for 3 visits/week until the next reexamination. Treatment included ultrasound therapy to the neck area to promote soft tissue healing by decreasing inflammation. Treatment consisted of heat therapy to the cervical spinal area, in order to improve and enhance blood circulation. To restore functional mobility to the soft tissues by releasing myofascial adhesions, myofascial release was administered to the thoracic spinal area and cervical area. Treatment included ROM exercises to the cervical spinal area to provide an increase of functional joint mobility. Electro-muscle stim was performed to reduce hypertonicity in the muscle tissue in the neck area.

Plan: The patient's condition has reached an intermediate stage. The patient's condition indicates the need for 3 visits/week until the next reexamination. Treatment included ultrasound therapy to the neck area to promote soft tissue healing by decreasing inflammation. Treatment consisted of heat therapy to the cervical spinal area, in order to improve and enhance blood circulation. To restore functional mobility to the soft tissues by releasing myofascial adhesions, myofascial release was administered to the thoracic spinal area and cervical area. Treatment included ROM exercises to the cervical spinal area to provide an increase of functional joint mobility. Electro-muscle stim was performed to reduce hypertonicity in the muscle tissue in the neck area.

03/08/99

Subjective: Ms. Yarger stated on her visit today that there hasn't been any significant improvement in the cervical region pain. A 1 to 10 pain scale was used for Ms. Yarger to assess her current status. She assessed her neck pain at 5. The response to treatment was estimated as a percentage. She estimates her neck pain at 50%.

Objective: On examination of the spinal joints, a moderate degree of fixation at C1, C2 and T1 was detected. A medium degree of pain at C1, C2 and T1 bilaterally was found on palpation of the spine.

Assessment: The patient's condition has progressed to the subacute phase.

Plan: The patient has reached a subacute status. The visit schedule is for three times per week, until reexamination warrants change in visit frequency. In order to increase circulatory flow to while reducing edema and soft tissue inflammation, ultrasound therapy was administered to the neck area. Heat therapy was performed to encourage circulatory flow in the effected tissues to relax muscle tissue in the area of the cervical spine. Myofascial release was performed to restore functional mobility to the soft tissues by releasing myofascial adhesions in the thoracic spinal area and cervical spinal area. Treatment consisted of ROM exercises to the neck area. The purpose is to promote an increase in functional mobility. To decongest the inflamed tissue, alleviate pain and muscle tension, electro-muscle stim was administered to the neck area.

03/12/99

Subjective: The patient indicated on her visit today that she is feeling a slight improvement in the condition of cervical pain. When asked to rate the pain and discomfort she's experiencing, Ms. Yarger rated her neck pain at 5. She indicated she has noticed improvement in her neck pain at 50%.

Objective: Palpation revealed a moderate loss of joint function at C1, C2 and T1. Examination performed by palpation over the spinal vertebral segments showed a moderate degree of pain at C1, C2 and T1 bilaterally.

Assessment: The patient's condition has reached an intermediate stage.

Plan: The patient has shown some progress but is in a subacute phase. The patient's condition indicates the need for a visit frequency of three times per week, until reexamination. In order to cause an increased blood flow in the paraspinal tissues, heat therapy was administered to the area of the cervical spine. Treatment consisted of myofascial release to the thoracic area and area of the cervical spine. The purpose is to restore functional mobility to the soft tissues by releasing myofascial adhesions. Treatment included ROM exercises to the cervical spinal area to improve the range of joint mobility. Electro-muscle stim was performed to promote healing while decreasing tenderness and inflammation in the area of the cervical spine. Joint mobilization was administered to the area of the thoracic spine. This treatment is given to restore mobility and reduce joint fixation.

Tracy Yarger
1998-00003

03/15/99

Subjective: Ms. Yarger enters the office today and states her neck pain condition has not changed since the last visit. When asked to rate the pain and discomfort she's experiencing, Ms. Yarger rated her neck pain at 5. She indicated she has noticed improvement in her neck pain at 50%.

Objective: On examination of the spinal joints, moderate fixation at C1, C2 and T1 was detected. A moderate pain at C1, C2 and T1 bilaterally was found on palpation of the spine.

Assessment: The patient's condition has shown some improvement and has entered a subacute phase.

Plan: The patient's symptoms reflect an intermediate subacute nature. No appointment is scheduled. The patient will call when needed. Heat therapy was given to the area of the thoracic spine and cervical spinal area. The effect is to by increasing circulatory flow, reduce muscle tension. ROM exercises was performed to improve range of motion in the neck. Myofascial release was performed to reduce myofascial adhesions and improve soft tissue mobilization in the upper back area and cervical area.

Tracy Yarger
1998-00003

08/23/99

Subjective: Ms. Yarger indicated on her visit today that her neck pain condition has not changed since the last visit. She also stated today that she has a little more pain in the low back today. The patient was asked to rate her pain severity on a scale of 1 to 10 and her improvement by percentage. She judged her neck pain at 5 and low back pain at 7. She rates the improvement in her neck pain at 50% and low back pain at 30%.

Objective: A posterior inferior joint dysfunction is evident at right ilium. In the course of today's examination a moderate loss of joint function at C1, C2 and T1 was elicited. An analysis of the spinal tissues by digital palpation showed a moderate amount of pain at C1, C2 and T1 bilaterally, a severe pain intensity at L3, L5 and L6 on the right.

Assessment: The patient has reached a subacute status.

Plan: The acute phase of this patient's condition has passed. The condition has entered a subacute stage. Myofascial release was administered to the lumbar area. This treatment is given to release congestion in the soft tissues and increase mobilization. Chiropractic adjustment was performed to correct spinal misalignment in the area of the sacrum and low back area. Physical therapy re-evaluation was conducted today to assess appropriateness of current treatment. The patient was instructed to return as needed.

08/25/99

Subjective: Ms. Yarger enters the office today and states her cervical pain is feeling unchanged from last visit. Ms. Yarger was asked to rate her pain on a scale of one to ten, where ten is the worst pain imaginable. She rated her neck pain at 5. She also estimated the improvement in her neck pain at 50%.

Objective: Spinal evaluation for functional motoricity revealed a moderate loss of joint function at C1, C2 and T1. Examining the spinal tissues for pain revealed a moderate pain at C1, C2 and T1 bilaterally.

Assessment: The patient has now entered a more intermediate stage.

Plan: The status of the patient's condition has changed as treatment progresses. The patient is now in a subacute phase. Three visits per week is warranted until modified by reexamination. Joint mobilization was administered to the thoracic spinal region. This treatment is given to reduce fixation and restore mobility.

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

11/10/1998 STEVEN J. TRIANTAFYLLOU, M.D.
ENCNTR LEVEL IV (NEW)

Thank you for allowing me to see your patient, Tracy Yarger. As you know she was involved in a motor vehicle accident on 10/30/98. As a result, she sustained an extremely large disc herniation at the C5-6 level with associated cervical myelopathy. She is indicated for an anterior cervical discectomy and fusion. This was scheduled for 11/13/98.

I will keep abreast of her progress.

A copy of my full consultation is below.

CHIEF COMPLAINT: Headaches, neck pain, bilateral arm pain, bilateral leg pain, unsteady gait.

HISTORY: Tracy Yarger is a 33-year-old, right hand dominant white female who was involved in a motor vehicle accident on 10/30/98. This occurred at 7:45 a.m. She was the restrained driver of a car that was stopped at a red light and apparently was rear-ended by another car. Her glasses broke. She hit her head on the steering wheel. She experienced neck pain, back pain, headache, as well as arm and leg pain at the time of the impact. She felt like electric current and jabbing sensations radiating into both arms and legs. She was taken to Phillipsburg Emergency Room. Of note, the patient states her oldest son was in the car in the front seat as a passenger and apparently sustained a knee injury. The patient denies any prior history of similar problems. The patient has been seen by Dr. Harchak, who has been treating Tracy with physical therapy, only to the cervicothoracic region without any manipulation because of the patient's symptomatology.

The patient's current symptoms are as follows. She has headaches which are constant and severe. She reports numbness on the left side of her face. She reports blurred vision and seeing "floaters". She feels as though her head is going to explode. She reports some numbness, pain, aching in the throat area and has difficulty swallowing. She reports "a lump in my throat". She reports bilateral arm symptoms, worse on the right than the left. In addition to pain she reports a "knot" sensation as well as a feeling of pressure and a feeling of exploding. She also experiences bilateral leg symptoms as well as low back pain and mid back pain. The mid back she reports as probably being a spasm. She reports low back pain with radiation to the right hip. She feels the right hip is out of place. Again, the right leg is affected more than the left leg. She reports numbness, tingling and pins and needles sensation in the upper and lower extremities. She describes difficulty with ambulation and feels her gait is unsteady and tends

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

11/10/1998 STEVEN J. TRIANTAFYLLOU, M.D.
ENCNTR LEVEL IV (NEW)

-CONTINUED-

to fall or lean toward the left side. The patient denies any bowel or bladder dysfunction or systemic symptoms. She did report some vaginal bleeding early on after the accident.

She completed an Oswestry Disability Questionnaire form which she scored an 84, which puts her in a severe subjective disability rating. She reports that pain killers gave her very little relief from pain. She states she needs some help, but manages most of her personal care. She also knows that she cannot lift or carry anything at all and pain prevents her from walking more than 1/4 mile. Pain prevents her from sitting more than 1/2 hour or standing for more than 10 minutes. She also reported that because of the pain she has no social life and that pain prevents her from having any sex life at all. She also reports that pain prevents her from travelling, except to the doctor and hospital.

Her current symptoms are aggravated with weather changes as well as coughing, sneezing, bending, and twisting. Prolonged sitting and walking also aggravates her symptoms. Car riding also aggravates her symptoms. Lying down seems to help somewhat as do the analgesics. Again, she denies any prior history of similar problems. She rates her pain on the average day between and 8 and a 9. The lowest it gets is a 7 and the highest it gets is a 9. This is on a scale of 1 to 10 with 10 being severe and 1 being mild.

Diagnostic studies have included x-rays and MRI scan.

REVIEW OF SYSTEMS: Refer to Health Questionnaire dated 11/9/98.

PAST MEDICAL HISTORY: Refer to Health Questionnaire dated 11/9/98.

FAMILY HISTORY: Refer to Health Questionnaire dated 11/9/98.

SOCIAL HISTORY: Refer to Health Questionnaire dated 11/9/98.

PHYSICAL EXAMINATION:

Height - 5'4"
Weight - 143#

The patient is a well developed, well nourished female with no obvious deformities, normal body habitus and appropriate grooming in no acute distress.

CIRCULATORY: Shows good pulses in both the upper and lower extremities.

SKIN: Examination of the upper and lower extremities shows no

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

11/10/1998 STEVEN J. TRIANTAFYLLOU, M.D.
ENCNTR LEVEL IV (NEW)

-CONTINUED-

evidence of rashes. There are no cafe au lait spots or hairy nevi on the back.

MUSCULOSKELETAL:

On examination her gait is unsteady. She is tilting to the left side. Heel walking and toe walking are unsteady.

Examination of the cervical spine shows tenderness in the midline and paraspinal area. Range of motion is limited in all planes. Flexion is 30 degrees instead of the normal 75 degrees; extension is 30 degrees instead of the normal 70 degrees; bending is 20 degrees to the right and 30 degrees to the left instead of the normal 45 degrees. Paraspinal muscle spasm is noted in the cervical spine.

Examination of the thoracic spine shows generalized tenderness in the midline and paraspinal area.

Examination of the lumbar spine shows generalized tenderness in the midline and paraspinal area. Range of motion is limited in all planes. Flexion is 30 degrees instead of the normal 70 degrees; extension is 40 degrees instead of the normal 45 degrees; bending is 20 degrees in either direction instead of the normal 30 degrees. Paraspinal muscle spasm is noted in the lumbar spine.

Neurologic exam shows her to be alert and oriented x3. There is decreased sensation in the right upper and lower extremity. Dysesthesias are also reported in the right upper extremity. Reflexes are 1+ and equal in the biceps and brachial radialis. Triceps are 2+ and equal. Reflexes are 2+ and equal in the lower extremities. There is some hyper-reflexia in the lower extremities versus the upper extremities. No clonus is noted. No definite upper motor neural signs are noted such as hyper-reflexia or clonus or Babinski. Motor strength is 5/5 in all muscle groups except for decreased grip strength bilaterally as well as biceps weakness on the right side which is 4/5 instead of the normal 5/5.

DIAGNOSTIC TESTS: of the cervical spine done on 4/6/97, show no acute fractures. Disc heights are relatively well-maintained.

X-rays of the cervical spine done on 10/30/98, show her to be tilting to the right. There is some loss of cervical lordosis, indicative of paraspinal muscle spasm. Some narrowing of the C5-6 disc space is noted. No fractures are noted.

X-rays of the lumbar spine done in our office today (2 views) show some tilting to the left and loss of lumbar lordosis. No acute fractures are noted.

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

11/10/1998 STEVEN J. TRIANTAFYLLOU, M.D.
ENCNTR LEVEL IV (NEW)

-CONTINUED-

MRI of the cervical spine shows a huge right C5-6 HNP with significant spinal canal compromise as well as spinal cord compression. Some narrowing of the C5-6 disc space is noted.

DIAGNOSIS:

1. C5-6 HNP
2. Cervical radiculopathy
3. Neck pain
4. Back pain
5. Cephalgia

PLAN: The diagnosis and treatment options were discussed with the patient. Given the large disc herniation as well as associated cervical myelopathy, she is indicated for an anterior cervical discectomy and fusion. What is involved with the surgery was discussed with the patient in depth. An H&P was done. An informed consent was obtained. I recommended surgery on 11/11/98, but she had to go home and make arrangements for her children and arrangements were made for 11/13/98.

Because of the back pain and leg pain, an MRI of the lumbar spine will be obtained to rule-out any disc injury in the lumbar spine.

SJT/lbd

OPERATIVE REPORT

NAME: YARGER, TRACY JOAN

MRN: 000700339

DOB: 11/13/1998

RM#: 7214B

SURG DATE: 11/13/1998

WORK TYPE: OP

SURGEON: Steven J. Triantafyllou, M.D.

ASSISTANT: Bradley Heiges, M.D.

PREOPERATIVE DIAGNOSIS: C5-6 herniated nucleus pulposus, cervical myelopathy.

OPERATION: C5-6 anterior cervical discectomy and anterior spinal fusion with fibular allograft bone.

ANESTHESIA: General endotracheal.

INDICATIONS: Tracy Yarger is a 33-year-old white female who was involved in a motor vehicle accident on 10/30. Since then, the patient has been in extensive neck pain, bilateral arm pain, as well as bilateral leg pain. He underwent an MRI scan which showed an extremely large herniated disc at the C5-6 level with significant cervical spinal cord compression with associated myelopathy. The patient was indicated for the above-mentioned procedure. The risks, benefits, complications, and alternatives were discussed with the patient.

PROCEDURE: After successful induction of general endotracheal tube anesthesia, the patient was carefully positioned on the Operating Room Table in the supine position. All bony prominences were well-padded. The patient's neck was prepped and draped in the usual sterile fashion. A routine left-sided approach to the neck was carried out through the skin and subcutaneous tissue, down to the platysma. The platysma was incised transversely with blunt and sharp dissection. The anterior cervical spine was identified with an intraoperative x-ray. The area was obtained with a mark, placed at the presumed C5-6 level. This showed us to be at the correct level. Complete discectomy was then done at the C5-6 level using Kerrisons, rongeurs, and pituitaries. The posterior longitudinal ligament was taken down. There was a large rent in the posterior longitudinal ligament. Several large disc fragments were removed from behind the body of C6 as well as behind the C5-6 disc space. Several smaller fragments were also removed and then curetted well. At the completion of the discectomy, good pulsation was noted in the upper half of the dura, aiding complete decompression was performed. Fibular allograft bone was prefashioned and packed into position at the C5-6 interspace. Excellent fit was obtained. The wound was then closed in layers. Of note, the distraction pins were placed into the bodies of C5 and C6 in order to better visualize the posterior aspect of C5-6 disc space. The pins were removed. Wax was placed in the pin holes for hemostatic purposes. The wound was then closed in layers - the platysma with #2/0 Vicryl, the skin with #4/0 Vicryl in a subcuticular fashion. Sterile dressings were applied

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OPERATIVE REPORT

NAME: YARGER, TRACY JOAN	SURG DATE: 11/13/1998
MRN: 000700339	WORK TYPE: OP

including Steri-Strips. The patient's back was then immobilized in a Miami-J collar and she was carefully transferred onto her hospital bed, extubated, and returned to the Recovery Room in satisfactory condition.

POSTOPERATIVE DIAGNOSIS: Same.

Steven J. Triantafyllou, M.D.

D: 11/13/1998 22:37 SJT
T: 11/14/1998 05:01 dlw
R:

cc: Bradley Heiges, M.D.

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Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

11/24/1998 STEVEN J. TRIANTAFYLLOU, M.D.
FOLLOW UP EXAM (FT)

HISTORY: Tracy Yarger returns S/P anterior ACD/ASF for a large C5-6 HNP with associated cervical myelopathy and radiculopathy. She is much improved from the preoperative status. She is very pleased with her progress. She is wearing her collar. She denies any bowel and bladder dysfunction. She denies any systemic symptoms. The electric shock symptoms have settled down quite a bit.

PHYSICAL EXAM: Her posture is normal. Her gait is normal and steady. Incision is well-healed. Strength is good. Provocative tests are negative.

X-RAYS: X-rays of the cervical spine show the graft to be in good position. The spine is in good alignment.

IMPRESSION: 1. Cervical disc herniation
2. Cervical myelopathy

PLAN: Routine instructions were given.
Activities were discussed.
Continue the collar wear.

Ret/ 1 month

SJT/lbd

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

12/22/1998 STEVEN J. TRIANTAFYLLOU, M.D.

ENCNTR-LEVEL III ESTABLISHED

CHIEF COMPLAINT: Headaches, neck pain, back pain

HISTORY: Tracy Yarger returns for follow-up. She is S/P anterior cervical discectomy for a very large cervical disc herniation with associated myelopathy. Overall, she is much improved from her preoperative status. She still has some neck discomfort and muscle spasm in the neck and mid back. She denies any bowel and bladder dysfunction or systemic symptoms. Overall, she is very pleased with her progress.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Incision is well-healed. There is no erythema, warmth or drainage. She is still somewhat antalgic but much improved from the preoperative status.

MUSCULOSKELETAL:

Strength is good. Provocative tests are negative.

DIAGNOSTIC TESTS: X-rays of the cervical spine were obtained, which show good position of the graft. Spine is in good alignment.

DIAGNOSIS:

1. Cervical disc herniation, 722.0
2. Cephalgia, 784.0
3. Back pain, 724.2

PLAN: Discontinue collar. She can start a therapy program to consist of modalities and a flex/strength program in the beginning of January. I will see her back in 6 weeks.

SJT/jdl

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

2/02/1999 STEVEN J. TRIANTAFYLLOU, M.D.
FOLLOW UP EXAM (FT)

HISTORY: Tracy Yarger returns S/P anterior cervical discectomy because of a large disc herniation with associated myelopathy. Her gait has improved significantly even though she is still not as steady as she would like to be. She continues to have some neck pain as well as some muscle spasm and arm pain. She is still getting quite a bit of headaches and still having visual problems. She is just starting a physical therapy program. She is taking Hydrocodone and this is not providing much relief.

PHYSICAL EXAM: She walks with a mildly antalgic gait, but is much improved from the preoperative status. Cervical spine shows the incision to be well-healed. There is no erythema, warmth or drainage. ROM is limited in all planes to about 1/3 to 1/2 normal. Strength is good.

X-RAYS: of the neck were obtained which show the graft to be in excellent position. The fusion is uniting nicely. The spine is in good alignment.

IMPRESSION:

1. Cervical disc herniation
2. Cephalgia
3. Myelopathy

PLAN: The diagnosis and treatment options were discussed with the patient. A physical therapy program should be continued. An Rx was given. This will consist of modalities and flex/strength program. I recommend an ophthalmology evaluation for her visual problems. A prescription for Fioricet was given for the headaches, Flexeril as a muscle relaxant and Naprosyn as an anti-inflammatory. A new MRI scan of the cervical spine will be obtained to assess the spinal cord status. She will have it done at the same place she had it done pre-operatively for comparison purposes. They will mail me the MRI scan to review.

Ret/ 4 months

SJT/lbd

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

4/27/1999 STEVEN J. TRIANTAFYLLOU, M.D.
ENCNTR-LEVEL III ESTABLISHED

HISTORY: Tracy Yarger returns for follow-up. She continues to have some dysesthesias in the hand. She continues to have headaches, neck pain and headaches. She is still dropping some things. Her gait has improved. Overall, she feels she is significantly improved from her pre-operative status but continues to have some residual symptoms. She had an MRI done recently. I do not have the actual study, but I do have the report. She denies any bowel and bladder dysfunction or systemic symptoms.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Well-developed well-nourished white female in no acute distress. Posture and gait are normal.

MUSCULOSKELETAL:

Incision is well-healed. There is no erythema, warmth or drainage. ROM is decreased in all planes to about 50 percent of normal. Strength is good.

DIAGNOSTIC TESTS: X-rays of the cervical spine were obtained which show the fusion to be solid. No instability is noted.

MRI of the cervical spine done on 2/3/99 by report shows post-operative changes at C5-6. No recurrent disc herniation is noted. Central disc bulging is noted at the C4-5 level.

DIAGNOSIS:

1. Cervical disc herniation
2. Myelopathy
3. Cephalgia

PLAN: I will see her back in November when she is a year from surgery. I will obtain her actual MRI scan for review.

SJT/jdl

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

8/05/1999 STEVEN J. TRIANTAFYLLOU, M.D.

ENCNTR-LEVEL III ESTABLISHED

CHIEF COMPLAINT: Neck, arm, low back, bilateral leg pain, headaches and unsteadiness.

HISTORY: Tracy returns for follow-up. She is here for multiple complaints as noted above. Please also see pain diagram. She lost her balance about 3 days ago and fell going down some steps. Since then she has had increase in her neck, upper back, low back as well as arm and leg symptoms. Her headaches continue to be quite a problem for her. She is taking Soma, which isn't helping her. She denies any bowel and bladder dysfunction. She denies any systemic symptoms. She says she feels unsteady when she is walking.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: She is a well-developed, well-nourished white female in no acute distress.

MUSCULOSKELETAL:

She walks with a wide-based gait and is unsteady. She has generalized tenderness about the cervical spine and lumbar spine, both in the midline and paraspinal area. ROM is decreased in all planes to about 25 percent of normal. Her strength overall is good in both the upper and lower extremities.

DIAGNOSTIC TESTS: X-rays of the cervical spine were obtained, which show the graft to be in good position. There is some loss of cervical lordosis. The fusion appears to be solid.

X-rays of the lumbar spine shows loss of lumbar lordosis.

DIAGNOSIS:

1. Neck pain
2. Arm pain
3. Low back pain
4. Leg pain

PLAN: The diagnosis and treatment options were discussed with the patient. Oxycontin was prescribed, 20 mgs. b.i.d. MRI scan of the cervical and lumbar spine were recommended. I will review those when they are completed and give the patient a call.

SJT/lbd

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

9/02/1999 STEVEN J. TRIANTAFYLLOU, M.D.

ENCNTR-ADDENDUM/CORRECTION 0

MRI of the cervical and lumbar spine done on 8/9/99, were reviewed and discussed with the patient. MRI of the lumbar spine shows some dehydration changes at the L5-S1 level. No HNP, no stenosis is noted.

MRI scan of the cervical spine shows postoperative changes at the C5-6 level and a small central disc herniation noted at the C4-5 level.

SJT/lbd

I talked to her about her MRI scan. Observation is recommended at this point.

SJT/lbd

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

11/11/1999 STEVEN J. TRIANTAFYLLOU, M.D.

ENCNTR-LEVEL III ESTABLISHED

CHIEF COMPLAINT: Headaches, neck pain, arm pain.

HISTORY: She is one year status post anterior cervical discectomy and fusion for a very large disc herniation. She still has some dysesthesias in her arms and difficulty walking as far as being wobbly. She takes OxyContin and a muscle relaxant. She wears a soft collar prn. She denies any bowel or bladder dysfunction. She denies systemic symptoms.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: She is a well developed, well nourished female in no acute distress. Her gait is somewhat wide-based and steady.

MUSCULOSKELETAL:

ROM of the cervical spine is limited in all planes, particularly turning to the right and extension. Overall, ROM is about 50% of normal. Strength overall is good. She still has some residual weakness in her right upper extremity. Provocative tests are negative.

DIAGNOSTIC TESTS: X-rays are obtained which show a solid fusion.

DIAGNOSIS:

1. Neck pain.
2. Cephalgia.
3. Arm pain.
4. Cervical disc disease.

PLAN: Diagnoses and treatment options were discussed with the patient. Observation is recommended. With regards to her pain medication, I recommend that she follow-up with her family physician since she has 3-1/2 hour travel time to get down here. I will see her back as needed.

SJT/mgt

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

3/30/2000 STEVEN J. TRIANTAFYLLOU, M.D.

ENCNTR-LEVEL III ESTABLISHED

CHIEF COMPLAINT: Neck pain, arm pain, low back pain and leg pain.

HISTORY: Tracy Yarger is a 34-year-old white female who is here for evaluation of her multiple complaints as noted above. She states there was an incident that occurred on 3/17/00. She was at her attorney's office to pick up her files regarding her divorce. The patient states she did not want to work with that attorney further and wanted to pick up her records. Her mother apparently was with her at the time and she was planning to file disciplinary complaints. When the attorney apparently handed her the files he "lurched toward her" to try to take the files back because he wanted to make copies first. The patient held onto the records and she noted that she "whipped her back against a wall" when the attorney, Richard Milgrub, came toward her. She developed neck pain as well as numbness about the neck. She states she went home and laid on a heating pad. She was then seen in the Emergency Room at Tyrone Hospital later that day. She apparently had x-rays performed. She was told she had "a lot of muscle spasm". She was given prescriptions of Hydrocodone and a muscle relaxant and a cervical collar. She was subsequently seen by her family physician, Dr. James Davidson. A few days later she was referred to me for further evaluation. She does have a history of previous neck problems. Before this latest incident her neck pain she rated on the average day between a 5 and an 8; now it is between a 7 and an 8. The lowest before this incident was a 5, and now it's a 7. In addition to the neck pain she is experiencing bilateral arm pain, worse on the right than the left. She was having some low back problems also prior to this incident of 3/17/00, but now she is having more symptoms. In addition to the pain being worse, she has been experiencing more muscle spasm as well as numbness about the neck and her face. In general her symptoms are aggravated with activities and improved with rest. She states she has difficulty sleeping. Since this latest incident she has only noted slight improvement.

PAST FAMILY AND SOCIAL HISTORY: Refer to Health Questionnaire.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: She is a well-developed, well-nourished white female in no acute distress.

MUSCULOSKELETAL:

Her posture is stooped. Her gait is slow and guarded. She has difficulty with heel walking and toe walking and it's painful.

Examination of the cervical spine shows tenderness in the midline and paraspinal area. Paraspinal muscle spasm is noted. Loss of cervical

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

3/30/2000 STEVEN J. TRIANTAFYLLOU, M.D.
ENCNTR-LEVEL III ESTABLISHED

-CONTINUED-

lordosis is noted. ROM of the cervical spine is about 50 percent of normal and it includes limitation of flexion, extension, bending and rotation.

Examination of the thoracic spine shows no tenderness either in the midline or paraspinal area.

Examination of the lumbar spine shows tenderness in the midline and paraspinal area. Paraspinal muscle spasm is noted. ROM is decreased in all planes to about 50 percent of normal. This includes limitation of flexion, extension, bending and rotation.

She has good ROM of her upper and lower extremity joints. No atrophy is noted. No instability is noted.

Neurologic exam shows her to be alert and oriented x3. Sensation is intact. Reflexes are 1+ and equal. Babinski test is negative bilaterally. No hyper-reflexia, clonus or any other upper motor neural signs are noted. Motor testing is 5/5 in all muscle groups. Provocative tests are negative bilaterally.

DIAGNOSTIC TESTS: X-rays of the cervical spine show her to be tilting to the left and some loss of cervical lordosis indicative of paraspinal muscle spasm. She has a solid fusion noted at C5-6. No fracture, subluxation or dislocation is noted.

X-rays of the lumbar spine show tilting to the left. There is some loss of lumbar lordosis, again indicative of paraspinal muscle spasm. No spondylosis or spondylolisthesis or fractures or deformity is noted.

DIAGNOSIS:

1. Neck pain
2. Arm pain
3. Low back pain
4. Leg pain
5. Cervical strain
6. Lumbar strain

PLAN: The diagnosis and treatment options were discussed with the patient. Vicodin was prescribed as an analgesic. Skelaxin as a muscle relaxant. Routine neck and back instructions were given. Follow-up with family physician.

Ret/ prn

SJT/lbd

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

9/27/2001 STEVEN J. TRIANTAFYLLOU, M.D.

ENCNTR-LEVEL IV ESTABLISHED

CHIEF COMPLAINT: neck pain, arm pain, low back pain, leg pain

HISTORY: Tracy Yarger is a 36-year-old, right hand dominant white female who presents with multiple complaints, including headaches, neck pain, bilateral arm pain and bilateral leg pain since a motor vehicle accident in 1996. Her symptoms in the neck and low back are of equal intensity. There is radiation into both arms and they can fluctuate from one side to the other and similarly into both legs. The pain is constant and variable in intensity and character. The pain is described as a dull ache, sharp pain, stabbing pain and a burning pain. In addition to pain she reports numbness and tingling in both upper and both lower extremities. No new injuries are reported. She wears a soft collar.

She completed an Oswestry Disability Questionnaire form which she scored a 94, which puts her in a severe subjective disability rating.

In general her symptoms are aggravated with activities such as prolonged sitting, walking and standing and car riding. Weather changes also aggravate her symptoms, particularly cold, damp weather, as well as coughing and sneezing. Rest in general seems to help. She rates her pain on the average day between an 8 and a 9. The lowest it gets is between 6 to 7. This is on a scale of 1 to 10, with 10 being severe and 1 being mild.

Diagnostic studies include a recent MRI of the lumbar spine as well as an MRI of the right shoulder.

REVIEW OF SYSTEMS: There have been no changes from the Health Questionnaire dated 9/27/01.

PHYSICAL EXAMINATION:

MUSCULOSKELETAL:

She is a well-developed, well-nourished white female in no acute distress. Her posture is stooped. Her gait is slow and guarded and unsteady. She has difficulty with heel walking and toe walking.

Examination of the cervical spine shows tenderness in the midline as well as the paraspinal area. Range of motion is decreased to about 1/3 normal. This includes limitation of flexion, extension, bending and rotation.

Thoracic spine exam shows no tenderness either in the midline or paraspinal area.

Lumbar spine exam shows tenderness in the midline as well as the

Patient Name: Tracy J. Yarger
DOB: 06/03/65

Acct. #: 003285400011

9/27/2001 STEVEN J. TRIANTAFYLLOU, M.D.
ENCNTR-LEVEL IV ESTABLISHED

-CONTINUED-

paraspinal area. Some paraspinal muscle spasm is noted. Range of motion is decreased in all planes to about 1/3 normal.

She has good range of motion of all joints in both upper and both lower extremities. No atrophy is noted. No instability is noted.

Neurologic exam shows her to have decreased sensation in the right upper and right lower extremity in a nonspecific dermatomal distribution. Reflexes are 1+ and equal in both upper and both lower extremities. Babinski test is negative bilaterally. No hyper-reflexia, clonus or any other upper motor neural signs are noted. Motor testing is 5/5 in all muscle groups. Her arms and legs tend to give out during the strength testing. Provocative tests are negative bilaterally.

DIAGNOSTIC TESTS: MRI of the right shoulder done on 8/13/01, at State College, show no evidence of rotator cuff pathology. An MRI of the cervical spine, also done at State College shows a solid fusion of C5-6. A small disc protrusio is noted at the C4-5 level and a smaller protrusio at the left C6-7 level. There is some CSF effacement at the C4-5 level.

DIAGNOSIS:

1. Neck pain
2. Arm pain
3. Cervical disc disease
4. Low back pain
5. Leg pain

PLAN: The diagnoses and treatment options were discussed with the patient. I told her the disc protrusio noted at C4-5 may be causing some of her neck and arm symptoms, but certainly not the diffuse pain that she is experiencing. I would recommend continuing the current treatment. I would not recommend any surgical intervention. I will see her back as needed.

Dictated by: STEVEN J. TRIANTAFYLLOU, M.D., on 10/8/01.

SJT/lbd

PATIENT: Tracy Yarger
DATE SEEN: December 8, 1999

The patient is coming here for an evaluation and opinion as well as treatment. She's a 34-year-old disabled female who claims she was involved in a severe motor vehicle accident in November, 1998; she does not recall the exact date. The patient did have a severe whiplash, apparently suffered cervical disc herniation and had surgery. She was a restrained driver when she was hit from behind. This is how the accident occurred. The patient had previous accident in 1996 which involved an off-road vehicle; however, it did resolve. The patient does have anxiety and panic disorder as well as mitral valve prolapse. This is why she was declared disabled, even before the accident.

The patient has been seeing a neurosurgeon, Dr. Triantafyllou in York, PA who has been treating the patient with pain medication including Oxycontin although the dose is a moderate dose, 20 mg. on an average of once a day. The patient did travel to York, PA just to get medication.

Apparently no further surgery was offered, no MRI was done after the surgery. She also has excessive pain in the lower thoracic/lumbar area and shooting pain and aching as well as numbness and burning of the legs.

The patient claims no systemic disease, high blood pressure or diabetes. She has mitral valve prolapse. She's having severe headaches. The headaches appear to be originating from the neck, they are pressure like, squeezing like, sometimes it is throbbing.

She has history of asthma. At one time, she was treated with steroids. She had an unpleasant experience because apparently the steroids, taken every day, after a while did deplete her potassium and she was very weak. She has some urinary urgency. She has visual loss and blurring with the headache as well as ringing in the ears.

The family history is unremarkable from the current standpoint.

Her current medications include Oxycontin, 20 mg., once a day, Flexeril, Prevacid, Xanax, 2 mg. up to four times a day given by her psychiatrist, Dr. Osborne and Elavil as well as inhalers. She claims that her asthma condition is relatively stable.

The examination revealed an alert, oriented, coherent, white female. The blood pressure was 110/70. The weight was 140 pounds with clothes and shoes on. She wore glasses. The pupils were equally reactive. There was no papilledema. TMJ opening was fair. There was excessive tenderness and muscle spasm in the neck, both superficial and deep palpation tenderness in the posterior cervical area in between the shoulder blades in the trapezius area bilaterally. There was also tenderness in the lower thoracic and

Page 2

PATIENT: Tracy Yarger
DATE SEEN: December 8, 1999

upper lumbar region, positive straight leg raising test at moderate degrees. The reflexes were symmetrical.

The sensory examination revealed slightly diminished pin sensation in the right foot, mostly on the inside. In the upper extremities, the sensation was intact. There was no sensory level.

The patient did have an MRI on November 3, 1998 which showed right posterior disc herniation at C5-6. The films were also reviewed. MRI of the lumbar spine was unremarkable done on November 11, 1998. Actually she did have post-operative MRI study showing post-operative changes at C5-6 following discectomy and spinal fusion without recurrent disc although there is some scar formation. Central bulging was seen at C4-5 without compression. Brain MRI was normal. The patient was told that she has a spot but it was actually described as a small defect in the left parietal lobe, probably of no clinical significance. No focal lesion was seen.

The above was explained to the patient. At the present time, it is not unreasonable to treat her with low dose Oxycontin, not on a regular basis but rather in case of severe pain. Lortab was also given in moderation. The total Oxycontin was 20 mg. tablets, 40 (usually I will give her 30 but because of the Y2K scare, if she has 10 more tablets this time, that's okay). The Flexeril will be continued. Actually I added Zanaflex during the day. The Lortab is 7.5/500, maximum twice a day, 30 were issued.

It was explained to the patient that she would benefit from injections on a palliative basis in both the lower back and cervical area. Therapy should be given, mostly modalities, stretching and arrangements have been made. EMG nerve conduction study of the upper extremities will be done. A decision will be made at that time whether or not any imaging study is needed but the patient did have at least one post-operative study which did not show any definite disc herniation although there was some abnormality. I want to see the correlation with electro-physiological testing. This was explained to the patient. She will be seen periodically by this office. As a courtesy, with permission, a copy is being sent.

[Signature]
Kornel Lukacs, M.D.

KL/ji

Dated 12/14/99 MH

cc: Dr. Davidson 769-7756 D: 12/08/99

T: 12/09/99

PATIENT: Tracy Yarger
PROCEDURE: EMG
DATE: December 14, 1999

INDICATION:

Persistent cervical radiculopathy, muscle spasm, headaches, status post-surgery. The purpose of the study was to rule out and quantitate residual cervical radiculopathy. This is part of neurological re-evaluation.

NERVE CONDUCTION STUDIES:

The study of the median sensory nerves bilaterally was essentially unremarkable as far as distal latencies, NCV's and amplitudes using both and palm-wrist and hand-wrist segments.

The ulnar nerve study revealed normal distal latencies and NCV's.

The motor part of the median nerves revealed normal distal latencies, NCV's and amplitudes bilaterally as well as F-wave latencies.

The ulnar nerve study revealed normal distal latencies, NCV's and amplitudes bilaterally as well as F-wave latencies.

NEEDLE ELECTROMYOGRAPHY:

Using a disposable monopolar needle electrode, both cervical paraspinals and several selected muscles of the upper extremities were sampled. The cervical paraspinal examination was unremarkable without evidence of denervation. The examination in the supra scapular area did show increase of the amplitude, polyphasia and slight fast firing. This was bilateral, slightly more on the right. There was no denervation. Slight neurogenic changes, although no clear cut fast firing, were seen in the biceps muscles bilaterally, again with predominance on the right side. In the triceps muscles, slight but definite fast firing was seen on the right, borderline on the left. The extensor carpi radialis and flexor carpi radialis muscle revealed increased polyphasia, increased amplitude, no clear cut fast firing. The first dorsal interosseous muscle was unremarkable bilaterally, no denervation was seen throughout the study.

CONCLUSION:

The study does show chronic, neurogenic changes, predominantly at the distribution of the C6 segment bilaterally, definitely more on the right side. The changes are chronic without evidence of acute exacerbation or denervation. There is no evidence of a neuropathic



KORNEL LUKACS, M.D.
NEUROLOGY AND MUSCLE DISEASES

COPY 1915 Valley View Blvd.
Altoona, PA 16602
(814) 944-3347

Page 2

PATIENT: Tracy Yarger
PROCEDURE: EMG
DATE: December 14, 1999

process. Clinical correlation is recommended.

[Handwritten signature]
Kornel Lukacs, M.D.

KL/ji

D: 12/14/99
T: 12/15/99

KORNEL LUKACS, M.D.
NEUROLOGY AND MUSCLE DISEASES

COPY

1915 Valley View Blvd.
Altoona, PA 16602
(814) 944-3347

PATIENT: Tracy Yarger
PROCEDURE: SSEP
DATE: December 14, 1999

INDICATION:

SSEP studies are being done as part of neurological work up to rule out and quantitate cervical radiculopathy, impingement, possible spinal cord compression.

SSEP INTERPRETATION (UPPER EXTREMITIES):

Somatosensory evoked potential study using upper extremity (median nerve) stimulation was carried out in the provider's office using TECA equipment. On the right side, the cortical latencies were 19 and 22 milliseconds, Erb's point and cervical latencies were 11 and 13.8. In the repeat study, cortical latencies were 19.4 and 21 and 13.8. Erb's point and cervical latencies were 9.4 and 13.8 milliseconds.

On the left side, the cervical latency was 13.6, Erb's point latency was 8.8 and cortical latencies were 18.8 and 21.8 milliseconds. The repeat study yielded cortical latencies of 19 and 21, Erb's point and cervical latencies were 8.6 and 14.2 milliseconds.

CONCLUSION:

This is an essentially normal and symmetrical study with no evidence of delay or abnormality. Clinical correlation is recommended.

[Handwritten signature]
Kornel Lukacs, M.D.

KL/ji

D: 12/14/99
T: 12/15/99

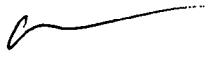
PATIENT: Tracy Yarger
DATE SEEN: January 31, 2000

The patient is coming back for a follow up. The patient reported no new injury or accident. The patient has a lot of neck pain and spasm, radiating pain to the shoulders as well as lower back pain. The history was set forth and documented when she was seen on December 8. She's also having a lot of headaches. The patient claims that the medications do help including a limited amount of Oxycontin which is needed since she's having failed surgery syndrome. She's only getting a limited amount, 20 mg. tablets, no more than 2 a day but I don't want to give her more than 40 for a month. In between, she's taking low dose Lortab. The Flexeril as well as the Zanaflex have been helping. I also wanted her to build up Neurontin which is a so-called membrane stabilizing agent. She's willing to try. I also wanted her to get some therapy. She couldn't come to Altoona but she's willing to have it done locally as well as injections. She's not so keen on having needle exposure and pain but I explained the reason.

The examination revealed moderate muscle spasm with definite tenderness in the cervical area as well as in the lower back. There were two distinct points. Straight leg raising test was positive at moderately high degrees. There was no weakness in the upper extremities. The reflexes were unremarkable. Her blood pressure was 108/68.

The patient will have an MRI done of the cervical area. I also received reports from the previous surgery. The EMG results have been explained showing residual C6 radiculopathy. Further work up will be done. She did have lower back MRI and that area was not operated on. This area, however, may need to be re-investigated. The study, however, was done recently, in August, 1999.

The patient was issued medication including a trial dose of Neurontin which may need to be built up. Oxycontin, as above, was given. The patient will also get injection series. The patient will be re-evaluated in about 4 weeks.


Kornel Lukacs, M.D.

KL/ji

D: 01/31/00
T: 02/01/00

PATIENT: Tracy Yarger
DATE SEEN: March 6, 2000

The patient is coming back for a follow up. The patient reported no change in the condition. The patient does have intractable pain in the cervical area, some in the lower back. She's status post cervical decompression. The patient did have an MRI study which did show no spinal cord compression which is actually the most important factor; some posterior disc herniation and bulging was seen at C4-5 level without spinal stenosis. The study was done in an open MRI in State College. There was some metallic artifact at C5-6.

The patient does have a lot of pain which includes headache, neck pain, and muscle spasm as well as some lower back pain. The patient does benefit from the medication. The patient is getting relatively low dose Oxycontin, not more than 40 tablets for a month. In other words, sometimes she takes 2, mostly 1 a day and she can take low dose Lortab in between. She's also getting Neurontin at night which was just started. It was explained that she could increase the medication and take Neurontin, 100 mg. three times a day in addition. The Zanaflex seems to be working as well as the Flexeril. She knows how to alternate. There are no side effects of the medication.

The Imitrex does help as far as the migraines.

The blood pressure was 100/70. The chest was clear. There was moderate muscle spasm and tenderness in the posterior cervical and lower back area. Straight leg raising test was positive bilaterally at 60 degrees. There was slight partial weakness, residual, in the right leg with dorsi flexion. There was no weakness in the upper extremities.

The patient did have appropriate electrophysiological studies which showed chronic C6 changes. She doesn't have fibrosis or scarring or spinal stenosis in the cervical area which is the most important factor. She does have intractable pain; however, if possible, we will try to wean her off or decrease the amount of pain medication. She claims she's not getting any pain medication from any other provider. The patient will be periodically in this office. I see no problem with the use of Oxycontin. The patient has definite objective post-operative documentation and residual disc disease, chronic pain and she's doing relatively well with the medication. She's also benefiting from the membrane stabilizing agents and muscle relaxers. The patient will be seen periodically by this office since periodic reassessment of the need of the medication is mandatory by state and federal guidelines. The patient will also try to get palliative injections and physical therapy.


Kornel Lukacs, M.D.
KL/ji

D: 03/06/00

T: 03/07/00



Radiologic Interpretation

Pt Name: YARGER, TRACY J
 Attending Physician(s): MILLER, S. LEE
 Copy to Physician(s):

Location: R843-1

Exam(s): **1512 MRI CERVICAL SPINE**

07/08/96 M96-218

MRI OF THE CERVICAL SPINE:

MRI examination of the cervical spine was performed utilizing the following imaging sequences: sagittal T1 weighted, sagittal fast spin echo T2 weighted, sagittal gradient echo, sagittal fast multiplanar inversion recovery, and angled axial gradient echo images from C3-4 through C7-T1. Comparison is made with a plain film examination of 7/7/96.

The vertebral bodies and disc spaces are normal in stature and signal intensity. No malalignment or fracture is seen. There is straightening of the normal cervical lordosis, likely due to patient positioning. There is no paraspinal edema, to suggest soft tissue or ligamentous injury. The region of the foramen magnum appears normal.

At C5-6 there is a small central disc protrusion. This causes some effacement of the anterior subarachnoid space but there is no cord compression. No other focal disc abnormalities are identified. The neural foramina from C3-4 through C7-T1 appear widely patent.

IMPRESSION: There is a small central disc protrusion at C5-6, which does not cause cord compression. No focal cord abnormalities are identified. No other abnormalities are seen. Clinical correlation is necessary to determine if this finding correlates with the patient's clinical symptoms.

Dictating Radiologist: HOWARD I. FORMAN, M.D.

ANTHONY J. SCUDERI M.D.

PO35030
 ELECTRONICALLY SIGNED ON 07/09/96, 15:16
 Transcribed by: mw /07/09/96 10:47

Pt Name: YARGER, TRACY J
 MRN: 300156
 Acct #: 2445756
 Radiology #: 235330
 Copy to Physician(s):

DOB: 06/03/1965
 Location: R843-1 (ROSE 8 SU)
 Attending Physician(s):
 MILLER, S. LEE

MRI**611 OPEN MRI**

611 University Drive • State College, Pennsylvania 16801
Telephone: (814) 234-2600 • Toll-Free: (800) 624-6110 • Facsimile: (814) 234-9724

11-3-98

YARGER, TRACY
BD: 6-3-65
DR. HARCHAK
X-RAY# 21907

MRI - CERVICAL SPINE:

T1W and T2W sagittal
T1W and T2W axial

Right posterior herniation of the C5-C6 disc is present. The disc compresses the thecal sac and cervical spinal cord. The C5-C6 disc is narrow.

The cervical spine superior and inferior to the C5-C6 disc is normal.

CONCLUSION: Right posterior herniation C5-C6 disc.

D&T: 11-4-98

FBO/skr

FRANKLIN B. OLNEY, M.D.


MRI

611 OPEN MRI

611 University Drive • State College, Pennsylvania 16801
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2-3-99

YARGER, TRACY

BD: 6-3-65

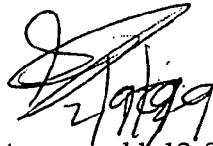
DR. STEVEN J TRIANTAFYLLOU – 908 S. GEORGE STREET
YORK, PA 17403

FAX: 717-845-2439

X-RAY# 21907

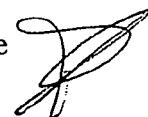
MRI – CERVICAL SPINE:

T1W SE sagittal sequences Pre and Post Gadolinium
T1W SE axial sequences Pre and Post Gadolinium
T2W SE sagittal sequences
GE axial sequences



This is a post-operative study after C5-C6 cervical discectomy on 11-13-98 and is compared to a previous C-spine MRI dated 11-3-98 which showed a large herniated disc at C5-C6 level.

The present examination reveals that there are post surgical changes involving the bodies of C5 and C6 which has increased signal intensity in the vertebral bodies with a very low signal intensity between the two vertebral bodies due to the bony fusion in this region. There is also focal areas of decreased signal anteriorly at these level also post operative change.



There is no evidence of recurrent disc herniation. There is a low signal soft tissue defect posterior to the C5-C6 disc just lateral to the midline which enhanced after contrast administration and would be consistent with post operative scarring rather than recurrent disc herniation. The cervical cord now has essentially normal signal and there is no longer any cord compression as previously seen. There appears to be a faint increased signal in the cervical cord in the T2W sequences from the C5 to C7 level but it has normal signal in the T1W sequences and there is no enhancing lesion after contrast administration and no evidence of fluid accumulation within the cord.

The other cervical vertebrae are normal.

There is now also a suggestion of a central disc bulging of C4-C5 which is obliterating the anterior epidural space but not compressing the cord. The disc material appears to migrate both superiorly and inferiorly from the level of the disc. In retrospect, this disc bulging was also probably present in the previous examination but was over shadowed by the extensive finding at the level below.

IMPRESSION:

1. Post operative changes at the C5-C6 level following discectomy and spinal fusion. No recurrent disc was demonstrated but there is focal post operative scarring at this area just to the left of the midline.
2. Central disc bulging of C4-C5 which is impinging on the CSF space but not compressing the cord.

D&T: 2-3-99 RJD/skr

RUDY J. NICOLAS, M.D.



CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the within Pre-Trial Statement was served upon the counsel for defendant by hand delivery this 1st day of April, 2003.

TO: James M. Horne, Esquire
McQuaide Blasko
811 University Drive
State College, PA. 16801-6699

STOKES LURIE COLE & HENS-GRECO, P.C.

By: James B. Cole
James B. Cole
Attorneys for Plaintiff

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

TRACY YARGER, :
: No. 00-1322 C.D.
: Plaintiff, :
: PLAINTIFF'S SUPPLEMENTAL
: PRE-TRIAL STATEMENT
: vs. :
: :
: CINDY NADVIT, : Filed on behalf of:
: Plaintiff :
: Defendant. : Counsel of Record for this
: Party:
: :
: James B. Cole, Esquire
: Pa. I.D. #15801
: :
: STOKES LURIE COLE &
: HENS-GRECO, P.C.
: Firm #012
: :
: 2100 Law & Finance Building
: Pittsburgh, PA. 15219
: :
: (412) 391-0800
: :
: JURY TRIAL DEMANDED

RECEIVED

APR 04 2003

COURT ADMINISTRATOR'S
OFFICE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

TRACY YARGER, :
: Plaintiff, : No. 00-1322 C.D.
: :
: vs. :
: :
CINDY NADVIT, :
: :
Defendant. :
:

PLAINTIFF'S SUPPLEMENTAL PRE-TRIAL STATEMENT

TO THE COURT ADMINISTRATOR:

The plaintiff supplements her Pre-Trial Statement by attaching the reports of Kornel Lukacs, M.D. dated as follows: 4-4-00, 4-29-00, 5-8-00, 6-14-00, 7-10-00, 8-16-00, 8-29-00, 9-18-00, 10-18-00, 11-20-00, 12-20-00, 2-3-01, 3-5-01, 4-22-02, 6-17-02, 7-15-02, 8-12-02, 9-9-02, 10-9-02, 11-4-02, 12-2-02, 12-30-02, 1-29-03 and 3-3-03.

STOKES LURIE COLE & HENS-GRECO, P.C.

By: 

James B. Cole
Attorneys for Plaintiff

KORNEL LUKACS, M.D.
NEUROLOGY AND MUSCLE DISEASES

1915 Valley View Blvd.
Altoona, PA 16602
(814) 944-3347

PATIENT: Tracy Yarger
DATE SEEN: April 4, 2000

COPY

The patient is coming back for a follow up. The patient did have some problems, she hit her back against the wall when she had some problems in the lawyer's office. Apparently she had some altercation although there was no physical problem. The patient got upset that her papers were not filed properly. She was taken to Tyrone Hospital ER for neck sprain. She also saw the neurosurgeon in York who operated on her but apparently nothing surgical was found. She did have an MRI of the cervical spine dated March 2, 2000. This was done after the altercation and the neck sprain. The study showed disc bulge and minimal central posterior herniation at C4-5; more importantly, there was no spinal stenosis. The anterior fusion of C5 and C6 was demonstrated. No fibrosis or enhancement was seen after contrast administration.

The patient has most of the pain in the cervical area. There is also some lower back pain. She's taking multiple medications. Certainly the Oxycontin is reserved for severe pain, she's not taking pain medication from any other provider. She's getting some Lortab for less severe pain which she's taking infrequently. Zanaflex has been working as an anti-spasticity agent, Neurontin so far has been tolerated well as well as the Flexeril. She's taking Imitrex for headaches which are migrainous. The medications seem to be helping. The patient has not been able to start the physical therapy but she's considering it; she may also want to try the injections.

The examination revealed muscle spasm and tenderness bilaterally in the cervical area. There was no weakness in the upper extremities. Hand grips and coordination were fine. The reflexes were 2- in the upper extremities without asymmetry. There was some residual tenderness in the right lumbosacral spine as well. Straight leg raising test was positive only at high degrees. At that time, back pain was reproduced with some pulling sensation. There was no definite weakness. Chest was clear for A and P.

Test results have been discussed. At the present time, treatment remains conservative. We'll try physical therapy, the medications will remain the same; however, Neurontin could be increased in the future. Oxycontin will be used very judiciously, in low doses. The patient seems to be doing well on that medication. The patient was just recently seen by the surgeon, even if I didn't receive a report, who operated on her. The patient will be monitored as required by state and federal law regarding medication administration. I also want her to try therapeutic injections and I explained to her that the injections are basically given under the skin and they are not really painful and there is no significant complication rate. Of course, guarantees cannot be given but they would likely help. The patient will consider this. She will be seen in 4 weeks.

Page 2

PATIENT: Tracy Yarger
DATE SEEN: April 3, 2000

L
Kornel Lukacs, M.D.

KL/ji

D: 04/03/00
T: 04/04/00

PATIENT: Tracy Yarger
DATE SEEN: April 29, 2000

The patient wanted to be seen (established patient) because of a recent car accident. The patient actually didn't want to seek medical attention but she's had increased pain due to the accident in the lower thoracic/upper lumbar area radiating more to the hips which did not go back to the baseline. The accident occurred on or about April 8, 2000. She was the driver and was hit by another vehicle (driver's side) and she did have impact. She didn't pass out although she was stunned. She did sprain her back. She wanted to go to the hospital but she felt that she didn't fracture anything and she's getting pain medication anyway.

The examination revealed muscle spasm and tenderness in the mid thoracic area, mid to higher lumbar region. Straight leg raising test was positive at moderately high degrees (definitely worse than previously). Today it was positive reproducing stretching and pulling at around 45 degrees bilaterally. There was also some tenderness over the hips upon palpation.

Since the patient did not have any forceful injury, just something like a sprain, the prognosis to go back to baseline is good. She does have a lot of problems pre-existent to this injury, mostly cervical, some in the lower back, which have been set forth and documented. She's status post-surgery, she's taking pain medication. Nevertheless, the patient did definitely have a flare up due to this injury. She wants to have some treatment and we are recommending Dr. Schroeder who provides non-forceful treatment in the Altoona area; unfortunately, I cannot offer anybody closer to where she lives. She's willing to go with the recommendation. She will also perhaps try to have one set of injections.

The patient is being seen "separately" for the injury which she suffered on April 8. She will also keep her regular office visit for all her pre-existent problems. Treatment here will be continuous as long as the symptoms are present and different from the pre-existent condition. This is being set forth and documented. If the patient's status should be back to her pre-existent condition, treatment will only be provided accordingly; however, it appears to be that the patient has had definite injury. X-rays may need to be done. It appeared to be that the patient didn't have significant neck whiplash which would be of concern as far as cervical radiculopathy.

The patient will be seen in a short period of time for her "pre-existent condition". At that time, her usual medications will be provided. Further treatment for the auto accident will be provided as needed.

Kornel Lukacs, M.D.

KL/ji

D: 04/29/00

T: 05/01/00

PATIENT: Tracy Yarger
DATE SEEN: May 8, 2000

The patient is coming back for a follow up. The patient reported no new injury or accident subsequent to the April 8 injury which has been set forth and documented. The patient did have definitely increased lower back pain; the sciatica on the left side is new although on the right side, she has pain from before. There is also some thoracic pain which is new. All of the symptoms have been set forth and documented. There has not been much improvement. She just started treatment with Dr. Schroeder. X-rays have not yet been done.

The examination revealed definite muscle spasm in the lumbo-sacral area with positive straight leg raising test bilaterally. This was definitely more positive on the left side. The blood pressure was 110/80. There was no weakness per se.

Medications will be provided including the patient's pain medication, Neurontin, Zanaflex as a muscle relaxer and Flexeril. Therapy is to be continued. Injections will be considered. The patient will be seen for re-evaluation. If the symptoms fail to improve, the patient will be considered for electrophysiological and imaging studies; however, at the present time, her flare up is definitely new and may be subject to improvement, at least to her pre-accident level.


Kornel Lukacs, M.D.

KL/ji

D: 05/08/00
T: 05/09/00

KORNEL LUKACS, M.D.
NEUROLOGY AND MUSCLE DISEASES

1915 Valley View Blvd.
Altoona, PA 16602
(814) 944-3347

PATIENT: Tracy Yarger
DATE SEEN: June 14, 2000

The patient is coming back for a follow up. The patient, due to the accident, does have throbbing pain in the hip area which radiates to the left leg. Previously she had some back pain, mostly on the right side. The migraines and neck pain are also more intense. She had some improvement with the chiropractic treatment although whenever the neck is being treated, she may have more migraines. Overall, however, it does help.

The examination revealed moderate muscle spasm in the cervical area. There was a lot of pain, tenderness and trigger point tenderness in the lower back. Straight leg raising test was markedly positive bilaterally, more on the left side. Upon properly positioning the leg, when the pressure was decompressed, there appeared to be no definite weakness, no foot drop. The reflexes were decreased.

The pain medication will be continued, it is reasonable and necessary. She is not taking an excessive amount. The 40 tablets of Oxycontin, 20 mg. will last longer than a month; she's not taking it regularly. She's taking muscle relaxer and less potent pain medication in between; she knows how to use them. It was explained she should, under no circumstances, break the tablet. Sometimes she wants to take less. We can give her 10 mg. tablets the next time. I understand that she should use the least amount of medication necessary. She's now ready for injections because she has so much pain without relief and she understands that the trigger point tenderness is best treated with injections; at least we ought to try it. Therefore, the patient will be seen accordingly. If she fails to improve, at least back to so-called baseline status, due to the accident, more investigation may be in order but I want to explore conservative treatment. The patient does have a definite change in the status after the April 8 accident. This is being set forth and documented.

h

Kornel Lukacs, M.D.

KL/ji

D: 06/14/00
T: 06/20/00

PATIENT: Tracy Yarger
DATE SEEN: July 10, 2000

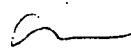
The patient is coming back for a follow up. The patient has a lot of lower back pain, muscle spasm, sciatic radiation to the left hip, left leg. She has chronic failed back syndrome which did get worse after the accident. The patient did benefit from the previous episodes to an extent. She's taking low dose Oxycontin, not more than twice a day, but only 40 tablets for a month, alternating with Lortab. She's taking Imitrex for severe migraines and Soma as a muscle relaxer.

The examination revealed moderate muscle spasm bilaterally in the lower back, positive straight leg raising test at 35-40 degrees on the left side, somewhat better tolerated on the right. There was no definite weakness. There was also partial foot drop but it did get better when the patient moved around and flexed the leg. There was also some cervical muscle spasm.

The patient was involved in an accident at the end of June and the right arm was injured with some finger numbness but it didn't change the nature of the treatment she's receiving. Today the treatment, including the prescription, was not for the recent accident.

The patient does go to Dr. Schroeder and his excellent treatment is being reviewed. The hip x-ray of the left side, lumbosacral x-ray of the left side, thoracic spine x-ray were all normal as well as right hip x-ray was normal. This was explained.

The patient will continue receiving therapy. The physical distance from her home to Altoona is a problem; however, she's willing to travel. Her medications including low dose Oxycontin are justified to be continued. This will be alternated with Lortab for less severe pain and the patient is doing fairly well. The patient will receive therapeutic injections in the near future as well as more therapy if necessary. The patient will be seen regularly as required by state and federal law regarding the prescription medication she's receiving.


Kornel Lukacs, M.D.

KL/ji

D: 07/10/00
T: 07/11/00

PATIENT: Tracy Yarger
DATE SEEN: August 16, 2000

The patient is coming back for a follow up. Today we had a long discussion and the chart and diagnostic testing were reviewed. She has a lot of lower back pain which is the chief and presenting complaint. The pain is shooting down to the legs. The lower back is very tender. In addition, the cervical area is tender and sore. There is some shooting, radiating pain to the arms. She did try therapy with Dr. Schroeder, the chiropractor, which has been helping. There has been some consistent progress but the patient feels that the therapy administered is actually making the neck pain and the headaches worse. I did review the records from the chiropractor. The patient wants to continue with the therapy, perhaps at another facility, either physical department or another chiropractor which is fine with me.

The patient did have recent x-rays of the hips, thoracic spine and lumbosacral spine and the x-rays were negative. MRIs were done, actually prior to her being seen, at Clearfield Hospital, both the lower back and the cervical area. The lower back was reported to be normal, small posterior herniation was seen in the cervical area. There was also some bulging. This was at C4-5 level with post-op changes one level lower.

The examination revealed definite muscle spasm and tenderness in the lower back area. Straight leg raising test was positive at 45-50 degrees, somewhat more on the left side as before. There was no definite weakness. There was no weakness in the upper extremities. There was some tenderness at the base of the neck bilaterally. It is to be noted that the patient is not being treated for the accident which occurred at the end of June.

Medications were reviewed. The patient is benefiting from a limited amount of Oxycontin, 20 mg., which should be provided in view of the patient's proven pathophysiology and pain. 40 tablets for a 30 day period is being provided so she can take between one and two a day. In the meantime, she can take some Lortab, a limited amount was supplied. Soma is fine, there is no evidence of addiction. She should not take more than 2 a day. Imitrex was given for the migraines. The migraines seem to be originating from the neck but when they occur, they seem to be real migraines. In addition, I gave her Maxalt samples to try. She is feeling somewhat uneasy after the administration of Imitrex. I also gave her Vioxx samples, she can take 25 mg. or 50 mg.

Her status is stable. She will try physical therapy. She will pick the facility. Forceful manipulations should be avoided. If she's going to go to a chiropractor, I will have no control over the situation but as long as the treatment is reasonable and it's helping, I have no objection. The patient will be seen periodically by this office. Diagnostic testing will also be done of the lower back area (EMG and SSEP) to see whether or not we will need to do anything more. The MRI was negative; however, even disc disease or other pathology cannot be ruled out by MRI testing. She seems to have definite lumbosacral

[Signature]

Page 2

PATIENT: Tracy Yarger
DATE SEEN: August 16, 2000

radicular symptoms as well.


Kornel Lukacs, M.D.

KL/ji

D: 08/16/00

T: 08/17/00

PATIENT: Tracy Yarger
DATE SEEN: August 29, 2000

The patient reported no change of the condition. The medication seems to be working. He is getting therapy from Dr. Schroeder. His blood pressure was 104/62. Test results were discussed. Further discussion will be carried out when he's formally evaluated but I explained the findings of the EMG. There is no change in his medication as of today's visit.


Kornel Lukacs, M.D.

KL/ji

D: 08/29/00
T: 08/30/00

PATIENT: Tracy Yarger
DATE SEEN: September 18, 2000

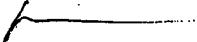
The patient is coming back for a follow up. The patient reported no new injury or accident. The patient has a lot of lower back pain and muscle spasm which was the chief complaint today with sciatica, toothache like pain radiating to the left leg. This is bothering her a lot. Because of her chronic pain, she's getting low dose Oxycontin which seems to be helping and actually the only way she can cope with the pain. On the other hand, relatively good doses do help. The patient is not demanding more medication, there is no problem with the use of the medication and she claims she's not taking it from any other provider. Her other medications were issued with multiple refills (low dose Lortab, Imitrex for migraine, Soma for muscle spasm).

The neck is also tender and there are some headaches triggered by the upper cervicalgia.

She just had recent EMG testing which was abnormal showing definite radiculopathy of the L5 segment, the S1 being spared. This was discussed.

The patient had definite muscle spasm and tenderness in the lower back bilaterally, positive straight leg raising test on the left side around 40-45 degrees, both pulling sensation and pain were reproduced. The blood pressure was 110/54. There was no definite weakness.

Medications will be continued. The patient will come for injections. I can give her some pre-medication because she's afraid of the needle. The patient will also get some therapy. An MRI will be done, with and without contrast, to see whether or not there is any biomechanical lesion, post-operatively, which may need to be considered. The patient will be seen accordingly.


Kornel Lukacs, M.D.

KL/ji

D: 09/18/00
T: 09/19/00

PATIENT: Tracy Yarger
DATE SEEN: October 18, 2000

The patient is coming back for a follow up. The patient had a lot of lower back pain and sciatica, radiating mostly to the left leg. There was also some pain in the higher lumbar region. Upper cervalgia is present and some headaches are being triggered but overall she's feeling somewhat better. She reported no recent accident or injury. The physical therapy did help but she developed pneumonia and had to stop. Actually I did receive a report. The MRI showed a normal study without disc herniation of the lower back. It was explained that this doesn't mean she doesn't have pathology, sometimes disc abnormality is more subtle and more aggressive testing is needed to bring it out. Certainly it would speak for more conservative management at the present time.

The examination revealed definite muscle spasm in the lower back area, positive straight leg raising test at 60-65 degrees which is a slight improvement since previously. There was partial foot drop on the left side which did get better when she flexed the left leg.

Low dose Oxycontin will be continued. The patient is doing well on the medication, it is decreasing pain, increasing mobility. The patient doesn't seem to abuse the medication. She claims she's not getting it from any other provider. Therefore, 20 mg. tablets, not more than 2 a day, a total of 40 for a month, were given. She still has refills from the previous prescriptions. The patient will be seen as required by federal law regarding the distribution of the medication which requires strict monitoring. If necessary, consultation will be scheduled such as surgery but with a negative MRI, at the present time, we want to continue conservative treatment. She did see a surgeon in the York area before seeking care.

The blood pressure was 110/68. The chest was clear for A and P. She reported no new medical problem. She claims that her pneumonia and respiratory problems have resolved. Therefore, we will continue with physical therapy and if she wants to try water, I think it would be a good idea. Physical therapy has been re-certified.


Kornel Lukacs, M.D.

KL/ji

D: 10/18/00
T: 10/20/00

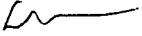
COPY

PATIENT: Tracy Yarger
DATE SEEN: November 20, 2000

The patient is coming back for a follow up. The patient reported no new injury or accident. There is a lot of muscle spasm in the cervical area as well as residual pain and spasm in the lower back. Individually it does affect both the upper and lower extremities. She's very uncomfortable, it is difficult for her to find comfortable position. She is really concerned about the neck which is increasingly painful. She did have an MRI of the lumbar spine which was negative, no disc herniation was seen. This was done as an open MRI in State College. She did miss some lower back injections.

The examination revealed definite tenderness and spasm in both the lumbosacral and cervical area. There was no definite weakness in the arms but there was some giving away proximally. Straight leg raising test was positive at 45 degrees approximately. The blood pressure was 120/68.

Although she's just worse because of the cold weather, there is a concern that the cervical area is causing pathology. Therefore, proper examination will be done, both electro-physiological and MRI. Her medications were renewed. I also gave her, in addition to the 20 mg., a limited amount of 10 mg. Oxycontin. The medication she's taking is still very low. She can alternate it with Lortab and I also gave her a limited amount of Tylenol #3 for severe pain. The Imitrex is helping the headaches. The Soma is helping overall. We will definitely consider injections to both areas. The patient will be seen in 4 weeks because of medication monitoring. At that time when we have more information about testing, a decision will be made, whether or not she needs neurosurgical follow up.


Kornel Lukacs, M.D.

KL/ji

D: 11/20/00
T: 11/21/00

PATIENT: Tracy Yarger
DATE SEEN: December 20, 2000

The patient is coming back for a follow up. The patient has a lot of pain in the cervical area resulting in headaches, muscle spasm. There is lower back pain and sciatica as well. The patient feels that the cold weather is making it worse. She doesn't think that she's just upset that there are activities she cannot do. She prefers staying at home rather than going for treatment. She did come to Altoona for chiropractic treatment (she lives in Houtzdale). She also had physical therapy at the Altoona Hospital.

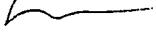
The lumbar spine MRI which was done in October was fine. The recent cervical MRI did show some disc disease and degenerative disc disease including the possibility of left sided disc protrusion (versus bone spur) as well as central protrusion at C4-5 level.

The examination revealed definite muscle spasm bilaterally in the paracervical area, at the base of the neck, in the trapezius region.

The medications do help including muscle relaxers and pain medication. Without the pain medication, he couldn't cope. I didn't notice any problem with her medication use. She's not asking for increasing doses of medication, etc. She just had surgery and she does have legitimate, quite severe pain.

The patient has been hesitant to come for injections. She's not getting therapy at the present time.

The patient was encouraged to try injections to the cervical area as well. They are likely to decrease the headaches but there are no guarantees. I told her that the cervical MRI was definitely abnormal but it's somewhat similar to the previous study done in March showing some disc disease at C4-5 level. I cannot say that the patient will or will not have surgery but she could certainly be evaluated by the same surgeon or the patient may want to see somebody else. However, it's difficult to find an aggressive, competent surgeon. Medications were prescribed. I suggested that the conservative treatment be aggressively pursued. No further testing is planned at the present time although we will complete the EMG testing of the arms. The patient will be reevaluated at reasonable intervals as medically necessary.


Kornel Lukacs, M.D.

KL/ji

D: 12/20/00

T: 12/27/00

PATIENT: Tracy Yarger
DATE SEEN: February 3, 2001

The patient is coming back for a follow up. The patient is being seen periodically because of chronic pain, chronic cervalgia, severe headaches muscle spasm as well as lower back sciatica. Except for having some flu-like illness for which she couldn't come and seen me and running out of the medication, she reported no other symptoms. She has moved closer to the Altoona area. She did not report any new injury or accident or any new symptoms. The medications do help to an extent. The patient did have recent testing. The EMG test, as it was discussed with her, was abnormal although denervation was not appreciated. I did see irritation of the C5-C6 segment. This is compatible with the patient's symptoms although I do suspect some pathology above that level as well which is not measured by the EMG test.

The examination revealed moderate muscle spasm at the base of the neck, at the cranial cervical junction as well as in the lower back. There was no definite direct weakness in the upper extremities. Straight leg raising test was tolerated at approximately 45 degrees. Chest was clear and vital signs were okay.

Medication will be issued. The patient was given a prescription for a cervical pillow since she wants to try it and the way she's sleeping may decrease the headache if a cervical pillow is used. Therapy could be used but the patient is somewhat reluctant and has transportation difficulty. She may want to try injections. She's not so keen on needle exposure because of the pain but she may be pre-medicated if she has a ride. She did have complete work up including disc disease at the cervical area. The MRI and the EMG as well as clinical symptoms are compatible with it. It is causing headaches and migraines as well as lower back trouble. It was explained that at any time she may want to have a surgical evaluation and we can send her to different specialists. Actually the only thing she has to do is be consistent and be willing to go, even if she would have to go out of the area. Such a referral was not made today. Aggressive treatment should include, besides the medication, injections and perhaps some physical therapy although physical therapy was tried in the past. The patient will be seen periodically. Medications were issued including calling in her muscle relaxers and the schedule II pain medication. I also wanted to see if Zanaflex would help her. The Imitrex is helping whenever a migraine develops. She just cannot function without the schedule II pain medication due to the chronic problem which is reasonable. She claims that she's not taking pain medication from any other provider.


Kornel Lukacs, M.D.

KL/ji

D: 02/03/01

T: 02/04/01

PATIENT: Tracy Yarger
DATE SEEN: March 5, 2001

The patient is coming back for a follow up. The patient reported no major problems. She was last seen on February 3. She reported that she's seeing her family doctor, Dr. Davidson; she's being seen by Mental Health. The Mental Health changed Xanax to Klonopin but otherwise there has been no major change. The medication she's taking seems to be working. She's taking a limited amount of pain medication which includes Oxycontin, 10 mg. and 20 mg., 15 and 40 tablets per month. In addition, she's taking Lortab for breakthrough pain (and a limited amount of Tylenol #3 for severe pain). She knows how to alternate the medication. We are controlling the medication, calling the same pharmacy at monthly intervals. She claims that she's not taking same or similar pain medication from any other provider. She's also taking one Soma at night, occasionally a second one, and Imitrex for migraine.

There is a lot of both in both the cervical and lower back area. She claims that the cervical pain is more severe. The area has been investigated in the past. She also brought in records regarding her past surgery which has been discussed as well as some testing has been done. Actually she's interested in seeking surgical opinion and in the past I did suggest Dr. Kuhlengel in Lancaster.

The examination revealed muscle spasm at the base of the neck, at the cranial cervical junction as well as in the cervical area. There was no weakness in the upper extremities. The lower back also had moderate tenderness with positive straight leg raising test. The chest was clear. For blood pressure and vitals, please see attached sheet.

Medications will be continued including the limited amount of Oxycontin which the patient continues to need. She claims she's not taking it from any other provider. Imitrex for migraine, a limited amount of Lortab and Tylenol #3 for breakthrough pain rather than schedule II narcotics for breakthrough pain are my preference and will be continued. We are obtaining permission to send a copy of this note to the family doctor but the patient claims that she's not taking pain medication from any other provider. By means of this office note, we are letting the family doctor know what medication the patient is taking to try to decrease and avoid duplicating medication. The patient is being treated only from the neurological standpoint. It is also suggested that the patient come for injections to the cervical area. She has fear of needles. Although the injection may hurt initially, she may be pre-medicated if she has a driver. The patient will be seen regularly. As a courtesy, with permission, a copy is being sent to the family physician.

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Kornel Lukacs, M.D.

KL/ji

cc: Dr. Davidson (Clearfield)

3/12/01
3-7756

D: 03/05/01

T: 03/06/01

PATIENT: Tracy Yarger
DATE SEEN: April 22, 2002

The patient is coming back for a follow up. The patient reported excruciating pain in the cervical area causing severe neck pain and headaches, shoulder tenderness as well as in the lower back. The back pain may go to the legs although it is mostly in the lower back and hip area.

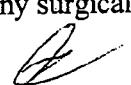
The patient reported no injury or accident. The patient reported no significant change of the condition.

The medications do work. The medications take away the edge of the pain although they do not make her pain free. She understands that the nature of the pain medication is compatible with her symptoms such as presence of pain since the brain has to reset in between the Lortab pills. The Oxycontin which is long acting, long released medication does provide some longlasting relief. We don't want to give a too high of dose because it could affect her mentally. She's comfortable with the 20 mg. twice a day. The Lortab is for breakthrough pain; she's taking Soma as a muscle relaxer which seems to be helping combined with Zanaflex. The Neurontin is tolerated well. She thinks that she can use a slight increase. The Imitrex is working for the migraine. She has been given, on and off, some Zomig samples. She claims she's not taking pain medication from any other provider. She's very eager to be seen by a neurosurgeon. She is reluctant to try the injections. She's afraid of needles as well as the potential side effects.

The MRI of the lower back did not show any definite disc herniation. She does have disc disease in the cervical area. The lower back may have some disc-related pathology, not obvious on the MRI. There is also a component of facet disease. Although both areas are painful, it appears to be perhaps she has more problem in the cervical area.

The examination revealed a blood pressure of 104/60. The chest was clear for A and P and the heart rate was regular. There was no definite weakness in the upper extremities including hand grips and proximal strength. Diffuse tenderness was present in the mid to lower lumbar area including the hips. Straight leg raising test was tolerated up to 65 degrees. Dorsi flexion was better when the leg was flexed.

Medications are being provided. Injections were offered but she declined. Physical therapy does not help and actually any manipulations would make it worse. We're trying to get her into see Dr. Kuhlengel which is very difficult. In the meantime, I am trying to get her into see the new neurological group in Johnstown; although they don't have any proven track record, the patient is willing to try for a consultative evaluation. She may need more testing including provocative testing prior to any surgical procedure. The patient will be seen in 4 weeks.



Page 2

PATIENT: Tracy Yarger
DATE SEEN: April 22, 2002



Kornel Lukacs, M.D.

KL/ji

D: 04/22/02
T: 04/23/02

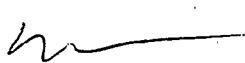
PATIENT: Tracy Yarger
DATE SEEN: June 17, 2002

The patient is coming back for a follow up. The patient has a lot of pain and spasm, mostly in the cervical area, intermittently radiating to the arms as well as a lot of lower back pain. The medications do help. The medications have not been changed recently. The Oxycontin, 20 mg., twice a day is the mainstay of treatment with Lortab allowed for breakthrough pain and muscle relaxers. This includes Zanaflex and other agents. The Zomig is helping with the migraine. The Neurontin also seems to be working.

The examination revealed a blood pressure of 112/70. The chest was clear and the heart rate was regular, in the mid-70s. Tenderness and tightness were demonstrated in the posterior cervical area including of the shoulders. There was slight but definite giving away weakness in the upper extremities. The lower back was also very tender and tense. Straight leg raising test was not tolerated over 45 degrees; at that level, back pain, pulling and stretching were reproduced.

She was seen by Dr. Khoja, the neurosurgeon. The report was just recently received. I agree with Dr. Khoja that she is a very difficult case. Dr. Khoja would like to have a follow up EMG done which is fine as well as send her for pain management. Whenever she has a return appointment, a decision may be made regarding whether or not any procedure will be done. She was seen for the cervical problem although the lower back may also need to be worked up.

At the present time, the patient will continue with status quo. Her medications such as Lortab for breakthrough pain, not more than 2 a day, Soma, 10 per week, Imitrex for the migraine, Zanaflex and Neurontin, 900 mg. at night will be continued as well as the Oxycontin. Whenever I offered injections, she didn't come but she may accept a procedure by pain management or she will just go there for their opinion. I encouraged her to follow up with the appointments scheduled by Dr. Khoja. She will be seen by this office in 4 weeks.


Kornel Lukacs, M.D.

KL/ji

D: 06/17/02
T: 06/20/02

PATIENT: Tracy Yarger
DATE SEEN: July 15, 2002

The patient is coming back for a follow up. The patient has a lot of pain in both areas (cervical including the shoulders, lower back and hips). The leg pain does radiate down the legs although it is most intense in the lower back area. She reported no substantial change in the condition. The psychiatrist apparently cut off her medication and she's no longer being seen because she was upset.

She did see Dr. Khoja. A report dated June 6, 2002 was received. Apparently more testing is planned, possible pain management.

The examination revealed tenderness and spasm at the base of the neck and in between the shoulder blades. The lower back was also tender including the hip region. There was no weakness in the upper extremities. Straight leg raising test over 45 degrees did reproduce back pain and stretching. There was no definite foot drop. The balance was okay. She was alert and oriented. The chest was clear. The blood pressure was 130/58.

Medications have been discussed. Her pain medication is being provided. She's not taking pain medication from any other provider. The Lortab and Soma are fine to compliment the Oxycontin. She's taking Zanaflex. She told me that she would like to try more Neurontin. She will take 300 mg. twice a day and 1500 mg. at night. We agreed that she will take 2 mg. Klonopin. She did well on Zoloft in the past. She will take 50 mg. twice a day. I also gave her Seroquel which may help, 50 mg. at night. Obviously if she goes out of control, she should return to Mental Health. She's to follow with pain management and Dr. Khoja's recommendations. She will be seen in 4 weeks.

[Signature]
Kornel Lukacs, M.D.

KL/ji

D: 07/15/02
T: 07/16/02

PATIENT: Tracy Yarger
DATE SEEN: August 12, 2002

The patient is coming back for a follow up. The patient is very frustrated because the surgical appointment with Dr. Khoja is no longer available. There are a lot of headaches emanating from the neck. The Imitrex is working better than the Zomig. There is also neck pain, muscle spasm, right arm weakness, shoulder pain, a lot of lower back pain.

She's also very irritable. The medications are not sufficient.

The blood pressure was 110/72. The chest was clear and the heart rate was regular, in the mid-70s. The examination did reveal muscle spasm in the posterior cervical area including of the right shoulder girdle. The lower back bilaterally, including the hips, was tender. Straight leg raising test over 45 degrees did reproduce both back pain and stretching and it was not well tolerated; actually she was sitting, guarding her back and hips.

Oxycontin, 20 mg. twice a day was issued. A cervical pillow was issued so she can be more comfortable at night. Lortab is allowed for breakthrough pain as well as one Soma at night. Instead of Zomig, we will use Imitrex. The Zanaflex will be used as well as the Neurontin. We will increase the Zoloft; we will try 100 mg. twice a day. The Klonopin at night is fine. In addition, the Seroquel which in low dose was tolerated but, of course, not sufficient will be used in therapeutic doses. We will try 200 mg. at night which may help. Not all of her problems are related to pain. Unfortunately, the surgeon is no longer available but we will try to get her an appointment in Lancaster although this is very difficult. She may also have to wait months to get into the pain management in Johnstown. She claims, however, that she's not taking same or similar medication from any other provider. She will be seen in 4 weeks.


Kornel Lukacs, M.D.

KL/ji

D: 08/12/02
T: 08/14/02

PATIENT: Tracy Yarger
DATE SEEN: September 9, 2002

The patient is being seen because of chronic pain. Most of the pain is in the cervical area radiating, shooting down to the neck and arm. There is also residual lower back pain, sciatica and leg weakness. There are a lot of muscle contraction headaches and migraines. She's taking Zoloft, 100 mg. twice a day, Seroquel which seems to be working and we are going to slightly increase the dose, Klonopin and Neurontin which is 300 mg. twice a day and 1500 mg. at night as well as Zanaflex, Soma and a limited amount of Lortab along with the Oxycontin which is 20 mg. twice a day.

She's going to see the Dr. Hong at CMVH for pain management next week. Dr. Khoja did see her, some follow up was planned but Dr. Khoja has left the area.

She repeated the history which had been set forth and documented. She was involved in two car accidents. The first one was on September 10, 1998 when her neck was injured which resulted in cervical surgery at York (couldn't move the right leg but this was due to neck injury, there was no lower back pain at that time). In April, 2000, when the driver's side was hit, she injured the lower back.

Prior to those accidents, she was involved in an ATV accident from which she claims she has completely recovered although there was neck sprain, broken clavicle and broken vertebrae.

The examination revealed a blood pressure of 150/62. The neck was definitely stiff and tender with muscle spasm in the posterior cervical area and right shoulder girdle. There was tenderness in the lower back as well as leg weakness and positive straight leg raising test.

Medications will be continued. The Seroquel is being increased. She's going for pain management. We may need to have a neurosurgical follow up. She did have work up for the both cervical and lower back condition. If the pain specialist wants to change or take over the medication, he should feel free to do so but he should let us know. We are also requesting a copy of the consultation.

[Signature]
Kornel Lukacs, M.D.

KL/ji

D: 09/09/02
T: 09/11/02

PATIENT: Tracy Yarger
DATE SEEN: October 9, 2002

The patient is coming back for a follow up. The patient reported very intense pain in both areas, in the cervical and lower back. Most of the pain is in the cervical area. It does radiate down to the shoulder and the arms. The arms are weak, especially upon repetitive movements. There is a lot of lower back pain and discomfort.

The medications do help to an extent including the Oxycontin, Lortab for breakthrough pain, Neurontin, Klonopin. The Seroquel did help. The increase did help, she's more quiet. Obviously it's not taking away the pain.

She reported no new injury or accident. She reported no significant side effects of the medication although she's not sure she could take more Neurontin.

The blood pressure was 150/68. The chest was clear for A and P. The heart rate was regular. Significant muscle spasm was present in the posterior cervical area including of the shoulder blades. The lower back was also tender. There was no definite weakness in the upper extremities but slight proximal giving away was noted. Straight leg raising test was positive over 60-65 degrees.

The Seroquel will be kept at that level. In addition to the Neurontin, I started her on Kepra to see if it would work better on the chronic pain. Obviously the level has to be increased.

Unfortunately, Dr. [REDACTED] is not able, or willing, to see the patient until March (?!). She is willing to try AGH. She did see Dr. Welch; I suggested perhaps Dr. Whitening. We will have a follow up MRI and EMG test done since the last testing has been over 6 months prior to such a surgical appointment. Her medications will be continued. Unfortunately, it is difficult to get into pain management. Physical therapy would make the condition worse. The patient will be seen in 4 weeks. She's very frustrated which is understandable.


Kornel Lukacs, M.D.

KL/ji

D: 10/09/02
T: 10/10/02

PATIENT: Tracy Yarger
DATE SEEN: November 4, 2002

The patient is coming back for a follow up. There has been increased pain in the posterior cervical area, there is a lot of pushing pain, radiating pain to the shoulder and left arm as well as lower back pain. It is difficult for her to use the arms because it flares up the neck and shoulder pain. There are a lot of headaches. Sometimes the pain is excessive. She thinks that the Seroquel helps but it's hard to say because the pain has flared up. She did not get the Keppra. The Keppra was just started and the pharmacy had to order it. I want to start the Keppra and see if it works better than the Neurontin. Other medications include the Lortab in addition to the Oxycontin, the Soma at night, Zanaflex as a spasticity agent, not more than five times a day, 2 mg. Klonopin. The patient is also taking Zoloft. She is not taking pain medication from any other provider. We recently had a EMG nerve conduction testing and MRI. The EMG results were discussed as well as the MRI; the MRI showed similar changes such as status post fusion at C5-6 level as well as left foraminal protrusion at C6-7 level, resulting in foraminal stenosis.

The examination revealed definite muscle spasm in the posterior cervical area, at the base of the neck as well as in between the shoulder blades. In keeping with previous examination, she could not tolerate pressure, giving away was seen in the proximal muscles bilaterally, more on the left side, mostly in the deltoideus area but there was no atrophy. The lower back was also tender on palpation.

Medications are being provided. She's not taking pain medication from any other provider. We will try Keppra, trying to build it up, and see if it works better than Neurontin. Neurontin seems to be working but it does have its limitation. We will try to push for the neurosurgical appointment in Pittsburgh at AGH. We want her to try physical therapy but she's afraid it will make the condition worse. She doesn't want injections. She's very frustrated. She's already had surgery. She's not doing well after surgery. She will be seen in 4 weeks.


Kornel Lukacs, M.D.

KL/ji

D: 11/04/02
T: 11/05/02

PATIENT: Tracy Yarger
DATE SEEN: December 2, 2002

The patient is coming back for a follow up. She's complaining of excessive pain and muscle spasm as well as tenderness in the posterior cervical area, pain shooting, radiating down to the arms, severe lower back pain and muscle spasm with the legs giving out.

The Keppra was started as an additional membrane stabilizing agent. I want to see if it works better than the Neurontin but, of course, it was given in a low dose. The Seroquel seems to be helping her sleep and relax. She's taking Klonopin, 2 mg. at night. The Zanaflex really helps and she knows how to spread it out. Sometimes she's drowsy from the medication but overall the medication doesn't affect her. The Oxycontin seems to be helping the best and it is supplemented by Lortab rather than taking higher doses of a schedule II agent.

She reported no new injury or accident.

We wanted to send her to Allegheny General Hospital but we had some problems as far as they are no longer accepting referrals. This is on hold at the present time.

The examination revealed a blood pressure of 118/66. The chest was clear and the heart rate was regular. Definite muscle spasm and tenderness was present as well as significant tightness in the posterior cervical area emanating from the cranial cervical junction down but mostly in the mid-cervical region. There was no definite weakness although there was some giving away or poor tolerance to pressure was seen in the proximal muscles. Straight leg raising test was tolerated up to 60-65 degrees in the lower extremities. The lower back also had significant bilateral muscle spasm and tenderness including the mid-lumbar area and the hip region bilaterally.

Keppra will be increased. The Neurontin will be continued although she was given verbal instructions that she can try to take less. The pain medication is the same. She's not taking pain medication from any other provider. We do have an executed pain agreement on file. We will see, perhaps after the holidays, about re-considering the referral process but it is difficult at the present time in Pennsylvania to find a qualified, aggressive neurosurgical service. The Zoloft helps and it will be continued at the present time. The treatment consists of antidepressants, spasticity agents, analgesics, muscle relaxers. The Klonopin is also helpful.


Kornel Lukacs, M.D.

KL/ji

D: 12/02/02

T: 12/03/02

COPY

PATIENT: Tracy Yarger
DATE SEEN: December 30, 2002

The patient is coming back for a follow up. The patient reported a lot of pain in the lower back and cervical area, muscle contraction headaches, sometimes a migraine. There is a lot of pain radiating, shooting down to the legs with leg weakness. The medications help. She's taking Oxycontin supplemented by some Lortab and she's not taking pain medication from any other provider. She's taking Keppra, Seroquel, Zoloft, 100 mg. twice a day, Imitrex for migraines, Zanaflex, Soma at night and Neurontin. The medication combination seems to be working. She was offered physical therapy. She will go to a pain clinic in Johnstown when she's called in February. She's awaiting possible appointment with UPMC neurosurgery.

She reported no new injury or accident.

The examination revealed a blood pressure of 102/70. Definite tenderness and spasm was present in the paracervical muscles, at the base of the neck. The lower back was also tender. There was no atrophy. There was slight but definite bilateral giving away weakness in the upper extremities. Straight leg raising test was not tolerated better than 45-50 degrees bilaterally. She was slow to rise but her gait was okay.

Medications will be issued. She's not taking same or similar medication from any other provider. We do have an executed pain management agreement. We are trying to obtain water therapy for her. She will go to the pain clinic. We are also trying to arrange a neurosurgical consultation. She will be seen in 4 weeks.


Kornel Lukacs, M.D.

KL/ji

D: 12/30/02

T: 01/01/03

PATIENT: Tracy Yarger
DATE SEEN: January 29, 2003

The patient is coming back for a follow up. She is very frustrated and we discussed her surgical options. She's scheduled with the CMVH pain clinic after almost a year but it doesn't seem to be what we're looking for. Actually if possible, we're looking for a surgical evaluation. We are now trying to go through the UPMC system (in Pittsburgh or Lee Hospital in Johnstown). Her medications were reviewed. She has a lot of pain in the lower back area, radiating to the right hip, the legs are giving out. There is also a lot of neck pain, headaches and muscle spasm. She reported no new injury or accident.

The Keppra seems to be helping. We decided that we will try a more therapeutic dose, 500 mg. twice a day and 750 mg. The Seroquel is being decreased as per patient's request, 200 mg. The Neurontin will be cut down to a total of 600 mg. since it is causing sedation. The Zoloft is tolerated well, 100 mg. twice a day. The Imitrex works sometimes for the migraine and it will be continued as well as the Soma and Klonopin. The Zanaflex does help and it will be continued. We will use the Oxycontin, 20 mg. twice a day as per her request and we will use the Lortab, 10/500 twice a day. I don't want to increase the Oxycontin dose which would be an option by some; my option is to leave the 20 mg. twice a day and allow the schedule III medication on a prn basis, not more than 2 a day. She was advised to try to take the medication sparingly, only if it's absolutely necessary.

The examination revealed a blood pressure of 90/68. The chest was clear and the heart rate was regular. Definite and significant muscle spasm was present in the lower back area including of the hips with positive straight leg raising test. There was no weakness in the upper extremities but giving away proximally. Muscle spasm was present in the para-cervical area, in between the shoulder blades.

Medications were issued as above including the Oxycontin. She doesn't want injections per se but she may want to go to a pain clinic and we're trying to send her to a specialty surgical clinic. More testing may be needed. She will be seen in 4 weeks. An executed pain management agreement is on file. She's not taking pain medication from any other provider.


Kornel Lukacs, M.D.

KL/ji

D: 01/29/03
T: 01/31/03

COPY

PATIENT: Tracy Yarger
DATE SEEN: March 3, 2003

The patient is coming back for a follow up. The patient is very frustrated. There is a lot of pain in both the cervical and lower back area; for example, when she's lying flat, she cannot get up. She's having a lot of migraines with blurring of the vision although no other focal phenomena. Testing has been done for both the lower back and cervical area. She's eager and willing to see the neurosurgeon. We are trying to schedule her at UPMC. She's taking Keppra, 500 mg. twice a day and 750 mg. at night, Seroquel, 200 mg. at night, Neurontin, 600 mg. at night, Zoloft, 100 mg. twice a day. She's taking a combination of one Soma and Klonopin at night. The Zanaflex is one of the medications working the best, 2 mg. up to five times a day. For pain management, she's getting Lortab, not more than 2 a day, combined with the low dose Oxycontin, 20 mg. twice a day. She's not taking pain medication from any other provider.

The blood pressure was 130/60. The chest was clear and the heart rate was regular, no wheezing or rhonchi. Multi-focal tenderness was present. This included at the posterior cervical area, in between the shoulder blades, at the base of the neck as well as bilaterally in the lower back and hip area. Straight leg raising test was positive at moderate degrees. The gait was slow. She was slow to move on and off the examining table.

Physical therapy was tried in the past and it made the condition worse. She doesn't want injections. The patient will see the neurosurgeon. Testing has been done. She wants to have the neck area looked at first. She does have fusion at C5-6 level and disc bulge at C4-5 level. Whether or not she needs any testing will be left up to the surgeon (myelogram and/or discogram). In the meantime, conservative treatment will be continued. Her medications were issued. She's not taking same or similar medication from any other provider. She will be seen in 4 weeks.


Kornel Lukacs, M.D.

KL/ji

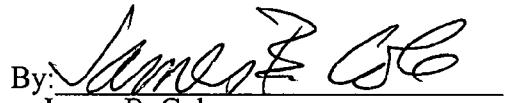
D: 03/03/03
T: 03/06/03

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the within Supplemental Pre-Trial Statement was served upon the counsel for defendant by first class mail, postage prepaid, this 2nd day of April, 2003.

TO: James M. Horne, Esquire
 McQuaide Blasko
 811 University Drive
 State College, PA. 16801-6699

STOKES LURIE COLE & HENS-GRECO, P.C.

By: 
 James B. Cole
 Attorneys for Plaintiff

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

TRACY YARGER,

: No. 00-1322 C.D.

Plaintiff,

: PLAINTIFF'S SECOND
SUPPLEMENTAL PRE-TRIAL
STATEMENT

VS.

CINDY NADVIT,

: Filed on behalf of:
Plaintiff

Defendant.

: Counsel of Record for this
Party:

: James B. Cole, Esquire
Pa. I.D. #15801

: STOKES LURIE COLE &
HENS-GRECO, P.C.
Firm #012

: 2100 Law & Finance Building
Pittsburgh, PA. 15219

: (412) 391-0800

: JURY TRIAL DEMANDED

RECEIVED

May 12 2003

**COURT ADMINISTRATOR'S
OFFICE**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

TRACY YARGER,

Plaintiff, : No. 00-1322 C.D.

vs.

CINDY NADVIT,

Defendant.

PLAINTIFF'S SECOND
SUPPLEMENTAL PRE-TRIAL STATEMENT

TO THE COURT ADMINISTRATOR:

The plaintiff supplements her Pre-Trial Statement by attaching the report of Steven J. Triantafyllou, M.D. dated April 30, 2003.

STOKES LURIE COLE & HENS-GRECO, P.C.

By: James B. Cole
James B. Cole
Attorneys for Plaintiff

Brian L. Bixler, MD
Vincent Butera, MD
David L. Cohen, MD, FACS
Michael B. Furman, MD, FAAPMR
Steven K. Groff, MD
Dennis M. Grolman, MD
Douglas J. Hofmann, MD
Michael A. Klein, MD
Michael K. Kuo, MD
Michael J. Moritz, MD
K. Nicholas Pandelidis, MD
Michael J. Sicuranzo, MD
Suzette J. Song, MD
Steven J. Triantafyllou, MD
Peter J. VanGiesen, MD, MBA
Christine M. Viloch, MD
Brian S. Koonts, PA-C



April 30, 2003

Stokes Lurie Cole & Hens-Greco
Attn: James Cole, Esq.
2100 Law and Finance Building
429 Fourth Avenue
Pittsburgh, PA 15219-1593

Re: Tracy J Yarger
301 Sylvan Circle
Tyrone, PA 16686

Dear Mr. Cole:

This is in response to your letter dated 4/2/03, regarding review of records as well as diagnostic studies on Tracy Yarger, as well as review of my records and treatment of Tracy Yarger. The following records were reviewed: records of Susan Harchak, D.C., 12/10/93 to 11/6/98; MRI report dated 2/18/94; discharge summary Conemaugh Hospital 7/8/96; MRI report dated 7/8/96; Philipsburgh Hospital 11/19/96, 11/20/96; Philipsburgh Hospital 4/6/97; Philipsburgh Hospital records 10/30/98; MRI report of 11/3/98 and the actual MRI scans of the cervical spine dated 7/8/96 and 11/3/98; and my own records.

Based on this review, it is my opinion, within a reasonable degree of medical certainty, that the motor vehicle accident of 10/30/98, was a substantial causal factor for Tracy Yarger's need for surgery performed on 11/13/98. This consisted of an anterior cervical discectomy and fusion at the C5-6 level. The MRI scan of her cervical spine dated 11/3/98, showed a massive disc herniation at the C5-6 level with significant cord compression. Her previous MRI scan at best showed a small disc protrusion without any spinal cord compression. There was a drastic change in the appearance of the disc at the C5-6 level after the motor vehicle accident of 10/30/98. It is further my opinion that the patient's persistent intractable neck and arm symptoms are causally related to the motor vehicle accident of 10/30/98. The disc herniation that she had as noted above, was massive, and caused significant cord compression and permanent nerve damage.

I hope this provides you with the needed information. If I can elaborate on any of the above, or if I can be of any further assistance, please don't hesitate to get in contact with me.

Sincerely,

S. J. Triantafyllou

STEVEN J. TRIANTAFYLLOU, M.D.
SJT/lbd

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the within Second Supplemental Pre-Trial Statement was served upon the counsel for defendant by fax and first class mail, postage prepaid, this 9th day of May, 2003.

TO: James M. Horne, Esquire
 McQuaide Blasko
 811 University Drive
 State College, PA. 16801-6699

STOKES LURIE COLE & HENS-GRECO, P.C.

By: 
 James B. Cole
 Attorneys for Plaintiff

LAW OFFICES

STOKES LURIE COLE & HENS-GRECO, P.C.

JAMES B. COLE
SAM R HENS-GRECO
KATHRYN M. HENS-GRECO

2100 LAW AND FINANCE BUILDING
429 FOURTH AVENUE
PITTSBURGH, PA 15219-1593

Of Counsel
HERBERT M. LURIE

TELEPHONE: (412) 391-0800

FAX: (412) 391-2183

RECEIVED

May 12 2003

**COURT ADMINISTRATOR'S
OFFICE**

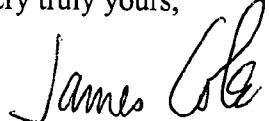
David S. Meholic
Court Administrator of Clearfield County
Clearfield County Courthouse
230 E. Market Street
Clearfield, PA. 16830

RE: Tracy Yarger v. Cindy Nadvit
No. 00-1322 CD

Dear Mr. Meholic:

Enclosed for filing in the above captioned matter is the Plaintiff's Second Supplemental Pre-Trial Statement.

Very truly yours,



James B. Cole

JBC/ad
Enclosure
cc: James M. Horne, Esquire



IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
Plaintiff, : TYPE OF PLEADING:
v. : **PRE-TRIAL MEMORANDUM**
CINDY NADVIT, : TYPE OF CASE: CIVIL
Defendant. : FILED ON BEHALF OF:
 : **DEFENDANT**
 :
 : COUNSEL OF RECORD FOR
 : FOR THIS PARTY:
 : JAMES M. HORNE, ESQ.
 : I.D. NO. 26908
 : CHENA L. GLENN-HART, ESQ.
 : I.D. NO. 82750
 : McQUAIDE, BLASKO, SCHWARTZ,
 : FLEMING & FAULKNER, INC.
 : 811 University Drive
 : State College, PA 16801
 : PH# (814) 238-4926
 : FAX#(814) 238-9624

RECEIVED

APR 03 2003

**COURT ADMINISTRATOR'S
OFFICE**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
: :
Plaintiff, : :
: :
v. : :
: :
CINDY NADVIT, : :
: :
Defendant. : :

PRE-TRIAL MEMORANDUM OF DEFENDANT

1. **PROCEDURAL HISTORY:**

This personal injury action was initiated by way of a Writ of Summons issued on October 26, 2000. After an Appearance was entered on behalf of the Defendant on or about November 20, 2000, Plaintiff was ruled to file a Complaint. Plaintiff's Complaint was then filed on or about January 3, 2001, following which Defendant filed her Answer with New Matter on January 12, 2001. No reply to Defendant's New Matter allegations was ever filed by the Plaintiff.

With respect to discovery, depositions have been taken of the Plaintiff and the Defendant. Plaintiff also served interrogatories and a request for production of documents which were promptly responded to by the Defendant. Defendant has taken records depositions of numerous health care providers of the Plaintiff. Defendant also served interrogatories and request for production of documents, which were responded to only after Defendant was required to file a motion to compel owing to Plaintiff's refusal to respond. Defendant has similarly been forced to file two other motions to compel owing to Plaintiff's refusal to properly respond to discovery requests. One of these motions related to a request for certain psychiatric records of Plaintiff,

while the other related to Plaintiff's lack of response to a request for certain MRI films. Plaintiff did eventually agree to provide the requested information, but only because she was faced with the pending motions to compel. Finally, Defendant served a set of requests for admission with accompanying interrogatories and requests for production of documents. These requests were responded to by Plaintiff. Defendant believes all discovery necessary has been completed and that this matter is ready for trial.

2. FACTS:

The facts of this matter with respect to the accident at issue are simple and straight forward. On October 30, 1998, Plaintiff was driving a 1988 Oldsmobile Calais in a northerly direction on S.R. 53 in Osceola Mills. She brought her vehicle to a stop near the intersection with S.R. 970. At this time, the Defendant was operating her 1983 Buick Electra behind the Plaintiff, when slight contact occurred between the front of Defendant's vehicle and the rear of Plaintiff's vehicle. There was virtually no damage to either vehicle, and the police were not called as it appeared no one was injured, the vehicle damage was slight, and both vehicles were drivable.

Plaintiff now claims that this minor incident led her to develop a herniated disc in her neck for which she underwent surgery. Discovery has shown that in fact Plaintiff had extensive and long standing neck complaints which pre-dated the incident at issue by many years. Discovery confirms that Plaintiff's neck complaints began at least by 1993, and continued up to the time of the accident at issue. In addition, Plaintiff was in the years before the automobile incident of October 30, 1998, involved in a number of other accidents and incidents that injured

her neck, including an ATV accident and multiple incidents of domestic violence. It is clear that there is no relationship between the minor accident at issue and Plaintiff's herniated disc, and also clear that Plaintiff in fact was not injured in the subject accident.

3. UNUSUAL LEGAL ISSUES:

Defendant does not anticipate any unusual legal issues. Liability appears to rest with Defendant and thus this should not be an issue. Plaintiff had been disabled and was on social security disability for many years before the accident at issue, so there would be no issues regarding lost wages or impairment of earning capacity. To the extent the alleged medical bills for the neck surgery have been paid or are payable through a policy of insurance, they would not be recoverable in the instant action. The sole issue in this case is whether the Plaintiff suffered any injury in the accident.

4. EXHIBITS:

Defendant's Exhibit Listing is attached hereto. Defendant reserves the right to use any document produced in discovery, as well as any document identified as an exhibit by Plaintiff.

5. WITNESSES:

1. Plaintiff, as-on cross-examination; (Damages)
2. Defendant; (Damages)
3. Trooper Shawn Compton, Pennsylvania State Police, Clearfield; (Damages)
4. Dr. Richard Moser, report and CV attached; (Damages/Expert)
5. Records *[Signature]* custodians of any of the following hospitals: J.C. Blair Memorial

Hospital in Huntingdon; Conemaugh Memorial Medical Center in Johnstown; Clearfield

Hospital; Philipsburg Hospital; Tyrone Hospital; York Hospital; Centre Community Hospital in State College; and Geisinger Medical Center in Danville. (Medical/Damages)

6. Any of the following health care providers or their custodians: Dr. Karl Green; William Schroeder, D.C., Dr. Kao; Dr. Rundorff; Susan Harchak, D.C.; Dr. Davidson; Dr. Lukacs; KDV Orthopedics; and Dr. Cardamone. (Medical/Damages)

7. Records custodian of Social Security Disability file; (Damage)

8. Records custodian of Clearfield-Jefferson Mental Health; (Damages)

9. Any witness identified in any discovery response;

10. Any witness listed by Plaintiff.

6. UNUSUAL EVIDENTIARY ISSUES:

None anticipated.

7. STIPULATIONS:

Defendant requests a stipulation with respect to the authenticity of Plaintiff's medical and Social Security files.

8. ESTIMATED TIME OF TRIAL:

Two to two and one-half days.

9. SETTLEMENT:

There has been no demand and no offer. No offer is anticipated as there is no evidence Plaintiff was injured in the accident and all the evidence clearly indicates Plaintiff's problems pre-date the accident at issue.

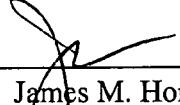
10. SPECIAL POINTS FOR CHARGE:

None anticipated. Defendant will submit appropriate requests for a jury charge together with supporting authority in advance of trial.

Respectfully submitted,

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

Dated: April 2, 2003

By: 

James M. Horne, Esquire
I.D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

EXHIBIT LISTING

Abbreviated Name of Case: Yarger vs. Nadvit

Case No.: 00-1322-C.D.

Name of party submitting this list: Defendant, Cindy Nadvit

(Judge's trial notes: vertical lines equal ditto marks throughout; W equals witness)

<u>Exhibit Initial and No.</u>	<u>Description of Object or Item</u>	<u>Document Dated</u>	<u>Identified in Court</u>	<u>Date Admitted</u>	<u>Witness On Stand</u>
D-1	MRI of C-Spine (611 Open MRI) – Report				
D-2	MRI of C-Spine (611 Open MRI) – Report	2/3/99			
D-3	MRI of C-Spine (611 Open MRI) – Report	8/9/99			
D-4	MRI of C-Spine (611 Open MRI) – Report	8/13/01			
D-5	MRI of L-Spine (611 Open MRI) – Report	11/11/98			
D-6	Schroeder Chiropractic Records	5/2/00 to 9/27/00			
D-7	Plaintiff's Answers to Interrogatories – ATV case	5/27/99			
D-8	Plaintiff's deposition transcript – ATV case	10/21/98			
D-9	Susan Harchak records, pre-11/2/98				
D-10	Susan Harchak records, post-11/2/98				
D-11	Tyrone Hospital E.R.	3/17/00			

D-12	Philipsburg Hospital E.R.	6/30/96		
D-13	Philipsburg Hospital E.R.	11/19/96 to 11/20/96		
D-14	Philipsburg Hospital E.R.	4/6/97		
D-15	Philipsburg Hospital E.R.	10/30/98		
D-16	Complaint filed by Plaintiff to No. 00-127 (Yarger v. Yarger)			
D-17	Clearfield Hospital E.R.	10/13/97		
D-18	Dr. Davidson O.V.	3/28/00		
D-19	Conemaugh Memorial Medical Center	6/30 to 7/1/96		
D-20	Conemaugh Memorial Medical Center	7/8/96		
D-21	KDV Orthopedic records			
D-22	Lukacs records			
D-23	Sheehan Patient Anxiety Scale – Clearfield/Jefferson Mental Health	5/20/94		
D-24	Carlos Santiago report	1/5/95		
D-25	PFA – No. 98-1481			
D-26	Dr. Fernan report	3/1/96		
D-27	Medical Assessment form (Social Security)	2/14/95		
D-28	Social Security Exh. 10			
D-29	Social Security Exh. 9 (Reconsideration Disability Report)			
D-30	Social Security Exh. 8 (Disability Report)			
D-31	Social Security Exh. 7 (Daily Activity Questionnaires)			
D-32	Repair bill for Yarger vehicle			

October 2, 2002

James M. Horne
McQuaide Blasko
Attorneys at Law
811 University Drive
State College, Pennsylvania
16801

Dear Mr. Horne,

I have had the opportunity to carefully review five separate cervical spine MR scans (on Tracy Yarger) that were obtained between July 1996 and August 2001. As is my customary practice, the scans were reviewed both before and after I reviewed the medical records related to Ms. Yarger. These records included documents related to visits/admissions at Altoona Hospital, Conemaugh Memorial Hospital, JC Blair Memorial Hospital, Philipsburg Hospital, Tyrone Hospital and York Hospital, as well as treatment/operative notes from Dr. J. Davidson, Dr. Y. Kao, KDV Orthopedics, Philipsburg Chiropractic and Schroeder Chiropractic.

The earliest cervical spine MR scan from 7/8/96 demonstrated a mild abnormality at the C5-C6 disc level. The next available MR scan from 11/3/98 demonstrated a considerably more prominent mass at the C5-C6 level than was noted previously and, shortly thereafter (on 11/13/98), the patient underwent cervical discectomy and anterior spinal fusion as treatment for the anatomical abnormality at the C5-C6 level.

With a very high level of medical certainty, it can be stated that the radiologic abnormality at the C5-C6 level on the cervical spine MR scan on 11/3/98 is age-indeterminate. This means that the change at the C5-C6 level occurred at some time between the previous cervical spine MR scan on 7/8/96 and the subsequent scan on 11/3/98. Furthermore, the change could have occurred gradually. Therefore, any attempt to better localize the time when these changes were occurring must take into consideration all available history and any subjective complaints by Ms. Yarger. The history and complaints should include reference to cervical spine trauma of any nature, including incidents that at the time of occurrence might have been perceived as relatively minor trauma.

Thank you for the opportunity to review this material. If further questions remain, please feel free to contact me at your convenience.

Sincerely,

Richard P. Moser, Jr.
Richard P. Moser, Jr., M.D., FACR
690 Olde Ventura Farm Road
Hummelstown, Pennsylvania
17036

October 11, 2001

CURRICULUM VITAE
Richard Pershing Moser, Jr., M.D., F.A.C.R.
212 50 1251

Address: Office: 1990 - Present
Department of Radiology
Penn State University College of Medicine
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
Phone: (717) 531-6865, 8044
Fax: (717) 531-5596
Internet e-mail address: rmoser@psu.edu

Home:
690 Olde Ventura Farm Road
Hummelstown, Pennsylvania 17036
(717) 566-6846

MARRIED: Patricia Mary (Rapchinski) Moser
Pottstown, Pennsylvania 19464
26 August 1972 - present

CHILDREN: Richard Pershing III, Baltimore, Maryland 21204, 11 September 1975
(Hershey High School, Hershey, Pennsylvania '93)
(B.S. - Duke University, Durham, North Carolina '96),
(M.D. - University of Virginia School of Medicine, Charlottesville, Virginia '00)
(Intern-Internal Medicine, Walter Reed Army Medical, Washington, D.C., July 2000 - June 2001)
(Resident - Diagnostic Radiology, Walter Reed Army Medical Center, Washington, D.C.,
July 2001-June 2005)

Lauren Elaine, Washington, D.C. 20307-5001, 29 March 1978
(Hershey High School, Hershey, Pennsylvania '96)
(B.S. - Bucknell University, Lewisburg, Pennsylvania '00)
(Medical Student - Pennsylvania State University College of Medicine, Hershey, Pennsylvania '04)

Carolyn Elizabeth, Washington, D.C. 20307-5001, 16 September 1979
(Hershey High School, Hershey, Pennsylvania '97)
(B.A. - Bucknell University, Lewisburg, Pennsylvania '01)
(Law Student - Penn State University's Dickinson School of Law, Carlisle, Pennsylvania -
August 2001 - May 2004)

Kristen Ellen, Washington, D.C. 20307-5001, 1 July 1982
(Hershey High School, Hershey, Pennsylvania '00)
(Lebanon Valley College, Lebanon, Pennsylvania - August '00 - Present)

SECONDARY SCHOOL: McDonogh School '66
(1954 - 1966) McDonogh, Maryland 21208

UNDERGRADUATE EDUCATION: B.S. (Mechanical Engineering)
(1966 - 1970) United States Military Academy
West Point, New York 10996
July 1966 - June 1970
(Admitted 7/66 - 915 Cadets, Graduated 6/70 -
749 Second Lieutenants)

MEDICAL EDUCATION: (1972 - 1976)

M.D.
University of Maryland School of Medicine
Baltimore, Maryland 21201
September 1972 - June 1976

PROFESSIONAL TRAINING:

Walter Reed Army Medical Center
Washington, D.C. 20307-5001
Internship in Internal Medicine
July 1976 - June 1977

Walter Reed Army Medical Center
Washington, D.C. 20307-5001
Residency in Diagnostic Radiology
July 1977 - June 1980

CERTIFICATION:

Federal Licensing Examination (FLEX) - June 1976

National Board of Medical Examiners - March 1977

American Board of Radiology - June 1980

MEDICAL LICENSURE:

Maryland 1976 D19621 (Inactive)
Washington, D.C. 1979 11389, Renewal No. 7606 (Inactive)
Pennsylvania 1989 MD-044272-E (Active)

MILITARY SERVICE SYNOPSIS

(Active Duty, 1970 – 1990; Col. – USA, Ret.)

LEADERSHIP TRAINING/EDUCATION:

November 1970 Graduate

Graduate
Airborne School
Fort Benning, Georgia 31905

December 1970 - February 1971

Graduate
Airborne School
Fort Benning, Georgia 31905

December 1970 - February 1971 Graduate
Ranger School
Fort Benning, Georgia 31905
(The Ranger Course is considered the Army's most difficult physical training. Throughout the 65 days of the course, training averages nearly 20 hours per day, seven days a week. The course has four phases, with each phase conducted at a different location. Ranger School is located at Fort Benning, Georgia).

August 1971	Republic of Vietnam Military Region II 4th Battalion, 60th Artillery Artillery Platoon Leader/Maintenance Officer First member of West Point Class of 1970 to successfully complete a combat tour of duty in the Republic of Vietnam. Special test site was arranged in August 1971 for testing of the Medical College Admissions Test (MCAT) at Cam Ranh Bay, Military District II, Republic of South Vietnam.
June 1971	1st Lt., ADA, Promotion
March 1972	Edgewood Arsenal, Maryland 21010 C Battery, 4th Battalion, 1st ADA (Nike Hercules) Battery Executive Officer Duties included responsibility for nuclear armed missiles valued in excess of \$20,000,000 (1972 dollars).
September 1972	Baltimore, Maryland Branch Transfer to MSC (Medical Service Corps) Attended University of Maryland School of Medicine (9/72 - 6/76) on Army Scholarship for Regular Army Officers (Army Regulation 601-112).
June 1974	Captain, MSC, Promotion
July 1975	From 749 USMA graduates in 6/70, 670 remain on Active Duty
June 1976	Branch transfer to MC (Medical Corps) upon graduation from medical school
July 1976 - June 1977	Walter Reed Army Medical Center Washington, D.C. 20307-5001 Internship - Internal Medicine
July 1977 - June 1980	Walter Reed Army Medical Center Washington, D.C. 20307-5001 Residency - Diagnostic Radiology One of two members of West Point Class of 1970 to become a Radiologist
June 1978	Major, MC, Promotion One of first eight members of West Point Class of 1970 to be promoted to Major
July 1980	From 749 USMA graduates in 6/70, 382 remain on Active Duty

March 1986	Cape Canaveral, Florida 32920 Special assignment: Radiologist assigned to Aerospace/Forensic Pathology Team to identify astronaut remains from the destruction of the Space Shuttle "Challenger". (Exploded 74 seconds into mission on January 28, 1986)
July 1986 - June 1990	Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000 Chairman and Registrar Senior Academic Radiologist in the United States Army
July 1987	From 749 USMA graduates in 6/70, 329 remain on Active Duty
December 1989	Colonel, MC, Promotion One of first 10 members of West Point Class of 1970 to be promoted to Colonel
May 2, 1990	Retirement Parade "The Plain" United States Military Academy West Point, New York 10996
June 30, 1990	Colonel, MC, USA (Ret.) Recipient of the <u>Legion of Merit</u> from: The United States of America signed by: The Secretary of the Army and The Surgeon General of the United States Army

MILITARY SOCIETIES AND ASSOCIATIONS:

- Association of Graduates, USMA, 1970-Present
- West Point Society of the District of Columbia, 1980-1990
- West Point Society of Annapolis, 1988-1990
- West Point Medical Association, 1988-Present
- West Point Society of Southcentral Pennsylvania, 1991-Present

COMMUNITY SERVICE/GOOD CITIZENSHIP:

Member, Rotary International, Hershey Chapter, 1990-1996 (only HMC Physician member)
Member, Program Committee, 1991-1992, 1994-1995
Outward Bound Committee, Youth Exchange Program:
 Member, 1991-1994
 Chair, 1992-1993, 1993-1994
Co-Chairperson, Program Committee, 1993-1994

Hummelstown, Middletown, Hershey Annual Boy Scout Breakfast Fundraiser:

March 1992, Table Host

March 1993, Assistant-Chair for this breakfast, for which a record \$33,000 was raised for the Union Canal District of the Boy Scouts of America

March 1994, Chair for this breakfast, another new record of \$34,000 was raised for the Union Canal District of the Boy Scouts of America

Attendee, Contributor 1991 - Present

Elected Office, School Director of Derry Township (November 1993 – November 1997)

School Board Related Activities (typically a 30-40 hour per month time commitment):

- A. 1993-1994 Medical Profession Representative, Community Advisory Council, Commonwealth of Pennsylvania, Department of Education, Drug-Free Schools and Communities Act of 1986, Derry Township School District
- B. 1993-1994 Chairperson, Administrative Compensation Plan Committee
- C. 1993-1994 Chairperson, Policy Committee
- D. 1993-1994 Member, Student Discipline Committee
- E. 1993-1994 Member, Land Committee
- F. 1996 Chair, Middle School Conversion Committee. This effort resulted in the preparation of a several hundred page document and the development of a script (including 300 slides) for public presentation of the Committee's recommendation for a \$13.71 million renovation project. The recommendation was approved.
- G. 1996-1997 Chair, Alumni and Educational Endowment Fund Committee
- H. 1996 Chair, Judicious Use of Resources Committee
- I. 1996 Chair, PennDot Committee
- J. 1996-1997 Chair, Renovation Oversight Committee. This effort converted the concept listed in "F," above, into reality. The Middle School conversion was completed on time and approximately \$1 million under budget.

Leadership Role, 1994 – Attempted to persuade the Milton Hershey School to fund Pennsylvania's first "Challenge Center"

Member, 1994 Children's Miracle Network Council, 1993-1994

Participating Advisor, "Duke-Source," 1994-1996

Radon Consultant – assisted in a Junior High School Science Fair Project in 1994-1995 that measured Radon levels in 10 homes in the Stoney Run submission. All participating homeowners were notified of the results – that indicated 8 of 10 homes had elevated radon levels (above the upper limits of normal of 4 Pico curies/liter of air/minute) – including the home of one HMC physician, whose 3 young daughters all enjoyed playing in the finished off basement of their home, where the radon level was 144 – equivalent to smoking 14 packs of cigarettes per day! These homeowners decided to promptly vent their home of radon gas. Because of the 80% "flunk rates" in the homes tested during the experiment, all homeowners in the submission were alerted as to the potential need for them to measure the radon levels in their homes.

Demonstrator, Howard Hughes Medical Institute Precollege Science Education Initiative for Biomedical Research Institutions, 1994-1995 science room demonstrator (demonstration to fourth grade students of the Derry Township School District, demonstration entitled "Let's Look Inside the Body With Xrays and Other Tools")

Demonstrator at "unveiling" ceremony, Hershey Medical Center and Museum of Scientific Discovery Launch of New Human Anatomy Exhibit - A.D.A.M. (Animated Dissection of Anatomy for Medicine), an interactive, multi-media atlas

of human anatomy with a database of more than 20,000 precisely-rendered images of the human body, with radiologic correlation; presented at the Museum of Scientific Discovery in Harrisburg, Pennsylvania, March 23, 1995

Participant, Public Science and Health Education Program - Electronic Mentor Program

Attendee, Contributor – Annual Hershey Museum Breakfast Fundraiser, 1996-Present

Advisor, Hershey Public School Educational Foundation Committee, 2000

Via Services as a School Director, Membership in Hershey Rotary Club, Annual Boy Scout Breakfast Fundraiser, and Participation in the Annual Hershey Museum Breakfast Fundraiser – have established a close personal relationship with State Representative Chuck Tulli and the leadership of Hershey Foods Corporation, the Hershey Trust Company and the Milton Hershey School

2001 Fundraiser Chair, Class of 1966 35th High School Reunion, McDonogh School, McDonogh Maryland (these fundraising efforts broke all previous records by raising 75% more than the previous record-setting McDonogh School class on the occasion of its 35th reunion)

2001 Explained to interested eligible parties of HMC how to rollover pre-merger TIAA/CREF retirement monies into a Self-Directed IRA

ACADEMIC APPOINTMENTS:

1980 - 1985	Assistant Professor of Clinical Radiology and Nuclear Medicine Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
1982 - 1990	Visiting Lecturer in Radiology Walter Reed Army Medical Center Washington, D.C. 20307-5001
1984 - 1986	Visiting Lecturer in Radiology George Washington University School of Medicine and Health Sciences Washington, D.C. 20037
1984 - 1990	Visiting Lecturer in Radiology Bethesda Naval Hospital Bethesda, Maryland 20814
1985 - 1988	Associate Professor of Clinical Radiology and Nuclear Medicine Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
1986 - 1987	Associate Clinical Professor of Radiology George Washington University School of Medicine and Health Sciences Washington, D.C. 20037
1987 - 1990	Clinical Professor of Radiology George Washington University School of Medicine and Health Sciences Washington, D.C. 20037
1988 - 1990	Associate Professor of Radiology/Nuclear Medicine Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
1989 - 1992	Associate Professor of Radiology Pennsylvania State University The Milton S. Hershey Medical Center Hershey, Pennsylvania 17033

1992 - Present Professor of Radiology (with tenure) and Orthopaedic Surgery
Pennsylvania State University
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033

PROFESSIONAL ACTIVITIES SINCE GRADUATION FROM MEDICAL SCHOOL:

1976 - 1977	Internship (Internal Medicine) Walter Reed Army Medical Center Washington, D.C. 20307-5001
1977 - 1980	Residency (Diagnostic Radiology) Walter Reed Army Medical Center Washington, D.C. 20307-5001
1979 - 1990	Staff Radiologist (Part-time) Department of Radiology Greater Southeast Community Hospital 1310 Southern Avenue Washington, D.C. 20032
1980 - 1982	Staff Radiologist Walter Reed Army Medical Center Washington, D.C. 20307-5001
1981 - 1982	Assistant Chief of Diagnosis Department of Radiology Walter Reed Army Medical Center Washington, D.C. 20307-5001
1981 - 1982	Interviewer, Medical Student Applicants Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
1982 - 1989	Staff Radiologist (Part-time) Department of Radiology Holy Cross Hospital of Silver Spring 1500 Forest Glen Road Silver Spring, Maryland 20910
1982 - 1990	Chief, Sections of Orthopaedic and Cardiovascular Radiologic Pathology Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000
1984 - 1986	Chief of Diagnostic Radiology Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000

1984 - 1985	Participant, Teleradiology Project Uniformed Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine Bethesda, Maryland 20814-4799
October 1985 - January 1986	Acting Chairman and Registrar Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000
July 1986 - June 1990	Chairman and Registrar Department of Radiologic Pathology Armed Forces Institute of Pathology Washington, D.C. 20306-6000
1986 - 1990	Member, Registrars' Forum Armed Forces Institute of Pathology Washington, D.C. 20306-6000
1986 - 1988	CAP (Center for Advanced Pathology) Representative Education Committee Armed Forces Institute of Pathology Washington, D.C. 20306-6000
June - September 1989	Chairman - Special Project Marketing Committee (Education - Marketing) Armed Forces Institute of Pathology Washington, D.C. 20306-6000
October 1989	"SCARD" Representative (by invitation) Forum on the Transition Year from Medical School to Residency Annual Meeting of the Association of American Medical Colleges (AAMC) Washington, D.C. 20306-6000
1989 - 1997	Chief of Diagnostic Radiology Pennsylvania State University The Milton S. Hershey Medical Center Hershey, Pennsylvania 17033 (pre-merger with Geisinger)
1997 - 1998	Chief of Diagnostic Radiology The Milton S. Hershey Medical Center Penn State Geisinger Health System Hershey, Pennsylvania 17033 (post-merger with Geisinger)

1998 - 2000

Vice Chair
Department of Radiology
The Milton S. Hershey Medical Center
Penn State Geisinger Health System and
Pennsylvania State University College of Medicine
Hershey, Pennsylvania 17033

April 1, 2000 - Present

Acting Chair
Department of Radiology
The Milton S. Hershey Medical Center
Pennsylvania State University College of Medicine
Hershey, Pennsylvania 17033

COMMITTEE APPOINTMENTS AND RELATED RESPONSIBILITIES:

I. NATIONAL/INTERNATIONAL LEADERSHIP/TEAMWORK

Committee Year

1989 - 1998 Radiological Society of North America (RSNA):
Refresher Course Committee - Bone Section, Coordinator and
Liaison to RadioGraphics for Refresher Course Publication
75th-84th Scientific Assemblies and Annual Meetings of the
Radiological Society of North America
Chicago, Illinois 60521
(RSNA is the largest annual medical meeting in the world, with the attendance of 60,000 individuals.
The Refresher Courses are the highlight of the annual meeting)

1989 - 1990 Radiological Society of North America (RSNA):
Selector of Bone "Unknown" Cases for the Sunday Night Film Reading Panel
76th Scientific Assembly and Annual Meeting of the
Radiological Society of North America
Chicago, Illinois 60521
November 1990
(This session was attended by 4300 Radiologists from around the world)

1992 - 1993 Radiological Society of North America (RSNA):
By Invitation - Co-Director, Categorical Course in Musculoskeletal Radiology
79th Scientific Assembly and Annual Meeting of the
Radiological Society of North America
Chicago, Illinois 60521
December 1993

1995 -1996 University Hospital Consortium (UHC)
By Invitation - Member, Steering Committee
UHC Imaging Benchmarking Project

1998 Participant (By invitation – 1 of 10 physicians nationally)
Item Modeling Project
Item Modeling Committee # 8
Step 3, United States Medical Licensing Examination (USMLE)
National Board of Medical Examiners
Philadelphia, Pennsylvania 19104

1999 – Present Member
Step 3, Acute Care Test Material Development Group (TMDG-3)
Step 3, United States Medical Licensing Examination (USMLE)
National Board of Medical Examiners
Philadelphia, Pennsylvania 19104
(Currently, there are approximately 400 physicians, nationwide, on the USMLE step 1, 2 and 3 Committees, including only three Radiologists.)

1999 - Present Co-Chair
Musculoskeletal (MSK) Disease (Non-trauma)
American Board of Radiology (ABR)

II. STATEWIDE LEADERSHIP/TEAMWORK:**Committee Year** **The Pennsylvania Radiological Society***:

1990 - 1992	Member, Program Committee for the Annual Meeting
1992 - 1993	Chairperson, Program Committee for the Annual Meeting for 1993
1993 - 1995	Member, Program Committee for the Annual Meeting
1992 - 1994	Member, Scientific Exhibits Committee for the Annual Meeting for 1993 and 1994
1992 - 1995	Central State Representative, Board of Directors
1992 - Present	Member, Board of Directors
1993 - 1997	Publications Committee 1993 - 1994 Vice Chairperson 1994 - 1997 Chairperson
1993 - 1995	Member, Bylaws Committee, Southcentral Pennsylvania Radiological Society
1994 - Present	Member, Executive Committee of the Board of Directors
1994 - 1997	Editor of the <u>Bulletin</u> of the Pennsylvania Radiological Society (under Dr. Moser's Supervision, the <u>Bulletin</u> of the PRS became the first in the nation to be "published" on the Internet at http://www.paradsoc.org)
1994 - Present	Chairperson, Peer Review Committee
1997 - 1998	Second Vice President
1998 - 1999	First Vice President
1999 - 2000	President-Elect (includes lobbying responsibilities/opportunities in the U.S. Senate)
1999	Member, "Search Subcommittee" of the Executive Committee of the Board of Directors (to identify/recruit a new Executive Director of the Pennsylvania Radiological Society to replace the out-going Executive Director who is retired after 25 years of service to the PRS – this search resulted in the hiring of Mr. Robert Powell)
March 2000	Invited Participant, ACR State Chapter Leaders' Meeting, Washington, D.C.
2000 - Present	President (includes lobbying responsibilities/opportunities in the U.S. Senate and the Pennsylvania State Senate and House of Representatives)
March 2001	Invited Participant, ACR State Chapter Leaders' Meeting, Washington, D.C.

2000 – Present	Member, Internet Committee
2000 – Present	Member, Committee on Annual Oration
2001 – Present	Member, Board of Censors/Judicial Affairs
2001 – Present	Member, Committee on Archives
2001 – Present	Member, Committee on Fellowships
2001 – Present	Member, Nominating Committee
2001 – Present	Co-Chair, Committee on Resident Affairs and Resident Seminars
2001 – Present	Member, Past Presidents' Advisory Committee

* Note: With 1700 members statewide, the Pennsylvania Radiological Society (PRS) is the third largest State Chapter of the American College of Radiology (ACR) (See Attachment)

III. LOCAL LEADERSHIP/TEAMWORK:

The Milton S. Hershey Medical Center, Penn State Geisinger Health System:

Committee Year The Pennsylvania State University College of Medicine/Hospital-Wide

1989 - 1992	Member, Medical Staff Quality Assurance (QA) Subcommittee (In the Chairman's absence, Dr. Moser was intermittently tasked with Chairing this meeting). In 1992, the committee was re-named the Peer Review Committee.
1989 - Present	Member, Medical Records Committee (re-named Health Information Services Committee in 1992)
1991 - 1995	Vice Chairman/Forms Sub-Committee Chairman Medical Records Committee (re-named Health Information Services Committee in 1992)
1989 - 1992	Participant, Orthopaedic Pathology Course for Second Year Medical Students
1990 - 1994	Participant, Medical Student Faculty Advisor System (Advisee: Ms. Amaryllis Sanchez)
1991 - 1995	(Advisee: Ms. Deanne Gulban)
1992 - 1996	(Advisee: Mr. Gary Ott)
1993 - 1997	(Advisee: Mr. Andrew Schwentker)
1995 - 1999	(Advisee: Mr. John Min)
1996 - Present	(Advisee: Mr. Michael Socher)
1997 - Present	(Advisee: Mr. Stewart McCarver)
1999 - Present	(Advisee: Mr. Marc Portner)
2001 - Present	(Advisee: Mr. Kevin Lee)
1990 - 1999, 2000-Present	Interviewer of Medical School Candidates in support of the Medical Student Selection Committee Penn State University College of Medicine
1990 - 1991	Member, Penn State Cardiovascular Center Education Subcommittee
1990 - 1991	Member, Focus Group Staff Position Evaluation and Compensation Program (SPEC)
1990 - 1991	Participant, Radiation Biology Course for First Year Medical Students
1991 - 1992	Member, Search Committee for the New Chief of the Division of Neurosurgery, Penn State University Hospital (Search culminated in the recruitment of Stephen K. Powers, M.D.)
1991- 1994	Member, 4 Surgery Unit Governing Board Penn State University Hospital

1991 - 1994 Member, Emergency Medical Services Task Force
Penn State University Hospital

1991 - 1992 Member, JCAHO Compliance Task Force
Penn State Community Health Center
Fishburn Road Medical Building

1991 - 1995, Faculty Member, Hearing Board and Appeals Board (for conduct standards)
2000-Present Penn State University College of Medicine

1992 - 1995 In-House Site Reviewer
Preparation for Site Visits by the American College of Graduate Medical Education (ACGME)
Penn State University Hospital
(General Surgery Site Visit - July, August, 1992)
(Pediatrics Site Visit - May, 1995)

1992 - 1999, Member, Medical Student Selection Committee, Team #1
2000- Present

1992 - 1993 Member, Employee Communications Task Force

1993 Member, Search Committee for the New Chief of the Center for Emergency Medical Services
(Search culminated in the recruitment of Kym Salness, M.D., who was actually first
identified by Dr. Moser through his SCARD contacts)

1993 - 1994 Member, Medical Policy Board

1995 Member, Task Force to Assess Delivery of Care in the Emergency Department

1995 Member, Surgical Intensive Care Unit (SICU) Collaborative Practice Task Force
on C-Spine Clearance

1995 Chair, Ad Hoc Committee to Investigate Patient Flow Through the Emergency Department

1995 - 1997 Participant Leader, Hershey Medical Center Medical Explorers Post #729

1996 - 1997 Department of Radiology Representative to the University Physicians Governing Council (UPGC)

1996 - 1997 Participant, Physician Leadership Program (a 4 block, three-day Module course – total of 12 days),
sponsored by the Crimson Group, Inc. of Boston, Massachusetts

1996 - 1997 Member, Clinical Information System Feedback Group

1996 - 1997 Participant, Hershey Medical Center/Harrisburg High School Mentor Program

1997 Member, Advisory Team, Patient Access Redesign Project, RX₂

1998 - Present Member, Trauma Core Group (successfully prepared for re-certification by the Pennsylvania
Trauma System Foundation – PTSF, for both Adult and Pediatric Trauma in 1999, efforts ongoing to

1999 Member, Physician's Compensation Committee (pre-demerger)

2000 Member, Cost Conscious Quality (CCQ) Committee

2000 Member, Executive Committee

2000 Member, Core Group

2000 Member, Transition Steering Committee

2000 - Present Member, Information Technology Team

2000 - Present Member, ED Patient Flow CQI Team

2000 - 2001 Opened our home on 4 occasions (including Thanksgiving Day 2000) for "pot luck dinners," "wine and cheese parties," etc. for members of the PSU COM and spouses (with the largest gathering including approximately 40 people).

<u>Committee Year</u>	<u>Department of Radiology (re-named Division of Radiology in 7/97 during the Penn State Geisinger merger, reverted to former name following the de-merger)</u>
1989 - 1992	Chair, Department of Radiology Committee for Continuous Quality Improvement (Rad CQIC). Prior to May 1991 this was called the Department of Radiology Quality Assurance Committee.
1989 - 1994	Member, Radiology Administrative Management (RAM) Committee
1989 - 1990	Chair, Department of Radiology CT Selection Committee (Committee's activities resulted in the selection of the Picker PQ2000 CT Scanner and Penn State's subsequent selection as a Picker Center of Excellence, beginning a 12 + year mutually advantageous relationship between Picker/Marconi and HMC)
1990 - 1994	Member, PACS Steering Committee
1990 - 1991	Chair, Department of Radiology Ad Hoc Committee on Film Storage
1990 - 1991	Member, Ad Hoc Committee to Consider the Issue of Copying Outside Films
1990 - 1991 Certification	Member, Department of Radiology Ad Hoc Committee on Advanced Cardiac Life Support
1990 - 1992	Chair, Department of Radiology Ad Hoc Committee to Address the Issue of Having PSU Confer an Associate Degree in Radiologic Technology to our RT Students (note: RT School subsequently closed in 1996 for "cost containment")
1990 - Present	Member, Department of Radiology Tenure and Promotion (T & P) Committee Chair of Committee (1995-2000), Ex-Officio member (2000-present)
1990 - 1996	Member, Department of Radiology Selection Committee for Prospective Radiology Fellows
1990 - 1996	Member, Radiology Research Committee
1990 - 1996	Member, Radiology Education Committee
1990 - 1991	Fishburn Office Building Project Co-Chairperson, Department of Radiology's Portion of the Project
1990 - 1994	Co-Chair, Department of Radiology Renovation and Relocation Committee
1990 - 1996	Member, Advisory Committee, School of Radiologic Technology
1991 - 1992	Member, Ad Hoc Radiology Conference Room Committee
1991 - 1992	Chairperson, Ad Hoc Committee to Recruit a Faculty Candidate for Body Imaging/General Radiologist in the Department of Radiology (Committee's activities resulted in the successful recruitment of Claudia J. Kasales, M.D.)
1991 - 1994	Member, Committee for MRI Operations

1991 - 1992 Member, Ad Hoc Committee to Recruit a Faculty Candidate as a Pediatric Radiologist in the Department of Radiology (Committee's activities resulted in the successful recruitment of Donna J. Seibert, M.D.)

1991 - 1992 Co-Chairperson, Ad Hoc Committee to Establish a Policy for Marketing Special Radiology Services

1991 - 1992 Member, Search Committee for Chief, Section of Radiologic Computing and Imaging Science (Committee's activities resulted in the successful recruitment of Fred Prior, Ph.D.)

1991 - 1995 Co-Judge, Co-Award Presenter, for an award sponsored by the Department of Radiology at HMC, Capital Area Science and Engineering Fair (CASEF)
Carlisle, Pennsylvania 17013
March 1992, 1993, 1994, 1995

1992 - 1993 Member, Ad Hoc Committee to recruit two Faculty Neuroradiologists in the Department of Radiology (Committee's activities resulted in the successful recruitment of:
(1) John D. Barr, M.D. along with his spouse Michelle Ann Barr, M.D., Dr. Michelle Barr transferred from the University of Pittsburgh to Penn State University for the 4th year of her diagnostic radiology residency (1993-1994), followed by an eighteen month fellowship in musculoskeletal radiology (1994-1995) under the auspices of Richard P. Moser, Jr., M.D. and (2) Kevin P. McNamara, M.D.)

1993 - 1994 Building Project Coordinator, Department of Radiology's Renovations in Cardiovascular/Interventional Radiology (CVIR) and New Construction of the Interventional Neuroradiology Room (INR-Neurostar; the project cost for the Neurostar room alone was approximately \$2,000,000)

1994 - 1996 Member, Product Review/Cost Containment Committee

1994 - 1996 Member, Strategic Radiology Planning (SRP) Committee

1994 - 1997 Radiology Practice Site Medical Director, Penn State University Physicians Center and Member, Practice Site Fund Committee (1994 - 1996)

1994 - 1995 Member, Conscious Sedation Policy Task Force

1995 Member, Radiology Information System (RIS) Executive Group

1995 Member, Ad Hoc Committee to recruit an additional Faculty Neuroradiologist (Committee's activities resulted in the successful recruitment of Blaise V. Jones, M.D.)

1995 - 1996 Chairperson, Ad Hoc Committee to investigate the feasibility of establishing Penn State University Hospital as the second site in the United States with a Neuromag system (and, simultaneously, to consider the acquisition of a Viewpoint system). This effort resulted in the preparation of a several hundred-page document that planned the formation of a Penn State Neuroscience Center (PSNSC). Subsequently, the Viewpoint was acquired in 1998. The PSNSC was never established.

1996 Member, Ad Hoc Committee to consider "Radiology Reorganization"

1996 - 1997 Member, Ad Hoc Committee to recruit an additional Faculty
Cardiovascular/Interventional (CVI) Radiologist
(Committee's activities resulted in the successful recruitment of Harjit Singh, M.D.)

1996 - 1997 Chair, Ad Hoc Recruitment Committee to recruit an additional Faculty Candidate for
Body Imaging in the Department of Radiology (Committee's activities resulted in the
successful recruitment of Judy S. Blebea, M.D.)

1997 - 2000 Coordinator, Faculty Clinical Work Schedule/Yearly Call Schedule

1997 - Present Member, Departmental Executive Staff. Meets weekly on Tuesday afternoon, Chair since 2000
(with the meeting re-named "Weekly Operations Meeting")

1998 Coordinator of Revision of the Faculty Leave Request Form

2000 - Present Faculty Recruitment Efforts/Transitions:
1. William J. Meisler, M.D. to full time Faculty (Neuroradiology) (May 2000)
2. Belinda G. Collins, M.D., Ph.D. from Body Imaging Fellow to a 0.7 FTE Faculty
(Body Imaging and General Radiology) (July 2000)
3. David J. Salinger, M.D., Chief, Radiation Oncology (September 2000)
4. A. Awat Aliyar, Ph.D. – Radiation Physicist (May 2001)
5. Becky Hill, M.D., Radiation Oncologist (to begin at HMC in 7/2001)
6. Janet A. Neutz, M.D. – General/Body Imaging Radiologist (to begin at HMC on 9/2001)
(Note: This recruitment process began in 5/2000 and was finalized on 4/30/2001).

SPECIAL ACKNOWLEDGEMENTS:

March 1989 Invited by Kellogg Hunt, M.D., COL, MC, USA (Chief of Professional Staff at Walter Reed Army Medical Center, Washington, D.C., and member of the Search Committee) to apply for the position of Chair, Department of Radiology and Nuclear Medicine, Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine Bethesda, Maryland (However, due to satisfaction with my position at the Armed Forces Institute of Pathology and anticipated retirement from the United States Army in June 1990 with commitment to full-time relocation to Penn State University Hospital in July 1990, this invitation was respectfully declined).

January 1991 Invited by Irving L. Kron, M.D. (William H. Muller, Jr. Professor of Surgery and Chair, Radiology Search Committee) to apply for the position of Chair, Department of Radiology, University of Virginia Health Sciences Center, Charlottesville, Virginia 22908 (However, due to my satisfaction with and, at the time, recent arrival at Penn State University, this invitation was also respectfully declined)

October 1993 Invited member, Ad Hoc Review Committee, Office of the Dean, Harvard Medical School, to consider the qualifications for Barbara N. Weissman, M.D., for appointment as full time Professor of Radiology at Harvard Medical School and the Brigham and Women's Hospital, Boston, Massachusetts

December 1993 "Gratitude and appreciation (extended) for outstanding services to this Society and to the science of radiology as Organizer for the Categorical Course In Musculoskeletal Radiology: Advanced Imaging of Joints - 1993" presented by: Donald R. Kirks, M.D. (Chairman of the Refresher Course Committee) on behalf of:
Thomas S. Harle, M.D.
President
Radiological Society of North America
at the Radiological Society of North America's
79th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1993

January 1994 Via invitation by C. Everett Koop, M.D. - invited to White House Briefing on healthcare reform
January 15, 1994
Washington, D.C.
Participants from the Clinton Administration included:
Ira C. Magaziner, Brian Biles, M.D., Gary Claxton, Jo-Ivy Bufford, M.D., Christine Heenan, Barbara Wynn, Lynn Margherio, Roz Lasker, M.D., Arnold Epstein, M.D., Phil Lee, M.D., and Irwin Redlener, M.D.

September 1994 Awarded a Fellowship in the American College of Radiology (FACP)
New Orleans, Louisiana 70140
(approximately six percent of the radiologist members of the ACR have been awarded Fellowships)

October 1994 Nominated by C. Douglas Maynard, M.D. (Secretary – Treasurer of the Board of Directors of the Radiological Society of North America [RSNA] and Chair of the Department of Radiology, Bowman Gray School of Medicine, Winston-Salem, North Carolina) to be the RSNA representative as a Trustee on the American Board of Radiology for a six year term effective July 1, 1995. This appointment to the ABR was subsequently awarded to my then Department Chair, Dr. John E. Madewell, who had been nominated for this position by the American Roentgen Ray Society (ARRS).

PROFESSIONAL ORGANIZATIONAL AFFILIATIONS:

- 1978 - Present Radiological Society of North America (RSNA)
- 1979 - 1982 Medical Society of the District of Columbia
- 1980 - Present American College of Radiology (ACR)
- 1988 - 1998 American Roentgen Ray Society (ARRS)
- 1988 - 1989 Maryland Radiological Society
- 1988 - Present International Skeletal Society (ISS) (by invitation)
- 1989 - 1996 Association of University Radiologists (AUR)
- 1989 - 1991 American Medical Association (AMA)
- 1989 - Present Pennsylvania Radiological Society (PRS)
- 1990 - 1992 American Academy of Forensic Sciences
- 1994 - 1996 Central Pennsylvania Radiological Society (CPRS)
(this Society dissolved in 1996 because of logistical problems related to geographic disbursement of its members)
- 2001 Midwest/Big 10 Radiology Chairs' Group

PUBLICATIONS

MANUSCRIPTS IN PRINT:

1. Curtis DJ, Ayella RJ, Whitley J, **Moser RP**, Rugh KS: Digital radiology in trauma using small-dose exposure. *Radiology* 132:587-591, 1979.
2. Bova JG, **Moser RP**: Cholecystosonography: The initial diagnostic test for chronic gallbladder disease. *Military Medicine* 148: 60-63, 1983.
3. **Moser RP**: Case for Diagnosis: Multiple fibroxanthomas of bone. *Military Medicine* 150:51-54, 1985.
4. Ros PR, **Moser RP**, Dachman AH, Murari PJ, Olmsted WW: Hemangioma of the spleen: imaging-pathologic correlation in 10 cases. *Radiology* 162:73-78, 1987.
5. **Moser RP**, Sweet DE, Haseman DB, Madewell JE: Multiple skeletal fibroxanthomas: radiologic-pathologic correlation of 72 cases. *Skeletal Radiology* 16:353-359, 1987.
6. **Moser RP**, Vinh TN, Ros PR, Smirniotopoulos JG, Madewell JE, Berrey BH: Paget's disease of the anterior tibial tubercle. *Radiology* 164:211-214, 1987.
7. Hartman DS, **Moser RP**, McCarthy MJ: Radiologic-pathologic correlation from the Armed Forces Institute of Pathology: anomalous left coronary artery. *Revista Interamericana de Radiologia* (Interamerican Journal of Radiology) 10:217-220, 1987.
8. Ros RP, Olmsted WW, **Moser RP**, Dachman AH, Hjermstad BM, Sabin LH: Mesenteric and omental cysts: histologic classification with imaging correlation. *Radiology* 164:327-332, 1987.
9. Ros PR, McCarthy MJ, Smirniotopoulos JG, Hartman DS, **Moser RP**: Magnetic resonance-pathologic correlations in the cardiovascular system. *Appl Radiol* 16:40-48, 1987.
10. **Moser RP**, Madewell JE: "An approach to primary bone tumors." *Radiol Clin North Am* 25:1049-1093, 1987.
11. Kransdorf MJ, Wehrle PA, **Moser RP**: Atlantoaxial subluxation in Reiter's syndrome: a report of three cases and review of the literature. *Spine* 13:12-14, 1988.
12. **Moser RP**, Brockmole DM, Vinh TN, Kransdorf MJ, Aoki J: Chondroblastoma of the patella. *Skeletal Radiology* 17:413-419, 1988.
13. **Moser RP**: Taxation for using "forbidden terms." *Investigative Radiology* 24:158, 1989.
14. **Moser RP**: A radiology style manual for curriculum vitae preparation. *Investigative Radiology*, 24:248, 1989.
15. Kransdorf MJ, Jelinek JS, **Moser RP**, Utz JA, Brower AC, Hudson TM, Berrey HB: Soft tissue masses: diagnosis using MR imaging. *AJR*, 153:541-547, 1989.
16. Kransdorf MJ, **Moser RP**, Vinh TN, Aoki J, Callaghan J: Primary tumors of the patella, a review of 42 cases. *Skeletal Radiology*, 18:365-371, 1989.

17. Aoki J, Moser RP, Kransdorf MJ: Chondrosarcoma of the sternum: CT features. *Journal of Computer Assisted Tomography*, 13(5):806-810, 1989.
18. Kransdorf MJ, Moser RP, Jelinek JS, Weiss SW, Buetow PC, Berrey BH: Intramuscular myxoma: MR features. *Journal of Computer Assisted Tomography*, 13(5):836-839, 1989.
19. Utz JA, Kransdorf MJ, Jelinek JS, Moser RP, Berrey BH: MR appearance of fibrous dysplasia. *Journal of Computer Assisted Tomography*, 13(5):845-851, 1989.
20. Aoki J, Moser RP, Vinh TN: Giant cell tumor of the scapula, a review of 13 cases. *Skeletal Radiology*, 18:427-434, 1989.
21. Moser RP, Kransdorf MJ, Gilkey FW, Manaster BJ: Giant cell tumor of the upper extremity, a survey of 268 cases. *RadioGraphics*, 10-1: 83-102, 1990.
22. Brower AC, Moser RP, Kransdorf MJ: The significance of periostitis in the chondroblastoma. *AJR* 154: 309-314, 1990.
23. Moser RP, Wagner GN: The nutrient groove of the ilium, a subtle, but important forensic radiologic marker in the identification of victims of severe trauma. *Skeletal Radiology*, 19: 15-19, 1990.
24. Hopper KD, Moser RP, Haseman DB, Sweet DE, Madewell JE, Kransdorf MJ: Osteosarcomatosis. *Radiology*, 175: 233-239, 1990.
25. Moser RP, Karnei RF: Magnetic resonance - pathologic correlation. *Investigative Radiology*, 25: 286, 1990.
26. Moser RP, Kransdorf MJ, Brower AC, Hudson TM, Aoki J, Berrey BH, Sweet DE: Osteoidosteoma of the elbow, a review of six cases. *Skeletal Radiology*, 19: 181-186, 1990.
27. Buetow PC, Kransdorf MJ, Moser RP, Jelinek JS, Berrey BH: Radiologic appearance of Intramuscular hemangioma with emphasis on MR. *AJR*, 154: 563-568, 1990 (Synopsis reprinted in Year Book of Diagnostic Radiology, C.V. Mosby - Yearbook, 1992).
28. Kransdorf MJ, Moser RP, Gilkey FW: Radiologic pathologic correlation of skeletal fibrous dysplasia. *RadioGraphics*, 10-3: 519-537, 1990.
29. Giles J, Sechtin AG, Waybill M, Moser RP: Bilateral internal mammary artery aneurysms, a previously unreported cause for an anterior mediastinal mass. *AJR*, 154: 1189-1190, 1990.
30. Kumar R, Moser RP, Madewell JE, Edeiken J: Parosteal osteosarcoma of skull. *AJR*, 155: 113-118, 1990.
31. Stull MA, Moser RP, Vinh TN, Kransdorf MJ, Jelinek JS, Callaghan JJ: Paget's disease of the patella. *Skeletal Radiology*, 19: 407-410, 1990.
32. Moser RP, Davis MJ, Gilkey FW, Kransdorf MJ, Rosado de Christenson ML, Kumar R, Bloem JL, Stull MA: Primary Ewing's sarcoma of rib. *RadioGraphics*, 10-5: 899-914, 1990.
33. Kransdorf MJ, Jelinek JS, Moser RP, Utz JA, Hudson TM, Neal J, Berrey BH: Magnetic resonance appearance of fibromatosis: a report of 14 cases and review of the literature. *Skeletal Radiology*, 19: 495-499, 1990 (Synopsis reprinted in Year Book of Diagnostic Radiology, C.V. Mosby - Yearbook, 222-225, 1992).

34. Hopper KD, Haseman DB, **Moser RP**, Sweet DE, Madewell JE: Case Report #634, Osteosarcomatosis: progressive sclerosis and "caked" calcification of the secondary foci with chemotherapy. *Skeletal Radiology*, 19: 535-537, 1990.
35. Jelinek JS, Kransdorf MJ, **Moser RP**, Temple HT, Lenhart MK, Berrey BH: MR imaging in patients with bone chip allografts. *AJR*, 155: 1257-1260, 1990.
36. Nemoto O, **Moser RP**, vanDam BE, Aoki J, Gilkey FW: Osteoblastoma of the spine: a review of 75 cases. *Spine*, 15-12: 1272-1280, 1990 (Synopsis reprinted in *Year Book of Diagnostic Radiology*, C.V. Mosby -Yearbook, 214-216, 1992).
37. Kransdorf MJ, **Moser RP**, Meis JM, Meyer CA: Fat-containing soft-tissue masses of the extremities. *RadioGraphics* 11:81-108, 1991. (As a major addition to *RadioGraphics* by the journal's new editor, William W. Olmsted, M.D., one article per issue is designated by Dr. Olmsted for continuing medical education (CME). This article was the first one selected by Dr. Olmsted for CME Credit.)
38. Osborn AG, Buck JL, Kransdorf MJ, **Moser RP**, Rosado de Christenson ML, Smirniotopoulos JG. The Radiological Society of North America 76th Scientific Assembly and Annual Meeting, Image Interpretation Session. *RadioGraphics* 11:133-155, 1991.
39. Stull MA, Kransdorf MJ, **Moser RP**, Bogumill GP, Nelson MC: MR appearance of peripheral nerve sheath tumors. *Skeletal Radiology*, 20: 9-14, 1991 (Synopsis reprinted in *Year Book of Diagnostic Radiology*, C.V. Mosby - Yearbook, 217-219, 1992).
40. Kransdorf MJ, McFarland DR, **Moser RP**, Venbrux AC: Case Report #649: Arteriovenous malformation arteriovenous hemangioma) of the distal thigh with bone involvement. *Skeletal Radiology*, 20: 63-65, 1991.
41. Whitaker MD, Jelinek JS, Kransdorf MJ, **Moser RP**, Brower AC: Open Quiz: Arthritis of the wrist due to mycobacterium avium-intracellulare. *Skeletal Radiology*, 20: 76-77, 1991.
42. Meyer CA, Kransdorf MJ, Jelinek JS, **Moser RP**: MR and CT appearance of nodular fasciitis. *Journal of Computer Assisted Tomography*, 15: 276-279, 1991.
43. Harned RK, Buck JL, Olmsted WW, **Moser RP**, Ros PR: Extracolonic manifestations of the familial adenomatous polyposis syndrome. *AJR*, 156: 481-485, 1991.
44. Kransdorf MJ, Stull MA, Gilkey FW, **Moser RP**: Osteoid osteoma. *Radiographics*, 11-4: 671-696, 1991.
45. Magen AB, **Moser RP**, Woomert CA, Giudici MAI: Septic arthritis of the hip: a complication of rectal tear associated with pelvic fractures. *AJR* 157: 817-818, 1991.
46. Doud TM, **Moser RP**, Giudici MAI, Frauenhoffer EE, Maurer RE: Extraskeletal osteosarcoma of the medial thigh. *Skeletal Radiology*, 20: 628-632, 1991.
47. Benedikt RA, Kransdorf MJ, Jelinek JS, **Moser RP**: The importance of MR imaging in osteosarcomatosis, a case report. *Skeletal Radiology*, 20: 628-632, 1991.

48. Meyer CA, Kransdorf MJ, **Moser RP**, Jelinek JS: Soft tissue metastasis in synovial sarcoma, report of a case. *Skeletal Radiology*, 21:128-131, 1992.
49. Stull MA, Kransdorf MJ, **Moser RP**, Bogumill GP, Nelson MC: MR appearance of peripheral nerve sheath tumors. *Applied Radiology*, 21(3): 44-48, 1992.
50. Giudici MAI, Eggli KD, **Moser RP**, Roloff JR, Frauenhoffer EE: Case report: Primary lymphoma of the proximal tibial epiphysis. *Skeletal Radiology*, 21: 260-265, 1992.
51. Kransdorf MJ, Sweet DE, Buetow PC, Giudici MAI, **Moser RP**: Giant cell tumor in skeletally immature patients. *Radiology*, 184:233-237, 1992.
52. Rappaport DC, Ros PR, **Moser RP**: Idiopathic dilatation of the thoracic venous system. *Journal of the Canadian Association of Radiologists*, 43-5:385-387, 1992.
53. Hopper KD, Eggli KD, Haseman DB, **Moser RP**: Osteosarcomatosis and metastatic osteosarcoma. In *Osteosarcoma in adolescents and young adults: new developments and controversies* (edited by Humphrey GB, Koops HS, Molenaar WM, Postma A). Kluwer Academic Publishers, 163 - 171, 1993.
54. Benedikt RA, Jelenek JS, Kransdorf MJ, **Moser RP**, Berrey BH: MR imaging of soft tissue masses: role of Gadopentetate Dimeglumine (Gd-DTPA). *Journal of Magnetic Resonance Imaging*, 4:485-490, 1994.
55. **Moser RP**, Barr MS, Hopper KD, Haseman DB. (Four) Musculoskeletal Cases(s) of the day. *AJR*, 162:1463: 1469, 1994.

BOOKS:

1. **Moser RP**, ed. Syllabus: *Cardiovascular Radiology Review Course*. pp. 469. For Annual Courses conducted from 1983-1987.
2. **Moser RP**: *Cartilaginous Tumors of the Skeleton; AFIP Atlas of Radiologic-Pathologic Correlation*, Fascicle II. *Cartilaginous Tumors of the Skeleton*. Philadelphia: Hanley and Belfus, Inc./Mosby-Year Book, 1990.
3. **Moser RP**: "Imaging of Bone and Soft Tissue Tumors" - *Radiologic Clinics of North America*. 31-2, 1993. (Invited Guest Editor). (A unique feature of this book was the publication of 31 color images. Corporate sponsorship was successfully procured to accomplish this goal).

BOOK CHAPTERS:

1. **Moser RP**, Madewell JE: "Metastatic Bone Cancer" - In: Taveras JM, Ferrucci JT, (eds.) Radiology Diagnosis, Imaging, Intervention. Chapter 100, Philadelphia: J.B. Lippincott Company, 1986.
2. Madewell JE, **Moser RP**: "Soft Tissue Tumors (Benign and Malignant)" - In: Taveras JM, Ferrucci JT, (eds.) Radiology - Diagnosis, Imaging, Intervention. Chapter 102, Philadelphia: J.B. Lippincott Company, 1986.
3. **Moser RP**: "Primary Bone Tumors" - In: Contemporary Issues in Computed Tomography. Computed Tomography of the Musculoskeletal System. Chapter 2, New York: Churchill Livingstone, 1987.
4. Madewell JE, **Moser RP**: "Radiologic Evaluation of Soft Tissue Tumors" - In: Enzinger FM, Weiss SW (eds.) Soft Tissue Tumors. 2nd Edition, Chapter 3, pp. 43-82, St. Louis: C.V. Mosby Company, 1988.
5. Gilkey FW, **Moser RP**: "The Biology of Cartilage" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
6. **Moser RP**, Gilkey FW, Madewell JE: "Enchondroma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
7. **Moser RP**, Gilkey FW, Kransdorf MJ: "Osteochondroma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
8. Brower AC, **Moser RP**, Gilkey FW, Kransdorf MJ: "Chondroblastoma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
9. **Moser RP**, Kransdorf MJ, Gilkey FW, Aoki J: "Chondromyxoid Fibroma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
10. Hudson TM, **Moser RP**, Gilkey FW, Aoki J: "Chondrosarcoma" - In AFIP Atlas of Radiologic-Pathologic Correlation, Fascicle II, Cartilaginous Tumors of the Skeleton. Philadelphia: Hanley and Belfus, Inc. Mosby-Year Book, 1990.
11. Giudici MA, **Moser RP**, Kransdorf MJ: "Cartilage Tumors" In: Imaging of Bone and Soft Tissue Tumors - The Radiologic Clinics of North America. 31-2: 237-259, 1993.
12. Eggli KD, Quioque T, **Moser RP**: "Ewing's Sarcoma" In: Imaging of Bone and Soft Tissue Tumors - The Radiologic Clinics of North America. 31-2: 325-337, 1993.
13. Kransdorf MJ, Jelinek JS, **Moser RP**: "Imaging of Soft Tissue Tumors" In: Imaging of Bone and Soft Tissue Tumors - The Radiologic Clinics of North America. 31-2: 359-372, 1993.
14. Kransdorf MJ, **Moser RP**, Madewell JE: "Imaging of Upper Extremity Lesions." In: Bogumill GP, Fleegler ES (eds.). Tumors of the Hand and Upper Limb. New York: Churchill Livingstone, 25-49, 1993.

15. Moser RP, Madewell JE: "Radiologic Evaluation of Soft Tissue Tumors" - In: Enzinger FM, Weiss SW (eds. Soft Tissue Tumors. 3rd Edition, Chapter 3, pp. 39-88, St. Louis: C.V. Mosby Company, 1995.
16. Van Slyke MA, Moser RP, Madewell JE: "MR Imaging of Periarticular Soft-Tissue Lesions" In: Musculoskeletal Soft-Tissue Imaging - MRI Clinics of North America. 3-4: 1-15, 1995.

ABSTRACTS:

1. Hopper K, Moser R, Haseman D, Sweet D, Kransdorf M. Osteosarcomatosis. Radiology 1984; 150P:198.
2. Hopper K, Moser R, Haseman D, Sweet D, Kransdorf M. Osteosarcomatosis: Metastatic variant of osteosarcoma. Radiology 1987; 165(P):381.

LETTERS TO EDITOR:

1. **Moser RP:** News: Roger K. Harned, Third Distinguished Scientist, Armed Forces Institute of Pathology. AJR 149:1298-1299, 1987.
2. **Moser RP:** Third Distinguished Scientist, Department of Radiologic Pathology, Armed Forces Institute of Pathology. Radiology 166:576, 1988.
3. **Moser RP:** Special Report: Fourth Distinguished Scientist, Department of Radiologic Pathology, Armed Forces Institute of Pathology. Radiology 168:869, 1988.
4. **Moser RP:** News: Terry M. Hudson, Fourth Distinguished Scientist, Armed Forces Institute of Pathology. AJR 151:635-636, 1988.
5. **Moser RP:** Terry M. Hudson, Fourth Distinguished Scientist, Armed Forces Institute of Pathology. Investigative Radiology 23:559-560, 1988.
6. **Moser RP:** Anne G. Osborn, Fifth Distinguished Scientist: Armed Forces Institute of Pathology. Investigative Radiology 24:343-344, 1989.
7. **Moser RP:** News: Anne G. Osborn, Fifth Distinguished Scientist, Armed Forces Institute of Pathology. AJR 153:213, 1989.
8. **Moser RP:** Fifth Distinguished Scientist, Department of Radiologic Pathology, Armed Forces Institute of Pathology. Radiology 172:277, 1989.
9. **Moser RP:** News: Robert D. Pugatch, Sixth Distinguished Scientist, Armed Forces Institute of Pathology. AJR 154:1176, 1990.
10. **Moser RP:** Robert D. Pugatch, M.D., Sixth Distinguished Scientist: Armed Forces Institute of Pathology. Investigative Radiology 25:7, 763-764, 1990.
11. **Moser RP:** Robert D. Pugatch, M.D., Sixth Distinguished Scientist, Department of Radiologic Pathology Armed Forces Institute of Pathology. Radiology, 176: 285, 1990.

ON GOING PROJECTS:

1. **Moser RP**, Parrish W: "Radiologic Evaluation of Soft Tissue Tumors" – In: Enzinger FM, Weiss SW (eds.) Soft Tissue Tumors. 4th Edition (manuscript originally submitted to Dr. Weiss in 9/99, publication slated for late spring 2001 – this continues as the pre-eminent textbook in the world dealing with "soft tissue tumors")

NOTE: Responsibilities related to services on the Derry Township School Board and, to a greater extent, to serving as Chief of Diagnostic Radiology, Vice Chair of Radiology, and Acting Chair of Radiology have necessitated authorship by Dr. Moser of numerous planning, policy and procedure documents – varying in length from several pages to comprehensive documents.

AUDIOVISUAL:

1. **Moser RP:** Paget's Disease and Fibrous Dysplasia. Taped at the Reading Hospital and Medical Center, Reading, Pennsylvania 19603, October 1984, VHS Tape-50 minutes.
2. **Madewell JE and Moser RP:** An Approach to Solitary Bone Tumors, Chicago, Illinois, December 1986. RSNA Audiovisual library: RSP (Radiology Study Program) #136 (85 minutes), 2 3/4" cassettes, 270 slides.
3. **Moser RP:** Introduction to Cardiovascular Radiology. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
4. **Moser RP:** Situs and the Cardiac Apex. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
5. **Moser RP:** Vascular Rings and Other Anomalies of the Aortic Arch, Part I. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
6. **Moser RP:** Vascular Rings and Other Anomalies of the Aortic Arch, Part II. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
7. **Moser RP:** Atrial Septal Defect and Anomalous Pulmonary Venous Return. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
8. **Moser RP:** Truncus Arteriosus. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
9. **Moser RP:** Transposition of the Great Arteries and the Transposition Complex. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
10. **Moser RP:** VSD, PDA and Miscellaneous Left-to-Right Shunts. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
11. **Moser RP:** Tetralogy of Fallot and Other Right Heart Lesions. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
12. **Moser RP:** Surgical Correction of Congenital Heart Disease. Audiovisual Section of the Armed Forces Institute of Pathology, Washington, D.C. 20306-6000, 1990. VHS Tape-50 minutes.
13. **Moser RP:** Vascular Rings and Other Anomalies of the Aortic Arch. Taped at the Reading Hospital and Medical Center, Reading, Pennsylvania 19603, January 1991. VHS Tape-60 minutes.
14. **Moser RP:** Transposition of the Great Arteries and the Transposition Complex. Taped at the Reading Hospital and Medical Center, Reading, Pennsylvania 19603, January 1991. VHS Tape-60 minutes.

EXHIBITS**SCIENTIFIC EXHIBITS DISPLAYED AT MAJOR NATIONAL AND INTERNATIONAL MEDICAL MEETINGS (30 EXHIBITS DISPLAYED AT 62 MEETINGS):**

1. "Microdose Radiology in Trauma," by Curtis DJ, Moser RP, Rugh KS:
 - A. Radiological Society of North America
64th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
November 1978
 - B. 50th Annual Scientific Meeting of the Aerospace Medical Association
Washington, D.C. 20008
May 1979
 - C. D.C. Medical Society Annual Meeting
Washington, D.C. 20008
September 1979
2. "Knee Arthrography," by Axelbaum S, Moser RP, Rugh KS:
 - A. D.C. Medical Society Annual Meeting
White Sulfur Springs, West Virginia 24986
October 1978
Exhibit selected for CME Credit
 - B. Radiological Society of North America
65th Scientific Assembly and Annual Meeting
Atlanta, Georgia
November 1979
3. "Correlation of Oral Cholecystography, Cholesonography, and Cholescintigraphy,"
by Bova JG, Blei L, Kaminski RJ, Moser RP, Curtis DJ:

Radiological Society of North America
65th Scientific Assembly and Annual Meeting
Atlanta, Georgia
November 1979
Exhibit selected for CME Credit

4. "Body Magnetic Resonance Imaging: Pathologic Correlation," by Ros PR, McCarthy MJ, Hartman DS, Moser, RP:

- A. Radiological Society of North America
71st Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
17-22 November 1985
- B. 24th Annual Miami Seminar
MRI, CT, Ultrasound Correlations
Bal Harbour, Florida 33154
26-30 January 1986
- C. American Roentgen Ray Society
86th Annual Meeting
Washington, D.C. 20008
14-18 April 1986
- D. XVIII National Congress of Radiology of the Spanish Society of
Radiology, Electrology and Nuclear Medicine
Seville, Spain
20-24 October 1986
Summa Cum Laude

5. "Hip Lesions Mimicking Primary Osteoarthritis: A Radiographic and Histopathologic Study," by Moser RP, Ros PR, Vinh TN, Olmsted WW, Callaghan JJ, McMahon K:

- A. American Academy of Orthopaedic Surgeons
53rd Annual Meeting
New Orleans, Louisiana 70140
February 1986
- B. American Society of Clinical Pathology/College of American Pathology
Fall Meeting and Exhibits
Orlando, Florida 32804
September 1986
"Selected as Best Exhibit in the Federal Institution Category"
- C. Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
30 November - 5 December 1986
- D. American Academy of Orthopaedic Surgeons
54th Annual Meeting
San Francisco, California 94102
January 1987
(Return Exhibition by Invitation)

- E. American Roentgen Ray Society
87th Annual Meeting
Miami Beach, Florida 33140
26 April - 1 May 1987
- F. American Academy of Orthopaedic Surgeons
55th Annual Meeting
Atlanta, Georgia
4-8 February 1988
(Return Exhibition by Invitation)
- G. American Academy of Orthopaedic Surgeons
56th Annual Meeting
Las Vegas, Nevada
6-9 February 1989
(Return Exhibition by Invitation)
- H. American Academy of Orthopaedic Surgeons
57th Annual Meeting
New Orleans, Louisiana
8-15 February 1990
(Return Exhibition by Invitation)
- I. American Academy of Orthopaedic Surgeons
58th Annual Meeting
Anaheim, California
7-12 March 1991
(Return Exhibition by Invitation)

6. "Lesions Mimicking Chondromalacia Patella," by Moser RP, Ros PR,
Kransdorf MJ, Vinh TN, Callaghan JJ, McMahon K:

- A. American Academy of Orthopaedic Surgeons
54th Annual Meeting
San Francisco, California 94102
January 1987
- B. American Roentgen Ray Society
87th Annual Meeting
Miami Beach, Florida 33140
26 April - 1 May 1987
"Certificate of Appreciation"
- C. American Academy of Orthopaedic Surgeons
55th Annual Meeting
Atlanta, Georgia
February 1988
(Return Exhibition by Invitation)

7. "Radiological Approach to a Bone Lesion," by Viamonte M, Ros PR, Moser RP:

- A. 19th International Diagnostic Course
Davos, Switzerland
March 1987
- B. IV International Symposium on Medical Imaging
Barcelona, Spain
October 1987
- C. 20th International Diagnostic Course
Davos, Switzerland
20-25 March 1988

8. "Visceral-Musculoskeletal Syndromes," by Ros PR, Moser RP:

- A. 19th International Diagnostic Course
Davos, Switzerland
March 1987
- B. IV International Symposium on Medical Imaging
Barcelona, Spain
October 1987
- C. 20th International Diagnostic Course
Davos, Switzerland
20-25 March 1988

9. "Osteosarcomatosis: A Metastatic Variant of Osteosarcoma," by Hopper KD, Moser RP, Haseman DB, Sweet DE, Kransdorf MJ:

Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
29 November - 4 December 1987

10. "Pathophysiology of the Nodular and Micronodular Small Bowel Fold," by Olmsted WW, Ros PR, Moser RP, Shekitka KM, Lichtenstein JE, Buck JL:

- A. American Roentgen Ray Society
87th Annual Meeting
Miami Beach, Florida 33140
26 April - 1 May 1987
(Exhibit was awarded a "Certificate of Appreciation")
- B. Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
29 November - 4 December 1987

11. "Radiologic-Pathologic Correlations of Hemangioblastomas," by Murphy FM, Smirniotopoulos JG, **Moser RP**, Parisi J:

A. Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
29 November - 4 December 1987

B. American Roentgen Ray Society
88th Annual Meeting
San Francisco, California 94102
8-13 May 1988

12. "Extracolonic Manifestations of Familial Polyposis Coli," by Harned RK, Buck JL, Olmsted WW, Dachman AH, Ros PR, Lichtenstein JE, **Moser RP**:

A. American Roentgen Ray Society
88th Annual Meeting
San Francisco, California 94102
8-13 May 1988

B. Radiological Society of North America
74th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
27 November - 2 December 1988
(Exhibit was awarded a "Certificate of Merit" citation)

13. "Osteoblastoma of the Spine," by Aoki J, **Moser RP**, Smirniotopoulos JG, Nemoto O, Van Dam BE, Gilkey FW:

American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"

14. "Enchondroma, Radiologic-Pathologic Correlation Based on a Series of 1229 Cases," by **Moser RP**, Kransdorf MJ, Gilkey FW, Smirniotopoulos JG, Rosado de Christenson ML, Aoki J, Madewell JE:

A. American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"

B. Radiological Society of North America
75th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
26 November - 1 December 1989

15. "Osteochondroma, Radiologic-Pathologic Correlation Based on a Series of 1185 Cases," by **Moser RP**, Kransdorf MJ, Gilkey FW, Smirniotopoulos JG, Rosado de Christenson ML, Aoki J, Madewell JE:

- A. American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"
- B. Radiological Society of North America
75th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
26 November - 1 December 1989

16. "Chondroblastoma, Radiologic-Pathologic Correlation Based on a Series of 250 Cases," by **Moser RP**, Brower AC, Gilkey FW, Kransdorf MJ, Smirniotopoulos JG, Rosado de Christenson ML, Aoki J:

- A. American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"
- B. Radiological Society of North America
75th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
26 November - 1 December 1989

17. "Chondromyxoid Fibroma, Radiologic-Pathologic Correlation Based on a Series of 173 Cases," by **Moser RP**, Kransdorf MJ, Gilkey FW, Smirniotopoulos JG, Rosado de Christenson ML, Aoki J, Hudson TM:

American Roentgen Ray Society
89th Annual Meeting
New Orleans, Louisiana
7-13 May 1989
"Certificate of Appreciation"

18. "Giant Cell Tumor of the Upper Extremity," by Kransdorf MJ, **Moser RP**, Gilkey FW, Manaster BJ:

American Roentgen Ray Society
90th Annual Meeting
Washington, D.C.
13-18 May 1990

19. "MR Appearance of Peripheral Nerve Sheath Tumors," by Stull MA, Kransdorf MJ, Moser RP, Nelson MC:

American Roentgen Ray Society
90th Annual Meeting
Washington, D.C.
13-18 May 1990

20. "Tumors and Allied Lesions of the Bony Rib Cage," by Kumar R, Varma DG, Moser RP, Lindell MM, Madewell JE:

A. American Roentgen Ray Society
90th Annual Meeting
Washington, DC
13-18 May 1990

B. Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1991

21. "Vascular Rings and Other Aortic Malformations: Interactive Computerized Tutorial," by Moser RP, Zukoski MJ, Zajdel M, Mayer JS:

Radiological Society of North America
76th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
25-30 November 1990

22. "Expansile Bony Lesions of the Sacrum," by Kumar R, Varma DGK, Moser RP, Shirkoda A, Madewell JE, Matasar KW, Lindell MM:

A. American Roentgen Ray Society
91st Annual Meeting
Boston, Massachusetts
5-10 May 1991

B. Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1991

23. "Chondromyxoid Fibroma, Radiologic-Pathologic Correlation," by Moser RP, Giudici MAI, Kransdorf MJ, Gilkey FW: (This was a revised version of Exhibit #17)

Pennsylvania Radiological Society
76th Annual Scientific Meeting
Hershey, Pennsylvania 17033
16-18 May 1991
This exhibit received Honorable Mention at this meeting.

24. "Common Diseases of the Rib Cage," by Giudici MAI, Moser RP, Eggli KD, Kransdorf MJ, Gilkey FW:

- A. Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1991
- B. American Roentgen Ray Society
92nd Annual Meeting
Orlando, Florida
10-15 May 1992

25. "Uncommon Diseases of the Rib Cage," by Giudici MAI, Moser RP, Eggli KD, Kransdorf MJ, Gilkey FW:

Radiological Society of North America
77th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1991

26. "MR Appearance of Several Uncommonly Encountered Skull Lesions," by Woomert CA, Mamourian AC, Moser RP:

- A. American Roentgen Ray Society
92nd Annual Meeting
Orlando, Florida
10-15 May 1992
- B. Annual Meeting
Swiss Society of Radiology and Nuclear Medicine
Flims, Switzerland
12 - 13 June 1992

27. "The Scapula - Normal and Abnormal," by Kumar R, Varma DGK, Moser RP, Swischuk LE, Madewell JE:

- A. Radiological Society of North America
78th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1992
- B. American Roentgen Ray Society
93rd Annual Meeting
San Francisco, California
25-30 April 1993

28. "Bone Tumors of the Vertebral Column," by Kumar R, Varma DGK, **Moser RP**, Swischuk LE, Madewell JE:

American Roentgen Ray Society
93rd Annual Meeting
San Francisco, California
25-30 April 1993

29. "Malignant Bone Neoplasms Arising in Pre-existing Benign Lesions," by Kumar R, **Moser RP**, Madewell JE:

A. Radiological Society of North America
79th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
December 1993

B. American Roentgen Ray Society
94th Annual Meeting
24-29 April 1994
New Orleans, Louisiana

30. By Invitation: Prepared the following three cases:
"Musculoskeletal Cases of the Day"

(A) Extraskeletal Osteosarcoma of the Thigh
(B) Intramuscular Hemangioma of the Thigh
(C) Chondrosarcoma of the Pelvis

American Roentgen Ray Society
94th Annual Meeting
24-29 April 1994
New Orleans, Louisiana

EDITORIAL/REVIEW EXPERIENCE:**Journal Review Responsibilities:****I. American Journal of Roentgenology:**

A. Member of Editorial Board: 1989 - 1998

B. Manuscript Reviewer*: 1986 - 1998

* Recognized in December 1991 as one of the top 20 Reviewers by Robert N. Berk, M.D.,

C. Book Reviewer: 1987 - 1995

1. ABK-87009 Petterson H, Springfield DS, Enneking WF: Radiologic Management of Musculoskeletal Tumors. Berlin: Springer-Verlag. Book review published in AJR 148:1152, 1987.
2. ABK-87083 Hudson TM: Radiologic-Pathologic Correlation of Musculoskeletal Lesions. Baltimore: Williams and Wilkins, pp. 670, 1987. Book review published in AJR 150:234, 1988.
3. ABK-89120 Mirra J: Bone Tumors: Clinical, Radiologic and Pathologic Correlations. (Two volumes) Philadelphia: Lea and Febiger, pp. 1857, 1989. Book review published in AJR 154: 1240, 1990.
4. ABK-90019 Greenspan A: Orthopedic Radiology, A Practical Approach. Philadelphia: Lippincott, pp. 640, 1988. Book review published in AJR 156: 1010, 1991.
5. ABK-90143 Berquist TH: MRI of the Musculoskeletal System, 2nd Edition, Raven Press, pp. 559, 1990. Book review published in AJR 157: 526, 1991.
6. ABK-91046 Milgram JW: Radiologic and Histologic Pathology of Nontumorous Diseases of Bones and Joints, (Vols. 1 & 2) Chicago: Northbrook Publishing Company, Inc. pp. 1374, 1990. Book review published in AJR 158: 346, 1992.
7. ABK-92031 Lewis MM: Musculoskeletal Oncology, A Multidisciplinary Approach. W.B. Saunders, pp. 560, 1992. Book review published in AJR: 159: 1262, 1992.
8. ABK-95037 Gilani S, Wignall BK: Teaching Atlas of Hand Radiology. W.B. Saunders, pp. 203, 1995.

II. Radiology:**A. Book Reviewer: 1989**

1. Netter FH: The CIBA Collection of Medical Illustrations; Volume 8, Musculoskeletal System; Part 1: Anatomy, Physiology and Metabolic Disorders. Summit, New Jersey: CIBA-GEIGY Corporation, pp. 245, 1987. Book review published in Radiology 170:142, 1989.
2. Calder JF, Chessel G: An Atlas of Radiological Interpretation: The Bones. Littleton, Massachusetts: PSG Publishing Company, Inc., pp. 286, 1988. Book review published in Radiology 171:86, 1989.
3. Stoker DJ, Tilley E: Orthopaedics: Self Assessment in Radiology and Imaging. Littleton, Massachusetts: PSG Publishing Company, Inc., pp. 224, 1988. Book review published in Radiology 171:132, 1989.
4. Sim FH: Diagnosis and Management of Metastatic Bone Disease: A Multidisciplinary Approach. New York: Raven Press, pp. 372, 1988. Book review published in Radiology 171:150, 1989

III. RadioGraphics:**A. Contributing Editor: 1990****B. Manuscript Reviewer: 1990 – 2000****C. Editorial Board - Musculoskeletal Imaging: 1992 – 1996**
Liaison to Refresher Course Committee of the RSNA: 1997 – 2000**D. Special Assignment - First Coordinator for a new long term project - selecting outstanding Refresher Courses presented at the Annual Meeting of The Radiological Society of North America (RSNA) for publication in RadioGraphics.****IV. Skeletal Radiology:****A. Book Reviewer: 1991 – Present**

1. Huvos AG: Bone Tumors: Diagnosis, Treatment and Prognosis. Philadelphia: WB Saunders Company, pp 784, 1991

B. Manuscript Reviewer: 1994 - 1996**V. Arthritis & Rheumatism****A. Manuscript Reviewer: 1994 - 1996**

1. MS # 94-251-A

RADIOLOGY BOARD EXAMINER:

American Board of Radiology (ABR) - Oral Examination
Executive West Hotel
Louisville, Kentucky 40209
By Invitation - "Bone Section"

1. June 1987 - Relief Examiner
2. June 1990 - Relief Examiner
3. June 1994 - Guest Examiner
4. November 1996 - Examiner (Diagnostic Radiology - Condition Oral Examination)
5. June 1998 - Guest Examiner
6. November 2000 - Examiner (Diagnostic Radiology - Condition Oral Examination)

Note: As a result of Dr. Moser's oral and written recommendation to the ABR, HMC Department of Radiology faculty member, Douglas F. Eggli, M.D., was also designated by the ABR as an Oral Examiner in the category of Nuclear Medicine.

DIRECTOR OF DISTINGUISHED SCIENTIST PROGRAM:

Department of Radiologic Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
(Distinguished Scientist Years 1986 - 1990):

SUPERVISED:

1. Distinguished Scientist No. 2:
Alan J. Davidson, M.D.
Genitourinary Radiologic Pathology
July 1986 - June 1987
Upon completion of his year as Distinguished Scientist, Dr. Davidson remained on the staff of the Department of Radiologic Pathology as Senior Scientist and Chief, Section of Genitourinary Radiologic Pathology. Effective 1989, he received a joint appointment as Professor of Radiology at Johns Hopkins Hospital.
2. Distinguished Scientist No. 3:
Roger K. Harned, M.D.
On sabbatical to the AFIP from the University of Nebraska School of Medicine
Gastrointestinal Radiologic Pathology
July 1987 - June 1988
3. Distinguished Scientist No. 4:
Terry M. Hudson, M.D.
On sabbatical to the AFIP from the Massachusetts General Hospital,
Harvard Medical School
Musculoskeletal Radiologic Pathology
July 1988 - June 1989

4. Distinguished Scientist No. 5:

Anne G. Osborn, M. D.

On sabbatical to the AFIP from the University of Utah, School of Medicine

Neurological Radiologic Pathology (Neuroradiology)

July 1989 - June 1990

-Assisted in establishing the position of Sterling Winthrop Visiting Professor in Diagnostic Imaging at the Armed Forces Institute of Pathology, Washington, D.C.

-- Dr. Osborn was the first Sterling Winthrop Visiting Professor beginning in July 1990

-- Dr. Osborn rendered an Acknowledgement to Dr. Moser in her world famous textbook entitled Diagnostic Neuroradiology

Due to the initial success of the program, in early 1987 additional supplemental funding was acquired for \$135,000 (\$45,000 per year) to continue the program from 1988-1991. This combined funding was from the Radiological Society of North America, The American Roentgen Ray Society, and The American College of Radiology.

COORDINATED APPOINTMENTS OF:

5. Distinguished Scientist No. 6:

Robert D. Pugatch, M.D.

On sabbatical to the AFIP from the Brigham and Women's Hospital, Harvard Medical School

Chest and Mediastinal Radiologic Pathology

June 1990 - June 1991

6. Distinguished Scientist No. 7:

Robert Ackerman, M.D.

On sabbatical to the AFIP from the Massachusetts General Hospital, Harvard Medical School

Neurological Radiologic Pathology (Neuroradiology)

June 1991 - June 1992

COORDINATOR OF AFIP-SPANISH RADIOLOGIC PATHOLOGY COURSE

Madrid, Spain

First Course: June 1990

DIRECTOR OF VISITING SCIENTIST PROGRAM

Department of Radiologic Pathology

Armed Forces Institute of Pathology

Washington, D.C. 20306-6000

1. William W. Olmsted, M.D.

Professor of Radiology

George Washington University School of Medicine and Health Sciences

Washington, D.C. 20037

Visiting Scientist, AFIP

1986 - Present

2. B.J. Manaster, M.D.

Associate Professor of Radiology

University of Utah School of Medicine

Salt Lake City, Utah

Visiting Scientist, AFIP

September 1989 - June 1990

DIRECTOR OF FELLOWSHIPS IN MUSCULOSKELETAL RADIOLOGY:

Department of Radiologic Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000

1. Mark Kransdorf, M.D., MAJ, MC, USA

July 1984 - June 1985

Dr. Kransdorf is one of only two Army radiologists to ever do a full-time fellowship at AFIP for an entire year.

2. Michael J. Davis, M.D., Captain (N), Canadian Forces Medical Service

July 1987 - December 1987

Dr. Davis is the only Canadian Radiologist to spend this length of time in the Department of Radiologic Pathology, AFIP. Dr. Davis was funded by the Canadian Government.

3. Jun Aoki, M.D.

September 1987 - June 1989

Dr. Aoki came to the AFIP from the University of Kyoto, Kyoto, Japan and was the first Radiologist from Japan ever to have spent any significant amount of time in the Department of Radiologic Pathology, AFIP. (Dr. Aoki personally funded his stay from September 1987 - June 1988, after which he received a stipend from the American Registry of Pathology from July 1988 - June 1989).

Department of Radiology
Penn State University Hospital
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033

4. Michaela (Hurth) Giudici

January 1991 - January 1992

Dr. Giudici came from University Hospital, Zurich, Frauenklinikshane 10, Zurich, Switzerland. Following her fellowship, she returned to The Inselspital in Berne, Switzerland, under the direction of Dr. Peter Vock.

5. Michelle Ann Barr, M.D.

July 1994 - December 1995

VISITING PROFESSORSHIPS: (Total-51)

NOTE: Separate entries are made according to didactic sessions with substantially different groups of radiologists and/or sessions conducted in different locations.

1. George Washington University School of Medicine and Health Sciences
National Childrens Medical Center
Department of Pediatrics
Washington, D.C. 20010
November 1982
2. Johns Hopkins University Affiliated Hospitals
Baltimore City Hospital
Department of Radiology
Baltimore, Maryland 21224
11 January 1983
(In 1987, following acquisition by Johns Hopkins Hospital,
this institution was re-named the Francis Scott Key Hospital)
3. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
16-17 May 1983
4. Johns Hopkins University Affiliated Hospitals
Baltimore City Hospital
Department of Radiology
Baltimore, Maryland 21224
25 January 1984
(In 1987, following acquisition by Johns Hopkins Hospital,
this institution was re-named the Francis Scott Key Hospital)
5. University of Tennessee
Department of Radiology
Memphis, Tennessee 38146
18-19 April 1984
6. George Washington University School of Medicine and Health Sciences
Department of Radiology
Washington, D.C. 20037
10 May 1984
7. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
14-15 May 1984

8. The Reading Hospital and Medical Center
Department of Radiology
Reading, Pennsylvania 19603
3 October 1984
9. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston (San Antonio), Texas 78234
13-14 December 1984
10. Wilford Hall Air Force Hospital
Department of Radiology
San Antonio, Texas 78236
13 December 1984
11. West Virginia University
Department of Radiology
Morgantown, West Virginia 26505
4-5 April 1985
12. George Washington University School of Medicine and Health Sciences
Department of Radiology
Washington, D.C. 20037
1, 15 May 1985
13. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
20-21 May 1985
14. Johns Hopkins University Affiliated Hospitals
Francis Scott Key Hospital
Department of Radiology
Baltimore, Maryland 21224
8 January 1986
(In 1987, following acquisition by Johns Hopkins Hospital, this institution was re-named the Francis Scott Key Hospital)
15. Louisiana State University School of Medicine in Shreveport
Department of Radiology
Shreveport, Louisiana 71130-3932
26 March 1986
16. Temple University Hospital
Department of Radiology
Philadelphia, Pennsylvania 19140
23-24 April 1986

17. University of Calgary
Foothills Hospital
Department of Radiology
Calgary, Alberta, Canada
16-17 October 1986
18. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston (San Antonio), Texas 78234
18-19 November 1986
19. University of Virginia Medical Center
Department of Radiology
Charlottesville, Virginia 22908
5-6 February 1987
20. Temple University Hospital
Department of Radiology
Philadelphia, Pennsylvania 19140
21 May 1987
21. George Washington University School of Medicine and Health Sciences
Department of Radiology
Washington, D.C. 20037
19 October 1987
22. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston (San Antonio), Texas 78234
29-30 October 1987
23. West Virginia University
Department of Radiology
Morgantown, West Virginia 26505
28-29 January 1988
24. Louisiana State University School of Medicine in Shreveport
Department of Radiology
Shreveport, Louisiana 71130-3932
23 March 1988
25. University of British Columbia
Department of Radiology
Vancouver, British Columbia, Canada
5-6 May 1988
26. Medical University of South Carolina
Department of Radiology
Charleston, South Carolina 29425-0720
20-21 October 1988

27. Ottawa Civic Hospital
Department of Radiology
Ottawa, Ontario, Canada K1Y 4E9
3 November 1988
28. University of Ottawa Affiliated Hospitals
Ottawa General Hospital
Department of Radiology
Ottawa, Ontario, Canada K1Y 4E9
4 November 1988
29. University of Florida
Gainesville, Florida 32610
14-16 November 1988
30. University of Washington
Seattle, Washington 98195
17-19 January 1989
31. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston (San Antonio), Texas 78234
16-17 May 1989
32. Wilford Hall Air Force Hospital
Department of Radiology
San Antonio, Texas 78236
16-17 May 1989
33. Temple University Hospital
Department of Radiology
Philadelphia, Pennsylvania
30 May 1989
34. St. Boniface General Hospital
Department of Radiology
Winnipeg, Manitoba
Canada R3E 0Z3
4 October 1990
35. University of Manitoba
Winnipeg, Manitoba, Canada
4-5 October 1990
36. Department of Radiology
Medical College of Virginia
Richmond, Virginia
1 November 1990

37. The Reading Hospital and Medical Center
Department of Radiology
Reading, Pennsylvania 19603
23 January 1991
38. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
21 May 1991
39. Baylor College of Medicine
Department of Radiology
Houston, Texas 77030
6 May 1993
40. Temple University Hospital
Department of Radiology
Philadelphia, Pennsylvania
26, 27 May 1993
Named Lecture: 22nd Herbert M. Stauffer Lecture
41. Loyola University Medical Center
Department of Radiology
Maywood, Illinois 60153
26 May 1994
42. The Reading Hospital and Medical Center
Department of Radiology
Reading, Pennsylvania 19603
September 1994
43. Wilford Hall USAF Medical Center
Department of Radiology
Lackland AFB, Texas 78236-5300
November 1994
44. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston, Texas 78234
November 1994
45. University of Texas at San Antonio (UTSA)
Department of Radiology
San Antonio, Texas
November 1994
46. The Reading Hospital and Medical Center
Department of Radiology
Reading, Pennsylvania 19603
November 1994

47. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston, Texas 78234
July 1995
48. Oakwood Hospital
Department of Radiology
Dearborn, Michigan
November 1995
49. Brooke Army Medical Center
Department of Radiology
Fort Sam Houston, Texas 78234
July 1996
50. University of Pittsburgh
Department of Radiology
Pittsburgh, Pennsylvania
March 2000
51. Scheduled:
12th Seminar of the Japanese Society of Musculoskeletal Radiology (JSMR)
Takasaki, Japan
August 2001

INVITED GUEST LECTURESHIPS AND CONSULTANTSHIPS: (Total-18)

1. Walter Reed Army Medical Center
Department of Orthopaedic Surgery
Washington, D.C. 20306-6000
Biweekly Multidisciplinary Orthopaedic Tumor Conference
1982 - Present
2. Walter Reed Army Medical Center
Department of Internal Medicine, Rheumatology Section
Washington, D.C. 20307-5001
Monthly Conference
1982 - 1987
3. Uniformed Services University of the Health Sciences
F. Edward Hebert School of Medicine
Didactic Lecturer in Skeletal Radiology to Senior Medical Students
Bethesda, Maryland 20814
Approximately 6 times per year
1982 - 1983
4. Ark-La-Tex Radiological Society Meeting
Shreveport, Louisiana 71130-3932
26 March 1986
5. Uniformed Services University of the Health Sciences
F. Edward Hebert School of Medicine
Radiologist Participant in Pathology Lab for Sophomore Medical Students
Bethesda, Maryland 20814
1986 - 1989
6. Radiological Society of Calgary
Calgary, Alberta, Canada
16 October 1986
7. Montgomery General Hospital
Medical/Surgical Grand Rounds Conference
Olney, Maryland 20832-9990
10 December 1987
8. George Washington University Affiliated Hospitals
Veterans Administration Medical Center
Neurology Grand Rounds
Washington, D.C. 20422
16 March 1988
9. Ark-La-Tex Radiological Society Meeting
Shreveport, Louisiana 71130-3932
23 March 1988

10. Vancouver General Hospital
Radiology Grand Rounds
Vancouver, British Columbia, Canada
4 May 1988
11. Ottawa Radiological Society Meeting
Ottawa, Ontario, Canada K1Y 4E9
3 November 1988
12. South Central Pennsylvania Area-Wide Radiology Conference
("SPARC" Meeting)
Carlisle, Pennsylvania
2 November 1989
13. Winnipeg Radiological Society Meeting
Winnipeg, Manitoba, Canada
4 October 1990
14. Richmond Radiological Society
Richmond, Virginia
November 1990
15. Invited Lecturer
Annual Meeting of the Pennsylvania Society of Radiologic Technologists
(Affiliated with the American Society of Radiologic Technologists)
Valley Forge, Pennsylvania
15 April 94
16. Featured Speaker
Orthopaedic Surgery Grand Rounds
Penn State University Hospital
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
16 May 1996
17. Pittsburgh Radiological Society
Pittsburgh, Pennsylvania
8 March 2000
18. Invited Lecturer
Annual Meeting of the Pennsylvania Society of Radiologic Technologists
(Affiliated with the American Society of Radiologic Technologists)
Lancaster, Pennsylvania
May 2000

PAPER PRESENTATIONS AT MAJOR MEDICAL MEETINGS: (Total-22)

1. Osteosarcomatosis, by Hopper KD, **Moser RP**, Haseman DB, Sweet DE, Kransdorf MJ
Radiological Society of North America
70th Scientific Assembly and Annual Meeting
Washington, DC
25-30 November 1984
2. Lesions Mimicking Primary Osteoarthritis of the Hip, by Callaghan JJ, McMahon K, **Moser RP**, Ros PR, Vinh TN, Olmsted WW
Hip Society of Military Orthopaedic Surgeons
Colorado Springs, Colorado
20 November 1986
3. The Pathophysiology of the Nodular and Micronodular Small Bowel Fold, by Olmsted WW, Ros PR, **Moser RP**, Shekitka KM, Lichtenstein JE: Paper No. 12:
Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
November - 5 December 1986
4. Hemangioma of the Spleen: Imaging - Pathologic Correlation in Ten Cases, by Ros PR, **Moser RP**, Dachman AH, Murari RJ, Olmsted WW: Paper No. 591:
Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
30 November - 5 December 1986
5. Mesenteric and Omental Cysts: Sonography, CT and MR Findings with Pathologic Correlation, by Ros PR, Olmsted WW, **Moser RP**, Dachman AH, Sabin LH: Paper No. 799:
Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
30 November - 5 December 1986
7. The Incidence of Diffuse Small Bowel Changes in Crohn's Disease and Primary Small Bowel Lymphoma, by Olmsted WW, Ros PR, Buck JL, **Moser RP**, Dachman AH:
16th Annual Meeting and Postgraduate Course
Society of Gastrointestinal Radiologists
Scottsdale, Arizona
8-13 February 1987

7. Mesenteric Fibromatosis: Radiologic-Pathologic Correlation in 24 Cases, by Ros PR, Buck JL, Dachman AH, Federspiel BH, **Moser RP**:
16th Annual Meeting and Postgraduate Course
Society of Gastrointestinal Radiologists
Scottsdale, Arizona
8-13 February 1987

- 87th Annual Meeting
American Roentgen Ray Society
Miami Beach, Florida 33140
26 April - 1 May 1987

8. Specific Sonographic Diagnosis of Choledochal Cyst: Sonographic - Cholangiographic Correlation, by Buck JL, Ros PR, **Moser RP**: Paper No. 834:
Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
29 November - 4 December 1987

9. Radiologic-Pathologic Correlation: Renewed Importance as a Radiologic Teaching Method, by Ros PR, **Moser RP**: Paper No. 17-5:
Association of University Radiologists
36th Annual Meeting
New Orleans, Louisiana 70140
17-21 April 1988

10. Osteoblastoma of the Spine: A Clinical and Radiographic Review of 74 Cases, by Nemoto O, van Dam BE, **Moser RP**, Gilkey FW:
Society of Military Orthopaedic Surgeons
30th Annual Meeting
Williamsburg, Virginia
4-9 December 1988

11. The Significance of Periostitis in the Chondroblastoma, by Brower AC, **Moser RP**, Kransdorf MJ:
The International Skeletal Society
New York, New York
10-16 September 1989

12. MR Appearance of Peripheral Neurilemmomas, by Stull MA, Kransdorf MJ, **Moser RP**, Nelson MC:
American Roentgen Ray Society
90th Annual Meeting
Washington, DC
13-18 May 1990

13. MR Appearance of Post-Operative Allografts, by Jelinek JS, Kransdorf MJ, Lenhart MK, **Moser RP**, Berrey BH: American Roentgen Ray Society 90th Annual Meeting Washington, DC 13-18 May 1990
14. Gadolinium Enhancement of Soft-Tissue Masses by Benedikt RA, Jelinek JJ, Kransdorf MJ, **Moser RP**, Berrey BH: Paper No. 703 Radiological Society of North America 76th Scientific Assembly and Annual Meeting Chicago, Illinois 60521 25-30 November 1990
15. Magnetic Resonance of Soft-Tissue Masses: Diagnostic Value of Associated Edema by Kransdorf MJ, Jelinek JS, Benedikt RA, **Moser RP**, Berrey BH: Paper No: 705 Radiological Society of North America 76th Scientific Assembly and Annual Meeting Chicago, Illinois 60521 25-30 November 1990
16. Soft-Tissue Masses: Comparison of Gd-DTPA Enhanced MR with Angiography and Dynamic Scintigraphy by Kransdorf MJ, Jelinek JS, Benedikt RA, Davidson M, **Moser RP**, Berrey BH: American Roentgen Ray Society 91st Annual Meeting Boston, Massachusetts 5-10 May 1991
17. Extraskeletal Osteosarcoma of the Extremities by Giudici MAI, **Moser RP**, Kransdorf MJ: Radiological Society of North America 77th Scientific Assembly and Annual Meeting Chicago, Illinois 60521 November 1991
18. Giant Cell Tumor in Skeletally Immature Patients by Kransdorf MJ, Sweet DE, Buetow PC, Giudici MAI, **Moser RP**: Radiological Society of North America 77th Scientific Assembly and Annual Meeting Chicago, Illinois 60521 December 1991
19. Giant Cell Tumor of the Hands and Feet: a Review of 171 Cases by Giudici MAI, **Moser RP**, Kransdorf MJ, Gilkey FW: American Roentgen Ray Society 92nd Annual Meeting Orlando, Florida 10-15 May 1992

20. Craniocervical, Thoracic and Lumbar Chordoma by Giudici MA, Smirniotopoulos JG, Aoki J, **Moser RP**:
Annual Meeting
Swiss Society of Radiology and Nuclear Medicine
Flims, Switzerland
12-13 June 1992
21. Giant Cell Tumor of the Proximal Femur by Giudici MA, **Moser RP**, Kransdorf MJ:
Annual Meeting
Swiss Society of Radiology and Nuclear Medicine
Flims, Switzerland
12-13 June 1992
22. Giant Cell Tumor of Bone: Imaging Features in 1,282 Histologically Proved Cases by Giudici MA, **Moser RP**, Kransdorf MJ:
Radiological Society of North America
78th Scientific Assembly and Annual Meeting
Chicago, Illinois 60521
28 November - 4 December 1992

TYPICAL TOPICS FOR DIDACTIC LECTURES IN RADIOLOGIC/PATHOLOGIC CORRELATION:

Skeletal Topics:

1. Classification of Bone Tumors
2. Margin Analysis of Solitary Lytic Bone Lesions
3. Matrix Analysis of Solitary Lytic Bone Lesions
4. Periosteal Reactions
5. Chondroid Lesions of Bone - Enchondroma, Chondromyxoid Fibroma, Chondroblastoma, Osteochondroma, Chondrosarcoma (two hours)
6. Radiologic-Pathologic Correlation of Osteosarcoma
7. Giant Cell Tumor of Bone, Radiologic-Pathologic Correlation and Treatment Considerations
8. Paget's Disease
9. Fibrous Dysplasia
10. Radiologic-Pathologic Correlation and Contrast of Paget's Disease and Fibrous Dysplasia
11. Radiologic-Pathologic Correlation of Gout
12. Radiologic-Pathologic Correlation of Rheumatoid Arthritis
13. Radiologic-Pathologic Correlation of Bony Sarcoidosis
14. The Radiographic Spectrum of Skeletal Metastases
15. Skin and Bones - Discussion of Various Diseases with Bone Cutaneous and Skeletal Manifestations
16. Neuropathic Osteoarthropathy
17. Musculoskeletal MRI
18. Bone Lesions of the Calvarium
19. So You Think You Know All The Diseases That Can Affect The Hip?
20. Case Seminars in Skeletal Radiologic-Pathologic Correlation
21. The Importance of MR in Disease Affecting the Shoulder and Knee

Cardiovascular Topics:

1. Fundamental Approach to Cardiovascular Radiology
2. Vascular Rings, Slings and Things
3. Situs and the Cardiac Apex
4. Atrial Septal Defects and Anomalous Pulmonary Venous Return
5. Ventricular Septal Defects, Patent Ductus Arteriosus, and Miscellaneous Left to Right Shunts
6. Truncus Arteriosus
7. Transposition of the Great Arteries and the Transposition Complex
8. Congenital Heart Lesions Causing Decreased Pulmonary Blood Flow
9. Surgical Correction of Congenital Heart Disease
10. Where is the Catheter?
11. Syndromes Associated with Congenital Heart Disease
12. Coronary Artery Anatomy
13. Echocardiography for the Radiologist
14. Case Seminars in Cardiovascular Radiologic-Pathologic Correlation

Miscellaneous Didactic Topics:

1. Masses of the Mediastinum
2. The Concept of Radiologic-Pathologic Correlation: Review of a Forty-Year Experience
3. The AFIP Approach to the Analysis of Images: An Experience Spanning Over 40 Years - With Special Emphasis on Musculoskeletal Lesions

EDUCATIONAL COURSE FACULTY PARTICIPATION: (Total-71)

1. Walter Reed Army Medical Center
AMEDD Diagnostic Radiology Symposium
Washington, D.C. 20307-5001
27-29 May 1981
2. Seminar in Gastrointestinal Radiology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
May 1982
3. Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Radiologic Pathology Course, Faculty (August 1982 - Present)

August 1982 - June 1990

As of June 1990, participated in 40 Radiologic Pathology
Courses attended by approximately 4650 Radiology Residents.

The course was six weeks in duration and was conducted six times per year with a yearly enrollment of approximately 800 Radiology residents. The attendees included all radiology residents in Military Training Programs (Army, Navy and Air Force). The remaining residents represented more than 200 universities and hospitals from across the United States and Canada as well as some programs from Europe and South America. Course attendees now include "second generation attendees", i.e., the sons and daughters of radiologists who were former "graduates" of the course during their own radiology residency. Due to the popularity, the courses are fully subscribed two years in the future. Number of didactic lecture hours per course provided by Dr. Moser varied from 19-28, according to faculty staffing in the Department of Radiologic Pathology. Including both long and short courses, during 1989 the Department of Radiologic Pathology provided approximately 21,000 man-days of educational training to radiologists and other physicians who attended our courses. These six week courses afforded the opportunity for enormous national exposure.

4. Seminars in General Diagnostic Radiology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
6-10 December 1982

5. Seminar in General Diagnostic Radiology
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
11-15 April 1983
6. First Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Silver Spring, Maryland 20910
2-5 May 1983
Course Director - 28 credit hours in Category 1 for the
American Medical Association's Physicians Recognition Award
and in Category 2D by the American Osteopathic Association
(20 of 28 lecture hours provided by Dr. Moser).
7. Walter Reed Army Medical Center
AMEDD Diagnostic Radiology Symposium
Washington, D.C. 20307-5001
25-27 May 1983
8. Seminar in General Diagnostic Radiology
Sponsored by AFIP, ARP
Holiday Inn
Silver Spring, Maryland 20910
26-30 September 1983
9. Weekly Professional Staff Conference
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
November 1983
10. Orthopaedic Pathology Conference
Sponsored by AFIP, ARP
National 4H Center
Bethesda, Maryland 20814
2 February 1984
11. Radiologic-Pathologic Concepts in Diagnostic Radiology
Sixth Annual Meeting of the Radiologic Alumni of the AFIP
Orlando, Florida 32802
1-4 March 1984

12. Second Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
24-27 April 1984
Course Director - Twenty-two credit hours in Category 1 for the American Medical Association's Physicians Recognition Award and in Category 2D by the American Osteopathic Association.
13. Seminar in Pulmonary and Mediastinal Diagnosis
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
10-13 September 1984
14. Seminar in General Diagnostic Radiology
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
17-21 September 1984
15. Orthopaedic Basic Science and Pathology Course for Military Orthopaedic Residents
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Six week course in Orthopaedic Pathology for Orthopaedic Surgery Residents in the Armed Forces of the United States
October 1984
16. Radiological Society of North America
70th Scientific Assembly and Annual Meeting
Washington, D.C. 20001
30 November 1984
17. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
14-15 February 1985
18. Radiologic-Pathologic Concepts in Diagnostic Radiology
7th Annual Meeting of the Radiologic Alumni of the AFIP
Orlando, Florida 32802
21-24 March 1985

19. Third Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
7-10 May 1985
Course Co-Director - including videotapes, showing "motion" of
2D echocardiography, coronary angiography and ventriculography of congenital and
acquired cardiovascular diseases. Twenty-eight credit hours in Category 1 for
the American Medical Association's Physicians Recognition Award and in Category
2D by the American Osteopathic Association (9 of 28 lecture hours provided by
Dr. Moser.)
20. Walter Reed Army Medical Center
AMEDD Diagnostic Radiology Symposium
"Current Concepts in Diagnostic Radiology"
Washington, D.C. 20307-5001
22-24 May 1985
21. Pathologic Basis of Radiologic Diagnosis
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
23-27 September 1985
Course Co-Director
22. Orthopaedic Basic Science and Pathology Course for Military
Orthopaedic Residents
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Six week course in Orthopaedic Pathology for Orthopaedic Surgery
Residents in the Armed Forces of the United States
October 1985
23. Radiological Society of North America
71st Scientific Association and Annual Meeting
Refresher Course Faculty, Refresher Course No. 204
Chicago, Illinois 60521
November 1985
24. American Osteopathic College of Radiology
Winter Meeting in Cancun, Mexico
16-19 January 1986
25. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
January 1986

26. Radiologic-Pathologic Concepts in Diagnostic Radiology
8th Annual Meeting of the Radiologic Alumni of the AFIP
Orlando, Florida 32802
6-9 February 1986
27. Fourth Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
5-9 May 1986
Course Co-Director - including videotapes showing "motion" of 2D echocardiography, coronary angiography and ventriculography of congenital and acquired cardiovascular diseases. Twenty-eight credit hours in Category 1 for the American Medical Association's Physicians Recognition Award and in Category 2D by the American Osteopathic Association (9 of 28 lecture hours provided by Dr. Moser).
28. Letterman Army Medical Center
Present Concepts in Diagnostic Radiology
AMEDD Conference
Presidio of San Francisco, California 94129
20-23 May 1986
29. Orthopaedic Basic Science and Pathology Course for Military Orthopaedic Residents
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Six week course in Orthopaedic Pathology for Orthopaedic Surgery Residents in the Armed Forces of the United States
October 1986
30. Seminar in Pulmonary and Mediastinal Diagnosis
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
6-9 October 1986
31. Radiological Society of North America
72nd Scientific Assembly and Annual Meeting
Refresher Course Faculty, Refresher Course No. 604
Chicago, Illinois 60521
December 1986
This course was selected by E. Robert Heitzman, M.D., Editor, Education Materials, RSNA, for conversion to an audiovisual program and subsequent inclusion in the RSNA audiovisual library and became RSP (Radiology Study Program) #136 (85 minutes), 2 3/4" cassettes, 270 slides.
32. Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
1-12 December 1986

33. 25th Annual International Radiology Seminar
Sponsored by the Department of Radiology of Mount Sinai
Medical Center, Miami Beach, Florida
Ocho Rios, Jamaica
10-15 January 1987
34. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
February 1987
35. Gross Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
February 1987
36. Fifth Annual Cardiovascular Radiology Review Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
4-8 May 1987
Course Co-Director - including videotapes showing "motion" of 2D echocardiography, coronary angiography and ventriculography of congenital and acquired cardiovascular diseases. Twenty-eight credit hours in Category 1 for the American Medical Association's Physicians Recognition Award and in Category 2D by the American Osteopathic Association (8 of 28 lecture hours provided by Dr. Moser).
37. Walter Reed Army Medical Center
18th Annual AMEDD Diagnostic Radiology Symposium
"Current Concepts in Diagnostic Radiology"
Washington, D.C. 20307-5001
19-21 May 1987
38. Walter Reed Army Medical Center
Department of Radiology
"Mock Boards for Senior Residents" - Cardiovascular Examiner
Washington, D.C. 20307-5001
May 1987
(No CME Credit)
39. George Washington University School of Medicine
Department of Radiology
"Mock Boards for Senior Residents" - Cardiovascular Examiner
Washington, D.C. 20307
May 1987
(No CME Credit)

40. Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
September 1987
41. Orthopaedic Basic Science and Pathology Course for Military Orthopaedic Residents
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Six week course in Orthopaedic Pathology for Orthopaedic Surgery Residents in the Armed Forces of the United States
October 1987
42. Radiological Society of North America
73rd Scientific Assembly and Annual Meeting
Refresher Course Faculty, Refresher Course No. 404
Chicago, Illinois 60521
December 1987
43. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
25-29 January 1988
44. Naval Medical Command, National Capital Region
Department of Radiology
"Mock Boards" - Cardiovascular Examiner
Bethesda, Maryland 20814
April 1988
(No CME Credit)
45. 1988 Annual Seminars of the AFIP
Sponsored by AFIP, ARP
Crowne Plaza Holiday Inn
Rockville, Maryland 20852
11-13 May 1988
46. 5th Bi-Annual Meeting of Spanish Military Radiologists
Mediterranean Naval Hospital
Cartagena, Spain
29 May - 1 June 1988
(No CME Credit since documentation and accumulation of Continuing Medical Education Credits are not requirements for Spanish Physicians)

47. Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
September 1988
48. Weekly Professional Staff Conference
Armed Forces Institute of Pathology
Washington, D.C.
12 October 1988
49. Radiological Society of North America
74th Scientific Assembly and Annual Meeting
Refresher Course Faculty, Refresher Course No. 507
Chicago, Illinois 60521
27 November - 2 December 1988
50. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
23-27 January 1989
51. Pathology of Congenital Heart Disease Course
Sponsored by the Department of Cardiovascular Pathology
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
May 1989
52. Radiological Society of North America
75th Scientific Assembly and Annual Meeting
Monitor, Works in Progress Session - By Invitation
Chicago, Illinois 60521
29 November 1989
53. Orthopaedic Pathology Course
Sponsored by AFIP, ARP
Holiday Inn
Bethesda, Maryland 20814
22-26 January 1990
54. Sophomore Medical Student Pathology Course
Musculoskeletal Section
Penn State University
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
2 April 1990

55. "Mock Boards" for Senior Radiology Residents from Geisinger Medical Center
Category - Bone
Session conducted at the Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
10 May 1990
56. Sophomore Medical Student Pathology Course
Musculoskeletal Section
Penn State University
The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
10 April 1991
57. "Mock Boards" for Senior Radiology Residents from Geisinger Medical Center
Categories - Bone and Cardiovascular
Session conducted at the Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
13 May 1991
58. Second Annual AFIP -- Spanish Radiologic Pathology Course
Madrid, Spain
June 1991
(This course was attended by 480 attending and resident radiologists from across Spain and Portugal)
59. "Surface Lesions of Bone"
18th Annual Meeting of the International Skeletal Society (ISS)
San Diego, California
25 September 1991
60. "Musculoskeletal Tumors: CT and MRI"
19th Annual Meeting of the International Skeletal Society (ISS)
Stockholm, Sweden
August 26, 1992
61. "Diseases with Cutaneous and Skeletal Manifestations"
"Giant Cell Tumors"
Organ Imaging Review 1992
Toronto, Canada
September 16, 1992
62. "Skin and Bones"
The Second Annual Armed Forces Institute of Pathology Course:
Radiologic Pathologic Correlation
Lake Buena Vista, Florida
October 14, 1992

63 "Bone Tumors"

Invited Panelist: Interesting Case/Film Reading Conference
25th International Diagnostic Course in Davos
Davos, Switzerland
27 March - 2 April 1993

64. "Radiologic - Pathologic Correlation of Bone Tumors"

American Roentgen Ray Society
93rd Annual Meeting
San Francisco, California
25-30 April 1993

65. "Bone Tumors"

26th International Course in Davos
Davos, Switzerland
20-25 March, 1994

66. "The Utility of CT in Assessing Musculoskeletal Tumors"

American Roentgen Ray Society
94th Annual Meeting
New Orleans, Louisiana
25-29 April, 1994

67. "Bone Tumors"

27th International Course in Davos
Davos, Switzerland
April, 1995

68. "Radiologic Assessment of Bone Tumors and Tumor-Like Processes"

First Annual Musculoskeletal Imaging Weekend
Course Sponsors: Armed Forces Institute of Pathology
American Registry of Pathology
Washington, D.C. 20306-6000
20-21 May 1995

69. "First Annual Orthopaedics Program for Primary Care Physicians"

The Hershey Lodge and Convention Center
Hershey, Pennsylvania 17033
9-10 May 1997

70. "Musculoskeletal Tumors - Osseous"

"Musculoskeletal Tumors - Cartilaginous"
Radiology at the Doral
Joint Presentation by Faculty from:
Pennsylvania State University and
University of California, Irvine
Miami, Florida
26 February - 1 March 2001

71. "Mock Boards" for Senior Radiology Residents from The Milton S. Hershey Medical Center,
Geisinger Medical Center, and the Reading Hospital
Category - Bone
Session conducted at The Milton S. Hershey Medical Center
Hershey, Pennsylvania 17033
5 May 200

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.

Plaintiff, :

v.

CINDY NADVIT, :

Defendant. :

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant's Pre-Trial Memorandum in the above-captioned matter was mailed by U.S. First Class Mail, postage prepaid, on this 2nd of April, 2003, to the attorney/party of record:

James B. Cole, Esquire
Stokes, Lurie, Cole & Hens-Greco, P.C.
2100 Law & Finance Building
Pittsburgh, PA 15219
(412) 391-0800

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: _____

James M. Horne, Esquire
I.D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

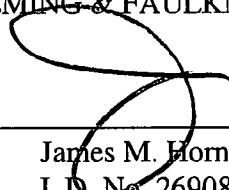
TRACY YARGER, : No. 00-1322-C.D.
:
Plaintiff, :
:
v. :
:
CINDY NADVIT, :
:
Defendant. :
:

CERTIFICATE OF SERVICE

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James B. Cole, Esquire
Stokes, Lurie, Cole & Hens-Greco, P.C.
2100 Law & Finance Building
Pittsburgh, PA 15219
(412) 391-0800

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: 
James M. Horne, Esquire
I.D. No. 26908
Chena L. Glenn-Hart, Esquire
I.D. No. 82750
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant



MCQUAIDE BLASKO

811 University Drive, State College, Pennsylvania 16801-6699
Additional offices in Hershey and Hollidaysburg

ATTORNEYS AT LAW

(814) 238-4926 FAX (814) 234-5620
www.mcquiaideblasko.com

(P)

April 2, 2003

David S. Meholic, Court Administrator
Clearfield County Courthouse
P.O. Box 549
1 North Second Street
Clearfield, PA 16830

RECEIVED

APR 03 2003

COURT ADMINISTRATOR'S
OFFICE

Re: Yarger v. Nadvit, No. 00-1322-CD

Dear Mr. Meholic:

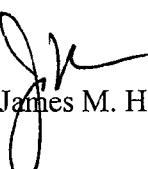
Enclosed please find Defendant's Pre-Trial Memorandum, together with Certificate of Service for filing in the above-referenced matter.

Thank you for your attention to this matter.

Very truly yours,

McQUAIDE BLASKO

By:


James M. Horne

JMH/sap
Enclosures

cc/Enc.: James B. Cole, Esquire
G. Hugh Givens, Claim Specialist (#38-J107-189)

:\ODMA\PCDOCS\DOCSLIB2\193228\13

McQUAIDE, BLASKO, SCHWARTZ, FLEMING & FAULKNER, INC.

State College Office: John W. Blasko Thomas E. Schwartz R. Mark Faulkner David M. Weixel Steven S. Hurvitz James M. Horne Wendell V. Courtney Darryl R. Slimak Mark Righter Daniel E. Bright
Paul J. Tomeczuk Janine C. Gismondi John A. Snyder April C. Simpson Allen P. Neely Pamela A. Ruest Katherine V. Oliver Katherine M. Allen
Wayne L. Mowery, Jr. Ashley Himes Kranich Chena L. Glenn-Hart Richard K. Laws John H. Taylor Livinia N. Jones Cristin R. Barnes
Hershey Office: Grant H. Fleming Maureen A. Gallagher Charles Eppolito, III Michael J. Mohr Jonathan B. Stepanian
Hollidaysburg Office: Thomas M. Reese

John G. Love (1893-1966) Roy Wilkinson, Jr. (1915-1995) Delbert J. McQuinide (1936-1997)

LAW OFFICES
RIE COLE & HENS-GRECO, P.C.

(R)

2100 LAW AND FINANCE BUILDING
429 FOURTH AVENUE
PITTSBURGH, PA 15219-1593

Of Counsel

HERBERT M. LURIE

TELEPHONE: (412) 391-0800

FAX: (412) 391-2183

April 2, 2003

David S. Meholic
Court Administrator of Clearfield County
Clearfield County Courthouse
230 E. Market Street
Clearfield, PA. 16830

RE: Tracy Yarger v. Cindy Nadvit
No. 00-1322 CD

Dear Mr. Meholic:

Enclosed for filing in the above captioned matter is the Plaintiff's Supplemental Pre-Trial Statement.

Very truly yours,

James Cole

James B. Cole

JBC/ad
Enclosure
cc: James M. Horne, Esquire

RECEIVED

APR 04 2003

COURT ADMINISTRATOR'S
OFFICE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER,

: No. 00-1322-C.D.

Plaintiff,

: TYPE OF PLEADING:
Praecipe to Enter Judgment

v.

CINDY NADVIT,

: TYPE OF CASE: CIVIL
: FILED ON BEHALF OF:
DEFENDANT

Defendant.

: COUNSEL OF RECORD FOR
: FOR THIS PARTY:
: JAMES M. HORNE, ESQ.
: I.D. NO. 26908
: McQUAIDE, BLASKO, SCHWARTZ,
: FLEMING & FAULKNER, INC.
: 811 University Drive
: State College, PA 16801
: PH# (814) 238-4926
: FAX#(814) 238-9624

FILED

APR 22 2004

2:30
William A. Shaw

Prothonotary/Clerk of Courts

1 copy to Atty

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.

Plaintiff, :

v. :

CINDY NADVIT, :

Defendant. :

PRAECIPE TO ENTER JUDGMENT

TO THE PROTHONOTARY:

A jury verdict having been entered in favor of the Defendant in this matter on Wednesday, March 31, 2004, and the time period for the filing of a Motion for Post-Trial Relief having expired, kindly enter judgment in this matter in favor of the Defendant, Cindy Nadvit, and against the Plaintiff, Tracy Yarger.

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

Dated: April 21, 2004

By: James M. Horne
James M. Horne, Esquire
I.D. No. 26908
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.
:
Plaintiff, :
:
v. :
:
CINDY NADVIT, :
:
Defendant. :
:

JUDGMENT

AND NOW, this 22nd day of April, 2004, upon Praecept
of Defendant, Judgment is hereby entered in favor of the Defendant and against the Plaintiff.



William Shaw, Prothonotary
[SEAL]

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

TRACY YARGER, : No. 00-1322-C.D.

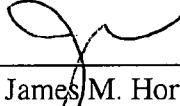
:
Plaintiff, :
:
v. :
:
CINDY NADVIT, :
:
Defendant. :
:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Defendant's Praeclipe for Entry of Judgment in the above-captioned matter was served via U.S. 1st Class Mail, postage prepaid, on this 21 day of April, 2004, to the attorney of record:

James B. Cole, Esquire
Stokes, Lurie, Cole & Hens-Greco, P.C.
2100 Law & Finance Building
Pittsburgh, PA 15219
(412) 391-0800

McQUAIDE, BLASKO, SCHWARTZ,
FLEMING & FAULKNER, INC.

By: 

James M. Horne, Esquire
I.D. No. 26908
Katherine V. Oliver, Esquire
I.D. No. 77069
811 University Drive
State College, PA 16801
(814) 238-4926

Attorneys for Defendant