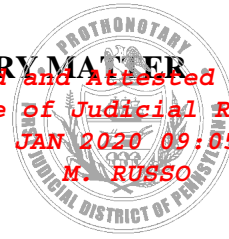


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**THIS IS A MAJOR JURY MATTER**  
Filed and Attested by the  
Office of Judicial Records  
02 JAN 2020 09:55 am  
M. RUSSO



Attorney for Plaintiff

**EDDIE PARKS**  
2210 S. Croskey Street  
Philadelphia, PA 19145

Plaintiff,

v.

**TEMPLE UNIVERSITY HOSPITAL, INC. d/b/a  
TEMPLE UNIVERSITY HOSPITAL,  
TEMPLE HEALTH, TEMPLE UNIVERSITY HEALTH  
SYSTEM, and/or TEMPLE UNIVERSITY PHYSICIANS**  
3509 N. Broad Street, 9<sup>th</sup> Floor  
Philadelphia, PA 19140

and

**TEMPLE UNIVERSITY HEALTH SYSTEM, INC. d/b/a  
TEMPLE UNIVERSITY HEALTH SYSTEM, TEMPLE  
UNIVERSITY HOSPITAL, and/or TEMPLE HEALTH**  
3509 N. Broad Street, 9<sup>th</sup> Floor  
Philadelphia, PA 19140

and

**TEMPLE PHYSICIANS, INC. d/b/a TEMPLE  
UNIVERSITY PHYSICIANS, TEMPLE UNIVERSITY  
PHYSICIANS, INC., and/or TEMPLE UNIVERSITY  
PHYSICIANS AND SURGEONS, INC.**  
3509 N. Broad Street, 9<sup>th</sup> Floor  
Philadelphia, PA 19140

and

**MATTHEW LOREI, MD**  
c/o Temple University Hospital, Inc.

and

**MAURA SAMMON, MD**  
c/o Temple University Hospital, Inc.

and

**PHILIP MATTHEW, PA**  
c/o Temple University Hospital, Inc.

Defendants.

**IN THE COURT OF  
COMMON PLEAS  
PHILADELPHIA  
COUNTY**

**JUNE TERM, 2019**

**NO. 5457**

**JURY TRIAL  
DEMANDED**

**NOTICE TO DEFEND**

NOTICE	AVISO
You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this	Le han demandado a usted en la corte. Si usted quiere defenderse de estas demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo

complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

*You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out where you can get legal help.*

**Philadelphia Bar Association  
Lawyer Referral  
and Information Service  
One Reading Center  
Philadelphia, Pennsylvania 19107  
(215) 238-6333  
TTY (215) 451-6197**

al partir de la fecha de la demanda y la notificación. Hace falta ascantar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notificación. Además, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

*Lleve esta demanda a un abogado inmediatamente. Si no tiene abogado o si no tiene el dinero suficiente de pagar tal servicio. Vaya en persona o llame por telefono a la oficina cuya direccion se encuentra escrita abajo para averiguar donde se puede conseguir asistencia legal.*

**Asociacion De Licenciados De Filadelfia  
Servicio De Referencia E Informacion Legal One  
Reading Center, Filadelfia, Pennsylvania 19107  
(215) 238-6333  
TTY (215) 451-6197**

## **FIRST AMENDED CIVIL ACTION COMPLAINT**

### **PRELIMINARY STATEMENT**

1. On December 30, 2018, a cascade of errors started to occur at Temple University Hospital which left Eddie Parks an amputee. The 27-year-old father and nurses aid would arrive to Temple University Hospital after having his leg kicked and would leave the hospital 39 days later after having his leg sliced open, operated on constantly, and amputated through the knee. Eddie came to the hospital with a knee dislocation and popliteal artery injury, and despite the tell-tale signs of the dislocation and serious vascular injury, emergency and orthopedic physicians failed to timely diagnose and treat Eddie's emergent condition causing him to lose his leg. Mr. Parks seeks justice and compensation for the atrocities done to him.



### **PARTIES**

2. Plaintiff, Eddie Parks, is an adult citizen of the Commonwealth of Pennsylvania residing at the above-captioned address.

3. Defendant, Temple University Hospital, Inc. d/b/a Temple University Hospital, Temple Health, and/or Temple University Health System, is a corporation or otherwise defined legal entity duly organized and existing by virtue of the laws of the Commonwealth of Pennsylvania, which at all times relevant hereto owned, maintained, operated and/or controlled a medical

center, hospital and/or critical care center, located at and/or within its principal place of business located at the above captioned-address.

4. Defendant, Temple University Health System, Inc. d/b/a Temple University Hospital, Temple Health, and/or Temple University Health System, is a corporation or otherwise defined legal entity duly organized and existing by virtue of the laws of the Commonwealth of Pennsylvania, which at all times relevant hereto owned, maintained, operated and/or controlled a medical center, hospital and/or critical care center, located at and/or within its principal place of business located at the above captioned-address.

5. Defendant, Temple University Hospital, Inc., and Defendant, Temple University Health System, Inc., shall be collectively referred to as “TUH Defendant.”

6. At all relevant times, TUH Defendant engaged in providing medical care and/or services to patients, including Plaintiff in particular. The claims asserted against these defendants are for the collective and/or individual professional negligence of their actual, apparent and/or ostensible agents, servants and/or employees (including Matthew Lorei, MD, Maura Sammon, MD, Colin Ackerman, MD, Robert Ames, MD, Pauline Farnsworth, MD, Philip Matthew, PA, ) who participated in the care, treatment, management and/or clinical decision making for Plaintiff during his admission until discharge, as more particularly described herein below. The claim against TUH Defendant also includes a direct claim for corporate negligence under Thompson v. Nason, 527 Pa. 330, 591 A.2d 703 (1991), and its progeny of case law, including Welsh v. Bulger, 698 A.2d 581 (Pa. 1997) and Whittington v. Woods, 768 A.2d 1144 (Pa. Super. 2001). Pursuant to Pa. R. Civ. P. 1042.3, a Certificate of Merit as to this defendant is attached hereto.

7. Defendant, Temple Physicians, Inc., d/b/a Temple University Physicians, Temple

University Physicians, Inc., and/or Temple University Physicians and Surgeons, Inc., is a corporation or otherwise defined legal entity duly organized and existing by virtue of the laws of the Commonwealth of Pennsylvania, which at all times relevant hereto owned, maintained, operated and/or controlled a physician's and/or residency practice, located at and/or within its principal place of business located at the above captioned-address.

8. At all relevant times, Defendant Temple Physicians, Inc., engaged in providing medical care and/or services to patients, including Plaintiff in particular. The claims asserted against these defendants are for the collective and/or individual professional negligence of their actual, apparent and/or ostensible agents, servants and/or employees (including Matthew Lorei, MD, Maura Sammon, MD, Colin Ackerman, MD, Robert Ames, MD, and Pauline Farnsworth, MD) who participated in the care, treatment, management and/or clinical decision making for Plaintiff during his admission until discharge, as more particularly described herein below.

9. Defendant, Matthew Lorei ("Dr. Lorei"), is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing and board certified in orthopaedic surgery, who at all times relevant was an agent, ostensible agent, servant, and employee of TUH Defendant and Defendant Temple Physicians, Inc.

10. At all relevant times, Defendant Dr. Lorei was engaged in providing medical care, treatment and/or services to patients at Temple University Hospital, including plaintiff in particular. Plaintiff is asserting a professional liability claim against the aforementioned defendant in connection with his medical management, care, decision making and/or treatment of plaintiff during his admission at Temple University Hospital, as more particularly described herein below. Further, the professional liability claim against defendant also includes the

negligence committed by Defendant's agents, servants and/or employees, including Drs. Ackerman and Ames. A Certificate of Merit as to this defendant is attached hereto.

11. Defendant, Maura Sammon ("Dr. Sammon"), is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing and board certified in emergency medicine, who at all times relevant was an agent, ostensible agent, servant, and employee of TUH Defendant and Defendant Temple Physicians, Inc.

12. At all relevant times, Defendant Dr. Sammon was engaged in providing medical care, treatment and/or services to patients at Temple University Hospital, including plaintiff in particular. Plaintiff is asserting a professional liability claim against the aforementioned defendant in connection with her medical management, care, decision making and/or treatment of plaintiff while he was at the Emergency Department of Temple University Hospital, as more particularly described herein below. Further, the professional liability claim against defendant also includes the negligence committed by Defendant's agents, servants and/or employees, including PA Matthew. A Certificate of Merit as to this defendant is attached hereto.

13. Defendant, Philip Matthew ("PA Matthew"), is a physician's assistant duly licensed to practice medicine in the Commonwealth of Pennsylvania, who at all times relevant was an agent, ostensible agent, servant, and employee of TUH Defendant.

14. At all relevant times, Defendant PA Matthew was engaged in providing medical care, treatment and/or services to patients at Temple University Hospital, including plaintiff in particular. Plaintiff is asserting a professional liability claim against the aforementioned defendant in connection with his medical management, care, decision making and/or treatment of plaintiff while he was at the Emergency Department of Temple University Hospital, as more particularly described herein below. Further, the professional liability claim against defendant

also includes the negligence committed by Defendant's agents, servants and/or employees. A Certificate of Merit as to this defendant is attached hereto.

15. All defendants described herein are (a) each liable to Plaintiff for that portion of the total dollar amount awarded Plaintiff as damages at trial in the ratio of the amount of that defendant's liability to the amount of liability attributed to all defendants and/or (b) are jointly and severally liable to Plaintiff for all damages as described herein in accordance with 42 Pa. C.S.A. §7102(b)(3).

### **VENUE**

16. Venue is properly laid in Philadelphia County as all the medical care at issue was rendered in Philadelphia County. See Pa.R.C.P. 1006(a.1) and 2179(a).

### **FACTS**

17. Plaintiff incorporates by reference the allegations contained in all previous paragraphs as if same were fully set forth herein.

18. Eddie Parks was a 27-year-old male with no significant past medical history.

19. On the evening of December 30, 2018, he was assaulted and kicked in the right leg.

20. Following the assault, Eddie could not bear weight on his right leg and was transported by EMS to the Emergency Department of Temple University Hospital at or around 8:36 PM.

21. The attending physician at the ED of this time was Maura Sammon, MD.

22. In triage, Mr. Parks was noted to be non-ambulatory with 10/10 pain and complaint of "foot feels numb."

23. In the Emergency Department, Mr. Parks was first seen by Defendant Philip Matthew.

24. No physical exam was performed, which would have otherwise led to a timely and proper diagnosis of knee dislocation and concern for a vascular injury.

25. At 8:41 PM, his vitals are Blood Pressure (“BP”) 122/86, Heart Rate (HR) 111 at 8:41 PM.

26. He is given 2 Percocet 5-325mg at 8:53 PM by Defendant Matthew.

27. AP and lateral x-rays of the right knee are ordered at 8:54 PM. Additional views of the knee were ordered (bilateral, oblique, and 2 views of tib-fib) at 9:27 PM due to concern of a high riding patella.

28. The x-rays are not resulted until 10:30pm, but PA Philip Matthew notes at 9:47 PM that Mr. Parks’ symptoms are improved and condition stable.

29. Orders were placed for discharge home, even though Mr. Parks was in immense pain and could not walk, among other things, and his vitals were BP 140/100 (extremely abnormal), HR 87.

30. The discharge order was removed by the PA at 10:00 PM.

31. At around 10:00 PM, a consult to orthopedic surgery “for fracture care” is placed by the PA.

32. The responding PGY-2 resident, Colin Ackerman, MD (“resident”) filed a note at 1:08 AM on December 31<sup>st</sup> regarding his examination of Mr. Parks at or around 10 PM on December 30<sup>th</sup>, stating the patient had pain localized to the R leg and numbness/tingling in R foot but denies any other injuries or history of right lower extremity (“RLE”) injuries.

33. The resident’s note states there was a focused exam of the RLE significant for tenderness over R leg and pain with dorsiflexion of the ankle. Movement of the knee, leg, ankle, and toes were limited secondary to pain, including inability to perform straight leg raise. Sensory to light touch was intact in the deep peroneal nerve distributions, but sensation to sharp in the superficial peroneal and plantar nerve distributions was decreased. The foot was warm with good



cap refill and good DP pulse. Otherwise the RLE exam was unremarkable with soft/compressible compartments and no ecchymosis, edema, deformity, or open wounds. The x-rays were personally reviewed by the resident with no significant findings noted. He documents “compartment pressures were checked at 10:00pm. Blood pressure prior to measuring was 139/90. R leg anterior compartment pressure was 14, Lateral: 26, Superficial: 20, Deep: 26.” The patient was admitted to ortho to monitor compartment pressures for 24 hrs. The case was discussed with the chief resident on call, Robert Ames MD PGY-4.

34. Dr. Ackerman’s exam found several sensory symptoms but did not include manipulation of the leg.

35. No comparative exam of the uninjured leg was done.

36. The injured leg was considerably swollen compared to the uninjured leg.

37. No ankle-brachial index was done.

38. No further imaging was done and Dr. Ackerman denied the need for further imaging.

39. Dr. Ackerman failed to perform a proper physical exam and he failed to note Mr. Parks’ knee dislocation and concern for vascular injury.

40. Between 10:19 PM and 10:28 PM, under orders by the PA, a peripheral IV is started, 15mg Toradol IV given, and CBC and CK collected but not resulted.

41. At 10:30 PM, the x-rays are finally resulted with possibly moderate non-specific suprapatellar effusion and numerous minor post traumatic versus degenerative changes, but no fractures or high riding patella identified. An MRI is recommended “for further evaluation, especially if there is clinical concern for internal derangement.” However, no such testing would be performed.

42. At midnight, there is a change of shift with the outgoing ED attending providing little

direct documentation except vitals BP 87/42, HR 137, R 13 and “Pt seen by me concern for compartment [sic] syndrome clinically. Wbc noted no uri sxs no other complaints no fever no clear source. S/o with plan for ortho eval, likely admission.”

43. Initial bloodwork was resulted at 12:06-12:17 AM on 12/31/18 with abnormal readings of wbc 29.1, rbc 4.47, hgb 12.7, hct 40.0, CK 330.

44. The incoming ED attending, Pauline Farnsworth, MD, updates the records at 12:26 AM with “Pt signed out to me at 12:05am. Pending ortho attending eval. Likely admit for elevated wbc. Per Dr Sammon ROS and exam reveals no source for infection and lower concern for compartment syndrome. Will reeval.” Brief exam notes were added at 12:51am stating “Pt with kick to right calf at 8 pm and now severe pain and numbness with swollen calf. Knee with small effusion but able ROM with pain in calf and minimally ttp. No skin erythema/warmth. No thigh complaints. Good DP on right. Normal temp. My main concern is compartment syndrome. Compartment pressures checked by ortho. Will need to find results. Elevated WBC but at this time no source for infection. I just talked to ortho resident. They agree that there is a concern for elevated pressures in compartment but not yet at a level to bring to the OR. I have discussed with him that this patient will need admission for observation and repeat exams. He is aware of elevated WBC count. He denies need for further imaging. I have made patient NPO. Will start IVF”.

45. A fluid bolus was given at 12:59 AM and Eddie was made NPO.

46. Between 1:07am-1:51 AM, Eddie is finally seen by the orthopedic attending, Dr. Lorei (along with Dr. Ackerman).

47. Per resident Dr. Ackerman, now the compartments were “swollen and firm” and there

was decreased sensation in all nerve distributions as compared to before. Compartment pressures recorded were “BP: 137/80 Stryker R Leg: Ant: 17 Lat: 44 Sup: 20 Deep: 25.” The remainder of the exam was unchanged. The conclusion by the resident was, “evaluation is consistent with compartment syndrome at this time.”

48. Dr. Lorei agreed and added, “On exam, there was no effusion about the right knee. Exam of the knee was somewhat difficult due to the large size of the patient but ligaments appeared stable to exam. There was no gross instability. There was no knee effusion. Distally, he appeared to have good pulses. The foot was warm to the touch and there was good cap refill. He had significant numbness about the dorsum and plantar aspect of the foot. He had modest weakness of both the toe dorsiflexors as well as plantar flexors. His compartments, particularly the superficial posterior were firm, tense and tender. Interestingly, there was no pain with passive stretch.”

49. Now 7 hours since the injury, the patient was taken to the OR for a 4 compartment fasciotomy with incision time of 3:18 AM and out time of 4:31 AM.

50. Intraoperative findings by Dr. Ackerman included, “On elevating the leg for preparation, it was noted that the **right knee was hyperextending roughly 5 degrees**. It did not appear that he had significant baseline hyperextension of the opposite knee. Prior to incision, we examined the right knee. There was no obvious effusion. He appeared to have a positive posterior draw. Lachman appeared to be negative. There was some question of increased laxity of the LCL, but the MCL was intact. **I was concerned that the patient might have an undiagnosed, spontaneously reduced knee dislocation.**” The lateral and anterior compartments were released with the musculature “bulging” but appearing “healthy and viable.” In the posterior compartments, “A large hematoma was encountered in the gastrocnemius musculature and was

evacuated. The muscle in this region was poorly contractile. The deep posterior musculature appeared healthy and viable. Finally, “the skin on the lateral side was closed primarily. The muscles on the medial side were swollen beyond the limits of the soft-tissue envelope and skin closure was not possible. A wound vac with vessel loop closure was placed.”

51. Still, at this time, no vascular consult was ordered, no ankle brachial index was performed, no further imaging was ordered, and there was no further exploration done to find the source of the hematoma.

52. During post-op recovery, a nursing note at 4:40 AM reported, “R Posterior Tibial Pulse Weak R Dorsalis Pedis Pedal Pulse Weak RLE Capillary Refill Greater than 3 seconds RLE Color Dusky Temperature Cool R Posterior Tibial Pulse Doppler R Dorsalis Pedis Pedal Pulse Absent AT signal absent MD made aware.”

53. AP and lateral x-rays of the LEFT knee were ordered at 4:45 AM “to compare to injured extremity.”

54. Additional bloodwork was collected at 5:49am with abnormal readings of wbc 16.6, rbc 3.33, hgb 9.7, hct 29.2.

55. Post-op nursing records at 6:30 AM again note, “RLE noted color slightly mottled, cool Unable to obtain pulses: Orthopedics paged.” The responding resident noted the lack of “palpable or doppler pulses” but otherwise exam was unchanged from before with decreased sensory, intact motor, and “Extremity is warm Cap refill <2sec in all toes.”

56. After almost twelve hours from the time Eddie first made it to the Emergency Department, finally A CT angiogram “to rule out vascular injury” was ordered and performed between 7:07-7:43 AM.

57. Final results would not be available until 10:26 AM, but preliminary results at 7:23 AM

showed, “Marked intramuscular edema/hematoma about the right quadriceps and hamstring musculature with overlying superficial fat reticulation. Small/Moderate right tibiofemoral joint hemarthrosis.” All arteries were patent except, “Popliteal artery: Non-visualized, possibly secondary to external compression or thrombosis. Anterior tibial artery: Slow flow however remains patent to the distal tibia. Tibioperonealtrunk: Patent Posterior tibial artery: Slow flow however remains patent to the distal tibia. Common peroneal artery: Slow flow however remains patent to the distal tibia. LEFT: Patent vasculature with 3 vessel run.” Conclusions were, “Extensive edema versus hematoma surrounding the knee and hemarthrosis consistent with history of posterior knee dislocation. Long segment occlusion of the popliteal artery concerning for dissection versus vasospasm. No active contrast extravasation. 2. Tibial vessels only seen up to the proximal tibia-fibula on arterial and delayed phases, suggestive of either significant limitation of inflow secondary to popliteal occlusion or may represent occlusion from thromboemboli. Other Findings: 1. Right lateral patellar dislocation and hemarthrosis. Ligamentous injury of the right knee difficult to assess on CT and can be better assessed with MRI.”

58. There was extensive edema/hematoma surrounding the knee and hemarthrosis consistent with history of posterior knee dislocation and there was a right lateral patellar dislocation.

59. A VL Duplex was also ordered at 8:42 AM for “possible acute limb ischemia due to claudication.”

60. Findings were, “Possible occlusion of the distal superficial femoral, popliteal, anterior tibial, dorsalis pedis, and posterior tibial arteries. Unable to clearly visualize the popliteal artery.”

61. An OR request for “RLE popliteal thromboectomy; possible RLE arterial bypass; possible RLE angiogram” was placed at 9:30 AM.

62. Vascular surgery was consulted around 10:00 AM for “exploration possible bypass.” A vascular attending note at 10:20am states, “I reviewed the CT that shows occluded popliteal. Could be traction injury.”

63. Mr. Parks is taken back to the OR at 10:30am.

64. Intraoperatively, the vascular team found “**The right knee appeared unstable** and precautions taken during prep.”

65. They were also able to confirm, “In the medial compartment, all muscles looked severely ischemic and were [sic] did not contract. The medial incision was extended superiorly up to distal thigh. There was a large hematoma that was evacuated around the below knee popliteal artery. **We carried further [sic] dissection to find the popliteal artery and vein. There both were completely transected and thrombosed.** Unusual finding for blunt trauma / posterior knee dislocation. The popliteal artery proximal and distal to the transected vessel were exposed and controlled with vessel loop. After perfusion we noted that the muscles in the calf [sic] did not improve and were non-contractile. The popliteal vein was thrombosed for a long segment and we did not feel that venous reconstruction would be durable or helpful.” Instead a “Right Popliteal Interposition Graft with Left great saphenous vein” was performed.

66. Meanwhile, due to the unstable knee and extensive injuries, orthopedic and trauma surgery were consulted intraoperatively “for given history, complete posterior knee dislocation, complete popliteal artery/vein transection found intraoperatively, gastroc/soleus appear nonviable.”

67. Between 10:30-11:51 AM, trauma surgery joined the vascular team intraoperatively while the bypass graft was being harvested.

68. The trauma attending, Dr. Maher, notes, “On my arrival into the scrubbed portion of the

case, **it was identified that the anterior compartment had not been released at the time of the index fasciotomies.** Therefore, an incision roughly 3 fingerbreadths lateral to the tibial border was made through the fascia overlying the anterior compartment with bulging of the anterior compartment muscle group. This muscle was noncontractile on initial inspection. We then turned our attention to evaluation of the remainder of the compartments that have been previously released. These compartments had some patchy areas of what appeared to be a non-healthy muscle. However, there was a contractile muscle noted in a segmental distribution in all of the remaining compartments. The fasciotomy incisions were extended through both the lateral compartment to fully expose the posterior deep and superficial compartments. The gastrocs had previously been completely taken down off the tibia and the soleus was partially taken down superiorly to permit muscles more proximally to bulge. At the completion of my portion of the operation, all 4 compartments were released and there was a signal in the foot after the bypass. Of note following our portion of the case, orthopedic surgery arrived in operating room to placed [sic] in external fixation and subsequent to that, Vascular Surgery rescrubbed in to confirm that the remaining distal vasculature was patent. Completion angio showed patent bypass graft, 3 vessels run off (with severe spasm). Post op signals DP monophasic, PT biphasic. The deep posterior, anterior compartment and the lateral compartment muscles also appeared severely ischemic and were non-contractile. He had signal in the ankle despite [sic] being on high dose pressors. The short bypass was patent with severe spasm of the outflow vessel. He continued to have signals in his foot.”

69. The OR time is completed at 7:07 PM and Mr. Parks was transported to Surgical Intensive Care Unity (“SICU”) at 7:30pm.

70. Here is a picture after the fasciotomies were performed:



71. Mr. Parks would subsequently endure multiple debridements of necrotic muscle including on the following dates: 1/3/18; 1/11/18; 1/13/18; and 1/15/18.

72. On January 22<sup>nd</sup>, Eddie would undergo a through knee operation.



73. He would be discharged from Temple University Hospital on February 7<sup>th</sup>.

### ***Injuries***

74. As a direct and proximate result of the negligence and carelessness of all Defendants as set forth herein, Plaintiff was caused to suffer severe, permanent damages, including:

- a. through knee amputation of right leg;
- b. all sequelae flowing from ischemic injury to his right leg, compartment syndrome, fasciotomies, and knee amputation;
- c. phantom leg pains, and having to undergo, among other things, fasciotomy procedures, external fixation, and multiple debriding procedures;
- d. scarring and pain from the left leg as a result of the bypass graft;



- e. past, present and future pain and suffering;
- f. past, present and future mental anguish;
- g. past, present and future humiliation;
- h. past, present and future embarrassment;
- i. past, present and future medical expenses;
- j. past, present and future loss of wages;
- k. scarring and mutilation;
- l. past and future loss of earning capacity; and
- m. loss of life's pleasures.

**COUNT I: NEGLIGENCE**  
**PLAINTIFF v. DEFENDANT MAURA SAMMON, MD**

75. Plaintiff incorporates by reference the allegations contained in all previous paragraphs as if same were fully set forth herein.

76. The aforesaid medical treatment and resulting catastrophic injuries sustained and suffered by Plaintiff were all caused as a direct and proximate result of the negligence and/or carelessness of the Defendant, Dr. Sammon, and her agents, servants, and employees, acting individually and/or collectively with Defendants, which consisted of the following:

- a. Failing to properly and adequately diagnose plaintiff in a timely manner;
- b. Failing to diagnose Mr. Parks' knee dislocation;
- c. Failing to appreciate the severity of Mr. Parks' pain;
- d. Attempting to discharge Mr. Parks soon after his arrival to the ED;
- e. Failing to perform and/or perform a proper physical exam;
- f. Failing to examine the distal and popliteal pulses;
- g. Failing to reduce Mr. Parks' joint;

- h. Failing to obtain an ankle-brachial index;
- i. Failing to order and/or perform a bedside duplex ultrasound screen;
- j. Failing to order and/or obtain an arteriogram and/or comparable vascular study such as a CT angiogram;
- k. Failing to order or refer a consult with vascular surgery;
- l. Failing to perform serial vascular examinations;
- m. Failing to observe asymmetric pulses, weak, and/or absent pulses;
- n. Failing to supervise her physician's assistant;
- o. Failing to diagnose and treat plaintiff's tibiofemoral dislocation and/or knee with multiple ligamentous injuries;
- p. Failing to appreciate Mr. Parks' abnormal vital signs and/or provide further testing to identify the source of the abnormalities;
- q. Failing to listen to and/or appreciate Mr. Parks' complaints;
- r. Failing to observe and/or appreciate the ligamentous laxity of Mr. Parks' knee;
- s. Failing to appreciate the signs of vascular compromise;
- t. Failing to properly assess, monitor, consider and treat compartment syndrome;
- u. Failing to properly assess, monitor, consider and treat transected popliteal artery and vein;
- v. Administering narcotic pain medications prior to obtaining a proper physical exam;
- w. Failing to treat/stabilize abnormal vital signs;
- x. Failing to recognize or consider a knee injury;
- y. Failing to recognize or consider a vascular injury;
- z. Failing to watch for early signs of vascular injury;
- aa. Failing to recognize early signs of ischemia;

- bb. Failing to perform comparative exam of the uninjured leg;
- cc. Failing to intervene and/or personally examine Mr. Parks in a timely fashion;
- dd. Failing to appreciate the hypermobility of the knee;
- ee. Failing to order an MRI or similar study of the knee; and
- ff. Suspecting compartment syndrome but failing to consider its underlying mechanism.

77. As a direct and proximate result of the negligence and carelessness of Defendants, Plaintiff suffered severe and permanent injuries and damages as set forth in paragraph 74, above.

78. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff suffered catastrophic physical and mental pain, suffering, and anguish, loss of life's pleasures, embarrassment, humiliation, scarring and mutilation, inability to work, inability and/or limitations to perform acts of daily living and will continue to suffer same into the future.

79. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff incurred medical expenses and will continue to sustain same into the future and has undergone surgery(s) and rehabilitative and physical therapy as a result and will continue to require medical attention into the future, indefinitely.

**WHEREFORE**, Plaintiff demands judgment in his favor and against Defendants, jointly and severally, for compensatory damages in an amount in excess of Fifty Thousand Dollars (\$50,000.00) exclusive of interest and costs, plus such further relief allowed under the law and as this Honorable Court deems just including delay damages pursuant to Pa. R.C.P. 238.

**COUNT II: NEGLIGENCE**  
**PLAINTIFF v. DEFENDANT MATTHEW LOREI, MD**

80. Plaintiff incorporates by reference the allegations contained in all previous paragraphs as if same were fully set forth herein.

81. The aforesaid medical treatment, resulting catastrophic injuries sustained and suffered by Plaintiff were all caused as a direct and proximate result of the negligence and/or carelessness of the Defendant, Dr. Lorei, and his agents, servants, and employees (including Drs. Ackerman and Ames), acting individually and/or collectively with defendants, which consisted of the following:

- a. Failing to timely identify and diagnose Mr. Parks' knee dislocation;
- b. Failing to appreciate the severity of Mr. Parks' pain;
- c. Failing to perform and/or perform a proper physical exam;
- d. Failing to examine the distal and popliteal pulses;
- e. Failing to reduce Mr. Parks' joint;
- f. Failing to obtain an ankle-brachial index;
- g. Failing to order and/or perform a bedside duplex ultrasound screen;
- h. Failing to order and/or obtain a stat arteriogram and/or comparable vascular study such as a CT angiogram;
- i. Failing to timely order or refer a consult with vascular surgery;
- j. Failing to perform serial vascular examinations;
- k. Failing to observe asymmetric pulses, weak, and/or absent pulses;
- l. Failing to train, guide and supervise his residents, including Drs. Ackerman and Ames;
- m. Failing to diagnose and treat plaintiff's tibiofemoral dislocation and/or knee with multiple ligamentous injuries;
- n. Dislocating Mr. Parks' knee;

- o. Transecting Mr. Parks' popliteal artery and vein;
- p. Failing to advise his residents to perform a proper physical exam, ankle brachial index, and/or vascular studies;
- q. Failing to order an MRI or similar study of the knee;
- r. Failing to act once the knee dislocation noted by Dr. Lorei during the first surgery;
- s. Failing to obtain an ankle-brachial index during the first surgery;
- t. Failing to order and/or perform a bedside duplex ultrasound screen once the knee dislocation during the first surgery;
- u. Failing to order and/or obtain a stat arteriogram and/or comparable vascular study such as a CT angiogram once the knee dislocation during the first surgery;
- v. Failing to order a stat consult with vascular surgery once the knee dislocation was noted by Dr. Lorei during the first surgery;
- w. Failing to perform serial vascular examinations once the knee dislocation was noted by Dr. Lorei during the first surgery;
- x. Failing to observe asymmetric pulses, weak, and/or absent pulses once the knee dislocation was noted by Dr. Lorei during the first surgery;
- y. Failing to treat/stabilize abnormal vital signs;
- z. Failing to recognize or consider a knee injury;
- aa. Failing to recognize or consider a vascular injury;
- bb. Failing to watch for early signs of vascular surgery;
- cc. Failing to recognize early signs of ischemia;
- dd. Failing to perform comparative exam of the uninjured leg;
- ee. Failing to intervene and/or personally examine Mr. Parks in a timely fashion;
- ff. Failing to appreciate the hypermobility of the knee;
- gg. Performing fasciotomies;
- hh. Suspecting compartment syndrome but failing to consider its underlying

- mechanism;
- ii. Failing to properly perform a 4-compartment fasciotomy;
- jj. Failing to recognize spontaneously reducible posterior knee dislocation;
- kk. Failing to appreciate posterior draw sign;
- ll. Failing to appreciate the laxity of the LCL;
- mm. Failing to identify and treat the source of the hematoma;
- nn. Failing to properly assess, monitor, consider and treat compartment syndrome;
- oo. Failing to properly assess, monitor, consider and treat transected popliteal artery and vein; and
- pp. Failing to respond to nursing concerns of absent pulses in a timely manner.

82. As a direct and proximate result of the negligence and of Defendants, Plaintiff suffered severe and permanent injuries and damages as set forth in paragraph 74, above.

83. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff suffered catastrophic physical and mental pain, suffering, and anguish, loss of life's pleasures, embarrassment, humiliation, scarring and mutilation, inability to work, inability and/or limitations to perform acts of daily living and will continue to suffer same into the future.

84. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff incurred medical expenses and will continue to sustain same into the future and has undergone surgery(s) and rehabilitative and physical therapy as a result and will continue to require medical attention into the future, indefinitely.

**WHEREFORE**, Plaintiff demands judgment in his favor and against Defendants, jointly and severally, for compensatory damages in an amount in excess of Fifty Thousand Dollars (\$50,000.00) exclusive of interest and costs, plus such further relief allowed under the law and as this Honorable Court deems just including delay damages pursuant to Pa. R.C.P. 238.

**COUNT III: NEGLIGENCE THROUGH VICARIOUS LIABILITY**  
**PLAINTIFF v. TUH DEFENDANT and TEMPLE PHYSICIANS, INC.**

85. Plaintiff incorporates by reference the allegations contained in all previous paragraphs as if same were fully set forth herein.

86. The aforesaid medical treatment, resulting catastrophic injuries sustained and suffered by Plaintiff were all caused as a direct and proximate result of the vicarious negligence and/or carelessness of the agents, servants, workmen, and/or employees of the Defendants Temple University Hospital, Inc., Temple University Health System, Inc. and Temple Physicians, Inc., which consisted of the following:

- a. All negligence noted in counts I and II, above.
- b. Failing to properly and adequately diagnose plaintiff in a timely manner;
- c. Failing to timely identify and diagnose Mr. Parks' knee dislocation;
- d. Failing to appreciate the severity of Mr. Parks' pain;
- e. Failing to perform and/or perform a proper physical exam;
- f. Failing to examine the distal and popliteal pulses;
- g. Failing to obtain an ankle-brachial index;
- h. Failing to order and/or perform a bedside duplex ultrasound screen;
- i. Failing to order and/or obtain a stat arteriogram and/or comparable vascular study such as a CT angiogram;
- j. Failing to timely order or refer a consult with vascular surgery;
- k. Failing to perform serial vascular examinations;
- l. Failing to observe asymmetric pulses, weak, and/or absent pulses;
- m. Failing to diagnose and treat plaintiff's tibiofemoral dislocation and/or knee with multiple ligamentous injuries;
- n. Failing to appreciate signs of vascular injury; and

o. For TUH Defendants, all negligence noted in Count V, below.

87. As a direct and proximate result of the negligence and of Defendants, Plaintiff suffered severe and permanent injuries and damages as set forth in paragraph 74, above.

88. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff suffered significant physical and mental pain, suffering, and anguish, loss of life's pleasures, embarrassment, humiliation, scarring and mutilation, inability to work, inability and/or limitations to perform acts of daily living and will continue to suffer same into the future.

89. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff incurred medical expenses and will continue to sustain same into the future and has undergone surgery(s) and rehabilitative and physical therapy as a result and will continue to require medical attention into the future, indefinitely.

**WHEREFORE**, Plaintiff demands judgment in his favor and against Defendants, jointly and severally, for compensatory damages in an amount in excess of Fifty Thousand Dollars (\$50,000.00) exclusive of interest and costs, plus such further relief allowed under the law and as this Honorable Court deems just including delay damages pursuant to Pa. R.C.P. 238.

**COUNT IV: CORPORATE NEGLIGENCE**  
**PLAINTIFF v. DEFENDANT TUH**

90. Plaintiff incorporates by reference the allegations contained in all previous paragraphs as if same were fully set forth herein.

91. The corporate negligence of Defendants, Temple University Hospital, Inc. and Temple University Health System, Inc. consisted of the following:

- a. A duty to use reasonable care in the maintenance of safe and adequate facilities and equipment for the treatment of plaintiff;
- b. A duty to select and retain only competent physicians, residents, nurses, technicians, and others who treated plaintiff, as described herein;



- c. A duty to oversee all persons who practice medicine within its walls as to patient care, in particular the duty to oversee the physicians, residents, nurses, technicians, and others who treated plaintiff, as described herein;
- d. A duty to formulate, adopt and enforce adequate rules and policies to ensure quality care for patients; in particular, the duty to have rules and policies to:
  - i. ensure physicians, surgeons, residents, interns, nurses and/or other medical staff perform and/or document timely and proper patient assessments and/or evaluations, and particularly as it relates to a knee dislocation, compartment syndrome, and vascular injury.
  - ii. ensure proper monitoring of patients;
  - iii. ensure fellows, residents, physicians, nurses, and staff are properly supervised;
  - iv. ensure proper protocols were in place to diagnose a knee dislocation and to mandate an ankle brachial index or vascular studies when knee dislocation is suspected;
  - v. ensure that all orders are timely and properly carried out;
  - vi. ensure that patient complaints are timely and appropriately assessed and responded to;
  - vii. ensure that changes in a patient's condition, including all clinical issues, laboratory test results and/or radiologic studies are timely communicated to physicians, nurses, techs, aides, and/or other personnel responsible for patient medical care and/or treatment and are timely responded to;
  - viii. ensure proper training and supervision of medical staff;
  - ix. ensure patients receive proper consults at the appropriate time;
  - x. ensure patients receive proper diagnostic testing at the appropriate time; and
  - xi. ensure timely diagnosis of patients' conditions.

92. The carelessness and negligence of Defendants as set forth above, increased the risk of harm and was a substantial factor and/or factual cause in causing the injuries and damages suffered by Plaintiff, as set forth more fully herein and listed on paragraph 74.

93. Defendants had actual or constructive knowledge of its failures as described above.

94. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff suffered significant physical and mental pain, suffering, and anguish, loss of life's pleasures, embarrassment, humiliation, scarring and mutilation, inability to work, inability and/or limitations to perform acts of daily living and will continue to suffer same into the future.

95. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff incurred medical expenses and will continue to sustain same into the future and has undergone surgery(s) and rehabilitative and physical therapy as a result and will continue to require medical attention into the future, indefinitely (including prosthetics).

**WHEREFORE**, Plaintiff demands judgment in his favor and against Defendants, jointly and severally, for compensatory damages in an amount in excess of Fifty Thousand Dollars (\$50,000.00) exclusive of interest and costs, plus such further relief allowed under the law and as this Honorable Court deems just including delay damages pursuant to Pa. R.C.P. 238.

**COUNT V: NEGLIGENCE**  
**PLAINTIFF v. DEFENDANT PHILIP MATTHEW**

96. Plaintiff incorporates by reference the allegations contained in all previous paragraphs as if same were fully set forth herein.

97. The aforesaid medical treatment and resulting catastrophic injuries sustained and suffered by Plaintiff were all caused as a direct and proximate result of the negligence and/or carelessness of the Defendant, Philip Matthew, and his agents, servants, and employees, acting individually and/or collectively with Defendants, which consisted of the following:

- a. Failing to diagnose Mr. Parks' knee dislocation;
- b. Failing to appreciate the severity of Mr. Parks' pain;
- c. Attempting to discharge Mr. Parks soon after his arrival to the ED;
- d. Failing to perform and/or perform a proper physical exam;

- e. Failing to examine the distal and popliteal pulses;
- f. Failing to reduce Mr. Parks' joint;
- g. Failing to obtain an ankle-brachial index;
- h. Failing to order and/or perform a bedside duplex ultrasound screen;
- i. Failing to order and/or obtain an arteriogram and/or comparable vascular study such as a CT angiogram;
- j. Failing to order or refer a consult with vascular surgery;
- k. Failing to perform serial vascular examinations;
- l. Failing to observe asymmetric pulses, weak, and/or absent pulses;
- m. Failing to diagnose and treat plaintiff's tibiofemoral dislocation and/or knee with multiple ligamentous injuries;
- n. Failing to appreciate Mr. Parks' abnormal vital signs and/or provide further testing to identify the source of the abnormalities;
- o. Failing to listen to and/or appreciate Mr. Parks' complaints;
- p. Failing to observe and/or appreciate the ligamentous laxity of Mr. Parks' knee;
- q. Failing to appreciate the signs of vascular compromise;
- r. Failing to properly assess, monitor, consider and treat compartment syndrome;
- s. Failing to properly assess, monitor, consider and treat transected popliteal artery and vein;
- t. Administering narcotic pain medications prior to obtaining a proper physical exam;
- u. Failing to treat/stabilize abnormal vital signs;
- v. Failing to recognize or consider a knee injury;
- w. Failing to recognize or consider a vascular injury;
- x. Failing to watch for early signs of vascular injury;

- y. Failing to recognize early signs of ischemia;
- z. Failing to perform comparative exam of the uninjured leg;
- aa. Failing to intervene and/or personally examine Mr. Parks in a timely fashion;
- bb. Failing to appreciate the hypermobility of the knee;
- cc. Failing to order an MRI or similar study of the knee;
- dd. Failing to report any findings to the attending ED physician; and
- ee. Failing to suspect compartment syndrome and/or suspecting compartment syndrome but failing to consider its underlying mechanism.

98. As a direct and proximate result of the negligence and carelessness of Defendants, Plaintiff suffered severe and permanent injuries and damages as set forth in paragraph 74, above.

99. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff suffered catastrophic physical and mental pain, suffering, and anguish, loss of life's pleasures, embarrassment, humiliation, scarring and mutilation, inability to work, inability and/or limitations to perform acts of daily living and will continue to suffer same into the future.

100. As a direct and proximate result of Defendants' negligence and carelessness, Plaintiff incurred medical expenses and will continue to sustain same into the future and has undergone surgery(s) and rehabilitative and physical therapy as a result and will continue to require medical attention into the future, indefinitely.

**WHEREFORE**, Plaintiff demands judgment in his favor and against Defendants, jointly and severally, for compensatory damages in an amount in excess of Fifty Thousand Dollars (\$50,000.00) exclusive of interest and costs, plus such further relief allowed under the law and as this Honorable Court deems just including delay damages pursuant to Pa. R.C.P. 238.

Respectfully Submitted,

**STROKOVSKY LLC**

*/s/ Jordan L. Strokovsky, Esquire*

JORDAN L. STROKOVSKY, Esquire

Attorney for Plaintiff

DATE: January 2, 2020

**VERIFICATION**

I, Jordan Strokovsky, verify that I am counsel for the plaintiff herein and am authorized to make this verification on plaintiff's behalf, and that the facts set forth in the foregoing amended civil action complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

/s/ Jordan Strokovsky, Esquire

Dated: January 2, 2020

**STROKOVSKY LLC**

Jordan L. Strokovsky, Esquire  
Attorney ID No. 318811  
1500 Market Street, 12<sup>th</sup> Floor East Tower  
Philadelphia, PA 19102  
jordan@actionafterinjury.com

**THIS IS A MAJOR JURY MATTER**

Attorney for Plaintiff

**EDDIE PARKS**

Plaintiff,

v.

**TEMPLE UNIVERSITY HOSPITAL, INC. et al.**

Defendants.

**IN THE COURT OF  
COMMON PLEAS  
PHILADELPHIA  
COUNTY**

**JUNE TERM, 2019**

**NO. 5457**

**JURY TRIAL  
DEMANDED**

**CERTIFICATE OF MERIT AS TO DEFENDANT, MAURA SAMMON, MD**

I, Jordan Strokovsky, am the attorney for the plaintiff in the above-captioned matter.

Pursuant to Pa. R. Civ. P. 1042.3, I hereby certify that an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by Maura Sammon, MD, her agents, servants and/or employees in the treatment, practice or work that is subject of the Complaint fell outside acceptable professional standards and that such conduct was a substantial contributing factor in bringing about harm to Eddie Parks.

Respectfully submitted,

**STROKOVSKY LLC**

By: /s/ Jordan L. Strokovsky, Esquire  
Attorney for Plaintiff

Dated: July 29, 2019

**STROKOVSKY LLC**

Jordan L. Strokovsky, Esquire  
Attorney ID No. 318811  
1500 Market Street, 12<sup>th</sup> Floor East Tower  
Philadelphia, PA 19102  
jordan@actionafterinjury.com

**THIS IS A MAJOR JURY MATTER**

Attorney for Plaintiff

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**EDDIE PARKS**

Plaintiff,

v.

**TEMPLE UNIVERSITY HOSPITAL, INC. et al.**

Defendants.

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**IN THE COURT OF  
COMMON PLEAS  
PHILADELPHIA  
COUNTY**

**JUNE TERM, 2019**

**NO. 5457**

**JURY TRIAL  
DEMANDED**

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**CERTIFICATE OF MERIT AS TO DEFENDANT, MATTHEW LOREI, MD**

I, Jordan Strokovsky, am the attorney for the plaintiff in the above-captioned matter.

Pursuant to Pa. R. Civ. P. 1042.3, I hereby certify that an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by Matthew Lorei, MD, his agents, servants and/or employees in the treatment, practice or work that is subject of the Complaint fell outside acceptable professional standards and that such conduct was a substantial contributing factor in bringing about harm to Eddie Parks.

Respectfully submitted,

**STROKOVSKY LLC**

By: /s/ Jordan L. Strokovsky, Esquire  
Attorney for Plaintiff

Dated: July 29, 2019



**STROKOVSKY LLC**

Jordan L. Strokovsky, Esquire  
Attorney ID No. 318811  
1500 Market Street, 12<sup>th</sup> Floor East Tower  
Philadelphia, PA 19102  
jordan@actionafterinjury.com

**THIS IS A MAJOR JURY MATTER**

Attorney for Plaintiff

**EDDIE PARKS**

Plaintiff,

v.

**TEMPLE UNIVERSITY HOSPITAL, INC. et al.**

Defendants.

**IN THE COURT OF  
COMMON PLEAS  
PHILADELPHIA  
COUNTY**

**JUNE TERM, 2019**

**NO. 5457**

**JURY TRIAL  
DEMANDED**

**CERTIFICATE OF MERIT AS TO DEFENDANT, PHILIP MATTHEW, PA**

I, Jordan Strokovsky, am the attorney for the plaintiff in the above-captioned matter.

Pursuant to Pa. R. Civ. P. 1042.3, I hereby certify that an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by Philip Matthew, PA, his agents, servants and/or employees in the treatment, practice or work that is subject of the Complaint fell outside acceptable professional standards and that such conduct was a substantial contributing factor in bringing about harm to Eddie Parks.

Respectfully submitted,

**STROKOVSKY LLC**

By: /s/ Jordan L. Strokovsky, Esquire  
Attorney for Plaintiff

Dated: January 2, 2020

**STROKOVSKY LLC**

Jordan L. Strokovsky, Esquire  
Attorney ID No. 318811  
1500 Market Street, 12<sup>th</sup> Floor East Tower  
Philadelphia, PA 19102  
jordan@actionafterinjury.com

**THIS IS A MAJOR JURY MATTER**

Attorney for Plaintiff

**EDDIE PARKS**

Plaintiff,

v.

**TEMPLE UNIVERSITY HOSPITAL, INC. et al.**

Defendants.

**IN THE COURT OF  
COMMON PLEAS  
PHILADELPHIA  
COUNTY**

**JUNE TERM, 2019**

**NO. 5457**

**JURY TRIAL  
DEMANDED**

**CERTIFICATE OF MERIT AS TO DEFENDANT, TEMPLE UNIVERSITY HOSPITAL,  
INC. and TEMPLE UNIVERSITY HEALTH SYSTEM, INC.**

I, Jordan Strokovsky, certify that:

- An appropriate licensed professional had supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by these defendants in the treatment, practice or work that is the subject of the complaint, fell outside acceptable standards and that such conduct was a factual cause and/or increased the risk of harm sustained by plaintiff;

AND

- The claim that these defendants deviated from an acceptable professional standard is based on allegations that other licensed professionals for whom these defendants are responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a factual cause and/or increased the risk of harm sustained by plaintiff.

Respectfully submitted,

By: /s/ Jordan Strokovsky  
Attorney for Plaintiff

Dated: January 2, 2020

**STROKOVSKY LLC**

Jordan L. Strokovsky, Esquire  
Attorney ID No. 318811  
1500 Market Street, 12<sup>th</sup> Floor East Tower  
Philadelphia, PA 19102  
jordan@actionafterinjury.com

**THIS IS A MAJOR JURY MATTER**

Attorney for Plaintiff

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**EDDIE PARKS**

Plaintiff,

v.

**TEMPLE UNIVERSITY HOSPITAL, INC. et al.**

Defendants.

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**IN THE COURT OF  
COMMON PLEAS  
PHILADELPHIA  
COUNTY**

**JUNE TERM, 2019**

**NO. 5457**

**JURY TRIAL  
DEMANDED**

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**CERTIFICATE OF MERIT AS TO DEFENDANT, TEMPLE PHYSICIANS, INC.**

I, Jordan Strokovsky, certify that:

- The claim that this defendant deviated from an acceptable professional standard is based on allegations that other licensed professionals for whom these defendants are responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a factual cause and/or increased the risk of harm sustained by plaintiff.

Respectfully submitted,

By: /s/ Jordan Strokovsky  
Attorney for Plaintiff

Dated: July 29, 2019

**STROKOVSKY LLC**

Jordan L. Strokovsky, Esquire  
Attorney ID No. 318811  
1500 Market Street, 12<sup>th</sup> Floor East Tower  
Philadelphia, PA 19102  
jordan@actionafterinjury.com

**THIS IS A MAJOR JURY MATTER**

Attorney for Plaintiff

<p><b>EDDIE PARKS</b></p> <p style="text-align: center;">Plaintiff,</p> <p style="text-align: center;">v.</p> <p><b>TEMPLE UNIVERSITY HOSPITAL, INC. et al.</b></p> <p style="text-align: center;">Defendants.</p>	<p><b>IN THE COURT OF COMMON PLEAS PHILADELPHIA COUNTY</b></p> <p><b>JUNE TERM, 2019</b></p> <p><b>NO. 5457</b></p> <p><b>JURY TRIAL DEMANDED</b></p>
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**CERTIFICATION OF SERVICE**

I, Jordan Strokovsky, Esquire, hereby certify that a true and correct copy of the Amended Civil Action Complaint and accompanying Certificates of Merit for Drs. Lorei and Sammon, Philip Matthew, Temple University Hospital, Inc, Temple University Health System, Inc. and Temple Physicians, Inc. were served upon all counsel of record via the Philadelphia Court of Common Pleas Electronic Filing System on its date of acceptance. I will seek acceptance of the amended complaint from defense counsel (who has agreed to accept service for the additional defendant) and/or have service otherwise effectuated.

**STROKOVSKY LLC**

January 2, 2020

By: /s/ Jordan Strokovsky, Esquire  
Attorney for Plaintiff