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**INDEPENDENT MEDICAL EVALUATION (IME)
 PERFORMED ON SULEIMAN ABDULLAH SALIM
 MARCH 9, 2017**

Report of Joseph Zuckerman, M.D. for Mr. Suleiman Abdullah Salim

This IME was performed at the Intercontinental Johannesburg Sandton Towers Hotel in Johannesburg, South Africa. The IME began at 1300H and was completed at 1450H. In addition to myself and Mr. Salim, two interpreters were present. One interpreter was engaged by defense counsel to provide interpretation services; a second interpreter, engaged by Plaintiffs' counsel, was also present throughout the IME and at times assisted in interpretation. I am being compensated at the rate of \$ 600.00 per hour for my work in this matter.

In preparation for the IME I reviewed the following materials:

1. Plaintiffs' Complaint
2. Dr. Sondra S. Crosby, M.D. Medio-Legal Report – May 2010
3. Dr. H. Ibrahim Sertel, M.D. Medico-Legal Report – February 8, 2016
4. Kituyi Psych Counseling Evaluation
5. Collection of Salim and Ben Soud interview transcripts from Plaintiffs' production
6. Ben Soud Left Foot X-Ray and Audiometry Report
7. Expert report of Matthew Friedman, M.D., Ph.D.
8. Expert report of Charles A. Morgan, III, M.D., M.A.
9. Expert report of Sondra S. Crosby, M.D.
10. Expert report of Brock Chisholm, Bsc (Hons), Msc, Dclin (psych) CPsychol AFBPsS
11. Plaintiff Salim's Objections and Responses to Defendants' Interrogatories, dated November 28, 2016
12. Detainees Health and Medical Record Summary August 16, 2008 (translation)

It should be noted that the history taking portion of the IME focused on Mr. Salim's current symptoms with respect to the musculoskeletal system. There was no discussion of specific events that occurred prior the date of the IME other than as it related to the patient's activities on a daily basis.

HISTORY

Mr. Salim is a 44 year old male. Specific questions were asked based upon symptoms that have been described in the records previously reviewed. The first area of questioning related to the right hand and, specifically, the fourth and fifth digits where he has indicated ongoing limitations. Mr. Salim indicated he was right handed. As a result of continuing problems with the right hand he reported difficulty with his work activity which specifically involves working on a fishing boat. He reported that pulling the ropes tied to the nets can become problematic because he is unable to grab the rope and generate the force necessary to consistently pull the nets. He also described some numbness involving the fourth and fifth digits. He indicates that writing and eating are performed without limitations. With respect to his personal hygiene, he

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has some difficulty using the right hand to wash himself while showering. In addition, activities like washing clothes can be somewhat difficult. He denies any problems related to the left hand.

Mr. Salim has reported musculoskeletal pain involving the upper back shoulders and arms. Based upon the questioning, he described pain about the mid portion of the upper back that at times can be located on the right side and other times on the left side and between the shoulder blades. This can result in some difficulty sleeping. He finds that massage to this area can be beneficial. He describes pain that develops with two specific activities. The first is related to his work activity on the fishing boat which can involve both sitting and standing positions. He finds that when he is sitting for a long period of time and bending forward the pain can develop. Pulling the ropes on the boat can also increase discomfort about the upper back area. When these episodes occur, he has "a few days of pain" and then his symptoms resolve. He continues to work on the fishing boat during this time. His work activity on the fishing boat is generally weather and season dependent. In general, he works either from 6:00 pm to 6:00 am or from midnight through the following day. He denies numbness and tingling in the upper extremities other than the numbness in the fourth and fifth digits as described. Mr. Salim denies any symptoms or limitations associated with the right or left elbow or the right or left shoulder.

Mr. Salim has also described "musculoskeletal pain of the jaw". He describes pain about the jaw primarily when "chewing hard things". He describes it both on the right and left sides of the jaw and finds that with chewing activity he fatigues easily. He also has discomfort with laughing. He is aware of a clicking sensation but does not describe the jaw as "getting stuck". His primary feeling is that the jaw fatigues easily.

With respect to musculoskeletal pain of the lower back and right sided sciatica, Mr. Salim provided the following information. He describes low back pain that occurs when bending forward. He finds that he has to stand up slowly from a sitting position to avoid discomfort about his lower back. He has discomfort in this area with his fishing work activity. When he develops discomfort about the lower back, he has to lie on the floor for the symptoms to improve. When these symptoms are present, he avoids sleeping on a mattress because he is more comfortable on a harder surface. He reports that the discomfort about his lower back is not as significant as the discomfort he reports about his upper back. He also describes occasional pain that radiates into the left lower extremity. When asked repeatedly about related right lower extremity symptoms, he denied this to be an issue. Rather he continued to report some left lower extremity symptoms. This occurs less frequently than every week and there could easily be one to two months in between episodes. When the pain occurs it radiates to the distal portion of his leg but not into the foot. He does not feel it is associated with numbness or tingling of the left lower extremity.

Specific questions were asked as to whether Mr. Salim experienced any symptoms about the hips, the left knee, ankles or feet and the response to these questions was no.

With respect to "musculoskeletal pain of the right knee", Mr. Salim reported that he has two specific problems with the right knee. He finds that when he is walking it can get "stuck". When this occurs, flexion-extension type movement will resolve the problem. This is something that occurs on a daily basis. He is also aware of a "cracking" sensation about the right knee but this is not associated with discomfort. He also reports that he has had three episodes since 2008 in

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which he feels like the right knee "dislocates". When this occurs, he falls and experiences intense pain that resolves after seven to ten minutes. He has been using a knee brace after these episodes and after wearing for three days, the symptoms generally resolve. With respect to the right knee, the second problem he describes are episodes of swelling. These can occur without any specific injury or precipitating activity. When the swelling occurs it is very painful and he has difficulty walking. He reports that these episodes occur about once per year. He reports that when he uses a knee brace and exercises the symptoms will eventually resolve. He did go to the hospital on one occasion, and had the knee aspirated. He reports that fluid was removed that was "whitish" in color. With respect to the use of a knee brace, he generally uses it more frequently if he is experiencing any discomfort. This can be quite variable. He reports being able to go for three months without using the brace and then an episode will occur which will require the use of the brace for a few days. When asked if whether the right knee problems interfere with his work on the fishing boat, he reports that he was generally "ok" with his work activity.

At the conclusion of the history, I asked Mr. Salim whether there "are there any other areas you would like to tell me about". In response to this question he described a problem with his nose in which the left nostril gets "blocked a lot". When he is in bed he avoids covering his head with the bed sheet because he is concerned about his breathing. He also reports that his eyes can get very itchy and he is very sensitive to the sun and bright lights. He also describes episodes of headache and pain about both ears, more so about the left than the right.

PHYSICAL EXAMINATION

It should be noted that physical examination of Mr. Salim was performed with his shirt, shoes and socks removed. He was able to pull his pants up above the knee for examination of the knee, leg ankle and foot. Mr. Salim was not asked to disrobe further than described.

Physical examination showed a healthy appearing middle aged male in no acute distress. Examination was first directed to the cervical spine. There was no evidence of swelling, deformity or muscular atrophy. There was no tenderness on palpation about the spinal or paraspinal region. Range of motion for flexion, extension and rotation to the right and left as well as side bending to the right and left was symmetric. There was no evidence of limitation of range of motion. With cervical spine flexion, the patient described pain about the upper portion of his back in the interscapular region. With right lateral bending, he also described pain about the upper back area.

Neurologic examination of both upper extremities included testing of deep tendon reflexes and motor and sensory testing. This was intact and symmetric with the exception of findings about the right fourth and fifth digits which will be described later in the physical exam. Examination of the lower jaw and temporomandibular joints did not show limitation of range of motion on mouth opening. There was no crepitus or clicking about the left and right temporomandibular joint area.

Examination of the right shoulder did not show swelling, deformity or muscular atrophy. There was no tenderness on palpation. Range of motion showed forward elevation of 170