

Jul 22 2022

SC Court of Appeals

APA #	PHYSICIAN/ OTHER	GROUP/AGENCY	DATE OF REPORT	PAGES
PRE-FORM 16A				
APA#1		McLeod Health	02/04/16	000001- 000019
APA#2		Carolina Radiology Associates	02/04/16	000020- 000026
APA#3	Dr. Christina Biester	CareSouth	02/08/16 02/12/16	000027- 000036
APA#4	Amanda Kiker, P.A.; David Anderson, M.D.; Ronald VanDerNoord, M.D.; Jeffery Daily, M.D.	OrthoCarolina	03/09/16-11/17/16 06/29/17	000037- 000070
APA#5		Camden Open MRI	03/21/16	000071
APA#6		Cheraw Physical Therapy and Rehabilitation Center, LLC	05/04/16 05/18/16 06/08/16 12/06/17	000072- 000094
APA#7		Lancaster Imaging Center	09/09/16 02/15/17	000095- 000100
APA#8	Dr. W.S. Bill Edwards	Pee Dee Orthopaedic Associates	06/09/16-12/07/17	000101- 000169
APA#9		Palmetto Health Toumey	12/12/16	000170
APA#10		Cora Rehabilitation Clinic (FCE)	06/13/17	000171- 000189
APA#11	Willie S. Edwards, M.D.	Attending Physician's Statement		000190- 000191
APA#12		Photos of Claimant's Left and Right ankle		000192- 000198
APA#13		Deposition of Dr. W.S. Bill Edwards	01/26/17	
APA#14		Deposition of Dr. W.S. Bill Edwards	02/22/18	
POST-FORM 16A				
APA#15		Form 16A	09/07/18	000199
APA#16		Decision and Order	09/18/18	000200- 000210
APA#17	Dr. Jason O'Dell	McLeod Orthopaedics	06/18/19-04/24/20	000211- 000238
APA#18	Dr. W.S. Bill Edwards Dr. Bruce Johnson	McLeod Spine Center	02/08/18-10/22/20	000239- 000307
APA#19	Dr. William James Richardson	Duke University	07/22/20	000308- 000313
APA#20		<u>Tucker v. S.C. DOT</u>	12/23/20	000314- 000319
APA#21		Deposition of Dr. Jason B. O'Dell	12/03/20	

TB Chart report EDR (Group) - Archive - All - Page 1 of 15
McLeod Health Cheraw
 711 Chesterfield Hwy
 Cheraw SC 29520
 Phone: 843-537-7881

Soarian® Chart Report - Visit

Name:	RANDY EVERETT JORDAN	MRN:	650031
DOB:	01/29/1968	Patient ID:	2000229555
Age/Sex:	48Y/M	MPI:	650031
Arrival Date/Time:	02/04/2016 08:51		
Provider:	Foy D Connell, MD		
Primary Care Physician:	Physician Not Found		
PCP Phone Number:			

Visit Information

Arrival Date/Time:	02/04/2016 08:51
Discharge Date/Time:	02/04/2016 12:30
Patient Complaint:	MVC
Treating Complaint:	Pedestrian Struck by Motor Vehicle
Disposition Diagnoses:	Lumbar Sprain, Thoracic Back Sprain, Contusion, Spinal stenosis in cervical region
Disposition:	Discharge
Dispositioning Provider:	Foy D Connell, MD, Heather L. Jacobs, RN

Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Visit Page 1 of 1

McLeod Health Cheraw

711 Chesterfield Hwy

Cheraw SC 29520

Phone: 843-537-7881

Soarian® Chart Report - Physician Notes

Name:	RANDY EVERETT JORDAN	MRN:	650031
DOB:	01/29/1968	Patient ID:	2000229555
Age/Sex:	48Y/M	MPI:	650031
Arrival Date/Time:	02/04/2016 08:51		
Provider:	Foy D Connell, MD		
Primary Care Physician:	Physician Not Found		
PCP Phone Number:			

ED Provider Note

Collected On: 02/04/2016 09:17

Arrival Information

I have reviewed available Ancillary / Nursing Staff documentation

Yes.

Provider Type

Physician Time Seen 2/4/2016 09:17.

Accompanied by

Work Forman/Supervisor.

Historian

Self.

Arrival Mode

Walk In.

Arrival From

Work.

Treatment PTA

None.

Collected On: 02/04/2016 09:17

HPI

Primary Complaint

Trauma Mechanism of Injury Motor Vehicle Accident, Blunt Force; Onset Prior to Arrival 1 Hours; Response Level Responsive, Pain Yes, Associated Symptoms no Dizziness, no Headache, no Dyspnea, no Nausea, no Vomiting, no Swelling, no Deformity; no Bleeding, no Foreign Body Sensation, no Altered Mental Status, no Paresthesia; Similar Symptoms/Event Yes.

Primary Complaint Details

The patient was standing beside the pickup truck that they were working from when a car hit the back end of the truck and throughing the truck into his rightside throwing him onto the guard rail on his left side. He reports he was

Pt Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Physician Notes Page 1 of 7

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continued from previous page

not pinned between the truck and the guard rail.

Collected On: 02/04/2016 09:17

Allergies

- NKDA
- NKFA

Allergy List Was Reviewed
Yes.

Collected On: 02/04/2016 09:17

History

Significant Med Hx
As Listed Common Diabetes.
Significant Surg Hx
As Listed.
Smoking Status
Never Smoker.
Alcohol Use
Denies.
Illicit Drug Use
Denies.

Collected On: 02/04/2016 09:17

ROS

Complete Review of Systems
All other systems reviewed and negative except as noted in the HPI.

Collected On: 02/04/2016 09:17

Exam

General Appearance
Well-Developed and Well-Nourished, Not in Acute Distress.

Pt Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Physician Notes Page 2 of 7

continued from previous page

Vitals Signs Graph

02/04/2016 08:56

- Temperature: 98 (97-101.5F)
- Site: Oral
- Pulse Ox (%): 98
- Respirations: 20 (12-20)
- BP: 136/64 (90-140/60-90)
- Site: LUE
- BP Position: Supine
- Pulse: 77 (60-100)
- Site: Monitor
- Weight: 145.15kg
- Body Mass Index: 44.6
- Height: 71inch

I have reviewed and agree with vital signs as listed in the EMR

Yes Time 2/4/2016 12:08.

Head/Ear/Nose/Throat

Normocephalic; Atraumatic.

Respiratory

CTA B/L

Cardiovascular

RRR; Normal S1, S2.

Gastrointestinal

Soft; NT; +BS.

Neurological

AAO x 3; Nonfocal.

Behavior/Emotional

Appropriate; Cooperative.

Skin

Clean, Dry and Intact.

Collected On: 02/04/2016 09:17

ED Orders

Laboratory

- CBC and Diff STAT
- Comprehensive Metabolic Panel (CMP) STAT
- Urinalysis (UA) , Clean Catch Urine STAT

Nursing Orders

- Saline Lock

Pt Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Physician Notes Page 3 of 7

continued from previous page

Radiology

- CT Chest-Abdomen-Pelvis With Contrast ,Reason: Trauma , STAT

Collected On: 02/04/2016 09:17

Labs

CBC

02/04/2016 09:20

- WBC: 7.3
- RBC: 5.34
- Hemoglobin: 13.8 L
- Hematocrit: 43.3
- MCV: 81.1
- MCH: 25.9 L
- MCHC: 31.9 L
- RDW: 14.3
- Platelet Count: 189
- Absolute Neutrophils: 5.4
- Absolute Lymphocytes: 1.3
- Absolute Monocytes: 0.5
- Absolute Eosinophils: 0.1
- Absolute Basophils: 0.0
- Neutrophils: 74.1 H
- Lymphocytes: 17.7 L
- Monocytes: 7.1
- Eosinophils: 1.1
- Basophils: 0.0

Common Blood

02/04/2016 09:20

- Sodium: 139
- Potassium Level: 3.7
- Chloride Level: 100 L
- Carbon Dioxide (CO2) Level: 29 H
- Glucose Level: 173 H
- BUN: 15
- Creatinine, Serum: 0.95
- BUN/Creatinine Ratio: 15.8

Pt Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Physician Notes Page 4 of 7

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continued from previous page

- eGFR (Estimated GFR): 94
- Calculated Osmolality: 293 H
- Calcium Level: 9.0
- Total Protein: 7.6
- Albumin Level: 3.7
- Alkaline Phosphatase: 100 H
- SGOT (AST): 25
- SGPT (ALT): 34
- Bilirubin Total: 0.4
- Anion Gap: 10.0

Urine Testing

02/04/2016 09:45

- Color(UA): YELLOW
- Appearance: CLEAR
- Specific Gravity, Urine: 1.015
- PH: 7 H
- Protein(UA): NEGATIVE
- Glucose: NEGATIVE
- Ketones , Urine: NEGATIVE
- Bilirubin Urine: NEGATIVE
- Blood: NEGATIVE
- Nitrite: NEGATIVE
- Urobilinogen Urine: NORMAL
- Leukocytes: NEGATIVE

Labs or Other Tests Were Ordered During This Visit

Yes.

Labs Reviewed for this Visit

Yes.

Labs Discussed with Patient and/or Family

Yes.

Collected On: 02/04/2016 09:17

Radiology

Diagnostics

02/04/2016 10:44

• Ankle - Left 3 View Minimum: 7097036ORDER DR: FOY D CONNELL M.D. ATTEND DR:tab FOY D CONNELL M.D. TRANSCRIBED D/T: Feb 4 2016 10:52AM PROCEDURE: ANKLE-LT /3 VIEW MINIMUM / ORD #: 90003 Accession#: 7097036 CPT: 73610 ORDERED FOR: Feb 4 2016 9:45AM COMPLETED: Feb 4 2016

Pt Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Physician Notes Page 5 of 7

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continued from previous page

10:44AM INDICATIONS/COMMENTS: Trauma RESULT: 3 views of the left ankle show irregularity of the posterior margin of the fibula, best seen on the lateral view. No definite displaced fracture is identified, and the ankle mortise remains intact. Soft tissue swelling is seen laterally. Joint spaces are well-preserved without evidence of malalignment. Achilles and plantar spurs are seen. CONCLUSION: Irregularity of the posterior border of the lateral malleolus with soft tissue swelling but without convincing evidence of displaced fracture. Clinical correlation for point tenderness in this area is requested. \ READING DR: MARVIN M. SMITH M.D. READING DATE: Feb 4 2016 10:55AM ***Final Result*** ELECTRONICALLY SIGNED BY: MARVIN M. SMITH M.D. On: Feb 4 2016 10:52AM

=====

CT

02/04/2016 10:24

• CT Cervical Spine Without Contrast: 7096991 ORDER DR: FOY D CONNELL M.D. ATTEND DR: tab FOY D CONNELL M.D. TRANSCRIBED D/T: Feb 4 2016 10:57AM PROCEDURE: CT CERVICAL WO CON / ORD #: 9DD02 Accession#: 7096991 CPT: 72125 ORDERED FOR: Feb 4 2016 9:20AM COMPLETED: Feb 4 2016 10:24AM INDICATIONS/COMMENTS: Trauma CT cervical spine without IV contrast: Reason: Trauma, MVA with left-sided neck pain COMPARISON: None available TECHNIQUE: Sequential axial helically acquired CT images of the cervical spine were obtained and reviewed with coronally and sagittally reformatted images. RESULT: No acute fracture or subluxation is seen. The atlantoaxial relationships are maintained. There is ossification of the posterior longitudinal ligament at C2-C3, C3-C4. This results in fairly severe central canal stenosis at C3-C4 with AP canal diameter of about 6 mm particularly in the central and left central aspect of the canal. There is associated severe stenosis of the left neural foramen. Milder canal stenosis at C2-C3 large anterior endplate osteophytes are present at multiple levels as well. There is straightening of the cervical spine, nonspecific. Paravertebral soft tissue structures are unremarkable. Coronal and sagittal reformats demonstrate no acute abnormality. CONCLUSION: 1. Straightening of the cervical lordosis is nonspecific and can be seen with patient positioning as well as muscle spasm. No acute cervical spine fracture or subluxation. 2. Ossification of the posterior longitudinal ligament resulting in severe central canal stenosis at C3-C4 with milder canal stenosis at C2-C3 and neuroforaminal stenosis of severe degree at C3-C4. \ READING DR: MARVIN M. SMITH M.D. READING DATE: Feb 4 2016 11:00AM ***Final Result*** ELECTRONICALLY SIGNED BY: MARVIN M. SMITH M.D. On: Feb 4 2016 10:57AM

=====

• CT Chest-Abdomen-Pelvis With Contrast: 7096984 ORDER DR: FOY D CONNELL M.D. ATTEND DR: tab FOY D CONNELL M.D. TRANSCRIBED D/T: Feb 4 2016 11:05AM PROCEDURE: CT CHEST/ABD/PELVIS W / ORD #: 90001 Accession#: 7096984 CPT: 71260 74177 ORDERED FOR: Feb 4 2016 9:14AM COMPLETED: Feb 4 2016 10:24AM INDICATIONS/COMMENTS: Trauma CT chest, abdomen and pelvis with IV contrast. REASON: Trauma, epigastric pain and left lower back pain following motor vehicle accident COMPARISON: None available TECHNIQUE: Serial axial images were obtained from the thoracic inlet through the pelvis following the bolus administration of IV contrast. Coronal and sagittal reformatted images were obtained from the axial dataset. RESULT: CT CHEST: No evidence of acute traumatic aortic injury. No evidence of lung contusion. The central airways are patent. No pneumothorax. Mild gynecomastia. CT ABDOMEN: There is no evidence of traumatic injury to the liver, spleen, adrenal glands, kidneys or pancreas. The unopacified small and large bowel are unremarkable. No free air. Diffuse hepatic steatosis. The spleen is enlarged measuring 14.5 cm. CT PELVIS: No free fluid. No pelvic fracture. Bones: Reformatted images of the thoracolumbar spine show no acute fractures. 1.6 cm sclerotic lesion in the L5 vertebral body most likely represents bone island in the absence of history of malignancy. CONCLUSION: 1. No evidence of traumatic injury to the chest, abdomen or pelvis. 2. Mild gynecomastia 3. Sclerotic lesion at L5 vertebral body as discussed 4. Hepatic steatosis 5. Mild splenomegaly \ READING DR: MARVIN M. SMITH M.D. READING DATE: Feb 4 2016 11:08AM ***Final Result*** ELECTRONICALLY SIGNED

Pt Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Physician Notes Page 6 of 7

continued from previous page

BY: MARVIN M. SMITH M.D. On: Feb 4 2016 11:05AM

Collected On: 02/04/2016 09:17

Diagnostic Impression

Final Diagnostic Impression

Contusion, Lumbar Sprain, Thoracic Back Sprain.

Spinal stenosis in cervical region.

Comment

Left iliac crest contusion.

Collected On: 02/04/2016 09:17

Disposition

Disposition

Discharge Discharge Details Decision Time 2/4/2016 12:15, Discharged to Home, Transition of Care Has the patient been transitioned or referred to another care provider? No; Patient Condition Stable.

Collected On: 02/04/2016 09:17

Electronically signed by Foy D Connell, MD on 02/04/2016 12:15

Pt Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Physician Notes Page 7 of 7

McLeod Health-Cheraw

711 Chesterfield Hwy

Cheraw SC 29520

Phone: 843-537-7881

Soarian® Chart Report - Results

Name:	RANDY EVERETT JORDAN	MRN:	650031
DOB:	01/29/1968	Patient ID:	2000229555
Age/Sex:	48Y/M	MPI:	650031
Arrival Date/Time:	02/04/2016 08:51		
Provider:	Foy D Connell, MD		
Primary Care Physician:	Physician Not Found		
PCP Phone Number:			

Text Results

All Results: Diagnostics

Ankle - Left 3 View Minimum

Result Date: 02/04/2016 10:44

Result Value: 7097036 ORDER DR: FOY D CONNELL M.D.
 ATTEND DR: Lab FOY D CONNELL M.D.
 TRANSCRIBED T/T: Feb 4 2016 10:52AM
 PROCEDURE: ANKLE-LT /3 VIEWS MINIMUM / ORD #: 90003 Accession#:
 7097036 CPT: 73610
 ORDERED FOR: Feb 4 2016 9:43AM COMPLETED: Feb 4 2016 10:44AM
 INDICATIONS/COMMENTS: Trauma

RESULT: 3 views of the left ankle show irregularity of the posterior margin of the fibula, best seen on the lateral view. No definite displaced fracture is identified, and the ankle mortise remains intact. Soft tissue swelling is seen laterally. Joint spaces are well-preserved without evidence of malalignment. Achilles and plantar spurs are seen.

CONCLUSION: Irregularity of the posterior border of the lateral malleolus with soft tissue swelling but without convincing evidence of displaced fracture. Clinical correlation for point tenderness in this area is requested.

Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Results Page 1 of 5

Text Results

All Results: Diagnostics

Ankle - Left 3 View Minimum

Result Date: 02/04/2016 10:44

Result continued from previous page

READING DR: MARVIN M. SMITH M.D.

READING DATE: Feb 4 2016 10:55AM

Final Result

ELECTRONICALLY SIGNED BY:

MARVIN M. SMITH M.D.

On: Feb 4 2016 10:52AM

All Results: CT

CT Cervical Spine Without Contrast

Result Date: 02/04/2016 10:24

Result Value: 7096991ORDER DR: FOY D CONNELL M.D.

ATTEND DR: Lab FOY D CONNELL M.D.

TRANSCRIBED D/T: Feb 4 2016 10:57AM

PROCEDURE: CT CERVICAL W/O CON / ORD #: 90002 Accession#: 7096991

CPT: /2125

ORDERED FOR: Feb 4 2016 9:20AM

COMPLETED: Feb 4 2016 10:24AM

INDICATIONS/COMMENTS: Trauma

CT cervical spine without IV contrast:

Reason: Trauma, MVA with left-sided neck pain

COMPARISON: None available

TECHNIQUE: Sequential axial helically acquired CT images of the cervical spine were obtained and reviewed with coronally and sagittally reformatted images.

RESULT: No acute fracture or subluxation is seen. The atlantoaxial relationships are maintained. There is ossification of the posterior longitudinal ligament at C2-C3, C3-C4. This results in fairly severe central canal stenosis at C3-C4 with A-P canal diameter of about 6 mm particularly in the central and left central aspect of the canal. There is associated severe stenosis of the left neural foramen. Milder canal

Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Results Page 2 of 5

Text Results

All Results: CT

CT Cervical Spine Without Contrast

Result Date: 02/04/2016 10:24

Result continued from previous page

stenosis at C2-C3 large anterior endplate osteophytes are present at multiple levels as well. There is straightening of the cervical spine, nonspecific. Paravertebral soft tissue structures are unremarkable. Coronal and sagittal reformats demonstrate no acute abnormality.

CONCLUSION:

1. Straightening of the cervical lordosis is nonspecific and can be seen with patient positioning as well as muscle spasm. No acute cervical spine fracture or subluxation.
2. Ossification of the posterior longitudinal ligament resulting in severe central canal stenosis at C3-C4 with milder canal stenosis at C2-C3 and neuroforaminal stenosis of severe degree at C3-C4.

READING DR: MARVIN M. SMITH M.D.

READING DATE: Feb 4 2016 11:00AM

Final Result

ELECTRONICALLY SIGNED BY:

MARVIN M. SMITH M.D.

On: Feb 4 2016 10:57AM

All Results: CT

CT Chest-Abdomen-Pelvis With Contrast

Result Date: 02/04/2016 10:24

Result Value: 7096984ORDER DR: FOY D CONNELL M.D.

ATTEND DR: Lab Foy D Connell M.D.

TRANSCRIBED D/T: Feb 4 2016 11:05AM

PROCEDURE: CT CHEST/ABD/PELVIS W / OAL #: 90001 Accession#: 7096984

Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report - Results Page 3 of 5

000011

Text Results

All Results: CT

CT Chest-Abdomen-Pelvis With Contrast

Result Date: 02/04/2016 10:24

Result continued from previous page

CPT: /1260 74177

ORDERED FOR: Feb 4 2016 9:14AM

COMPLETED: Feb 4 2016 10:24AM

INDICATIONS/COMMENTS: Trauma

CT chest, abdomen and pelvis with IV contrast.

REASON: Trauma, epigastric pain and left lower back pain following motor vehicle accident

COMPARISON: None available

TECHNIQUE: Serial axial images were obtained from the thoracic inlet through the pelvis following the bolus administration of IV contrast. Coronal and sagittal reformatted images were obtained from the axial dataset.

RESULT:

CT CHEST: No evidence of acute traumatic aortic injury. No evidence of lung contusion. The central airways are patent. No pneumothorax. Mild gynecomastia.

CT ABDOMEN: There is no evidence of traumatic injury to the liver, spleen, adrenal glands, kidneys or pancreas. The unopacified small and large bowel are unremarkable. No free air. Diffuse hepatic steatosis. The spleen is enlarged measuring 14.5 cm.

CT PELVIS: No free fluid. No pelvic fracture.

Bones: Reformatted images of the thoracolumbar spine show no acute fractures. 1.6 cm sclerotic lesion in the L5 vertebral body most likely represents bone island in the absence of history of malignancy.

CONCLUSION:

1. No evidence of traumatic injury to the chest, abdomen or pelvis.
2. Mild gynecomastia
3. Sclerotic lesion at L5 vertebral body as discussed
4. Hepatic steatosis
5. Mild splenomegaly

Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Chart Report-Results Page 4 of 5

Text Results

All Results: CT

CT Chest-Abdomen-Pelvis With Contrast

Result Date: 02/04/2016 10:24

Result continued from previous page

READING DR: MARVIN M. SMITH M.D.
READING DATE: Feb 4 2016 11:08AM

Final Result

ELECTRONICALLY SIGNED BY:

MARVIN M. SMITH M.D.

On: Feb 4 2016 11:08AM

Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000228555

Chart Report - Results Page 5 of 5

McLeod Health Cheraw

711 Chesterfield Hwy

Cheraw SC 29520

Phone: 843-537-7881

Discharge Medication List

Name:	RANDY EVERETT JORDAN	MRN:	650031
DOB:	01/29/1968	Patient ID:	2000229555
Age/Sex:	48Y/M	MPI:	650031
Arrival Date/Time:	02/04/2016 08:51		
Provider:	Foy D Connell, MD		
Primary Care Physician:	Physician Not Found		
PCP Phone Number:			

Your Discharge Medications

Take These Medications

cyclobenzaprine 10 mg Tablet

Directions: 1 tablet oral three times a day as needed for muscle spasm

Printed for:

HYDROcodone-acetaminophen (Norco) 5 mg-325 mg Tablet

Directions: 1 tablet oral every four hours as needed for pain

Printed for:

naproxen 500 mg Tablet

Directions: 1 tablet oral twice a day as needed for pain

Printed for:

Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Discharge Medication List Page 1 of 2

Name: RANDY EVERETT JORDAN

MRN: 650031

Patient ID: 2000229555

Discharge Medication List Page 2 of 2

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Printed By: Connell, Foy MD
Printed On: 05-Feb-16 06:59

1			MCLEOD HEALTH CHERAW 711 CHESTERFIELD HWY CHERAW, SC 29520-0002 843 537-7881		PAGE NO. 1
TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL			
CYCLE	02/10/16				
OUTP.			HOSP. NO. 473712		

A	E	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		JORDAN, RANDY EVERETT	2000229555	M	48	02/04/16		

GUARANTOR NAME AND ADDRESS	RANDY EVERETT JORDAN 1432 HWY 268 MOUNT CROGHAN SC 29727	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		WORK COMP 62200		249638196
CONNELL, FOY D				

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
02/04	00001 736 32300261		1600.00	1600.00				
	ER LEVEL 4 INTERMEDIATE W/MOD							
02/04	00004 546 32310021							
	EMERGENCY PK CD - E							
02/04	00001 448 40100067		40.00	40.00				
	VENIPUNCT P0600							
02/04	00001 448 40133324		370.00	370.00				
	COMPREHENSIVE METABOLIC PANEL							
02/04	00001 448 40150625		140.00	140.00				
	CBC W AUTO DIFF							
02/04	00001 448 40170466		70.00	70.00				
	URINALYSIS W/O MICRO							
02/04	00001 448 46029062		440.00	440.00				
	ANKLE-LT/3 VIEW-MINIMUM							
02/04	00001 448 46501003							
	CT CHEST/ABD/PELVIS W	P						
02/04	00001 448 46505327		5310.00	5310.00				
	CT ABD/PELVIS W							
02/04	00001 448 46510012		3000.00	3000.00				
	CT THORAX W CON							
02/04	00001 448 46520029		2760.00	2760.00				
	CT CERVICAL WO CON							
02/04	00100 448 46500146		600.00	600.00				
	CONTRAST 300-399MG IODINE/ML							
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT CHARGES							
	EMERGENCY ROOM		1600.00	1600.00				
	DRUGS		600.00	600.00				
	LABORATORY		620.00	620.00				

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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INSURANCE BENEFIT

ASSIGNED TO 000016

MCLEOD HEALTH CHERAW

MCLEOD HEALTH CHERAW 711 CHESTERFIELD HWY CHERAW, SC 843 537-7881			PAGE NO. 2
TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL	295287802
CYCLE	02/10/16		
OUTP.			ROSP. NO. 473712

A	E	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
JORDAN		RANDY EVERETT	2000229555	M	48	02/04/16		

GUARANTOR NAME AND ADDRESS	RANDY EVERETT JORDAN 1432 HWY 268 MOUNT CROGHAN SC 29727	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		WORK COMP	62200	249638196
		CONNELL, FOY D		

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
	RADIOLOGY		440.00	440.00				
	CT SCAN		11070.00	11070.00				
	SUB-TOTAL OF CURR. CHARGES		14330.00	14330.00				

TOTALS	14330.00	14330.00					
PATIENT NUMBER	2000229555	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00		

MCLEOD HEALTH CHERAW
CHERAW, SC

INSURANCE BENEFITS
ASSIGNED TO
MCLEOD HEALTH CHERAW

000017

TYPE OF BILL CYCLE OUTP.			DATE OF BILL 02/10/16			DATE OF PREV. BILL 02/04/16			MCLEOD HEALTH CHERAW 711 CHESTERFIELD HWY CHERAW, SC H43-537-7881			295207002			PAGE NO. 1	
											HOSP. NO. 473712					

A	E	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		JORDAN, RANDY EVERETT	2000229555	M	48	02/04/16		

GUARANTOR NAME AND ADDRESS RANDY EVERETT JORDAN 1432 HWY 268 MOUNT CROGHAN SC 29727	INSURANCE COMPANY NAME WORK COMP 62200	GROUP NUMBER 249638196	POLICY NUMBER CONNELL, FOY D

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
-----------------	----------------------------------	--------------	---------------	------------------------------	------------------------------	------------------------------	------------------------------	----------------

DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS

02/04	00001 736	32300261	1600.00	1600.00				
	ER LEVEL 4 INTERMEDIATE W/MOD							
02/04	00004 546	32310021						
	EMERGENCY PK CD - E							
02/04	00001 448	40100067	40.00	40.00				
	VENIPUNCT P0600							
02/04	00001 448	40133324	370.00	370.00				
	COMPREHENSIVE METABOLIC PANEL							
02/04	00001 448	40150625	140.00	140.00				
	CBC W AUTO DIFF							
02/04	00001 448	40170466	70.00	70.00				
	URINALYSIS W/O MICRO							
02/04	00001 448	46029062	440.00	440.00				
	ANKLE-LT/3 VIEW MINIMUM							
02/04	00001 448	46501003						
	CT CHEST/ABD/PELVIS W	P						
02/04	00001 448	46505327	5310.00	5310.00				
	CT ABD/PELVIS W							
02/04	00001 448	46510012	3000.00	3000.00				
	CT THORAX W CON							
02/04	00001 448	46520029	2760.00	2760.00				
	CT CERVICAL WO CON							
02/04	00100 448	46500146	600.00	600.00				
	CONTRAST 300-399MG IODINE/ML							

BALANCE FORWARD 0.00

SUMMARY OF CURRENT CHARGES

EMERGENCY ROOM	1600.00	1600.00
DRUGS	600.00	600.00
LABORATORY	620.00	620.00

PATIENT NUMBER PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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MCLEOD HEALTH CHERAW			PAGE NO.
711 CHESTERFIELD HWY			2
CHERAW, SC			295207002
A43 537-7881			BOSP. NO.
			473712

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	02/10/16	
OUTP.		

A	E	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
JORDAN		RANDY EVERETT	2000229555	M	48	02/04/16		

GUARANTOR NAME AND ADDRESS	RANDY EVERETT JORDAN 1432 HWY 268 MOUNT CROGHAN SC 29727	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		WORK COMP 62200		249638196
CONNELL, FOY D				

AMOUNT OF PAYMENT	5
-------------------	---

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
	RADIOLOGY		440.00	440.00				
	CT SCAN		11070.00	11070.00				
	SUB-TOTAL OF CURR. CHARGES		14330.00	14330.00				

TOTALS	14330.00	14330.00						
PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.		ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.		PAY THIS AMOUNT		0.00	

MCLEOD HEALTH CHERAW
CHERAW, SC

RADIOLOGY REPORT
MCLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843)320-3326

PATIENT NAME: JORDAN, RANDY EVERETT DISCHARGE DATE:
PT ACCOUNT#: 002000229555 MR/RAD#: 650031
ACCESSION#: 7096991 CID#: 650031

DOB: 01/29/1968 AGE: 48Y SEX: M RACE: W
PHONE: 843-680-9298 PT CLASS: E FIN CLASS: S
ADDRESS: 1432 HWY 268 PT TYPE: E PT NS/ROOM: EEXC-CE0601
MOUNT CROGHAN, SC, 29727 DATE OF SERVICE: Feb 4 2016

9:30AM

ORDER DR: FOY D CONNELL M.D.
ATTEND DR: FOY D CONNELL M.D.

COPY TO:

DIAGNOSIS:

MVC

ORDER DR: FOY D CONNELL M.D.
ATTEND DR: FOY D CONNELL M.D.

COPY TO:

DIAGNOSIS:

MVC

ORDER DR: FOY D CONNELL M.D.
ATTEND DR: FOY D CONNELL M.D.
TRANSCRIBED D/T: Feb 4 2016 10:52AM
PROCEDURE: CT CERVICAL WO CON / ORD #: 90002 Accession#: 7096991
CPT: 72125
ORDERED FOR: Feb 4 2016 9:20AM COMPLETED: Feb 4 2016 10:24AM
INDICATIONS/COMMENTS: Trauma

CT cervical spine without IV contrast:

Reason: Trauma, MVA with left-sided neck pain

COMPARISON: None available

TECHNIQUE: Sequential axial helically acquired CT images of the cervical spine were obtained and reviewed with coronally and sagittally reformatted images.

RESULT: No acute fracture or subluxation is seen. The atlantoaxial relationships are maintained. There is ossification of the posterior longitudinal ligament at C2-C3, C3-C4. This results in fairly severe central canal stenosis at C3-C4 with AP canal diameter of about 6 mm
Printed: February 4, 2016 (11:00AM)

Page 1

CAROLINA RADIOLOGY ASSOCIATES

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000020

RADIOLOGY REPORT
McLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843)320-3326

PATIENT NAME: JORDAN, RANDY EVERETT DISCHARGE DATE:
PT ACCOUNT#: 002000229555 MR/RAD#: 650031
ACCESSION#: 7096991 CID#: 650031

particularly in the central and left central aspect of the canal. There is associated severe stenosis of the left neural foramen. Milder canal stenosis at C2-C3 large anterior endplate osteophytes are present at multiple levels as well. There is straightening of the cervical spine, nonspecific. Paravertebral soft tissue structures are unremarkable. Coronal and sagittal reformats demonstrate no acute abnormality.

CONCLUSION:

1. Straightening of the cervical lordosis is nonspecific and can be seen with patient positioning as well as muscle spasm. No acute cervical spine fracture or subluxation.
2. Ossification of the posterior longitudinal ligament resulting in severe central canal stenosis at C3-C4 with milder canal stenosis at C2-C3 and neuroforaminal stenosis of severe degree at C3-C4.

READING DR: MARVIN M. SMITH M.D.
READING DATE: Feb 4 2016 10:52AM

Final Result
ELECTRONICALLY SIGNED BY:
MARVIN M. SMITH M.D.
On: Feb 4 2016 10:57AM

Printed: February 4, 2016 (11:00AM)

Page 2

CAROLINA RADIOLOGY ASSOCIATES

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RADIOLOGY REPORT
MCLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843)320-3326

PATIENT NAME: JORDAN, RANDY EVERETT DISCHARGE DATE:
PT ACCOUNT#: 002000229555 MR/RAD#: 650031
ACCESSION#: 7097036 CID#: 650031

DOB: 01/29/1968 AGE: 48Y SEX: M RACE: W
PHONE: 843-680-9298 PT CLASS: E FIN CLASS: A
ADDRESS: 1432 HWY 268 PT TYPE: E PT NS/ROOM: EEXC-CE0601
MOUNT CROGHAN, SC, 29727 DATE OF SERVICE: Feb 4 2016

10:30AM

ORDER DR: FOY D CONNELL M.D.
ATTEND DR: FOY D CONNELL M.D.
COPY TO:
DIAGNOSIS: MVC
ORDER DR: FOY D CONNELL M.D.
ATTEND DR: FOY D CONNELL M.D.
COPY TO:
DIAGNOSIS: MVC

ORDER DR: FOY D CONNELL M.D.
ATTEND DR: FOY D CONNELL M.D.
TRANSCRIBED D/T: Feb 4 2016 10:47AM
PROCEDURE: ANKLE-LT /3 VIEW MINIMUM / ORD #: 90003 Accession#: 7097036 CPT: 73610
ORDERED FOR: Feb 4 2016 9:45AM COMPLETED: Feb 4 2016 10:44AM
INDICATIONS/COMMENTS: Trauma

RESULT: 3 views of the left ankle show irregularity of the posterior margin of the fibula, best seen on the lateral view. No definite displaced fracture is identified, and the ankle mortise remains intact. Soft tissue swelling is seen laterally. Joint spaces are well-preserved without evidence of malalignment. Achilles and plantar spurs are seen.

CONCLUSION: Irregularity of the posterior border of the lateral malleolus with soft tissue swelling but without convincing evidence of displaced fracture. Clinical correlation for point tenderness in this area is requested.

Printed: February 4, 2016 (10:55AM)

Page 1

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RADIOLOGY REPORT
McLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843)320-3326

PATIENT NAME: JORDAN, RANDY EVERETT DISCHARGE DATE:
PT ACCOUNT#: 002000229555 MR/RAD#: 650031
ACCESSION#: 7097036 CID#: 650031

READING DR: MARVIN M. SMITH M.D.
READING DATE: Feb 4 2016 10:47AM

Final Result
ELECTRONICALLY SIGNED BY:
MARVIN M. SMITH M.D.
On: Feb 4 2016 10:52AM

Printed: February 4, 2016 (10:55AM)

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RADIOLOGY REPORT
MCLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843)320-3326

PATIENT NAME: JORDAN, RANDY EVERETT DISCHARGE DATE:
PT ACCOUNT#: 002000229555 MR/RAD#: 650031
ACCESSION#: 7096984 CID#: 650031

DOB: 01/29/1968 AGE: 48Y SEX: M RACE: W
PHONE: 843-680-9298 PT CLASS: E FIN CLASS: S
ADDRESS: 1432 HWY 268 PT TYPE: E PT NS/ROOM: EEXC-CE0601
MOUNT CROGHAN, SC, 29727 DATE OF SERVICE: Feb 4 2016

9:30AM

ORDER DR: FOY D CONNELL M.D.
ATTEND DR: FOY D CONNELL M.D.

COPY TO:

DIAGNOSIS:

MVC

Q9967, ORDER DR: FOY D CONNELL M.D.

ATTEND DR: FOY D CONNELL M.D.

COPY TO:

DIAGNOSIS:

MVC

ORDER DR: FOY D CONNELL M.D.
ATTEND DR: FOY D CONNELL M.D.

TRANSCRIBED D/T: Feb 4 2016 10:57AM

PROCEDURE: CT CHEST/ABD/PELVIS W / ORD #: 90001 Accession#: 7096984

CPT: 71260 74177

ORDERED FOR: Feb 4 2016 9:14AM COMPLETED: Feb 4 2016 10:24AM

INDICATIONS/COMMENTS: Trauma

CT chest, abdomen and pelvis with IV contrast.

REASON: Trauma, epigastric pain and left lower back pain following motor vehicle accident

COMPARISON: None available

TECHNIQUE: Serial axial images were obtained from the thoracic inlet through the pelvis following the bolus administration of IV contrast. Coronal and sagittal reformatted images were obtained from the axial dataset.

RESULT:

Printed: February 4, 2016 (11:08AM)

Page 1

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RADIOLOGY REPORT
McLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843)320-3326

PATIENT NAME: JORDAN, RANDY EVERETT DISCHARGE DATE:
PT ACCOUNT#: 002000229555 MR/RAD#: 650031
ACCESSION#: 7096984 CID#: 650031
CT CHEST: No evidence of acute traumatic aortic injury. No evidence of lung contusion. The central airways are patent. No pneumothorax. Mild gynecomastia.

CT ABDOMEN: There is no evidence of traumatic injury to the liver, spleen, adrenal glands, kidneys or pancreas. The unopacified small and large bowel are unremarkable. No free air. Diffuse hepatic steatosis. The spleen is enlarged measuring 14.5 cm.

CT PELVIS: No free fluid. No pelvic fracture.

Bones: Reformatted images of the thoracolumbar spine show no acute fractures. 1.6 cm sclerotic lesion in the L5 vertebral body most likely represents bone island in the absence of history of malignancy.

CONCLUSION:

1. No evidence of traumatic injury to the chest, abdomen or pelvis.
2. Mild gynecomastia
3. Sclerotic lesion at L5 vertebral body as discussed.
4. Hepatic steatosis
5. Mild splenomegaly

READING DR: MARVIN M. SMITH M.D.
READING DATE: Feb 4 2016 10:57AM

Final Result
ELECTRONICALLY SIGNED BY:
MARVIN M. SMITH M.D.
On: Feb 4 2016 11:05AM

Printed: February 4, 2016 (11:08AM)

Page 2

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000025

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 1
Imaging Report

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964
Ins: WC SC State Accident Fund

02/04/2016 - Imaging Report: CT Chest-McLeod Cheraw severe CC stenosis C3-C4 rest fine

Provider: Christina Biester MD

Location of Care: Chesterfield

This document contains external references

CT Chest-McLeod Cheraw

Imported By: Julie Matuse 2/12/2016 3:58:52 PM

External Attachment:

Type: Image
Comment: External Document

Electronically signed by Christina Biester MD on 02/12/2016 at 11:00 PM

000026

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 1
Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964
Ins: WC SC State Accident Fund

02/08/2016 - Office Visit: workers comp decadron shot, ocntinue Nsaids, 1m
Provider: Christina Biester MD
Location of Care: Chesterfield

Patient Identification Checked

Two Identifiers Checked by Nurse: Patient Name, DOB
Checked By: Courtney Hess, LPN (February 8, 2016 3:08 PM)

Two Identifiers Checked by Provider: Patient Name, DOB
Checked By: Christina Biester MD (February 8, 2016 3:38 PM)

Past Medical History:

Reviewed history from 08/28/2014 and no changes required:
Diabetes Mellitus, Type II

Past Surgical History:

Reviewed history from 08/28/2014 and no changes required:
Unremarkable

Family History Summary:

Reviewed history and no changes required: 02/09/2016
No Known Family History - Entered On: 8/28/2014

PHQ-9 Patient Questionnaire

1. Over the last 2 weeks how often have you been bothered by any of the following problems?
Little interest or pleasure in doing things - Score: 0
Feeling down, depressed, or hopeless - Score: 0
Total PHQ-9 Score 0

Vital Signs:

Patient Profile: 48 Years Old Male

Height: 71 inches
Weight: 319 pounds
BMI: 44.49

000027

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 2

Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964

Ins: WC SC State Accident Fund

Temp: 97 degrees F oral
Pulse rate: 76 / minute
Pulse rhythm: regular
Resp: 16 per minute
BP sitting: 116 / 75
Cuff size: large

Pt. in pain? yes
Location: back/neck/shoulder
Intensity: 5
Type: knotting pain

Vitals Entered By: Courtney Hess, LPN (February 8, 2016 3:09 PM)

Medications:

PREDNISONE 10 MG ORAL TABS (PREDNISONE) TAKE ONE TABLET BY MOUTH DAILY
JANUVIA 100 MG TABS (SITAGLIPTIN PHOSPHATE) 1 tablet daily
BCAD 1 POWD (NUTRITIONAL SUPPLEMENTS) pm
ALEVE TABS (NAPROXEN SODIUM TABS) pm

Medications:

Medications were reviewed with the patient during this visit.

Allergies:

No Known Allergies

Allergies:

Allergies were reviewed with the patient during this visit.

Risk Factors:

Smoked Tobacco Use: Never smoker

Patient Education:**Exercise/Physical Activity Counseling**

Discussed With Patient/Guardian Verbalized Understanding

Medication Education

Discussed With Patient/Guardian Verbalized Understanding

Nutrition/Diet Instructions

Discussed With Patient/Guardian Verbalized Understanding

Weight Education

000028

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 3

Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964

Ins: WC SC State Accident Fund

Discussed With Patient/Guardian Verbalized Understanding

Visit Type: Follow-up Visit**Primary Provider:** Christina Biester MD**CC:** workers comp and 2/5/16 vehicle run into him .**History of Present Illness:**

48 year old active gentleman here for worker's comp injury, hasn't been seen here in 4 years. Vehicle hit another vehicle and that vehicle hit patient on number 9 going towards Bennettsville, patient landed on a guard rail. Patient had on hard hat and safety vest. Went to ER in Cheraw had a CT head done, no injuries found. Noted he doesn't jump up as quick. Sees a doctor in Carolina Pines for his diabetes. No vision problems, no BB problems. No falls. Having pain in back and shoulders and neck. Was given flexeril, hydrocodone and naprosyn at the ER. Patient noted feels like a knot and tightness in back of neck.

Review of Systems

See HPI

Physical Exam**General:**

well developed, well nourished, in no acute distress.

Neck:

no masses, thyromegaly, or abnormal cervical nodes. no bruit.

Lungs:

clear bilaterally to auscultation.

Heart:

regular rhythm.

Extremities:

no ankle swelling

Neurologic:

no focal deficits, normal speech and gait.

Psych:

alert and cooperative; normal mood and affect; normal attention span and concentration.

Impression & Recommendations:**Problem # 1:** Neck and back pain (ICD-723.1) (ICD10-M54.2)

Sprain after MVC, would try to go back to work gingerly and see how he does, f/u in 1m or earlier if needed. continue safety precautions.

His updated medication list for this problem includes:

Aleve Tabs (Naproxen sodium tabs) Pm

000029

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 4

Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964
Ins: WC SC State Accident Fund**Orders:**

INJECTION FEE (CPT-96372)

DECADRON 8 MG (CPT-J1100)

OFFICE 99213 EST 15 MIN (CPT-99213)

Medications Added to Medication List This Visit:

1) Prednisone 10 Mg Oral Tabs (Prednisone) Take one tablet by mouth daily

Other Orders:

SNOMED-CT: 428191000124101 Current Medications Documented (SCT-428191000124101)

Patient Instructions:

- 1) Try aspercream, icy hots, sports patches.
- 2) Straight back discipline discussed.
- 3) Please schedule a follow-up appointment in 1 month.

Prescriptions:

PREDNISONE 10 MG ORAL TABS (PREDNISONE) TAKE ONE TABLET BY MOUTH DAILY #10 x 1

Entered and Authorized by: Christina Biester MD

Electronically signed by: Christina Biester MD on 02/08/2016

Method used: Electronically to
Chesterfield Drug Company Inc* (retail)
139 Main St
Chesterfield, SC 29709
Ph: (843) 623-2632
Fax: (843) 623-6031

RxID: 1770565891908710

Medication Administration**Injection # 1:**

Medication: decadron8mg

Route: IM

Site: LUOQ: gluteus

Exp Date: 04/01/2017

Lot #: 6111750

Given by: Equella Wright, RMA

Date Given: 02/08/2016

Time: 4:12 PM

000030

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 5

Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964

Ins: WC SC State Accident Fund

Some: Tolerated w/o complications

Orders Added:

- 1) INJECTION FEE [CPT-96372]
- 2) DECADRON 8 MG [CPT-J1100]
- 3) SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
- 4) OFFICE 99213 EST 15 MIN [CPT-99213]

Electronically signed by Christina Biester MD on 02/09/2016 at 9:03 PM

000031

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 1

Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964

Ins: WC SC State Accident Fund

02/12/2016 - Office Visit: back and neck pain, wants referral orthopedic specialist f/u prn

Provider: Christina Biester MD

Location of Care: Chesterfield

Patient Identification Checked

Two Identifiers Checked by Nurse: Patient Name, DOB

Checked By: April Vaucheria Davis LPN (February 12, 2016 2:17 PM)

Two Identifiers Checked by Provider: Patient Name, DOB

Checked By: Christina Biester MD (February 12, 2016 2:46 PM)

Past Medical History:

Reviewed history from 08/28/2014 and no changes required:

Diabetes Mellitus, Type II

Past Surgical History:

Lower Back surgery- over 20 years

Family History Summary:

Reviewed history Last on 02/08/2016 and no changes required:02/15/2016

Father (biol.) - Has Family History of Other Cancer - Entered On: 2/12/2016

Father (biol.) - Has Family History of Lung/Respiratory Disease - Entered On: 2/12/2016

Social History:

Reviewed history from 08/28/2014 and no changes required:

Smoking History:

Patient has never smoked.

Vital Signs:

Patient Profile: 48 Years Old Male

Height: 71 inches

Temp: 98.1 degrees F oral

Pulse rate: 83 / minute

Pulse rhythm: regular

000032

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 2
Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964
Ins: WC SC State Accident Fund

Resp: 18 per minute
BP sitting: 133 / 74
Cuff size: large

Pt. in pain? yes
Location: back
Intensity: 5
Type: squeezing

Vitals Entered By: April Vaucheria Davis LPN (February 12, 2016 2:18 PM)
RBS 185

Medications:

AUGMENTIN 875-125 MG ORAL TABS (AMOXICILLIN-POT CLAVULANATE) TAKE ONE TABLET BY MOUTH TWICE DAILY
PREDNISONE 10 MG ORAL TABS (PREDNISONE) TAKE ONE TABLET BY MOUTH DAILY
JANUVIA 100 MG TABS (SITAGLIPTIN PHOSPHATE) 1 tablet daily
BCAD 1 POWD (NUTRITIONAL SUPPLEMENTS) pm
ALEVE TABS (NAPROXEN SODIUM TABS) pm

Medications:

Medications were reviewed with the patient during this visit.

Allergies:

No Known Allergies

Allergies:

Allergies were reviewed with the patient during this visit.

Risk Factors:

Smoked Tobacco Use: Former smoker
Cigarettes: Yes
Years Since Last Quit: 20+
Smokeless Tobacco Use: Never
Passive smoke exposure: no
Drug use: no
HIV high-risk behavior: no
Caffeine use: 2 drinks per day
Alcohol use: no
Exercise: no
Seatbelt use: 100 %
Sun Exposure: rarely

Family History Risk Factors:

Family History of MI in females < 65 years old: no
Family History of MI in males < 55 years old: no

000033

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 3
Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964
Ins: WC SC State Accident Fund

Patient Learning Needs

Information Obtain From: Patient

Able to Read: Yes

Communicates in: English

Preferred Method of Learning: Tactile/Kinesthetic(Hands on)

Factors Influencing Learning: No Barriers

Patient Education:**Exercise/Physical Activity Counseling**

Discussed With Patient/Guardian Verbalized Understanding

Medication Education

Discussed With Patient/Guardian Verbalized Understanding

Nutrition/Diet Instructions

Discussed With Patient/Guardian Verbalized Understanding

Weight Education

Discussed With Patient/Guardian Verbalized Understanding

..... April Vaucheria Davis LPN February 12, 2016 2:26 PM

Visit Type: Follow-up Visit

Primary Provider: Christina Biester MD

CC: upper- mid back pain continues, wants ref to orthopedic specialist and wants something for cold also .

History of Present Illness:

48 year old active gentleman here for back pain - workman's comp, (and URI), still having pressure in back. Is able to move both arms upward and outward, bothers him to move them behind him. Tries to relax sit back and put pressure to mid back seems to relieve the pain. No falls or sprains. Pain persists since last week, constant pressure and stinging. Occ has sharp pain, patient has to find more comfortable position. Deep breath doesn't cause exacerbation of pain, but sneezing and coughing does moderately. Patient has worker's comp case may have had some OA pain before. External ankle left foot has some pain, has some unsteady gait especially in the mornings. Takes flexeril at night, and naprosyn. No BB problems, no giving away on legs.

Has gotten ran over by a horse 6 months ago at the Watermelon Festival. Dislocated shoulder and horse stepped on left foot.

Review of Systems

See HPI

000034

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 4

Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964

Ins: WC SC State Accident Fund

Additional Labs**Finger Stick Glucose Tests:**

Finger Stick Glucose Entered By: April Vaucheria Davis LPN (February 12, 2016 2:29 PM)

FS Glucose Random: 185 Normal Value: 65-99 mg/dl

Impression & Recommendations:

Problem # 1: Neck and back pain (ICD-723.1) (ICD10-M54.2)
refer to ortho

His updated medication list for this problem includes:

Aleve Tabs (Naproxen sodium tabs) Pm

Orders:

OFFICE 99213 EST 15 MIN (CPT-99213)

Problem # 2: Ankle pain, left (ICD-719.47) (ICD10-M25.572)

Pain still exacerbates in early mornings, gets better as the day goes by. Patient would like it checked.

Problem # 3: Rhinopharyngitis (ICD-460) (ICD10-J00)

His updated medication list for this problem includes:

Aleve Tabs (Naproxen sodium tabs) Pm

Instructed on symptomatic treatment. Call if symptoms persist or worsen.

Medications Added to Medication List This Visit:

1) Augmentin 875-125 Mg Oral Tabs (Amoxicillin-pot clavulanate) Take one tablet by mouth twice daily

Other Orders:

FEE FINGERSTICKS (CPT-36416)

GLUCOSE-FBS FINGERSTICK (CPT-82948)

SNOMED-CT: 428191000124101 Current Medications Documented (SCT-428191000124101)

Patient Instructions:

1) Follow up as needed.

000035

Chesterfield

500 West Boulevard Chesterfield, SC 29709
(843) 623-5080 Fax: (843) 378-9962

March 29, 2016

Page 5
Office Visit

Randy Jordan

Male DOB: 01/29/1968

63797

Home: (843) 634-3964
Ins: WC SC State Accident Fund

Prescriptions:

AUGMENTIN 875-125 MG ORAL TABS (AMOXICILLIN-POT CLAVULANATE) TAKE ONE TABLET BY
MOUTH TWICE DAILY #20[Tablet] x 0

Entered and Authorized by: Christina Biester MD

Electronically signed by: Christina Biester MD on 02/12/2016

Method used: Electronically to
Chesterfield Drug Company Inc* (retail)
139 Main St
Chesterfield, SC 29709
Ph: (843) 623-2632
Fax: (843) 623-6031

RxID: 1770908546747100

Detailed Back/Spine Exam**General:**

Well-developed, well-nourished, in no acute distress; alert and oriented x 3.

Palpation:

Tenderness to paraspinal

Electronically signed by Christina Biester MD on 02/15/2016 at 11:59 AM

000036

OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 48/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: PORTAL PATIENT
Document Type: Patient Portal History

Enc Date: 03/09/2016

MEANINGFUL USE

Race - White

Ethnicity - Not Hispanic or Non-Latino

language - English

Preferred communication - Cell Phone

GENERAL INFORMATION

E.R. - Yes

E.R. - OTHER

date - Feb 4th

result of E.R. visit? - Yes

ER dr - McLeod

>65 - No

Are you older than 6 months? - Yes

Have you had an influenza vaccination? - Yes

Approximately when was your last influenza vaccine? If unsure of exact date,
please enter just the month and year. - Oct 9th

Weight: - 322 lbs

Height - 5' 10"

PHARMACY

Pharmacy - Longs drug chesterfield s,c

MEDICAL CONDITIONS

Hx - No

VISUAL ANALOG SCALE

Please rate your pain. - 6.32

ALLERGIES

drug allergies - No

non-med allergies - No

FAMILY HISTORY

Cancer	Diabetes	
Type: - Unanswered	Please indicate	
Please indicate	relative(s): - Sister	

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 03/09/2016

relative(s): - Father		
-----------------------	--	--

SOCIAL HISTORY

Cigarette - Former smoker

years - 15 years

quit - 1995

other tobacco - None

alcohol - Never

marital - Married

Occupation: - S,c,d,o,t lead person. And foreman

REVIEW OF SYSTEMS

Note: The items below which are bolded and italics denote a 'Yes' response.

Systemic - Recurring Fever (No)	Systemic - Recent Weight Change (No)	Head - Headaches (No)
Eyes - Vision Problems (No)	Otolaryngeal - Loss of Hearing (No)	Otolaryngeal - Hoarseness (No)
Cardiovascular - Chest Pain/Discomfort (No)	Cardiovascular - Heart Palpitations (No)	Pulmonary - Difficulty Breathing (No)
Pulmonary - Chronic Cough (No)	Gastrointestinal - Decreased Appetite (No)	GASTROINTESTINAL - DIFFICULTY SWALLOWING (Yes)
Gastrointestinal - Heartburn (No)	Gastrointestinal - Nausea (No)	Gastrointestinal - Vomiting (No)
Gastrointestinal - Abdominal Pain (No)	Gastrointestinal - Blood in Stool (No)	Genitourinary - Blood in Urine (No)
Genitourinary - Increased Need to Urinate (No)	Genitourinary - Painful Urination (No)	Endocrine - Excessive Thirst (No)
Endocrine - Temperature Intolerance (No)	Hematologic - Bleeds Easily (No)	Hematologic - Bruise Easily (No)
Neurological - Dizziness (No)	Neurological - Convulsions (No)	Psychological - Psychological Disorder (No)
Psychological - Sleep Disturbances (No)	Skin - Skin Problems (No)	Musculoskeletal - Joint Problems (No)

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 03/09/2016

PAST SURGERIES

Other Please specify - Back surgery		
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OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 48/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: PORTAL PATIENT
Document Type: Patient Portal Orthopedic Form

Enc Date: 03/09/2016

PAIN

Involved body part - Neck, Upper Back, Ankle, Foot

side of neck - Bilateral (Both sides)

side of upper back - Bilateral (both sides)

Which ankle? - Left

Which foot? - Left

symptoms related to injury - Yes

injury occurred - Feb 4th 2016

how injury occurred - Work Related

Describe injury: - Truck hit me from the side when it was hit by another car,

current pain - 6.52

Current pain - Constant, Burning, Stinging, Aching, Throbbing

pain-worse - All activity

pain-better - Nothing

symptoms - Worse

pain keep/wake you from sleep - Yes

experiencing - Weakness, Swelling, Stiffness, Numbness/Tingling, None

tried - None

tests - X-rays, CAT Scan

Current Work Status: - Regular

experienced this before - No

surgery in same area - No

OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 48/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: Amanda Kiker PA-C
Document Type: WC New Visit

Enc Date: 03/09/2016

Chief Complaint

• Mr. JORDAN is a 48 year old male who presents with low back, neck and left ankle pain.

HISTORY OF PRESENT ILLNESS:

The patient is a 48-year-old male who presents today with complaints of neck pain, low back pain and left ankle pain. Reports a being in a work incident on February 4, 2016 when he was standing outside of the vehicle that was hit by a vehicle causing him to be struck to hit a side rail. He denies loss of consciousness. That he was transported to the posterior and ensure all where is significant amount of imaging was completed. No fractures or other abnormalities were located at that time. The patient states he has been back to work full-time. In regards to his neck he complains of periscapular tight pain as well as bilateral upper extremity pain with numbness and tingling the left greater than the right. This is in no particular dermatomal pattern as he states it radiates into the entire hand. He does note decreased grip strength although no problems play motor skills. No balance issues. He has been utilizing Flexeril, hydrocodone and naproxen as needed for pain relief. Regards to his low-back he states he does have some low back pain a waxes and wanes although this has not significantly changed since prior to this incident. He denies lower extremity pain or numbness and tingling. He states he does have a history of low back surgery 20+ years ago although he does not recall the type of surgery he underwent. He denies any history of malignancies, fevers or weight changes. For cars is left ankle he complains of ankle swelling and some stiffness. Is unsure whether not he twisted his ankle during the injury. He has not had any other treatment for this.

PHYSICAL EXAM:

General: Obese. Patient is alert and oriented. Pt appears NAD and is cooperative on exam.

HEENT: EOMs grossly intact, no visible lymphadenopathy, trachea midline.

Lungs: Respiration non-labored. Chest rises and falls symmetrically.

Abdomen: Non-tender to palpation.

Skin: Warm and dry.

Musculoskeletal: The patient walks with a relatively normal gait. He is able to perform toe-walk, heel-walk and heel to toe walk with no issues. He is mildly tender to palpation in the periscapular region. He has good range of motion of the cervical spine. Positive Spurling's bilaterally. Negative Hoffman's. Upper extremity sensation is intact to light touch and symmetric bilaterally. Positive radial and ulnar pulses. 4/5 strength of the bilateral upper extremities of his deltoids, triceps, biceps, wrist extensors and hand intrinsics. 2+ biceps triceps reflexes symmetric. He is mildly tender to palpation along the lumbar spine. Lower extremity sensation is intact to light touch and symmetric bilaterally. The lower extremities are warm and well perfused with positive pedal pulses. Good, pain-free range of motion of the hips bilaterally with both internal and external rotation. Negative straight leg raise bilaterally. 5/5 strength of the hip flexors, bilaterally. quadriceps, hamstrings, ankle dorsiflexors, ankle plantar flexion and great toe extension. 2+ patellar and Achilles DTRs symmetric bilaterally. Negative clonus. The left ankle is edematous along the lateral aspect. There is no ecchymosis or skin changes on the ankle, superior or plantar aspect of the foot. There is no point tenderness along the medial or lateral malleolus. He is mildly tender to palpation along the ATFL. Has good range of motion flexion, extension as well as ankle inversion and eversion. Good strength against resistance.

RADIOGRAPHS:

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 03/09/2016

AP and lateral views of the lumbar spine were performed reviewed today in the office. There is no evidence of acute fracture or other abnormalities. Alignment is well-maintained.

AP and lateral views of the cervical spine were performed reviewed today in the office. There multi-level degenerative changes throughout the cervical spine.

Three views of the left ankle were performed reviewed today office. There is evidence of fracture or other abnormalities noted.

Patient presents with imaged report from a cloud Health Facility in sure all dated 02/04/2016. I am unable to view these images at this time however, I do have access to the radiologist interpretation.

CT of the chest abdomen and pelvis with IV contrast demonstrates a sclerotic lesion in the L5 vertebral body representing a bony a island.

CT of the cervical spine demonstrates no acute cervical fractures. There is OP LL with severe central canal stenosis at C3-4 and mild canal stenosis at C2-3.

Three views of the left ankle without evidence of definitive fracture. The mortise is intact. There is some soft tissue swelling laterally.

DIAGNOSIS:

1. Low back pain
2. Neck pain with bilateral cervical radiculopathy
3. Left ankle pain

PLAN:

At this time I reviewed with the patient symptoms and imaging in detail. I would like to obtain a cervical spine MRI. I will provide him with home neck and low back stretching strengthening exercises. The patient reports he has a high tide ankle boot at home which I encouraged him to use throughout the day. I like for him to Rest, Ice, Compression, and Elevation his left ankle. I will also provide him with ankle exercises. I will see him back once his MRI is complete. We did discuss red flag symptoms.

Note: This note has been created with voice recognition software. While this note has been edited for accuracy, the software periodically misinterprets speech resulting in errors that might not have been caught in editing. In the event you find an unusual error in this record, please notify us at 704-323-2049 to resolve the same.

Assessment

Former smoker (Z87.891).

Overweight (E66.3).

Orders

Tobacco Use Screening; Requested for: 09 Mar 2016.

...

Vital Signs

Recorded by Funderburk,Tamala on 09 Mar 2016 03:50 PM

BP:118/83,

Pain Scale: 6

Recorded by PATIENT,PORTAL on 09 Mar 2016 03:37 PM

Height: 5 ft 10.00 in, Weight: 322 lb 0.00 oz, BMI: 46.2 kg/m²,

BMI Calculated: 46.20 ,

BSA Calculated: 2.56.

Allergies

No Known Drug Allergies.

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 03/09/2016

Current Meds

Januvia 100 MG Oral Tablet;; RPT.

Active Problems

Left ankle pain (M25.572)

Low back pain (M54.5)

Neck pain (M54.2).

PMH

No significant past medical history.

PSH

History Of Prior Surgery.

Family Hx

Family history of diabetes mellitus: Sister (Z83.3)

Family history of malignant neoplasm: Father (Z80.9).

Personal Hx

Former smoker (Z87.891)

Married

Non drinker / no alcohol use

Occupation.

ROS

M/S: See HPI.

Coun/Edu

We recommend that you bring your body mass index down to 25.; Requested for: 09 Mar 2016.

Signature

Electronically signed by : Amanda Brooks PA-C; 03/09/2016 4:43 PM EST; Acknowledgement.

OrthoCarolina

Work Status

Date of exam 03/09/2016

Is the Injury work-related? Yes ☐ No ☐

Patient name RANDY

JORDAN

Chart Number 10645986

Diagnosis neck pain, low back pain, left ankle pain Right ☐ Left ☐ Bilateral ☐

☒ Patient was seen in the office today. Please excuse from work.

☐ Should not return to work - Anticipated length of time out of work: _____

☐ Return to work **WITHOUT** restrictions on ____/____/____

☐ Return to work **WITH** the following restrictions* on ____/____/____

Return to work no more than ____ hours per day beginning on ____/____/____

☐ No lifting greater than ____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than ____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over ____ pounds above shoulder level; ____ pounds waist to shoulder, ____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐

Left ☐

Both ☐

Repetitive ☐

Strong grip ☐

At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work ONLY.

☐ No standing / walking over ____ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. ____ Hot ____ Cold ____ Both

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

Return appointment scheduled on ____/____/____ at ____ AM/PM

Physician signature: Amanda Kiker

Date 3/9/16

Physician Name: AMANDA KIKER, PA-C

Date _____

Estimated date of MMI: _____

*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For Worker's Comp inquiries only, call (704) 323-2667 or fax (704) 323-2007.

000044

OrthoCarolina
Work Status

Date of exam 03/08/2016

Is the injury work-related? Yes ☐ No ☐

Patient name RANDY JORDAN

Chart Number 10645986

Diagnosis Wrist pain, low back pain, left ankle pain Right ☐ Left ☐ Bilateral ☐

☒ Patient was seen in the office today. Please excuse from work.

☐ Should not return to work - Anticipated length of time out of work: _____

☐ Return to work WITHOUT restrictions on 3/10/16

☒ Return to work WITH the following restrictions* on 3/10/16

Return to work no more than _____ hours per day beginning on 3/10/16

☐ No lifting greater than _____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds. Right ☐ Left ☐ Both ☐

☒ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder, _____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐
Repetitive ☐

Left ☐
Strong grip ☐

Both ☐
At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work ONLY.

☐ No standing / walking over _____ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: light duty

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

Return appointment scheduled on _____ at _____ AM/PM

Physician signature: Amanda Kiker

Date 3/9/16

Physician Name: AMANDA KIKER, PA-C

Date _____

Estimated date of MMI: _____

*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For Worker's Comp inquiries only, call (704) 323-2667 or fax (704) 323-2007.

OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 48/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: David Anderson M.D.
Document Type: WC Est/New MD

Enc Date: 04/08/2016

Chief Complaint

• Mr. JORDAN is a 48 year old male who presents with MRI followup

HISTORY OF PRESENT ILLNESS

Patient is a 48-year-old male who presents after a work injury on February 4, 2016 when he was standing outside vehicle and was hit by another moving vehicle that knocked him into a side rail. Since that time he has had midline neck and periscapular pain. Also reports low back pain. He reports numbness and tingling in his arms and hands bilaterally. No weakness. No problems with balance. No problems with fine motor skills. No radiating leg pain. No bowel or bladder issues. No saddle anesthesia. No fevers. He has been doing home exercises without much help. He has been working full duty.

PHYSICAL EXAMINATION

General: Appears stated age, in no apparent distress

Psych: patient is awake, alert, oriented, and cooperative with the exam

HEENT: Head is normocephalic and atraumatic. Trachea is midline.

Lungs: Symmetrical excursion with inspiration. No use of accessory muscles. No labored breathing.

Abdomen: Soft, non-tender, non-distended.

Skin: Warm and dry.

CERVICAL EXAM:

Cervical range of motion decreased secondary to body habitus and pain at the extremes of motion

[-] Lhermitte

[-] Spurling on R, [-] Spurling on L

[-] Hoffman on R, [-] Hoffman on L

[-] Romberg

[2+] DTRs in the biceps and triceps bilaterally

Motor:	R	L
Deltoid	[5/5]	[5/5]
Biceps	[5/5]	[5/5]
Triceps	[5/5]	[5/5]
Wrist Ext	[5/5]	[5/5]
Hand Intr	[5/5]	[5/5]

Sensation: Grossly intact to light touch

LUMBAR EXAM:

Range of motion grossly normal

[-] Straight leg raise on R, [-] Straight leg raise on L

Sensation: Grossly intact to light touch

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 04/08/2016

Motor:	R	L
Hip Flexor	[5/5]	[5/5]
Quad	[5/5]	[5/5]
Tib Ant	[5/5]	[5/5]
EHL	[5/5]	[5/5]
Gastroc	[5/5]	[5/5]

[2+] DTRs in patella and Achilles tendon. [-] clonus. Absent Babinski.
[+] pedal pulses
Walks with a relatively normal gait
No Hip Irritability with Internal/External rotation
[+] Toe walk [0+] Heel walk
[+] Straight line gait

RADIOGRAPHS/ DIAGNOSTIC STUDIES

AP and lateral images of the cervical spine demonstrate spondylosis worse at C5-6 and C6-7. Soft tissue obscures the lower levels.
AP and lateral images of the lumbar spine demonstrate mild degenerative change without obvious bony abnormality.

MRI of the cervical spine is available for review on the Camden system and up loaded into the OC system dated 03/21/2016. It demonstrates stenosis at C3-4 secondary to HNP. Multilevel degenerative changes. This is an inadequate study secondary to motion artifact.

CT report of the cervical spine is available for review without the images and demonstrates ossification of the posterior longitudinal ligament with stenosis at C3-4.

IMPRESSION

1. Work injury
2. Neck and periscapular pain with bilateral arm symptoms without signs of myelopathy on physical exam
3. OPLL with stenosis at C3-4 most notably

PLAN

At this point I discussed with the patient his current symptoms. We went over his imaging in detail and discussed treatment options. Ultimately he does appear to have OPLL with stenosis but he is not myelopathic. His symptoms are mostly myofascial in nature. The MRI is inadequate, especially on the sagittal images. We will repeat the study and I will start him in formal physical therapy. I will see him back after the repeat MRI. We will also try to obtain the CT images.

Assessment

Former smoker (Z87.891).
Neck pain (M54.2).

Orders

Tobacco Use Screening; Requested for: 08 Apr 2016.

Vital Signs

Recorded by Lowder,Lacey on 08 Apr 2016 01:09 PM
Height: 5 ft 10 in, Weight: 322 lb, BMI: 46.2 kg/m2,
BMI Calculated: 46.20 ,
BSA Calculated: 2.56 ;

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 04/08/2016

Pain Scale: 4.

Allergies

No Known Drug Allergies.

Current Meds

Rec: 08Apr2016. List Reconciled and Reviewed.

Naprosyn TABS (Naproxen);; RPT

Xanax TABS (ALPRAZolam);; RPT

Hydrocodone-APAP TABS;; RPT

Jannuvia 100 MG Oral Tablet;; RPT.

Active Problems

Left ankle pain (M25.572)

Low back pain (M54.5)

Neck pain (M54.2)

Overweight (E66.3).

PMH

No significant past medical history.

PSH

History Of Prior Surgery.

Family Hx

Family history of diabetes mellitus: Sister (Z83.3)

Family history of malignant neoplasm: Father (Z80.9).

Personal Hx

Former smoker (Z87.891)

Married

Non drinker / no alcohol use

Occupation.

ROS

M/S: See HPI.

Coun/Edu

We recommend that you bring your body mass index down to 25.; Requested for: 08 Apr 2016.

Signature

Electronically signed by : David Anderson M.D.; 04/08/2016 1:37 PM EST.

OrthoCarolina
Work Status

Today's Date 04/08/16

Is the injury work-related? ☐ Yes ☐ No

Patient name RANDY JORDAN

Chart Number 10645986

Diagnosis Neck Pain

Right ☐ Left ☐ Bilateral ☐

☐ Patient was seen in the office today. Please excuse from work.

☐ Should not return to work - Anticipated length of time out of work: 11

☒ Return to work **WITHOUT** restrictions on 4/9/16 or ☐ Today

☐ Return to work **WITH** the following restrictions* on / / or ☐ Today

Return to work no more than hours per day beginning on / /

☐ No lifting greater than pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over pounds above shoulder level, pounds waist to shoulder,
 pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐

Left ☐

Both ☐

Repetitive ☐

Strong grip ☐

At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work ONLY.

☐ No standing / walking over minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. Hot Cold Both

☐ No driving (transportation may be provided)

☐ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments:

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

☐ Follow up in:

Physician signature: DAVID T ANDERSON

Date 04/08/16

Physician Name: DAVID T ANDERSON, MD

Date 04/08/16

Estimated date of MMI:

*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For Workers' Comp inquiries only, call (704)323-2667 or fax (704)323-2007

OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 48/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: MRI MRI
Document Type: MRI

Enc Date: 04/18/2016

Location: MRIB
Dictated Date: 04/18/2016
Accession #: amye20160419122858

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST 4/18/16

HISTORY: Reported motor vehicle accident with neck pain and bilateral arm and hand numbness to fingers. Neck and periscapular pain. OPLL with stenosis at C3/4 most notably.

COMPARISON STUDIES: Prior MRI dated 3/21/16, and x-rays dated 3/9/16.

TECHNIQUE: Multiplanar, multisequence MR imaging of the cervical spine was performed without intravenous contrast.

FINDINGS: There is mild straightening and slight reversal of the normal cervical lordosis. Disc height reduction and disc desiccation seen at virtually every imaged level. There is some hypointense dorsal to the vertebral bodies that may represent an element of ossification of the posterior longitudinal ligament (OPLL) at the C3, C4, and C5 levels as well as C6. The imaged spinal cord and posterior fossa structures maintain normal signal morphology. The paravertebral soft tissues are unremarkable.

C2/3: No significant canal or neural foraminal narrowing.

C3/4: Left paracentral broad-based disc bulge and spondylotic ridging contours the ventral thecal sac and contacts the left ventrolateral aspect of the spinal cord with contouring, but without MR evidence of myelomalacia. Left neural foraminal narrowing present from disc and osteophyte complex. The right neural foramen appears relatively patent.

C4/5: Spondylosis present with mild canal stenosis, and right neural foraminal narrowing from spondylotic ridging, but no focal HNP.

C5/6: There is mild canal stenosis from broad-based disc bulge and osteophytic ridging. Disc and osteophyte complex result in bilateral neural foraminal narrowing without focal HNP.

C6/7: There is spondylosis with mild canal stenosis. Right greater than left neural foraminal narrowing present from disc and osteophyte complex without focal HNP.

C7/T1: Slightly right paracentral broad-based disc bulge present without significant interval change or neural compression.

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 04/18/2016

IMPRESSION:

- 1) Stable MRI of the cervical spine, as described above, with the anatomy depicted more accurately on the present exam when compared to prior open MRI.
- 2) Multilevel canal stenosis, as described above, without MR evidence of myelomalacia.
- 3) Neural foraminal narrowing as delineated above. Clinical correlation for the side and level of radiculopathy, if any, is recommended.
- 4) No marrow edema or soft tissue edema evident to suggest acute osseous or soft tissue injury.

Kevin Carroll, MD

Unless otherwise stated, the findings above are of indeterminate age by MRI.

Electronically signed by: Kevin Carroll M.D. Apr 21 2016 8:34AM EST

OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 48/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: David Anderson M.D.
Document Type: WC Follow Up Visit

Enc Date: 04/21/2016

Chief Complaint

• Mr. JORDAN is a 48 year old male who presents with MRI followup

HISTORY OF PRESENT ILLNESS

The patient presents in follow up to review his cervical spine MRI. He reports continued pain between the scapula and neck pain. He occasionally has some numbness and tingling in his hands.

PHYSICAL EXAMINATION

Unchanged

RADIOGRAPHS/ DIAGNOSTIC STUDIES

Updated MRI dated 04/13/2016 demonstrates multilevel stenosis most notable at C3-4 where there is OPLL, and at C6-7 where there is bilateral foraminal stenosis.

IMPRESSION

1. Work injury
2. Neck and periscapular pain with bilateral arm symptoms without signs of myelopathy on physical exam
3. OPLL with stenosis at C3-4 most notably, also at C6-7

PLAN

At this point I discussed with the patient the etiology of his symptoms. We went over his imaging in detail and discussed treatment options. Ultimately I did explain to him very carefully that the OPLL and stenosis is long-standing and his symptoms are really more myofascial in nature. His major complaint is pain between the scapula. We will start him in formal physical therapy. I will see him back in 2 months at which point we will hopefully release him.

Assessment

Former smoker (Z87.891).
Neck pain (M54.2).

Orders

Tobacco Use Screening; Requested for: 21 Apr 2016.

...

Vital Signs

Recorded by Lowder,Lacey on 21 Apr 2016 02:39 PM
BP:129/79,
HR: 85 b/min,
Height: 5 ft 10 in, Weight: 322 lb, BMI: 46.2 kg/m2,
BMI Calculated: 46.20,
BSA Calculated: 2.56,
Pain Scale: 6.

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 04/21/2016

Allergies

No Known Drug Allergies.

Current Meds

Naprosyn TABS (Naproxen);; RPT
Xanax TABS (ALPRAZolam);; RPT
Hydrocodone-APAP TABS;; RPT
Januvia 100 MG Oral Tablet;; RPT.

Active Problems

Left ankle pain (M25.572)
Low back pain (M54.5)
Neck pain (M54.2)
Overweight. (E66.3).

PMH

No significant past medical history.

PSH

History Of Prior Surgery.

Family Hx

Family history of diabetes mellitus: Sister (Z83.3)
Family history of malignant neoplasm: Father (Z80.9).

Personal Hx

Former smoker (Z87.891)
Married
Non drinker / no alcohol use
Occupation.

ROS

M/S: See HPI.

Coun/Edu

We recommend that you bring your body mass index down to 25.; Requested for: 21 Apr 2016.

Signature

Electronically signed by : David Anderson M.D.; 04/21/2016 3:08 PM EST.

OrthoCarolina

Work Status

Today's Date 04/21/16

Is the injury work-related? ☐ Yes ☐ No

Patient name RANDY JORDAN

Chart Number 10645986

Diagnosis Neck Strain

Right ☐ Left ☐ Bilateral ☐

☐ Patient was seen in the office today. Please excuse from work.

☐ Should not return to work - Anticipated length of time out of work: _____

☒ Return to work **WITHOUT** restrictions on 4/22/16 or ☐ Today

☐ Return to work **WITH** the following restrictions* on ____/____/____ or ☐ Today

Return to work no more than ____ hours per day beginning on ____/____/____

☐ No lifting greater than ____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than ____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over ____ pounds above shoulder level, ____ pounds waist to shoulder, ____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐

Left ☐

Both ☐

Repetitive ☐

Strong grip ☐

At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work ONLY.

☐ No standing / walking over ____ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. ____ Hot ____ Cold ____ Both

☐ No driving (transportation may be provided)

☐ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

☐ Follow up in: _____

Physician signature: David T. Anderson

Date 04/21/16

Physician Name: DAVID T ANDERSON, MD

Date 04/21/16

Estimated date of MMI: _____

*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For Workers' Comp inquiries only, call (704)323-2667 or fax (704)323-2007

000054

OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 48/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: David Anderson M.D.
Document Type: WC Follow Up Visit

Enc Date: 07/01/2016

Chief Complaint

• Mr. JORDAN is a 48 year old male who presents with upper back pain followup

...

HISTORY OF PRESENT ILLNESS

The patient presents in follow-up after a work injury back in February 2016. He continues to have pain in between the scapula that is worse with bending twisting and lifting. He has undergone extensive physical therapy without much improvement. Again; no radiating arm pain. No numbness or tingling in the arms at this point.

PHYSICAL EXAMINATION

Unchanged

RADIOGRAPHS/DIAGNOSTIC STUDIES

Reviewed again

IMPRESSION

1. Work injury
2. Neck and periscapular pain without signs of myelopathy or radiculopathy
3. OPLL with stenosis at C3-4 most notably

PLAN

At this point I again discussed with the patient his current symptoms. Unfortunately he has failed to progress with conservative treatment. His symptoms are predominantly myofascial and he does not have any signs of myelopathy or radiculopathy despite stenosis at C3-4 and to lesser extent at C5-6 and C6-7. I do not feel surgical intervention would alleviate his symptoms. We will have him see Dr. VanDerNoord for 2nd opinion.

Assessment

Former smoker (Z87.891).

Neck pain (M54.2).

Orders

Tobacco Use Screening; Requested for: 01 Jul 2016.

...

Allergies

No Known Drug Allergies.

Current Meds

Naprosyn TABS (Naproxen);; RPT

Xanax TABS (ALPRAZolam);; RPT

Hydrocodone-APAP TABS;; RPT

Januvia 100 MG Oral Tablet;; RPT

Ondansetron HCl - 4 MG Oral Tablet;; RPT.

Active Problems

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 07/01/2016

Left ankle pain (M25.572)
Low back pain (M54.5)
Neck pain (M54.2)
Overweight (E66.3).

PMH

No significant past medical history.

PSH

History Of Prior Surgery.

Family Hx

Family history of diabetes mellitus: Sister (Z83.3)
Family history of malignant neoplasm: Father (Z80.9).

Personal Hx

Former smoker (Z87.891)
Married
Non drinker / no alcohol use
Occupation.

ROS

M/S: See HPI.

Coun/Edu

We recommend that you bring your body mass index down to 25.; Requested for: 01 Jul 2016.

Signature

Electronically signed by : David Anderson M.D.; 07/01/2016 3:19 PM EST.

OrthoCarolina

Work Status

Today's Date 07/01/16

Is the injury work-related? ☐ Yes ☐ No

Patient name RANDY JORDAN

Chart Number 10645986

Diagnosis Neck Pain

Right ☐ Left ☐ Bilateral ☐

☐ Patient was seen in the office today. Please excuse from work.

☐ Should not return to work - Anticipated length of time out of work: _____

☒ Return to work **WITHOUT** restrictions on 7/5/16 or ☐ Today

☐ Return to work **WITH** the following restrictions* on / / or ☐ Today

Return to work no more than hours per day beginning on / /

☐ No lifting greater than pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over pounds above shoulder level, pounds waist to shoulder, pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐

Left ☐

Both ☐

Repetitive ☐

Strong grip ☐

At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work ONLY.

☐ No standing / walking over minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. Hot Cold Both

☐ No driving (transportation may be provided)

☐ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

☐ Follow up in:

Physician signature: DAVID T ANDERSON

Date 07/01/16

Physician Name: DAVID T ANDERSON, MD

Date 07/01/16

Estimated date of MMI:

*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For Workers' Comp inquiries only, call (704)323-2667 or fax (704)323-2007

000057

OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 48/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: Ronald VanDerNoord M.D.
Document Type: WC Est/New MD

Enc Date: 08/18/2016

Chief Complaint

• Mr. JORDAN is a 48 year old male who presents with f/u for upper back pain

...

HISTORY OF PRESENT ILLNESS:

Patient returns in follow up. He was unfortunately involved in a work related incident where he was walking along his truck and was struck by another vehicle and thrown over guard rail. The details of this are outlined in the record. He has had left ankle pain and still has some residual swelling but apparently there is no structural pathology. He is also complaining of pain between the shoulder blades in the upper to mid thoracic region with no frank myelopathic symptoms. He did have some initial CT scans was ruled out fractures but the patient does have significant ossification of the posterior longitudinal ligament with severe spinal stenosis at C3-4 which I discussed with him predated this injury. He is not really having any cervical radicular myelopathic complaints. He did get a CT scan of the abdomen and pelvis which showed a sclerotic lesion in the L5 body but he has failed to progress. I think were at the point were were obligated to get advanced imaging studies of the thoracic and lumbar spines.

From a work standpoint he is on modified duty and we will continue this for now. We will not refill any medications. I discussed with him trying to work towards achieving maximum medical improvement and rating in releasing him as quickly as possible once we rule out any treatable pathology. I agree with all his treatment up to this point.

REVIEW OF SYSTEMS

Updated in intake questionnaire.

PAST MEDICAL, FAMILY, AND SOCIAL HISTORY

There are no changes in the patient's social or family history per intake questionnaire.

MEDICATIONS

Updated, reviewed, and refilled as indicated.

EXAMINATION:

Const: Healthy appearing individual in no acute distress

Psych: Alert and oriented to person, place, time and situation

Resp: Normal, non-labored breathing

Lymph: No evidence of lymphedema on today's visit

Skin: No open wounds

CV: Normal pulses/baseline

Neuro: Neurologically the patient is intact and stable with no focal deficits no isolated dermatome or myotome deficits. No pathological or a symmetrical reflexes.

Musc: Normal mildly antalgic gait with minimal balance disturbance. The patient does have swelling over the left lateral ankle but minimally painful range of motion. He has tenderness in the mid thoracic region as well

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 08/18/2016

DIAGNOSTIC STUDIES:

Imaging studies reviewed is outlined

IMPRESSION:

1. Status post work related injury/impaired work status
2. Pre-existing severe spinal stenosis C3-4 without clinical myelopathy/radiculopathy
3. Mid thoracic pain/right lumbar radicular symptoms/L5 bony outlined per CT

MEDICAL DECISION MAKING:

We will keep the patient at the same work restrictions I think were obligated in an effort to advanced towards rating in releasing him to get advanced imaging studies of the thoracic and lumbar spines. Further disposition be based on these results he understands red flag symptoms to be aware of thank you for including us in his care.

This note has been created with voice recognition software, it has been edited for accuracy but may contain spelling and content errors.

Assessment

Low back pain (M54.5).

Neck pain (M54.2).

Thoracic spine pain (M54.6).

Allergies

No Known Drug Allergies.

Current Meds

Naprosyn TABS (Naproxen);; RPT

Xanax TABS (ALPRAZolam);; RPT

Gabapentin 300 MG Oral Capsule;; RPT

Fluticasone Propionate 50 MCG/ACT Nasal Suspension;; RPT

Jannuvia 100 MG Oral Tablet;; RPT

DULoxetine HCl - 60 MG Oral Capsule Delayed Release Particles;; RPT

Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release;; RPT.

Active Problems

Left ankle pain (M25.572)

Low back pain (M54.5)

Neck pain (M54.2)

Overweight (E66.3).

PMH

No significant past medical history.

PSH

History Of Prior Surgery.

Family Hx

Family history of diabetes mellitus: Sister (Z83.3)

Family history of malignant neoplasm: Father (Z80.9).

Personal Hx

Former smoker (Z87.891)

Married

Non drinker / no alcohol use

Occupation.

ROS

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 08/18/2016

Systemic: No recurrent fever, no recent weight loss, and no recent weight gain.

Head: No headache.

Eyes: No vision problems.

Otolaryngeal: No hearing loss and no hoarseness.

Cardiovascular: No chest pain or discomfort and no palpitations.

Pulmonary: No dyspnea and no chronic cough.

Gastrointestinal: Appetite not decreased. No dysphagia and no heartburn. No nausea, no vomiting, no abdominal pain, and no hematochezia.

Genitourinary: No hematuria and no change in urinary frequency. No dysuria.

Endocrine: No polydipsia and no temperature intolerance.

Hematologic: No easy bleeding and no tendency for easy bruising.

Musculoskeletal: No localized joint pain, no localized joint swelling, and no localized joint stiffness.

Neurological: No dizziness, no convulsions, and no numbness.

Psychological: No psychological symptoms and no sleep disturbances.

Skin: No dry skin. No skin lesions and no rash.

M/S: See HPI.

...

Signature

Electronically signed by : Ronald VanDerNoord M.D.; 08/18/2016 2:47 PM EST.

Work Status

Today's Date 08/18/16

Is the injury work-related? ☐ Yes ☐ No

Patient name RANDY JORDAN

Chart Number 10645986

Diagnosis _____ Right ☐ Left ☐ Bilateral ☐

____ Patient was seen in the office today. Please excuse from work.

____ Should not return to work - Anticipated length of time out of work: _____

____ Return to work **WITHOUT** restrictions on ____/____/____ or ☐ Today

____ Return to work **WITH** the following restrictions* on ____/____/____ or ☐ Today

Return to work no more than ____ hours per day beginning on ____/____/____

☐ No lifting greater than ____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than ____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over ____ pounds above shoulder level, ____ pounds waist to shoulder,
____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work ONLY.

☐ No standing / walking over ____ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. ____ Hot ____ Cold ____ Both

☐ No driving (transportation may be provided)

☒ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

____ Patient to start / continue physical / occupational therapy.

____ Patient released from physical / occupational therapy.

☐ Follow up in: _____

Physician signature: _____

Date 08/18/16

Physician Name: RON VANDERNOORD, MD

Date 08/18/16

Estimated date of MMI: _____

*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OFF
For Workers' Comp inquiries only, call (704)323-2667 or fax (704)323-2007

OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 48/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: Ronald VanDerNoord M.D.
Document Type: WC Follow Up Visit

Enc Date: 11/17/2016

Chief Complaint

• Mr. JORDAN is a 48 year old male who presents with f/u for upper back pain

HISTORY OF PRESENT ILLNESS:

Patient returns in follow-up. He did get the MRI of the lumbar spine which shows a focal sclerotic lesion in the anterior L5 vertebral body and some minimal disc bulges at L4-5 and L5-S1 with some mild right-sided neural foraminal narrowing.

The MRI of the thoracic spine shows abnormal signal in the posterior T5 vertebral body and into the adjacent pedicle. The radiologist confirms our recommendation for total body bone scan and I think this is clearly indicated prior to rating in releasing the patient. I will re-attempt to order a total body bone scan.

The patient continues to work regular duty still has some spasm at night we may try some Flexeril. He understands the parameters of when to take this medication. He will call with questions or concerns in the interim and he understands red flag symptoms to be aware of. He is still having some pain with cervical range of motion. No radicular myelopathic complaints

REVIEW OF SYSTEMS

Updated in intake questionnaire.

PAST MEDICAL, FAMILY, AND SOCIAL HISTORY

There are no changes in the patient's social or family history per intake questionnaire.

MEDICATIONS

Updated, reviewed, and refilled as indicated.

EXAMINATION:

Const: Healthy appearing individual in no acute distress
Psych: Alert and oriented to person, place, time and situation
Resp: Normal, non-labored breathing
Lymph: No evidence of lymphedema on today's visit
Skin: No open wounds
CV: Normal pulses/baseline
Neuro: Neurologically the patient is intact and stable with no focal deficits on today's evaluation
Musc: Stable from a musculoskeletal standpoint and consistent with recent documentation

DIAGNOSTIC STUDIES:

Imaging studies reviewed is outlined/total body bone scan indicated

IMPRESSION:

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 11/17/2016

1. Status post work related injury/impaired work status
2. C3-4 spinal stenosis without active radiculopathy/myelopathy
3. Mid thoracic and right lumbar symptoms with corresponding radiographic changes/recommend total body bone scan prior to MMI

MEDICAL DECISION MAKING:

We will keep the patient at his same current work status as at the Flexeril. He understands risks benefits options and alternatives and agrees to be compliant with the medication and call us with any changes. We will see him back after the bone scan and determine next best steps towards working towards rating in releasing him in achieving MMI. He will call with any changes or concerns

This note has been created with voice recognition software, it has been edited for accuracy but may contain spelling and content errors.

Assessment

Low back pain (M54.5).
Mid back pain (M54.9).
Neck pain (M54.2).

Allergies

No Known Drug Allergies.

Current Meds

Naprosyn TABS (Naproxen);; RPT
Xanax TABS (ALPRAZolam);; RPT
Gabapentin 300 MG Oral Capsule;; RPT
Fluticasone Propionate 50 MCG/ACT Nasal Suspension;; RPT
Januvia 100 MG Oral Tablet;; RPT
Cefdinir 300 MG Oral Capsule;; RPT
DULoxetine HCl - 60 MG Oral Capsule Delayed Release Particles;; RPT
Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release;; RPT:

Active Problems

Left ankle pain (M25.572)
Low back pain (M54.5)
Mid back pain (M54.9)
Neck pain (M54.2)
Overweight (E66.3)
Thoracic spine pain (M54.6).

PMH

No significant past medical history.

PSH

History Of Prior Surgery.

Family Hx

Family history of diabetes mellitus: Sister (Z83.3)
Family history of malignant neoplasm: Father (Z80.9).

Personal Hx

Former smoker (Z87.891)
Married
Non drinker / no alcohol use
Occupation.

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 11/17/2016

ROS

Musculoskeletal: Pain localized to one or more joints. No localized joint swelling and no localized joint stiffness.

Neurological: No dizziness, no tingling, no burning sensation, and no numbness.

M/S: See HPI.

Signature

Electronically signed by : Ronald VanDerNoord M.D.; 11/17/2016 2:23 PM EST.

OrthoCarolina

Work Status

Today's Date 11/17/16

Is the injury work-related? ☐ Yes ☐ No

Patient name RANDY

JORDAN

Chart Number 10645986

Diagnosis _____

Right ☐ Left ☐ Bilateral ☐

Patient was seen in the office today. Please excuse from work.

Should not return to work. Anticipated length of time out of work _____

Return to work **WITHOUT** restrictions on _____ / _____ / _____ or ☐ Today

Return to work **WITH** the following restrictions on _____ / _____ / _____ or ☐ Today

Return to work no more than _____ hours per day beginning on _____ / _____ / _____

☐ No lifting greater than _____ pounds Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder, _____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐

Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work ONLY.

☐ No standing / walking over _____ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature _____ Hot _____ Cold _____ Both _____

☐ No driving (transportation may be provided)

☒ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

Patient to start / continue physical / occupational therapy

Patient released from physical / occupational therapy.

☐ Follow up in: _____

Physician signature: _____

Date 11/17/16

Physician Name: RON VANDERNOORD, MD

Date 11/17/16

Estimated date of MMI: _____

*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OFF.

For Workers' Comp inquiries only, call (704) 323-2667 or fax (704) 323-2007

000065

OrthoCarolina

Patient: RANDY JORDAN
1432 HWY 268

Age/DOB: 49/Jan 29, 1968
MRN: 10645986

MOUNT CROGHAN, SC 29727

Provider: Jeffrey Daily M.D.
Document Type: WC Follow Up Visit

Enc Date: 06/29/2017

Chief Complaint

Mr. JORDAN is a 49 year old male who presents today for follow up of left ankle pain.

Dictation

The patient follows up today and he apparently had had his FCE. After about a half an hour we were able to have it E mailed by the therapy Center in Camden. The FCE pretty much documents some restrictions and a medium intensity work exposure. I have actually been restricting the patient to 50 lb pulling and lifting and we would continue with that on a permanent basis. He was able to meet the other requirements specified in terms of the rest of his job. Within normal MRI and no objective ligamentous or other abnormalities in terms of the ankle I would not expect any further treatment to be needed and I do think the patient is at MMI. With no objective findings on the MRI based on table 16.2 in the AMA guide for permanent impairment he would have a 0 rating. I encouraged him he has 24 months with which to follow us. Any changes or other issues related to his ankle Um we would be available to him.

Assessment

1. Former smoker (Z87.891)
2. Left ankle pain (M25.572)

Orders

1. Tobacco Use Screening; Status:Complete; Done: 29 Jun 2017
2. We recommend that you bring your body mass index down to 25.; Status:Complete; Done: 29 Jun 2017

Vitals**Vitals Panel [Data Includes: Current Encounter]**

Height: 5 ft 10 in
Weight: 322 lb
BMI Calculated: 46.2
BSA Calculated: 2.56
Pain Scale: 2

Allergies

No Known Drug Allergies

Current Meds

- DULoxetine HCl - 60 MG Oral Capsule Delayed Release Particles; Therapy: 04May2016 to Recorded
- Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release;

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 06/29/2017
DOB: 01/29/1968

- Therapy: 23May2016 to Recorded
- Fluticasone Propionate 50 MCG/ACT Nasal Suspension;
Therapy: 05Nov2015 to Recorded
 - Gabapentin 300 MG Oral Capsule;
Therapy: 23Jun2016 to Recorded
 - Januvia 100 MG Oral Tablet;
Therapy: 15Jun2015 to Recorded
 - Jardiance 25 MG Oral Tablet;
Therapy: 03Apr2017 to Recorded
 - Naprosyn TABS;
Therapy: (Recorded:08Apr2016) to Recorded
 - Tresiba FlexTouch 200 UNIT/ML Subcutaneous Solution Pen-injector;
Therapy: 17Jun2017 to Recorded
 - Xanax TABS;
Therapy: (Recorded:08Apr2016) to Recorded

Active Problems

Left ankle pain (M25.572)
Low back pain (M54.5)
Mid back pain (M54.9)
Neck pain (M54.2)
Ossification of posterior longitudinal ligament (M48.8X9)
Overweight (E66.3)
Thoracic spine pain (M54.6)

Past Medical History

No significant past medical history

Surgical History

History Of Prior Surgery

Family HistoryFather

Family history of malignant neoplasm (Z80.9)

Sister

Family history of diabetes mellitus (Z83.3)

Social History

Former smoker (Z87.891)

- : 15 years : 1995-00-00 00:00:00

Married
Non drinker / no alcohol use
Occupation

- : S,c,d,o,t lead person. And foreman

Review of Systems

GENERAL: no recurring fever, no recent weight change and no decreased appetite.

EYES: no vision impairment.

NEURO: no dizziness, no tingling, no burning sensation and no numbness.

OrthoCarolina

Patient: RANDY JORDAN
MRN: 10645986

Encounter: 06/29/2017
DOB: 01/29/1968

MUSC- SKEL: See HPI.

Signatures

Electronically signed by : Jeffrey Daily, M.D.; Jun 30 2017 6:29AM EST

 * PATIENT RECEIPT *

ORTHO CAROLINA, PA
 703 COMFORT LANE
 MONROE NC 28112-3800

TELEPHONE: (704) 323-2455

FEDERAL TAX ID#: 561093722

RANDY JORDAN
 1432 HWY 268

MOUNT CROGHAN SC 29727
 ACCOUNT #: 10645986

 *
 *
 * DATE: _____ *
 *
 * TIME: _____ *
 *
 * DOCTOR: _____ *

DATE OF SERVICE	CPT-4 CODE	ICD9	TRANSACTION DESCRIPTION	PROVIDER	AMOUNT
03/09/16	73610/LT	M54.5	XRAY ANKLE; 3 VIEW MINIMU	KIKER	P 83.00
06/28/16			Workers Comp Payment		.00
			Denied: Only covers Part B Premium		
06/28/16			Workers Comp Payment		57.10CR
06/28/16			Workers Comp Adjustment		25.90CR
03/09/16	72100	M54.5	LUMBAR/SACRAL XRAY 2,3 V	KIKER	P 106.00
06/28/16			Workers Comp Payment		.00
			Denied: Only covers Part B Premium		
06/28/16			Workers Comp Payment		64.49CR
06/28/16			Workers Comp Adjustment		41.51CR
03/09/16	72040	M54.5	RAD EXAM SPINE CERV; 2/3	KIKER	P 98.00
06/28/16			Workers Comp Payment		.00
			Denied: Only covers Part B Premium		
06/28/16			Workers Comp Payment		61.23CR
06/28/16			Workers Comp Adjustment		36.77CR
04/08/16	99214	M54.2	OFFIC/OUTPT VISIT E&M EST	ANDERSON	M 237.00
05/19/16			Workers Comp Payment		145.24CR
05/19/16			Workers Comp Adjustment		91.76CR
04/18/16	R02RU	Z02.9	RCK RECONCILED TICKET	PHYSICIAN	.00
04/18/16	72141	M54.2	MRI SPINAL CANAL & CONTEN	ANDERSON	M 1454.00
07/12/16			Workers Comp Payment		354.41CR
07/12/16			Workers Comp Adjustment		1059.59CR
04/21/16	99213	M54.2	OFFICE VISIT	ANDERSON	M 151.00
05/18/16			Workers Comp Payment		98.41CR
05/18/16			Workers Comp Adjustment		52.59CR
07/01/16	99213	M54.2	OFFICE VISIT	ANDERSON	M 151.00
08/25/16			Workers Comp Payment		120.80CR
08/25/16			Workers Comp Adjustment		30.20CR
08/18/16	99214	M54.5	OFFIC/OUTPT VISIT E&M EST	VANDERVOORD	M 237.00

 PLEASE SEE NEXT PAGE

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 * PATIENT RECEIPT *

ORTHO CAROLINA, PA
 703 COMFORT LANE
 MONROE NC 28112-3800

TELEPHONE: (704) 323-2455

FEDERAL TAX ID#: 561093722

RANDY JORDAN
 1432 HWY 268

MOUNT CROGHAN SC 29727
 ACCOUNT #: 10645986

 *
 * DATE: _____ *
 * TIME: _____ *
 * DOCTOR: _____ *

DATE OF SERVICE	CPT-4 CODE	ICD9	TRANSACTION DESCRIPTION	PROVIDER	AMOUNT
10/18/16			Workers Comp Payment		145.24CR
10/18/16			Workers Comp Adjustment		91.76CR
03/09/16	99204	M54.5	OFFIC/OUTPT VISIT E&M NEW	KIKER	P 390.00
11/17/16	99214	M54.5	OFFIC/OUTPT VISIT E&M EST	VANDERNOORD	M 237.00

ACCOUNT # 10645986	TODAY'S CHARGES	\$	.00
	CHARGES PENDING TO INSURANCE	\$	.00
	BALANCE DUE FROM THE PATIENT	\$	.00

Charges not processed within 90 days will automatically become the responsibility of the patient.
 It is your responsibility to contact your insurance company regarding timely payment of your medical bills.

PERSONAL BALANCE:			
CURRENT	30 DAYS	60 DAYS	OVER 90 DAYS
.00	.00	.00	.00

000070



Mar. 23. 2016 1:31PM

No. 0650 P. 1

CAMDEN OPEN MRI
1202-A Mill Street
Camden, SC 29020

Phone: 1-803-432-0470
Fax: 1-803-432-0570
1-803-425-4123

Patient: Randy Jordan
DOB: 1/29/1968
Account #: 46288.0
Physician: Dr. Meade
Workers Comp

History: pain in neck and center of shoulder blades

CERVICAL SPINE MRI 3/21/16

MRI was performed on .3 Tesla Open Permanent Magnet Hialeachi System: Scanogram, T2 sagittal, T1 sagittal, proton density sagittal and T2 axial angle sequences were obtained.

Multiple sequences reveal the vertebral body heights, signals and alignment to be unremarkable. There are small to moderate disc protrusions mainly on the left at C3-4 and C5-6 and smaller also on the right at C5-6. Smaller disc protrusion mainly central is present at C4-5. The AP diameter of the canal at C3-4 and C4-5 is 7 mm which is lower normal. There may be myelopathy at these levels however due to artifact is difficult to confirm this. Also disc bulge at C6-7. There is some spurring into the neural foramina which is felt to be moderate on the left and right at C5-6 and C6-7.

IMPRESSION: HNP'S AT C3-4, C4-5 AND C5-6. DISC BULGE AT C6-7. SOMEWHAT NARROWED CANAL AT C3-4 AND C5-6. POSSIBLE MYELOPATHY WITH MINIMAL ANTERIOR IMPINGEMENT ON THE CORD AT C3-4 AND C5-6. SPURRING INTO THE NEURAL FORAMINA FROM THE UNCOVERTEBRAL JOINTS AS DESCRIBED ABOVE.

Donald J. Copley, MD
Camden Radiology Associates

DJC/js

Date Transcribed: 3-23-16
Date Signed: 3-24-16

000071

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct#: 5614 Exam Date: 5/4/2016
DOB: 1/29/1968 Age: 48 Gender: M Onset of Illness/Injury: 2/4/2016
Referral: Dr. David Anderson
Insurance Name: CareIQ Therapy Program ID#: 249638196

CERVICAL EVALUATION

SUBJECTIVE:

Patient presented with the following Chief Complaint:

Constant centralized neck pain with LOM and decreased function.

HPI Detail:

Problem started on 2/4/16 while at work , just came out of his work truck when another vehicle hit his work truck and side swipped him , throwing his against the guard rail. Was brought to the ER had multiple tests and as per patient diagnosed with cervical stenosis. Was referred eventually to Dr. David Anderson , had MRI x 2 and was diagnosed with neck strain. Patient was kindly referred to physical therapy for evaluation and intervention.

PAIN SCALE:

Constant Intensity: Marked
Onset: 3 Months Onset Description: Trauma
Now: 7/10 Character: Aching
Worst: 10/10 Character: Severe
Best: 7/10 Character: Aching

AGGRAVATING FACTORS:

Neck extension & rotation (B)

RELIEVING FACTORS:

Rest / pain pills

FUNCTIONAL LIMITATIONS:

Patient with difficulty performing tasks above shoulder level and rotation side to side due to increasing neck pain .

DIAGNOSTIC TESTS:

X-Rays, MRI, CAT Scan

WORK STATUS/DUTIES:

Patient is married and works for SCDOT . He is on light duty at this time , but claimed operates heavy equipment.

OBJECTIVE:

Endomorph. (-) visible redness or swelling noted on his neck and shoulder muscles .

RANGE OF MOTION: (Results in degrees)

Flexion->	A: 30	P: 40
Extension->	A: 10	P: 15
R Rot->	A: 35	P: 40
L Rot->	A: 38	P: 45
R Lat Flex->	A: 20	P: 24
L Lat Flex->	A: 24	P: 29

RESISTED MUSCLE TESTING:

(B) UE : grossly graded: 5/5.

ASSESSMENT:

PT Impression: Patient was diagnosed with cervical strain with chief complaint of constant centralized neck pain with LOM and difficulty performing tasks above shoulder tasks and tasks requiring neck rotation side to side. A good rehab candidate at this time for neck pain management and help patient normalize function with chores including tasks above shoulder and tasks requiring neck rotation side to side. Ultimately returns to full active duty at work.

Neck Disability Index: 57.77 % .

PROBLEM LIST:

1. Constant centralized neck pain
2. LOM cervical spine
3. Muscle spasm neck and shoulder blade muscles
4. Difficulty performing tasks above shoulder level and tasks r
5. On light duty at work

DIAGNOSIS:

1. M54.2 Cervicalgia
2. M62.838 Other muscle spasm
3. S13.8XXD Sprain of joints and ligaments of oth prt neck, sub

SHORT TERM GOALS: Duration: 3 weeks

1. Help decrease neck pain by 5/10 at most.
2. Normalize C-spine mobility .
3. Perform tasks above shoulder level with decreased difficulty and discomfort by 50% observing proper body mechanics and posture.
4. Perform tasks requiring neck rotation side to side with decreased difficulty and discomfort by 50% observing proper body mechanics and posture.
5. Independent with HEP.

LONG TERM GOALS: Duration: 6 weeks

1. Pain free on her neck .
2. Normalize function with chores including above shoulder tasks and tasks requiring neck rotation side to side observing proper body mechanics and posture.
3. When cleared by Dr. Anderson, returns to full active
4. Discharge from skilled PT with HEP.

RandyJordan

000073

PLAN:

VISIT RECOMMENDATIONS:

Frequency: 2 x/wk Duration: 6 wks

REHAB POTENTIAL:

Good

SERVICES:

Pain modalities , manual therapy, C-ROM /strengthening /stabilization , conditioning , Mc
Kenzie's cervical exercises , Callist's exercises , functional exercises , postural
/proper body mechanics education , RHP

Signature: _____

Marvin Sto.Domingo, PT

I Certify the need for these services provided under this plan of treatment, while under
my care. I agree to re-evaluate this treatment plan every thirty days or sooner if
needed.

Physician Signature: _____

Dr. David Anderson

Date: _____

Comments if any: _____

RandyJordan

000074

Charaw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Charaw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan
Referral: Dr. David Anderson

Acct#: 5614

Exam Date: 05/18/16

PERFORMANCE EVALUATION

Diagnosis:

M54.2 Cervicalgia

TREATMENT INTERVENTIONS:

Pain modalities , manual therapy, stretching exercises , C-ROM /strengthening , stabilization exercises , Mc Kenzie's cervical exercises , Calliet's cervical exercises , proper body mechanics and posture , HEP

STATUS:

Pain: Patient reported that his neck pain is still "the same" and "it's not better". Cervical and thoracic musculatures/soft tissue appeared to be normotonic at this time, no abnormal tonicity noted after his treatment session today.

AROM: Increased (note: Due to patient's physique and neck structure, he even chokes when he extends and flexes his neck). Cervical spine flexion: 0-45 degrees, extension: 0-20 degrees, rotation @: 0-70 degrees, rotation (L): 0-55 degrees, lateral flexion (L): 0-30 degrees, lateral flexion @: 0-32 degrees

Function: Increased. Patient claimed he is now on full active duty operating heavy equipment machines. However claimed that turning his head side to side bothers him when at work and when driving his own car, advised to observe safety.

Strength: (B) UE: grossly graded: 5/5.

RECOMMENDATIONS:

Recommending continuing skilled PT for 2x/ week for 3 weeks for further pain management, ROM and functional restoration.

PT Goals: 3 weeks

1. Pain free on his neck.
2. Normalize cervical rotation to the (L).
3. To be able to perform his job tasks without any difficulty or discomfort especially when it involves neck rotation side to side. For patient's safety and other people's safety like when operating heavy equipments and driving his car.
4. Discharge from skilled PT

PHYSICIAN: Please sign and return to the address indicated above.

Thank you for referring your patient to us. God bless you and your family!

Therapist Signature: Marvin S. P. Domingo, PT

Date: 5/18/16

Physician Signature: Dr. David Anderson

Date: _____

Comments if any: _____

SCANNED

000075

Cheraw Physical Therapy And Rehabilitation Center, LLC

309 Chesterfield Hwy Ste 1

Cheraw SC 29520-3052

PH: (843) 320-8000

Fax: (843) 320-8002

Name: Randy Jordan

Acct#: 5614

Exam Date: 05/18/16

Referral: Dr. David Anderson

PERFORMANCE EVALUATION

Diagnosis:

M54.2 Cervicalgia

TREATMENT INTERVENTIONS:

Pain modalities, manual therapy, stretching exercises, C-ROM /strengthening, stabilization exercises, Mc Kenzie's cervical exercises, Calliet's cervical exercises, proper body mechanics and posture, HEP

STATUS:

Pain: Patient reported that his neck pain is still "the same" and "it's not better". Cervical and thoracic musculatures/soft tissue appeared to be normotonic at this time, no abnormal tonicity noted after his treatment session today.

AROM: Increased (note: Due to patient's physique and neck structure, he even chokes when he extends and flexes his neck). Cervical spine flexion: 0-45 degrees, extension: 0-20 degrees, rotation: @: 0-70 degrees, rotation (L): 0-55 degrees, lateral flexion (L): 0-30 degrees, lateral flexion @: 0-32 degrees

Function: Increased. Patient claimed he is now on full active duty operating heavy equipment machines. However claimed that turning his head side to side bothers him when at work and when driving his own car, advised to observe safety.

Strength: (B) UE; grossly graded: 5/5.

RECOMMENDATIONS:

Recommending continuing skilled PT for 2x/ week for 3 weeks for further pain management, ROM and functional restoration.

PT Goals: 3 weeks

1. Pain free on his neck.
2. Normalize cervical rotation to the (L).
3. To be able to perform his job tasks without any difficulty or discomfort especially when it involves neck rotation side to side. For patient's safety and other people's safety like when operating heavy equipments and driving his car.
4. Discharge from skilled PT

PHYSICIAN: Please sign and return to the address indicated above.

Thank you for referring your patient to us. God bless you and your family!

Therapist Signature: _____

Marvin S. Domingo, PT

Date: 5/18/16

Physician Signature: _____

Dr. David Anderson

Date: 5/25/16

SCANNED

Comments if any: _____

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan
Referral: Dr. David Anderson

Acct#: 5614

Exam Date: 05/08/16

PERFORMANCE EVALUATION

Diagnosis:

M54.2 Cervicalgia

TREATMENT INTERVENTIONS:

Pain modalities , manual therapy , C-ROM /stretching exercises , Mc Kenzie's cervical exercises , Calliet's cervical exercises , strengthening /stabilization exercises , conditioning , functional exercises , postural /proper body mechanics education , HEP

STATUS:

Pain: Patient reported that every time he goes to physical therapy for treatment , his neck feels "good ", however when he returns back to work , "pain comes back", "It feels the same", as per patient.

AROM: Increased. Patient's cervical spine mobility : WFL (note: due to patient's neck structure that he claimed diagnosed with small wind pipe , every time he moves his neck in any direction at the end ranges he coughs and chokes).

Function: increased. Patient claimed now on full active duty at work. However claimed that his neck hurts every after work.

Strength: (B) UE: grossly graded: 5/5 at this time.

RECOMMENDATIONS:

Discontinue skilled PT.

Comments: maximum benefit from skilled PT already achieved. May need to see Dr. Anderson back, claimed still with constant neck pain. C-ROM : WFL, MMT : (B) UE and claimed already on full active duty at work , however claimed over-all his neck pain remained "the same".

PHYSICIAN: Please sign and return to the address indicated above.

Thank you for referring your patient to us. God bless you and your family!

Therapist Signature: Marvin Sto. Domingo, PT

Date: 6/1/16

Physician Signature: Dr. David Anderson

Date: _____

Comments if any: _____

000077

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct#: 5614 Exam Date: 5/4/2016
DOB: 1/29/1968 Age: 48 Gender: M Onset of Illness/Injury: 2/4/2016
Referral: Dr. David Anderson
Insurance Name: CareIQ Therapy Program ID#: 249638196

CERVICAL EVALUATION

SUBJECTIVE:

Patient presented with the following Chief Complaint:

Constant centralized neck pain with LOM and decreased function.

HPI Detail:

Problem started on 2/4/16 while at work , just came out of his work truck when another vehicle hit his work truck and side swipped him , throwing his against the guard rail. Was brought to the ER had multiple tests and as per patient diagnosed with cervical stenosis. Was referred eventually to Dr. David Anderson , had MRI x 2 and was diagnosed with neck strain. Patient was kindly referred to physical therapy for evaluation and intervention.

PAIN SCALE:

Constant Intensity: Marked
Onset: 3 Months Onset Description: Trauma
Now: 7/10 Character: Aching
Worst: 10/10 Character: Severe
Best: 7/10 Character: Aching

AGGRAVATING FACTORS:

Neck extension & rotation (B)

RELIEVING FACTORS:

Rest / pain pills

FUNCTIONAL LIMITATIONS:

Patient with difficulty performing tasks above shoulder level and rotation side to side due to increasing neck pain .

DIAGNOSTIC TESTS:

X-Rays, MRI, CAT Scan

WORK STATUS/DUTIES:

Patient is married and works for SCDOT . He is on light duty at this time , but claimed operates heavy equipment.

OBJECTIVE:

Endomorph. (-) visible redness or swelling noted on his neck and shoulder muscles .

RANGE OF MOTION: (Results in degrees)

Flexion->	A: 30	P: 40
Extension->	A: 10	P: 15
R Rot->	A: 35	P: 40
L Rot->	A: 38	P: 45
R Lat Flex->	A: 20	P: 24
L Lat Flex->	A: 24	P: 29

RESISTED MUSCLE TESTING:

(B) UE : grossly graded: 5/5.

ASSESSMENT:

PT Impression: Patient was diagnosed with cervical strain with chief complaint of constant centralized neck pain with LOM and difficulty performing tasks above shoulder tasks and tasks requiring neck rotation side to side. A good rehab candidate at this time for neck pain management and help patient normalize function with chores including tasks above shoulder and tasks requiring neck rotation side to side. Ultimately returns to full active duty at work.

Neck Disability Index: 57.77 % .

PROBLEM LIST:

1. Constant centralized neck pain
2. LOM cervical spine
3. Muscle spasm neck and shoulder blade muscles
4. Difficulty performing tasks above shoulder level and tasks r
5. On light duty at work

DIAGNOSIS:

1. M54.2 Cervicalgia
2. M62.838 Other muscle spasm
3. S13.8XXD Sprain of joints and ligaments of oth prt neck, sub

SHORT TERM GOALS: Duration: 3 weeks

1. Help decrease neck pain by 5/10 at most.
2. Normalize C-spine mobility .
3. Perform tasks above shoulder level with decreased difficulty and discomfort by 50% observing proper body mechanics and posture.
4. Perform tasks requiring neck rotation side to side with decreased difficulty and discomfort by 50% observing proper body mechanics and posture.
5. Independent with HEP.

LONG TERM GOALS: Duration: 6 weeks

1. Pain free on her neck .
2. Normalize function with chores including above shoulder tasks and tasks requiring neck rotation side to side observing proper body mechanics and posture.
3. When cleared by Dr. Anderson, returns to full active
4. Discharge from skilled PT with HEP.

PLAN:

VISIT RECOMMENDATIONS:

Frequency: 2 x/wk Duration: 6 wks

REHAB POTENTIAL:

Good

SERVICES:

Pain modalities , manual therapy, C-ROM /strengthening /stabilization , conditioning , Mc
Kensie's cervical exercises , Callist's exercises , functional exercises , postural
/proper body mechanics education , HEP

Signature: _____

Marvin Sto. Domingo, PT

I Certify the need for these services provided under this plan of treatment, while under
my care. I agree to re-evaluate this treatment plan every thirty days or sooner if
needed.

Physician Signature: _____

Dr. David Anderson

Date: _____

Comments if any: _____

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 5/5/2016
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 249638196

DAILY SOAP NOTES

SUBJECTIVE:

Presented with 5/10 neck pain.

OBJECTIVE:

was engaged with C-ROM, stretching, strengthening/stabilization exercises, provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises. Pain modality and manual therapy provided to help alleviate his neck pain. Pain free on his neck after the session.

ASSESSMENT:

PT Impression: Patient was diagnosed with cervical strain with chief complaint of constant centralized neck pain with LOM and difficulty performing tasks above shoulder tasks and tasks requiring neck rotation side to side. A good rehab candidate at this time for neck pain management and help patient normalize function with chores including tasks above shoulder and tasks requiring neck rotation side to side. Ultimately returns to full active duty at work.

PLAN:

1. Will continue with neck pain mgt & fxnal restoration.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE:

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs, 10x	5 sec. hold
Assisted C-protracti	10x each
Flexion	
Shrugs	20x
Rows/press	20x
Horizontal abd	(B) UE 20x
Wand Exs. flex/ext	CW & CCW 20x
	Each
Total Exercise Time:	30 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Marvin Sto. Domingo, PT

Date: 5/5/2016

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 5/11/2016
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 249638196

DAILY SOAP NOTES

SUBJECTIVE:

Presented with 4/10 neck pain .

OBJECTIVE:

was engaged with C-ROM , stretching , strengthening /stabilization exercises . provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises . pain modality and manual therapy provided to help alleviate his neck pain .

ASSESSMENT:

pain free on his neck after the session.

PLAN:

1. Will continue with neck pain mgt & fxnal restoration.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE :

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Callie's C-exs. 10x	5 sec. hold
Assisted C-protracti	10x each
Flexion	
Shrugs	20x
Rows/press	20x
Horizontal abd	(B) UE 20x
Wand Exs. flex/ext	CW & CCW 20x
	Each
Total Exercise Time:	30 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Marvin Sto Domingo, PT

Date: 5/11/2016

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 5/12/2016
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 249638196

DAILY SOAP NOTES

SUBJECTIVE:

Presented with 5/10 neck pain .

OBJECTIVE:

was engaged with C-ROM , stretching , strengthening /stabilization exercises , provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises , pain modality and manual therapy provided to help alleviate his neck pain ,

ASSESSMENT:

pain free on his neck after the session.

PLAN:

1. Will continue with neck pain mgt & fxnal restoration.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE :

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs, 10x	5 sec. hold
Assisted C-protracti	10x each
Flexion	
Shrugs	20x
Rows/press	20x
Horizontal abd	(B) UE 20x
Wand Exs. flex/ext	CW & CCW 20x
	Each
Total Exercise Time:	30 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Maryn Sto. Domingo, PT

Date: 5/12/2016

000083

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 5/17/2016
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 249638196

DAILY SOAP NOTES

SUBJECTIVE:

Presented with 4/10 neck pain.

OBJECTIVE:

was engaged with C-ROM, stretching, strengthening/stabilization exercises, provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises. pain modality and manual therapy provided to help alleviate his neck pain.

ASSESSMENT:

decreased neck pain by 2/10 after the session. C-spine mobility: WNL, but when I was passively moving it with gentle stretch, patient was resisting the motion. he was in very good spirit before and after PT treatment, joking around.

PLAN:

1. Will continue with neck pain mgt & fxnal restoration.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE:

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs. 10x	5 sec. hold
Assisted C-protracti	10x each
Flexion	
Shrugs	20x
Rows/press	20xblktband
Horizontal abd	(B) UE 20xblktb
Wand Exs. flex/ext	CW & CCW 20x
	Blktband
Wand Exs. flex/press	4# 20 each
Total Exercise Time:	37 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Marvin S. Domingo, PT

Date: 5/17/2016

000084

Cheraw Physical Therapy And Rehabilitation Center, LLC

309 Chesterfield Hwy Ste 1

Cheraw SC 29520-3052

PH: (843) 320-8000

Fax: (843) 320-8002

Name: Randy Jordan

Acct#: 8614

Exam Date: 05/18/16

Referral: Dr. David Anderson

PERFORMANCE EVALUATION

Diagnosis:

M50.2 Cervicalgia

TREATMENT INTERVENTIONS:

Pain modalities, manual therapy, stretching exercises, C-ROM /strengthening, stabilization exercises, Mc Kenzie's cervical exercises, Calliet's cervical exercises, proper body mechanics and posture, HEP

STATUS:

Pain: Patient reported that his neck pain is still "the same" and "it's not better", Cervical and thoracic musculatures/soft tissue appeared to be normotonic at this time, no abnormal tonicity noted after his treatment session today.

AROM: Increased (note: Due to patient's physique and neck structure, he even chokes when he extends and flexes his neck), Cervical spine flexion: 0-45 degrees, extension: 0-20 degrees, rotation: @: 0-70 degrees, rotation (L): 0-55 degrees, lateral flexion (L): 0-30 degrees, lateral flexion @: 0-32 degrees

Function: Increased. Patient claimed he is now on full active duty operating heavy equipment machines, However claimed that turning his head side to side bothers him when at work and when driving his own car, advised to observe safety.

Strength: (B) UE: grossly graded: 5/5.

RECOMMENDATIONS:

Recommending continuing skilled PT for 2x/ week for 3 weeks for further pain management, ROM and functional restoration.

PT Goals: 3 weeks

1. Pain free on his neck.
2. Normalize cervical rotation to the (L).
3. To be able to perform his job tasks without any difficulty or discomfort especially when it involves neck rotation side to side. For patient's safety and other people's safety like when operating heavy equipments and driving his car.
4. Discharge from skilled PT

PHYSICIAN: Please sign and return to the address indicated above.

Thank you for referring your patient to us. God bless you and your family!

Therapist Signature: _____

Marvin S. Domingo, PT

Date: 5/18/16

Physician Signature: _____

Dr. David Anderson

Date: 5/25/16

SCANNED

Comments if any: _____

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 5/18/2018
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 248638196

DAILY SOAP NOTES

SUBJECTIVE:

Claimed neck pain is about 7/10 today.

OBJECTIVE:

was engaged with C-ROM, stretching, strengthening/stabilization exercises. provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises. pain modality and manual therapy provided to help alleviate his neck pain. performance evaluation done (see objective findings from performance evaluation report).

ASSESSMENT:

patient claimed pain is still "the same", C-spine mobility increased: flexion: 0-45 degrees from 0-30 degrees upon IE, extension: 0-20 degrees from 0-10 degrees upon IE, rot. (R) 0-70 degrees from 0-35 degrees upon IE, rot. (L): 0-55 degrees from 0-38 degrees, lat. flex (R): 0-32 degrees from 0-20 degrees and lat flex (L): 0-30 degrees from 0-24 degrees upon IE. In terms of function he improved, claimed he was is on "full duty", for there's no light duty in my work", as per patient operating heavy equipments, Still a good rehab candidate at this time.

PLAN:

1. Recommending to continue PT for 2x/ week for 3 weeks.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE:

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs. 10x	5 sec. hold
Assisted C-protracti	10x each
Flexion	
Shrugs	20x
Rows/presa	20xblktband
Horizontal abd	(B) UE 20xblktb
Wand Exs. flex/ext	CW & CCW 20x
	Blktband
Wand Exs. flex/presa	5# 20 each
Triceps Extension	Blktband 20x
Total Exercise Time:	35 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck. 10 mins.

Therapist's Electronic Signature: Marin Ste Domingo, PT

Date: 5/18/2018

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 5/24/2016
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 249638196

DAILY SOAP NOTES

SUBJECTIVE:

Claimed neck pain is about 8/10 today. "still feels the same", as per patient before starting PT treatment.

OBJECTIVE:

was engaged with C-ROM, stretching, strengthening/stabilization exercises. provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises. pain modality and manual therapy provided to help alleviate his neck pain.

ASSESSMENT:

"just feels numb", as per patient after using pain liniment with manual therapy / soft tissue mobilization. No complaint of pain on his neck after the session.

PLAN:

1. Will continue with pain mgt & fxnal restoration.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE:

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs. 10x	5 sec. hold
Assisted C-protracti	10x each
Flexion	
Shrugs	20x
Rows/press	20xblktband
Horizontal abd	(B) UE 20xblktb
Wand Exs. flex/ext	CW & CCW 20x
	Blktband
Wand Exs. flex/press	5# 20 each
Triceps Extension	Blktband 20x
Total Exercise Time:	35 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Marvin Sto. Domingo, PT

Date: 5/24/2016

000087

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 5/28/2018
 DOB: 1/29/1988 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 249638198

DAILY SOAP NOTES

SUBJECTIVE:

Claimed neck soreness/aching is about 4/10 today, claimed with stiffness turning to the right.

OBJECTIVE:

was engaged with C-ROM, stretching, strengthening/stabilization exercises. provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises. pain modality and manual therapy provided to help alleviate his neck pain.

ASSESSMENT:

"feels okay right now", as per patient. Able to turn to the right without any complaint. C-spine mobility: WFL after the session at this time (note: patient has a bigger neck structure). Claimed very minimal soreness/aching around 2/10 after the session.

PLAN:

1. Will continue with pain mgt & fxnal restoration.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE:

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs. 10x	5 sec. hold
Mc Kenzie's retracti	Assisted done
Muscle energy contra	Relax done
Shrugs	20x
Rows/press	20xbkltband
Horizontal abd	(B) UE 20xbkltb
Wand Exs. flex/ext	CW & CCW 20x
	Bkltband
Wand Exs. flex/press	5# 20 each
Triceps Extension	Bkltband 20x
(B) elbows 3#	20 each plane
UBE (B) UE 3 mins.	Forwa/3 mins.
Backwards	
Total Exercise Time:	38 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Maryn Sto. Domingo, PT

Date: 5/26/2016

000088

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5814 Exam Date 5/31/2016
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 249638198

DAILY SOAP NOTES

SUBJECTIVE:

Claimed neck soreness/aching is about 4/10 today.

OBJECTIVE:

was engaged with C-ROM, stretching, strengthening/stabilization exercises. provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises. pain modality and manual therapy provided to help alleviate his neck pain.

ASSESSMENT:

decreased soreness and aching to about 2/10 after the session. Patient's cervical spine mobility: WNL after the session, his neck and shoulder musculatures more relax after his treatment today.

PLAN:

1. Will continue with pain mgt & fxnal restoration.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE:

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs. 10x	5 sec. hold
Mc Kenzie's retract	Assisted
Muscle energy contra	Relax done
Shrugs	20x
Rows/press	20xblktband
Horizontal abd	(B) UE 20xblktb
Wand Exs. flex/ext	CW & CCW 20x
	Blktband
Wand Exs. flex/press	5# 20 each
Triceps Extension	Blktband 20x
(B) elbows 3#	20 each plane
UBE (B) UE 3 mins.	Forwa/3 mins.
Backwards	
Total Exercise Time:	40 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Marvin Sto Domingo, PT

Date: 5/31/2016

000089

Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 6/2/2016
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 248638196

DAILY SOAP NOTES

SUBJECTIVE:

(+) soreness on his CT-areas about 6/10, claimed was operating heavy equipment at work today.

OBJECTIVE:

was engaged with C-ROM, stretching, strengthening/stabilization exercises, provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises, pain modality and manual therapy provided to help alleviate his neck pain, progressed exercises.

ASSESSMENT:

"feels better", as per patient decreased about 5/10 soreness after the session, claimed mostly along the thoracic/scapular area, C-PROM: WNL.

PLAN:

1. Will continue with pain mgt & fxnal restoration.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE:

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs. 10x	5 sec. hold
Mc Kenzie's retracti	Assisted
Muscle energy contra	Relax done
Shrugs	20x
Rows/press	20xgreytband
Horizontal abd	(B) UE 20xgreyt
Wand Exs. flex/ext	CW & CCW 20x
	Greytband
Wand Exs. flex/press	7.5# 20 each
Triceps Extension	Greytband 20x
(B) elbows 4#	20 each plane
UBE (B) UE 3 mins.	Forwa/3 mins.
Backwards	
Total Exercise Time:	45 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Mary St. Domingo, PT

Date: 6/2/2016

000090

Cheraw Physical Therapy And Rehabilitation Center, LLC

309 Chesterfield Hwy Ste 1

Cheraw SC 29520-3052

PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 6/7/2016
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 249638198

DAILY SOAP NOTES**SUBJECTIVE:**

Claimed his neck pain " stays about 6/10 "

OBJECTIVE:

was engaged with C-ROM , stretching , strengthening /stabilization exercises , provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises , pain modality and manual therapy provided to help alleviate his neck pain , progressed exercises ,

ASSESSMENT:

Pain decreased to about "5/10 " , after the session. C-spine mobility : WNL. Neck and shoulder muscles remained relax (no increased in tonicity) after the treatment ,

PLAN:

1. Will continue with pain mgt & fxnal restoration.

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE :

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs. 10x	5 sec. hold
Mc Kenzie's retracti	Assisted
Muscle energy contra	Relax done
Shrugs	20x
Rows/press	20xgreytband
Horizontal abd	(B) UE 20xgreyt
Wand Exs. flex/ext	CW & CCW 20x
	Greytband
Wand Exs. flex/press	7.5# 20 each
Triceps Extension	Greytband 20x
(B) elbows 4#	20 each plane
UBE (B) UE 4 mins.	Forwa/4 mins.
Backwards	
Total Exercise Time:	45 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Marvin Sto. Domingo, PTDate: 6/7/2016

000091

Charay Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Charay SC 29520-3032
PH: (843) 320-8000 FAX: (843) 320-8008

Name: Randy Jordan
Referral: Dr. David Anderson

Acpt#: 5814

Exam Date: 06/09/16

PERFORMANCE EVALUATION

Diagnosis:

M54.2 Cervicalgia

RECOMMEND INTERVENTIONS:

Pain modalities, manual therapy, C-ROM /stretching exercises, Mc Kenzie's cervical exercises, Calliot's cervical exercises, strengthening /stabilization exercises, conditioning, functional exercises, postural /proper body mechanics education, MEP

STATUS:

Pain: Patient reported that every time he goes to physical therapy for treatment, his neck feels "good", however when he returns back to work, "pain comes back", "It feels the same", as per patient.

ROM: Increased. Patient's cervical spine mobility: MPL (note: due to patient's neck structure that he claimed diagnosed with small wind pipe, every time he moves his neck in any direction at the end ranges he coughs and chokes).

Function: Increased. Patient claimed now on full active duty at work. However claimed that his neck hurts every after work.

Strength: (B) UE: grossly graded: 3/5 at this time.

RECOMMENDATIONS:

Discontinue skilled PT.

Comments: Maximum benefit from skilled PT already achieved. May need to see Dr. Anderson back, claimed still with constant neck pain. C-ROM: MPL, MxT: (B) UE and claimed already on full active duty at work, however claimed over-all his neck pain remained "the same".

PHYSICIAN: Please sign and return to the address indicated above.

Thank you for referring your patient to us. God bless you and your family!

Therapist Signature:

Mary Jo. Doolittle, PT

Date:

6/16

Physician Signature:

Dr. David Anderson

Date:

6/13/16

Comments if any:



Cheraw Physical Therapy And Rehabilitation Center, LLC
309 Chesterfield Hwy Ste 1
Cheraw SC 29520-3052
PH: (843) 320-8000 Fax: (843) 320-8002

Name: Randy Jordan Acct# 5614 Exam Date 6/8/2016
 DOB: 1/29/1968 Age: 48 Gender: M
 PCP: _____ Referral Source: Anderson, David
 Insurance: CareIQ Therapy Program ID#: 249638196

DAILY SOAP NOTES

SUBJECTIVE:

Again presented with 6/10 neck pain.

OBJECTIVE:

was engaged with C-ROM, stretching, strengthening/stabilization exercises, provided with constant verbal and tactile cues for him to perform the exercises with good technique and be able to achieve maximum benefit from the exercises. pain modality and manual therapy provided to help alleviate his neck pain, performance evaluation done (see objective findings from performance evaluation report).

ASSESSMENT:

Claimed again a 5/10 neck pain after the session. Claimed that he feels "good", when he comes to therapy and when he comes back to work, at the end of the day pain comes back. C-ROM: WFL, due to patient's neck structure, he chokes and coughs at the end of the ranges. Claimed he was diagnosed with small wind pipe. MMT: (B) UE: grossly graded: 5/5, reported that he is now on full time duty. His mobility and strength WNL but claimed pain remained "the same", when at work maximum benefit from skilled PT already achieved.

PLAN:

1. Recommending to d/c from skilled PT at this time.
2. Refer back to specialist

EXERCISES TO INCREASE STRENGTH/ENDURANCE/ROM/BALANCE:

C-PROM	Done
Passive UT / scalene	Stretching
	3 REPS 10 sec.
Calliet's C-exs. 10x	5 sec. hold
Mc Kenzie's retracti	Assisted
Muscle energy contra	Relax done
Shrugs	20x
Rows/press	20xgreytband
Horizontal abd	(B) UE 20xgreyt
Wand Exs. flex/ext	CW & CCW 20x
	Greytband
Wand Exs. flex/press	7.5# 20 each
Triceps Extension	Greytband 20x
(B) elbows 4#	20 each plane
Total Exercise Time:	40 mins.

Modalities to Relieve Pain:

1. MH with IFC neck 15 mins.
2. STM/manual therapy neck 10 mins.

Therapist's Electronic Signature: Marvin Sto. Domingo, PT

Date: 6/8/2016

000093

Cheraw Physical Therapy And Rehabilitation Center, LLC

309 Chesterfield Hwy Ste 1

Cheraw SC 29520-3052

PH: (843) 320-8000

Fax: (843) 320-8002

Name: Randy Jordan

Acct#: 5614

Exam Date: 12/06/17

Referral: Dr. Willie S. Edwards

PROGRESS NOTE

Diagnosis:

M54.2 Cervicalgia

TREATMENT INTERVENTIONS:

Pain modalities , manual therapy, ROM/strengthening /stabilization exercises , conditioning exercises , functional exercises , Mc Kenzie's cervical exercises , Calliet's cervical exercises , postural /proper body mechanics education , HEP

STATUS:

Pain: Decreased. Patient reported that his neck pain is about 30% better since he started physical therapy. Neck and shoulder muscles more relaxed.

AROM: Increased. Cervical spine flexion: 20 degrees, extension: 10 degrees, rotation (L): 30 degrees, rotation @: 40 degrees at this time.

Function: Increased. Patient able to perform tasks requiring neck flexion, extension and rotation side to side with decreased difficulty and discomfort by 30% observing proper body mechanics and posture.

Strength: Increased. (B) UE: grossly graded: 4+/5.

RECOMMENDATIONS:

Recommending to continue skilled PT for 3x/ week for 3 more weeks for further pain management , strengthening and functional restoration. Will continue with initial plan of care.

PT Goals: Duration: 3 weeks

1. Further help alleviate his neck pain by 70% at least.
2. Maximize cervical spine mobility by 5-10 degrees more at least.
3. Normalize muscle strength of (B) UE.
4. Perform tasks requiring neck flexion, extension and rotation (B) with decreased difficulty and discomfort by 50% at least. Observes proper body mechanics and posture.
5. Discharge from skilled PT with HEP.

PHYSICIAN: Please sign and return to the address indicated above.

Thank you for referring your patient to us. God bless you and your family!

Therapist Signature: Marvin Sto. Domingo, PT

Date: 12/6/17

Physician Signature: Dr. Willie S. Edwards

Date: _____

Comments if any: _____

Lancaster Imaging Center

Lancaster, SC 29720

RADIOLOGY REPORT

NAME JORDAN, RANDY		SEX M	ACCOUNT NUMBER I00U131260
ORDERING PHYSICIAN Vandernoord, Ronald MD		PT. STATUS REG CLI	MEDICAL RECORD NO. M000615711
ATTENDING PHYSICIAN Vandernoord, Ronald MD	DATE OF BIRTH 01/29/1968	AGE 48	DATE OF EXAM 09/09/2016
			RADIOLOGY NO.

Ronald Vandernoord MD
2001 RANDOLPH ROAD
CHARLOTTE, NC 28207

(704)323-2000

EXAM#	TYPE/EXAM	RESULT
001009051	IMC MRI/LUMBAR SPINE IMC	

CLINICAL HISTORY: Low back pain, recent MVA

EXAMINATION: MRI lumbar spine without

REPORT: Images were obtained through the lumbar spine without contrast.

The conus is unremarkable. The hemangiomas identified within the T11 vertebral body. A focal sclerotic focus with signal drop out is identified within the L5 vertebral body. No malalignment is identified. Minimal degenerative facet changes are seen within the lower lumbar spine. No disc herniation is seen. No spinal stenosis is identified. There is a minimal diffuse bulge at the L5 S1 level as well as at the L4-L5 level. Mild right-sided neuroforaminal narrowing is identified at both of these levels.

IMPRESSION:

1. Focal sclerotic lesion within the anterior L5 vertebral body.
2. Minimal bulges at L4-L5 and L5-S1 with mild right-sided neuroforaminal narrowing at both levels.
3. No malalignment or focal disc herniation seen.

Lancaster Imaging Center

Lancaster, SC 29720

RADIOLOGY REPORT

NAME JORDAN, RANDY		SEX M	ACCOUNT NUMBER I000131260
ORDERING PHYSICIAN Vandernoord, Ronald MD		PT. STATUS REG CLI	MEDICAL RECORD NO. M000615711
ATTENDING PHYSICIAN Vandernoord, Ronald MD	DATE OF BIRTH 01/29/1968	AGE 48	DATE OF EXAM 09/09/2016
			RADIOLOGY NO.

EXAM#	TYPE/EXAM	RESULT
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001009051	IMC MRI/LUMBAR SPINE IMC	
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<CONTINUED>

Electronically signed by: Webster, Julie MD
Signed on 09/09/2016 14:00:25

** REPORT SIGNED IN OTHER VENDOR SYSTEM 09/09/2016 **
Reported By: JULIE S. WEBSTER, MD

CC: Ronald Vandernoord MD

Technologist: JONATHAN SCOTT, RT(R)

Transcribed Date/Time: 09/09/2016 (1406)

Transcriptionist: IS.PWRSCRB

Printed Date/Time: 09/09/2016 {1449} Batch No: 1388

PAGE 2 Ronald Vandernoord MD

000096

Lancaster Imaging Center

Lancaster, SC 29720

RADIOLOGY REPORT

NAME JORDAN, RANDY		SEX M	ACCOUNT NUMBER I000131260
ORDERING PHYSICIAN Vandernoord, Ronald MD		PT. STATUS REG CLI	LOCATION IMC
ATTENDING PHYSICIAN Vandernoord, Ronald MD	DATE OF BIRTH 01/29/1968	AGE 48	DATE OF EXAM 09/09/2016
			MEDICAL RECORD NO. M000615711
			RADIOLOGY NO.

Ronald Vandernoord MD
2001 RANDOLPH ROAD
CHARLOTTE, NC 28207

(704)323-2000

EXAM#	TYPE/EXAM	RESULT
001009050	IMC MRI/THORACIC SPINE IMC	

CLINICAL HISTORY: Back pain

EXAMINATION: MRI thoracic spine without

REPORT: Images were obtained through the thoracic spine without contrast.

No abnormal marrow signal is identified. No abnormal cord signal is noted. A couple of hemangiomas are noted. No significant disc bulge or disc herniation is identified. There is some abnormal signal within the left posterior T5 vertebral body possibly extending into the pedicle. Is there is never well seen. Vertebral body heights are normally maintained.

IMPRESSION: Focal area of abnormal signal within the posterior T5 vertebral body which appears on the sagittal images to extend into the adjacent pedicle. A stent is trace increased signal on the T2 and STIR images a somewhat heterogeneous signal on the T1-weighted images. The appearance is inconclusive. No narrowing of the adjacent neuroforamen is identified. Clinical correlation is suggested. Further evaluation with whole body bone scan may be useful as clinically indicated.

Lancaster Imaging Center

Lancaster, SC 29720

RADIOLOGY REPORT

NAME JORDAN, RANDY			SEX M	ACCOUNT NUMBER I000131260
ORDERING PHYSICIAN Vandernoord, Ronald MD		PT. STATUS REG CLI	LOCATION IMC	MEDICAL RECORD NO. M000615711
ATTENDING PHYSICIAN Vandernoord, Ronald MD	DATE OF BIRTH 01/29/1968	AGE 48	DATE OF EXAM 09/09/2016	RADIOLOGY NO.

EXAM# TYPE/EXAM RESULT

001009050 IMC MRI/THORACIC SPINE IMC

<Continued>

Electronically signed by: Webster, Julie MD
Signed on 09/09/2016 13:57:32

** REPORT SIGNED IN OTHER VENDOR SYSTEM 09/09/2016 **
Reported By: JULIE S. WEBSTER, MD

CC: Ronald Vandernoord MD

Technologist: JONATHAN SCOTT, RT(R)
Transcribed Date/Time: 09/09/2016 (1403)
Transcriptionist: IS.PWRSCRB
Printed Date/Time: 09/09/2016 (1449) Batch No: 1388

PAGE 2

Ronald Vandernoord MD

000098

Lancaster Imaging Center

Lancaster, SC 29720

RADIOLOGY REPORT

10645986

NAME JORDAN, RANDY		SEX M	ACCOUNT NUMBER I000136429
ORDERING PHYSICIAN Daily, Jeffrey M MD	PT. STATUS REG CLI	LOCATION IMC	MEDICAL RECORD NO. M000615711
ATTENDING PHYSICIAN Daily, Jeffrey M MD	DATE OF BIRTH 01/29/1968	AGE 49	RADIOLOGY NO. 02/15/2017

EXAM# TYPE/EXAM RESULT

001038363 IMC MRI/ANKLE LEFT IMC

CLINICAL HISTORY: Left ankle pain after injury

EXAMINATION: MRI left ankle without contrast

REPORT: No abnormal marrow signal to suggest fracture. No appreciable subcutaneous edema. Joint effusion. The medial, lateral, and extensor tendons are unremarkable. No osteochondral lesion. The Achilles tendon is intact. Small Achilles insertional enthesophytes. Small plantar calcaneal enthesophyte. No muscular atrophy. Normal fat within the sinus tarsi. Mild arthrosis of the midfoot. The ATFL, PTFL, CFL and deltoid ligaments are intact. No appreciable finding to suggest sprain.

IMPRESSION: Mild chronic change with no definitive acute abnormality.

Electronically signed by: Fox, Kenneth MD

Signed on 02/15/2017 14:27:05

** REPORT SIGNED IN OTHER VENDOR SYSTEM 02/15/2017 **

Reported By: KENNETH FOX, MD

CC: Jeffrey M Daily MD

Technologist: JONATHAN SCOTT, RT(R)

Transcribed Date/Time: 02/15/2017 (1433)

Transcriptionist: IS.PWRSCRB

Printed Date/Time: 02/15/2017 (1635) Batch No: 2119

PAGE 1

Signed Report

000099

TO: Jeffrey M Daily MD
JEFFREY M DAILY, MD

FROM: SPRINGS MEMORIAL HOSPITAL
Radiology

Pages including cover sheet: 2

000100

322455

RADIOLOGY REPORT
MCLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843) 320-3326

PATIENT NAME: JORDAN, RANDY EVERETT DISCHARGE DATE:
PT ACCOUNT#: 002000229555 MR/RAD#: 650031
ACCESSION#: 7096991 CID#: 650031

DOB: 01/29/1968 AGE: 48Y SEX: M RACE: W
PHONE: 843-680-9298 PT CLASS: E FIN CLASS: S
ADDRESS: 1432 HWY 268 PT TYPE: E PT NS/ROOM: EEXC-CE0601
MOUNT CROGHAN, SC, 29727 DATE OF SERVICE: Feb 4 2016

9:30AM
ORDER DR: FOY D CONNELL M.D.
ATTEND DR: FOY D CONNELL M.D.
COPY TO:
DIAGNOSIS:
ORDER DR: FOY D CONNELL M.D.
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COPY TO:
DIAGNOSIS:

MVC

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ORDER DR: FOY D CONNELL M.D.
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TRANSCRIBED D/T: Feb 4 2016 10:52AM
PROCEDURE: CT CERVICAL WO CON / ORD #: 90002 Accession#: 7096991
CPT: 72125
ORDERED FOR: Feb 4 2016 9:20AM COMPLETED: Feb 4 2016 10:24AM
INDICATIONS/COMMENTS: Trauma

CT cervical spine without IV contrast:

Reason: Trauma, MVA with left-sided neck pain

COMPARISON: None available

TECHNIQUE: Sequential axial helically acquired CT images of the cervical spine were obtained and reviewed with coronally and sagittally reformatted images.

RESULT: No acute fracture or subluxation is seen. The atlantoaxial relationships are maintained. There is ossification of the posterior longitudinal ligament at C2-C3, C3-C4. This results in fairly severe central canal stenosis at C3-C4 with AP canal diameter of about 6 mm.
Printed: February 4, 2016 (11:00AM) Page 1

CAROLINA RADIOLOGY ASSOCIATES

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RADIOLOGY REPORT
McLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843) 320-3326

PATIENT NAME: JORDAN, RANDY EVERETT DISCHARGE DATE:
PT ACCOUNT#: 002000229555 MR/RAD#: 650031
ACCESSION#: 7096991 CID#: 650031

particularly in the central and left central aspect of the canal. There is associated severe stenosis of the left neural foramen. Milder canal stenosis at C2-C3 large anterior endplate osteophytes are present at multiple levels as well. There is straightening of the cervical spine, nonspecific. Paravertebral soft tissue structures are unremarkable. Coronal and sagittal reformats demonstrate no acute abnormality.

CONCLUSION:

1. Straightening of the cervical lordosis is nonspecific and can be seen with patient positioning as well as muscle spasm. No acute cervical spine fracture or subluxation.
2. Ossification of the posterior longitudinal ligament resulting in severe central canal stenosis at C3-C4 with milder canal stenosis at C2-C3 and neuroforaminal stenosis of severe degree at C3-C4.

READING DR: MARVIN M. SMITH M.D.
READING DATE: Feb 4 2016 10:52AM

Final Result
ELECTRONICALLY SIGNED BY:
MARVIN M. SMITH M.D.
On: Feb 4 2016 10:57AM

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Page 2

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MCLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843)320-3326

PATIENT NAME: JORDAN, RANDY EVERETT
PT ACCOUNT#: 002000229555
ACCESSION#: 7096984

DISCHARGE DATE:
MR/RAD#: 650031
CID#: 650031

DOB: 01/29/1968 AGE: 48Y
PHONE: 843-680-9298
ADDRESS: 1432 HWY 268
MOUNT CROGHAN, SC, 29727

SEX: M RACE: W
PT CLASS: E FIN CLASS: S
PT TYPE: E PT NS/ROOM: EXXC-CE0601
DATE OF SERVICE: Feb 4 2016

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ORDER DR: FOY D CONNELL M.D.
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TRANSCRIBED D/T: Feb 4 2016 10:57AM

PROCEDURE: CT CHEST/ABD/PELVIS W / ORD #: 90001 Accession#: 7096984

CPT: 71260 74177

ORDERED FOR: Feb 4 2016 9:14AM

COMPLETED: Feb 4 2016 10:24AM

INDICATIONS/COMMENTS: Trauma

CT chest, abdomen and pelvis with IV contrast.

REASON: Trauma, epigastric pain and left lower back pain following motor vehicle accident

COMPARISON: None available

TECHNIQUE: Serial axial images were obtained from the thoracic inlet through the pelvis following the bolus administration of IV contrast. Coronal and sagittal reformatted images were obtained from the axial dataset.

RESULT:

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Page 1

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RADIOLOGY REPORT
MCLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843) 320-3326

PATIENT NAME: JORDAN, RANDY EVERETT DISCHARGE DATE:
PT ACCOUNT#: 002000229555 MR/RAD#: 650031
ACCESSION#: 7096984 CID#: 650031
CT CHEST: No evidence of acute traumatic aortic injury. No evidence of lung contusion. The central airways are patent. No pneumothorax. Mild gynecomastia.

CT ABDOMEN: There is no evidence of traumatic injury to the liver, spleen, adrenal glands, kidneys or pancreas. The unopacified small and large bowel are unremarkable. No free air. Diffuse hepatic steatosis. The spleen is enlarged measuring 14.5 cm.

CT PELVIS: No free fluid. No pelvic fracture.

Bones: Reformatted images of the thoracolumbar spine show no acute fractures. 1.6 cm sclerotic lesion in the L5 vertebral body most likely represents bone island in the absence of history of malignancy.

CONCLUSION:

1. No evidence of traumatic injury to the chest, abdomen or pelvis.
2. Mild gynecomastia
3. Sclerotic lesion at L5 vertebral body as discussed
4. Hepatic steatosis
5. Mild splenomegaly

READING DR: MARVIN M. SMITH M.D.
READING DATE: Feb 4 2016 10:57AM

Final Result
ELECTRONICALLY SIGNED BY:
MARVIN M. SMITH M.D.
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RADIOLOGY REPORT
McLEOD HEALTH CHERAW
711 CHESTERFIELD HWY, CHERAW, SC 29520
PHONE: (843)320-3326

PATIENT NAME: JORDAN, RANDY EVERETT
PT ACCOUNT#: 002000229555
ACCESSION#: 7097036

DISCHARGE DATE:
MR/RAD#: 650031
CID#: 650031

DOB: 01/29/1968 AGE: 48Y
PHONE: 843-680-9298
ADDRESS: 1432 HWY 268
MOUNT CROGHAN, SC, 29727

SEX: M RACE: W
PT CLASS: E FIN CLASS: A
PT TYPE: E PT NS/ROOM: EEXC-CE0601
DATE OF SERVICE: Feb 4 2016

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ATTEND DR: FOY D CONNELL M.D.
TRANSCRIBED D/T: Feb 4 2016 10:47AM
PROCEDURE: ANKLE-LT /3 VIEW MINIMUM / ORD #: 90003 Accession#: 7097036 CPT: 73610
ORDERED FOR: Feb 4 2016 9:45AM COMPLETED: Feb 4 2016 10:44AM
INDICATIONS/COMMENTS: Trauma

RESULT: 3 views of the left ankle show irregularity of the posterior margin of the fibula, best seen on the lateral view. No definite displaced fracture is identified, and the ankle mortise remains intact. Soft tissue swelling is seen laterally. Joint spaces are well-preserved without evidence of malalignment. Achilles and plantar spurs are seen.

CONCLUSION: Irregularity of the posterior border of the lateral malleolus with soft tissue swelling but without convincing evidence of displaced fracture. Clinical correlation for point tenderness in this area is requested.

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Page 1

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PHONE: (843)320-3326

PATIENT NAME: JORDAN, RANDY EVERETT
PT ACCOUNT#: 002000229555
ACCESSION#: 7097036

DISCHARGE DATE:
MR/RAD#: 650031
CID#: 650031

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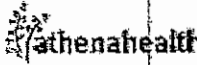
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322 455

JORDAN, RANDY (Id #21029, dob: 01/29/1968)

6/9/16 @ 7:45

Note: A Summary of Care Record (SCR) for this patient will be sent separately.

	Want to receive this order online? Contact athenahealth at coordinatorISA@athenahealth.com or visit athenahealth.com/coordinatorcore
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Referral Order

05/24/2016 05/24/2016 03:58 PM

To Provider	From Provider
PEE DEE ORTHOPAEDIC ASSOC PA 901 E CHEEVES ST STE 100 FLORENCE, SC 29506 Phone: Phone: (843) 662-5233 Fax: Fax: (843) 433-1930	SHARI CARTER, FNP TMG The Medical Group Suite 305 701 Medical Park Dr Suite 305 HARTSVILLE, SC 29550-4778 Phone: (843) 383-5191 Fax: (843) 656-1194

Referral Order Information

Diagnosis	Thoracic back pain ICD-10: M54.6: Pain in thoracic spine
Order Name	Orders Included: 1 Thoracic back pain ICD-10: M54.6: Pain in thoracic spine * ORTHOPAEDIC REFERRAL Schedule Within: provider's discretion CC Results To: ((843) 662-1022) Note to Provider: Dr. Edwards Appointment Date: 06/09/2016 Appointment Time: 7:45
Notes	Dr. Edwards

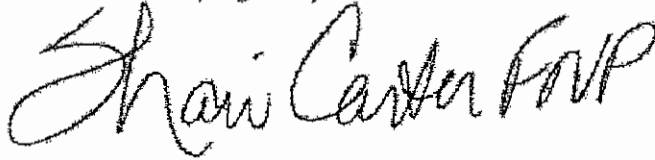
Patient Information

Patient Name	JORDAN, RANDY
Sex - DOB - Age	M 01/29/1968 48 YR
Address	1432 HIGHWAY 268 MOUNT CROGHAN, SC 29727-9826
Phone	H: (843) 634-3964 W: (843) 634-3964 M: (843) 680-9298
Primary Insurance	BCBS-SC: STATE HEALTH PLAN COLUMBIA, SC 29260-0605
Secondary Insurance	

000107

05/24/2016 16:22 athena
5/24/2016 4:11:21 PM PAGE 2/002
HARTSVILLE MEDICAL GROUP LLC • 701 Medical Park Dr, HARTSVILLE SC 29550-4778
JORDAN, RANDY (id #21029, dob: 01/29/1968)

Electronically Signed by: SHARI CARTER, FNP, NP



SHARI CARTER, FNP

000108

05/24/2016 16:25 athena
athena 5/24/2016 4:15:39 PM PAGE 1/005

Summary of Care Record for Randy Jordan

Most Recent Encounter

05/24/2016 Shari K Carter; 701 Medical Park Dr, Suite 305, Hartsville, SC 29550-4778, Ph. tel: +1-843-3835191

Table of Contents

Reason for Referral
Problems
Allergies
Current Medications
Vaccine List
Vitals
Smoking Status
Functional Status
Past Encounters
Procedures
Lab Results
Plan of Care
Demographics
Care Team Members

Reason for Referral

Orthopedic Referral

000109

05/24/2016 16:25 athena
 athena 5/24/2016 4:15:39 PM PAGE 2/005

Problems	Status	Onset Date	Source
Diabetes Mellitus	Active	10/21/2014	
Type 2 Diabetes Mellitus without Complication	Active	10/21/2014	
Obesity	Active	10/21/2014	
Anxiety	Active	10/21/2014	
Insomnia	Active	10/21/2014	
Pharyngitis	Active	10/21/2014	
Gastroesophageal Reflux Disease	Active	10/21/2014	
Wrist Joint Pain	Active	10/21/2014	
Fatigue	Active	10/21/2014	
Dyspnea	Active	10/21/2014	
Chest Pain	Active	10/21/2014	
Morbid Obesity	Active		Encounter
External Hemorrhoids	Active		Encounter
Thrombosed Hemorrhoids	Active		Encounter
Acute Sinusitis	Active		Encounter
Upper Respiratory Infection	Active		Encounter
Sinusitis	Active		Encounter
Bronchitis	Active		Encounter
Epididymitis	Active		Encounter
Traumatic Arthropathy of Shoulder	Active		Encounter
Traumatic Arthropathy of the Ankle And/or Foot	Active		Encounter
Arthritis of Acromioclavicular Joint	Active		Encounter
Ankle Joint Effusion	Active		Encounter
Ankle Pain	Active		History
Hill-Sachs Lesion	Active		Encounter
Thoracic Back Pain	Active		Encounter
Subacromial Bursitis	Active		Encounter
Muscle Pain	Active		Encounter
Lymphadenopathy	Active		Encounter
Abdominal Pain	Active		Encounter
Dislocation of Shoulder Joint	Active		Encounter
Sprain of Shoulder Rotator Cuff	Active		Encounter
Glenoid Labrum Detachment	Active		Encounter
Sprain of Ankle And/or Foot	Active		Encounter

000110

05/24/2016 18:28 athena
 athena 5/24/2016 4:15:39 PM PAGE 3/005

Contusion of Ankle

Active

Encounter

Allergies

Name	Reaction	Severity	Onset
NKA			

Current Medications

Name	Start Date
alprazolam 0.5 mg tablet	

cefdinir 300 mg capsule

Take 1 capsule(s) every 12 hours by oral route with meals.

Januvia 100 mg tablet

Take 1 tablet(s) every day by oral route.

Nexium 40 mg capsule, delayed release

Take 1 capsule(s) every day by oral route.

triazolam 0.25 mg tablet

Vaccine List

Vaccine Type
Influenza, high dose seasonal
09/01/2014

Vitals

None recorded.

Smoking Status

Smoking Status Former Smoker (3+ PPD)

Functional Status

Unknown.

Past Encounters

05/23/2016

Gastroesophageal Reflux Disease; Acute Sinusitis; Thoracic Back Pain

Shari K Carter, FNP: 701 Medical Park Dr, Suite 305, Hartsville, SC 29550-4778, Ph. (843) 383-5191

05/04/2016

Anxiety; Diabetes Mellitus; Fatigue; Muscle Pain

Shari K Carter, FNP: 701 Medical Park Dr, Suite 305, Hartsville, SC 29550-4778, Ph. (843) 383-5191

Procedures

Date	Name	Performed by
	Back Surgery	Information not available
05/23/2016	X-ray, Thoracic Spine, 2 View	The Medical Group Ancillary 701 Medical Park Dr Ste 305b Hartsville, SC 29550-4778 (843) 383-5191 (Work Place)

000111

Lab Results

Date	Name	Result	Description	Value	Range	Status
05/04/2016	CBC W/ Auto Diff		Normal White Blood Count	8.0 10 ³ /uL	4.8-10.8 10 ³ /uL	Final
			Normal Red Blood Cell Count	5.18 x10 ⁶ /uL	4.80-5.90 x10 ⁶ /uL	Final
		Low	Hemoglobin	13.6 g/dL	14.0-18.0 g/dL	Final
		Low	Hematocrit	40.9 %	42.0-52.0 %	Final
		Low	Mean Corpuscular Volume	79.0 fL	80.0-95.0 fL	Final
		Low	Mean Corpuscular Hemoglobin	26.3 pg	27.0-31.0 pg	Final
		Normal	Mean Corpuscular HGB Content	33.3 g/dL	32.0-36.0 g/dL	Final
		High	Red Cell Distribution Width	15.2 %	11.5-14.5 %	Final
			Normal Platelet Count	204 x10 ³ /uL	150-450 x10 ³ /uL	Final
			Normal Mean Platelet Volume	8.4 fL	7.5-10.5 fL	Final
			Normal Neutrophils Percent-auto	71.8 %	40.0-75.0 %	Final
		Low	Lymphocytes Percent-auto	17.7 %	20.0-45.0 %	Final
		Normal	Monocytes Percent-auto	6.5 %	0.0-14.0 %	Final
		Normal	Eosinophils Percent-auto	1.8 %	0.0-5.0 %	Final
		High	Basophils Percent-auto	2.4 %	0.0-2.0 %	Final
		Normal	Neutrophils Absolute-auto	5.7 x10 ³ /uL	1.9-8.0 x10 ³ /uL	Final
		Normal	Lymphocytes Absolute-auto	1.4 x10 ³ /uL	1.0-4.8 x10 ³ /uL	Final
		Normal	Monocytes Absolute-auto	0.5 x10 ³ /uL	0.0-1.8 x10 ³ /uL	Final
		Normal	Eosinophils Absolute-auto	0.1 x10 ³ /uL	0.0-0.5 x10 ³ /uL	Final
		Normal	Basophils Absolute-auto	0.2 x10 ³ /uL	0.0-0.2 x10 ³ /uL	Final
05/04/2016	Glycohemoglobin, Total, Blood	High	Glycosylated HGB a1C3 %	6.75 %	4.00-6.00 %	Final
05/04/2016	BMP, Serum or Plasma		Normal Sodium	137 mmol/L	135-147 mmol/L	Final
			Normal Potassium	4.0 mmol/L	3.3-5.5 mmol/L	Final
			Normal Chloride	100 mmol/L	100-110 mmol/L	Final
			Normal Carbon Dioxide	30 mmol/L	24-32 mmol/L	Final
			Normal Anion Gap	11.0 mL	8.0-20.0 mL	Final
			Normal Blood Urea Nitrogen	13 mg/dL	6-22 mg/dL	Final
			Normal Creatinine	0.91 mg/dL	0.60-1.50 mg/dL	Final
			Normal GFR African American	> 60 mL/min	60-120 mL/min	Final
			Normal GFR Non African American	> 60 mL/min	60-120 mL/min	Final

000112

05/24/2016 15:27 athena
 athena 5/24/2016 4:15:39 PM PAGE 5/005

High	Glucose	248 mg/dL	70-99 mg/dL	Final
Low	Osmolality Serum	280.82 mOsm/kg	285-310 mOsm/kg	Final
	Normal Calcium	9.1 mg/dL	8.4-10.7 mg/dL	Final

05/04/2016 T4, Free, Serum	Normal T4 (Thyroxine) Free	0.67 NG/dL	0.58-1.64 NG/dL	Final
05/04/2016 TSH, Serum or Plasma	Normal Thyroid Stimulating Hormone	0.96 mIU/mL	0.34-5.60 mIU/mL	Final
05/04/2016 Erythrocyte Sedimentation Rate by Westergren Method	High Sedimentation Rate Westergren	42 mm/HR	0-15 mm/HR	Final

Plan of Care

Reminders	Provider: Shari K Carter, FNP		
Appointments	Established Patient 20	06/23/2016 10:00AM	Shari K Carter, FNP

Established Patient 20	08/08/2016 8:00AM	Shari K Carter, FNP
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Lab	None recorded.
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Referral	Orthopedic Referral	05/24/2016	Pee Dee Orthopaedic Assoc PA
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Procedures	None recorded.
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Surgeries	None recorded.
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Imaging	None recorded.
---------	----------------

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	01/29/1968	Race:	White
Preferred language:	English	Marital status:	Married

Contact:	1432 Highway 268, Mount Croghan, SC 29727-9826, Ph. tel:+1-843-8343964
----------	--

Care Team Members

Primary Care Provider

Shari K Carter FNP	701 Medical Park Dr, Ste 305, Hartsville, SC 29550-4776, Ph. tel:+1-843-3835191
--------------------	---

Other

Prashant Deshmane MD	700 Medical Pk Dr, Hartsville, SC 29550, Ph. tel:+1-843-3833742
----------------------	---

000113



Date of Service: June 9, 2016 Patient: Randy Jordan Page: 4
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Ehrlington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

901 E. CHEVY'S ST., SUITE 100 - FLORENCE, SC 29506-2769
 (843) 663-5233 - FAX (843) 676-9003 - WWW.PDOA.COM

Lumbar Initial Examination

PATIENT ID: 322455

Patient: Randy Jordan
 Address: 1432 Highway 268
 Mt Croghan SC 29727
 DOB: 1/29/1968
 Employer: SCDOT

Date of Service: 6/9/2016
 Gender: male
 Age: 48 year(s)
 Occupation: operator

Referring Physician: Shari Carter, NP
 Other Physicians:

Date of injury/onset:

Date Type
 01/01/2016 onset

Chief Complaint: Low back pain and thoracic pain.

(X) Low back pain () Leg pain () L () R (X) Thoracic back pain
 () Neck pain () Arm pain () L () R

History of Present Illness: 48-year-old male has been undergoing treatment for cervical stenosis diagnosed after work injury 4-5 months ago when she was hit by a truck. Patient was heavy equipment and feels current symptoms were due to an on-the-job injury. Patient has been getting physical therapy for his cervical spine. In addition he had blood work done as well as a cervical MRI scan at the time. There was some thought that he may have had inflammatory arthritis. Patient is unsure of his diagnosis regarding his neck. Complains today primarily of pain in the right low back that worsens in the mornings, bending, stooping in addition to medial spine pain between the scapula that isn't consistent, low-grade nature. The low back pain has been there for "a while". In addition has intermittent right posterior thigh pain and paresthesias. Leg pain is very rare. Has been using Tylenol. No recent physical therapy for the low back or the thoracic spine. He has been using Naproxen over the last two weeks. No recent epidural steroid injections. Continues to work running heavy equipment. Denies bladder or bowel dysfunction. Denies disequilibrium.

Medications: Januvia (), xanax (Dosage:)
 Allergies: NKDA
 Surgical History: Back: 3-4 lumbar; Lumbar
 Medical History: Diabetes; Diabetes mellitus
 Family History: Arthritis; Cancer; Diabetes; Hypertension; Parents: Father-Deceased
 Social History: Former smoker Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married; Tobacco: Previous Smoker

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems have been reviewed and are negative except:
 Endocrine: Diabetes

000114



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: June 9, 2016 Patient: Randy Jordan Page: 5
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey H. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Ruyyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

901 E. CHEVES ST. SUITE 100 - FLORENCE, SC 29506-2709
 (843) 662-5233 • FAX (843) 675-9003 • WWW.PDCA.COM

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 11" WEIGHT: 325 lbs 0 oz BMI: 45.3 TEMPERATURE: 97.8
Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.

LUMBAR FOCUSED EXAM: Rises from sitting to standing without appearing uncomfortable. Lumbar lordosis adequate. Well-healed surgical incision, midline, lower lumbar spine. No list. No thoracic or lumbar paraspinous tenderness. No palpable step off of the spinous processes. No spasm. No sciatic notch tenderness. Able to stand on toes and heels. Full range of motion in all planes without significant discomfort. Motor strength in the lower extremities is 5/5. Reflexes 2+ and symmetric. No dermatomal paresthesias. No sciatic stretch signs or low back pain with flip test bilaterally. Bilaterally hip motion is full without pain with internal rotation. Bilaterally knee motion is not painful or limited. Pulses full. Gait is normal.

Xrays: Lumbar and thoracic plain films taken June 9 of this year with narrowing at L4-L5 and L5-S1 disc spaces. Good lordosis. No significant osseous malformations or degenerative changes in the thoracic region.

MRI:

ASSESSMENT:

ICD9/10 Code: M54.5-Low back pain;M54.6-Pain in thoracic spine

PLAN:

Discussion today with regard to the patient's symptoms, imaging studies, and diagnosis. Reassurance given regarding thoracic and lumbar spine. Patient to follow up with his cervical MRI scan as well as the blood work that was obtained 4-5 months ago. Patient to call with questions or concerns. Thank you for this consultation.

W. S. Edwards, M.D.
 Spine Surgeon
 Pee Dee Spine Center

John A. Gartung, Jr., PA-C

This document was electronically signed on 6/9/2016

Referral Reply Letter(s) - Dated 6/21/2016
 Shari Carter, NP - SPECIALTY: Family Practice

Referral Reply Letter(s) - Dated 6/21/2016

000115



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: June 9, 2016 Patient: Randy Jordan Page: 6

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Shari Carter, NP - SPECIALTY: Family Practice

000116



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: July 11, 2016 Patient: Randy Jordan Page: 3
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey H. Ervin, M.D., Jason E. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

901 E. CLEVELAND ST., SUITE 100 - FLORENCE, SC 29506-2769
 (843) 662-5233 - FAX (843) 678-9803 - WWW.PDOA.COM

DOCTORS NOTE

PATIENT ID: 322455

PATIENT: Randy Jordan
 DOB: 1/29/1968

Date of Service: 7/11/2016
 Age: 48 year(s)

Reviewed CT scan done at McLeod Health Cheraw dated February 4th, 2016. This demonstrates ossification of the posterior longitudinal ligament in the upper cervical spine with significant narrowing of AP canal dimensions down to 6 mm. I communicated with the patient by phone, left a message on his machine and recommended that he call for scheduling cervical MRI scan and follow up visit so this matter can be evaluated more thoroughly.

W.S. Edwards Jr MD

Willie S. Edwards, M.D.

This document was electronically signed on 7/11/2016

000117



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: September 22, 2016 Patient: Randy Jordan Page: 1
 Anthony W. Alexander, M.D., Bakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

901 E. CHEVY ST., SUITE 100 - FLORENCE, SC 29506-2769

(843) 662-5233 • FAX (843) 678-9003 • WWW.PDOA.COM

Follow Up Examination

PATIENT ID: 322455

PATIENT: Randy Jordan
 DOB: 1/29/1968
 Employer: SCDOT

Date of Service: 9/22/2016
 Age: 48 year(s)
 Occupation: operator

Referring Physician: Shari Carter, NP
 Other Physicians:

Date of injury/onset:

Date Type
 01/01/2016 onset

Chief Complaint: Neck and interscapular back pain.

History of

Present Illness:

This very pleasant 48 year old gentleman was originally evaluated back in June after having sustained a work injury when he was struck by a vehicle and knocked over guard rail on his job. He was seen by an orthopaedic surgeon up in Monroe as recommended by the workers comp carrier who wanted my opinion as well and presents with MRI scans done September 9th in the cervical, thoracic and lumbar region. His main complaint is interscapular and posterior neck pain radiating into the shoulders. He also has some persistent right buttock and posterior thigh pain.

Allergies: NKDA
 Current Meds: Januvia (), xanax (Dosage: {})

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 11" WEIGHT: 325 lbs 0 oz BMI: 45.3 TEMPERATURE: 97.8
 Appearance: No acute distress.
 Psychiatric: Mood and affect were appropriate.
 Head: Normocephalic, atraumatic.
 Skin: Clean, dry, no lesions, no rashes.
 Neuro: Alert and oriented x 3.

FOCUSED EXAM:

Stout white male. Decreased cervical lordosis. Mild restriction of cervical motion. Some muscular tenderness down in the interscapular region.

Motor strength 5/5 in all extremities. Reflexes 2+ and symmetric in all locations. No dermatomal paresthesias. Provocative maneuvers for radiculopathy, myelopathy, and entrapment neuropathy are negative. No long tract findings. Gait is normal.

X-ray: None. MRI scan lumbar spine showed some mild degenerative changes L3-4, L4-5 and L5/S1 with some facet arthropathy especially at L4-5 and L5/S1 lateral on the right side. Thoracic MRI scan showed minimal degenerative changes without any compressive pathology. Cervical MRI scan shows significant stenosis C3-4, C4-5 and C5-6. No cord changes noted.

000118



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: September 22, 2016 Patient: Randy Jordan Page: 2
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

901 E. CHEVES ST. SUITE 100 - FLORENCE, SC 29506-2769
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ASSESSMENT:

ICD9/10 Code: M48.02-Spinal stenosis, cervical region

PLAN:

The degree of compressive pathology in the cervical spine is significant and surgical intervention to correct this is recommended in the form of ACD/F C3-4, C4-5 and C5-6. He understands that this may not alleviate all of his mechanical symptoms but it should minimize the risk of neurologic deterioration. Patient understands he is at risk for worsening of this condition in his current situation. No return appointment has been made but I will be happy to see him in the future if he desires.

W. S. Edwards, M.D.
 Spine Surgeon
 Pee Dee Spine Center

This document was electronically signed on 9/22/2016

Fax Created - Name: Carter, Shari Number: 8433322240 Dated 9/27/2016 10:09:41 AM.

Patient: JORDAN, RANDY EVERETT
Account Number: e1007749
DOB: 01/29/1968 **Age:** 49 Y **Sex:** Male
Phone: 843-680-9298
Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727
Pcp: Unknown Unknown

Provider: Willie S. Edwards, MD

Date: 03/23/2017

Subjective:

Chief Complaints:

1. NECK FOLLOW UP.

HPI:

Spine Notes:

Patient with worsening neck pain radiating into both arms. Previous evaluation last September reveals significant stenosis from C3 to C6 and I will recommended surgical intervention. He has continued to have some issues related to the work nature of this injury that occurred last January but perceives that his condition has worsened and wants to proceed with surgical intervention in the Worker's Comp. carrier will not authorize the intervention. Patient denies neurogenic sounding bowel or bladder dysfunction. Has had no constitutional symptoms.

ROS:

General/Constitutional:

Fever no. Pain no. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Anxiety, Diabetes.

Surgical History: back surgery .

Hospitalization/Major Diagnostic Procedure: see surgical hx .

Family History: Father: deceased. Mother: alive.

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Drug/Alcohol: Alcohol Did you have a drink containing alcohol in the past year? No, Points 0.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

000120

Objective:

Vitals: Wt 310 lbs, Wt-kg 140.62 kg, Ht 5'10, Ht-cm 152.4, BMI 60.54, Temp 98.5, BSA 2.44 M.

Examination:Focused Spine Exam:

Heavyset white male decreased cervical lordosis. Cervical motion limited in extension and rotation. Spurling's absent. Motor strength 5 over 5. Reflexes 2+ symmetric. No dermatomal paresthesias. No obvious long tract findings. Gait steady.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:**Assessment:**

1. Low back pain, unspecified back pain laterality, unspecified chronicity, with sciatica presence unspecified - M54.5 (Primary)
2. Cervicalgia - M54.2
3. Spinal stenosis of cervical region - M48.02

Plan:

1. Low back pain, unspecified back pain laterality, unspecified chronicity, with sciatica presence unspecified

Notes: MRI scan is required before proceeding with surgical discussion in that his condition has worsened. His earlier scan was 1 year ago. Follow-up after that study.

2. Cervicalgia

Imaging: CERVICALSPINE 2 OR 3 VIEWS (72040)

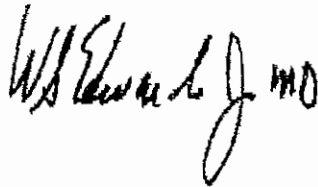
EDWARDS, WILLIE S 03/25/2017 06:53:02 AM EDT > Plain films demonstrate degenerative changes throughout the cervical spine with loss of cervical lordosis.

Procedure Codes: 72040 Xray exam of neck spine

Follow Up: patient will call

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT **DOB:** 01/29/1968 **Date:** 03/23/2017



Electronically signed by WILLIE EDWARDS, MD on 03/28/2017 at 04:07 PM EDT

Sign off status: Completed

000121

Order Form

McLeod Orthopaedic Spine Center

101 JOHNS ST, STE 100
FLORENCE, SC, 29506-2777

843-432-1880 843-432-1022

Req/Ctrl# (CD-): 10270521

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

843-634-3964 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 09/13/2017 01:24 PM

Order Date: 03/23/2017 02:45 PM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605, COLUMBIA, SC, 29260

Subscriber Number: zcs87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

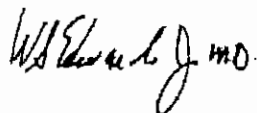
Instructions

CERVICALSPINE 2 OR 3 VIEWS (72040)

- M54.2, Cervicalgia

Notes: EDWARDS, WILLIE S 03/25/2017 06:53:02 AM EDT >

Plain films demonstrate degenerative changes throughout the
cervical spine with loss of cervical lordosis.



Electronically Signed By: Willie S.
Edwards, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

JORDAN, RANDY EVERETT, 01/29/1968

000122

McLeod Orthopaedic Spine Center		Willie S. Edwards, MD
101 JOHNS ST STE 100 FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	09/13/2017
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-634-3964	
Ordered Date:	03/23/2017	
Assessments:	Cervicalgia	
Lab:	CERVICALSPINE 2 OR 3 VIEWS (72040)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	EDWARDS,WILLIE S 03/25/2017 06:53:02 AM EDT > Plain films demonstrate degenerative changes throughout the cervical spine with loss of cervical lordosis.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000123

Order Form

McLeod Orthopaedic Spine Center

101 JOHNS ST, STE 100
FLORENCE, SC, 29506-2777

843-432-1880 843-432-1022

Req/Ctrl# (CD-): 10712878

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

843-634-3964 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 09/13/2017 01:24 PM

Order Date: 05/11/2017 08:17 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: zcs87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name	Assessment(s)	Instructions
MRI: CERVICAL WO	- M48.02, Spinal stenosis of cervical region	

Notes: Schwartz, Shari 05/11/2017 09:56:12 AM EDT > OPEN region

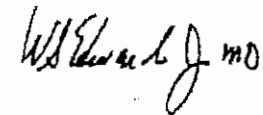
UNIT Bailey, Christie 05/11/2017 10:39:39 AM EDT > Current

Status: Approved Validity Period: 5/11/2017-5/25/2017

Authorization: 17131S0253 (Cervical Spine MRI) Bailey, Christie

05/11/2017 10:58:25 AM EDT > Patient is scheduled at INMED

05/17/2017 2:45 Faxed over order Called & Mailed Information to patient



Electronically Signed By: Willie S.
Edwards, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

JORDAN, RANDY EVERETT, 01/29/1968

000124

McLeod Orthopaedic Spine Center		Willie S. Edwards, MD
101 JOHNS ST STE 100 FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	09/13/2017
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-634-3964	
Ordered Date:	05/11/2017	
Assessments:	Spinal stenosis of cervical region	
Lab:	MRI:CERVICAL WD	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	Schwartz, Shari 05/11/2017 09:56:12 AM EDT > OPEN UNIT Bailey,Christie 05/11/2017 10:39:39 AM EDT > Current Status: Approved Validity Period: 5/11/2017-5/26/2017 Authorization: 17131S0263 (Cervical Spine MRI) Bailey,Christie 05/11/2017 10:58:25 AM EDT > Patient is sheduled at INMED 05/17/2017 2:45 Faxed over order Called & Mailed Information to patient	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000125

InMed

Diagnostic Services

1120 West Evans Street
Florence, SC 29501
Phone: (843) 292-0082
Fax: (843) 292-0086

Randy Jordan

Patient/Account Number: 400217
DOB: 01/29/1968 Age: 49 /Male
Exam Date: 05/17/17

Referring Physician: **Willie S. Edwards**

Referring Phone: (843) 662-5233

Referring Fax: (843) 432-1022

MRI Cervical Spine no IV contrast

This examination was performed at InMed Diagnostic Services Of SC-FLO, 1120 West Evans St, Florence, SC 29501-3320.

CLINICAL HISTORY: Neck pain. Bilateral radiculopathy. Arm weakness.

COMPARISON: No comparison films.

TECHNIQUE: Sagittal T1, T2, STIR. Axial T1, T2.

FINDINGS: Normal lordotic curvature of cervical spine. Visualized osseous elements intact with no evidence of fracture. Marrow signals within normal limits. Cervical cord of normal uniform signal intensity, without evidence of focal expansion. Craniocervical junction unremarkable.

C2-C3: Normal sagittal alignment and vertical disc height. The facet joints are normal. No disc herniation was identified. No significant central nor foraminal stenosis. Normal hydration of the cervical disc is seen.

C3-C4: A 3 mm left C3-C4 cervical disc herniation. Compression of the left anterior and lateral thecal sac with cord compression.

C4-C5: A 2 mm ventral bulging disc. Associated spinal stenosis. AP dimension of bony spinal canal narrowed to 7 mm. No disc herniation.

C5-C6: A 3 mm right C5-C6 cervical disc herniation with disc material extending into the medial aspect of the right C5-C6 intervertebral foramen.

C6-C7: A 2 mm right C6-C7 cervical disc herniation with disc material extending into the right C6-C7 intervertebral foramen.

C7-T1: Normal sagittal alignment and vertical disc height. The facet joints are normal. No disc herniation was identified. No significant central nor foraminal stenosis. Normal hydration of the cervical disc is seen.

IMPRESSION:

1. C3-C4: A 3 MM LEFT C3-C4 CERVICAL DISC HERNIATION. COMPRESSION OF THE LEFT ANTERIOR AND LATERAL THECAL SAC WITH CORD COMPRESSION.
2. C4-C5: A 2 MM VENTRAL BULGING DISC. ASSOCIATED SPINAL STENOSIS. AP DIMENSION OF BONY SPINAL CANAL NARROWED TO 7 MM. NO DISC HERNIATION.
3. C5-C6: A 3 MM RIGHT C5-C6 CERVICAL DISC HERNIATION WITH DISC MATERIAL EXTENDING INTO THE MEDIAL ASPECT OF THE RIGHT C5-C6 INTERVERTEBRAL FORAMEN.
4. C6-C7: A 2 MM RIGHT C6-C7 CERVICAL DISC HERNIATION WITH DISC MATERIAL EXTENDING INTO THE RIGHT C6-C7 INTERVERTEBRAL FORAMEN.

Electronically Signed:
HPH/rw

H. Paul Hatten, Jr., M.D.
Radiologist

Patient: JORDAN, RANDY EVERETT**Account Number:** e1007749**DOB:** 01/29/1968 **Age:** 49 Y **Sex:** Male**Phone:** 843-680-9298**Address:** 1432 HWY 268, MOUNT CROGHAN, SC-29727**Pcp:** Shari Carter, FNP**Provider:** Willie S. Edwards, MD**Date:** 05/25/2017**Subjective:****Chief Complaints:**

1. POST Cervical MRI.

HPI:Spine Notes:

Patient had work related injury in January 2016 and has known cervical stenosis from C3 to C6 measuring from 6.5-8.3 mm. Has ongoing mechanical symptoms and headaches but overall he feels that his condition has been unchanged since we saw him last in March.

ROS:General/Constitutional:

Fever no. Pain no. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General calf muscle pain on L side of leg, joint pain, leg cramps, muscle cramps, muscle pain, muscle weakness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache yes. Tremor no.

Medical History: Anxiety, Diabetes.**Surgical History:** back surgery .**Hospitalization/Major Diagnostic Procedure:** see surgical hx .**Family History:** Father: deceased. Mother: alive.**Social History:**

Tobacco Use: Smoking Are you a: former smoker.

Drug/Alcohol: Alcohol Did you have a drink containing alcohol in the past year? No, Points 0.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.**Objective:**

Vitals: Wt 296.0 lbs, Wt-kg 134.26 kg, Ht 5'10, Ht-cm 152.4, BMI 57.80, Temp 98.2, BSA 2.38 M.

000128

Examination:

Focused Spine Exam:

Markedly overweight white male. Decreased cervical lordosis. Minimal discomfort with extremes of extension and rotation. No motor weakness or reflex asymmetry. No long tract findings.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Cervical MRI scan done at Inmed May 17, 2017 was personally reviewed and demonstrates significant cervical stenosis from C3 to C6 as noted above. No cord changes.

Assessment:

Assessment:

1. Cervical Stenosis - M48.02 (Primary)

Plan:

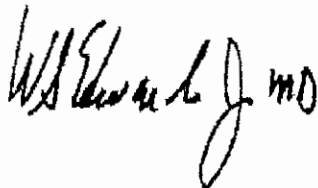
1. Cervical Stenosis

Notes: Surgical treatment in the form of anterior cervical discectomy and fusion from C3 to C6 with minimize her risk of neurologic deterioration. Patient understands that his symptoms may not completely resolve but should improve. He also understands he has some mild degenerative changes at C6 7 that could later require intervention also.

Follow Up: surgery

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT DOB: 01/29/1968 Date: 05/25/2017



Electronically signed by WILLIE EDWARDS, MD on 06/01/2017 at 09:11 AM EDT

Sign off status: Completed

000129

McLeod
Physician Associates

McLeod Orthopaedic Spine Center

101 JOHNS ST STE 100
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 05/25/2017

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Cervical Stenosis M48.02

Release to: work on 05/30/2017

Restrictions:

- | | | |
|---|--|--|
| ☒ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | | |
| ☐ No lifting | ☐ Right ☐ Left | |
| ☐ No overhead work | ☐ Left-hand work only | |
| ☐ Right-hand work only | ☐ No repetitive stooping | |
| ☐ No repetitive bending | ☐ No continual walking | ☐ No continual stair climbing |
| ☐ No continual standing | | |
| ☐ No prolonged sitting | | |
| ☐ No climbing | | |
| ☐ Sedentary Only | ☐ No upper body | |
| ☐ No lower body | ☐ No twisting movements | |
| ☐ No pivoting | | |
| ☐ Other | | |

Instructions:

Patient is to have surgery. Surgery pending authorization from insurance.

Recheck Visit:

W. Everett Jordan MD

Physician's Signature

PA's Signature

05/25/2017
Date

Powered By eClinicalWorks LLC.

000130

RADIOLOGY REPORT

McLEOD REGIONAL MEDICAL CENTER

555 E. CHEVES STREET FLORENCE, SC 29506-2617

PHONE (843) 777-2087

PATIENT NAME:	JORDAN, RANDY EVERETT	DISCHARGE DATE:	
PT ACCOUNT#:	000135045870	MR/RAD#:	111424
ACCESSION#:	7945889	CID#:	650031

DOB:	01/29/1968	AGE:	49Y	SEX:	M	RACE:	W
PHONE:	843-680-9298			PT CLASS:	O	FIN CLASS:	S
ADDRESS:	1432 HWY 268			PT TYPE:	Q	PT NS/ROOM:	-
	MOUNT CROGHAN, SC, 29727			DATE OF SERVICE:	Jun 7 2017 9:30AM		
ORDER DR:	WILLIE S. EDWARDS JR M.D.						
ATTEND DR:	WILLIE S. EDWARDS JR M.D.						
COPY TO:							
DIAGNOSIS:	M48.02						
ORDER DR:	WILLIE S. EDWARDS JR M.D.						
ATTEND DR:	WILLIE S. EDWARDS JR M.D.						
TRANSCRIBED D/T:	Jun 7 2017 10:02AM						
PROCEDURE:	CHEST/1VIEW (PA AP PORT) / ORD #: 90002 Accession#: 7945889 CPT: 71010						
ORDERED FOR:	Jun 7 2017 8:48AM COMPLETED: Jun 7 2017 9:37AM						
INDICATIONS/COMMENTS:	Preoperative						

RESULT: COMPARISON: 6/25/2014

FINDINGS: Portable AP view of the chest demonstrates clear lungs which are hyperinflated to a mild degree. No pleural effusion or pneumothorax. Cardiomedial silhouette is within normal limits for size and contour. Pulmonary vasculature are unremarkable. No acute bony abnormality.

IMPRESSION: No evidence of active cardiopulmonary disease.

READING DR: RICHARD TOOTHMAN M.D.
READING DATE: Jun 7 2017 10:02AM

Final Result
ELECTRONICALLY SIGNED BY:
RICHARD TOOTHMAN M.D.
On: Jun 7 2017 10:04AM

Printed: June 7, 2017 (10:07AM)

Page 1

CAROLINA RADIOLOGY ASSOCIATES

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000131

JORDAN, RANDY EVERETT, M, 01/29/1968

McLeod Orthopaedic Spine Center
101 JOHNS ST STE 100, FLORENCE, SC 29506-2777
843-432-1880

843-634-3964

Accession Id: 7945889

Order Date: 06/07/2017

Procedure: 06/07/2017 09:37:00

Transcribed: 06/07/2017 09:37:00

Requesting Physician: EDWARDS, WILLIE S Ordering Physician: EDWARDS, WILLIE

CHEST/1VIEW (PA AP PORT)

REPORT

Exam:

ORDER DR: WILLIE S. EDWARDS JR M.D.

ATTEND DR: WILLIE S. EDWARDS JR M.D.

TRANSCRIBED D/T: Jun 7 2017 10:02AM

PROCEDURE: CHEST/1VIEW (PA AP PORT) / ORD #: 90002 Accession#: 7945889

CPT: 71010

ORDERED FOR: Jun 7 2017 8:48AM COMPLETED: Jun 7 2017 9:37AM

INDICATIONS/COMMENTS: Preoperative

RESULT: COMPARISON: 6/25/2014

FINDINGS: Portable AP view of the chest demonstrates clear lungs which are hyperinflated to a mild degree. No pleural effusion or pneumothorax. Cardiomedial silhouette is within normal limits for size and contour. Pulmonary vasculature are unremarkable. No acute bony abnormality.

IMPRESSION: No evidence of active cardiopulmonary disease.

READING DR: RICHARD TOOTHMAN M.D.

READING DATE: Jun 7 2017 10:02AM

JORDAN, RANDY EVERETT, M, 01/29/1968

Accession ID: 7945889

000132



Scheduling Hotline: 1-888-464-7999

NuVasive Clinical Services Monitoring, Inc.

10420 Little Patuxent Parkway

Suite 250

Columbia, MD 21044

Phone: (410) 740-2375

Fax: (410) 740-1518

Intraoperative Neurophysiologic Monitoring Report

CONFIDENTIAL MEDICAL DATA

Surgeon order confirmed: order present in chart

Patient:	Randy Jordan (111421)	Report Date:	06/14/2017
DOB:	01/29/1968	Service Date:	06/14/2017
Insurer 1:	State Employees - BCBS (ZCS87971821)	Case #:	53815700
Group:	n/a (999999)	Hospital:	Moleod Regional Medical Center (1699756221)
Insurer 2:	n/a	Surgeon:	Willie Edwards Jr, MD (1134129216)
Group:	n/a	MR Number:	111424
Tech:	Padgett, Kristy	Tech Hrs:	6:54AM - 11:47AM (4hr 53min)
Reader:	Real time supervision (level 22)	Monitor Hrs:	7:36AM - 10:44AM (3hr 8min)

Procedure:	Spine: Anterior cervical discectomy & fusion (ACDF) with or without corpectomy
Spinal Level:	Starting Level: C3 Ending Level: C6
Diagnosis:	M48.02; M48.02 - Spinal stenosis, cervical region

Monitoring Modalities

(Follows published policies)

	CPT Code	Units
EMG - 2 Limbs	95861	1
SSEP - Upper and Lower limb	95938	1
TCMEP - Upper and Lower limb	95939	1

SSEP

Post Tib SSEP Reader rating of data quality for interpretation: good
Shawn Masia, MD: Tracings stable.

Ulnar SSEP Reader rating of data quality for interpretation: good
Shawn Masia, MD: Tracings stable.

TCMEP

Reader rating of data quality for interpretation: good

Shawn Masia, MD: Motor responses were present in all limbs throughout procedure.

EMG

(B=bilateral, L=left side only, R=right side only)

Category	Muscle
Arms	Lower Trapezius (B)
Arms	Deltoid (B)
Arms	Biceps Brachii (B)
Arms	Tricep (B)
Arms	Abductor Digiti Minimi (B)

Reader rating of data quality for interpretation: good

Shawn Masia, MD: No significant sustained discharges were noted.

ANALYSIS

Reader rating of data quality for interpretation: good data set.

Real time viewing of the data and real time communication was maintained throughout the recordings. No intraoperative electrophysiological events were recorded suggesting intraoperative complications. The surgeon was apprised of the data and its reliability throughout the recordings.



Shawn Masia, MD

Approved: 6/14/2017 12:22

Patient: JORDAN, RANDY EVERETT**Account Number:** e1007749**Provider:** Willie S. Edwards, MD**DOB:** 01/29/1968 **Age:** 49 Y **Sex:** Male**Date:** 06/13/2017**Phone:** 843-634-3964**Address:** 1432 HWY 268, MOUNT CROGHAN, SC-29727**Pcp:** Shari Carter, FNP**Subjective:****Chief Complaints:**

1. ORDERS. 2. Patient is here today regarding a pre-operative consultation for Anterior Cervical Discectomy and Fusion C3-C6 at McLeod on 06/14/2017.

ROS:General/Constitutional:

Fever no. Pain no. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Anxiety, Diabetes.

Surgical History: back surgery .

Hospitalization/Major Diagnostic Procedure: see surgical hx .

Family History: Father: deceased. Mother: alive.

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Drug/Alcohol: Alcohol Did you have a drink containing alcohol in the past year? No, Points 0.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 297 lbs, Wt-kg 134.72 kg, Ht 5'10, Ht-cm 152.4, BMI 58.00, Temp 98.3, BSA 2.39 M.

Assessment:**Assessment:**

1. Cervical spinal stenosis - M48.02

000135

Plan:

1. Others

Start Cervical Collar Miscellaneous, -, as directed, external, 6 to 8 hrs PRN, 30 days, 1, Refills 0,
Notes: L0174 Vista TX cervical collar ; Start Norco Tablet, 10-325 MG, 1-2 tablet as needed, Orally,
every 4-6 hrs, 7 days, 80 ; Start Tranxene-T Tablet, 7.5 MG, 1 table, Orally, TID, 20 days, 60 Tablet ;
Start Senokot S Tablet, 8.6-50 MG, 1 tablet in the evening as needed, Orally, Once a day, 30 day(s),
30 .

Notes: All forms of conservative treatment have been unsuccessful and hopefully significant
improvement will be enjoyed with this surgical intervention.

All potential risks and complications regarding this procedure have been discussed with the patient in
detail. The patient understands that complete relief of symptoms may not occur and desires to proceed
as scheduled.

Follow Up: 06/27/2017 (Reason: postop ACDF)

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT **DOB:** 01/29/1968 **Date:** 06/13/2017



Electronically signed by WILLIE EDWARDS, MD on 06/20/2017 at 08:20 AM EDT

Sign off status: Completed

000136



OPERATIVE REPORT

MCLEOD REGIONAL MEDICAL CENTER

555 East Cheves St
Florence, SC 29501-0551

NAME: Jordan, Randy Everett 11ST111701
MED. REC. NO.: 00-11-14-24
DR. DICTATING: Willie S. Edwards, Jr., MD
DOB: 01/29/1968
PATIENT NO.: 000135045870
DATE OF SURGERY: 06/14/2017

ORTHOPEDIC SURGERY

PREOPERATIVE DIAGNOSIS: Multilevel cervical stenosis with bilateral cervical radiculopathy.

POSTOPERATIVE DIAGNOSIS: Multilevel cervical stenosis with bilateral cervical radiculopathy

PROCEDURE:

1. Anterior cervical discectomy and fusion C3-4, C4-5, and C5-6 with PEEK cages with Autograft/DBM
2. Anterior cervical plating C3 to C6 (DeGen Medical Hyper-C)
3. SSEP/MEP spinal cord monitoring

SURGEON: Willie Edwards, M.D.

FIRST ASSISTANT: Sonia Wicker, P.A.

ANESTHESIA: Endotracheal.

INDICATIONS: This is a very pleasant 49 year old gentle sustained a work related injury last year which resulted in neck and bilateral shoulder radicular upper extremity symptoms. MRI scan shows severe stenosis at C3-4, C4-5, and C5-6 and it was felt that he was at risk for neurologic deterioration if left untreated. Surgical intervention was recommended to minimize the risks of this deterioration and hopefully improve his symptoms though he was made aware that no guarantee regarding relief of symptoms could be offered.

Sonia Wicker, P.A. was present throughout the entire procedure and provided valuable assistance during the exposure, hemostasis and other technical aspects of the procedure to help ensure excellent patient care.

DESCRIPTION OF THE OPERATION. The patient was brought to the operating room in a premedicated state and placed in a supine position. General endotracheal anesthesia was administered. The shoulders were taped to the foot of the table for radiographic exposure and a small towel roll was placed between the scapulae. The anterior neck was prepped into a sterile field. An anterior approach to the patient's cervical spine was made from the patient's left side through a 1-inch incision 4-fingerbreadths above the superior pole of the clavicle in Langer lines. The incision was carried down to the subcutaneous and platysmal layers with a hot knife, and the interval between the sternocleidomastoid and strap muscle was identified and developed digitally. This led down to the prevertebral and alar fascia overlying the anterior cervical spine, which was then incised. The longus coli musculature was elevated on either side of the cervical spine from the midportion of C3 to the midportion of C6, and Gaspar retractor blades were placed beneath this musculature to protect the midline visceral structures and lateral carotid sheath structures. Large spondylitic spur formation was taken down anteriorly at the margins of the disk space at C3-4, C4-5 and C5-6. Distraction pins were then placed in the midportion of the C3 and C4 vertebral bodies, and a distractor force across the disk space allowed better visualization posteriorly. The disk was incised anteriorly with a scalpel and disk material was evacuated with pituitary rongeurs and curettes, including cartilaginous endplates. Posterior spondylitic spur formation was taken down with 1 and 2 mm Kerrisons. Then the joints of Luschka were undercut with Kerrisons as well to ensure foraminal decompression. The posterior longitudinal ligament was incised with a Karlin knife and resected likewise with a Kerrisons to ensure central canal decompression. The

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Page 1 of 2

COPY FOR Willie S. Edwards, Jr., MD

OPERATIVE REPORT

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves St
Florence, SC 29501-0551

NAME: Jordan, Randy Everett
MED. REC. NO.: DD-11-14-24
DR. DICTATING: Willie S. Edwards, Jr., MD
PATIENT NO.: 000135045870
DATE OF SURGERY: 06/14/2017

1:ST111701

disk space was sized with 7 mm of height and then an appropriate sized lordotic PEEK cage was opened on the field, soaked in antibiotic solution and the center portion of it was packed with autologous bone graft, harvested locally, supported with demineralized bone matrix. The PEEK cage was inserted with a mallet and tamped with a firm interference fit and found to be stable to pullout testing and seemed to be in good alignment on C-arm imaging. The distraction pin at C3 was removed and placed down at C5 and the same procedure was carried out at C4-5 and subsequently at C5-6 with a 7 and 8 mm PEEK cage being utilized respectively. The distraction pins were removed and bone wax was placed in the holes created by these for hemostasis. The anterior surface of the cervical spine was prepared for reception of the anterior instrumentation and the DeGen Medical Hyper-C plating system was brought onto the field and an appropriate size cervical plate was provisionally fixed to the anterior cervical spine with a bone holding tack. Rigid fixation was carried out with 4.0 diameter, 14 and 16 mm long variable geometry screws. Each screw was placed to the plate into the vertebral body until the locking mechanism on the plate could be engaged to prevent loosening of the construct. Additional autologous bone graft was packed superficial to the PEEK cage through the slot in the plate to provide additional substrate for the arthrodesis. The Caspar retractor blades were removed and the midline visceral structures and lateral carotid sheath structures were inspected to ensure there was no occult trauma to them, and there was none. A Jackson Pratt drain was placed into the depths of the wound and brought through a separate stab incision inferiorly. The subcutaneous and platysma layers were reapproximated with 3-0 Vicryl interrupted sutures. The skin was closed with 4-0 Monocryl subcuticular stitch, followed by Steri-Strips, sterile dressing, and rigid cervical orthosis. Blood loss was less than 100 mL. SSEP/MEP spinal cord monitor remained stable throughout the procedure.

Willie S. Edwards, Jr., MD

amc

DD : 06/14/2017 01:14 P

DT : 06/15/2017 08:28 A

Job #: 1298333

cc Shari Carter, NP
Willie S. Edwards, Jr., MD

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Page 2 of 2 COPY FOR Willie S. Edwards, Jr., MD

000138

McLeod
Physician Associates

McLeod Orthopaedic Spine Center

101 JOHNS ST STE 100
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 06/16/2017

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

☐ Patient was seen in our office today for a scheduled appointment.

Diagnosis:

Release to: WORK on

Restrictions:

- | | | |
|--|--|--|
| ☐ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | | |
| ☐ No lifting | ☐ Right ☐ Left | |
| ☐ No overhead work | ☐ Left-hand work only | |
| ☐ Right-hand work only | ☐ No repetitive stooping | |
| ☐ No repetitive bending | ☐ No continual walking | ☐ No continual stair climbing |
| ☐ No continual standing | | |
| ☐ No prolonged sitting | | |
| ☐ No climbing | | |
| ☐ Sedentary Only | ☐ No upper body | |
| ☐ No lower body | ☐ No twisting movements | |
| ☐ No pivoting | | |
| ☐ Other | | |

Instructions:

out of work until seen back in my office on 6/27/2017

Recheck Visit: 06/27/2017



Physician's Signature

PA's Signature

06/16/17

Date

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000139

Patient: JORDAN, RANDY EVERETT
Account Number: e1007749
DOB: 01/29/1968 **Age:** 49 Y **Sex:** Male
Phone: 843-634-3964
Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727
Pcp: Shari Carter, FNP

Provider: Willie S. Edwards, MD

Date: 06/27/2017

Subjective:

Chief Complaints:

1. POST OP/cervical fusion.

HPI:

Spine Notes:

The patient is a pleasant 49-year-old male presenting clinic today in follow-up from a C3-6 anterior cervical discectomy and instrumented fusion. He states that he has been doing well during this time and has had significant resolution of his preoperative symptoms. He does admit to some discomfort with swallowing and denies any new onset weakness or gait disturbances.

ROS:

General/Constitutional:

Fever no. Pain no. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Anxiety, Diabetes.

Surgical History: back surgery .

Hospitalization/Major Diagnostic Procedure: see surgical hx .

Family History: Father: deceased. Mother: alive.

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Taking Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Taking Tranxene-T(Clrazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID, Taking Senokot S (Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

000140

Objective:

Vitals: Wt 297 lbs, Wt-kg 134.72 kg, Ht 5'10, Ht-cm 152.4, BMI 58.00, Temp 97.8, BSA 2.39 M.

Examination:Focused Spine Exam:

The patient is a pleasant 49-year-old male in no acute distress. Motor strength is 5 out of 5 bilaterally with 2+ reflexes are symmetric. There are no gait abnormalities and no long tract findings. His incision site is without erythema. There is some clear drainage from the right side of his incision.

Assessment:**Assessment:**

1. Cervical spinal stenosis - M48.02
2. Cervical radiculopathy - M54.12
3. Aftercare following surgery - Z48.89

Plan:**1. Cervical spinal stenosis**

Imaging: CERVICAL SPINE 2 OR 3 VIEWS (72040)

WICKER, SONIA T 06/29/2017 10:45:06 AM EDT > Images of the cervical spine show good positioning of instrumentation from C3 - 6 without any evidence of instability.

Clinical Notes: I reviewed with the patient his current symptoms and he is stated that he is doing very well during this time. I recommended that he continue to wear his brace over the next several weeks and discussed with him that he is able to drive as long as he is not taking any narcotic medication. I also provided him with an antibiotic today. He will follow-up in 4 weeks.

2. Others

Start Keflex Capsule, 500 MG, 1 capsule, Orally, every 12 hrs, 10 day(s), 20 .

Procedure Codes: 72040 Xray exam of neck spine

Follow Up: 4 Weeks

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT **DOB:** 01/29/1968 **Date:** 06/27/2017



Electronically signed by WILLIE EDWARDS, MD on 07/05/2017 at 05:00 PM EDT

Sign off status: Completed

Pre Op NB

000141

McLeod
Physician Associates

McLeod Orthopaedic Spine Center

101 JOHNS ST STE 100
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 06/27/2017

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis:

Release to: on

Restrictions:

- | | | |
|--|--|--|
| ☐ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | | |
| ☐ No lifting | | |
| ☐ No overhead work | ☐ Right ☐ Left | |
| ☐ Right-hand work only | ☐ Left-hand work only | |
| ☐ No repetitive bending | ☐ No repetitive stooping | |
| ☐ No continual standing | ☐ No continual walking | ☐ No continual stair climbing |
| ☐ No prolonged sitting | | |
| ☐ No climbing | | |
| ☐ Sedentary Only | | |
| ☐ No lower body | ☐ No upper body | |
| ☐ No pivoting | ☐ No twisting movements | |
| ☐ Other | | |

Instructions:

Patient is still out of work until after next appointment.

Recheck Visit: 0725/2017

W. Everett Jordan MD

Physician's Signature

PA's Signature

06/27/2017

Date

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000142

Order Form

McLeod Orthopaedic Spine Center

101 JOHNS ST, STE 100
FLORENCE, SC, 29506-2777

843-432-1880 843-432-1022

Req/Ctrl# (CD-): 10845371

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

Today: 09/13/2017 01:24 PM

843-634-3964 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Order Date: 06/27/2017 08:15 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605, COLUMBIA, SC, 29260

Subscriber Number: zcs87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name

Assessment(s)

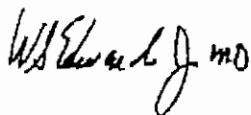
Instructions

CERVICALSPINE 2 OR 3 VIEWS (72040)

- M48.02. Cervical spinal stenosis

Notes: WICKER,SONIA T 06/29/2017 10:45:06 AM EDT >

Images of the cervical spine show good positioning of
instrumentation from C3 - 6 without any evidence of instability.



Electronically Signed By: Willie S.
Edwards, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

JORDAN, RANDY EVERETT, 01/29/1968

000143

McLeod Orthopaedic Spine Center		Willie S. Edwards, MD
101 JOHNS ST STE 100 FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	09/13/2017
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-634-3964	
Ordered Date:	06/27/2017	
Assessments:	Cervical spinal stenosis	
Lab:	CERVICALSPINE 2 OR 3 VIEWS (72040)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:	06/29/2017	
Notes:	WICKER,SONIA T 06/29/2017 10:45:06 AM EDT > Images of the cervical spine show good positioning of instrumentation from C3 - 6 without any evidence of instability.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000144

Patient: JORDAN, RANDY EVERETT**Account Number:** e1007749**Provider:** Willie S. Edwards, MD**DOB:** 01/29/1968 **Age:** 49 Y **Sex:** Male**Date:** 07/25/2017**Phone:** 843-634-3964**Address:** 1432 HWY 268, MOUNT CROGHAN, SC-29727**Pcp:** Shari Carter, FNP**Subjective:****Chief Complaints:**

1. Cervical follow up.

HPI:Spine Notes:

The patient is a pleasant 49-year-old male presenting to clinic today in follow-up from a C3 - 6 anterior cervical discectomy and fusion completed approximately 6 weeks ago. He states that he has been doing very well during this time although he has noticed some muscular tightness to the right side of his mid back. He denies any new onset weakness or gait disturbances.

ROS:General/Constitutional:

Fever no. Pain yes. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps, neck pain.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Anxiety, Diabetes.**Surgical History:** back surgery, neck surgery (acdf) 6/14/2017.**Hospitalization/Major Diagnostic Procedure:** see surgical hx, see surgical hx 7/25/2017.**Family History:** Father: deceased. Mother: alive.**Social History:**Tobacco Use: Smoking Are you a: former smoker.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Taking Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Taking Tranxene-T(Clrazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID, Taking Senokot S (Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Taking Keflex (Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Taking Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1 tablet as needed Orally every 4 hrs, Medication List reviewed and reconciled with the patient

000145

Allergies: N.K.D.A.

Objective:

Vitals: Wt 297 lbs, Wt-kg 134.72 kg, Ht 5'10, Ht-cm 152.4, BMI 58.00, Temp 98.6, BSA 2.39 M.

Examination:

Focused Spine Exam:

The patient is a pleasant 49-year-old male in no acute distress. Motor strength is 5 out of 5 bilaterally with 2+ reflexes are symmetric. There are no gait abnormalities and no long tract findings. His incision site is well-healed and without erythema or drainage.

Assessment:

Assessment:

1. Cervical radiculopathy - M54.12 (Primary)
2. Cervical spinal stenosis - M48.02
3. Aftercare following surgery - Z48.89

Plan:

1. Cervical radiculopathy

Refill Norco Tablet, 10-325 MG, 1 tablet as needed, Orally, every 6 hrs, 20 days, 80 Tablet ; Start Tranxene-T Tablet, 7.5 MG, as directed, Orally, every 8 hours, 30 days, 90, Refills 0 .

Clinical Notes: I reviewed with the patient his current symptoms and he is stated that he is doing very well at this time. I am encouraged him that he is now able to wean out of his brace and should only use it when necessary. I also provided him with the neck owners manual to assist him with the discomfort in his neck and mid back. I recommended that he remain out of work at this time. He will follow-up in 4 weeks.

2. Cervical spinal stenosis

Imaging: CERVICALSPINE 2 OR 3 VIEWS (72040)

WICKER,SONIA T 07/25/2017 10:37:16 AM EDT > Images of the cervical spine show no evidence of new onset instability with good bony fusion progress.

Follow Up: 4 Weeks

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT **DOB:** 01/29/1968 **Date:** 07/25/2017



Electronically signed by WILLIE EDWARDS , MD on 08/03/2017 at 06:42 AM EDT

Sign off status: Completed

Post Op

Order Form

McLeod Orthopaedic Spine Center

101 JOHNS ST, STE 100
FLORENCE, SC, 29506-2777

843-432-1880 843-432-1022

Req/Ctrl# (CD-): 11055774

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

843-634-3964 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 09/13/2017 01:23 PM

Order Date: 07/25/2017 09:55 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605, COLUMBIA, SC, 29260

Subscriber Number: zcs87971921

Insured Name: JORDAN, RANDY EVERETT

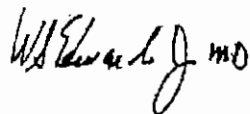
Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name	Assessment(s)	Instructions
CERVICALSPINE 2 OR 3 VIEWS (72040)	- M48.02. Cervical spinal stenosis	

Notes: WICKER, SONIA T 07/25/2017 10:37:16 AM EDT >

Images of the cervical spine show no evidence of new onset

instability with good bony fusion progress.



Electronically Signed By: Willie S.
Edwards, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

JORDAN, RANDY EVERETT, 01/29/1968

000147

McLeod Orthopaedic Spine Center		Willie S. Edwards, MD
101 JOHNS ST STE 100 FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	09/13/2017
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-634-3964	
Ordered Date:	07/25/2017	
Assessments:	Cervical spinal stenosis	
Lab:	CERVICALSPINE 2 OR 3 VIEWS (72040)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:	07/25/2017	
Notes:	WICKER, SONIA T 07/25/2017 10:37:16 AM EDT > Images of the cervical spine show no evidence of new onset instability with good bony fusion progress.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000148

McLeod
Physician Associates

McLeod Orthopaedic Spine Center
101 JOHNS ST STE 100
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 07/25/2017

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Cervical radiculopathy M54.12

Release to: on

Restrictions:

- | | | |
|--|--|--|
| ☐ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | ☐ Right ☐ Left | |
| ☐ No lifting | ☐ Left-hand work only | |
| ☐ No overhead work | ☐ No repetitive stooping | |
| ☐ Right-hand work only | ☐ No continual walking | ☐ No continual stair climbing |
| ☐ No repetitive bending | | |
| ☐ No continual standing | | |
| ☐ No prolonged sitting | | |
| ☐ No climbing | | |
| ☐ Sedentary Only | | |
| ☐ No lower body | ☐ No upper body | |
| ☐ No pivoting | ☐ No twisting movements | |
| ☐ Other | | |

Instructions:

Patient out of work until after next appointment.

Recheck Visit: 08/22/2017

W. Everett Jordan MD

Physician's Signature

PA's Signature

07/25/2017

Date

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000149

Patient: JORDAN, RANDY EVERETT
Account Number: e1007749
DOB: 01/29/1968 **Age:** 49 Y **Sex:** Male
Phone: 843-634-3964
Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727
Pcp: Shari Carter, FNP

Provider: Willie S. Edwards, MD

Date: 08/22/2017

Subjective:

Chief Complaints:

1. Lumbar follow up.

HPI:

Spine Notes:

Patient presents to clinic today in follow-up from a C3 - 6 anterior cervical discectomy and fusion. He has been doing well during this time her but has continued complaints of tightness into his right shoulder and upper arm. He denies a new onset weakness or gait disturbances.

ROS:

General/Constitutional:

Fever no. Pain no. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion , no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Anxiety, Diabetes.

Surgical History: back surgery , neck surgery (acdf) 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx , see surgical hx 7/25/2017.

Family History: Father: deceased. Mother: alive.

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Taking Tranxene-T(Clorzepate Dipotassium) 7.5 MG Tablet 1 table Orally TID, Taking Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Taking Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Taking Tranxene-T (Clorzepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco (Acetaminophen-Hydrocodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List

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reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 297 lbs, Wt-kg 134.72 kg, Ht 5'10, Ht-cm 152.4, BMI 58.00, Temp 98.6, BSA 2.39 M.

Examination:

Focused Spine Exam:

Patient is a pleasant 49-year-old male in no acute distress. Motor strength is 5 out of 5 bilaterally with 2+ reflexes are symmetric. There are no gait abnormalities and no long tract findings.

Assessment:

Assessment:

1. Cervical radiculopathy - M54.12 (Primary)
2. Cervical spinal stenosis - M48.02
3. Aftercare following surgery - Z48.89

Plan:

1. Cervical radiculopathy

Refill Tranxene-T Tablet, 7.5 MG, 1 table, Orally, TID, 20 days, 60 Tablet ; Start Gabapentin Capsule, 300 MG, 1 capsule, Orally, Three times a day, 30 day(s), 90 ; Start Norco Tablet, 5-325 MG, 1 tablet as needed, Orally, every 6 hrs, 15 days, 60 Tablet .

Clinical Notes: Patient is a that he has noticed a significant amount of relief since his surgery. I recommended gabapentin to assist him with the continued discomfort in his right shoulder. He will follow-up in 4 weeks for his next postoperative visit. Pain medications were refilled today.

2. Cervical spinal stenosis

Imaging: CERVICAL SPINE 2 OR 3 VIEWS (72040)

WICKER, SONIA T 08/24/2017 11:45:19 AM EDT > Images of the cervical spine show good positioning of instrumentation from C3 - 6. There is good bony fusion progress.

Procedure Codes: 72040 Xray exam of neck spine

Follow Up: 4 Weeks

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT **DOB:** 01/29/1968 **Date:** 08/22/2017



Electronically signed by WILLIE EDWARDS , MD on 08/29/2017 at 04:42 PM EDT

Sign off status: Completed

000151

McLeod
Physician Associates

McLeod Orthopaedic Spine Center

101 JOHNS ST STE 100
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 08/22/2017

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Cervical radiculopathy M54.12

Release to: on

Restrictions:

- | | | |
|--|--|--|
| ☐ No restrictions | ☐ No running | ☐ No contact sports |
| ☐ No jumping | | |
| ☐ No lifting | | |
| ☐ No overhead work | ☐ Right ☐ Left | |
| ☐ Right-hand work only | ☐ Left-hand work only | |
| ☐ No repetitive bending | ☐ No repetitive stooping | |
| ☐ No continual standing | ☐ No continual walking | ☐ No continual stair climbing |
| ☐ No prolonged sitting | | |
| ☐ No climbing | | |
| ☐ Sedentary Only | | |
| ☐ No lower body | ☐ No upper body | |
| ☐ No pivoting | ☐ No twisting movements | |
| ☐ Other | | |

Instructions:

patient is out of work until after next appointment.

Recheck Visit: 09/21/2017



Physician's Signature

PA's Signature

08/22/2017
Date

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Order Form

McLeod Orthopaedic Spine Center

101 JOHNS ST, STE 100
FLORENCE, SC, 29506-2777

843-432-1880 843-432-1022

Req/Ctrl# (CD-): 11252989

Willie S. Edwards, MD

NPI: 1134129216

Provider Code: 1134129216

Orthopaedic Surgery

JORDAN, RANDY EVERETT, Male, 01/29/1968 ID: e1007749

843-634-3964 Visit Id: 0 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Today: 09/13/2017 01:23 PM

Order Date: 08/22/2017 11:35 AM

Primary Insurance Name: BCBS STATE GROUP

Insurance Address: PO BOX 100605 , COLUMBIA , SC , 29260

Subscriber Number: zcs87971921

Insured Name: JORDAN, RANDY EVERETT

Address: 1432 HWY 268, MOUNT CROGHAN, SC, US 29727

Diagnostic Name	Assessment(s)	Instructions
CERVICALSPINE 2 OR 3 VIEWS (72040)	- M48.02, Cervical spinal stenosis	

Notes: WICKER, SONIA T 08/24/2017 11:45:19 AM EDT >

Images of the cervical spine show good positioning of
instrumentation from C3 - 6. There is good bony fusion progress.



Electronically Signed By: Willie S.
Edwards, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

JORDAN, RANDY EVERETT, 01/29/1968

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McLeod Orthopaedic Spine Center		Willie S. Edwards, MD
101 JOHNS ST STE 100 FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	09/13/2017
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-634-3964	
Ordered Date:	08/22/2017	
Assessments:	Cervical spinal stenosis	
Lab:	CERVICALSPINE 2 OR 3 VIEWS (72040)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:	08/24/2017	
Notes:	WICKER,SONIA T 08/24/2017 11:45:19 AM EDT > Images of the cervical spine show good positioning of instrumentation from C3 - 6. There is good bony fusion progress.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000154

McLeod
Physician Associates

McLeod Orthopaedic Spine Center

101 JOHNS ST STE 100
FLORENCE SC.29506-2777
Ph: 843-432-1880 Fax:843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN

DATE: 09/13/2017

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

[- Patient was seen in our office today for a scheduled appointment.

Diagnosis: Cervical radiculopathy M54.12

Release to:

תס

Restrictions:

- | | | |
|--|--|--|
| ☐ No restrictions | | |
| ☐ No jumping | ☐ No running | ☐ No contact sports |
| ☐ No lifting | | |
| ☐ No overhead work | ☐ Right ☐ Left | |
| ☐ Right-hand work only | ☐ Left-hand work only | |
| ☐ No repetitive bending | ☐ No repetitive stooping | |
| ☐ No continual standing | ☐ No continual walking | ☐ No continual stair climbing |
| ☐ No prolonged sitting | | |
| ☐ No climbing | | |
| ☐ Sedentary Only | | |
| ☐ No lower body | ☐ No upper body | |
| ☐ No pivoting | ☐ No twisting movements | |
| ☐ Other | | |

Instructions:

Recheck Visit:

W. E. L. J. mD

Physician's Signature

PA's Signature

Date _____

Powered By eClinicalWorks LLC.

000155

Patient: JORDAN, RANDY EVERETT
Account Number: e1007749
DOB: 01/29/1968 **Age:** 49 Y **Sex:** Male
Phone: 843-634-3964
Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727
Pcp: Shari Carter, FNP

Provider: Willie S. Edwards, MD

Date: 09/21/2017

Subjective:

Chief Complaints:

1. Cervical follow up.

HPI:

Spine Notes:

Patient continues to make good progress over 3 months postop anterior cervical discectomy and fusion from C3 to C6. Radicular pain. Increased activity level has been tolerated without problems.

ROS:

General/Constitutional:

Fever no. Pain yes. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps, neck pain.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Anxiety, Diabetes.

Surgical History: back surgery, neck surgery (acdf) 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx, see surgical hx 7/25/2017.

Family History: Father: deceased. Mother: alive.

Social History:

Tobacco Use: Smoking Are you a: former smoker.

Drug/Alcohol: Alcohol Did you have a drink containing alcohol in the past year? No, Points 0.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Taking Senokot S(Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Taking Tranxene-T(Clrazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Taking Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Taking Norco(Acetaminophen-Hydrocodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Taking Tresiba FlexTouch (Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous, Not-Taking/PRN Norco (Acetaminophen-Hydrocodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-

000156

Taking/PRN Tranxene-T(Clorazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID, Not-Taking/PRN Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 280 lbs, Wt-kg 127.01 kg, Ht 5'10, Ht-cm 152.4, BMI 54.68, BSA 2.32 M.

Examination:

Focused Spine Exam:

Stout healthy-appearing white male with well-healed surgical scar anteriorly. Limited mobility in all directions especially rotation and extension. Motor strength in the upper extremities 5 over 5. Reflexes 2+ and symmetric. No dermatomal paresthesias. No long tract findings. Gait normal.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Cervical radiculopathy - M54.12 (Primary)

Plan:

1. Cervical radiculopathy

Imaging: CERVICAL SPINE 2 OR 3 VIEWS (72040)

EDWARDS, WILLIE S 09/22/2017 02:46:20 PM EDT > Postop cervical x-rays demonstrate excellent alignment of the instrumentation and PEEK cage. Good restoration/maintenance of cervical lordosis..

Notes: Increased activities as tolerated. Home exercise program encouraged full range of motion and strengthening. Follow up for final statements in 6 weeks with final x-ray.

Procedure Codes: 72040 Xray exam of neck spine

Follow Up: 6 Weeks

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT **DOB:** 01/29/1968 **Date:** 09/21/2017



000157

Electronically signed by WILLIE EDWARDS , MD on 10/03/2017 at 07:02 AM EDT
Sign off status: Completed

000158

McLeod Orthopaedic Spine Center		Willie S. Edwards, MD
101 JOHNS ST STE 100 FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	12/13/2017
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-634-3964	
Ordered Date:	09/21/2017	
Assessments:	Cervical radiculopathy	
Lab:	CERVICALSPINE 2 OR 3 VIEWS (72040)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	EDWARDS, WILLIE S 09/22/2017 02:46:20 PM EDT > Postop cervical x-rays demonstrate excellent alignment of the instrumentation and PEEK cage. Good restoration/maintenance of cervical lordosis..	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

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McLeod
Physician Associates

McLeod Orthopaedic Spine Center

101 JOHNS ST STE 100
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 09/21/2017

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Cervical radiculopathy M54.12

Release to: on

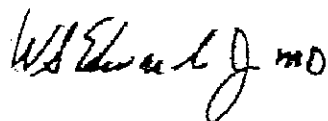
Restrictions:

- | | | |
|--|--|--|
| ☐ No restrictions | | |
| ☐ No jumping | ☐ No running | ☐ No contact sports |
| ☐ No lifting | | |
| ☐ No overhead work | ☐ Right ☐ Left | |
| ☐ Right-hand work only | ☐ Left-hand work only | |
| ☐ No repetitive bending | ☐ No repetitive stooping | |
| ☐ No continual standing | ☐ No continual walking | ☐ No continual stair climbing |
| ☐ No prolonged sitting | | |
| ☐ No climbing | | |
| ☐ Sedentary Only | | |
| ☐ No lower body | ☐ No upper body | |
| ☐ No pivoting | ☐ No twisting movements | |
| ☐ Other | | |

Instructions:

Patient is out of work until after next appointment

Recheck Visit: 11/02/2017



Physician's Signature

PA's Signature

09/21/2017

Date

Powered By eClinicalWorks LLC.

000160

Patient: JORDAN, RANDY EVERETT**Account Number:** e1007749**DOB:** 01/29/1968 **Age:** 49 Y **Sex:** Male**Phone:** 843-634-3964**Address:** 1432 HWY 268, MOUNT CROGHAN, SC-29727**Pcp:** Shari Carter, FNP**Provider:** Willie S. Edwards, MD**Date:** 11/02/2017**Subjective:****Chief Complaints:**

1. Cervical follow up.

HPI:Spine Notes:

Patient over 4 months out from 3 level anterior cervical discectomy and fusion. No radicular pain. Mechanical discomfort only. Patient denies neurogenic sounding bowel or bladder dysfunction. Has had no constitutional symptoms.

ROS:General/Constitutional:

Fever no. Pain yes. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps, stiffness.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Anxiety, Diabetes.**Surgical History:** back surgery, neck surgery (acdf) 6/14/2017.**Hospitalization/Major Diagnostic Procedure:** see surgical hx, see surgical hx 7/25/2017.**Family History:** Father: deceased. Mother: alive.**Social History:**Tobacco Use: Smoking Are you a: former smoker.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Taking Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Taking Norco(Acetaminophen-Hydrocodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Taking Tresiba FlexTouch (Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous, Not-Taking/PRN Senokot S (Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T(Clrazepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1 tablet as needed Orally every

000161

6 hrs, Not-Taking/PRN Tranxene-T(Clorazepate Dipotassium) 7.5 MG Tablet 1 table Orally TID, Not-Taking/PRN Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 278 lbs, Wt-kg 126.1 kg, Ht 5'10, Ht-cm 152.4, BMI 54.29, Temp 98.2, BSA 2.31 M.

Examination:

Focused Spine Exam:

Robust white male with decreased cervical lordosis. Surgical scar well-healed. Minimal discomfort with rotation especially to the right side. Motor strength in the upper extremities 5 over 5. Reflexes 2+ and symmetric. No dermatomal paresthesias. No long tract findings. Gait normal.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Cervical spinal stenosis - M48.02 (Primary)

Plan:

1. Cervical spinal stenosis

Refill Gabapentin Capsule, 300 MG, 1 capsule, Orally, Three times a day, 30 day(s), 90 ; Start Ultram Tablet, 50 mg, 1 tablet as needed, Orally, every 6 hrs, 15 days, 60 Tablet .

Imaging: CERVICALSPINE 2 OR 3 VIEWS (72040)

EDWARDS, WILLIE S 11/05/2017 07:49:55 AM EST > AP and lateral cervical x-rays demonstrate solid arthrodesis from C3 to C6 with good continued alignment of the instrumentation. No adjacent segment disease.

Notes: Physical therapy prescribed today. Increased activities. Follow-up after completion of therapy for final release statements.

I have reviewed the review of systems, past, family and social history as well as vital signs. Appropriate changes made as needed. This note was created using voice recognition software and, although it has been reviewed by me, it still may contain transcription errors.

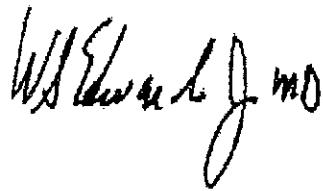
Procedure Codes: 72040 Xray exam of neck spine

Follow Up: 6 Weeks

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT **DOB:** 01/29/1968 **Date:** 11/02/2017

000162

A handwritten signature in black ink, appearing to read "Willie Edwards MD". The signature is cursive and somewhat stylized.

Electronically signed by WILLIE EDWARDS , MD on 11/07/2017 at 07:27 PM EST
Sign off status: Completed

000163

McLeod Orthopaedic Spine Center		Willie S. Edwards, MD
101 JOHNS ST STE 100 FLORENCE, SC 29506-2777		Orthopaedic Surgery
Tel: 843-432-1880 Fax: 843-432-1022		
Patient:	JORDAN, RANDY EVERETT	12/13/2017
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-634-3964	
Ordered Date:	11/02/2017	
Assessments:	Cervical spinal stenosis	
Lab:	CERVICALSPINE 2 OR 3 VIEWS (72040)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:		
Received Date:		
Notes:	EDWARDS, WILLIE S 11/05/2017 07:49:55 AM EST > AP and lateral cervical x-rays demonstrate solid arthrodesis from C3 to C6 with good continued alignment of the instrumentation. No adjacent segment disease.	

Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

000164

Patient: JORDAN, RANDY EVERETT
Account Number: e1007749
DOB: 01/29/1968 **Age:** 49 Y **Sex:** Male
Phone: 843-634-3964
Address: 1432 HWY 268, MOUNT CROGHAN, SC-29727
Pcp: Shari Carter, FNP

Provider: Willie S. Edwards, MD

Date: 12/07/2017

Subjective:

Chief Complaints:

1. Cervical follow up.

HPI:

Spine Notes:

Patient has recovered from 3 level anterior cervical discectomy and fusion from C3 to C6. Physical therapy was helpful in terms of his conditioning. Also has some ongoing symptoms from a left ankle injury that is causing ongoing swelling for which follow-up has been scheduled by the patient.

ROS:

General/Constitutional:

Fever no. Pain yes soreness in neck. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Anxiety, Diabetes.

Surgical History: back surgery, neck surgery (acdf) 6/14/2017.

Hospitalization/Major Diagnostic Procedure: see surgical hx, see surgical hx 7/25/2017.

Family History: Father: deceased. Mother: alive.

Medications: Taking Xanax(ALPRAZolam) 0.5 MG Tablet 1 tablet Orally Twice a day, Taking Januvia(SITagliptin Phosphate) 50 MG Tablet 2 tablets Orally Once a day, Taking Cervical Collar - Miscellaneous as directed external 6 to 8 hrs PRN, Notes: L0174 Vista TX cervical collar, Taking Tresiba FlexTouch(Insulin Degludec) 200 UNIT/ML Solution Pen-injector Subcutaneous, Taking Gabapentin 300 MG Capsule 1 capsule Orally Three times a day, Taking Ultram(TraMADol HCl) 50 mg Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Norco(Acetaminophen-Hydrocodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Senokot S (Senna) 8.6-50 MG Tablet 1 tablet in the evening as needed Orally Once a day, Not-Taking/PRN Tranxene-T(Clرازepate Dipotassium) 7.5 MG Tablet as directed Orally every 8 hours, Not-Taking/PRN Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Tranxene-T(Clرازepate Dipotassium) 7.5 MG Tablet 1 table Orally TID, Not-

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Taking/PRN Norco(Acetaminophen-Hydrocodone) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Not-Taking/PRN Keflex(Cephalexin) 500 MG Capsule 1 capsule Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 277.0, Wt-kg 125.65, Ht 5'10, Ht-cm 152.4, BMI 54.09, BSA 2.30 M.

Examination:

Focused Spine Exam:

Incision site well-healed. Good range of motion of the cervical spine. Motor strength in the upper extremities 5 over 5. Reflexes 2+ and symmetric. No dermatomal paresthesias. No long tract findings. Gait normal. Lateral aspect left ankle is swollen.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.

Neck/thyroid: No thyromegaly, no mass.

Neurologic: Alert and oriented times 3.

Lymph nodes: No adenopathy.

Cardiovascular: Peripheral pulses good. No edema

Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Cervical spinal stenosis - M48.02 (Primary)

Plan:

1. Cervical spinal stenosis

Imaging: CERVICALSPINE 2 OR 3 VIEWS (72040)

EDWARDS, WILLIE S 12/09/2017 07:21:37 AM EST > AP and lateral cervical x-rays demonstrate previous arthrodesis from C3 to C6 completely intact. No adjacent segment disease.

Notes: Physical therapy has several more weeks planned but he should be able to return to work at this time without specific restriction. Follow-up in 6 weeks for final release and impairment statements.

I have reviewed the review of systems, past, family and social history as well as vital signs. Appropriate changes made as needed. This note was created using voice recognition software and, although it has been reviewed by me, it still may contain transcription errors.

Referral To: Cheraw Physical Therapy Physical Therapy

Reason: Continue Cervical PT 3x4 weeks - Stretch/Strength/Modalities - Cheraw - Marvin

Procedure Codes: 72040 Xray exam of neck spine

Follow Up: 6 Weeks

Provider: Willie S. Edwards, MD

Patient: JORDAN, RANDY EVERETT **DOB:** 01/29/1968 **Date:** 12/07/2017

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Willie Edwards MD

Electronically signed by WILLIE EDWARDS , MD on 12/13/2017 at 06:41 AM EST
Sign off status: Completed

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McLeod Orthopaedic Spine Center 101 JOHNS ST STE 100 FLORENCE, SC 29506-2777 Tel: 843-432-1880 Fax: 843-432-1022		Willie S. Edwards, MD Orthopaedic Surgery
Patient:	JORDAN, RANDY EVERETT	12/13/2017
DOB:	01/29/1968, Sex: Male	
Address:	1432 HWY 268, MOUNT CROGHAN, SC, US 29727	
Phone:	843-634-3964	
Ordered Date:	12/07/2017	
Assessments:	Cervical spinal stenosis	
Lab:	CERVICALSPINE 2 OR 3 VIEWS (72040)	
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Patient Name: JORDAN, RANDY EVERETT , DOB: 01/29/1968

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McLeod
Physician Associates

McLeod Orthopaedic Spine Center

101 JOHNS ST STE 100
FLORENCE SC 29506-2777
Ph: 843-432-1880 Fax: 843-432-1022

Release To School Work Form

NAME: RANDY EVERETT JORDAN DATE: 12/07/2017

ADDRESS: 1432 HWY 268 MOUNT CROGHAN SC 29727

☒ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Cervical spinal stenosis M48.02

Release to: work on 12/11/2017

Restrictions:

☒ No restrictions

☐ No jumping

☐ No running

☐ No contact sports

☐ No lifting

☐ No overhead work

☐ Right ☐ Left

☐ Right-hand work only

☐ Left-hand work only

☐ No repetitive bending

☐ No repetitive stooping

☐ No continual standing

☐ No continual walking

☐ No continual stair climbing

☐ No prolonged sitting

☐ No climbing

☐ Sedentary Only

☐ No lower body

☐ No upper body

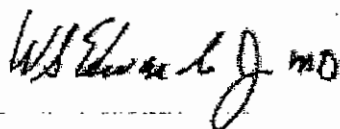
☐ No pivoting

☐ No twisting movements

☐ Other

Instructions:

Recheck Visit: 6 weeks



Physician's Signature

PA's Signature

12/07/2017

Date

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PALMETTO HEALTH TUOMEY
129 NORTH WASHINGTON STREET
SUMTER, SC 29150
Phone #: (803)774-9090
Fax: (803)774-9580

10645986

Name: RANDY JORDAN
Patient ID: TUM000585519
DOB: 01/29/1968
Phone: 843-680-9298
Acc #: 1651196

Exam Date: 12/12/2016 02:03 PM
Exam Name: NM BONE SCAN, WHOLE BODY
3196 | NM.BNW
History:
Referrer: RONALD VANDERNOORD,
2nd Referrer: MEDICAL ONECALL

NM BONE SCAN, WHOLE BODY 3196

Comparison: None

Following the intravenous administration of 26.0 mCi of Tc99m-MDP, whole-body bone imaging was performed in the anterior and posterior projections. The bone uptake in the axial and appendicular skeleton is relatively uniform and symmetric with no evidence of focal abnormal uptake. There is relatively diffuse increased activity in the feet and ankles and knees as well as the shoulders which is relatively symmetrical. This may be slightly more prominent in the left foot relative to the right but overall is relatively symmetrical and likely degenerative in nature. Plain film correlation with foot and ankle films would be useful.

IMPRESSION: No acute abnormality seen in whole-body bone scan. Suspect degenerative uptake as noted above.

Richard Patrick Jr. MD

Report Electronically Signed by: RICHARD PATRICK JR, MD
Report Electronically Signed on: 12/12/2016 03:11 PM

Patient Name: RANDY JORDAN
Patient ID: TUM000585519
Technologist: BRIAN HUSKEY
Completed Date: 12/12/2016 02:03 PM
Transcribed By: POWERSCRIBE 360
Transcribed Date: 12/12/2016 03:10 PM

Exam: NM BONE SCAN, WHOLE
BODY 3196 | NM.BNW
Acc #: 1651196
Interpreting Rad: RICHARD PATRICK JR, MD
Dictated Date: 12/12/2016 03:10 PM
Finalized Date: 12/12/2016 03:11 PM

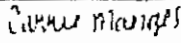
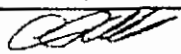
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SCANNED

FCE

Randy Jordan

June 13, 2017

Evaluator 1	 Carrie Manges, PTA	06/13/2017
Evaluator 2	 Chris Nicholas, PT, DPT, OCS	06/13/2017
Physician	Dr. Daily	← Physicians Signature ← Date

FCE

Randy Jordan

June 13, 2017

Patient Demographics

Name:	Randy Jordan	Gender:	Male
SS#:	XXX-XX-8196	Age:	49
Referring Physician:	Dr. Daily	Height:	5 ft. 10 in.
Date of Onset/Injury:	February 4, 2016	Weight:	300 lbs.
Surgery Date:	N/A	Hand Dominance:	Left

Employment Information

Employer:	SCDOT	Job Req. PDC:	Medium
Occupation:	Maintenance Worker	DOT Code:	899.684-014
Claim #:	249638196	Work Status:	Full Duty Full Time
Insurance/Payer:	SC State Accident Fund		

Diagnosis

ICD-10	Description	Code	Description
M25572	Pain in left ankle and joints of left foot		

History & Mechanism of Injury

Mr. Jordan reports that he was injured on February 4, 2016 while working as a Maintenance Worker for SCDOT.

Patient's Report of Injury:

Mr. Jordan reports that he injured his left ankle when he was standing beside his work vehicle (passenger side at back rear wheel) and another vehicle struck his vehicle which knocked him over. Client reports feeling immediate left ankle pain "when I stood back up and started walking on it." Mr. Jordan reports that he has had multiple X-rays and MRIs; however, reports that MD conts to rpt no findings. Current complaints are intermittent left ankle pain exacerbated with activity. Mr. Jordan reports that he is independent with ADLs.

Past Medical History

He did not attend therapy for this diagnosis. He did not have surgery for this injury.

Cervical Spinal Stenosis- having surgery on 6/14/17, "pulled muscle or something" in right shoulder, "I have bad knees," "lower back surgery 20 years ago."

Medication

Mr. Jordan is currently taking the following medications: Diabetes Med and Xanax PRN. Mr. Jordan reports that he did not take pain medication prior to the evaluation.

Sincerity of Effort

Hand grip, pinch grip and static testing were used to determine if Mr. Jordan's performance is consistent and reliable.

	Test	Result	Expected	Measure	Reliable
Jamar Hand Test	MVE Pos 1 Right	9.8%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 1 Left	6.7%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 2 Right	8.0%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 2 Left	5.1%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 3 Right	3.4%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 3 Left	10.1%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 4 Right	5.4%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 4 Left	2.8%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 5 Right	1.8%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 5 Left	6.4%	≤11%	COV	Yes
Jamar Hand Test	Rapid Exchange - Right	REG<MVE	REG<MVE	REG	Yes
Jamar Hand Test	Rapid Exchange - Left	REG<MVE	REG<MVE	REG	Yes

The results of the sincerity of efforts testing show that Mr. Jordan demonstrated consistent and maximal effort during the evaluation.

In addition to the sincerity of effort testing results, Mr. Jordan was observed throughout the FCE using distraction based testing, a technique used to detect insincere effort. Distraction based testing is a clinical testing situation in which the client is unaware of all information being gathered by the tester making it difficult if not impossible to consciously control performance.

There were no inconsistencies noted during the test.

JAMAR Hand Tests

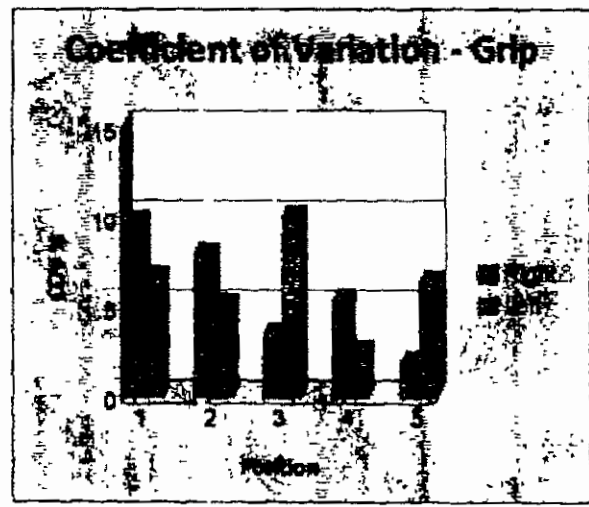
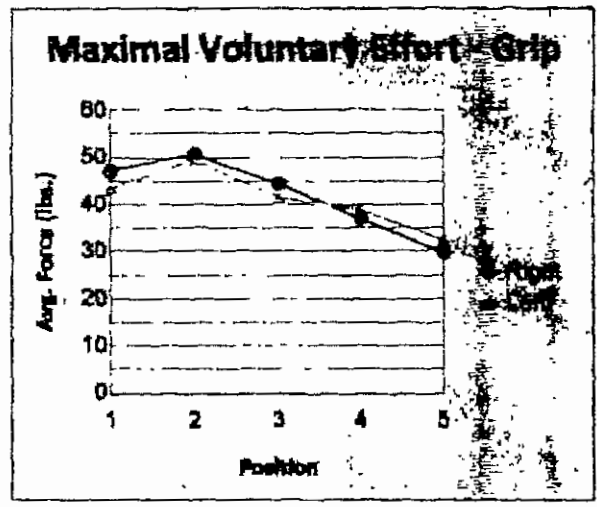
The JAMAR hand dynamometer was used to quantify grip strength and determine whether Mr. Jordan exerted consistent effort during grip strength testing. Mr. Jordan was tested using the maximum voluntary effort (MVE) and rapid exchange hand grip (REG) protocols.

Maximum Voluntary Effort

The MVE protocol tests strength over a range of five positions on the hand dynamometer. With maximal effort, the strength graphs obtained will result in a bell-shaped curve. Research has shown that both normal and injured hand strength should be strongest in positions 2, 3 and 4 and weaker in positions 1 and 5. The average and standard deviation is analyzed for coefficient of variation (COV) at each test position. Any COV > 20% indicates inconsistent effort. Any COV < 11% indicates consistent effort. Anything between 11% and 20% does not indicate either consistent or inconsistent effort and is therefore not relevant for determining consistency of effort.

	Right Hand			Avg.	SD	COV
1	52.0	43.0	46.0	47.0	4.6	9.8%
2	47.0	50.0	55.0	50.7	4.0	8.0%
3	44.0	46.0	43.0	44.3	1.5	3.4%
4	35.0	37.0	39.0	37.0	2.0	5.4%
5	30.0	29.0	30.0	29.7	0.6	1.9%

	Left Hand			Avg.	SD	COV
1	45.0	40.0	45.0	43.3	2.9	6.7%
2	52.0	49.0	47.0	49.3	2.5	5.1%
3	46.0	40.0	38.0	41.3	4.2	10.1%
4	39.0	38.0	40.0	39.0	1.0	2.6%
5	30.0	33.0	34.0	32.3	2.1	6.4%



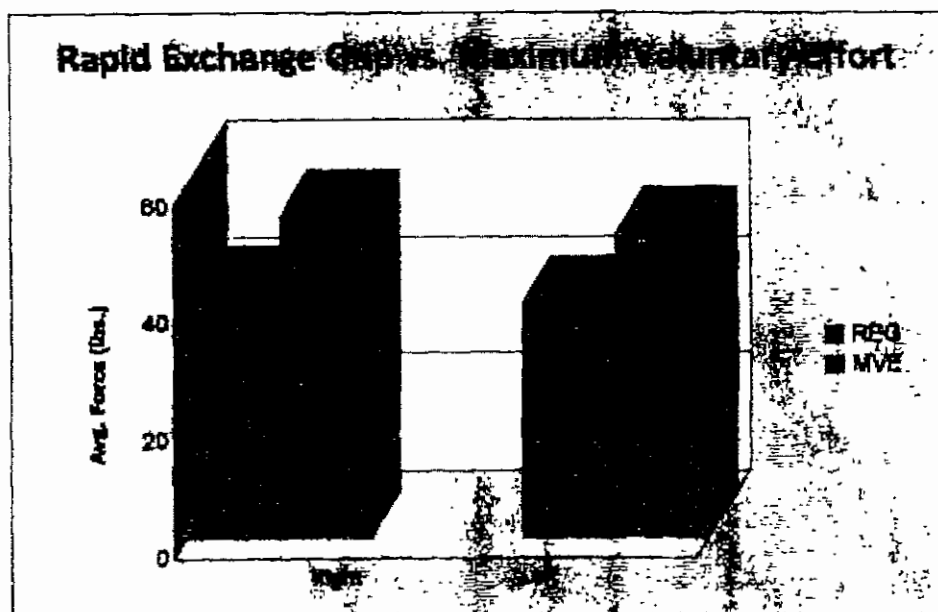
FCE
Randy Jordan
June 13, 2017

Rapid Exchange Grip

The REG test protocol is used as a means to assess the reliability of effort in the maximum voluntary effort test. Research shows that REG strength exceeding max grip strength is an indication of sub maximal or unreliable effort. REG testing is performed using the position in which the client produces the greatest force during the MVE test.

Mr. Jordan demonstrated the highest MVE on position 2 on the left hand, therefore position 2 was used for REG testing. REG values were compared to MVE values for both right and left sides at position 2.

Position 2	REG	MVE	Results
Right	42 lbs	55 lbs	Pass
Left	40 lbs	52 lbs	Pass



Results

The results of these tests show that Mr. Jordan demonstrated consistent and maximal effort.

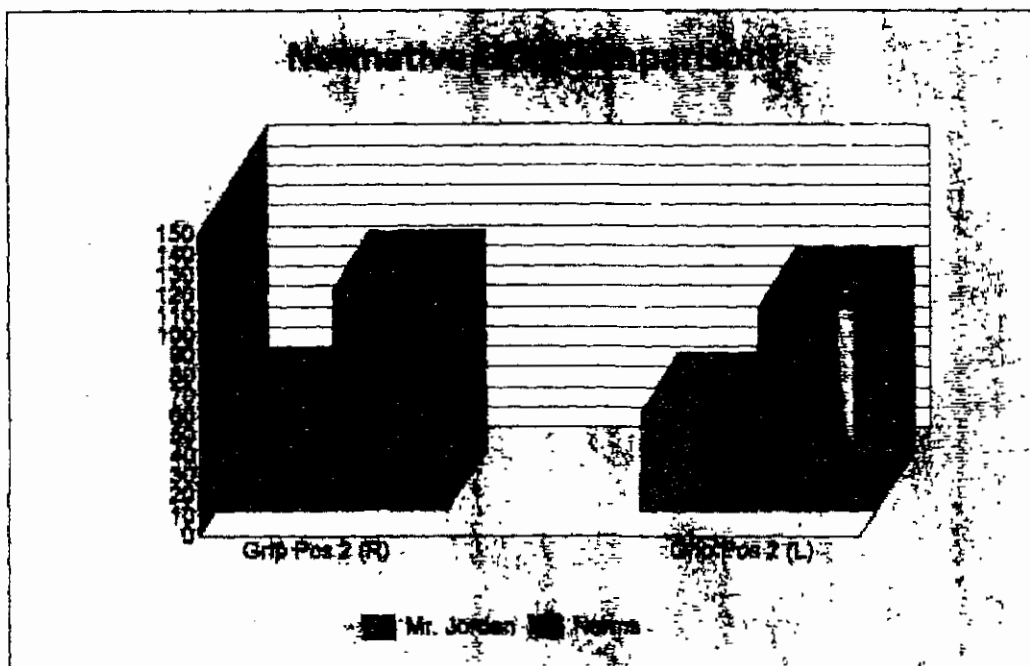
The data obtained for Mr. Jordan did not demonstrate a bell shaped curve which indicates sub maximal effort. The coefficients of variation measured during the MVE are less than the 11% acceptable limit showing Mr. Jordan performed the test with consistent effort. Mr. Jordan demonstrated a negative rapid exchange grip which indicates maximal effort. Mr. Jordan's grip strength is below normal when compared to published norms.

Normative Data Comparison

Normative data was compiled for grip strength to establish clinical norms for adults. In this test, normative data for grip strength at position 2 was used as a baseline to compare with evaluation data collected on Mr. Jordan.

Mr. Jordan's average hand grip on position 2 bilaterally was compared to normative data for men his age.

Task Name	Actual	Normative Value	% Difference
Grip Pos 2 (R)	50.7	109.9	53.9%
Grip Pos 2 (L)	49.3	100.8	51.1%



Task Name	Right	Left	% Difference
Grip Pos 2	50.7	49.3	2.6%

Mr. Jordan's grip strength was compared to age and gender matched normative data. The published normal grip strength range for the left hand is between 58 and 160 pounds. Mr. Jordan produced an average force of 49 pounds which is considered below the normal range. The published normal grip strength range for the right hand is between 65 and 155 pounds. Mr. Jordan produced an average force of 50 pounds which is considered below the normal range. Mr. Jordan is left hand dominant and his average strength on position 2 for his left hand was 2.6% weaker than his right side which demonstrates an abnormal relationship. Right hand dominant subjects are assumed to be approximately 10% stronger on the right side, while left hand dominant subjects are assumed to have approximately equal strength on both sides.

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Randy Jordan
June 13, 2017

Pain Assessment

Pre-FCE	Post-FCE
6/10	7/10