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ANNE MCCINE, ADMINISTRATOR

August 9, 2001

David G.W. Belden, Esquire Farrell, Fraulob & Brown P.O. Box 160467 Sacramento, CA 95816-0467

RE:

BEARD, TOM G.

EMP:

S.J. County

DOI:

5-25-95

CLM:

6201500

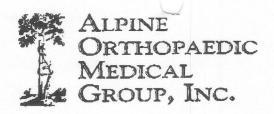
Dear Mr. Belden:

As you are aware, I have been treating Mr. Beard for several years in regards to problems related to his left knee chondromalacia and prior medial meniscal tear status post medial meniscectomy.

As you are aware, with his very heavy weight both knees are at significant risk. His right knee has worsened over time. He has had more complaints with his right knee as well as his left. I do believe favoring the left knee placed greater stress on the right knee, in addition to the non-industrial factor of his obesity which contributes to degeneration of the articular cartilage. There is osteoarthritis of his medial compartment and joint space narrowing of the right knee noted on most recent x-rays of November 6, 2000, unchanged from 1999 films which showed mild osteoarthritis of the medial compartments of both knees.

Hence, his knee disability has resulted in an aggravation and overuse of the right knee with his increased level of complaints and discomfort. The patient may, in fact, have a degenerative medial meniscal tear of the right knee, although this has not been definitively determined on the MRI scan up to this point. It is my understanding that his left knee has been accepted by the work comp carrier, but the right knee has not.

The patient will follow-up in the office sometime in the next month or so for his routine laboratory workup to monitor renal, hepatic, or hematologic toxicity to the use of Celebrex as an anti-inflammatory agent.



RE: BEARD, TOM

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August 9, 2001

If you have further questions, please notify me at my office.

Sincerely yours,

Edward L. Cahill, M.D.

ELC/jaq

D: 8-9-01 / TR: 8-9-01

cc: Bragg & Associates