

December 6, 2007

Frederic W. Bost, M.D.  
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**RE: MAX CONSERVA**

Dear Ric,

I had the pleasure of seeing Max Conserva in my office on December 6, 2007 for a very complex problem involving his right lower extremity.

As you know, he sustained a traumatic injury to his right leg when he was struck by a car and dragged, whereupon he essentially had a lawnmower type injury to his right knee. He subsequently had growth arrest of his lateral femoral condyle and tibial plateau. He has had multiple surgeries as well as skin grafts. The majority of his care was at Los Angeles Children's Hospital, and he actually underwent Ilizarov lengthening for a leg length discrepancy.

At this time, he wears a custom type brace to prevent his knee from going into a more valgus posture. He is quite active in terms of sports such as snowboarding.

On physical examination, he has a valgus posture to his lower extremity of approximately 15° which worsens to 40°. He has a complex deformity from the standpoint that his knee does not pivot in a hinge-like fashion but actually externally rotates as well. The patella does not have a femoral trochlea to articulate with and therefore goes into a significant valgus posture.

He is concerned about future treatment, and I felt that perhaps a realignment procedure would be appropriate to allow subsequent knee replacement surgery. Of course, this would be postponed for at least the next 10-20 years. If, however, he becomes symptomatic, perhaps a realignment procedure would be appropriate.

An AP alignment view from his hips to his ankles demonstrates a mechanical axis which does not even come close to passing through the knee joint.

The majority of his questions were answered. I did feel that perhaps a thin-slice CT scan with three dimensional reformations would be appropriate to really get a better idea as to what is absent.