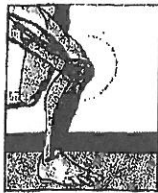


EXHIBIT “D”

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**Wilson
Orthopaedics**

Orthopaedic Surgery
Reconstructive Surgery
Sports Medicine

Arnold B. Wilson, MD FAAOS
Board Certified Orthopaedic Surgeon

Assistant Clinical Professor of Orthopedic Surgery
Albert Einstein College of Medicine
Attending Physician NYU Hospital for
Joint Diseases
Attending Physician Montefiore Medical Center

June 23, 2013

Law Firm of Hallock & Malerba
334 Deer Park Avenue
Babylon Village, New York 11702

Re: Geoffrey MacKenzie

Dear Sirs:

As per your request, I am providing you the following summary on my patient, Geoffrey MacKenzie.

Mr. MacKenzie is a 51-year-old gentleman who first came under my care in July, 2012.

At the time of his initial evaluation, he was seen for evaluation of multiple injuries he sustained as a result of a motor vehicle accident on February 14, 2009. The accident occurred when he was driving his car and was struck by an oncoming vehicle. During this accident, his knees struck the dashboard and he also injured his neck and lower back.

Following the accident, he received a comprehensive evaluation in the emergency room.

Subsequently, he was seen and evaluated by Dr. Scott Haig, an orthopaedic surgeon. Dr. Haig evaluated him for injuries he sustained to his right knee, neck, and lower back. He received anti-inflammatories and a comprehensive course of physical therapy.

During my initial evaluation he complained of pain in his right knee and neck. His lower back pain had shown significant subsidence.

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Geoffrey MacKenzie

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During my initial evaluation, his right knee exhibited diffuse tenderness about the medial and lateral aspects of the joint line. He exhibited a stable range of motion and was able to range from full extension with flexion to 120 degrees. I examined his neck and noted he had tenderness to palpation in the cervical region with restrictions in range of motion. He exhibited normal motor strength.

X-rays/MRI: X-rays were taken on July 23, 2012. An x-ray of the right knee showed no bony abnormalities and showed normal alignment. X-rays of the neck showed no focal abnormalities.

An MRI of the right knee was performed on March 4, 2009. This MRI was significant for showing tears of the medial and lateral menisci as well as showing evidence of chondromalacia patella. An MRI of the LS spine was performed on January 25, 2010, significant for showing a broad-base disk herniation at L4-L5. A disk herniation was also present at L5-S1.

Following my initial evaluation, I recommended undergo arthroscopic surgery to his right knee.

This surgery was performed on October 15, 2012 at Westchester Square Medical Center. During surgery, he was found to have tears of the medial and lateral menisci. He had an inflamed synovium and had evidence of chondromalacia patella.

Surgery consisted of a medial and lateral menisectomies and resection of synovial tissue.

Following surgery, he was closely followed in my office. A comprehensive course of physical therapy was prescribed. He was given analgesic pain and anti-inflammatory medication.

Following surgery, he had an uneventful recovery and experienced significant pain relief.

He was last seen and evaluated in my office on June 13, 2013. At this time, he was having intermittent complaints of pain in his right knee. He was having difficulty with exercise and getting up from a seated position. He had been unable to return back to any sports participation including jogging. In addition, he continued to complain of pain in his neck and lower back.

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Physical Examination: Physical examination performed on June 13, 2013. Right knee, well-healed surgical sites, minimal joint line tenderness, some patellofemoral tenderness, some quad atrophy and quad weakness. Range of motion, full extension with flexion to 125. Examination of lower back showed tenderness to palpation about the lumbosacral junction and good ability to straight leg raise. Examination of neck showed mild tenderness about the lower cervical region, some restrictions in range of motion with flexion to 20, extension to 25, good side-to-side motion, normal strength throughout both upper extremities.

Assessment/Summary: This is a 51-year-old gentleman who sustained multiple injuries as a result of a motor vehicle accident. Following the accident, he received a comprehensive course of physical therapy and anti-inflammatory medication. An MRI of the LS spine showed disk herniations at L4-L5 and L5-S1. An MRI of the right knee showed tearing of the medial and lateral menisci and evidence of chondromalacia patella. In light of his persistent pain, he required arthroscopic surgery. Surgery consisted of a partial medial and lateral meniscectomy as well as resection of synovial tissue. Following surgery, he continues to have intermittent complaints of pain in his right knee. He has had difficulty returning back to activities of daily living and is unable to participate in sports. In addition, he continues to have complaints of pain in his neck and lower back.

His prognosis for further recovery is guarded.

All of the injuries he sustained to his right knee, neck, and lower back are causally related to the accident of February 14, 2009.

In the future, he will likely require intermittent anti-inflammatory medication along with physical therapy.

As a result of this accident, he is at risk for posttraumatic arthritis of his right knee. Arthroscopic surgery showed some loss of articular cartilage about the patellofemoral joint. Should this posttraumatic arthritis worsen, he may eventually require repeat arthroscopic surgery and may ultimately require joint replacement surgery at an unusually young age.

Should he require further surgery, it is anticipated he will require further physical therapy and anti-inflammatory medication.

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In addition, the previous MRI showed disk herniations at L4-L5 and L5-S1. If the pain about his lower back persists, he may require further treatment. Specifically, he may benefit from pain management and epidural steroid injections.

Ultimately, if the pain is not controlled, he may require surgical intervention to his back.

Commonly, spinal surgery results in a prolonged period of disability. He will require further physical therapy, analgesic pain medication, and anti-inflammatories.

As a result of this accident, he has sustained permanent injuries to his right knee, neck, and lower back.

Please do not hesitate to contact me should you have any questions regarding my care and/or evaluation of Mr. MacKenzie.

All of the aforementioned statements are true to the best of my knowledge. They are based on an interview with the patient and a comprehensive review of medical records.

I further certify that I am a board certified orthopaedic surgeon licensed to practice medicine in the State of New York.

Sincerely,

Arnold B. Wilson, M.D.

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