

20366

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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MAR 29 2013

SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Susan S. Barden, Commissioner
Derrick L. Williams, Commissioner
Andrea C. Roche, Commissioner

W.C.C. File No.: 0809520

Yurri Valderrama, ...Respondent,

v.

Kohler Company, ...Appellant.

RECORD ON APPEAL

VOLUME II

W. Hugh McAngus
Weston Adams, III
McANGUS GOUDELOCK & COURIE LLC
Meridian 10th Floor
1320 Main Street
PO Box 12519
Columbia, SC 29211-2519
(803) 779-2300
Attorneys for Kohler Company

Alton L. Martin, Jr.
MARTIN & MARTIN, PA
PO Box 8220
Greenville, SC 29604
Attorney for Yurri Valderrama

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Executed Certificate of Counsel 469

Medical Questionnaire
Medical Questionnaire

Yuri Valderrama

DoB: [REDACTED]

SSN: [REDACTED]

Did you refer Mr. Valderrama to Dr. Cole for his complaints of depression, back pain, and stomach complaints? *yes*

Did the lengthy recovery process requiring crutches and extensive physical therapy after each of 3 surgeries, his altered gait during recovery, the delays in authorizing recommended medical treatment, the prescribed medications for his knee problems, his inability to return to work during his recovery and during periods he was awaiting authorization of treatment, and his resulting financial problems most probably cause or contribute to his problems with depression, back pain, and stomach pain? *yes*

In your opinion, does Mr. Valderrama most probably need additional treatment for these problems? *yes*

Would Mr. Valderrama benefit from an FCE to determine his specific physical restrictions regarding his back and both knees? *yes*

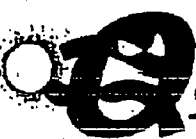
Do the answers above represent your opinions to a reasonable degree of medical certainty? *yes*

9/28/10

Date

John E. Keith, Jr.
Dr. John E. Keith, Jr., M.D.

201301182002674

 **Orthopedic Specialties**

Re: Juris Valderrama 8-24-10
Date

This patient has been under my care for Knee and (may, may not) return to

from _____ to _____

☐ Regular Work ☐ Light Work ☐ School ☐ Physical Education ☐ Sports

until on 8-30-10

Special Instructions 25 lbs maximum lifting

John E. Keith, Jr. MD M.D., LLC

Merk D. Visk, M.D., LLC
John E. Keith, Jr., M.D., LLC
Stephen M. Kana, M.D., LLC
303 East Wood Street • Spartanburg, SC 29303 • Phone: 864-208.6800 • Fax: 864-208.6857

Anthony A. Sanchez, M.D., LLC
Thomas A. Leong, M.D.

Karen L. Babish, P.A.-C
Marcus T. Cox, P.A.-C
Jonathan York, P.A.-C

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Karen L. Babish, PA-C, Jonathan E. York, PA-C, Casey S. Satterfield, PA-C
Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: WC75736

Patient Name: YURI VALDERRAMA

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 08/24/2010

HX OF PRESENT ILLNESS: Mr. Valderrama comes in with multiple complaints. He has an interpreter with him, and he states that his life has changed so much since his first knee injury and his first knee surgery, and he feels very depressed. He feels very frustrated that he is unable to return to work. He has multiple problems including financial problems. He states that he feels like he is going crazy. He has skin changes on his legs that he is concerned about. He has multiple medical issues that I do not feel comfortable answering or helping him with including depression, and we may need to refer him to one of the internists for this.

SURGICAL HISTORY: Left knee arthroscopy.
MEDICAL HISTORY: Positive for hypertension.
SOCIAL HISTORY: He is married. He denies alcohol or tobacco use.
REVIEW OF SYSTEMS: All other systems are negative/normal.

PHYSICAL EXAM: Physical exam reveals a well-developed, well-nourished male in no acute distress. He is alert and oriented x 3.

EYES: Pupils are reactive.
EARS: Negative/normal.
PHARYNX: Negative/normal.
NECK: Supple, no lymphadenopathy. No masses.
SKIN: Skin has normal texture and turgor and good vascular flow.

ORTHOPEDIC EXAM: Examination of the left knee shows no swelling. Good range of motion. Good strength. Good stability of the right knee. He has minimal swelling and slight puffiness. His back seems to be mildly tender.

IMPRESSION: Status post knee arthroscopy, doing well.

PLAN: Plan will be to encourage him to return to work. I have changed his lifting/light duty status to only lifting 25 pounds. I recommend that he return to Kohler. I would like him to see Dr. Eric Cole for his multiple medical issues including his depression.
John E. Keith, Jr., M.D.
(JEK: acw)

Electronically Signed by: John E. Keith, MD on Friday, August 27, 2010 2:20 pm

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www.orthopedicspecialties.com

07/06/2010 10:45

8E42688857

ORTH SPECIALTIES

PAGE 03/03

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 Karan L. Babish, PA-C, Jonathan E. York, PA-C
 Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC73736

Patient Name: YURI VALDERRAMA

Patient SSN: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 07/01/2010

HX OF PRESENT ILLNESS: Mr. Valderrama has been followed for a right knee arthroscopy and a left knee arthroscopy. He also had some secondary back pain, but he is doing a lot better. He states that the right knee is doing very well. The left knee gives him some occasional aching and he has some occasional aching in his back. His depression is getting better. He feels like he really does not need any type of medication for this. He feels like once he gets back to work he will be fine. I do not feel that he really needs a psychological evaluation today. He was anxious last time about his ability to return to work and provide for his family. I do not feel that he has any type of psychological problems that is related to his Workman's Comp injury.

SURGICAL HISTORY: Left knee arthroscopy.
MEDICAL HISTORY: Positive for hypertension.
SOCIAL HISTORY: He is married. He denies alcohol or tobacco use.
REVIEW OF SYSTEMS: All other systems are negative/normal.

PHYSICAL EXAM: Physical exam reveals a well-developed, well-nourished male in no acute distress. He is alert and oriented x 3.
EYES: Pupils are reactive.
EARS: Negative/normal.
PHARYNX: Negative/normal.
NECK: Supple, no lymphadenopathy. No masses.
SKIN: Skin has normal texture and turgor and good vascular flow.

ORTHOPEDIC EXAM: Examination of the left knee shows no swelling. Good range of motion. Good strengthen. Good stability of the right knee. He has minimal swelling and slight puffiness. His back seems to be mildly tender.

IMPRESSION: Good postoperative course, status post right knee arthroscopy.

PLAN: The plan will be to continue with therapy this month. I would anticipate his returning to work August 2nd. At that point he will return on a light duty basis where he cannot lift anything greater than 50 pounds. He may stoop or bend, but should avoid chronic or repetitive stooping or bending if possible. I would anticipate light duty basis for six to eight weeks, perhaps as long as three months. I would anticipate full duty after that point.

John E. Keith, Jr., M.D.

JEK:ddb

cc: Mike Tollison, Kohler Company

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201301182002074

115

 **Orthopedic Specialties**

Re: Juri Valderrama Date 7-1-10

This patient has been under my care for Knee

from _____ to _____ and (may, may not) return to

☐ Regular Work ☐ Light Work ☐ School ☐ Physical Education ☐ Sports

until Aug 2, 2010

Special Instructions No heavy lifting greater than 50 lbs avoid bending & sleeping

John E. Keith Jr. MD M.D., LLC

Mark D. Visk, M.D., LLC
John E. Keith Jr., M.D., LLC
Stephen M. Kana, M.D., LLC

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Karen L. Babish, PA-C, Jonathan E. York, PA-C
Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC75736

Patient Name: YURI VALDERRAMA

Patient SS#: [REDACTED]

Date of Birth: 04/18/1983

Physician: JOHN E KEITH MD

Date of Service: 05/20/2010

Mr. Valderrama had a right knee arthroscopy, partial medial and lateral meniscectomy and he is doing well with that. He is having some pain in his back and some pain in his left knee. He also feels very depressed and mentally anxious about the fact that he cannot work. I have given him a prescription for Valium 5 mg to take once every four to six hours as needed for anxiety. Consideration will be given towards psychological evaluation and he will undergo a therapy program for strengthening of both knees and his back.

John E. Keith, Jr., M.D.

JEK:ddb

Electronically Signed by John E. Keith, MD on Tuesday, May 25, 2010 5:29 pm

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Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC75736

Patient Name: YURI VALDERRAMA

Patient SS#: ~~000-00-0000~~

Date of Birth: ~~01/01/1980~~

Physician: JOHN E KEITH MD

Date of Service: 05/20/2010

PATIENT PHONE NUMBER: (864) 278-8035

PHYSICAL / OCCUPATIONAL THERAPY

DIAGNOSIS/ICD-9: 836.0

EVALUATE AND TREAT

PROGRAMS:

Back Rehab JIM STORCH BACK BOTH HIPS

I certify this Rehabilitation Therapy is medically necessary. The Plan of Care is established and will be reviewed every 30 days or more often if the condition warrants.

FACILITY FOR REFERRAL:

REGIONAL REHAB SERVICES - CHURCH STREET

PHONE: 560-7777

FAX: 560-5322

John E. Keith, Jr., M.D.

Electronically Signed by: John E. Keith, MD on Thursday, May 20, 2010 3:28 pm

*** Addendum - 06/07/2010 04:15 pm

CORRECTION THE PHYSICAL THERAPY SHOULD BE FOR HIS BACK AND BOTH KNEES

Electronically Signed by: John E. Keith, MD on Monday, June 07, 2010

*** Addendum - 07/01/2010 04:19 pm

CONTINUE THERAPY

Electronically Signed by: John E. Keith, MD on Thursday, July 01, 2010

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Karen L. Bishish, PA-C, Jonathan E. York, PA-C
Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC75736

Patient Name: YURI-VALDERRAMA

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 05/05/2010

Yuri comes to the office today a week out from his right knee arthroscopy. He is doing well. Sutures were removed and incision is clean and benign. No drainage, no signs of infection. At this time we will set him up for some physical therapy and we will see him back for recheck in three to four weeks.

The history, exam and plan of care were all performed by John E. Keith, Jr. M.D. and I, Jonathan E. York, PA-C have scribed these services on his behalf.

Jonathan E. York, PA-C

(JEY: aws)

Electronically Signed by: John E. Keith, MD on Friday, May 07, 2010 4:27 pm

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Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC75736
Patient Name: YURI VALDERRAMA
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD
Date of Service: 05/05/2010

PATIENT PHONE NUMBER: (864) 278-8035

PHYSICAL / OCCUPATIONAL THERAPY

DIAGNOSIS/ICD-9: s/p right knee arthroscopy partial medial & lateral meniscectomy & chondroplasty
of patella

DATE AND TYPE OF SURGERY FOR THIS PROBLEM: 4/29/10

EVALUATE AND TREAT

I certify this Rehabilitation Therapy is medically necessary. The Plan of Care is established and will be reviewed
every 30 days or more often if the condition warrants.

FACILITY FOR REFERRAL:

John E. Keith, Jr., M.D.

Electronically Signed by: Thomas A. Leong, M.D. on Wednesday, May 05, 2010 2:14 pm

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Karen L. Babish, PA-C Marcus T. Cox, PA-C Jonathan E. York, PA-C
Rebecca J. Ulrich, PA-C, Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC75736

Patient Name: YURI-VALDERRAMA

Patient SSN: ~~000-00-0000~~

Date of Birth: ~~00/00/00~~

Physician: JOHN E KEITH MD

Date of Service:

VALDERRAMA, YURI-

ID: 61113 Visit No.: 2

DOS: 04/29/10 Acct: 89182

Sex: M Age: 40 DOB: 04/04/70

Dr: KEITH, JOHN E

HISTORY & PHYSICAL

CHIEF COMPLAINT: Right knee pain.

HX OF PRESENT ILLNESS: Yuri is now eight and a half months out from left knee arthroscopy and he is overall a lot better from the surgery. He still has some weakness in the left leg and he states he is putting a lot of weight on the left knee since his right knee is now hurting him. He had a MRI of the other knee that showed a meniscal tear in the right knee and he would like to go ahead and get it fixed at some point in the future but he states that he feels like this is related to Workman's Comp and he would like that to be fixed under Workman's Comp. He describes the pain as being on both the inside and outside of the right knee with catching and swelling and pain in the right knee. Pain is accentuated with any type of twisting and turning, going up and down stairs, or getting out of a chair. He states he is having a lot of weakness in both knees since he has really been inactive over the last several months.

FAMILY HISTORY: Positive for hypertension.
REVIEW OF SYSTEMS: All other systems negative/normal.
SOCIAL HISTORY: He is married. He denies alcohol or tobacco use.

PHYSICAL EXAMINATION: Patient is a well developed, well nourished male in no apparent distress. Alert and oriented times three. Skin normal texture turgor. Good vascular flow.

PUPILS: Reactive.
EARS: Normal.
PHARYNX: Benign.
NECK: Supple. No masses. No lymphadenopathy.

ORTHOPEDIC EXAM: Left knee with no swelling and no bruising. Good range of motion. Good strength. Mild tenderness over the medial joint line and weakness in the left quads is noted. The right knee has a positive lateral and medial McMurray's with swelling and catching in the patellofemoral joint in both the medial and lateral joint line.

X-RAYS: No taken.

IMPRESSION:
1. Good postoperative course from a left knee arthroscopy.
2. Meniscal tear of the right knee.

PLAN: Recommendation is to proceed with a right knee arthroscopy and meniscectomy and continue with a strengthening program on his left knee. The risks including but not limited to DVT, PE, infection, dislocation, excessive bleeding, loosening, further pain, neurovascular injury, mal-alignment possible need for revision surgery, and other risks were explained at length to the patient including death. The patient accepts the risks and wishes to proceed.

John E. Keith, Jr. M.D.

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Karen L. Babish, PA-C, Jonathan E. York, PA-C
Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC75736

Patient Name: YURI VALDERRAMA

Patient SS#: 242-878899

Date of Birth: 04/29/1970

Physician: JOHN E KEITH MD

Date of Service: 04/29/2010

OP NOTE

Gary had a right knee arthroscopy with a partial medial/lateral meniscectomy and chondroplasty of the patella.
Surgeon Dr. Keith, assistant York, P.A..

The history, exam and plan of care were all performed by John E. Keith, Jr. M.D. and I, Jonathan E. York, PA-C
have scribed these services on his behalf.

Jonathan E. York, PA-C

(JEY: aws)

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Kara L. Babbitt, PA-C, Jonathan E. York, PA-C
Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC75736
Patient Name: YURI VALDERRAMA
Patient SSN: [REDACTED]
Date of Birth: 04/27/1970

Physician: JOHN E KEITH MD
Date of Service: 04/27/2010

CHIEF COMPLAINT: Left knee pain.

HX OF PRESENT ILLNESS: Mr. Valderrama is being followed for bilateral knee pain. He had an MRI that showed a meniscal tear of the right knee. He has persistent pain and swelling over the right knee. He points to the area of the medial joint line as being the worst site of the pain. It hurts him when he gets up out of a chair or when he goes up and down stairs. He is also having some back issues, but he does not feel that this is related to his knee.

SURGICAL HISTORY: Left knee arthroscopy.
MEDICAL HISTORY: Positive for hypertension.
SOCIAL HISTORY: He is married. He denies alcohol or tobacco use.
REVIEW OF SYSTEMS: All other systems are negative/normal.

PHYSICAL EXAM: Physical exam reveals a well-developed, well-nourished, Hispanic male in no acute distress. He is alert and oriented x 3.

EYES: Pupils are reactive.
EARS: Negative/normal.
PHARYNX: Negative/normal.
NECK: Supple, no lymphadenopathy. No masses.
SKIN: Skin has normal texture and turgor and good vascular flow.

ORTHOPEDIC EXAM: Examination of the left knee reveals no swelling or bruising. He has good range of motion of the right knee with swelling. He has tenderness along the medial and lateral joint lines with positive medial and lateral McMurray.

IMPRESSION: Good post-operative course from left knee arthroscopy.

PLAN: Plan is to proceed with a right knee arthroscopy and meniscectomy. The risks and benefits were explained at length to the patient. The patient accepts the risks and wishes to proceed.
John E. Keith, M.D.
JEK: acw

Electronically Signed by: John E. Keith, MD on Thursday, April 29, 2010 4:12 pm

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Karen L. Babish, PA-C Marcus T. Cox, PA-C Jonathan E. York, PA-C
Rebecca J. Ulrich, PA-C, Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: 75736
Patient Name: YURI VALDERRAMA
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD
Date of Service: 11/17/2009

HX OF PRESENT ILLNESS: Mr. Valderrama follows up in the office today for his right knee pain. He has a known tear of the lateral meniscus and a degenerative tear in the medial meniscus of the right knee; however, he has been unable to find time to get this right knee fixed. He states that he continues to have pain, and when he goes from a squatting to a standing position, he some locking and catching in the knee. I spent a long time with him today and told him that I do not feel like his knee is going to get any better unless he undergoes surgical intervention since his meniscal tear has been going on for the last several months. He is trying to still fight with his work about getting this under Workman's Comp.

MEDICAL HISTORY:	Negative.
FAMILY HISTORY:	Positive for hypertension.
SOCIAL HISTORY:	Patient is married. He denies alcohol or tobacco use.
REVIEW OF SYSTEMS:	Negative for chest pain or shortness of breath. All other systems are negative/normal.

PHYSICAL EXAMINATION: Well-developed, well-nourished gentleman in no apparent distress. He is alert and oriented x 3.

EYES:	Reactive.
NECK:	Supple, no lymphadenopathy. Good range of motion without pain.
GI:	Soft and non-tender.

ORTHOPEDIC EXAM: Examination of the right knee reveals tenderness over the medial and lateral joint lines. He has positive McMurray's for both the medial and lateral sides. Lachman's and varus/valgus stress tests are negative. He is neurovascularly intact distally.

IMPRESSION: Tear of the medial and lateral menisci.

PLAN: Again, I have recommended a right knee arthroscopy, and this will be scheduled in the near future when he is able to do it. The history, exam, and plan of care were all performed by Dr. John Keith, and I, Jonathan York, P.A.-C, have scribed these services on his behalf.
Jonathan E. York, PA-C/John E. Keith, M.D.
(JEY: acw)

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Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D., Marco A. Rodriguez, M.D.
Karen L. Babish, PA-C, Marcus T. Cox, PA-C, Jonathan E. York, PA-C
Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D., Marco A. Rodriguez, M.D.
Karen L. Babish, PA-C Marcus T. Cox, PA-C Jonathan E. York, PA-C
Rebecca J. Ulrich, PA-C, Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC75736
Patient Name: YURI VALDERRAMA
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD
Date of Service: 11/17/2009

HX OF PRESENT ILLNESS: Mr. Valderrama is now seven months out from his left knee arthroscopy. He states that overall, he is a lot better than he was prior to surgery, but he still feels like he is not quite 100%. He says that when he squats down and tries to go from squatting to standing, he has some pain and weakness in the knee. It is not really a significant pain, but it is more a weakness, and he feels like the knee is sometimes unstable. Overall, he is improving slowly.

MEDICAL HISTORY: Negative.
FAMILY HISTORY: Positive for hypertension.
SOCIAL HISTORY: Patient is married. He denies alcohol or tobacco use.
REVIEW OF SYSTEMS: Negative for chest pain or shortness of breath. All other systems are negative/normal.

PHYSICAL EXAMINATION: Well-developed, well-nourished gentleman in no apparent distress. He is alert and oriented x 3.

EYES: Reactive.
NECK: Supple, no lymphadenopathy. Good range of motion without pain.
GI: Soft and non-tender.

ORTHOPEDIC EXAM: Examination of the left knee reveals well-healed incisions over the knee. He has no effusion in the knee. He has full range of motion on flexion/extension. The knee is stable to varus/valgus stress. McMurray's and Lachman's are both negative. He is neurovascularly intact.

IMPRESSION: Stable from left knee arthroscopy.

PLAN: At this time, he will continue to increase his activities as tolerated. He will follow-up in six weeks for recheck. The history, exam, and plan of care were all performed by Dr. John Keith, and I, Jonathan York, P.A.-C, have scribed these services on his behalf.
Jonathan E. York, PA-C/John E. Keith, M.D.
(JEY: acw)

From: 864 583 0588

To: 2711814

Page: 2/3

Date: 1/4/2010 2:29:47 PM

A.g. 27. 2009 2:42PM

South Carolina Workers' Compensation Commission
 1612 Marion Street • Post Office Box 1715
 Columbia, South Carolina 29202-1715
 (803) 737-5723
 Columbia, South Carolina 29202-1715
 (803) 737-5723
 www.wcc.sc.gov



No. 7309 P. 2

Physician's Statement Physician's Statement

Claimant's Name: **Yuri Valderrama**Employer's Name: **Kohler Company**Physician's Name: **John Keith, MD**Insurance Carrier: **Broadspire**Practice/ Clinic: **Orthopedic Specialties of Spartanburg**SCWCC File No: **0809520**

Preparer's Name: _____

Phone: (____) _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-16.

Date of first office visit: 4/20/07 Date of last visit: 8/20/07 Date of Injury or Illness: 06/24/08

Diagnosis or nature of Injury or Illness: left knee meniscus tear

Body part(s) Injured: left knee Body part(s) affected: left leg

Date of Maximum Medical Improvement: 6/22/07

Based on the AMA Guidelines, the claimant has sustained a 10 % medical impairment to left leg injured body part(s) and a _____ % medical impairment to _____ other affected body part(s).

_____ The claimant is able to return to work without restriction.

_____ The claimant is able to return to work with the following restrictions:

_____ The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

_____ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

_____ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

John Keith
 Treating Physician

9/17/07
 Date

9/07

14B

Physician's Statement

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DCN -201301182002674 BroadSpire Receive date -1/18/2013 6:00:00 AM ACS process date -1/18/2013 6:00:00 AM

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Medical Questionnaire

Yuri Valderrama

DoB: [REDACTED]

SSN: [REDACTED]

To a reasonable degree of medical certainty, did Mr. Valderama's work-related left knee injury most probably aggravate his right knee?

yes - pt. had pre-existing degeneration in the right knee that was most likely aggravated by his protracted left knee injuries and treatment.

To a reasonable degree of medical certainty, will Mr. Valderama's right knee problems most probably require surgery?

yes - MRI confirms lateral meniscal tear and degenerative tearing of medial meniscus. Pt is symptomatic

Date

7/17/09

Dr. John E. Keith, Jr., M.D.

John E. Keith, Jr. MD

201301182002674

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03/28/2009 12:25 FAX 8645804586

ORTHOPEDICS SPEC

001



Orthopedic Specialties
Urinoplastic Specialties

8/28/07

Re: Jusi Valderama

Date

This patient has been under my care for

2 (2) years

from

to

and (may, may not) return to

☐ Regular Work

☐ Light Work

☐ School

☐ Physical Education

☐ Sports

until/on

Special Instructions

no heavy lifting and no
repetitive climbing

John E. Keith, Jr. MD

M.D., LLC

Mark D. Viek, M.D., LLC

John E. Keith, Jr., M.D., LLC

Stephen M. Kena, M.D., LLC

Anthony A. Sanchez, M.D., LLC

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Karen L. Babish, P.A.-C.

Marcus T. Cox, P.A.-C.

Jonathan York, P.A.-C.

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Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D., Marco A. Rodriguez, M.D.
Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C
Rebecca J. Ulrich, P.A.-C.

PatientID: 75736
Patient Name: YURI VALDERRAMA
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD
Date of Service: 08/27/2009

HX OF PRESENT ILLNESS: Mr. Valderrama follows-up in the office today for his right knee pain and MRI results. He had an MRI of the right knee, which showed a lateral meniscal tear and some degeneration of the medial meniscus. He states that he still having significant pain in the right knee, and he is unable to do his normal activities and do his regular job because of the pain. We will now go ahead and proceed with a right knee arthroscopy.

PHYSICAL EXAM: Patient is a well-developed, well-nourished male in no apparent distress. Alert and oriented x 3.
EYES: Reactive.
NECK: Good range of motion without pain.
ABDOMEN: Soft.

ORTHOPEDIC EXAM: Exam of right knee shows him to be tender over the medial and lateral joint lines. He has positive McMurray's for both medial and lateral sides. He is neurovascularly intact distally.

IMPRESSION: Medial and lateral meniscal tears.

PLAN: At this time, we will proceed with a right knee arthroscopy with partial medial lateral meniscectomies. Patient understands the risks and benefits of surgery and wishes to proceed. Jonathan E. York, PA-C as a scribe dictating for John E. Keith, M.D.
(JEY: acw)

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Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C

PatientID: 75736

Patient Name: YURI VALDERRAMA

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JONATHAN E YORK PAC

Date of Service: 08/12/2009

HX OF PRESENT ILLNESS: Yuri follows up in the office today for his right knee pain and MRI results. The MRI of his right knee showed a tear of the lateral meniscus, degenerative tear of the medial meniscus and some chondromalacia of the lateral patellofemoral. He states that the right knee is hurting him but is not severe. We talked at length today about surgical intervention but he states that he just went back to work from his left knee and does not feel like he could take the time off for his right knee right now.

PAST MEDICAL HISTORY: They were reviewed in the office today and they were unchanged from prior visit. Please see the green sheet in the chart.

REVIEW OF SYSTEMS: They were reviewed in the office today and they were unchanged from prior visit. Please see the green sheet in the chart.

SOCIAL HISTORY: They were reviewed in the office today and they were unchanged from prior visit. Please see the green sheet in the chart.

PHYSICAL EXAMINATION: Physical exam shows a well-developed, well-nourished male in no apparent distress. He is alert and oriented x 3.

EYES: Reactive.

ABDOMEN: Soft.

ORTHOPEDIC EXAM: Examination of the right knee shows him to be tender along the medial and lateral joint line with positive McMurray's for both sides. Varus/valgus stress test is negative. Lachman is negative. He is neurovascularly intact distally.

IMPRESSION:

1. Lateral meniscal tear.
2. Degenerative tear of the medial meniscus.

PLAN: Plan at this time, he will need surgical intervention in the future. We talked about this at length, but he states he needs to wait at least a month, so I have injected the right knee under strict sterile technique with cortisone. We will see him back in a few weeks.

PROCEDURE NOTE: Patient would like to proceed with a cortisone injection. I have gone over the risks and potential complications along with the expected outcomes. The right knee is prepped with Betadine and injected with 1 cc of 0.5% Marcaine and 1 cc of Depo-Medrol 40 mg under sterile conditions. The injection site was then wipe clean and dressed with a band-aid with no complications or adverse reactions observed.

Jonathan E. York, PA-C

(JEY: teg)

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Anthony A. Sanchez, M.D., LLC Thomas A. Leong, M.D.
Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C
Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C

PatientID: 75736

Patient Name: YURI VALDERRAMA

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 08/04/2009

Mr. Valderrama had a left knee arthroscopy, and he is doing very well with this. His range of motion and strength are improving. He will be able to return to full duty with no limitations. He has reached maximal medical improvement as of 7/27/09 for that. He is having a lot of pain in his right knee, and he had an MRI of his right knee today. I told him that I spoke with one of the representatives from Kohler who states that the right knee is not a Workman's Comp injury, and I relayed this to Yuri. We will go ahead and get an MRI of the right knee.

IMPRESSION: Right knee medial meniscus tear.

PLAN: Plan will be MRI of the right knee. We will see him back after that is done.
John E. Keith, M.D.
JEK: acw

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ORTHOPEDIC SPECIALTIES OF SPARTANBURG, PC

303 Wood Street
Spartanburg, So. Carolina 29303
Tel: (864) 560-4567
Fax: (864) 560-4568

PATIENT: YURI VALDERRAMA
DOB: [REDACTED]
FILE #: 75736
PHYSICIAN: DR. KEITH
EXAM: MRI OF THE RIGHT KNEE
DATE: 08/04/2009

CLINICAL INDICATION

Joint line pain; evaluate for meniscal tear.

TECHNIQUE

Coronal T1-weighted images were performed, followed by coronal inversion recovery sequences. This was followed by sagittal T1 and fast spin-echo T2-weighted sequences and axial fast spin-echo T2-weighted sequences. In addition, sagittal 3D volume gradient-echo sequences were carried out.

FINDINGS

The medial meniscus demonstrates internal degenerative signal change within the posterior horn. There is minimal undersurface fibrillation/fraying of the posterior horn extending peripherally. The lateral meniscus demonstrates linear internal degenerative signal change. There is a horizontal pattern cleavage tear involving the posterior horn extending peripherally into the body (coronal T1-weighted image #14 and sagittal T1-weighted images #3-5). The anterior and posterior cruciate ligament fibers are intact. There is reactive edema surrounding the medial support structures. There is cystic change involving the medial femoral condyle peripherally adjacent to the MCL origin. The lateral collateral ligament complex fibers appear to be intact.

The medial joint compartment articular cartilage is grossly well preserved. There is chondral loss/chondromalacia involving the lateral joint compartment articular cartilage. There is a focal area of high grade change, which appears to be grade 4 involving the lateral femoral condyle posterosuperiorly. This measures approximately 9 x 9 mm. There is irregularity of the articular surfaces, with subchondral edema/cystic change. On the axial views, the patella does demonstrate slight lateral tilt in relation to the trochlear groove. There are no obvious chondral defects. The extensor mechanism is intact. A small joint effusion is evident.

IMPRESSION

1. Lateral meniscal tear.
2. Internal degenerative signal change involving the medial meniscus. There is minimal fibrillation and fraying of the posterior horn.
3. Chondral loss/chondromalacia involving the lateral joint compartment articular cartilage. There is a focal area of high grade change involving the posterior-superior aspect of the lateral femoral condyle. There is subchondral cystic change and edema in this region.
4. Joint effusion.

201301182002674

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VALDERRAMA, YURI

75736

Page 2 of 3

THIS REPORT WAS ELECTRONICALLY SIGNED ON 08/06/2009

Cary J. Hoffman, MD
Board Certified Radiologist
CJH/lj

201301182002674

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Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C

Patient ID: WC75736

Patient Name: YURI-VALDERRAMA

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 07/27/2009

Yuri is now three months out from his left knee arthroscopy. He is doing well with the left knee. He still has some occasional aching but it is improving. He has a lot of significant pain in his right knee ever since he fell, and he feels like now that his right knee is hurting him so bad it is prohibiting from getting full recovery from his left knee. Examination of the left knee shows well healed incisions, full range of motion, good strength. Examination of the right knee shows him to be tender along the medial joint line with a positive McMurray's. Lachman's test was negative. Varus/valgus stress test was negative. He is neurovascularly intact.

IMPRESSION:

1. Stable from left knee arthroscopy.
2. Continued right knee pain.

PLAN: Plan at this time will be a MRI evaluation of the right knee. He will continue therapy on his left knee and we will see him back in the office after his MRI. Results.
Jonathan E. York, PA-C as a scribe dictating for Dr. Keith.
(JEY: aws)

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SCANNED

JUL 27 2009

**PATIENT HISTORY
PATIENT HISTORY**

Patient Name Yuri Valderrama Date of Birth [REDACTED] Age 39
 Sex Male ☒ Female ☐ Present Weight: 205 lbs. Weight one year ago: 190 lbs. Height 5'11"
 Which hand do you write with? ☐ LEFT ☒ RIGHT Which hand do you throw with? ☐ LEFT ☒ RIGHT
 Who requested that you visit our office?

☐ Doctor (Name/Address)☐ Attorney (Name/Address)☐ Self-Referral☐ Other

PRIMARY CARE PHYSICIAN:

MB
SRHS

Present Illness:

Reason for Visit?

Pain in right knee + BackWas this an accident? ☐ Yes ☐ No If yes date: _____

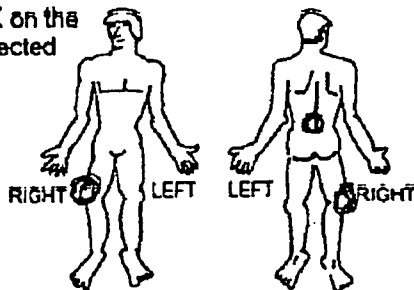
How did it happen? _____

Type of Accident: ☐ Auto ☐ Home ☐ Work - Employer _____☐ Sport - Which Sport _____

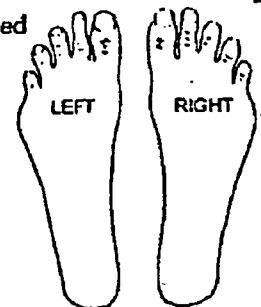
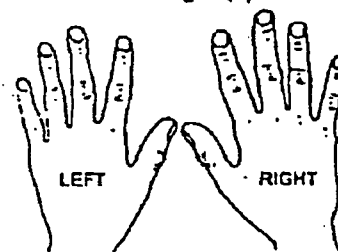
School: _____

☐ Other _____Do you have an Attorney? ☐ Yes - Name _____☐ NoNon Accident: ☐ When / How / Why Did Problem Start: _____☐ Gradual Onset ☐ Sudden Onsetabout 6 months agoHave you been treated or had Surgery for the Same / Similar problem? ☐ Yes ☒ No By Whom: _____Were you seen in the ER or Urgent Care: Did you have x-rays: ☐ Yes ☒ No Where: _____Are you out of work due to this accident / problem: ☐ Yes ☒ No Last Date you worked: _____

Where do you hurt: _____

Place an X on the
area(s) affected

Place an X on the finger (s) or Toe (s) affected



On a scale of 0-10, (10 is the worst) how severe is your pain (circle one) 1 2 3 4 5 6 7 8 9 10

Did Pain / Injury Result from? ☐ Lifting ☒ Twisting ☐ Fall ☒ Bend ☒ Pull ☐ Reach Does your pain wake you? ☒ Yes ☐ NoDo you have ☐ Swelling ☐ Bruising ☐ Numbness ☐ Tingling ☐ Weakness ☐ Loss of BladderWhat makes your pain worse? ☐ Standing ☒ Walking ☒ Lifting ☒ Exercise ☐ Twisting ☐ Lying in Bed ☐ Bending☐ Kneeling ☒ Stairs ☐ Sitting ☐ Coughing ☐ Sneezing ☐ other _____Which makes your pain better? ☐ Rest ☐ Heat ☒ Ice ☒ Elevation ☐ Standing ☐ Walking ☐ Lifting ☐ Exercise☐ Lying in Bed ☐ Bending ☐ Stairs ☐ Sitting ☐ Other _____What Treatments have you received? ☐ Injection(s) ☒ Physical Therapy ☒ Cane/Crutch ☐ TENS ☐ Traction☐ Manipulation ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Nerve Test (EMG/NCV) ☐ Other _____Since my problem started it has ☐ gotten better ☒ gotten worse ☐ unchanged

What medications have you taken or have had prescribed for this problem: _____

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PAST HISTORY

Medical History: Please check all that apply

Medical History: Please check all that apply

- | | | | | |
|---|---|--|--|---|
| ☐ Heart Disease | ☐ Cancer | ☐ Stroke | ☐ Ulcers | ☐ Muscle Disorders |
| ☐ Diabetes | ☐ Gout | ☐ Asthma/COPD | ☐ Treatment for | ☐ Respiratory Disease |
| ☐ High Blood Pressure | ☐ Seizures | ☐ Thyroid Trouble | ☐ Alcohol/Drug Abuse | ☐ Neurologic Disorders |
| ☐ Osteoarthritis | ☐ Ulcers | ☐ HIV/AIDS | ☐ Menopause | ☐ High Cholesterol |
| ☐ Rheumatoid Arthritis | ☐ Bleeding Disorders | ☐ Kidney Disease | ☐ Osteoporosis | ☐ Blood Clots |
| ☐ Blood Disease | ☐ Anxiety | ☐ Liver Disease | ☐ Depression | ☐ Hypoparathyroidism |
| ☐ Other | | | ☐ Anesthesia Reaction | ☐ Mental Health Disorder |

Family History: Have any blood Relatives been treated for any of the above problems: ☐ Yes ☐ No

Relationship

Problem/Explain

Surgical History

Procedure(s)

Surgeon(s)

Date(s)

Left Knee
Left KneeDr. J. Black
Dr. J. KeithJuly 16, 2008
April 23, 2009

List Current Medication(s) Dosage Reason Taken Prescribing Doctor

Are you allergic to any medication, X-ray dye, metals or jewelry? Yes ☐ No ☐ If yes, list below:

Medication/Allergy Reaction

If you are pregnant or think you may be pregnant please let the X-Ray Technician know prior to X-Rays.

Social History

Marital History: ☐ Single ☒ Married ☐ Divorced ☐ Widowed ☐ Other

Occupation: Employer:

Do you drink alcoholic beverages? Yes ☐ No ☒ If yes, how many per week?Do you smoke? Yes ☐ No ☒ If yes, how many per day?Are you a former smoker? Yes ☒ No ☐ If yes, when did you quit?

2 months ago

Review of Systems

Check all that apply to you:

- ☐
- Anemia
-
- ☐
- Excessive Thirst
-
- ☐
- Weight Loss
-
- ☐
- Blurred Vision
-
- ☐
- Hearing Loss
-
- ☐
- Chest Pain
-
- ☐
- Chronic Cough
-
- ☐
- Painful Urination

Neg Norm
FOR OFFICE USE ONLY

- ☐
- Nausea/Vomiting
-
- ☐
- Easy Bleeding
-
- ☐
- Excessive Urination
-
- ☐
- Frequent Fever
-
- ☐
- Double Vision
-
- ☐
- Hoarseness
-
- ☐
- Palpitations
-
- ☐
- Shortness of Breath

Neg Norm
FOR OFFICE USE ONLY

- ☐
- Blood in Stool
-
- ☐
- Heat/Cold Intolerance
-
- ☐
- Loss of Appetite
-
- ☐
- Impaired Vision
-
- ☐
- Trouble Swallowing
-
- ☐
- Kidney Problems
-
- ☐
- Psoriasis
-
- ☐
- Sleep Disorders

Neg Norm
FOR OFFICE USE ONLY

- ☐
- Reflux
-
- ☐
- Headaches
-
- ☐
- Irregular Periods
-
- ☐
- Blood in Urine
-
- ☐
- Skin Ulcers / Rash
-
- ☐
- Dizziness
-
- ☐
- Breast Lumps
-
- ☐
- Easy Bruising
-
- ☐
- Stomach Pain
-
- ☐
- with Anti Inflammatory

Neg Norm
FOR OFFICE USE ONLY

Details

Are you under the care of another physician for any of the above problems? Yes ☐ No ☒ Physician's name

Dr. J. Keith

Reviewed by M.D.

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Date

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Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C

PatientID: WC75736

Patient Name: YURI VALDERRAMA

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 06/22/2009

Yuri is now two months out from his left knee arthroscopy. He is doing well. Pain and strength continue to improve. At this time he can go back to work full duty and follow-up with us in a month.

Jonathan E. York, PA-C as a scribe dictating for Dr. Keith.

(JEY: awa)

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WC 7670

 **Orthopedic Specialties**

Re: Yuni Vardanama Date: 22 June 09

This patient has been under my care for 1 year and (may, may not) return to

from to

☒ Regular Work ☐ Light Work ☐ School ☐ Physical Education ☐ Sports

until/on AD HEAVY LIFTING OR DRIVING

Special Instructions: NO SCUBA DIVER

John E. Kohn, Jr. MD M.D., LLC

Ardeny A. Sanchez, M.D., LLC
Thomas A. Leary, M.D.

Karen L. Babian, P.A.-C.
Marissa T. Cox, P.A.-C.
Jonathan York, P.A.-C.

Ma.D. Vek, M.D., LLC
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Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C
Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C

PatientID: WC75736

Patient Name: YURI VALDERRAMA

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JONATHAN E YORK PAC

Date of Service: 05/22/2009

Yuri is now one month out from his left knee arthroscopy. He is doing well. He is undergoing physical therapy. He is working four hours a day and doing pretty well. At this time he will continue with the therapy and his light duty. He can increase his activities slowly and we will check him back in a month for recheck.

Jonathan E. York, PA-C

(JEY: aws)

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Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C

PatientID: WC75736
Patient Name: YURI VALDERRAMA
Patient SSN: [REDACTED]
Date of Birth: 04/28/1970

Physician: JOHN E KEITH MD
Date of Service: 04/28/2009

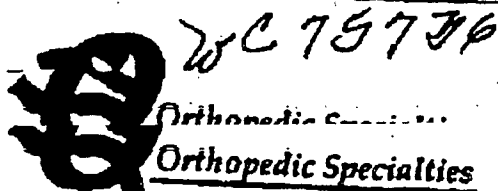
Yuri is doing well. Wounds are clean and benign. Stitches were removed. He may undergo a therapy program for his left knee and back and recommendation is that he go on a light duty sit down job for at least four hours a day and this will be scheduled through Kohler Company, Mike Tolleson.

John E. Keith, Jr. M.D.

(JEK: aws)

cc: Mike Tolleson

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20C 75776

Re: Luigi Valderrama Date 4-28-09
This patient has been under my care for 1 knee
from 4-23-09 to _____ and (may, may not) return to
☐ Regular Work ☒ Light Work ☐ School ☐ Physical Education ☐ Sports
until 5-4-09
Special Instructions: 4 hr a day - Sedentary work

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Mark D. Visk, M.D., LLC
John E. Smith, Jr. M.D., LLC
Stephen M. Kirs, M.D., LLC

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Marouf T. Cda, P.A.-C
Jonathan York, P.A.-C
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201301182002674

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Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C

PatientID: WC75736
Patient Name: YURI VALDERRAMA
Patient SS#: ~~111-11-1111~~
Date of Birth: ~~01/01/1977~~

Physician: JOHN E KEITH MD
Date of Service: 04/23/2009

OP NOTE

Yuri had a left knee arthroscopy with medial meniscectomy, chondroplasty of the patella. Surgeon Dr. Keith, assistant York, P.A..
John E. Keith, Jr. M.D.
(JEK: aws)

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Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C

Patient ID: WC75736

Patient Name: YURI VALDERRAMA

Patient SSN: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 04/20/2009

HX OF PRESENT ILLNESS: Mr. Valderrama is a 39-year old gentleman who is referred for severe pain in his left knee for evaluation and treatment. He works at Kohler Company and he initially twisted his knee when he was lifting a toilet up from the floor and hurt his left knee. He had surgery by Dr. Mary Joan Black on July 16, 2008 and was found to have a torn medial meniscus and had an arthroscopic partial medial meniscectomy. Since that time he has returned back to work. He is currently on light duty, however because of persistent pain in his left knee and now he has developed pain in his back and his right leg he states that he really can not do the work that he is required to do because of pain in his knee. He recently had a repeat MRI done on April 13th that showed evidence of recurrent tear over his medial joint line and medial meniscus. On a scale of one to ten his pain is a seven. Pain seems to be worse with lifting and twisting and it wakes him up at night. It is associated with weakness and loss of bladder function. He seems to be worse with walking, lifting, exercise, twisting, bending, stairs, and sitting and better with rest, ice, and elevation. He has had injections, therapy, and repeat MRI of his above surgery.

ALLERGIES: None.

CURRENT MEDICATIONS: Celebrex, Ibuprofen, Tylenol, or Acetaminophen.

PAST SURGICAL HISTORY: Negative/normal.

FAMILY HISTORY: Negative/normal.

REVIEW OF SYSTEMS: Significant for blurred vision, hearing loss, chest pain, excessive urination, loss of appetite, trouble swallowing, kidney problems, sleep disorders, headaches, and stomach pain. He also has some problems with his right knee and in his back. All other systems negative/normal.

SOCIAL HISTORY: He works for Kohler. He smokes three to four cigarettes per day. He does not drink.

PHYSICAL EXAMINATION: Patient is a well developed, well nourished male in no apparent distress. Alert and oriented times three.

PUPILS: Reactive.

EARS: Normal.

PHARYNX: Benign.

NECK: Supple.

LUNGS: Clear.

HEART: Regular rate and rhythm.

ABDOMEN: Negative/normal.

ORTHOPEDIC EXAM: Left knee tender over the medial joint line with positive medial McMurray's. Lachman's with normal excursion with firm end point. Stable varus/valgus strain. Range of motion is full with swelling and synovitis over the medial aspect of the left knee joint.

IMPRESSION:

1. Recurrent tear of the medial meniscus.
2. Secondary back pain and right leg pain.

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PatientID: WC75736
Patient Name: YURI VALDERRAMA
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD
Date of Service: 04/20/2009

PLAN: Plan will be to go ahead and inject the knee with cortisone to help with his pain and go ahead and schedule him for a repeat arthroscopy and meniscectomy due to severe recalcitrant nature of his pain.

PROCEDURE NOTE: Patient would like to proceed with a cortisone injection. I have gone over the risks and potential complications along with the expected outcomes. The knee is prepped with betadine and injected with 1 cc of .5% Marcaine and 40 mg of Depo-Medrol under sterile conditions. The injection site was then wiped clean and dressed with a band-aid with no complications or adverse reactions observed.

John E. Keith, Jr. M.D.

(JEK:awa)

cc: Michael Tollison
Kohler Company

SCANNED**PATIENT HISTORY
PATIENT HISTORY**

APR 20 2009

APR 20 2009

Patient Name Yuri Valderama Date of Birth 01/01/1970 Age 39
 Sex Male ☒ Female ☐ Present Weight: 198 lbs. Weight one year ago: 194 lbs. Height 5'11"
 Which hand do you write with? ☐ LEFT ☐ RIGHT Which hand do you throw with? ☐ LEFT ☐ RIGHT
 Who requested that you visit our office?

☐ Doctor (Name/Address)☒ Attorney (Name/Address) Alton L. Martin, Jr. 31 Cleveland St. Greenville, SC 29601☐ Self-Referral☐ Other

PRIMARY CARE PHYSICIAN:

NO
SPRIS

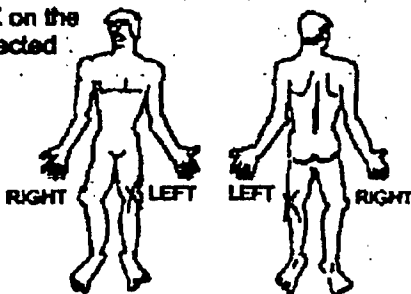
Present Illness:

Reason for Visit? pain left knee +Was this an accident? ☒ Yes ☐ No If yes date:How did it happen? twisted knee when left a were (toilet) from bottom tried unpaper TylorType of Accident: ☐ Auto ☐ Home ☒ Work - Employer Kowler Co.☐ Sport - Which Sport

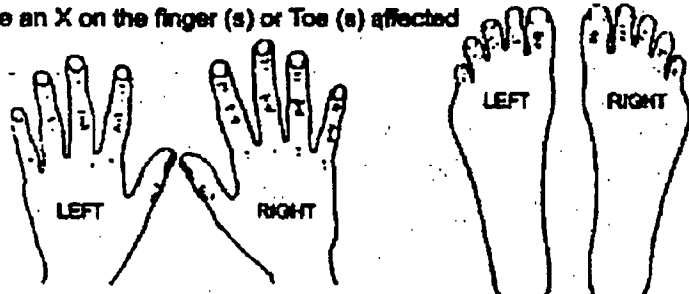
School

☐ OtherDo you have an Attorney? ☒ Yes - NameAlton L. Martin, Jr.☐ NoNon Accident: ☐ When / How / Why Did Problem Start:☐ Gradual Onset ☐ Sudden Onsetroll over - the ceiling shop - can't see, can't get in carHave you been treated or had Surgery for the Same / Similar problem? ☒ Yes ☐ No By Whom:Were you seen in the ER or Urgent Care: Did you have x-rays: ☒ Yes ☐ No Where: North GroveAre you out of work due to this accident / problem: ☐ Yes ☒ No Last Date you worked:Where do you hurt: Left knee

Place an X on the area(s) affected



Place an X on the finger (s) or Toe (s) affected



On a scale of 0-10, (10 is the worst) how severe is your pain (circle one) 1 2 3 4 5 6 7 8 9 10

Did Pain / Injury Result from? ☒ Lifting ☐ Twisting ☐ Fall ☐ Bend ☐ Pull ☐ Reach Does your pain wake you? ☒ Yes ☐ NoDo you have ☐ Swelling ☐ Bruising ☐ Numbness ☐ Tingling ☐ Weakness ☒ Loss of BladderWhat makes your pain worse? ☐ Standing ☒ Walking ☒ Lifting ☒ Exercise ☐ Twisting ☐ Lying in Bed ☒ Bending☐ Kneeling ☐ Stairs ☐ Sitting ☐ Coughing ☐ Sneezing ☐ OtherWhich makes your pain better? ☒ Rest ☐ Heat ☐ Ice ☐ Elevation ☐ Standing ☐ Walking ☐ Lifting ☐ Exercise☐ Lying in Bed ☐ Bending ☐ Stairs ☐ Sitting ☐ OtherWhat Treatments have you received? ☒ Injection(s) ☐ Therapy ☐ Cast/Crutch ☐ TENS ☐ Traction☐ Manipulation ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Nerve Test (EMG/NCV) ☐ OtherSince my problem started it has ☐ gotten better ☒ gotten worse ☐ unchanged

What medications have you taken or have had prescribed for this problem:

Celexa

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Transmitted through EMR/PH
To: Albert Fedalei MD

14:27 PM 05/10/2010
From: Aron M Devane MD

page 1
10-01-10 10:22am p. 2 of 3

Mary Black Health System
1700 Skylark Drive
Spartanburg, SC 29307
884 573 3861

IMAGING REPORT

Name: VALDERRAMA, YURI

MRN	~~3061801~~	Room #:	DOB:	~~40 Y~~
Account #:	3061801	Bed #:	Age:	40 Y
Patient Type:	RAD	Order Date	Sex:	M
Order #:	Exam Description:	Admitting Diagnosis(es):		
100	US-ABDOMEN	its		

Dictated By: ARON M. DEVANE, MD
Ordering Physician: ALBERT G FEDALEI
Attending Physician: ALBERT G FEDALEI

ULTRASOUND ABDOMEN

HISTORY: Elevated liver function tests.

TECHNIQUE Real-time ultrasound was performed through the abdomen

FINDINGS: No prior studies are currently available for comparison.

The pancreas was obscured by bowel gas and therefore, not evaluated. There is no evidence of ascites or aneurysmal dilatation of the abdominal aorta. The imaged portions of the inferior vena cava are unremarkable.

The right hepatic lobe measures 16.6 cm, which is within normal limits of size. Hepatic echotexture is diffusely increased and heterogeneous, limiting evaluation of focal hepatic lesion. There are regions of hypoechogenicity present within the liver adjacent to the gallbladder which may represent regions of focal fatty sparing. No gallstones, gallbladder wall thickening, or percholecystic fluid collection is identified. The common bile duct measures 4 mm, which is within normal limits of size.

The spleen is enlarged measuring 13.1 cm. No focal splenic lesions are identified. The left kidney measures 11.5 cm. The right kidney measures 9.7 cm. No focal renal lesions or hydronephrosis are identified bilaterally.

IMPRESSION:

1. NO EVIDENCE OF CHOLELITHIASIS OR BILIARY DUCTAL DILATATION.
2. MILD SPLENOMEGALY.
3. HEPATIC ECHOTEXTURE IS DIFFUSELY INCREASED AND HETEROGENEOUS SUGGESTIVE OF DIFFUSE FATTY INFILTRATION. THERE ARE REGIONS OF HYPOECHOGENICITY PRESENT ADJACENT TO THE GALLBLADDER SUGGESTIVE OF POSSIBLE FOCAL FATTY SPARING. PLEASE NOTE THAT THE PRESENCE OF FATTY INFILTRATION AND FATTY SPARING LIMITS

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Sent through eClinicalWorks EMR/PM
To: Albert Fedalei MD

14:27 PM 05/10/2010
From: Aron M Devane MD

page 2
10-01-10 10:22am p. 1 of 3

IMAGING REPORT
IMAGING REPORT

Name: **VALDERRAMA, YURI**

MRN: **[REDACTED]** DOB: **[REDACTED]**
Account # **3061801** Order Date: **10/01/2010**

Order #: Exam Description: Admitting Diagnosis(es)
100 US-ABDOMEN **lfts**

EVALUATION OF FOCAL HEPATIC LESION/MASS, BY ULTRASOUND.
4. THE PANCREAS WAS OBSCURED BY BOWEL GAS AND THEREFORE, NOT EVALUATED.

This job has been electronically signed by: Aron M Devane MD on 10/01/2010 at 11:10:00 AM (EST)
Verification: 3886216820101001111000

Print CC:
Fax CC: Albert Fedalei, MD

D Date / Time: 10/01/2010 09:45 AM ET
T Date / Time: 10/01/2010 09:57 AM ET
S Job #: MBHS38862168
D Job #: 39679
MT: 24907

2013 Page 2 of 2 202674

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To: Eric Cole MD

From: James L. Duncan Jr MD

9-01-10 7:30am p. 2 of 2

Mary Black Health System
1700 Skylyn Drive
Spartanburg, SC 29307
864 573 3861

IMAGING REPORT

Name: VALDERRAMA, YURI

MRN: [REDACTED] Room #: [REDACTED] DOB: [REDACTED]
Account #: 3051218 Bed #: [REDACTED] Age: 40 Y
Patient Type: CL1 Order Date: 08/31/2010 Sex: M

Order #: Exam Description: Admitting Diagnosis(es):
100 OOSP-LS SPINE 2-3v pain

Dictated By: JAMES L. DUNCAN JR, MD
Ordering Physician: ERIC LYNN COLE
Attending Physician: ERIC LYNN COLE

LUMBAR SPINE, FRONTAL, LATERAL AND LATERAL CONED-DOWN SPOT VIEWS (THREE EXPOSURES)

HISTORY: Back pain.

FINDINGS: The vertebrae and disc spaces are visualized and no abnormality identified.

IMPRESSION: NEGATIVE.

This job has been electronically signed by: James L. Duncan Jr MD on 09/01/2010 at 8:24:00 AM
(EST) Verification: 3798402720100901082400

Print CC:
Fax CC: Eric Lynn. Cole, MD

D Date / Time: 08/31/2010 5:07 PM ET
T Date / Time: 08/31/2010 5:24 PM ET
S Job #: MBHS37984027
D Job #: 32746
MT. 23152

201301182002674

IS: ERIC LYNN COLE

From: James L Duncan Jr MD

9-01-10 7:28am p. 2 of 2

Mary Black Health System
1700 Skylyn Drive
Spartanburg, SC 29307
Spartanburg, SC 29307
864 573 3861

IMAGING REPORT

Name: VALDERRAMA, YURI

MRN	~~012000000~~	Room #	DOB	~~01/01/1970~~
Account #	3051218	Bed #	Age	40 Y
Patient Type	CL1	Order Date	Sex	M

Order #	Exam Description	Admitting Diagnosis(es)
200	OCSP-THORACIC SPINE 2V	pain

Dictated By: JAMES L DUNCAN JR, MD
Ordering Physician: ERIC LYNN COLE
Attending Physician: ERIC LYNN COLE *e*

THORACIC SPINE, FRONTAL, LATERAL AND SWIMMER'S (THREE EXPOSURES)

HISTORY: Back pain.

FINDINGS: Very slight rotatory dextroscoliosis seen in the upper thoracic spine with levoscoliosis in the lower thoracic spine. The vertebrae are otherwise unremarkable. The disc spaces appear well maintained.

IMPRESSION: NO ACUTE PROCESS.

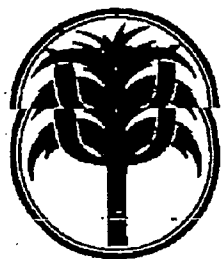
This job has been electronically signed by James L Duncan Jr MD on 09/01/2010 at 8:25:00 AM
(EST) Verification: 3798397520100901082500

Print CC:
Fax CC: Eric Lynn Cole, MD *e*

D Date / Time: 08/31/2010 5:06 PM ET
T Date / Time: 08/31/2010 5:11 PM ET
S Job #: MBHS37983975
D Job #: 32745
MT: 23152

20130118202674

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Palmetto Family

Enrichment

Center, P.C.

Luther A. Diehl Ph.D.
Luther A. Diehl, Ph.D.

Clinical Psychology

PSYCHOLOGICAL EVALUATION

Patient: Valderram, Yuri
Sex: Male
Ethnic Group: Caucasian, Hispanic/Mexican, American
Age: 40 years
Date of Birth: [REDACTED]
Hand Dominance: Right
Education: 14 years
Marital Status: Married x 1
Referred By: Alton L. Martin, Jr., Attorney at Law
Reason for Referral: Independent psychological evaluation to assess possible psychological difficulties related to work related injury and subsequent medical difficulties.
Date of Evaluation: 9/2/2010

TECHNIQUES EMPLOYED

Participating Interpreter: Elizabeth Giersberg, Federally Certified Interpreter

Clinical Interview

Review of Medical Records

Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)

Verbal Comprehension Index: 98; Percentile 45

Perceptual Reasoning Index: 94; Percentile 34

Work Memory Index: 89; Percentile 23

Processing Speed Index: 114; Percentile 82

Full Scale IQ: 98; Percentile 45

North Grove Medical Park
1330 Boiling Springs Road, Suite 2800
Spartanburg, SC 29303

Phone: (864) 573-6908 • Fax: (864) 585-8808

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VALDERRAMA, YURI

PSYCHOLOGICAL EVALUATION

PAGE 2

WAIS-IV Summary

Verbal Comprehension

Similarities: 9
Vocabulary: 9
Information: 11

Perceptual Reasoning

Block Design: 12
Matrix Reasoning: 8
Visual Puzzles: 7

Working Memory

Digit Span: 6
Arithmetic: 10

Processing Speed

Symbol Search: 10
Coding: 15

Bender Motor Gestalt Test, Second Edition
VMI = 117; Percentile 87

Ray Memory Test
15 of 15 Correct

Wide Range Achievement Test - Revision 4 (WRAT-4)
Word Reading: Standard Score 92; Percentile 30; Grade Equivalent
11.4 years
Spelling: Standard Score 77; Percentile 6; Grade Equivalent 5.5 years
Math Computation: Standard Score 96; Percentile 39; Grade Equivalent
11.7 years

Beck Depression Inventory
Total Score: 41 (Severe Depression)

Millon Clinical Multiaxial Inventory - Third Edition (MCMI-III)
Highest Three Personality Scales 65 or Above
Avoidant: BR = 90
Borderline: BR = 90
Dependent: BR = 89

Highest Three Clinical Scales 65 or Above
Anxiety: BR = 101
Somatiform: BR = 95
Major Depression: BR = 95

PRESENTING PROBLEMS

Prior to beginning the evaluation process, a brief conversation with the interpreter was completed as a means of understanding how the interpretation process would proceed. It was the interpreter's impression that Mr. Valderrama had fair abilities to understand spoken English. However, because of the importance of accurate understanding and

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responses, Ms. Giersberg did provide interpretation of all the questions asked during the interview and testing and all of the responses by the client. The only exceptions to this were the responses on the Wide Range Achievement Test. On this task it is important to assess the individuals functional ability in the English language, as he would have to utilize these abilities in a work setting.

At the outset of the evaluation, a statement of understanding was provided so that Mr. Valderrama understood the purposes of the evaluation and limits of confidentiality in the testing process.

In describing his difficulties, Mr. Valderrama did indicate that his life has become very "chaotic" with his physical problems as well as financial problems which have developed because of his inability to function and loss of his job. He said he did not have these difficulties prior to his injury. He worries a lot about his health and is still having problems with his back and with both knees. He said he feels strange about going out into public and gets nervous when he drives. He feels a sense of decreased respect from his children and other people in the community and described feelings of depression and anxiety. He did understand that the present evaluation was part of the process of filing for Worker's Compensation benefits and this was being handled by Mr. Martin, his attorney.

HISTORY OF PRESENT ILLNESS

According to Mr. Valderrama, he feels that his psychological difficulties began after he had his first surgery to his left knee. He said that it seemed fairly soon after that procedure that things were not right and that he was having continued difficulties with pain problems.

When asked to give a summary of what has happened to him, he stated that he was working at the Kohler Corporation and indicated that he had apparently been there for about seven years and had had no problems with his health. His job did require a lot of physical labor and he basically performed the same movement, picking up objects, primarily toilet bowls that weighed in the neighborhood of 100 pounds or a little more. He stated that they were taught to use their knees. He stated that he was in the work area where he normally did this job and would pick up the products and bring them from a table and place them in a rack. On June the 24th of 2008 he was proceeding in his normal manner and said when he twisted his body he heard a crack sound in his knee. He said he told his supervisor about what had happened immediately and they told him to continue to work for about a week. He did say that the same day they did send him to the nurse but she sent him back to work. He stated that the next week on Tuesday they sent him to the doctor. Eventually he was sent to see Dr. Mary Joan Black who ordered a MRI scan and diagnosed a knee injury which she said required surgery. That was performed on July 18th. He said until that point he had trusted the company

201301182002674

and that they would help him and do the right thing. He did undergo the surgery and physical therapy but was feeling that things had not gone right after the procedure. He stated that he was apparently driven back to work by the security director, Mike Tollison, who told him to go back to work the day after his surgery and that he would sit. Apparently this gentleman picked up Mr. Valderrama. He said that he was doing some type of sorting of boxes and pipes and checking them. He said this was much different, but it was a little bit harder than he thought it would be, but he did put forth maximum effort. He noted that he began to feel that he was fairly tired and felt that he needed to rest more than he was doing after the surgery. He did feel that he had a lot of pain during this period after the first surgery.

It is Mr. Valderrama's perception that he was sent back to work too soon and the next step in terms of his work process was to go pack boxes. The client said he began to believe that he just needed to put more effort into the job and that "I would get stronger." As time went by, he was putting more weight onto his right knee because he was having continued pain in his left knee. He was trying to convince himself that things were well, despite the ongoing problems, but four months later he was still having pain and "weird" feelings in his left knee. He also was noting more pain in his back and right knee and was getting more tired in these areas. He has been released after three months and did go back eventually to Dr. Black with some of his complaints.

Mr. Valderrama said he went back for another MRI scan and Dr. Black told him that he needed to come back immediately and that there was another injury on the same knee but in a different location. She scheduled surgery for the next week. He decided at that point to seek the help of an attorney and changed from Dr. Black to Dr. Keith. He did followup with Dr. Keith and had a second surgery on the same knee, which helped some, but he was still having problems and was having increased pain in the right knee. Eventually he had a MRI scan and surgery on his right knee by Dr. Keith. He said that he had to use his own medical insurance as Worker's Compensation would not pay for this surgery, despite what Dr. Keith had told him that it was the result of his compensating for the pain in his left knee because of the injury at work. Thus, he reports that he has had surgery on his left knee twice and on his right knee one time. He states that now they recommend that he do only light duty and was sent back lifting up to 50 pounds, but this was changed to no more than 25 pounds. He states that he is still working at Kohler Company.

MEDICAL HISTORY

Medical information was provided by Mr. Martin's office. The initial material was from Dr. Black's office dated 7/10/08, which included a history and physical from his first visit. At that point Dr. Black recommended sedentary work for the immediate timeframe and a MRI scan was completed at Upstate Radiology on 7/11/2008. Results of the MRI scan indicated vertical longitudinal tear involving posterior horn of medial meniscus with moderate joint effusion. Followup in Dr. Black's office on 7/14/2008, the patient

201301182002674

VALDERRAMA, YURI**PSYCHOLOGICAL EVALUATION****PAGE 5**

had described a painful gait and swelling and complained of sleep problems and depression and was continued on light duty. He underwent arthroscopic partial medical meniscectomy on 7/16/2008 at the Surgery Center of Pelham by Dr. Black. Diagnosis was large acute medial meniscal tear posterior horn, left knee. He continued to followup with Dr. Black and she had indicated continued light duty. Then on August the 21st, light duty with regular duty in four weeks. On October 2, 2008 continued followup with Dr. Black. Reported pain two and a half months postoperative. October 23rd of 2008, three and a half months postoperative indicated continued pain with recommendation for light duty. On December 4th of 2008 Dr. Black reported Cybex test indicated continued weakness, though she did indicate regular duty at work. February 26, 2009 followup indicated Cybex testing with decreased strength. April 9th of 2010 note from Dr. Black indicated some regression with Cybex testing revealing decreased strength despite good effort by the patient. She recommended light duty at that point. The patient was seen by Dr. Black on 4/16/09 with followup after a MRI scan which was reportedly done on the left knee nine months after surgery. Cybex testing revealed decreased strength and Dr. Black suspected recurrent tear and indicated discussion with the patient that the tear may or may not be repairable. She prescribed Lortab 10 one tablet q 4 to 6 hours p.r.n. and Phenergan 25 one tablet q 8 hours as needed. She recommended continued light duty at work. The patient had had the MRI scan at Upstate Radiology on 4/13/09 with findings indicating left knee recurrent meniscal tear suspected with abnormal signal.

Records did indicate a substantial amount of physical therapy at North Grove Physical Therapy ranging from July of 2008 through much of 2008 and into 2009. Notes generally summarized good participation and good motivation. Cybex testing has been summarized by Dr. Black's notes. There were also notes from Orthopedic Associates of physical therapy for Cybex testing.

Within the latter part of this timeframe, the patient was seen by Dr. DeVault on 3/19/09 for independent medical evaluation. Dr. DeVault indicated a history of left knee pain with low back pain and accompanying depression and insomnia. He indicated with reasonable medical certainty the injury for the left knee occurred at work from carrying and twisting tasks. He indicated that Mr. Valderrama had reached maximum medical improvement and indicated partial impairment of 26% of the left lower extremity and permanent and partial impairment of 5% of the whole person from Fifth Edition of the AMA Guidelines. He also made recommendations regarding future treatment needs.

It appears from the records provided that Mr. Valderrama had first seen Dr. Keith on April 20th of 2009 for evaluation and did have the diagnosis of the previous left knee surgery. The patient underwent a procedure at the Ambulatory Surgery Center by Dr. Keith on April 23rd of 2009 which involved left knee arthroscopy with medial meniscectomy, chondroplasty of patella. He had previously had some medication treatment, including injection of cortisone which was not providing relief. He continued with follow-up by Dr. Keith on 4/28 and 5/22 of 2009. He was complaining of right knee

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pain and underwent MRI scan on 8/4/2010, which revealed lateral meniscal tear, medial meniscus tear, chondral loss, chondral lateral joint compartment, with joint effusion. On August 12, 2009, he was seen again by Dr. Keith for the difficulties noted in the MRI scan and did receive a cortisone injection. He underwent surgical intervention on 4/29/10, right knee arthroscopy, partial medial and lateral meniscectomy and chondroplasty of the patella. He was followed up by Dr. Keith in May for post surgery care and did undergo physical therapy. On a note dated 7/1/2010, Dr. Keith indicated that he did not feel the patient needed psychological evaluation, as he commented that the "depression is getting better." He did feel that continued physical therapy was indicated and the patient was to return to work on August 2, 2010.

Dr. Keith has continued to follow Mr. Valderrama through August 24th of 2010. At that point he indicated that Mr. Valderrama should have a maximum lifting capacity of 25 pounds.

PRIOR PSYCHIATRIC HISTORY

From the patient's report, he has had no previous psychological or psychiatric treatment. He said in a letter dated August 15th, 2010 to Dr. Keith that he "worked overtime and my house payments were always current." He also indicated that "children respected me and I had a healthy relationship with my wife for 16 years." He described being in a "very desperate situation and had no idea how to deal with my anxiety issues." In our interview he said that he felt very happy and successful in his life prior to the medical problems. In our session he does relate that he has not had treatment with psychiatric medications, but has an appointment with a psychiatrist by his understanding. His only medications at this time are Arthrotec and Hydrocodone.

SUBSTANCE ABUSE HISTORY

According to Mr. Valderrama, he said that he has never had any problems with alcohol use. He said that when he was a youngster and saw people drinking and having fun, he said that he thought he would do that more when he was older. He said the last alcohol used was over six years ago. He did state that he smoked cigarettes and quit about two years ago, but now has started to smoke again and currently is smoking about five cigarettes per day at this point.

FAMILY PSYCHIATRIC AND SUBSTANCE ABUSE HISTORY

According to the client, he is not aware of any psychiatric or substance abuse history in his family background.

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VALDERRAMA, YURI

PSYCHOLOGICAL EVALUATION

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PSYCHOSOCIAL HISTORY

Background by Mr. Valderrama indicated that he was born and raised in Mexico City, in Mexico by his mother and father. His dad was a chemical engineer and mother was a housewife. He had three brothers and four sisters, and he was the third of eight children. He did relate that his mother is deceased. He described a very secure and stable family situation and thought his childhood was happy. He was treated well by his parents and he stated that his home life was probably the "happiest" time of his life. He characterized his family as middle class, and father did push the children to complete an education.

In describing his own educational history he said he did average to above average work, primarily B's to A's by his report. He finished high school and did study one year of economics at the University. He wanted to finish his education in the United States, but this was more difficult than he had anticipated. He did eventually complete one year of computer technology at Spartanburg Community College. He did enjoy playing football some in high school.

Marital background provided by Mr. Valderrama indicated that he and his wife were married when he was 24 years of age. He indicated that he had actually left the United States for about three years after he had started at Spartanburg Community College. His mother was ill at that point and she did die of cancer. He stayed at home for a while and went to college in Mexico. After his mother died he did subsequently meet his wife at that point and they were married, and he did move back to the United States.

He described a very good relationship with his wife, and they have been together now for 16 years. He stated that they have sons who are 13 and 15 years, and daughters who are 9 and 14 years of age. He stated that he has tried to impart values of respect and communication. Until prior to the surgery he felt that the family had normal stressors. Now it seems that there is difficulty in terms of him being able to communicate or provide a model for the values of respect, and it seems that his children don't respect him and avoid being with him now. He feels that his marriage has deteriorated because of his accident, and his wife has talked about separation due to their problems. Reportedly she is a homemaker.

WORK HISTORY

According to Mr. Valderrama, he has been employed with Kohler Corporation for eight years and remains at Kohler at this time, subsequent to his medical difficulties. He indicated that his work activity is rather active and constant in terms of the day-to-day work at the plant. He has been placed on lifting restriction by Dr. Keith.

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As far as previous work history, Mr. Valderrama indicated that he had worked at TNS Mills as a weaver for five years. Before that he worked at Universal Studios doing contracting work and doing textile work and packaging. He also related that he worked some with his father at the lab at the University in Mexico City. He has had a fairly regular and successful work history by his report.

MENTAL STATUS EXAM

Yuri Valderrama is a 40-year-old Hispanic American male with black hair who was casually attired in a white t-shirt and blue jeans. He is of normal physical development, neatly groomed with light mustache and good personal hygiene. Mr. Valderrama was pleasant, cooperative, and seemed to understand the purposes of the evaluation. During the interview he appeared cooperative, listened appropriately to the questions as they were asked by me and then stated by Ms. Giersberg in the true translation, and then provided responses in Spanish to her. When asked a few questions in English just to assess his abilities, he did have definite capacities to understand some basic English words.

During the interview Mr. Valderrama was logical in his thought progression and adequately oriented x4. He did describe some recent difficulties in decrease in short-term memory. He denied difficulties with perceptual distortions such as hallucinations or delusions. His thought progression appeared to be logical and discussion with Ms. Giersberg also suggested that his thinking was logical as he expressed his ideas in Spanish.

In response to questions about his mood, Mr. Valderrama characterized his feelings as being upset and sometimes depressed and sad. He uses the Spanish equivalent of the word desperate and also said at times he feels angry about the situation which has developed with his medical difficulties. He said he sometimes feels so frustrated that he wants to break things and he was observed to become tearful in discussing problems at home and in reference to his children. He does present indications of guilt and a sense of letting his children down and not functioning as he should in a male role pattern in his home and with his family. He does acknowledge worrying about his health and is still having ongoing problems with his back and both of his knees. He describes his life as having marked changes before and after the medical difficulties that he has experienced. He said he can no longer get out and play soccer and enjoy his children the way that he used to. He feels that they look at him in a different way and no longer want to be around him and respect him as they used to.

PRESENT ACTIVITIES

EMOTIONAL/PERSONALITY FACTORS

At the current time Mr. Valderrama resides with his wife and four children in the home that they are buying in Spartanburg. He stated that he has a very difficult time with sleep and said his sleep pattern is variable. He said frequently he will get about three hours sleep and some nights he might get more. Appetite is poor and he said he eats because he knows that he needs to. He doesn't talk or relate to people very well anymore.

In describing his daily activities Mr. Valderrama said he is now back to work and said that he gets up in the morning and work day begins at 7:00 a.m. He said that he leaves work at 3:30 p.m. and would then get home and change his shirt or clothes as he needs to. He said he doesn't generally eat lunch, but will have coffee and a sandwich in the morning. When he gets in he will go and sit and put his legs up or lie on the sofa for a while and try to rest for 20 or 30 minutes. He usually will get up then and get his son at 5:30 as his son is playing football. After they get home he will eat supper and will talk to his daughter and try to help her with her schoolwork. He feels that he has kept some relationship with his daughters, and they have not changed their attitude as much toward him. His older son plays football at Burns. It seems that he has had a bit more difficulty with the boys in terms of how they relate to him. Mr. Valderrama said he does check bills and may at times go to the store as necessary.

In terms of interests, he said that he really doesn't seem to get much pleasure out of activities anymore. He said he just does what has to be done at home. He used to enjoy computer programming and said that he has enjoyed chess and used to like to do this with the children. He will try to play some chess with them now. He used to enjoy playing soccer and running some with the kids as well. Sometimes he and his wife will try to go out or go shopping on the weekends. He states that his pattern of enjoyable activities has decreased markedly by his estimation.

ASSESSMENT FINDINGS

In responding to the MCMI-III, Yuri Valderrama did not appear to have inconsistencies in his response style. The means of administration involved reading the test items to him and allowing him to respond by marking items in a true/false format as provided in the test material. Individuals with this type of profile are typically focusing on psychological concerns, and his profile may convey feelings of extreme vulnerability associated with a current episode of acute turmoil. He does tend to be very open with his responses and may have a propensity to be self-defacing at this point.

Inspection of the clinical scales would indicate preoccupation with matters of personal inadequacy and chronic feelings of worthlessness and guilt. Individuals with this type of profile typically are displaying a pattern of major depression and apprehension. At this point in his life Mr. Valderrama appears to have a sense of daily unhappiness and

emptiness, and willingness to accept feelings of worthlessness and guilt. Typically individuals with this type of profile are plagued with self doubt and thoughts of sadness and some nihilistic thinking would be probable. Feelings of physical inferiority are likely, though there is a tendency to be apprehensive about expressing his discontent to other because of apprehension about rejection or humiliation. Evidence also indicates a prominent anxiety symptomatology in this protocol. Widely generalized feelings of apprehension and worry along with self doubt are evident. Specific psychosomatic signs are also present in addition to a more generalized anxiety state. These signs may include fatigue, insomnia, headache, and specific concerns with a particular symptom pattern. This may lead to a tendency to focus on specific bodily systems.

Mr. Valderrama's work and personal history suggests that he was functioning relatively well with his family and in his work setting prior to his onset of medical problems and accompanying financial and psychosocial stressors. He does seem to present an underlying sense of mistrust of others that may be combined with some withdrawal tendencies and difficulty in restraining persistent depressive feelings. At times he may become a detached observer of the passing scene in terms of life. Individuals with this type of profile have a need for support and care from others and may avoid as many social and personal applications as possible. Typically this profile is associated with conflicting fears of losing the support of others versus becoming too close to them, which may compel him to experience recurrent anxieties. Extended periods of solitude in life are painful and produce feelings of emptiness and depersonalization. His confrontation of his personality pattern has probably increased due to his inability to engage in more constructive activities which were a larger part of his normal pattern in regard to life activities.

Mood was further assessed on the Beck Depression Inventory. Mr. Valderrama obtained a Total Score of 41, which is in the severe range of depression. Review of items indicated extreme feelings of sadness, hopelessness about the future, though he does not describe himself as feeling like a failure. He does describe decreased satisfaction about life activities, feelings of guilt much of the time, and a sense of external punishment. He noted some disappointment in himself and tends to be self blaming. He acknowledged some nihilistic thinking, but denies suicidal intent. He indicated increased irritability, loss of interest in others, increased problems in decision making, and negative feelings about physical attributes. He indicated sleep problems, decreased energy, decreased appetite, and worry about physical problems. He also noted some decreased in sexual interest.

INTELLECTUAL FACTORS

On the current administration of the WAIS-IV, Yuri Valderrama obtained a Verbal Comprehension Index of 98, Perceptual Reasoning Index of 94, and a Full Scale IQ of 98. This places his current level of functioning within the Average Range of intellectual

abilities with a percentile of 45 in comparison with others in his age group. Rounding out his Composite Score Summary, he obtained a Working Memory Index of 89 and a Processing Speed Index of 114. This would indicate that he has low average functioning in terms of maintaining information in his conscious awareness and manipulating that material. On the other hand, he was a bit stronger on his ability to rapidly process visual information. Inspection of subtests on the WAIS indicate that Mr. Valderrama does experience some mild intra-test scatter, particularly on verbal subtests. It would be important not to over emphasize the scatter in this situation due to administration of this test through use of an interpreter. However, it does seem that he may be experiencing some psychological deficit at this point. His subtest scores were mildly scattered. He had a low in recall of simple sequences of numbers on digit span with a Scaled Score of 6 and the processing speed subtests of coding with a Scaled Score of 15. He has been performing tasks in the work setting that involved repeated visual motor processing, though these types of tasks were much more involved in heavier motor skills. The task involved in coding is a paper and pencil skill that does involve visual motor activity. Mr. Valderrama did appear to have an adequate degree of cooperation and effort during the evaluation process. As means of further evaluating his level of participation, Mr. Valderrama was administered the Rey Memory Test. He obtained 15 of 15 items correct on this simple test of visual memory. This indicates a good level of participation and does not indicate intentional malingering in abilities testing. Overall visual motor abilities were screened on the Bender Gestalt Test, Second Edition. On the Koppitz-2 Scoring System, Mr. Valderrama obtained a VMI of 117 with a percentile rank of 87. This would be considered within the high average range of functioning, and he completed the task within the normal range of time. This would indicate his basic visual motor skills in completing paper and pencil drawings would be a relative strength for him. It was noted in the Bender results that he presents some mild emotional indicators consistent with anxiety issues previously noted on the Millan.

Academic skills were screened on the WRAT-4. This was particularly noted as relevant in terms of his functional abilities in the English language and work settings. Mr. Valderrama obtained a Word Reading Standard Score of 92 with a percentile of 30, and a grade equivalent of eleventh grade, fourth month. His Spelling Standard Score was 77 with a percentile of 6, and a grade equivalent of fifth grade, fifth month. In math computation, Standard Score was 96 with a percentile of 39, and a grade equivalent of eleventh grade, seventh month. This pattern of scores would not be particularly unexpected with relative strengths in math computation, which would be a cross cultural skill. He functioned near the upper end of high school range. He did have some difficulties with decimal and fractional problems and some difficulties with multiplication and long division. Reading skills were also into the upper end of high school range. Spelling skills were at a fifth grade level.

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CONCLUSIONS/RECOMMENDATIONS

From a psychological perspective, Yuri Valderrama appears to be a cooperative gentleman who was responsive to questions in the interview as well as in the psychological testing portion of this evaluation. He was persistent in the testing process, occasionally having to stand because of pain in his back and knees, though he managed to complete the evaluation process during the course of one morning and through the lunch hour in completing the Millon. The testing was completed with the assistance of a federally certified translator. The academic skills assessment on reading and spelling was completed in the English language to assess his abilities that would be relevant in this culture.

Clinical findings indicate that Mr. Valderrama does appear to be experiencing symptoms of sadness, discouragement, feelings of worthlessness and guilt, low self esteem, and nihilistic thinking. He does not appear actively suicidal, though probably has at times passing thoughts of death. He does experience thoughts that he has let his family down and in the interview uses a word consistent with a feeling of "desperation." Affect is constricted. He does become tearful in discussing his family. He was able to return from this emotional response to a more level, though still constricted emotional state. In addition to the depressive emotions, Mr. Valderrama does also display some generalized anxiety, which appears to best be explained as a result of the adjustment issues associated with his life situation. He does not appear to have a longstanding generalized Anxiety Disorder that dates to his childhood or even young adult years. His psychiatric problems do not appear to predate his medical difficulties, and appear to be secondary to his physical problems. His personality style of avoidant characteristics has probably become somewhat enhanced due to a feeling of being somewhat left out and unable to fulfill his perceived role as an active and complete role model for his children and a partner for his wife. Based on these findings it seems from a reasonable degree of psychological certainty that his Depression and Anxiety Disorder more likely than not are a result of his work related injury and subsequent medical difficulties. He does display some psychological pain factors, though these appear substantially secondary to medical difficulties in this situation based on the history reviewed in the medical record.

Recommendations at this point would include consideration for outpatient psychiatric assessment to evaluate for possible psychopharmacological intervention. Individuals with this type of presentation often benefit from utilization of antidepressant medication, possibly in combination with medications to help with the anxiety symptoms. Utilization of outpatient individual therapy would also be recommended to help ameliorate depressive hopelessness and clinical anxiety. Major goals of brief therapy might be to enhance social interest and competence. Well reasoned cognitive methods might help foster styles of thinking and work toward extinction of false beliefs about himself and attitudes of others toward him. Attempts to cognitively reorient problematic attitudes

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may be useful in motivating interpersonal sensitivity and competence. Short-term techniques of behavioral modification might be valuable in strengthening the patient's social skills. Family methods might also be useful in encouraging and facilitating acquisition of constructive couples' skills in particular. Based on his history, particular concern with couples' therapy might be beneficial at this point.

Vocational counseling would also be recommended. Mr. Valderrama does have abilities in some areas that are average to high average. Considering his recent medical difficulties, it might be reasonable for him to work with the Kohler Corporation to continue his education in an area that would eventually not require constant standing. Appropriate management of pain would be necessary to help increase his concentration. It does appear that he may have some mild difficulties with concentration based on results of the WAIS where there were indications of some deficits in working memory.

The diagnostic impression at this point would be as follows:

Axis I:	296.22	Major Depressive Disorder, single episode, moderate.
	309.24	Adjustment Disorder with anxious mood.
		Features of Pain Disorder with general medical condition.
Axis II:		Avoidant personality traits.
Axis III:		History of a vertical longitudinal tear involving posterior horn of medial meniscus, left knee; status post arthroscopic partial medial meniscectomy, left knee; history of recurrent tear of the medial meniscus, left knee; post second arthroscopic surgery with medial meniscectomy, chondroplasty of the patella, left knee; history of torn medial and lateral meniscus, right knee; status post right knee arthroscopy, partial medial and lateral meniscectomy, chondroplasty of the patella, right knee; all by medical record.
Axis IV:		Stressors: moderately severe.
Axis V:		GAF = 55.

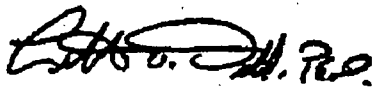
RATING OF MENTAL AND BEHAVIORAL DISORDERS

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Based on the AMA Guidelines, Fifth Edition, Mr. Valderrama does present indications of symptoms consistent with the guidelines under Mental and Behavioral Disorders. Inspection of the material from the present evaluation would indicate that Mr. Valderrama does not appear to be malingering and certainly did not appear to be exaggerating his difficulties in performance on the cognitive tests. He does appear to be expressing a sense of vulnerability at this point. He has not had any type of psychological or psychiatric treatment for his depression or anxiety at this time. He did not describe any psychiatric disorders that pre-existed his medical difficulties, which began after his work related injury in June of 2008.

In considering the categories under the Fifth Edition Guidelines, it appears that Mr. Valderrama displays a moderate, Class III impairment in terms of activities of daily living. His level of social functioning would be rated as moderately impaired as well. Indications of concentration at the time of this evaluation would be assessed as mildly impaired, at a Class II level. In terms of his general ability to adapt to work situations, he is currently in a situation which is quite familiar to him. If he were to move to a new work situation, it would be my opinion that his level of impairment would be at a Class IV or marked degree of impairment in adaptation.



Luther A. Diehl, Ph.D.
Clinical Psychologist

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2010-08-03 11:26 UPSTATE PSYCHIATRIC

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SOCIAL HISTORY/PALMETTO FAMILY ENRICHMENT CENTER, P.C.

SSN [REDACTED]

SSN [REDACTED]

REFERRED BY: Atton L. Martin, JR.

DATE _____

NAME Yuri ValderramaSEX: MALE X

FEMALE _____

ADDRESS [REDACTED]

CITY Spartanburg ZIP 29304

DATE OF BIRTH [REDACTED]

AGE 40

PHONE NO. _____

WHERE WERE YOU BORN? Mexico City, MexicoWHERE WERE YOU RAISED? Mexico City, MexicoARE YOU ADOPTED? NO BY WHOM WERE YOU RAISED? Both ParentsFATHER'S OCCUPATION Chemical Engineer MOTHER'S OCCUPATION HousewifeHOW MANY BROTHERS? 4 HOW MANY SISTERS? 4 WHAT NUMBER WERE YOU? 3HOW MANY HALF-BROTHERS? 0 STEP-BROTHERS? 0HOW MANY HALF-SISTERS? 0 STEP-SISTERS? 0

FAMILY HISTORY (CHECK ONE) HAVE YOUR RELATIVES HAD?

Emotional Problems Yes X No _____Drug or Alcohol Problems Yes X No _____Medical Problems Yes X No _____Describe what your family situation was like when you were growing up. (Examples: Stable, Happy, Secure, Abusive).

How did the family get along? My family got along well. My siblings and I had a stable happy home. Growing up, I would say my home life was the happiest time of my life.

EDUCATIONAL HISTORY: Highest Grade Completed in School HighschoolHow did you do in school? Average / Good StudentIf you repeated any Grade(s), which one(s)? 0Any Special Classes? Economy & Computer TechnologyCURRENT MARITAL STATUS: (Check One) Married X Single _____ Divorced _____ Separated _____ Widowed _____How many times have you been married? 1 If married now, how long? 16 years

How is your marriage now? My marriage has deteriorated due to my work accident. My wife has talked about separation due to problems.

Number of Children: Boys 2 Girls 2 (Deceased 0)

Prior marital history: Prior to the work accident, we always had a good relationship.

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2010-08-03 11:26 UPSTATE PSYCHIATRIC

8645858808 >>

8642711814 P 3/3

SOCIAL HISTORY - PAGE 2

PRESENT PHYSICAL HEALTH:

Excellent _____ Good _____ Fair _____ Poor XPlease explain any current health problems you have: bi-lateral knee problems,
insomnia, back hurts.Any history of head injury or loss of consciousness? None.

WORK HISTORY:

Present Occupation _____

Place of Employment Kohler How long at present job? 8 yearsPresent Spouse's (Partner's) Occupation Housewife

Spouse's (Partner's) Place of Employment _____

What was your previous job and employer? TNS mills/weaver How long? 5 yearsWhen was the last time you worked? August 25, 2009What other jobs have you had? Universal Studios - contracting
Textiles - technician, Packaging.Which is the longest job you have had and how long did you keep it? Kohler: presentHow would you describe your overall work activity? constant & very activeHow would you describe your problems? Things are chaotic. Financial problems
that I didnt have prior to the accident. I worry about my
health. I am still having problems with my back and left/right knee
I feel strange going out in public. I get nervous when I drive. I feel
Have you had any past treatment for psychological problems? depressed
and anxia
none.

201301182002674

Ambulatory Surgery Center of Spartanburg
Ambulatory Surgery Center of Spartanburg
720 North Pine Street
Spartanburg, SC 29303

WC75736-3
WC11128-7

OPERATIVE REPORT

SCANNED

PATIENT NAME: VALDERRAMA, YURI
PATIENT ID NO: 61113
DICTATING PHYSICIAN: John Keith, M.D.
DATE OF PROCEDURE: 04/29/10

PREOPERATIVE DIAGNOSES: Torn medial and lateral meniscus right knee with chondroplasia patella.

POSTOPERATIVE DIAGNOSES: Torn medial and lateral meniscus right knee with chondroplasia patella.

SURGICAL PROCEDURE: Right knee arthroscopy, partial medial and lateral meniscectomy, and chondroplasty of patella.

SURGEON: John Keith, M.D.

ASSISTANT: Jonathan York, P.A.

ESTIMATED BLOOD LOSS: 75 cc.

CULTURES: None.

DRAINS: None.

SPECIMENS: None.

PATHOLOGY: The patient had a degenerative tear of the posterior horn of the medial meniscus and a central parrot-beak tear with a horizontal flap tear in the lateral meniscus and grade 2 chondroplasia of patella.

OPERATIVE INDICATIONS: Indications for surgery, the patient had failed conservative treatment including cortisone injections, antiinflammatory medicines, and physical therapy.

PROCEDURE: After adequate general anesthesia, the right leg was prepped and draped in the usual sterile manner. After adequate prepping and draping, the inflow was placed in the medial peripatellar portal. The scope was placed in the lateral joint line portal. The above-mentioned pathology was seen through the medial joint line. A partial medial meniscectomy was performed and then the basket forceps were moved to a lateral joint line placing to the lateral compartment from the medial joint line and a partial lateral meniscectomy was performed. The shaver was used to smooth out remaining peripheral rim. Angle end effect was used to further smooth it out. A chondroplasty of patella was done through multiple portals. Joints evacuated of all debris and fluid and after copious irrigation, hemostasis maintained.

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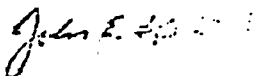
**SCANNER
SCANNED**

VALDERRAMA, YURI

PATIENT ID NO.: 61113

DATE OF PROCEDURE: 04/29/10

The skin was closed using 3-0 nylon. Sterile Xeroform, 4 x 4's, sterile dressings were applied. The patient was taken to the recovery room where he arrived in stable condition.



John Keith, M.D.

JK:cbs/gs

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Ambulatory Surgery Center of Spartanburg
720 North Pine Street
Spartanburg, SC 29303

15736-3
WC 15736-3

OPERATIVE REPORT

PATIENT NAME: VALDERRAMA, YURI
PATIENT ID NO: 61113
DICTATING PHYSICIAN: John Keith, M.D.
DATE OF PROCEDURE: 04/23/09

PREOPERATIVE DIAGNOSIS: Torn medial meniscus, left knee with chondroplasia patella.

POSTOPERATIVE DIAGNOSIS: Torn medial meniscus, left knee with chondroplasia patella.

SURGICAL PROCEDURE: Left knee arthroscopy, partial medial meniscectomy, and chondroplasty of patella.

PHYSICIAN: John Keith, M.D.

ASSISTANT: Jonathan York, PA-C.

ESTIMATED BLOOD LOSS: 75 cc.

CULTURES: None.

DRAINS: None.

SPECIMENS: None.

PATHOLOGY: The patient had a posterior born medial meniscus tear, as a repair he had previous partial medial meniscectomy performed. He had some mild chondroplasia patella.

OPERATIVE INDICATIONS: The patient has failed conservative treatment including cortisone injections, antiinflammatory medicines, and physical therapy.

PROCEDURE: After adequate general anesthesia, the leg was prepped and draped in the usual sterile manner. After adequate prepping and draping, the implant was placed in the medial parapatellar portal. Scope was placed in the lateral joint line portal. The above-mentioned pathology was seen using the basket portion of the medial joint line. Partial medial meniscectomy was performed and then chondroplasty patella was done to remove both portals. The lateral meniscus appeared to be intact without tear or arthritic changes. Joints were evacuated off all the debris and fluid. After copious irrigation, hemostasis maintained. Jonathan York, P.A. assisted in entire case and was instrumental in success of the case. He was responsible for preoperative planning, history and physical; and holding the scope while we did the proper meniscectomy and wound closure dressing changes, and the patient was taken to recovery room.

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VALDERRAMA, YURI

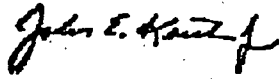
PATIENT ID NO.: 61113

DATE OF PROCEDURE: 04/23/09

The patient had the wound closed with 3-0 nylon. Sterile Xeroform, 4 x 4's sterile dressings were applied. The patient was taken to the recovery room where he arrived in stable condition.

John Keith, M.D.

JK:cbs/ga



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HISTORY & PHYSICAL

PATIENT NAME: Yuri Valderrama
AGE & SEX: 39 / male
DIAGNOSIS:
PROCEDURE:

@ knee OA meniscectomy

PHYSICIAN
VISA
KEITH
KANA
SANCHEZ

PAST SURGERY:

Knee

MEDICATIONS:

Celebrex Infenol

Allopurinol - (last 10 stop)

ALLERGIES (include reactions): nkx
SOCIAL HISTORY: Smoking 3-4 Cigs Alcohol: 0 Employment: Kohler Co.
FAMILY HISTORY:

REVIEW OF SYMPTOMS:

- ☐ CARDIAC DISEASE
- ☐ HYPERTENSION
- ☐ PULMONARY DISEASE
- ☐ ENDOCRINE DISEASE
- ☐ OTHER MEDICAL

lung - dx
old - heart
@ knee (+) medical
MRI (+) knee

FAMILY PHYSICIAN:

PHYSICAL EXAM:

BP _____ PULSE _____ HEIGHT _____ WEIGHT _____

DATE OF SURGERY:

4-23-09

DATE OF ADMISSION:

PLEASE DICTATE TO & DATE DICTATED:

SRMC: 6743-4-5

ASC: SEE CHART ON WALL

OFFICE REGULAR

VALDERRAMA, YURI

ID: 61113 Visit No.: 1

DOB: 04/23/09 Acct: 79127

Sex: M Age: 39 DOB: 04/04/70

Dr. KEITH, JOHN E

201301182002674

AMBULATORY SURGERY CENTER OF SPARTANBURG

PREOP ORDERS

Date: 4/23/09

- 1) Admit to ASC
- 2) Anesthesia for preop testing and medications
- 3) Void before surgery
- 4) Obtain Surgical Consent if applicable
- 5) Prep for surgical site:
 - ☐ shave surgical site with electric razor
 - ☐ scrub with betadine scrub and wrap
 - ☐ scrub with antimicrobial and wrap
 - ☐ No prep if too painful for patient
- 6) Antibiotics in holding: Ancef 1 GM IVPB or Vancomycin 1 GM IVPB if anaphylactic allergy to PCN.
- 7) For Manipulations: no IV ATB's, no Prep
- 8) For Land D's No preop IV Antibiotics

NOTE: 4/23/09 1100 E. Keith

POSTOP ORDERS

Date:

- 1) Discharge per criteria
- 2) Diet as tolerated
- 3) Dressing Change:
 - ☒ Keep Dressing dry, Remove in 3 days and replace with bandaid
 - ☐ Leave dressing in place until seen in office
- 4) Activity:
 - ☐ as tolerated
 - ☒ WBAT *Clarified*
 - ☐ crutches NWB
- 5) Postop instruction Sheet to Patient
- 6) Instruct patient to call office for F/U visit in:
 - ☐ days 3-5 ☐ week(s)
- 7) Resume medications as at home unless contraindicated.
 - ☐ Ecotrin 81mg po in recovery then instruct patient to take 81mg daily for 14 days.

DISCHARGE SUMMARY (Document by Operative Surgeon immediately after procedure)

Date: 4/23/09

Procedure (what was done)

(L) Knee OA medial meniscotomy & Chondroplasty

Type of Anesthesia

☒ General

☐ Spinal

☐ Regional

☐ MAC

☐ Local

Postop Diagnosis:

☒ Same

Condition at the end of Procedure (prior to transfer to RR)

☒ Stable ☐ Other:

Complications:

☒ None

Tissue Removed/Disposition:

Implants:

☐ None

☐ Other

Disposition:

☒ PACU

☐ 2nd Stage Recovery

See discharge orders

(02/2007)

Keith
Dr. Keith

VALDERRAMA, YURI

ID: 61113

Visit No.: 1

2013011820

DOS: 04/23/09

Acct: 79127

Sex: M

Age: 39

DOB: 04/04/70

Dr. KEITH, JOHN E

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ASCS

INTRAOPERATIVE RECORD

Date: 4/23/09

OR # 1

Date: 4/23/09

OR # 1

INTRAOPERATIVE RECORD

PT IN	ANES START	SURG START	SURG END	PT OUT	ANES END
1335	1335	1353	1430	1435	1439

ALLERGIES:

X NKA

Surgeon: Dr. Keith Assistant: J York Pa
 Circulator #1: M. Blankenship R Relief: Time:
 Scrub #1: S Mc Dowell CST (Sandy) Relief: Time:
 Scrub #2: Relief: Time:
 Anesthesiologist: Dr. Humar CRNA: D Vaughn
 X-Ray Tech: Other:

ANESTHESIA:

☒ General ☐ Spinal ☐ Epidural
☐ MAC ☐ Regional ☐ Local
☐ Topical ☐ Block ☐ Other

Pre-Op Diagnosis:

Medial Meniscal tear left knee

Post-Op Diagnosis:

same; Chondromalacia Patella

Procedure:

Left Knee Arthroscopy, Medial Meniscectomy, Chondroplasty

SURGICAL SITE SKIN CONDITION:

☒ Intact ☐ Other (describe) Patella
☐ Shaved in OR ☐ Scrubbed in OR

SKIN PREP:

☐ None
☐ Betadine Scrub ☐ 0.9% NaCl ☐ Betadine prep
☐ Duraprep ☐ PhisoHex ☐ Shur Clenz
☐ Hibiclens ☐ Alcohol ☒ Other prepped

PATIENT POSITION:

☒ Supine ☐ Lateral ☐ Right ☐ Left
☐ Beach chair ☐ Prone ☐ Lithotomy
☐ Arms tucked ☐ Other

POSITIONING DEVICES:

☒ Safety Belt ☒ Armboards ☐ Elbow Pads ☐ Donut
☐ Tape ☐ Shoulder Roll ☒ Knee Holder ☒ Knee Cushion
☐ Sandbag ☐ Lateral post ☐ Bean Bag ☐ Axillary Roll
☒ Blankets ☒ Pillow(s) ☐ Shoulder traction
☐ Allen Stirrups
☐ Other:

CAUTERY:

☒ None ☐ Bipolar ☐ Monopolar
 Unit # _____ Cut _____ Coag _____

Pad Site:

☐ Rt ant thigh ☐ Site clear post-op ☐ Other
☐ Lt ant thigh ☐ Applied by _____

TOURNIQUET:

☐ None not used
 Unit # _____ Pressure _____ mmHg
 Location Upper thigh Inflation Time _____
 Applied by: J York Deflation Time _____

WARM AIR BLANKET:

☒ None ☐ Setting _____
☐ Upper Body ☐ Lower Body

LASER:

☒ None ☐ See Laser Safety Checklist
☐ CO2 ☐ Argon
 Operator: _____

SCD'S:

☒ None Unit # _____ Setting _____
☐ X-RAY: ☒ None ☐ C-Arm ☐ Portable

COUNTS:

☐ None ☒ Sharps ☒ Sponges ☐ Instruments
☐ Correct ☐ Unresolved
 1st MS SH 2nd MS SH (Initials)
☐ X-Ray taken Location _____
 Results _____

SPECIMENS:

☒ None ☐ Discarded
☐ Routine ☐ Frozen ☐ Cultures
 1. _____ 5. _____
 2. _____ 6. _____
 3. _____ 7. _____
 4. _____ 8. _____

DRESSING:

☐ Eye pad / shield ☐ Packing / drip pad ☐ Steri-Strips / Benzoin
☒ Xeroform / Adaptic ☒ 4x4 Tape / Cover Roll ☒ ABD Pad
☐ Kerli / Kling / Webril ☒ Ace Wrap ☐ Splint ☐ Slung
☐ Other:

DRAINS:

☒ None ☐ JP ☐ Penrose ☐ Other

201301182002674

VALDERRAMA, YURI

ID: 81113 Visi No.: 1

DOS: 04/23/09

Acct: 79127

Sex: M

Age: 39

DOB: 04/04/70

DCN -201301182002674 BroadSpire Receive date -1/18/2013 6:00:00 AM

DCN -201301182002674 BroadSpire Receive date -1/18/2013 6:00:00 AM

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ORTHOPAEDIC CENTER OF THE CAROLINAS

135 Commonwealth Drive, Suite 230, Greenville, SC 29615
100 Powers Blvd., Piedmont, SC 29673

Phone: (864) 676-0897 Fax: (864) 676-0898
Phone: (864) 850-1968 Fax: (864) 850-1707

NAME: Yuri Valderrama
ACCOUNT: Not available
DATE: 03/19/09

HISTORY: Yuri Valderrama presents for independent medical examination. He was working at Kohler and was carrying toilet and plumbing supplies when he twisted the left knee. He had pain and swelling and a lot of discomfort with the knee. He was seen by Dr. Mary Joan Black, Orthopaedic Associates in Spartanburg SC for this problem. On 7/10/08 office note, Dr. Black recommended an MRI scan of the left knee. MRI scan was obtained on 7/11/08 and showed anterior horn medial meniscus tear and joint effusion. She saw him for follow up care and recommended arthroscopic surgery of the left knee for the medial meniscus tear. On 7/16/08 at the Surgery Center of Pelham in Greer, SC, Dr. Black performed arthroscopic partial medial meniscectomy of the left knee. Mr. Valderrama was seen in follow up care and had a series of physical therapy visits at North Grove Physical Therapy in Spartanburg, SC. He continued to have weakness and discomfort. He had evaluations such as Cybex evaluations that showed a significant amount of weakness. Office visit on 12/4/08, he was noted to have 15-30% weakness depending on the Cybex test. He had treatment to include injections into the left knee with Lidocaine and Depo-Medrol. He was placed on restricted duty during this time. He did return to work on light duty and then his job was changed to casting type job, per Mr. Valderrama. He continues to have discomfort in the low back. This was noted in office visit notes from Dr. Mary Black from 7/15/08 and subsequent office notes.

SUBJECTIVE: At this time, he reports the left knee "bothers me too much". He has difficulty and pain with getting in and out of a car. He cannot run or squat. It is hard for him to rise from a seated or squatted position. He can walk about 25 minutes before he has to sit down secondary to knee pain. He reports prolonged standing is painful. He reports low back tightness and stiffness with some pain and cramping. His left knee and low back tend to bother him some with the new work position.

PAST MEDICAL HISTORY:

Illnesses: None.
Medicine Allergies: NKDA.
Current Medications: Meloxicam and Tramadol.
Previous Hospitalizations/Surgeries: None.
Family Medical History: Non-contributory.
Social History: Smoker. High school graduate.

REVIEW OF SYSTEMS:

Constitutional: Easy fatigability.
HEENT/Cardio/Respiratory/GI/GU: No reported problems.
Musculoskeletal: Per HPI and past medical history.
Integumentary/Neuro/Endocrine/Hematologic/Lymphatic: No reported problems.
Psychiatric: Depression and difficulty sleeping.

PHYSICAL EXAM: Alert and oriented. He rises slowly from a seated position favoring the left lower extremity. Left knee ROM is 0-135°, right knee ROM is 0-135°. Left knee has 1+ effusion. Thigh diameters measured 10cm above the superior pole of the patella on the left is 44 1/2 cm and right is 44 1/2 cm.

Yuri Valderrama

Page 2 - IME

4/16/09

46cm. Left calf diameter is 38cm and right is 40cm. Motor strength of the left knee is 4/5 strength to resisted knee flexion and extension. He can forward flex to bring his hands to about halfway down the legs. He can right laterally flex 25° and left lateral flexion to 20° with some pulling in the left low back with these activities. He has muscle tightness and tenderness in the paraspinous muscles in the lumbar area that is worse on the left side. He has some tenderness over the left hip and gluteus area. He has positive straight leg raise for pulling discomfort and tightness in his left low back and posterior portion of the left distal thigh and behind his left knee. This occurs at 80° of straight leg raise.

IMPRESSION: To a reasonable degree of medical certainty, Yuri Valderrama sustained an injury to the left knee as described above while at work carrying heavy objects and twisting the left knee. To a reasonable degree of medical certainty, he has reached maximum medical improvement based on the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. He has permanent and partial impairment of 26% to the left lower extremity based on page 532 table 17-8 and page 536 table 17-33. He has permanent and partial impairment of 5% whole person based on page 384 table 15-3 DRE Lumbar Category II. In the future he will need 4 visits a year with musculoskeletal specialist for evaluation and maintenance of anti-inflammatory medications. He will also require 12 physical therapy visits per year for any acute exacerbations of problems in the left knee and low back. He also has complaints of right knee pain that may be secondary to overuse of the right knee favoring the left knee. This treatment would be included in the recommended treatment stated above. Mr. Valderrama will continue with his current work duties where he does casting. He will be expected to have some discomfort with this type of activity especially with squatting, heavy lifting, twisting, pushing or pulling heavy objects. The opinions rendered in this independent medical evaluation are the opinion of William L. DeVault, MD. This evaluation was based on the medical records available with the assumption that this material is true and correct as well as a physical examination performed today. If more information becomes available an additional report may be requested. Undetectable injuries or illnesses may be present at the time of this physical examination. This examination does not endorse or criticize the medical treatments of care providers. Explained to the patient and the patient acknowledges understanding that this examination does not constitute the establishment of a doctor/patient relationship.

William L. DeVault, MD
William L. DeVault, MD
WLD/jm

cc: Martin and Brasington, PA
Atton Martin, Jr.
PO Box 8220
Greenville, SC 29604

201301182002674

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Patient Daily Note

Note Date: 8/20/2010

Time In: 11:00 Time Out: 12:00

Time In: 11:00 Time Out: 12:00

1865 East Main Street
Suite 7
Duncan, SC 29334
Phone: (864)486-1106
Fax: (864)486-1106
prophysicaltherapyonline.com

Patient Name Yuri wc Valderrama Ref Phys John Keith Initial Treatment 8/2/2010
DOB / Gender [REDACTED] Onset Date 6/24/2008
Account No VALDE0002 Visits/Cx to Date 7 / 0
Work Related YES

Diagnosis 719.46 knee pain
Diagnosis 2 717.49 Knee Arthroscopy

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises knee program, PROM	45	3	
00000		Ice Pack	15	0	

Subjective Information

Subjective Patient reports no change in symptoms.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
Quad sets		10	2		
SLRs		15	2		
Long Arc Quads		15	2		
Heel raises		15	2		
Standing leg curls		15	2		
Standing ABD		15	2		
mini-squats		15	2		
Hamstring stretch		5			
Calf stretch		5			
Sit to stand		15	2		
Airex balance pad	2				
Wobble Board	2				
Nu-step	10				
Bike					
PROM/ stretching	10				
Step up/Step down					

Assessment

Patient still experiencing pain in bilateral knees which makes daily activities difficult. Tolerated exercises fair.

Plan

Continue with POC

Signature

Angela Sweeney, PTA

201301182002674

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 8/18/2010

Time In: 13:25 Time Out: 13:25

Time In: 13:25 Time Out: 13:25

1865 East Main Street
Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1106
Fax: (864)486-1106

prophysicaltherapyonline.com

Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	8/2/2010
DOB / Gender	4/4/1968			Onset Date	6/24/2008
Account No	VALDE0002			Visits/Cx to Date	6 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises knee program, PROM	45	3	
00000		Ice Pack	15	0	

Subjective Information

Subjective Patient reports that knees arent doing so good today.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
Quad sets		10	2		
SLRs		15	2		
Long Arc Quads		15	2		
Heel raises		15	2		
Standing leg curls		15	2		
Standing ABD		15	2		
mini-squats		15	2		
Hamstring stretch		5			
Calf stretch		5			
Sit to stand		15	2		
Airex balance pad	2				
Wobble Board	2				
Nu-step	10				
Bike					
PROM/ stretching	10				
Step up/Step down					

Assessment

Patient's progress is inconsistent, patient has days where he reports that he is doing well and other days that he is not. Patient progress is slow toward goals

Plan

Continue with POC

Signature

Angela Sweeney, PT A

201301182002674

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POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 8/13/2010

Time In: 10:00 Time Out: 11:00

Time In: 10:00 Time Out: 11:00

1865 East Main Street
Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1106
Fax: (864)486-1106

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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	8/2/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0002			Visits/Cx to Date	5 / 0
				Work Related	YES

Diagnosis 1 719.46 knee pain
Diagnosis 2 717.49 Knee Arthroscopy

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises knee program, PROM	45	3	

Subjective Information

Subjective Patient with no new complaints. Reports that knee is doing better today

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
Quad sets		10	2		
SLRs		15	2		
Long Arc Quads		15	2		
Heel raises		15	2		
Standing leg curls		15	2		
Standing ABD		15	2		
mini-squats		15	2		
Hamstring stretch		5			
Calf stretch		5			
Sit to stand		15	2		
Airex balance pad	2				
Wobble Board	2				
Nu-step	10				
Bike					
PROM/ stretching	10				
Step up/Step down					

Assessment

Pateint tolerated the prescribed program well.

Plan

Continue with POC

Signature

Amogla S. S. S. PTA

201301182002674

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Page 1 of 1

PRO Physical Therapy, Inc.

POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 8/11/2010

Time In: 11:00 Time Out: 12:00

Time In: 11:00 Time Out: 12:00

1865 East Main Street
Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1106
Phone: (864)486-1105
Fax: (864)486-1106

prophysicaltherapyonline.com

Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	8/2/2010
DOB / Gender	4/1/1976 (M)			Onset Date	6/24/2008
Account No	VALDE0002			Visits/Cx to Date	4 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises knee program, PROM	45	3	

Subjective Information

Subjective Patient reports that knee is not doing as well today.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
Quad sets		10	2		
SLRs		15	2		
Long Arc Quads		15	2		
Heel raises		15	2		
Standing leg curls		15	2		
Standing ABD		15	2		
mini-squats		15	2		
Hamstring stretch		5			
Calf stretch		5			
Sit to stand		15	2		
Airex balance pad	2				
Wobble Board	2				
Nu-step	10				
Bike					
PROM/ stretching	10				
Step up/Step down					

Assessment

Patient had difficulty with squats and required HHA with this exercise today, patient with good flexibility in knee.

Plan

Continue with POC

Signature

Angeles Sanchez, PTA

201301182002674

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 8/9/2010

Time In: 11:00 Time Out: 12:00

Time In: 11:00 Time Out: 12:00

1865 East Main Street
Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1106
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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	8/2/2010
DOB / Gender	11/18/1971			Onset Date	6/24/2008
Account No	VALDE0002			Visits/Cx to Date	3 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises knee program, PROM	45	3	

Subjective Information

Subjective Patient reports that he is doing better, he feels that the knee is getting stronger.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
Quad sets		10	2		
SLRs		15	2		
Long Arc Quads		15	2		
Heel raises		15	2		
Standing leg curls		15	2		
Standing ABD		15	2		
mini-squats		15	2		
Hamstring stretch		5			
Calf stretch		5			
Sit to stand		15	2		
Airex balance pad	2				
Wobble Board	2				
Nu-step	10				
Bike					
PROM stretching	10				
Step up/Step down					

Assessment

Tolerated program well, gave good effort

Plan

Continue with POC

Signature

Angela Sweeney, PTA

201301182002674

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 8/5/2010

Time In: 10:30 Time Out: 11:15

Time In: 10:30 Time Out: 11:15

1865 East Main Street
Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1105
Fax: (864)486-1105

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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	8/2/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0002			Visits/Cx to Date	2 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises knee program, PROM	30	2	

Subjective Information

Subjective Pt reports increased soreness in BLE/knees.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
Quad sets		10	2		
SLRs		15	2		
Long Arc Quads		15	2		
Heel raises		15	2		
Standing leg curls		15	2		
Standing ABD		15	2		
mini-squats		15	2		
Hamstring stretch		5			
Calf stretch		5			
Sit to stand		15	2		
Airex balance pad	2				
Wobble Board	2				
Nu-step	10				
Bike					
PROM/ stretching	10				
Step up/Step down					

Assessment

Reviewed, corrected and progressed HEP. Pt performed BLE exercises well. Noted B hip and core weakness. Will benefit from core strengthening to allow improved function of B quads/ hamstrings.

Plan

Continue PT. Add hip ab/add; core strengthening. Will review BLE exercises.

Signature

Kay Morgenstern, PT

Kay Morgenstern, PT

201301182002674

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Evaluation

Evaluation Date: 8/2/2010

Time In: 11:00 Time Out: 12:00

Time In: 11:00 Time Out: 12:00

1865 East Main Street
Suite A

Duncan, SC 29334

Phone: (864)486-1105

Fax: (864)486-1106

Phone: (864)486-1105

Fax: (864)486-1106

prophysicaltherapyonline.com

Patient Name Yun wc Valderrama

Ref Phys

John Keith

DOB / Gender [REDACTED]

Account No VALDE0002

Diagnosis 719.46 knee pain

Diagnosis 2 717.49 Knee Arthroscopy

Subjective Information

Onset Date 6/24/2008

Surgery Date 4/29/2010

Chief Complaint

R knee pain. Unable to run. Difficulty squatting and concerned about ability to do moderate to heavy lifting. Difficulty going up and down stairs.

Mechanism

s/p R knee arthroscopy, partial medial and lateral meniscectomy and chondroplasty of patella

Previous Treatment

PT

Past Medical History

See intake chart

Medications

See intake chart

Special Tests

MRI

Allergies

none known

Pain Scale (0-10)

Best 3 Worst 7 AM PM Current 5 As day progresses

Feels Better When

elevate RLE

Feels Worse When

knee flexion, ascending stairs.

Pain Description

sharp pain

Radiating Pain

R lateral thigh

Objective Information

Palpation

Tender to palpation of R medial and lateral knee. Mild tenderness over patella and along tibial plateau.

Posture

L weight shift

Sensation

intact to light touch B LE

Upper/Lower Quarter Screen

B UE ROM WFL

Inspection

Surgical scars well healed

Gait

Stiff, antalgic, decreased b step length, reduced thoracic rotation.

Function

Pt reports difficulty with his normal daily activities, but moves slowly and cautiously.

Other R knee AROM: 4-125 degrees. strength: B knee ext 3+/5, R knee flex 3+/5, L knee flex 4-/5. Single leg stance: R 17 seconds, L 10 seconds.

Assessment

Pt is s/p R knee arthroscopy, partial medial and lateral meniscectomy, and chondroplasty of patella 4/29/10 per Dr. John Keith. Pt presents with R knee pain, limited R knee ROM and strength, antalgic gait, impaired functional mobility, inability to perform work duties, difficulty with normal daily activities. Pt will benefit from PT to address these deficits.

Treatment Plan

3x/wk for 4 wks; Knee program. Manual therapy, therapeutic exercise, patient education, home program, modalities as needed.

Please contact me if you have any questions or concerns. We appreciate this opportunity to work with your patients.

Signature

Kay Morgenstern, PT

Kay Morgenstern, PT

201301182002674

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PRO**Physical Therapy, Inc.****Evaluation / Care Plan**

Note Date: 8/2/2010

1865 East Main Street
Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1106Fax: (864)486-1106
prophysiotherapyonline.com

POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Name Yuri wc Valderrama Ref Phys John Keith Initial Treatment 8/2/2010
 DOB / Gender [REDACTED] Visits/Cx to Date 1 / 0
 Account No VALDE0002 Prescribed Freq. 3x per week/ 4 weeks

Diagnosis 719.46 knee pain
 Diagnosis 2 717.49 Knee Arthroscopy

Frequency of Visits Week 1 0 Week 2 0 Week 3 0 Week 4 0 Week 5 0

Problems

Description	Date	Other
Pain	8/2/2010	
Limited knee extension	8/2/2010	
Limited knee flexion	8/2/2010	
Edema	8/2/2010	
Tight hamstring, calf, and quad	8/2/2010	
Disturbed gait pattern	8/2/2010	
Reduced strength	8/2/2010	
Reduced function	8/2/2010	
Poor sleep pattern	8/2/2010	

Short Term Goals

Description	Status	Status Date	Other
Pt. independent with HEP including activity modifications and use of ice or heat to allow pt to continue treatment at home.			
Pt. to demonstrate improved posture and dynamic body mechanics to reduce undue stress on injury.			

Long Term Goals

Description	Status	Status Date	Other
Pt. to demonstrate the ability to achieve 0 knee extension.			
Pt. to demonstrate good gait cycle without limp.			
Pt. to demonstrate greater than equal to 4/5 knee strength.			
Pt. to transfer from sit to stand without difficulty.			
Pt. to tolerate steps and stairs safely.			
Pt. to resume normal sleep pattern.			
Pt. to resume normal functional activity at home and in community.			
Pt. to report greater than 90% reduction in pain.			
Pt. to demonstrate improved flexibility.			

Treatment Plan 3x/wk for 4 wks; Knee program. Manual therapy, therapeutic exercise, patient education, home program, modalities as needed.

It is my professional opinion that the patient's restorative potential is ☒ Excellent ☐ Good ☐ Fair ☐ Poor

Signature

Kay Morgenstern, PT

Kay Morgenstern, PT

201301182002674

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PRO Physical Therapy, Inc.

POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 8/2/2010

Time In: 11:00 Time Out: 12:00

Time In: 11:00 Time Out: 12:00

 1865 East Main Street
 Suite A
 Duncan, SC 29334
 Phone: (864)486-1105
 Fax: (864)486-1106
 Fax: (864)486-1106

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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	8/2/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0002			Visits/Cx to Date	1 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97001		PT Evaluation	15	1	
97110		Therapeutic Exercises knee program, PROM	30	2	

Subjective Information

Subjective R knee pain. Unable to run. Difficulty squatting and concerned about ability to do moderate to heavy lifting. Difficulty going up and down stairs.

Other Objective

Palpation Tender to palpation of R medial and lateral knee. Mild tenderness over patella and along tibial plateau.
 Gait Stiff, antalgic, decreased b step length, reduced thoracic rotation.
 Function Pt reports difficulty with his normal daily activities, but moves slowly and cautiously.

Other R knee AROM: 4-125 degrees. strength: R knee ext 3+/5, R knee flex 3+/5, L knee flex 4-/5. Single leg stance: R 17 seconds, L 10 seconds.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
Quad sets		10	2		
SLRs		15	2		
Long Arc Quads		15	2		
Heel raises		15	2		
Standing leg curls		15	2		
Standing ABD		15	2		
mini-squats		15	2		
Hamstring stretch		5			
Calf stretch		5			
Sit to stand		15	2		
Airex balance pad	2				
Wobble Board	2				
Nu-step	10				
Bike					
PROM stretching	10				
Step up/Step down					

Assessment

Pt is s/p R knee arthroscopy, partial medial and lateral meniscectomy, and chondroplasty of patella 4/29/10 per Dr. John Keith. Pt presents with R knee pain, limited R knee ROM and strength, antalgic gait, impaired functional mobility, inability to perform work duties, difficulty with normal daily activities. Pt will benefit from PT to address these deficits.

Plan

3x/wk for 4 wks: Knee program. Manual therapy, therapeutic exercise, patient education, home program, modalities as needed.

Signature

Kay Morgenstern, PT

Kay Morgenstern, PT

201301182002674

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Discharge Summary

Note Date: 7/23/2010

1865 East Main Street
Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1106
PHONE: (864)486-1105
Fax: (864)486-1106

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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DQB / Gender				Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	8 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy
Diagnosis 3	781.2	Abnormality of Gait

Treatment Summary Pt has been faithful with his attendance in physical therapy. He is highly motivated and has put forth excellent effort in PT. He has progressed well with ROM 0-126 degrees and strength 4/5. His gait is still guarded and slow, and his transfers and functional mobility has improved. He has a written HEP and has been compliant with it. Pt will benefit from continued PT to work on gait, balance and strength, to maximize rehab potential. Unfortunately, pt will be discharged due to not being approved for further PT visits per insurance. Pt is to continue with HEP as instructed.

Prognosis at Discharge See above.

Other Trunk ROM: flexion 10 degrees, ext 0 degrees, sidebend, R 5 degrees, L 10 degrees. R knee: 8- 90 degrees. Strength: core: 3+/5, RLE: knee flex/ext 3-/5.

Short Term Goals

Description	Status	Status Date	Other
Pt. independent with HEP including activity modifications and use of ice or heat to allow pt to continue treatment at home.	Achieved		
Pt. to demonstrate improved posture and dynamic body mechanics to reduce undue stress on injury.	Achieved		

Long Term Goals

Description	Status	Status Date	Other
Pt. to demonstrate the ability to achieve 0 knee extension.	Achieved		
Pt. to demonstrate greater than equal to 110 knee flexion.	Achieved		
Pt. to demonstrate good gait cycle without limp.	in progress		
Pt. to demonstrate greater than equal to 4+/5 knee strength.	in progress		4/5
Pt. to transfer from sit to stand without difficulty.	in progress		
Pt. to tolerate steps and stairs safely.	in progress		
Pt. to resume normal sleep pattern.	in progress		
Pt. to resume normal functional activity at home and in community.	in progress		
Pt. to report greater than 90% reduction in pain.	in progress		
Pt. to demonstrate improved flexibility.	Achieved		
Pt. to demonstrate improved flexibility pelvic girdle and leg flexibility to allow for improved mobility and posture.	Achieved		
Pt. to demonstrate 1 MMT increase in strength of core and back muscles.	in progress		
Pt. to have no pain in leg with neural tension test.	in progress		
Pt. to resume work duty without pain increase.	Not Achieved		
No spasm lumbar and back muscles with palpation.			

Signature

Kay Morgenstern, PT

Kay Morgenstern, PT

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Progress Note / Care Plan

Note Date: 6/30/2010

1855 East Main Street
Suite A
Duncan, SC 29334
Phone: (854)486-1105
Fax: (854)486-1106
Phone: (854)486-1105
Fax: (854)486-1106
prophysicaltherapyonline.com

Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	8 / 0
				Work Related	YES

Diagnosis 1	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy
Diagnosis 3	781.2	Abnormality of Gait

Thank you for referring your patient to PRO Physical Therapy, Inc.

Comments See chart for MD note

Short Term Goals

Description	Status	Status Date	Other
Pt. independent with HEP including activity modifications and use of ice or heat to allow pt to continue treatment at home.			
Pt. to demonstrate improved posture and dynamic body mechanics to reduce undue stress on injury.			

Long Term Goals

Description	Status	Status Date	Other
Pt. to demonstrate the ability to achieve 0 knee extension.			
Pt. to demonstrate greater than equal to 110 knee flexion.			
Pt. to demonstrate good gait cycle without limp.			
Pt. to demonstrate greater than equal to 4/5 knee strength.			
Pt. to transfer from sit to stand without difficulty.			
Pt. to tolerate steps and stairs safely.			
Pt. to resume normal sleep pattern.			
Pt. to resume normal functional activity at home and in community.			
Pt. to report greater than 90% reduction in pain.			
Pt. to demonstrate improved flexibility.			
Pt. to demonstrate improved flexibility pelvic girdle and leg flexibility to allow for improved mobility and posture.			
Pt. to demonstrate 1 MMT increase in strength of core and back muscles.			
Pt. to have no pain in leg with neural tension test.			
Pt. to resume work duty without pain increase.			
No spasm lumbar and back muscles with palpation.			

Please contact me if you have any questions or concerns. We appreciate this opportunity to work with your patients.

Signature

Angela Sadey, PTA

201301182002674

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**Physical
Therapy, Inc.**

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 6/30/2010

Time In: 10:00 Time Out: 11:00

Time In: 10:00 Time Out: 11:00

1865 East Main Street

Suite A

Duncan, SC 29334

Phone: (864)486-1105

Fax: (864)486-1106

Fax: (864)486-1106

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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DOB / Gender	6/24/2008			Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	8 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy
Diagnosis 3	781.2	Abnormality of Gait

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises See exercise handout; posture ex.	45	3	
97140		Manual Therapy STM R quads, R knee	0	0	
00000		Ice Pack to (R) knee	15	0	

Subjective Information

Subjective patient reports to clinic with no new complaints, states that he continues to improve

Other Objective

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
4 way SLR		20			
Ther Dir Ex					
Sit to stand		20			
Ther Ex					
Nu Step level 4					
slant board stretching		5			
Heel raises		20			
Hamstring Curls		20			
Hip abd standing		20			
Swiss ball mini-squats		20			
Hamstring stretch		5			
LAO		20			
Pelvic Tilts		20			
SKTC		5			
partial sit up		20			
Step up/Step down		20			
Wobble Board 2 minutes each direction	4				
Bike seat level 4, on level 5	10				
Trampoline SLS with ball toss		20	3		

Assessment

see hand written note to doctor

Plan

Continue with POC

Signature

Anagda Saxena, PTA

201301182002674

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 6/28/2010

Time In: 10:00 Time Out: 11:00

Time In: 10:00 Time Out: 11:00

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Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1105
Phone: (864)486-1105
Fax: (864)486-1105
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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	7 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy
Diagnosis 3	781.2	Abnormality of Gait

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises See exercise handout; posture ex.	45	3	
97140		Manual Therapy STM R quads, R knee	0	0	
00000		Ice Pack to (R) knee	15	0	

Subjective Information

Subjective Yuri reports no new complaints.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
4 way SLR		20			
Ther Dir Ex		20			
Sit to stand		20			
Ther Ex					
Nu Step level 4		5			
slant board stretching		20			
Heel raises		20			
Hamstring Curls		20			
Hip abd standing		20			
Swiss ball mini-squats		20			
Hamstring stretch		5			
LAQ		20			
Pelvic Tilts		20			
SKTC		5			
partial sit up		20			
Step up/Step down		20			
Wobble Board 2 minutes each direction	4				
Bike seat level 4, on level 5	10				

Assessment

Patient progressing toward goals, gave good effort

Plan

Continue with POC

Signature

Angela Sweeney, PTA

201301182002674

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**Physical
Therapy, Inc.**

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 6/23/2010

Time In: 10:00 Time Out: 11:00

Time In: 10:00 Time Out: 11:00

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Suite A

Duncan, SC 29334

Phone: (864)486-1105

Fax: (864)486-1106

Fax: (864)486-1106

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Patient Name	Yui wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	6 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy
Diagnosis 3	781.2	Abnormality of Gait

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises See exercise handout; posture ex.	45	3	
97140		Manual Therapy STM R quads, R knee	0	0	
00000		Ice Pack to (R) knee	15	0	

Subjective Information

Subjective Patient reports that his knee was doing well.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
4 way SLR		20			
Ther Dir Ex					
Sit to stand		20			
Ther Ex					
Nu Step level 4					
slant board stretching		5			
Heel raises		20			
Hamstring Curls		20			
Hip abd standing		20			
Swiss ball mini-squats		20			
Hamstring stretch		5			
LAQ		20			
Pelvic Tilts		20			
SKTC		5			
partial sit up		20			
Step up/Step down		20			
Wobble Board 2 minutes each direction	4				
Bike seat level 4, on level 5	10				

Assessment

Making good progress toward goals, added 4 way hip in standing with thera band

Plan

Continue with POC

Signature

Angela S. S. PTA

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PRO Physical Therapy, Inc.

POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 6/21/2010

Time In: 10:00 Time Out: 11:00

Time In: 10:00 Time Out: 11:00

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Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1106
Fax: (864)486-1106

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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	5 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy
Diagnosis 3	781.2	Abnormality of Gait

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises See exercise handout; posture ex.	45	3	
97140		Manual Therapy STM R quads, R knee	0	0	
00000		Ice Pack to (R) knee	15	0	

Subjective Information

Subjective Patient reports that his knee feels looser.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
4 way SLR		20			
Ther Dlr Ex					
Sit to stand		20			
Ther Ex					
Nu Step level 4					
slant board stretching		5			
Heel raises		20			
Hamstring Curls		20			
Hip abd standing		20			
Swiss ball mini-squats		20			
Hamstring stretch		5			
LAQ		20			
Pelvic Tilts		20			
SKTC		5			
partial sit up		20			
Step up/Step down		20			
Wobble Board 2 minutes each direction	4				
Bike seat level 4, on level 5	10				

Assessment

AROM 0-124 in supine. Progressing toward goals, added 6 inch step ups and wobble board to program

Plan

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Signature

Anagha Subuday, PTA

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 6/16/2010

Time In: 10:00 Time Out: 11:00

Time In: 10:00 Time Out: 11:00

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Phone: (864)486-1105
Fax: (864)486-1106
Fax: (864)486-1106

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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	4 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy
Diagnosis 3	781.2	Abnormality of Gait

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises See exercise handout; posture ex.	45	3	
97014		E-stim Unattended IFC B LB with MHP	0	1	
97140		Manual Therapy STM R quads, R knee	15	1	

Subjective Information

Subjective Patient reports that his knee feels better since last session.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
4 way SLR		15			
Ther Dir Ex		15			
Sit to stand		15			
Ther Ex					
Nu Step level 4	10				
slant board stretching		5			
Heel raises		15			
Hamstring Curls		15			
Hip abd standing		15			
Swiss ball mini-squats		15			
Hamstring stretch		5			
LAQ		15			
Pelvic Tilts		15			
SKTC		5			
partial sit up		15			

Assessment

Patient tolerated exercises well, showing steady improvements with flexibility and strength.

Plan

Continue with POC.

Signature

Amagda Sotolongo, PTA

201301182002674

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Patient Daily Note

Note Date: 6/14/2010

Time In: 13:00 Time Out: 14:15

Time In: 13:00 Time Out: 14:15

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 Duncan, SC 29334
 Phone: (864)486-1105
 Fax: (864)486-1106

 Fax: (864)486-1106
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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	3 / 0
				Work Related	YES
Diagnosis	719.46	knee pain			
Diagnosis 2	717.49	Knee Arthroscopy			
Diagnosis 3	781.2	Abnormality of Gait			

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises See exercise handout; posture ex.	45	3	
97014		E-stim Unattended IFC B LB with MHP	0	1	
97140		Manual Therapy STM R quads, R knee	15	1	

Subjective Information

Subjective Patient reports to clinic without crutches, reports that he has been trying to wean himself from using them.

Charge Details

Description	Time (Minutes)	Reps	Sets	Distance	Position
4 way SLR		15			
Ther Dir Ex					
Sit to stand		15			
Ther Ex					
Nu Step level 4	10				
slant board stretching		5			
Heel raises		15			
Hamstring Curls		15			
Hip abd standing		15			
Swiss ball mini-squats		15			
Hamstring stretch		5			
LAQ		15			
Pelvic Tilts		15			
SKTC		5			
partial sit up		15			

Assessment

Patient ambulating slow and guarded. Tolerated exercise program well.

Plan

Continue with POC

Signature

Angela S. S. PTA

201301182002674

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**Physical
Therapy, Inc.**

POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 6/9/2010

Time In: 10:15 Time Out: 11:15

Time In: 10:15 Time Out: 11:15

1865 East Main Street
Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1106
Phone: (864)486-1106
Fax: (864)486-1106

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Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DOB / Gender	[REDACTED]			Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	2 / 0
				Work Related	YES

Diagnosis	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy
Diagnosis 3	781.2	Abnormality of Gait

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97110		Therapeutic Exercises See exercise handout; posture ex.	45	3	
97140		Manual Therapy STM R quads, R knee	0	0	
97014		E-stim Unattended IFC B LB with MHP	15	1	

Subjective Information

Subjective Pt states he is was able to do all the exercises except squeezing the ball b/w his knees.

Assessment

Reviewed, corrected and progressed HEP. Progressing well with BLE strength and ROM. Still with very guarded gait, and report of low back pain. Added core strengthening exercises to program. Tolerated well.

Plan

Continue PT to increase BLE strength and ROM and increase lumbar stability.

Signature

Kay Morgenstern, PT

Kay Morgenstern, PT

201301182002674

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Evaluation

Evaluation Date: 6/7/2010

Time In: 10:00 Time Out: 11:00

Time In: 10:00 Time Out: 11:00

1865 East Main Street

Suite A

Duncan, SC 29334

Phone: (864)486-1105

Fax: (864)486-1106

Phone: (864)486-1105

Fax: (864)486-1106

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Patient Name Yuri wc Valderrama Ref Phys John Keith
 DOB / Gender [REDACTED] Work Status - Not working
 Account No VALDE0001

Diagnosis 719.46 knee pain
 Diagnosis 2 717.49 Knee Arthroscopy
 Diagnosis 3 781.2 Abnormality of Gait

Subjective Information

Onset Date 6/24/2008 Surgery Date 4/29/2010

Chief Complaint R knee pain/ stiffness. Difficulty walking.
 Mechanism s/p R knee arthroscopy partial medial and lateral meniscectomy and chondroplasty of patella. 4/29/10
 Previous Treatment none
 Past Medical History See intake chart
 Medications See intake chart
 Special Tests MRI
 Allergies none
 Pain Scale (0-10) Best 6 Worst 8 AM PM Current 7 As day progresses
 Feels Better When meds. elevate
 Feels Worse When prolonged walking
 Pain Description stiff, sharp

Objective Information

Palpation Tender medial and lateral joint spaces, R ITB. Trigger points R upper trap, levator scapula. Tender L4-5-S1.
 Posture L weight shift.
 Sensation intact
 Upper/Lower Quarter Screen B UE ROM WFL
 Inspection Bruising L spine L4-5-S1.
 Gait Antalgic gait with one crutch. Limited R weight shift.
 Function Independent with ADL's, but moves slowly and cautiously.
 Other (+) R SLR

Other Trunk ROM: flexion 10 degrees, ext 0 degrees, sidebend, R 5 degrees, L 10 degrees. R knee: 8- 90 degrees. Strength: core: 3+/5, RLE: knee flex/ext 3-/5.

Assessment

Pt presents with B knee pain, R>L, and low back, R lateral thigh pain; difficulty with ambulation and ADLs, limited trunk and RLE strength and ROM. Pt will benefit from PT to address these deficits. Pt was given a written HEP. Pt appears to be well motivated and should do well.

Treatment Plan

3x/wk for 4 wks; Manual therapy, therapeutic exercise, patient education, home program, modalities as needed.

Please contact me if you have any questions or concerns. We appreciate this opportunity to work with your patients.

Signature

Kay Morgenstern, PT

Kay Morgenstern, PT

201301182002674

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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Evaluation / Care Plan

Note Date: 6/7/2010

1865 East Main Street
Suite A

Duncan, SC 29334

Phone: (864)486-1105

Fax: (864)486-1106

Fax: (864)486-1106

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Patient Name Yuri wc Valderrama

Ref Phys

John Keith

Initial Treatment 6/7/2010

DOB / Gender [REDACTED]

Visits/Cx to Date 1 / 0

Account No VALDE0001

Prescribed Freq. 3x per week/ 4 weeks

Diagnosis 719.46 knee pain
 Diagnosis 2 717.49 Knee Arthroscopy
 Diagnosis 3 781.2 Abnormality of Gait

Frequency of Visits Week 1 0 Week 2 0 Week 3 0 Week 4 0 Week 5 0

Problems

Description	Date	Other
Pain	6/7/2010	
Limited knee extension	6/7/2010	
Limited knee flexion	6/7/2010	
Edema	6/7/2010	
Tight hamstring, calf, and quad	6/7/2010	
Disturbed gait pattern	6/7/2010	
Reduced strength	6/7/2010	
Reduced function	6/7/2010	
Poor sleep pattern	6/7/2010	

Short Term Goals

Description	Status	Status Date	Other
Pt. independent with HEP including activity modifications and use of ice or heat to allow pt to continue treatment at home.			
Pt. to demonstrate improved posture and dynamic body mechanics to reduce undue stress on injury.			

Long Term Goals

Description	Status	Status Date	Other
Pt. to demonstrate the ability to achieve 0 knee extension.			
Pt. to demonstrate greater than equal to 110 knee flexion.			
Pt. to demonstrate good gait cycle without limp.			
Pt. to demonstrate greater than equal to 4/5 knee strength.			
Pt. to transfer from sit to stand without difficulty.			
Pt. to tolerate steps and stairs safely.			
Pt. to resume normal sleep pattern.			
Pt. to resume normal functional activity at home and in community.			
Pt. to report greater than 90% reduction in pain.			
Pt. to demonstrate improved flexibility.			
Pt. to demonstrate improved flexibility pelvic girdle and leg flexibility to allow for improved mobility and posture.			
Pt. to demonstrate 1 MMT increase in strength of core and back muscles.			
Pt. to have no pain in leg with neural tension test.			
Pt. to resume work duty without pain increase.			
No spasm lumbar and back muscles with palpation.			

Treatment Plan 3x/wk for 4 wks; Manual therapy, therapeutic exercise, patient education, home program, modalities as needed.

It is my professional opinion that the patient's restorative potential is ☐ Excellent ☒ Good ☐ Fair ☐ Poor

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Evaluation / Care Plan

Note Date: 6/7/2010

1865 East Main Street
Suite A
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Phone: (864)486-1105
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POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Name Yuri wc Valderrama

Ref Phys John Keith

Initial Treatment 6/7/2010

DOB / Gender [REDACTED]

Visits/Cx to Date 1 / 0

Account No VALDE0001

Prescribed Freq 3x per week/ 4 weeks

Signature

Kay Morgenstern, PT

Kay Morgenstern, PT

201301182002674

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PRO Physical Therapy, Inc.

POSITIVE REHABILITATION OUTCOMES

POSITIVE REHABILITATION OUTCOMES

Patient Daily Note

Note Date: 6/7/2010

Time In: 10:00 Time Out: 11:00

Time In: 10:00 Time Out: 11:00

1865 East Main Street
Suite A
Duncan, SC 29334
Phone: (864)486-1105
Fax: (864)486-1106
Phone: (864)486-1105
Fax: (864)486-1106
prophysicaltherapyonline.com

Patient Name	Yuri wc Valderrama	Ref Phys	John Keith	Initial Treatment	6/7/2010
DOB / Gender	6/24/2008 (M)			Onset Date	6/24/2008
Account No	VALDE0001			Visits/Cx to Date	1 / 0
				Work Related	YES

Diagnosis 1	719.46	knee pain
Diagnosis 2	717.49	Knee Arthroscopy
Diagnosis 3	781.2	Abnormality of Gait

Charges

Code	Modifiers	Description	Time (Minutes)	Units	Amount
97001		PT Evaluation	15	1	
97110		Therapeutic Exercises See exercise handout; posture ex.	25	2	
97140		Manual Therapy STM R quads, R knee	15	1	

Subjective Information

Subjective R knee pain/ stiffness. Difficulty walking.

Other Objective

Palpation Tender medial and lateral joint spaces, R ITB. Trigger points R upper trap, levator scapula. Tender L4-S1.
Gait Antalgic gait with one crutch. Limited R weight shift.
Function Independent with ADL's, but moves slowly and cautiously.

Other Trunk ROM: flexion 10 degrees, ext 0 degrees, sidebend, R 5 degrees, L 10 degrees. R knee: 8-90 degrees. Strength: core: 3+/5, RLE: knee flex/ext 3-/5.

Assessment

Pt presents with B knee pain, R>L, and low back, R lateral thigh pain; difficulty with ambulation and ADLs, limited trunk and RLE strength and ROM. Pt will benefit from PT to address these deficits. Pt was given a written HEP. Pt appears to be well motivated and should do well.

Plan

3x/wk for 4 wks; Manual therapy, therapeutic exercise, patient education, home program, modalities as needed.

Signature

Kay Morgenstern, PT

Kay Morgenstern, PT

201301182002674

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Document Electronically Signed

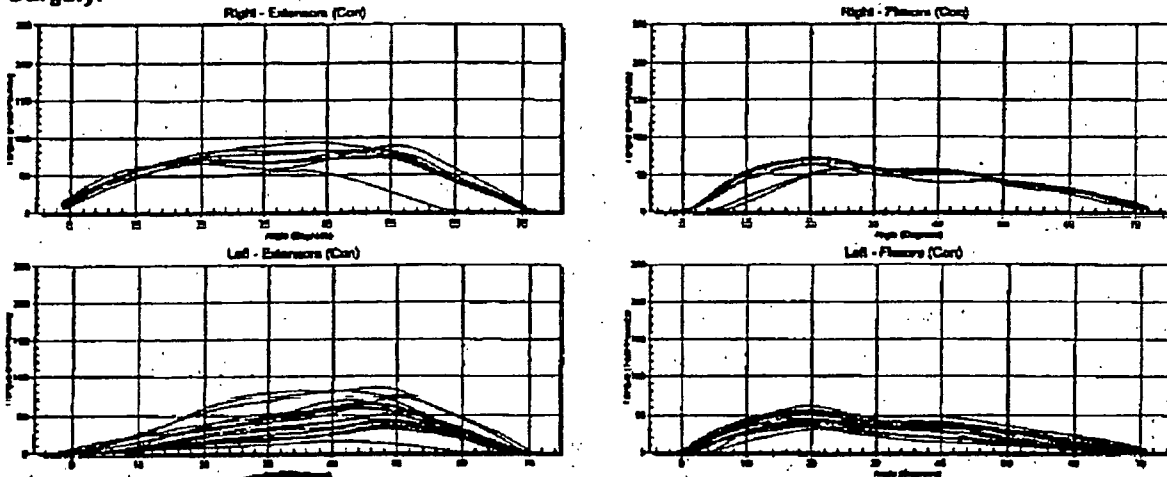
Page 1 of 1

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North Grove Physical Therapy, LLC 1330 Boiling Springs Rd. Suite 1600-B Spartanburg, SC 29303

Knee Extension/Flexion

Name:	Valderama, Yuri	ID:	119937	I:	
Birth date:	11/11/1988	Involved Side:	Left	Group 1:	
Height:	68 Inches	Involved Side:	Left	Group 1:	
Weight:	160 Pounds	Preferred Side:	Right	Group 2:	
Sex:	Male	Doctor:			
Diagnosis:		Tester:	Chad Price		
Surgery:					



12/4/2008	4/8/2009	Extensors (Con)			Flexors (Con)		
Isokinetic Con/Con		12/4/2008	4/8/2009	Change	12/4/2008	4/8/2009	Change
Speed 180/180 Reps 10							
Peak Torque (Foot-Pounds - Average Value)							
Right	78	0	-78	67	0	-67	
Left	67	38	-29	54	40	-14	
Deficit	14	0		19	0		
Work per Repetition (Foot-Pounds - Average Value)							
Right	69	0	-69	51	0	-51	
Left	45	22	-23	38	25	-13	
Deficit	35	0		25	0		
Range of Motion (Degrees)							
Right	-1	0	1	72	0	-72	
Left	-1	1	2	71	68	-3	
Isokinetic Con/Con		Extensors (Con)			Flexors (Con)		
Speed 240/240 Reps 10		12/4/2008	4/8/2009	Change	12/4/2008	4/8/2009	Change
Peak Torque (Foot-Pounds - Average Value)							
Right	73	0	-73	57	0	-57	
Left	55	33	-22	31	27	-4	
Deficit	25	0		46	0		
Work per Repetition (Foot-Pounds - Average Value)							
Right	50	0	-50	41	0	-41	
Left	30	17	-13	18	14	-2	
Deficit	40	0		61	0		
Range of Motion (Degrees)							
Right	-1	0	1	72	0	-72	
Left	-1	1	2	71	68	-3	
Isokinetic Con/Con		Extensors (Con)			Flexors (Con)		
Speed 300/300 Reps 10		12/4/2008	4/8/2009	Change	12/4/2008	4/8/2009	Change
Peak Torque (Foot-Pounds - Average Value)							
Right	70	0	-70	47	0	-47	
Left	48	34	-12	38	22	-14	
Deficit	34	0		23	0		
Work per Repetition (Foot-Pounds - Average Value)							
Right	45	0	-45	32	0	-32	
Left	27	20	-7	22	13	-9	
Deficit	40	20	20	31	0		
Range of Motion (Degrees)							
Right	0	0	0	71	0	-71	
Left	0	1	1	70	68	-2	

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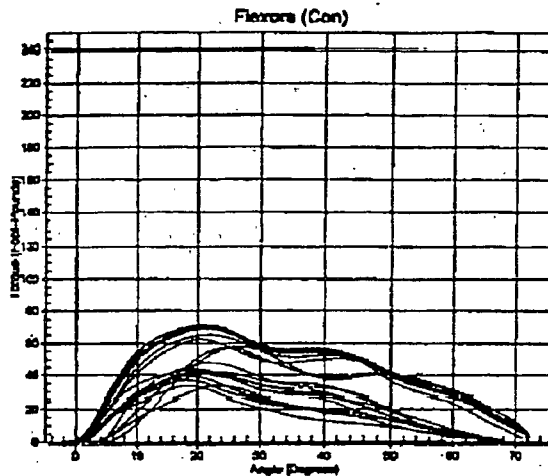
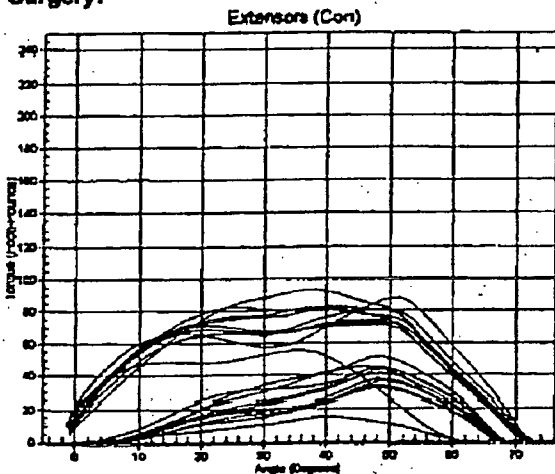
North Grove Physical Therapy, LLC 1330 Boiling Springs Rd. Suite 1600-B Spartanburg, SC 29303

Knee Extension/Flexion

Name: Valderama, Yuri ID: 118937 Right/Left: 12/4/2008 4/8/2009
 Birth date: ~~12/4/2008~~ Involved Side: Left Group 1:
 Height: Inches Deformed Side: Right Group 2:
 Weight: 0 Pounds Preferred Side: Right Group 1:
 Sex: Male Doctor: Group 2:
 Tester: Chad Price

Diagnosis:

Surgery:



Right Side Curves
Isokinetic Con/Con
Speed 180/180 Reps 10

Left Side Curves
Extensors (Con)
Value Cof Var %BW

Flexors (Con)
Value Cof Var %BW Ratio

Peak Torque (Foot-Pounds - Average Value)

Right	78	0.13	0	67	0.08	0	86
Left	38	0.26	0	40	0.11	0	105
Deficit	51			40			

Work per Repetition (Foot-Pounds - Average Value)

Right	69	0.15	0	51	0.12	0	74
Left	22	0.30	0	25	0.16	0	114
Deficit	68			51			

Range of Motion (Degrees)

Right	-1	-0.20		72	0.00		
Left	1	1.60		68	0.01		

Isokinetic Con/Con
Speed 240/240 Reps 10

Extensors (Con)
Value Cof Var %BW

Flexors (Con)
Value Cof Var %BW Ratio

Peak Torque (Foot-Pounds - Average Value)

Right	73	0.16	0	57	0.07	0	78
Left	33	0.30	0	27	0.20	0	82
Deficit	55			53			

Work per Repetition (Foot-Pounds - Average Value)

Right	50	0.16	0	41	0.10	0	82
Left	17	0.36	0	14	0.30	0	82
Deficit	66			66			

Range of Motion (Degrees)

Right	-1	-0.46		72	0.00		
Left	1	1.85		68	0.01		

Isokinetic Con/Con
Speed 300/300 Reps 10

Extensors (Con)
Value Cof Var %BW

Flexors (Con)
Value Cof Var %BW Ratio

Peak Torque (Foot-Pounds - Average Value)

Right	70	0.11	0	47	0.08	0	67
Left	34	0.39	0	22	0.36	0	65
Deficit	51			53			

Work per Repetition (Foot-Pounds - Average Value)

Right	45	0.14	0	32	0.08	0	71
Left	20	0.42	0	13	0.40	0	65
Deficit	56						

Range of Motion (Degrees)

Right	0	-3.01		71	0.01		
Left	1	2.34	299	68	0.00		

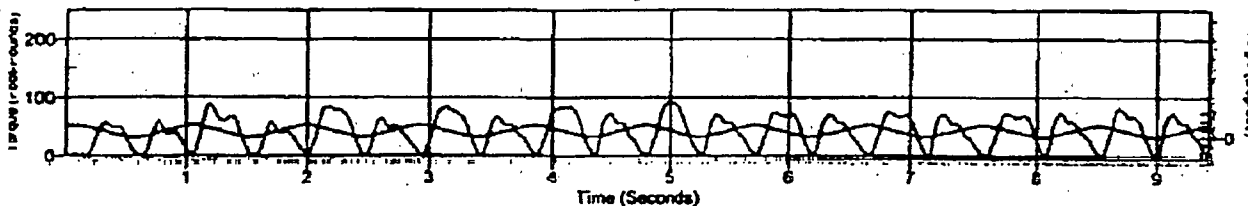
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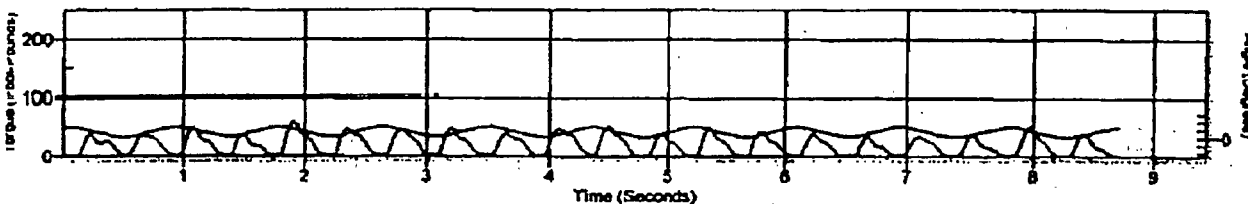
Knee Extension/Flexion

Name: Valderama, Yuri ID: 119937 Right/Left: 12/4/2008 2/25/2009
 Birth date: 11/11/1979
 Name: Valderama, Yuri ID: 119937 Right/Left: 12/4/2008 2/25/2009
 Birth date: XXXXXXXXXX Involved Side: Left Group 1:
 Height: Inches Preferred Side: Right Group 2:
 Weight: 0 Pounds Doctor:
 Sex: Male Tester: Chad Price
 Diagnosis:
 Surgery:

Right



Left



Torque Curves		Position Curves					
Isokinetic Con/Con		Extensors (Con)		Flexors (Con)			
Speed 180/180 Reps 10		Value	Cof Var	%BW	Value	Cof Var	Ratio
Peak Torque (Foot-Pounds - Average Value)							
Right		78	0.13	0	67	0.08	86
Left		45	0.19	0	40	0.13	89
Deficit		42			40		
Work per Repetition (Foot-Pounds - Average Value)							
Right		69	0.15	0	51	0.12	74
Left		27	0.15	0	24	0.21	89
Deficit		61			53		
Range of Motion (Degrees)							
Right		-1	-0.20		72	0.00	
Left		1	1.95		67	0.01	
Isokinetic Con/Con		Extensors (Con)		Flexors (Con)			
Speed 240/240 Reps 10		Value	Cof Var	%BW	Value	Cof Var	Ratio
Peak Torque (Foot-Pounds - Average Value)							
Right		73	0.16	0	57	0.07	78
Left		29	0.25	0	30	0.20	103
Deficit		60			47		
Work per Repetition (Foot-Pounds - Average Value)							
Right		50	0.16	0	41	0.10	82
Left		14	0.23	0	16	0.28	114
Deficit		72			61		
Range of Motion (Degrees)							
Right		-1	-0.46		72	0.00	
Left		1	1.23		67	0.01	
Isokinetic Con/Con		Extensors (Con)		Flexors (Con)			
Speed 300/300 Reps 10		Value	Cof Var	%BW	Value	Cof Var	Ratio
Peak Torque (Foot-Pounds - Average Value)							
Right		70	0.11	0	47	0.08	67
Left		30	0.32	0	16	0.58	53
Deficit		57			66		
Work per Repetition (Foot-Pounds - Average Value)							
Right		45	0.14	0	32	0.08	71
Left		17	0.32	0	9	0.59	53
Deficit		62			72		
Range of Motion (Degrees)							
Right		0	-3.01	301	71	0.01	
Left		0	-9.85		66	0.01	

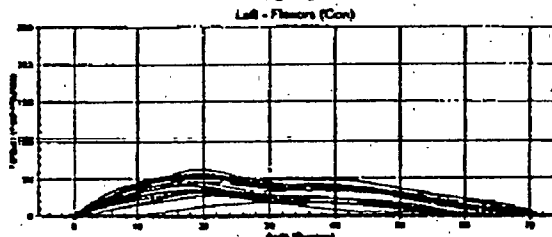
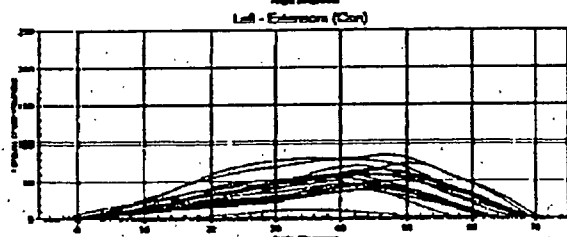
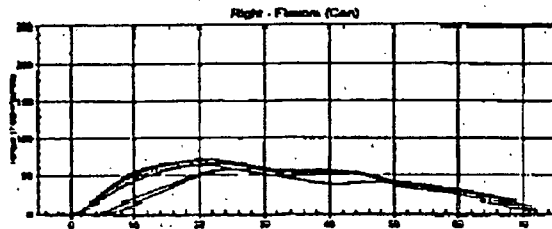
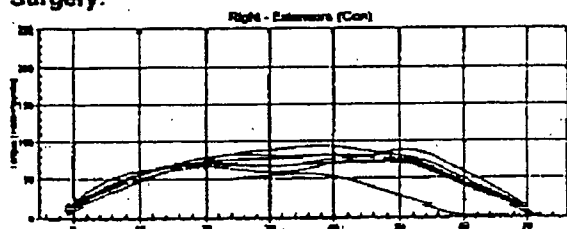
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North Grove Physical Therapy, LLC 1330 Boiling Springs Pkwy Suite 1600-B Spartanburg, SC 29303

Knee Extension/Flexion

Name: Valderama, Yuri ID: 119937 I: 1:
 Birth date: 4/4/1970 Involved Side: Left Group 1:
 Name: Valderama, Yuri ID: 119937 I:
 Birth date: [REDACTED] Involved Side: Left Group 1:
 Height: Inches Preferred Side: Right Group 2:
 Weight: 0 Pounds Doctor:
 Sex: Male Tester: Chad Price

Diagnosis:
 Surgery:



	12/4/2008	1/22/2009		12/4/2008	1/22/2009	
Isokinetic Con/Con						
Speed 180/180 Reps 10						

	Extensors (Con)			Flexors (Con)		
	12/4/2008	1/22/2009	Change	12/4/2008	1/22/2009	Change
Peak Torque (Foot-Pounds - Average Value)						
Right	78	0	-78	67	0	-67
Left	67	43	-24	54	33	-21
Deficit	14	0		19	0	
Work per Repetition (Foot-Pounds - Average Value)						
Right	69	0	-69	51	0	-51
Left	45	25	-20	38	19	-19
Deficit	35	0		25	0	
Range of Motion (Degrees)						
Right	-1	0	1	72	0	-72
Left	-1	-1	0	71	63	-8

	Extensors (Con)			Flexors (Con)		
	12/4/2008	1/22/2009	Change	12/4/2008	1/22/2009	Change
Isokinetic Con/Con						
Speed 240/240 Reps 10						
Peak Torque (Foot-Pounds - Average Value)						
Right	73	0	-73	57	0	-57
Left	55	29	-26	31	17	-14
Deficit	25	0		46	0	
Work per Repetition (Foot-Pounds - Average Value)						
Right	50	0	-50	41	0	-41
Left	30	14	-16	16	8	-8
Deficit	40	0		61	0	
Range of Motion (Degrees)						
Right	-1	0	1	72	0	-72
Left	-1	0	1	71	63	-8

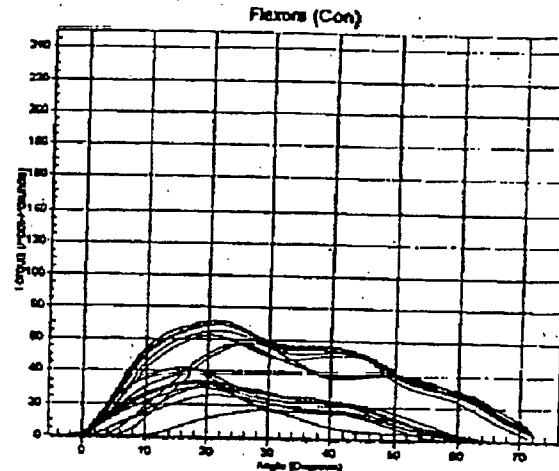
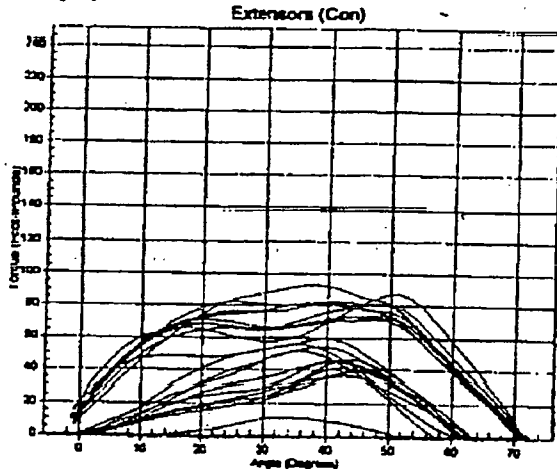
	Extensors (Con)			Flexors (Con)		
	12/4/2008	1/22/2009	Change	12/4/2008	1/22/2009	Change
Isokinetic Con/Con						
Speed 300/300 Reps 10						
Peak Torque (Foot-Pounds - Average Value)						
Right	70	0	-70	47	0	-47
Left	46	12	-34	36	6	-30
Deficit	34	0		23	0	
Work per Repetition (Foot-Pounds - Average Value)						
Right	45	0	-45	32	0	-32
Left	27	2016:0118:2102674	-21	22	3	-19
Deficit	40	0		31	0	
Range of Motion (Degrees)						
Right	0	0 302	0	71	0	-71
Left	0	-1	-1	70	63	-7

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North Grove Physical Therapy, LLC 1330 Boiling Springs Road, Suite 1600-B Spartanburg, SC 29303

Knee Extension/Flexion

Name: Valderama, Yuri ID: 119937 Right/Left: 12/4/2008 1/22/2009
 Birth date: [REDACTED] Involved Side: Left Right/Left: 12/4/2008 1/22/2009
 name: Valderama, Yuri ID: 119937
 Birth date: [REDACTED] Involved Side: Left Group 1:
 Height: Inches Preferred Side: Right Group 2:
 Weight: 0 Pounds Doctor:
 Sex: Male Tester: Chad Price
 Diagnosis:
 Surgery:



Right Side Curves
 Isokinetic Con/Con
 Speed 180/180 Reps 10

Left Side Curves
 Extensors (Con)
 Value Cof Var %BW

Flexors (Con)
 Value Cof Var %BW Ratio

Peak Torque (Foot-Pounds - Average Value)

Right	78	0.13	0	67	0.08	0	88
Left	43	0.31	0	33	0.22	0	77
Deficit	45			51			

Work per Repetition (Foot-Pounds - Average Value)

Right	69	0.15	0	51	0.12	0	74
Left	25	0.36	0	19	0.24	0	76
Deficit	64			63			

Range of Motion (Degrees)

Right	-1	-0.20		72	0.00		
Left	-1	-0.47		63	0.03		

Isokinetic Con/Con

Speed 240/240 Reps 10

Extensors (Con)
 Value Cof Var %BW

Flexors (Con)
 Value Cof Var %BW Ratio

Peak Torque (Foot-Pounds - Average Value)

Right	73	0.16	0	57	0.07	0	78
Left	29	0.25	0	17	0.36	0	59
Deficit	60			70			

Work per Repetition (Foot-Pounds - Average Value)

Right	50	0.16	0	41	0.10	0	82
Left	14	0.26	0	8	0.42	0	57
Deficit	72			80			

Range of Motion (Degrees)

Right	-1	-0.46		72	0.00		
Left	0	-15.92		63	0.02		

Isokinetic Con/Con

Speed 300/300 Reps 10

Extensors (Con)
 Value Cof Var %BW

Flexors (Con)
 Value Cof Var %BW Ratio

Peak Torque (Foot-Pounds - Average Value)

Right	70	0.11	0	47	0.08	0	67
Left	12	0.61	0	6	0.90	0	50
Deficit	83			87			

Work per Repetition (Foot-Pounds - Average Value)

Right	45	0.14	0	32	0.08	0	71
Left	8	0.61	0.13	0.82	0.85	0	50
Deficit	87			91			

Range of Motion (Degrees)

Right	0	-3.01	303	71	0.01		
Left	-1	-2.48		63	0.02		

202

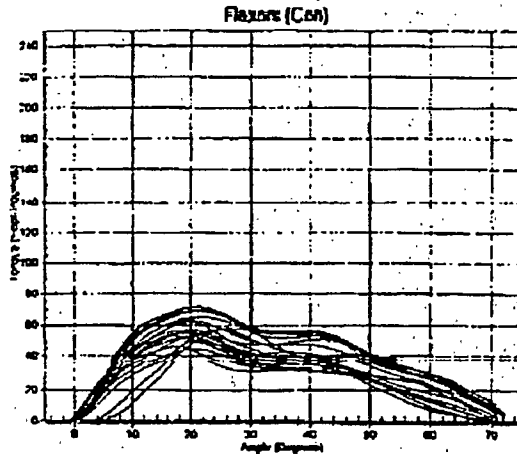
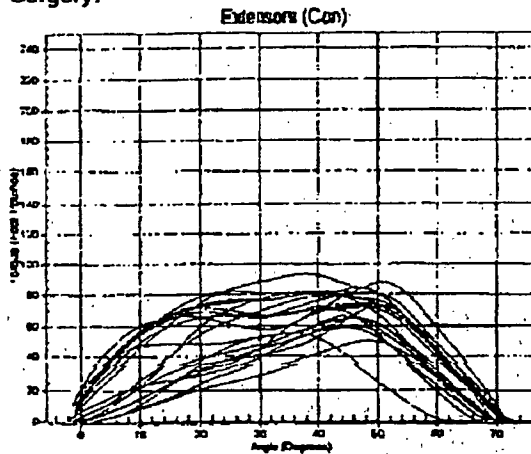
12/16/2008 11:20

(FAX)

P.010/030

**North Grove Physical Therapy, LLC 1330 Boiling Spring Rd. Suite 1600-B
Spartanburg, SC 29303**

Name: Valderama, Yuri ID: 119937 Knee Extension/Flexion Right/Left: 12/4/2008 12/4/2008
 Name: Valderama, Yuri ID: 119937 Knee Extension/Flexion Right/Left: 12/4/2008 12/4/2008
 Birth date: [REDACTED] Involved Side: Left Group 1:
 Height: Inches Preferred Side: Right Group 2:
 Weight: 0 Pounds Doctor:
 Sex: Male Tester: Chad Price
 Diagnosis:
 Surgery:



Right Side Curves				Left Side Curves							
Isokinetic Con/Con				Extensors (Con)				Flexors (Con)			
Speed 180/180 Reps 10				Value	Cof Var	%BW		Value	Cof Var	%BW	Ratio
Peak Torque (Foot-Pounds - Average Value)											
Right				78	0.13	0		67	0.08	0	86
Left				67	0.15	0		54	0.10	0	81
Deficit				14				19			
Work per Repetition (Foot-Pounds - Average Value)											
Right				69	0.15	0		51	0.12	0	74
Left				45	0.21	0		38	0.10	0	84
Deficit				35				25			
Range of Motion (Degrees)											
Right				-1	-0.20			72	0.00		
Left				-1	-0.48			71	0.01		
Isokinetic Con/Con				Extensors (Con)				Flexors (Con)			
Speed 240/240 Reps 10				Value	Cof Var	%BW		Value	Cof Var	%BW	Ratio
Peak Torque (Foot-Pounds - Average Value)											
Right				73	0.16	0		57	0.07	0	78
Left				55	0.12	0		31	0.27	0	56
Deficit				25				46			
Work per Repetition (Foot-Pounds - Average Value)											
Right				50	0.16	0		41	0.10	0	82
Left				30	0.17	0		16	0.29	0	53
Deficit				40				61			
Range of Motion (Degrees)											
Right				-1	-0.46			72	0.00		
Left				-1	-1.04			71	0.01		
Isokinetic Con/Con				Extensors (Con)				Flexors (Con)			
Speed 300/300 Reps 10				Value	Cof Var	%BW		Value	Cof Var	%BW	Ratio
Peak Torque (Foot-Pounds - Average Value)											
Right				70	0.11	0		47	0.08	0	67
Left				48	0.13	0		38	0.16	0	78
Deficit				34				23			
Work per Repetition (Foot-Pounds - Average Value)											
Right				45	0.14	0		32	0.08	0	71
Left				27	0.14	0		22	0.18	0	81
Deficit				40				31			
Range of Motion (Degrees)											
Right				0	-3.01			71	0.01		
Left				0	-7.40			70	0.01		

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NORTH GROVE PHYSICAL THERAPY

1330 Boiling Springs Rd. Suite 1600-B
Spartanburg, SC 29303
864-582-0019 Fax 864-582-2160

115 Deacon Tiller Court, Suite 2
Duncan, SC 29334
864-587-1921 Fax 864-587-9119

Physical Therapy Progress Note

DATE	PATIENT	ACCT #
03-23-09	VALDERRAMA, YURI	#119937
S:	Pt reports, "I am having good days & bad days. Some days I feel okay & some days I have a lot of pain w/my knee. I definitely have ↑d pain from standing in 1 spot @ work on my job".	
O:	Pt performed exers as per flow sheet. THER EX x 50 mins, followed by 10 mins CP. Total TX x 60 mins.	
A:	Pt conts to show good motivation. Pt encouraged to cont working hard.	
P:	Cont per plan of care, as Pt tolerates.	
	Chad Price, PTA #1753 <i>Chad Price</i>	CP/mjm
03-26-09	VALDERRAMA, YURI	#119937
S:	Pt reports NNC @ this x. Pt encouraged to cont working hard w/HEP. Pt still has c/o ↑d soreness since starting back to work but said has not gotten any worse since last c/o that.	
O:	Pt performed exers as per flow sheet. THER EX x 45 mins, followed by 10 mins CP. Total TX x 55 mins.	
A:	Pt conts to show good motivation. Pt encouraged to cont working hard.	
P:	Cont per plan of care, as Pt tolerates.	
	Chad Price, PTA #1753 <i>Chad Price</i>	CP/mjm
03-27-09	VALDERRAMA, YURI	#119937
S:	Pt reports NNC. Says that today is actually a good day. Did work last night & felt ok today. Still having bad days & good days though.	
O:	Pt performed exers as per flow sheet. THER EX x 50 mins. Total TX x 50 mins.	
A:	Pt conts to show good motivation. Pt conts to progress exer program.	
P:	Cont per plan of care, as Pt tolerates.	
	Chad Price, PTA #1753 <i>Chad Price</i>	CP/mjm

201301182002674

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NORTH GROVE PHYSICAL THERAPY

1330 Boiling Springs Rd. Suite 1600-B

1330 Boiling Springs Rd. Suite 1600-B
Spartanburg, SC 29303
864-582-0019 Fax 864-582-2160115 Deacon Tiller Court, Suite 2
Duncan, SC 29334

864-587-1921 Fax 864-587-9119

Physical Therapy Progress Note

DATE	PATIENT	ACCT #
03-10-09	VALDERRAMA, YURI S: Pt reports, "My knee seems like it is doing better. Feels like it is stronger". O: Pt performed exers as per flow sheet. THER EX x 50 mins. Total TX x 50 mins. A: Pt conts to show good motivation. Pt encouraged to cont working hard. P: Cont per plan of care, as Pt tolerates. Chad Price, PTA #1753 <i>Chad Price</i>	#119937 CP/mjm
03-12-09	VALDERRAMA, YURI S: NNC. O: Pt performed exers as per flow sheet x 50 mins & then rec'd CP x 10 mins. A: Pt works hard in THER & is gradually improving. P: Cont PT. Beverly Davis, RPT #1998 <i>Beverly Davis RPT 1998</i>	#119937 BD/mjm
03-18-09	VALDERRAMA, YURI S: He reports still having pain in the L knee which interferes w/his ability to work. O: He performed exers as per flow sheet x 50 mins. He was progressed to reach out exer 20 reps. He declined any ice. A: He seems to possibly have plateaued in gaining in any strength in his L knee. P: Cont THER EX to ↑ strength L knee & modalities to ↓ pain. R. Winn Holley, RPT #2169 <i>R. Winn Holley RPT #2169</i>	#119937 WH/mjm
03-19-09	VALDERRAMA, YURI S: "3-4/10 pain: It still hurts on the inside in the front of my L knee. There is some slight discomfort in my R knee from wt shifting". O: 10 mins of U/S @ 0.8 watts/cm sq @ 1 megahertz, 50%, followed by 10 mins of ice MASS to the medial knee. A: Instructed Pt in proper shoe wear/stretching/cycling/HEP. Pt is slightly frustrated w/the outcome of the L knee SX 2nd to c/o pain. P: Cont the modalities/HEP/cycling/↑ing strength/stretching. Ryan Brackett, MPT #3997 <i>Ryan Brackett MPT</i>	#119937 RB/mjm
03-20-09	VALDERRAMA, YURI S: Pt reports NNC. O: Pt performed exers as per flow sheet. THER EX x 40 mins, followed by 10 mins CP. Total TX x 50 mins. A: Pt conts to show good motivation. Good understanding of exer program. Says his knee has been more sore this wk w/starting back to his normal job. Does feel better today than he did yesterday. P: Cont per plan of care, as Pt tolerates. Chad Price, PTA #1753 <i>Chad Price</i>	#119937 CP/mjm

201301182002674

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 1330 Boiling Springs Rd, Suite 1600-B
 Spartanburg, SC 29303
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115 Deacon Tiller Court, Suite 2
 115 Deacon Tiller Court, Suite 2
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 864-587-1921 Fax 864-587-9119

Physical Therapy Progress Note / Discharge Summary

Date: 3/19/09 Patient: Yusi Valderrama Acct #: 119957
 MD: Black DX: Ⓛ Knee range weakness
 DOS: _____
 IE: 7/13/08 Visits: _____ Cancellations: _____ No Shows: _____

Subjective: _____

Objective:

ROM / STRENGTH:

<u>2</u> <u>25/09</u>	<u>3</u> <u>19/09</u>	<u>1</u> <u>1</u>
<u>0 - 135</u>	<u>0 - 130</u>	
	<u>WRT HT</u>	
	<u>5/10 medial and</u>	
	<u>knee pain</u>	

reports Ⓛ knee discomfort 2° compensation
tender gls anterior

Patient Progressing? ☐ Yes ☒ No

Patient Effort Level: ☐ Needs Improvement ☒ Satisfactory

P.T. Recorn: ☐ Continue current POC. Progressing with/into functional activities
☐ MD Review/ re-assessment
☐ D/C to HEP
☐ _____

Therapist: F B [Signature] 201301182002674 Next MD Appt: _____

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THERAPY PRESCRIPTION

Patient: Yuri L Valderrama

Diagnosis: S/P L knee minisectomy

Duration: 6 WKS ☐ UNTIL NEXT MD VISIT 1/1/1

FREQUENCY: ☐ 1 VISIT ONLY ☒ 2 X WK ☐ 3 X WK ☐ 5 X WK

☒ Evaluate & Treat ☐ TENS Application ☐ Wound Care

☐ FCA (Full) ☐ Edema Therapy ☐ Cybex

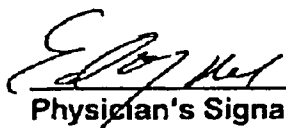
PROGRAMS / PROTOCOLS	MODALITIES
☐ Back Rehab Program	☐ E STIM
☐ Cervical Program	☐ Fluidotherapy
☐ Elbow Program	☐ Iontophoresis
☐ Foot/Ankle Program	☐ Moist Heat
☐ Hand Program	☐ Paraffin Bath
☐ Hip Program	☐ Soft Tissue MASS
☐ Knee Program	☐ Traction
☐ Shoulder Program	☐ Ultrasound
☐ Spinal Stabilization Program ☐	

THERAPEUTIC EXERCISE

☐ AROM ☐ AAROM
☐ Eccentric ☐ Isometric
☐ PROM ☐ Proprioceptive

COMMENTS: cont. PRE's with home program as well

Cyber Test prior to next visit
in 6 weeks


 Physician's Signature

2/26/09
 Date

201301182002674

North Grove Physical Therapy
Progress Note/ Discharge Summary

Date: 2/25/09 Patient: Yuri Valderrama Acct #: 119937
 MD: Black DX: (L) Knee Surge

DOS: 7-16-08

IE: 2-2-09 Visits: 11 Cancellations: 0 No Shows: 0

Subjective:

Pt reports 3/10 pain. T pain = T Ant.
My knee does feel better and stronger since coming back to tx.

Objective:

ROM/STRENGTH:

<u>9/26/08</u>	<u>2/25/09</u>	<u>1/1</u>
<u>0 → 130</u>	<u>0 → 135</u>	

Pt did show some improvement E cyber today, most with
faster speed. Pt encouraged to cont working on HEP

Patient Progressing? ☒ yes ☐ no

Patient Effort Level: ☐ Needs improvement ☒ Satisfactory

P.T. Recommendation:

- ☒ Continue current POC progressing with/ into functional activities
- ☒ MD Review / RE- Assessment
- ☐ D/C to HEP
- ☐ _____

Chad Pina Pina 201301182002674 Next MD Appt: _____

NORFOLK ROVE PHYSICAL THERAPY

1330 Boiling Springs Rd. Suite 1600-B
 1330 Boiling Springs Rd. Suite 1600-B
 Spartanburg, SC 29303
 864-582-0019 Fax 864-582-2160

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 115 Deacon Tiller Court, Suite 2
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Physical Therapy Progress Note

DATE PATIENT

ACCT #

02-20-09

VALDERRAMA, YURI

#119937

- S: Pt reports NNC. Pt says that he does not feel like the Cybex is helping his knee a whole lot. Explained to Pt that he will be Cybex testing again & we want to practice on the Cybex as much as possible to build up strength & speed so that he can improve his Cybex testing as well as his strength & speed for regular function.
- O: Pt performed exers as per flow sheet. THER EX x 50 mins, followed by 15 mins of CP. Total TX x 65 mins.
- A: Pt conts to be limited by 1'd speed on the Cybex. Pt encouraged to work on HEP.
- P: Cont per plan of care, as Pt tolerates.
- Chad Price, PTA #1753 *Chad Price M1753*

CP/mjm

02-23-09

VALDERRAMA, YURI

#119937

- S: "2-3/10 pain. It still hurts. The pain pill has helped my pain".
- O: 40 mins of THER EX as outlined per flow sheet, followed by 15 mins of CP.
- A: Tolerated TX well. Pt very motivated to participate in THER.
- P: Cont to ↑ the ROM/strengthening/stretching/MHP/CP.
- Ryan Brackett, MPT #3997 *Ryan Brackett MPT 3997*

RB/mjm

02-25-09

VALDERRAMA, YURI

#119937

- S: Pt says that his knee is feeling stronger. Has Cybex test today. All given to MD for f/up visit tomorrow.
- O: Pt performed test w/exers x 35 mins. Total TX x 35 mins.
- A: Progress note & Cybex sent to MD.
- P: Cont per MD order.
- Chad Price, PTA #1753 *Chad Price M1753*

CP/mjm

02-27-09

VALDERRAMA, YURI

#119937

- S: Pt reports, "I saw MD. They want me to cont as per RX given @ this x".
- O: Pt performed exers as per flow sheet. THER EX x 45 mins. Total TX x 45 mins.
- A: Pt sent back for progressive resistive exers given today. Will cont to progress exers to prepare Pt for return to all normal activities.
- P: Cont per plan of care, as Pt tolerates.
- Chad Price, PTA #1753 *Chad Price M1753*

CP/mjm

03-06-09

VALDERRAMA, YURI

#119937

- S: Pt reports NNC @ this x.
- O: Pt performed exers as per flow sheet. THER EX x 45 mins. Total TX x 45 mins.
- A: Pt conts to show good motivation. Pt encouraged to cont working hard.
- P: Cont per plan of care, as Pt tolerates.
- Chad Price, PTA #1753 *Chad Price M1753*

CP/mjm

PHYSICAL THERAPY PROGRESS NOTE

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Physical Therapy Progress Note

DATE	PATIENT	ACCT #
02-10-09	VALDERRAMA, YURI S: He reports @ x's has sharp pain in the L knee. O: He performed exers as per flow sheet x 40 mins. A: He tolerated TX well. Stated he had no pain following TX. He declined any ice. P: Cont THER EX L knee to 1 strength & ROM. Modalities as needed. R. Winn Holley, RPT #2169 <i>R. Winn Holley</i>	#119937 WH/mjm
02-12-09	VALDERRAMA, YURI S: Pt reports NNC today. Pt said that he actually felt a little better today than he has been w/his knee. O: Pt performed exers as per flow sheet. THER EX x 50 mins, followed by 10 mins of CP. Total TX x 60 mins. A: Pt conts to progress exer program. Pt shows good motivation. P: Cont per plan of care, as Pt tolerates. Chad Price, PTA #1753 <i>Chad Price</i>	#119937 CP/mjm
02-13-09	VALDERRAMA, YURI S: Pt reports NNC @ this x. O: Pt performed exers as per flow sheet. THER EX x 45 mins, followed by 15 mins CP. Total TX x 60 mins. A: Pt encouraged to cont working hard w/HEP. P: Cont per plan of care, as Pt tolerates. Chad Price, PTA #1753 <i>Chad Price</i>	#119937 CP/mjm
02-16-09	VALDERRAMA, YURI S: Pt reports, "I had a pretty good wkend". Pt encouraged to cont working hard w/his HEP to improve speed & strength. O: Pt performed exers as per flow sheet. THER EX x 50 mins. Total TX x 50 mins. A: Pt conts to struggle w/faster speed on Cybex but other than that he does very well w/all his exers here in THER. Pt shows good understanding of exer program. Pt works hard. P: Cont per plan of care, as Pt tolerates. Chad Price, PTA #1753 <i>Chad Price</i>	#119937 CP/mjm
02-18-09	VALDERRAMA, YURI S: "2/10 pain. It still hurts in my knee". O: 30 mins of THER EX as outlined per flow sheet, followed by 15 mins of CP. A: Tolerated TX well. ↑ing strength. Pt very compliant w/HEP. Pt very motivated to participate in THER. P: Cont to ↑ the strengthening/stretching/proprioception/MHP/CP. Ryan Brackett, MPT #39971 82002674 <i>Ryan Brackett</i>	#119937 RB/mjm

ROCK GROVE PHYSICAL THERAPY

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Spartanburg, SC 29303
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864-587-1921 Fax 864-587-9119

Physical Therapy Progress Note

DATE	PATIENT	ACCT #
01-29-09	VALDERRAMA, YURI	#119937
RE-ASSESSMENT NOTE		
S:	He reports pain is 2-3/10 in the L knee.	
O:	ROM L knee is 0-128. Strength quads are 4/5, hamstrings 3+/5. He performed exers as per flow sheet x 45 mins.	
A:	He tolerated TX well. He reported no pain following TX. Stated that the exers was a good workout. He was given HEP.	
P:	Cont THER EX L knee to ↑ strength. R. Winn Holley, RPT #2169 <i>R. Winn Holley</i> WH/mjm	
02-02-09	VALDERRAMA, YURI	#119937
S:	Conts to c/o discomfort along the medial anterior L knee, especially w/more than 20° of flex.	
O:	Pt rec'd 50 mins of THER EX, working on strengthening w/isometrics & mat activities, along w/some close chain exer. Tried patella taping to see if this would give Pt some relief. Total TX x 60 mins.	
A:	Pt's exer all seems to be determined by Pt's pain level.	
P:	Cont & progress as tolerated. W. Dixon Reaves, PTA #19 <i>W. Dixon Reaves</i> DR/mjm	
02-04-09	VALDERRAMA, YURI	#119937
S:	Pt states that patella taping makes him feel a little bit more secure w/his gait.	
O:	Pt rec'd 45 mins of THER EX, along w/10 mins of ice for total 55 mins TX. Exers cont & Cybex was done today using short arcs @ 30 to 300°/sec rather than isometrics. Knee was retaped per Pt's request.	
A:	Mr. Valderrama appears very anxious to catch his knee before it creates pain. On Cybex Pt does not reach 270°/sec nor 300°/sec for fear he will touch the leg stops & it will cause discomfort.	
P:	Cont & progress as tolerated working on ↑'ing strength. W. Dixon Reaves, PTA #19 <i>W. Dixon Reaves</i> DR/mjm	
02-06-09	VALDERRAMA, YURI	#119937
S:	Pt reports NNC @ this x. Pt said that his knee was a little more sore today than it was yesterday. Does not think that he did anything out of the ordinary to change his normal routine of exers & activities @ home.	
O:	Pt performed exers as per flow sheet. THER EX x 45 mins, followed by 15 mins of CP. Total TX x 60 mins.	
A:	Pt conts to show good motivation. Pt encouraged to cont working hard w/exer program.	
P:	Cont per plan of care, as Pt tolerates. Chad Price, PTA #1753 <i>Chad Price</i> CP/mjm	
201301182002674		

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Duncan SC 29334

(864) 721-0025 - FAX (864) 721-0035

THERAPY PRESCRIPTION

Patient: Yuri L. Valderrama

Diagnosis: s/p left knee arthroscopy

Duration: 4 WKS ☐ UNTIL NEXT MD VISIT 1/1/1

FREQUENCY: ☐ 1 VISIT ONLY ☐ 2 X WK ☐ 3 X WK ☐ 5 X WK

**Evaluate & Treat ☐ TENS Application ☐ Wound Care

☐ FCA (Full) ☐ Edema Therapy ☐ Cybex

PROGRAMS / PROTOCOLS	MODALITIES
☐ Back Rehab Program	☐ E STIM
☐ Cervical Program	☐ Fluidotherapy
☐ Elbow Program	☐ Iontophoresis
☐ Foot/Ankle Program	☐ Moist Heat
☐ Hand Program	☐ Paraffin Bath
☐ Hip Program	☐ Soft Tissue MASS
☐ **Knee Program	☐ Traction
☐ Shoulder Program	☐ Ultrasound
☐ Spinal Stabilization Program	☐

THERAPEUTIC EXERCISE	
☐ AROM	☐ AAROM
☐ Eccentric	☐ Isometric
☐ PROM	☐ Proprioceptive

COMMENTS: Patient needs to attend formal therapy at least 2 times a week.
Since Cybex test 12/4/08 to 1/22/09, strength has decreased by approximately 30%.

Physician's Signature

1/26/09

Date

201301182002674

12/16/2008 11:20

(FAX)

P.009/030

North Grove Physical Therapy
Progress Note/ Discharge Summary

Date: 12-1-08 Patient: Yuri Valdez Acct #: 114937
 MD: Black DX: ① knee scope partial meniscus
 DOS: 7-16-08

IE: 7-18-08 Visits: 38 Cancellations: _____ No Shows: _____

Subjective:

Pt. stated pain 3/10 on 11-20-08 and "not much change."

Objective:

SCANNED

ROM/STRENGTH:

<u>7</u> <u>18/08</u>	<u>9</u> <u>130/08</u>	<u>1</u> <u>1</u>
<u>0° → 80°</u>	<u>0° → 130°</u>	
<u>quads 4/5</u>	<u>4/5</u>	
<u>hams 3 1/2</u>	<u>4 1/2</u>	

Received gentle resistance ex, station Treadmill, Hydrus,
CRC ex, ice.

Last visit was 11-24-08.

Patient Progressing? yes no

Patient Effort Level: Needs improvement Satisfactory

P.T. Recommendation:

- ☐ Continue current POC progressing with/ into functional activities
- ☒ MD Review / RE- Assessment
- ☐ D/C to HEP
- ☐ _____

Revised FA 19 Brian Halley MD Appt: 12-4-08
#2167

201301182002674

314

213

12/16/2008 11:19

(FAX)

P.005/030

O.A. Physical Therapy Orders

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115 Deacon Tiller Court, Ste 1
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THERAPY PRESCRIPTIONPatient: Yuri L ValderramaDiagnosis: S/P knee arthroscopyDuration: 4 WKS ☐ UNTIL NEXT MD VISIT / /FREQUENCY: ☐ 1 VISIT ONLY ☐ 2 X WK ☒ 3 X WK ☐ 5 X WK☐ Evaluate & Treat☐ TENS Application☐ Wound Care☐ FCA (Full)☐ Edema Therapy☐ Cybex**PROGRAMS / PROTOCOLS**

- ☐ Back Rehab Program
☐ Cervical Program
☐ Elbow Program
☐ Foot/Ankle Program
☐ Hand Program
☐ Hip Program
☐ Knee Program
☐ Shoulder Program
☐ Spinal Stabilization Program

MODALITIES

- ☐ E STIM
☐ Fluidotherapy
☐ Iontophoresis
☐ Moist Heat
☐ Paraffin Bath
☐ Soft Tissue MASS
☐ Traction
☐ Ultrasound

THERAPEUTIC EXERCISE☐ AROM☐ Eccentric☐ PROM☐ AAROM☐ Isometric☐ Proprioceptive

COMMENTS:

Cybex test in 6 weeks

____ Dr. Black

201301182002674

315

24

12/16/2008 11:19

(FAX)

P.006/030

08

Physician's Signature

12-4-

Date

201301182002674

316

215

12/16/2008 11:22

(FAX)

P.014/030

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864-582-0019 Fax 864-582-2160

115 Deacon Tiller Court, Suite 2
Duncan, SC 29334
864-587-1921 Fax 864-587-9119

PHYSICAL THERAPY DAILY NOTES

DATE	PATIENT	ACCT#
11-13-08	VALDERRAMA, YURI	#119937
	S: "2/10 pain. It really does not hurt as much as it used to. It must be a good day".	
	O: 30 mins of THER EX as per flow sheet, followed by 6 hr Hybresis patch w/Dex.	
	A: Instructed & Issued 6 hr Hybresis patch for home.	
	P: Cont strengthening/flexibility/modalities.	
	Ryan Brackett, RPT #3997	RB/mjm
11-18-08	VALDERRAMA, YURI	#119937
	S: He reports still having some pain in the knee. Rates it 2-3/10 presently.	
	O: He performed exers as per flow sheet x 35 mins, followed by ice x 10 mins. Total TX x 55 mins.	
	A: He tolerates TX well. Strength is improving. HE was able to do single limb toe, heel raises.	
	P: Cont THER EX L knee to ↑ strength.	
	R. Winn Holley, PT #2169	WH/mjm
11-20-08	VALDERRAMA, YURI	#119937
	S: "3/10 pain. The pain is still there in my knee. There is not much change".	
	O: 40 mins of THER EX as per flow sheet, followed by 15 mins of CP.	
	A: ↑'ing strength in the LLE. ↑'d pain w/squatting & Pt able to tolerate TX well.	
	P: Cont to ↑ the strengthening/endurance/flexibility/modalities.	
	Ryan Brackett, RPT #3997	RB/mjm
11-24-08	VALDERRAMA, YURI	#119937
	S: Pt states pain is 2.5/10 but was worse on Saturday. States he is performing his HEP.	
	O: Pt rec'd 35 mins of THER EX & 10 mins of ice for total 45 mins TX. Wts as noted on flow sheet.	
	A: Pt worked diligently in PT & is definitely showing improvement in technique.	
	P: Cont as ordered.	
	Dixon Reaves, PTA #19	DR/mjm

201301182002674

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12/16/2008 11:23

(FAX)

P.015/030

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PHYSICAL THERAPY DAILY NOTES

DATE	PATIENT	ACCT#
10-29-08	VALDERRAMA, YURI	#119937
S:	4/10 pain. It still hurts whenever I squat or do steps. The MD said to come back & do some more THER for some more wks.	
O:	30 mins of THER EX as per flow sheet, followed by 15 mins of CP. AROM is 0-135°. Manual muscle strength for L hip flex is 4/5, -4 for abduction & knee flex, ext is 4. 5 for ankle, foot. Trace of swelling. 4/10 pain scale.	
A:	↓d endurance. ↓d strength. ↑d pain w/functional activities. ↓d flexibility.	
P:	↑ strengthening per quads & modalities & Cybex machine. Ryan Brackett, RPT #3997	
		RB/mjm 3997
11-04-08	VALDERRAMA, YURI	#119937
S:	3/10 pain. It still hurts on the inside of my knee. It is not all the way healed.	
O:	30 mins of THER EX as per flow sheet, followed by 15 mins of CP.	
A:	Tolerated TX well. ↓d quad strength/endurance.	
P:	Cont to ↑ the strength/modalities/endurance. Ryan Brackett, RPT #3997	
		RB/mjm 3997
11-06-08	VALDERRAMA, YURI	#119937
S:	1-2/10 pain. It is a good day. It does not hurt that much & it hurts less when it is not cold.	
O:	40 mins of THER EX as per flow sheet, followed by 15 mins of CP.	
A:	Tolerated TX well. ↑ing strength/endurance.	
P:	Cont ROM/strengthening/modalities/endurance training. Ryan Brackett, RPT #3997	
		RB/mjm 3997
11-11-08	VALDERRAMA, YURI	#119937
S:	I am not having a good day. My L knee hurts. It is a 6/10. The pain kind of comes & goes.	
O:	30 mins of THER EX as per flow sheet, followed by 15 mins of direct 6 hr Hybresis patch, 2 ml of Dex.	
A:	Instructions issued & explained the 6 hr Hybresis patch. Pt tolerated TX well. Not much change in signs & symptoms following THER.	
P:	↑ strengthening/modalities. Ryan Brackett, RPT #3997	
		RB/mjm 3997

201301182002674

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12/16/2008 11:27

North Grove Physical Therapy, LLC (FAX)

P.024/030

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Physical TherapyProgress Note / Discharge SummaryDate: 10/29/08 Patient: Yuri Valderrama Acct #: 119937MD: Black DX: (L) knee scopeDOS: 7/16/08IE: 7/18/08 Visits: 31 Cancellations: 0 No Shows: 0Subjective: It still hurts when I squat &

Objective:

ROM/STRENGTH:

10/29/08	1/1	1/1
0-135°		
4 Rep. - H&A		
4 Rep. - 1.5 Ant		
trace swelling		
- Anterior pain		
4/10		

1. ↑ Ant > 1/2 grade (L) LE
2. 5 trace swelling
3. Return functional activities < 4/10 (L) knee pain

Patient Progressing? ☒

Patient Effort Level:

☐ Needs encouragement☒ Satisfactory

P.T. Recommendation:

Continue with PT - improving functional activities

MD Review the treatment

Date: 10/29/08

R. Braxton PT

201301182002674

319

12/16/2008 11:19

(FAX)

P.007/030

• *O.A. Physical Therapy Orders*

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Spartanburg SC 29303
(864) 582-6396 - FAX (864) 542-2939115 Deacon Tiller Court, Ste 1
Duncan SC 29334
(864) 721-0025 - FAX (864) 721-0035

THERAPY PRESCRIPTION

Patient: Yuri L Valderrama

Diagnosis: _____

Duration: _____ WKS ☐ UNTIL NEXT MD VISIT ____/____/____FREQUENCY: ☐ 1 VISIT ONLY ☐ 2 X WK ☐ 3 X WK ☐ 5 X WK☐ Evaluate & Treat ☐ TENS Application ☐ Wound Care☐ FCA (Full) ☐ Edema Therapy ☐ Cybex

PROGRAMS / PROTOCOLS

- ☐ Back Rehab Program
☐ Cervical Program
☐ Elbow Program
☐ Foot/Ankle Program
☐ Hand Program
☐ Hip Program
☐ Knee Program
☐ Shoulder Program
☐ Spinal Stabilization Program

MODALITIES

- ☐ E STIM
☐ Fluidotherapy
☐ Iontophoresis
☐ Moist Heat
☐ Paraffin Bath
☐ Soft Tissue MASS
☐ Traction
☐ Ultrasound

THERAPEUTIC EXERCISE

- ☐ AROM ☐ AAROM
☐ Eccentric ☐ Isometric
☐ PROM ☐ Proprioceptive

COMMENTS: _____ 1. Cont. strengthening quad

_____ 2. Cybex now and in 6 weeks before appt. with Dr. Black

____ Dr. Black

Physician's Signature

____ 10-23-08

Date

201301182002674

320

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North Grove Physical Therapy
Progress Note/Discharge Summary

Date: 10-22-08 Patient: Yuri Velderman Acct #: 119937
 MD: Black DX: (L) knee scope, partial med meniscectomy

DOS: 7-16-08

IE: 7-18-08 Visits: 30 Cancellations: 0 No Shows: 0

Subjective:

Constant @ pain 3/10 at medial art patella. Has to hold knee
when climbing stairs. Ant. pain med. working full time
light duty.

Objective:

ROM/STRENGTH:

<u>8/18/08</u>	<u>9/13/08</u>	<u>10/12/08</u>
<u>0° → 117°</u>	<u>0° → 130°</u>	<u>0° → 135°</u>
		<u>quad 1/5</u>
		<u>hamstrings 1/5</u>

Receiving gentle strengthening, CICA ap.

Patient Progressing? ☒ yes ☐ no

Patient Effort Level: ☐ Needs improvement ☒ Satisfactory

P.T. Recommendation:

- ☐ Continue current POC progressing with/ into functional activities
- ☒ MD Review / RE- Assessment
- ☐ D/C to HEP
- ☐ Slow ↑ in strength.

Revised PTA 19/10/08 Next MD Appt: 10-28-08

201301182002674

12/16/2008 11:23

(FAX)

P.016/030

North Grove Physical Therapy, LLC

330 Boiling Springs Rd. Suite 1600-B
Spartanburg, SC 29303
864-582-0019 Fax 864-582-2160

115 Deacon Tiller Court, Suite 2
Duncan, SC 29334
864-587-1921 Fax 864-587-9119

PHYSICAL THERAPY DAILY NOTES

DATE	PATIENT	ACCT#
10-09-08	VALDERRAMA, YURI S: He reports still having some pain in the L knee along the medial JT line. O: He performed exers as per flow sheet x 45 mins, followed by ice x 10 mins. A: Strength is improving. Progressed to single limb stance w/ball toss & retro gait on treadmill. P: Cont THER EX L knee to ↑ strength & ROM. Modalities to ↓ pain. R. Winn Holley, PT #2169 <i>[Signature]</i>	#119937 WH/mjm
10-14-08	VALDERRAMA, YURI S: "2/10 pain. It still hurts @ x's, but it is not hurting as much as it was in the past". O: 45 mins of THER EX as per flow sheet, followed by 15 mins of CP. A: Excellent ROM. ↓'d strength/endurance. ↑'d pain w/certain ROM. P: Cont to ↑ strength, flexibility, endurance & modalities. Ryan Brackett, RPT #3997 <i>[Signature]</i>	#119937 RB/mjm
10-16-08	VALDERRAMA, YURI S: Pt conts to have discomfort but performs his HEP. O: Pt rec'd 45 mins of THER EX along w/10 mins of ice for 55 mins TX. Exers as per flow sheet. Needed some help w/proper technique. A: Weakness conts. Pt performed some ball, wall exer-today. P: Cont as ordered. Dixon Reaves, PTA #19 <i>[Signature]</i>	#119937 DR/mjm
10-21-08	VALDARRAMA, YURI S: "2-3/10 pain. It still hurts @ certain x's w/certain motions, but it feels as though things are improving w/my L knee". O: 30 mins of THER EX as per flow sheet, followed by 15 mins of CP. A: Tolerated TX well. P: Cont to ↑ strength of vastus medialis/flexibility/modalities. Ryan Brackett, RPT #3997 <i>[Signature]</i>	#119937 RB/mjm
10-22-08	VALDERRAMA, YURI S: Conts w/pain on the medial & anterior knee. Working light duty, full-time. Pain 3/10. O: Exers conts x 40 mins of THER EX + 10 mins of ice for 50 mins TX. Wt ↑'d as noted on chart. Pt to see MD tomorrow. P: Await further instructions. Dixon Reaves, PTA #19 <i>[Signature]</i>	#119937 DR/mjm

201301182002674

12/16/2008 11:20

(FAX)

P.008/030

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1330 Boiling Springs Road, Suite 1600

115 Deacon Tiller Court, Ste 1

Spartanburg SC 29303

Duncan SC 29334

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(864) 721-0025 - FAX (864) 721-0035

THERAPY PRESCRIPTIONPatient: Yuri L ValderramaDiagnosis: left knee painDuration: 4 WKS ☐ UNTIL NEXT MD VISIT / /FREQUENCY: ☐ 1 VISIT ONLY ☐ 2 X WK ☒ 3 X WK ☐ 5 X WK**Evaluate & Treat ☐ TENS Application ☐ Wound Care☐ FGA (Full) ☐ Edema Therapy ☐ Cybex

PROGRAMS / PROTOCOLS	MODALITIES
☐ Back Rehab Program	☐ E STIM
☐ Cervical Program	☐ Fluidotherapy
☐ Elbow Program	☐ Iontophoresis
☐ Foot/Ankle Program	☐ Moist Heat
☐ Hand Program	☐ Paraffin Bath
☐ Hip Program	☐ Soft Tissue MASS
☐ **Knee Program	☐ Traction
☐ Shoulder Program	☐ Ultrasound
☐ Spinal Stabilization Program	☐

THERAPEUTIC EXERCISE
☐ AROM ☐ AAROM
☐ Eccentric ☐ Isometric
☐ PROM ☐ Proprioceptive

 COMMENTS: _____


 Physician's Signature

10/2/08
 Date

201301182002674

323

222

12/16/2008 11:24

(FAX)

P.017/030

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PHYSICAL THERAPY DAILY NOTES

DATE	PATIENT	ACCT#
09-25-08	VALDERRAMA, YURI	#119937
S:	"3-4/10 pain. My knee hurts much worse after I have been working all day walking around w/these boots on my feet".	
O:	45 mins total, 30 mins of THER EX as per flow sheet, followed by 15 mins of CP. Pt is very tender to palpate the anterior knee @ patella.	
A:	Tolerated TX well. Instructed Pt is proper footwear @ work. Pt demos excellent ROM.	
P:	Cont PT plan of care & modalities pm.	
	Ryan Brackett, RPT #3997	RB/mjm

09-29-08	VALDERRAMA, YURI	#119937
S:	Pt states, "My knee feels better today. Not much pain. It is 3/10 pain scale".	
O:	30 mins of THER EX as per flow sheet, followed by 15 mins of CP.	
A:	Pt demos excellent ROM. Much less pain during THER & tolerated TX well.	
P:	Cont PT plan of care.	
	Ryan Brackett, RPT #3997	RB/mjm

09-30-08	VALDERRAMA, YURI	#119937
S:	Pt states, "3/10 pain. Inside of my knee still hurts. It feels okay but the inside of my knee still hurts".	
O:	30 mins of THER EX as per flow sheet, followed by 15 mins of CP. As far as ROM 0-135 on the L knee. Girth mid patella on L is 37.5 cm. 3" above the patella is 38.5 cm.	
A:	Tolerated TX well. Pt instructed in extensive HEP & voiced understanding of the HEP. The Pt is also instructed when returning back to work to watch the lifting & watch the twisting motions.	
P:	Pt is to return to MD & await further instructions per MD.	
	Ryan Brackett, RPT #3997	RB/mjm

10-07-08	VALDERRAMA, YURI	#119937
S:	He c/o pain inside his knee. States that the MD told him his meniscal tear was fairly large & is going to take x to heal.	
O:	He performed exers as per flow sheet x 40 mins.	
A:	He tolerated TX well.	
P:	Cont THER EX L knee to ↑ strength & ROM. Modalities as needed.	
	R. Winn Holley, PT #2169	WH/mjm

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12/16/2008 11:26

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P.022/030

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Spartanburg, SC 29303
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115 Deacon Tiller Court, Suite 2
Duncan, SC 29334
864-587-1921 Fax 864-587-9119

PHYSICAL THERAPY DAILY NOTES

DATE	PATIENT	ACCT#
09-11-08	VALDERRAMA, YURI	#119937
	S: Pt states, "My knee does not hurt as much as it did the last x. It is 2/10 pain".	
	O: 45 mins of THER EX as per flow sheet, followed by 15 mins for the Hybresis @ 1.5 ml of Dex @ 80 millamps/min.	
	A: Pt is instructed to keep the Hybresis patch on x 2 hrs & perform Ice MASS x 15 mins @ home, following the Hybresis patch.	
	P: Cont PT plan of care & modalities pm. Ryan Brackett, RPT #3997	RB/mjm
	<i>Ryan Brackett RPT 3997</i>	
09-16-08	VALDERRAMA, YURI	#119937
	S: 3/10 pain. "The med patch tried last x helped my knee w/less pain now in my knee".	
	O: 30 mins of THER EX as per flow sheet, followed by 15 mins of Hybresis 80 millamps/min, 1.5 ml of Dex. Pt sent home x 2 hrs w/med patch.	
	A: ↓'d signs & symptoms following THER. Pt tolerated TX well.	
	P: Cont PT plan of care & modalities as tolerated. Ryan Brackett, RPT #3997	RB/mjm
	<i>Ryan Brackett RPT 3997</i>	
09-18-08	VALDERRAMA, YURI	#119937
	S: "2/10 pain. It feels okay today".	
	O: 15 mins of THER EX, followed by 10 mins of U/S 0.9 watts/cm sq, 3.3 mega hz, 50% to L anterior knee, followed by 15 mins of ice MASS. Pt is very tender to palpate the patella tendon.	
	A: Point tender to palpate the patella tendon. Tolerated TX well.	
	P: Cont PT plan of care & modalities pm. Ryan Brackett, RPT #3997	RB/mjm
	<i>Ryan Brackett RPT 3997</i>	
09-23-08	VALDERRAMA, YURI	#119937
	S: Pt states, "3/10 pain. My knee still hurts on the inside of my knee".	
	O: 10 mins of THER EX, followed by 10 mins U/S @ 0.7 watts/cm sq @ 50%, followed by 15 mins of CP.	
	A: Tolerated TX well. ↓ in signs & symptoms following THER.	
	P: Cont PT plan of care & modalities as tolerated. Ryan Brackett, RPT #3997	RB/mjm
	<i>Ryan Brackett RPT 3997</i>	

201301182002674

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224

12/16/2008 11:27

(FAX)

P.023/030

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Duncan, SC 29334
864-587-1921 Fax 864-587-9119

PHYSICAL THERAPY DAILY NOTES

DATE	PATIENT	ACCT#
08-27-08	VALDERRAMA, YURI S: Pt reports, "I am still having some pain in the medial part of my knee w/some activities, but overall feel like I am improving". O: Pt performed exers as per flow sheet. THER EX x 45 mins, followed by 15 mins of ice. Total TX x 60 mins. A: Pt conts to show good motivation. Pt encouraged to cont working hard w/HEP. P: Cont per plan of care, as Pt tolerates. Chad Price, PTA #1753 <i>in clinic 08/27/08</i>	#119937 CP/mjm
08-28-08	VALDERRAMA, YURI S: He reports that his L knee feels good today. No pain. O: He performed exers as per flow sheet x 50 mins, followed by ice x 10 mins. Total TX x 60 mins. A: Strength is improving. Progressing in balance. P: Cont THER EX L knee to ↑ strength & stability. R. Winn Holley, PT #2169 <i>R. Winn Holley</i>	#119937 WH/mjm
09-02-08	VALDERRAMA, YURI S: "Still hurts sometimes to move my knee but my knee seems to be getting better each day". O: Pt performed 45 mins of THER EX as per flow sheet, followed by 15 mins of ice. A: Pt has excellent ROM but ↓ strength. P: To cont THER EX as per flow sheet & modalities as needed. Ryan Brackett, PT # 3997 <i>Ryan Brackett</i>	#119937 RB/mjm
09-04-08	VALDERRAMA, YURI S: "Feeling pretty good". Pt c/o 3/10 pain. O: Pt performed THER EX as per flow sheet x 45 mins & we had to ↓ wt from 5# to 3# 2nd to ↑ of pain, followed by CP x 15 mins. ROM is 0-130. A: C/O ↑ in pain during ROM w/↑ wt. P: Cont PT plan of care. Ryan Brackett, RPT #3997 <i>Ryan Brackett</i>	#119937 RB/mjm
09-09-08	VALDERRAMA, YURI S: "My knee hurts really bad today. It is 7/10 pain. I think it started hurting from working all day. I want to take it easy today in-THER". O: AAROM of SLR supine, quad sets & we did gentle patella MOB's, followed by Hybresis x 80 milliamps/min, 1.5 ml of Dex @ the patella tendon area. Tender to palpate patella tendon. A: Instructed in Ice MASS. Pt reports slightly less pain following THER. P: Cont modalities pm & THER EX as per knee scope. Ryan Brackett, RPT #3997 <i>201301182002674</i>	#119937 RB/mjm

12/16/2008 11:26

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1330 Bolling Springs Rd., Suite 1600-B
 1330 Bolling Springs Rd., Suite 1600-B
 Spartanburg, SC 29303
 864-582-0019 Fax 864-582-2160

115 Deacon Tiller Court, Suite 2
 Duncan, SC 29334
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Physical Therapy

Progress Note / Discharge Summary

Date: 8/30/08 Patient: Yuri Valderrama Acct #: 119937
 MD: Black DX: ① knee scope partial med meniscus
 DOS: 7/16/08
 IE: 7/16/08 Visits: 24 Cancellations: _____ No Shows: _____

Subjective: "Hurts a little on inside of my knee."

Objective:

ROM/STRENGTH:

	8/18/08	9/30/08	1/1
	0-117 ①	0-130-5	
	0-125 ①	0-135	
	4 to 4+	Same	
Mid patella	① 37cm ② 37.5cm	① 37.5cm ② 38cm	
3" above patella	① 39.5cm ② 42cm	① 38.5cm ② 39cm	

3/10 Still hurts on inside of my knee. I think I went back to work too soon.

Patient Progressing?

☒ Yes☐ No

Patient Effort Level:

☐ Needs Improvement☒ Satisfactory

P/T Recommendation:

☐ Continue current POC, progressing to include functional activities☒ MD Review / re-assessment☐ Ref to HEP

201301182002674

RP Nader ST

Next MD App: _____

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1330 Boiling Springs Road, Suite 1600
Spartanburg SC 29303
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(864) 721-0025- FAX (864) 721-0035

THERAPY PRESCRIPTION

Patient: Yuri L Valderrama

Diagnosis: _____

Duration: _____ WKS ☐ UNTIL NEXT MD VISIT ____/____/____

FREQUENCY: ☐ 1 VISIT ONLY ☐ 2 X WK ☐ 3 X WK ☐ 5 X WK

☐ Evaluate & Treat ☐ TENS Application ☐ Wound Care

☐ FCA (Full) ☐ Edema Therapy ☐ Cybex

PROGRAMS / PROTOCOLS	MODALITIES
☐ Back Rehab Program	☐ E STIM
☐ Cervical Program	☐ Fluidotherapy
☐ Elbow Program	☐ Iontophoresis
☐ Foot/Ankle Program	☐ Moist Heat
☐ Hand Program	☐ Paraffin Bath
☐ Hip Program	☐ Soft Tissue MASS
☐ Knee Program	☐ Traction
☐ Shoulder Program	☐ Ultrasound
☐ Spinal Stabilization Program	

THERAPEUTIC EXERCISE

☐ AROM ☐ AAROM ☐ Isometric ☐ Proprioceptive
☐ Eccentric ☐ PROM

COMMENTS: Cont. PT for one more week of strengthening then transition to home program

Dr. Black
Physician's Signature

8-21-08
Date

1330 Boiling Springs Rd., Suite 1600-B
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864-582-0019 Fax 864-582-2160

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Physical Therapy

Progress Note / Discharge Summary

Date: 8/18/08 Patient: Yuri Valderrama Acct #: 189937
MD: Dr. Black DX: ① knee scope, for partial mm
DOS: 7/16/08

IE: 7/18/08 Visits: 12 Cancellations: _____ No Shows: _____

Subjective: Patient still c/o pain 4-5/10
in ① patella tendon & medial/lateral
knee region, with red activities, although,
Objective: he has been ring his activities throughout the
day.

ROM/STRENGTH:	7/23/08	8/18/08	
① knee ext	0 → 110° 0 supine	0 → 117°	} Prone
② knee		0 → 125°	
③ quad	4/5	4 ⁺ /5	} Isometrically
④ hamstrings	3 ⁺ /5	4/5	

girth: mid patella: ②: 37.5cm ①: 37cm
3" above " : ③: 42cm ①: 39.5cm

Gait: _____

Pain to Palpation: _____

sensation: intact to light touch

Patient Progressing? ☒ Yes ☐ No

mild patella
restriction c
All directions.

Patient Effort Level: _____

☐ Needs Improvement

☒ Satisfactory

P.T. Recommendation: _____

will benefit from
strengthening
program.

☐ Continue current POC, progressing with/into functional activities

☒ MD Review / re-assessment

☐ D/C to HEP

☐ will see m.p. this week. await
of Dr. Black's new orders.

Kai Aboulion, P.T. 5465

Next MD Appt: 8/21/08

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PHYSICAL THERAPY DAILY NOTES

DATE	PATIENT	ACCT#
08-12-08	VALDERRAMA, YURI	#119937
S: He reports still having some pain inside the JT of the L knee. O: He performed exers as per flow sheet, followed by ice x 10 mins. He began wall slides today. The pain he is experiencing is along the JT line more medial than lateral & also under the patella. Still minimal JT effusion present. A: He tolerated TX well. ROM is 0-135°. P: Cont THER EX to ↑ strength L knee. R. Winn Holley, PT #2169 <i>R. Winn Holley PT</i> WH/mjm		
08-14-08	VALDERRAMA, YURI	#119937
S: Pt comes to the clinic & reports that his pain is about 5-6/10 today. He still has difficulty w/pain in infrapatella & patella tendon region. C/o crepitus & grinding sensation in the L knee, especially w/walking & he is limited w/the ROM. O: No evidence of swelling, ecchymosis or abnormalities noted @ this point. Total TX x 50 mins. This included 10 mins of manual THER for patella MOB @ 45° angle in seated position to L knee region. Also I instructed him to do patella MOB @ 0° angle w/knee straight @ home. Performed exers in the gym. We ↑'d balance activities to his tolerance. Ice post exers. A: Pt did well w/the exers but had pain in patella MOB & knee bent in prone position. He voiced his concern re if he could do things in the future. I told him to speak to Dr. Black re this matter. P: Cont PT & work on strengthening & ROM exers to tolerance. Kai Aboulion, PT #5465 <i>Kai Aboulion P.T.</i> KA/mjm		

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PHYSICAL THERAPY DAILY NOTES

DATE	PATIENT	ACCT#
07-30-08	VALDERRAMA, YURI S: Pt w/NNC. O: 55 mins total TX x, 45 mins THER EX. Exer as per flow sheet, adding wt shifting today x 30 reps. Ice x 10 mins following TX. P: Cont & progress as tolerated. Melissa Dunn, RPTA #531	#119937 MD/mjm
08-01-08	VALDERRAMA, YURI S: Pt presents today stating he feels that he is cont'ing to improve. Today he states that his pain level w/o meds is in 2-3/10 range. O: Pt rec'd TX for total of 55 mins which included 45 mins of THER EX, followed by 10 mins of ice. THER EX as outlined on flow sheet. Pt shows an AROM today from 0-130° supine. A: Pt tolerated procedure well. P: Will see back as ordered. C. Edward Gibson, PT #109	#119937 EG/mjm
08-05-08	VALDERRAMA, YURI S: Pt said his knee is feeling better. He has been walking a little bit w/o his crutch but he feels like he might be able to go w/o a little bit more & I encouraged him to do so. O: Pt performed exers as per flow sheet x 45 mins, then rec'd CP x 10 mins. ROM 0-130°. He also ambulated throughout the dept w/o using his crutches & had no limp & walked very smoothly. A: Doing well. P: Cont & progress as tolerated. Beverly Davis, RPT #1998	#119937 BD/mjm
08-08-08	VALDERRAMA, YURI S: Pt said his knee still feels a little strange to him w/a little bit of discomfort & some weakness. However, in general he feels he is doing much better. O: Pt performed exers as per flow sheet for total of 45 mins of THER EX. Today he was able to ↑ the resistance on the bike & also ↑ the wts for most of his mat exers. ROM is 0-132°. He rec'd ice x 10 mins after THER EX. A: Pt is doing very well. P: Cont @ least thru next wk & he will see the MD the wk after that. Beverly Davis, RPT #1998	#119937 BD/mjm
08-07-08	VALDERRAMA, YURI S: Pt states he still has some medial knee pain but feels overall he is improving. O: Pt rec'd 35 mins of THER EX along w/10 mins of ice for 45 mins TX. Wt was ↑'d to 4# for most mat activities. Pt began wobble board, unistance w/plio ball 2# & began NK isometric ext & also performed NK flex w/30#. Ice post. A: Worked very diligently in PT & performed w/good technique. P: Cont as ordered working on ↑'d strength & range. Dixon Reaves, PTA #19	#119937 DR/mjm

Nc Grove Physical Therapy, C

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 Spartanburg, SC 29303
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PHYSICAL THERAPY DAILY NOTES

DATE PATIENT

ACCT#

07-21-08

VALDERRANMA, YURI

#119937

- S: He reports still having some swelling in the L knee, some pain w/flex.
 O: He rec'd ice x 10 mins followed by exers as per flow sheet. Progressed to 1# wt for SLRs, 2@ wt for S/LAQs, toe & heel raises in standing & cycling on UBE manual level 2 x 10 mins. ROM improved to 108° of flex, 0° ext. Exers were followed by ice x 10 mins.
 A: ROM is improving. Strength is improving L knee.
 P: Cont THER EX L knee to ↑ strength & ROM. Modalities as needed.
 R. Winn Holley, PT #2169

WH/mjm

07-23-08

VALDERRAMA, YURI

#119937

- S: Pt states today that he is essentially unchanged. He states that his pain level when he takes his pain med is 3/10, when not taking it, it is 7/10.
 O: Pt conts Rx as ordered. Total TX x 50 mins w/40 mins of THER EX, 10 mins of ice applied following exers.
 A: Pt tolerated procedure well.
 P: Pt will be cont'd as ordered following visit tomorrow w/Dr. Black.
 C. Edward Gibson, PT #109

Eddie Gibson RPT #109 EG/mjm

07-28-08

VALDERRAMA, YURI

#119937

- S: Pt presents today stating that he is feeling considerably better. He states today that his pain w/his meds is down to 2/10, w/o his meds is 4/10. He shows an AROM supine from 0-124°.
 O: Pt rec'd THER EX for a total of 45 mins, followed by 10 mins of ice. Exers are outlined on flow sheet.
 A: Pt tolerated procedure well.
 P: Will cont as ordered.
 C. Edward Gibson, PT #109

Eddie Gibson RPT #109 EG/mjm

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Spartanburg, SC 29303
864-582-0019 Fax 864-582-2160

115 Deacon Hill Court, Suite 2
Duncan, SC 29334
864-587-1921 Fax 864-587-9119

Physical Therapy
Progress Note / Discharge Summary

Date: 23 July 2008 Patient: YURI VALDERAMMA Acct #: 119937
MD: BLACK DX: KNEE SCOPE PARTIAL MENISCECTOMY
DOS: 7-16-08

IE: 7-18-08 Visits: 3 Cancellations: 0 No Shows: 0

Subjective: STATES PAIN 3/10 with medication, 7/10 without medication

Objective:

ROM/STRENGTH:	7/18/08	7/23/08	1	1
(E) Knee	0° → 80°	0° → 110°		
(E) QUAD	4/5	4/5		
HAMSTR	3+1/5	3+1/5		

DIAGNOSIS

Patient Progressing?

☒ Yes

☐ No

Patient Effort Level:

☐ Needs Improvement

☒ Satisfactory

P/T Recommendation:

☒ Continue current POC, progressing with/into functional activities

☒ MD Review / re-assessment

☐ D/C to HEP

☐

Eddie L. L. RPT #109

Next MD Appt: 7-24-08

THERAPY INITIAL EVALUATION AND PLAN OF CARE

Patient YURI L VALDEERRAMA Acct 119987 DOS 7-16-08
 MD BLACK DX Ⓛ Knee Arthroscopy PARTIAL MED MENISECTOMY

Subjective:
 History: Treated Ⓛ knee lifting something at work 6-08
had scope Ⓛ knee 7-16-08
 Prior Level Of Function: no pain Ⓛ knee prior to 6-08

PMHx: non-contributory

Allergies:
NKA

Objective: Repir-low tortab. Phenogan
 Observation: 38 yr old ♂ w knee arthroscopy
ambulatory & apillary walking

Neurology:

ROM Ⓛ Knee 0° → 80°

Strength Ⓛ Quads 4/5
Hamstrings 3 1/5

Special Tests:

Assessment:

Functional Problem:

↓ joint 2° pain weakness, ↓ ROM Ⓛ knee
following arthroscopy

Short-Term Goals:

↑ ROM Ⓛ knee 50°
↑ strength Ⓛ knee 1-2 mm grades

Long-Term Goals:

Ⓛ CHED
5/5 strength Ⓛ knee 0° → 130° ROM Ⓛ knee
Ⓛ govt to RD level & stairs

Prognosis For Attainment Of Goals:

good for stated goals
Modalities to ↓ pain & edema

Plan:

Ther ex, pt mnt to ↑ ROM, strength & function Ⓛ knee

R. W. Hall, RPT
 Therapist #2169

Date 7-18-08

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(864) 582-6396 - FAX (864) 542-2939

115 Deacon Tiller Court, Ste 1
Duncan SC 29334
(864) 721-0025- FAX (864) 721-0035

THERAPY PRESCRIPTION

Patient: Yuri L. Valderrama

Diagnosis: left knee scope

Duration: 4 WKS

☐ UNTIL NEXT MD VISIT / /

FREQUENCY: ☐ 1 VISIT ONLY ☐ 2 X WK ☐ 3 X WK ☐ 5 X WK

**Evaluate & Treat ☐ TENS Application ☐ Wound Care

☐ FCA (Full)

☐ Edema Therapy

☐ Cybex

PROGRAMS / PROTOCOLS

- ☐ Back Rehab Program
- ☐ Cervical Program
- ☐ Elbow Program
- ☐ Foot/Ankle Program
- ☐ Hand Program
- ☐ Hip Program
- ☐ **Knee Program
- ☐ Shoulder Program
- ☐ Spinal Stabilization Program

MODALITIES

- ☐ E STIM
- ☐ Fluidotherapy
- ☐ Iontophoresis
- ☐ Moist Heat
- ☐ Paraffin Bath
- ☐ Soft Tissue MASS
- ☐ Traction
- ☐ Ultrasound

THERAPEUTIC EXERCISE

- ☐ AROM
 - ☐ Eccentric
 - ☐ PROM
- ☐ AAROM
 - ☐ Isometric
 - ☐ Proprioceptive

COMMENTS: _____

Physician's Signature

7/14/08
Date

Recent:

North Grove Physical Therapy

1330 Boring Springs Rd

Seite 1600B

Spartanburg SC 29303

PH.864-582-0019 Fax:864-582-2160

15 October 1968

Sure?

Duncan SC 29344

Ph 864-587-1921 Fax 864-587-9119

Date:

3/27/09

Total Treatment/Exercise Time:

5 ans

PRO II

L4I

10 m

NK flex

50

x30

NK cell

45

x30

balance board

5 in

bull toss

#2. 31

x50

TKE.

میں نے

٤٣٠

Squats / heel raise

3.

3.

Stembouitz

230

Gr push-pull

#3

43a (E)

TR and WA/K

5 mi

1336

ON

Therapist Initials:

25

Patient Name: Yuri Valderama

Diagnosis: Knee scope & weakness

DOI/DOS: 7-16-08

Acct. # 119937

Recert:

North Grove Physical Therapy

3330 Spring Springs Rd

Suite 1600B

Spartanburg SC 29303

PH 864-582-0019 Fax 864-582-2160

3330 Spring Springs Rd

Suite 2

Duncan SC 29344

Ph 864-587-1921 Fax 864-587-0110

Date:	3/10/09	3-12-09	3-18-09	3/19/09	3/20/09	3/23/09	3/26/09
Total Treatment/Exercise Time:	50m	60 50	50 TX 50 EX	25 50m	50m	60m	55m
PRO II	L3I 10m	L4E 10'	L4I 10'	ML4 10m	IL4 10m	IL4 10m	L4E 10m
IK flex	50 x30	50 30	50H 30V	#50 x30	50 x30	50 x30	50 x30
NK ext	45 x30	45 30	46H 30V	40 x30	45 x30	45 x30	45 x30
balance board	5m	5'	5"	5m	5m	5m	5m
ball toss	#2 x50	2# blue 50x	#2 blue 50x	#2 blue x50	#2 blue x50	#2 blue x50	#2 blue x50
TKE	GRAY x30	silver 30	silver 30V	silver x30	silver x30	silver x30	silver x30
Squats/healraise	30 30	30 30m	30x@	x30@	x30@	x30@	x30@
stairclimbs	30	blue 30m	Blue 30x@	Blue x30@	Blue x30@	Blue x30@	Blue x30@
Side step, crossover, side lunge	4" x37L	37L	37L	37L	37L	37L	37L
Step over/side step	4" x30	8" 30	8" 30x@	9" x30	9" x30	9" x30	9" x30
reach out			10x	x20	x20	x20	x20
G2 Push-Pull	#5 x30	5# 30	5# 30x	#5 x30	#5 x30	#35 x30	#35 x30
SLR			30x@				
SAR, LAR							
SLC hip ASD/ADD							
st HSC							
US							
CP							
Therapist Initials:	2m	BD	RWH	1m	2m	2m	2m

North Grove Physical Therapy

Diagnosis: ① Knee scope & weakness

330 B-1-19 201-35152

Singapore Trade Fair

DOI/DOS: 7-16-08

Sum: 1600a

Seite 2

Accel.# 119937

Spartanburg SC 29303

Duncan SC 29344

Recert:

PH 864-582-0019 Fax: 864-582-2160

Ph 864.587-1923 Fax 864.587-3119

Date:	2/14/09	2/18/09	2/20/09	2/23/09	2-25-09	2-27-09	3/6/09
Total Treatment/Exercise Time:	50m	45	65m	55	35m	45m	45m
Ro II	L3I 10m	L3 10'	L3I 10m	L3 10'	L3 10m	L3I 10m	L3I 10m
Ball toss	#2 x50	#2 x30	#2 x30	#2 x30		#2 x35	#1 x50
Balance Board	5m	5'	5m			5m	5m
CYBEX	21sets		21sets				
TKE	GRAY x30	GRAY x30	GRAY x30	GRAY x		Gray x30	Gray x30
NK ext						35 30	35 x30
NK Flex						45 40	50 x30
Squats/heel raise	30	x30	30	x30		3x25	30
Steambouts	Blue x30	Blue x30	Blue x30	Blue x30		Gray x30	Gray x30
crabs	#4 x70	#4 x30	#4 x30	#4 x30		#4 x70	#5 x30
SLR	#4 x30	#4 x30	#4 x30	#4 x30		#4 x70	#5 x30
SAR LAR	#4 x30	#4 x30	#4 x30	#4 x30		#4 x30	#5 x30
SIL w/m30/ADD	#4 x30	#4 x30	#4 x30	#4 x20		#4 x30	#5 x30
1st 1st cur							
CP		15'	15m	15'	PROGRESS		
Therapist Initials:	20	18	20	18	20	20	20

patient Name: Yumi VALDERAMA
diagnosis: ① Knee scope & weakness
D/DOS: 7-16-08
ct # 119937

North Grove Physical Therapy
330 Bowling Springs Rd.
Suite 1600B
Spartanburg SC 29303
PH 864-582-0019 Fax 864-582-2160

date:	1-29-09	2-2-09	2-11-09	2-16-09	2-20-09	2-12-09	2-13-09
total Treatment/Exercise Time:	60 min 45 min	60 min 50 min	55 min 45 min	45 min 60 min	45 min 40 min	60 min	60 min
SAQ, LAQ							
SLR 3-way	4# 30x@	4# 30x	4# 30x	#5 #4 x30	5# 30x@	#5 x30	#4 x30
TOE RAISES	30x	30	30	30	30x	x30	30
MINI SQUATS	30x	30	30	30	30x	x30	30
BALL ON WALL		5'					
S/L HIP ABD/ADD	4# 30x	4# 30x	4# 30x	#4 x30	5# 30x@	#5 x30	#4 x30
PRONE EXT	4# 30x	4# 30x	4# 30x	#4 x30	5# 30x@	#5 x30	#4 x30
UTBE	ILS 10	LSI 10'	LSI 10'	LSI 10min	ILS 10'	LSI 10min	LSI 10min
JK FLX / EXT	20# 30x 20# 30x	Cyber 30x 20min	Cyber 30x 30 min	Cyber 23sets	isometric 3sets 10	Cyber 23sets	Cyber 18sets
SHSC	4# 30x	4# 30x	4# 30x	#4 x30	5# 30x	#5 x30	#4 x30
STEAMBOATS	Blue F/BT ADD/ADD	Blue 30x	Blue 30x	Blue x30	BLK 30x	Black x30	Blue x30
CRABS	BLK 30x				BLK 30x/2x		
Bull 100%						#2 in Blue 30x	#2 Blue 30x
Balnce Board						5min	5min
ICE	10'	10'	10'	15min			
therapist Initials:	RWH	OR	OR	2m	RWH	2m	2m

091280

Patient Name:

Diagnosis:

DOB:

CL#

Ref:

Date:

Total Treatment/Exercise Time:

SAA, LAA

SLR

NSC

100 Heel Raise

VK isom ext

wobble board

Ball Roll #10-11

Laterals

1/2 hip add

TR

TRF

1/2 SLR m Blue pad

NK ~~flex~~ Flex

bridge

hyperclic patch

sitting Hx curl

CP

North Grove Physical Therapy

115 Deacon Tiller Court

Suite 2

Duncan, SC 29344

Spartanburg, SC 29303

PH 864-582-0019 Fax 864-582-2160

Ph 864-587-1921 Fax 864-587-9113

	11/11/08	11/13/08	11-18-08	11/20/08	11-24-08
	45	45	55 TR	55	45 TR
	#3 x30	#3 x30	3# 30x	#3 x30	3# 30
	eccentric #3 x30	eccentric #3 x30	3# 30x	#3 x30	3# 30
	#3 x30	#3 @ wall x30	3# 30x	#3 x30	3# 30
	#3 x30	#3 single LE x15	5LS 30x	#3 x30	3# 30
		#20 #10 @ x30	20# 30x		
			IL4 10'	1/2 quad 30x	
	L4 10'	L4 (10')			
			3# 30x	#3 x30	3# 30
				1/2 SLR 10'	1/2 RETRO 10'
	grey x30	grey x30	grey 30x	grey x30	grey 30
			#4 blue 50x	#4 blue x50	#4 blue 50
		#30 x30	30# 30x		30# 30
	x30	ball x30	ball 30x	ball x30	ball 30
			ice 10'		
	6hr	6hr		red x30	
				15'	10'
	RRR	RRR	RRR	RRR	RRR
	6/1	21/10	27/10	3/10	215/10

Therapist Initials:

patient Name:

Yuri Valderrama

diagnosis:

① knee scope partial med meniscus

DI/DOS:

5/16/08

act. #

119935

ecert:

ate:

total Treatment/Exercise Time:

1330 Boiling Springs Rd.

Suite 1600B

Spartanburg SC 29303.

PH:864-582-0019 Fax:864-582-2160

North Grove Physical Therapy

115 Deacon Tillar Court

Suite 2

Duncan SC 29344

Ph:864-587-1921 Fax:864-587-9119

	10/14/08	10-16-08	10/21/08	10-22-08	10/29/08	11/4/08	11/6/08
	~~SSR~~	SSR	45	SDR	45	45	55
	~~30E~~	45TE	30TE	NOTE	30TE	30TE	40TE
Qs Hs	~~30E~~	30	~~30E~~	~~30~~	~~30E~~	Qs & Hs on wall x20	~~30E~~
SAG LAA	1#	1#	#1	2#	#4	✓	#3
SLR	1#	1#	eccentric x20	2#	#3	✓	#3
SWC	1#	1#	#1	2#	#3	#3	#3
TOO/heel raise	~~30~~	30	x30	30	x30	x30	x30
NK rom ext	~~30~~	30	x30	30	x30	x30	x30
Mobile board	~~30~~	30	SLR 10:00 #2 x20	~~30~~	~~30~~	SL hip add #3 x30	~~30~~
lateral	~~5'~~	5'	~~5'~~	~~5'~~	red 5'	~~5'~~	~~5'~~
Rise seat 10-11	4#	4#	2#	4#	4#	4#	4#
My hip add	~~30~~	30	10'	10'	#3	#3	#3
seated heel raise	~~30~~	30	x30	30	heel raise #3 x30	heel raise #3 x30	heel raise #3 x30
DEPS	~~✓~~	✓	~~✓~~	~~✓~~	~~✓~~	trillap towel #RA x20	~~✓~~
TM	0.8	0.8	~~0.8~~	~~0.8~~	~~0.8~~	~~0.8~~	~~0.8~~
SLR m ② on blue pad	~~40#~~	40#	~~40#~~	40	~~40~~	~~40~~	~~40~~
NK FLX	~~30~~	30	~~30~~	30	~~30~~	~~30~~	~~30~~
THE	~~15'~~	~~15'~~	blue x30	~~15'~~	grey x30	grey x30	grey x30
LE	~~10~~	10	15'	15'	15'	15'	15'
NK EXT	~~30#~~	30	~~30#~~	30	~~30#~~	~~30#~~	~~30#~~
Therapist Initials:	ASR	OR	RAA	OR	RAA	RAA	RAA
	12/10		2-3/10		4/10	3/10	2/10

2/10

Patient Name:

Diagnosis:

IOI/DOS:

Ref #

Recert:

Date:

Total Treatment/Exercise Time:

Qr Hr

SAQ LAQ

SLA

SHsc

Toe ball

NK 1cm 2x

Resistance plyometrics

mobility board

NK flex

hike

wall slide

my SLR (2) rolling with

patellar rock

5kg hip Abd

squats 1/2 rep

Nie

Hydroaxis

VS 0.9 W/cm² 3.3 MHz

50%

Therapist Initials:

North Grove Physical Therapy

1330 Boiling Springs Rd

Suite 1600B

Spartanburg SC 29303

PH: 864-582-0019 Fax: 864-582-2160

115 Deacon Tiller Court

Suite 2

Duncan SC 29344

Ph: 864-587-1921 Fax: 864-587-9119

Date:	9/2/08	9/3/08	9/9/08	9/11/08	9/15/08	9/18/08	
Total Treatment/Exercise Time:	60' HSTE	60' HSTE	75' HSTE 20 min	55' HSTE 10 min	55' HSTE 15 min	45' HSTE 10 min	
Qr Hr	30x	x30	x10	x10	x20	x20	
SAQ LAQ	#5 x30x	#3 x30	x20	x20			
SLA	#5 x30x	#4 x30	APD on x10	APD on x20	SHH (SLA) x15		
SHsc	#3 x30	#3 x20			#2 x30		
Toe ball	#3 (B) x30	#3 x30		x30	#2 x30		
NK 1cm 2x	#40 x30						
Resistance plyometrics							
mobility board							
NK flex	#40 x30						
hike	10' LH	10' LH	10' seat #10 LH	10' seat #10 LH	10' seat #10 LH	10' seat #10 LH	
wall slide							
my SLR (2) rolling with							
patellar rock	2'	#3 x30	gentle x10	gentle x10	5'		
5kg hip Abd							
squats 1/2 rep							
Nie	15'	15'					
Hydroaxis			10'	10'			
VS 0.9 W/cm ² 3.3 MHz							
50%							
Therapist Initials:	RB	RB	RB	RB	RB	RB	

Hydroaxis 80 mA min
1.5 MHz 2x (2hr)

15'

10'

10'

3/10

2/10

12/10/2008 11:47

343

Patient Name: Yuri Valdezama
 Diagnosis: (2) Knee scope - partial med. meniscectomy
 IOI/DOS: 7-16-08
 Loc. # 114937

North Grove Physical Therapy
 1330 Boiling Springs Rd
 Suite 1600B
 Spartanburg SC 29303
 PH: 864-582-0019 Fax: 864-582-2160

115 Deacon Tyler Court
 Suite 2
 Duncan SC 29344
 Ph: 864-587-1921 Fax: 864-587-9119

Recert:	8-7-08	8-8-08	8-12-08	8-14-08	8-18-08	8-27-08	8-28-08
Date:	45 min	55	50 min	50 min	50 min	60 min	40 min
Total Treatment/Exercise Time:	45 min	55	50 min	50 min	50 min	60 min	40 min
QS, HS	55 30E	30 30	30X	30	30	30	5# 30x2
SAO, LAO	4# 30E	5# 30	5# 30X	5# 30	5# 30	5# 30	5# 30x2
SLR	4# 30	4# 30	4# 30X	5# 30X	5# 30	5# 30	5# 30x2
SHSC	4# 30	5# 30	5# 30X	5# 30X	5# 30	5# 30	5# 30x2
TOE HEEL	30E	30	30X	40# 30	40# 30	45 30	45 30X
NK ISOM. EXT	30	30	30X	2# 30	2# 30	2# 30	2# 30
UNISTANCE Plyback	Blue 30	blue 30	Blue 30X	2# 30	2# 30	2# 30	2# 30
WOBBLE BOARD	30	30	30X	30X	30X	30	30
NK FLEX	30	30	30X	30X	30X	30	30
bike		L2I 10'	L2I 10'	ILY 10 min	ILY 11 min	L4# 10 min	ILY 10
wall slide			15X	30	30		30X
STANDING SLS (ROLL SWISS BALL)							2'
Patella mob in 45° Seated				2 min	PRN		
Squats/heel raise						30	30
ICE	10'	10'	10'	10 min	10 min	15 min	10
				PRN	PRN		
				PRN	PRN		
Therapist Initials:	ner	DD	PRN	KA	KA	2w	PRN

0-9132

0-9135
 71m

5/6/10
 in patella
 tendon region
 medial (1-2 mm)

344

115

00710171

Patient Name: YURI VALDERRAMA

Diagnosis: @knee scope - partial med meniscectomy

DOI/DOS: 7-14-08

Acct.# 119937

Recert:

North Grove Physical Therapy

1330 Boiling Springs Rd

Suite 1600B

Spartanburg SC 29303

PH:864-582-0019 Fax:864-582-2160

115 Deacon Tiller Court

Suite 2

Duncan SC 29344

Ph:864-587-1921 Fax:864-587-9119

Date:	7-18-08	7-21-08	7-23-08	7-28-08	7-30-08	8-1-08	8-5-08
Total Treatment/Exercise Time:	60' TX 30' EX	60' TX 40' EX	60' TX 45' EX	55' TX 45' EX	55' TX 45' EX	55' TX 45' EX	55' TX 45' EX
ICE	10	10	10	10	10	10	10
QS, HS	30x10	30x10	30x10	30x10	30x10	30x10	30x10
SAR, LAQ	30x10	30x10	30x10	30x10	30x10	30x10	30x10
SLR	30x10	30x10	30x10	30x10	30x10	30x10	30x10
URE	30x10	30x10	30x10	30x10	30x10	30x10	30x10
TOE / HEEL RAISES	30x10	30x10	30x10	30x10	30x10	30x10	30x10
Ankle Pumps	30x10	30x10	30x10	30x10	30x10	30x10	30x10
WT shifting	30x10	30x10	30x10	30x10	30x10	30x10	30x10
SLR (10 REP)	30x10	30x10	30x10	30x10	30x10	30x10	30x10
st hsc	30x10	30x10	30x10	30x10	30x10	30x10	30x10
WRITTEN HEP	30x10	30x10	30x10	30x10	30x10	30x10	30x10
Therapist Initials:	RETT	RETT	RETT	RETT	RETT	RETT	RETT

Surgery Center of Pelham, LLC
2755 South Highway 14
Greer, SC 29650

OPERATIVE REPORT

PATIENT NAME: VALDERRAMA, YURI L.
PATIENT ID NO: 0018190
DICTATING PHYSICIAN: Mary Joan Black, M.D.
DATE OF PROCEDURE: 07/16/08

PREPROCEDURE DIAGNOSTIC IMPRESSION: Large acute medial meniscal tear posterior horn, left knee.

POSTPROCEDURE DIAGNOSTIC IMPRESSION: Large acute medial meniscal tear posterior horn, left knee and large flap tear.

PROCEDURES PERFORMED: Arthroscopic partial medial meniscectomy.

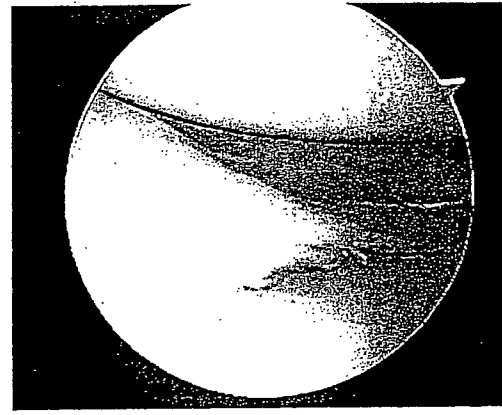
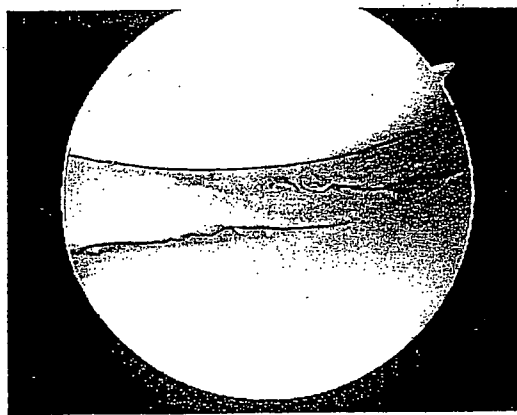
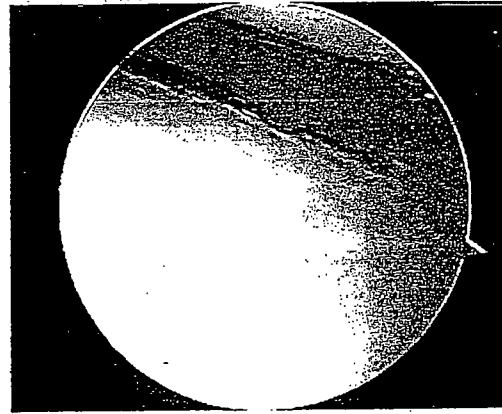
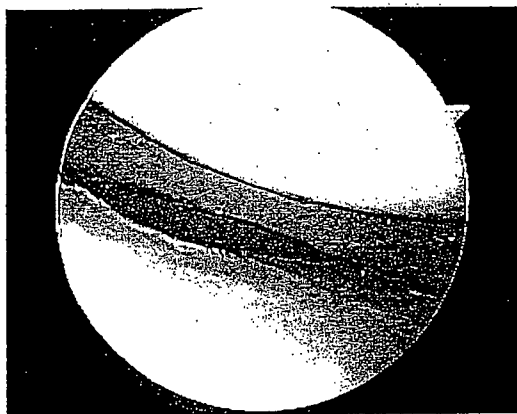
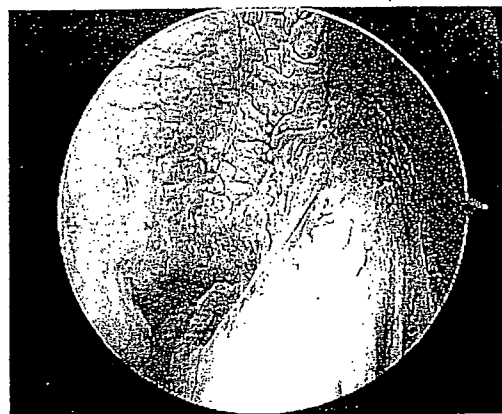
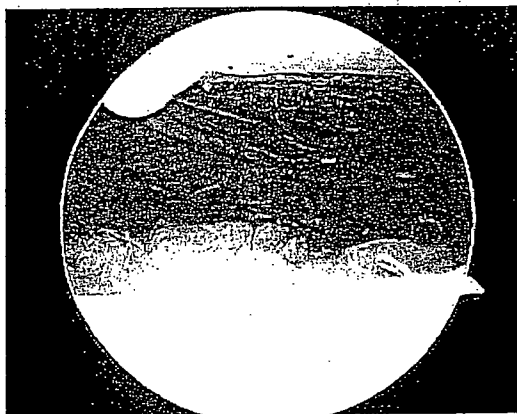
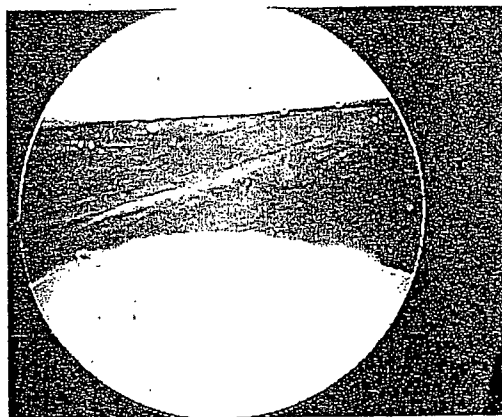
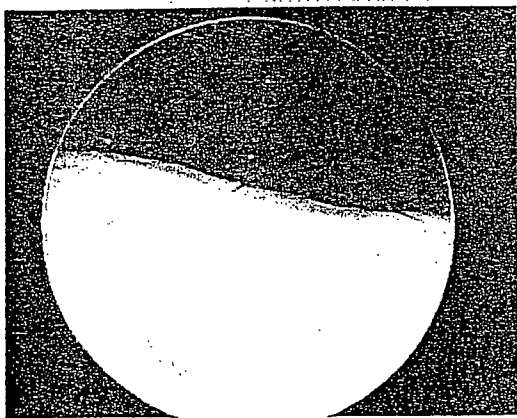
MEDICAL INDICATIONS: A 38-year-old male, who sustained an injury with a twisting aspect on his knee at work. He had a locked knee, was unable to flex or extend fully. He has had an MRI, which showed a vertical tear of the meniscus. It was felt that given his age and the findings on the MRI it may be repairable. He is taken urgently, but not emergently for surgery in the hopes that we can repair this meniscus.

PHYSICIAN: Mary Joan Black, M.D.

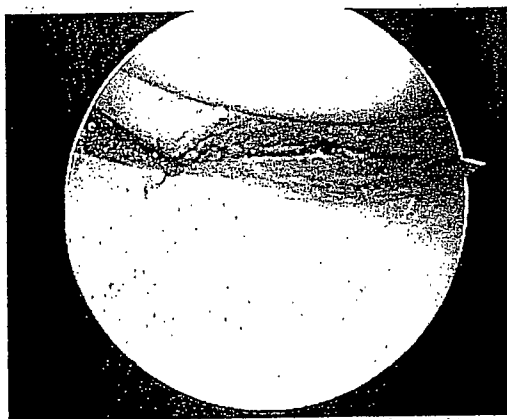
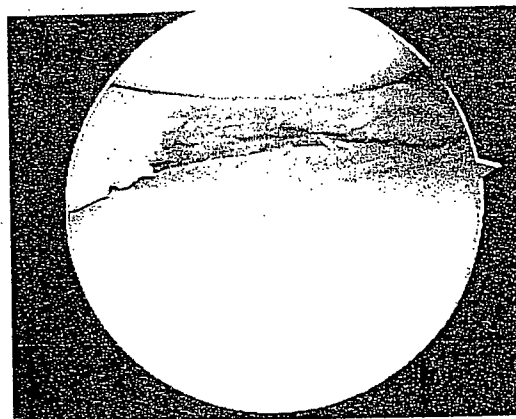
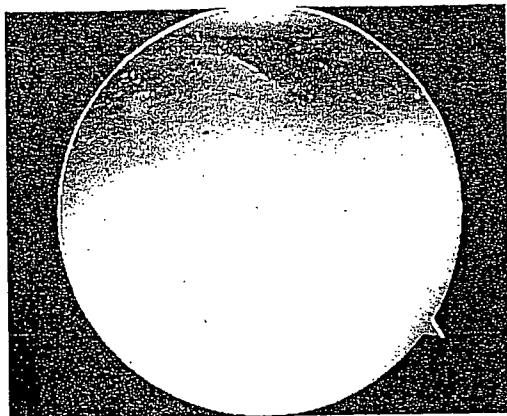
DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and placed in the supine position. General endotracheal anesthesia obtained and the Ancef 1 g was given prophylactically. Examination under anesthesia revealed full passive range of motion, negative Lachman, negative varus-valgus instability, and negative pivot-shift. Left knee was prepped and draped in sterile manner. Inferolateral portal was made and the scope was introduced into the knee joint. Patellofemoral joint was pristine. Lateral compartment was pristine. The ACL and PCL were pristine as well. Inferomedial portal was made under direct vision. Medial compartment had no articular damage. There was a large flap tear at the posterior horn of the medial meniscus. Probe was introduced, this was unstable, and did not appear amenable to repair. Partial medial meniscectomy was then performed with basket forceps and shavers and ArthroCare wand back to a stable rim. The depth of the tear was about 80%, the breadth of the tear was about 1.5 cm, so it was a rather large tear. Portals were then closed in usual manner. Knee was instilled with Marcaine 0.5% without epinephrine and he was placed in Cryocuff, awakened, extubated, and taken to the recovery room in stable condition. Earl Laseter, P.A.C. was first assistant throughout the case. His presence was medically necessary for appropriate leg positioning and closure.

Mary Joan Black, M.D.

MJB:cbs/gs



76



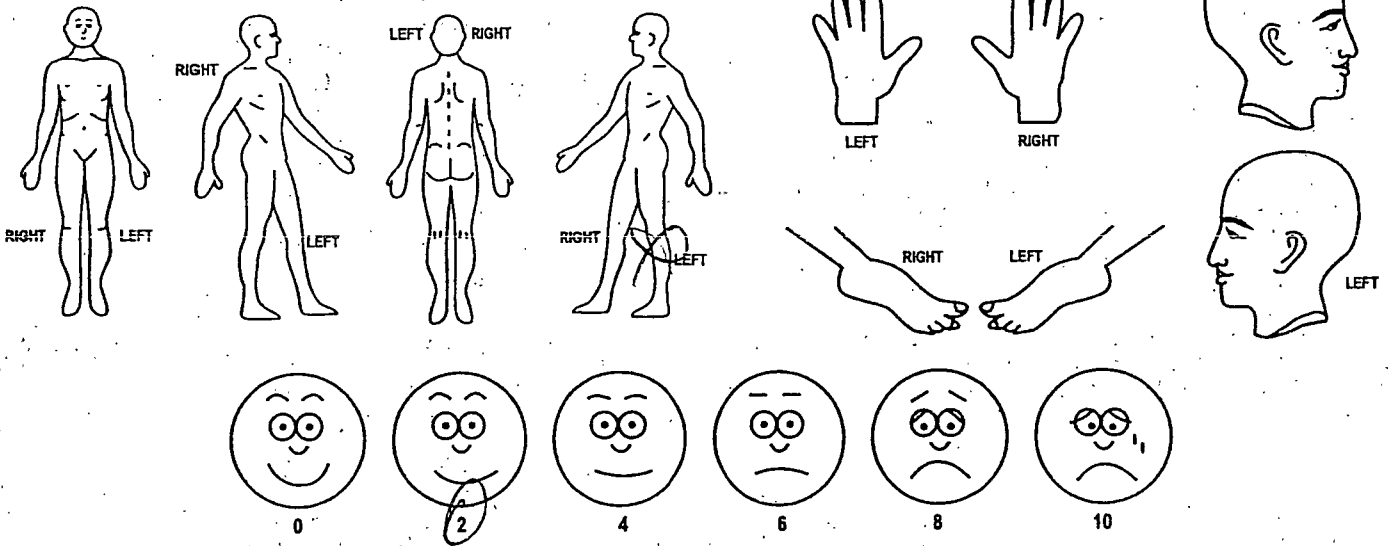
**SURGERY CENTER
AT PELHAM**

PLACE _____

BLACK
DOB: [REDACTED] 38 M
MR# 18190 DOS: 07/16/08
VALDERRAMA, YURI

INITIAL PAIN ASSESSMENT

Location (note all sites on illustrations): [Internal / E-External]



Associated Symptoms: ☐ Sweating ☐ SOB
☐ Dizziness ☐ Nausea ☐ Vomiting

Quality - ☒ those that apply

Pressure / Heaviness	~~Aching~~
Crushing	Sharp / Stabbing
Burning	Dull
Cramping	Indescribable
Indigestion / Gas	Throb
Radiating	Other (explain)
Numbness	

Worsened by:

☒ Walking ☐ Sitting ☐ Standing
☒ Bending ☐ Other:

Relieved by:

☒ Ice ☐ Heat ☒ Medication
☒ Elevation ☐ Other:

Signature of Evaluator: *Kuttharank*

Date: *7/16/08*

SURGERY CENTER AT PELHAM

INFORMED CONSENT TO SURGERY OR DIAGNOSTIC PROCEDURE, ADMINISTRATION OF ANESTHESIA AND OTHER MEDICAL SERVICES

Patient's Name Yuri L Valderrama Date: 7/14/08 Time: 3:10pm

1. **Consent to Surgical or Diagnostic Procedure.** I acknowledge that I have authorized and directed Dr. Mary Span Black and/or associates or assistants of his/her choice to perform the following operation and/or diagnostic procedure on me (Description of Procedure/Treatment/Site):

Left knee arthroscopy medial meniscus repair meniscus resection

The following items have been discussed and explained to my satisfaction:

- an explanation of the procedure or treatment;
- the benefits of the procedure/treatment;
- the reasonably foreseeable risks involved in the procedure/treatment;
- reasonable alternatives for care or treatment.

I understand that during the course of the operation, procedure, anesthesia, post-operative care, or medical treatment, unforeseen conditions may become apparent which require other or additional operative or medical procedures. I authorize my physician, anesthesiologist, and/or assistants or associates to modify the proposed procedure and/or perform any added procedures or treatments as they, in the exercise of their professional judgment, deem necessary.

I understand that no warranty or guarantee has been made as to the outcome of this procedure, treatment, or operation.

2. **Consent to Administer Anesthesia.** I consent to the administration of anesthesia by my attending physician, anesthesiologists, or other qualified party under the direction of a physician as may be deemed necessary with the exception of:

none
State "None" if appropriate

The physician has explained to me the nature of these anesthetics, the way they will be given to me, their usual effects and the substantial hazards and risks in connection with their use.

3. **Consent to Other Medical Services.** I hereby authorize and direct my physician, anesthesiologist, and/or his/her associates to provide such additional services for me as he, she, or they may deem necessary or advisable, including, but not limited to, the performance of services involving pathology and radiology, and I hereby consent to all such additional services.

4. **Tissue Disposal.** I hereby authorize the pathologist to use his/her discretion in the disposal of any severed tissue, member, or organ removed from me during the operation or procedure described above.

5. **Consent to Transfer.** I understand that the surgical and/or diagnostic procedure to be performed on me at this Facility will be done on an outpatient basis and that the Facility does not provide for 24-hour patient care. If my attending practitioner, or any other duly qualified physician in his/her presence, shall find it necessary or advisable to transfer me from the Facility to a hospital or other health care facility, I consent and authorize the employees of the Facility to arrange for and effect the transfer.

6. **Certification.** The undersigned certifies that he/she has read the foregoing and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute this agreement and consent to and accept its terms.

I acknowledge I have received and understand the informed consent and request no further explanation. No guarantee or assurance has been given by anyone as to the results that may be obtained.

Signed in my presence on:

7/14/08 3:10pm
Date Time

Cherie H. Pettit RN
Witness

[Signature]
Signature of Patient

[Signature] Relationship to Patient

7/14/08 3:12pm
Date Time

[Signature]
Physician Signature

BLACK
DOB: [REDACTED] 38 M
MR# 18190 DOS: 07/16/08
VALDERRAMA, YURI

SURGERY CENTER AT PELHAM

INFORMED CONSENT TO SURGERY OR DIAGNOSTIC PROCEDURE, ADMINISTRATION OF ANESTHESIA AND OTHER MEDICAL SERVICES

Patient's Name Yuri L Valderrama Date: 7/14/08 Time: 3:10pm

1. **Consent to Surgical or Diagnostic Procedure.** I acknowledge that I have authorized and directed Dr. May Sam Black and/or associates or assistants of his/her choice to perform the following operation and/or diagnostic procedure on me (Description of Procedure/Treatment/Service):

Left knee arthroscopy medial meniscus repair versus resection

The following items have been discussed and explained to my satisfaction:

- a. an explanation of the procedure or treatment;
- b. the benefits of the procedure/treatment;
- c. the reasonably foreseeable risks involved in the procedure/treatment;
- d. reasonable alternatives for care or treatment.

I understand that during the course of the operation, procedure, anesthesia, post-operative care, or medical treatment, unforeseen conditions may become apparent which require other or additional operative or medical procedures. I authorize my physician, anesthesiologist, and/or assistants or associates to modify the proposed procedure and/or perform any added procedures or treatments as they, in the exercise of their professional judgment, deem necessary.

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none
State "None" if appropriate

The physician has explained to me the nature of these anesthetics, the way they will be given to me, their usual effects and the substantial hazards and risks in connection with their use.

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Signed in my presence on:

7/14/08 3:10pm
Date Time

Carmie H. Pettet R.N.
Witness

Signature of Patient

Signature of parent or legal guardian Relationship to Patient

7/14/08 3:12pm
Date Time

Physician Signature

BLACK

DOB: 08-15-08 38 M

MR# 18190 DCS:07/16/08

VALDERRAMA, YURI

249

Patient: Valderrama, Yuri
 Medical Record #: 37339 DOB: [REDACTED] Sex: Male
 home [REDACTED]

Current Medication[Return To Top](#)

tramadol Oral.

Active Problem[Return To Top](#)

Status	Diagnosis	Time Frame	Comment	Record
Active	(111.0) - C - PITYRIASIS VERSICOLOR			9/14/2011 494

VISIT NOTE - 09/14/2011[Return To Top](#)

Status: Complete. Provider: Miller, Matthew MD. Visit Last Saved: 09/14/2011 03:59 PM. 81#

CC / HPI:

He presented with white patches.

Mr. Valderama presents in consultation from Workmans Compensation for a skin evaluation. Hurt his knee at work and has been on multiple pain medications and developed a rash that comes and goes and looks lighter in color than the rest of his skin.

ROS:

Constitutional: The patient denied fever, chills, fatigue, malaise, weight loss, weight gain, anorexia, weakness and night sweats.

Dermatologic: The patient complained of **pigmentation change** but denied rash, skin change, new lesion(s), change in lesion, breast mass, arthropod/insect bite, pruritus, ecchymosis, photosensitivity, excessive sweating, callus, hair changes, excessive hair growth, hair loss, nail changes, nail deformity, nail discoloration, nail thickening and brittle nails.

pt here for white spots on both legs and both sides of back

PE:

Constitutional: general appearance, well nourished, well developed, in no acute distress and of normal body habitus.

Integument: Lesion - 1, lesion: **patch**, location: **on the right anterior thigh**, color: **hypopigmented** and appearance: **scaly**; insp & palp - head/face, overall: no rashes or lesions; insp & palp - neck, overall: no rashes or lesions; insp & palp - chest/axillae, overall: no rashes or lesions; insp & palp - abdomen, overall: no rashes or lesions; insp & palp - back, overall: no rashes or lesions; insp & palp - left upper extremity, overall: no rashes or lesions; insp & palp - right upper extremity, overall: no rashes or lesions; insp & palp - left lower extremity, overall: no rashes or lesions; and, insp & palp - right lower extremity, overall: no rashes or lesions.

Dx:

(111.0) - C - PITYRIASIS VERSICOLOR

Rx:

Nizoral cream bid
 Plexion cleanser qd

Services Performed:

(99242) OFFICE CONSULTATION
 (87220) TISSUE EXAM FOR FUNGI
 KOH was performed on the lesion and was negative

Review of History

I reviewed the medical, surgical, medication, drug allergy, food allergy and environment allergy histories.

Plan:

A return visit is indicated in 2 months and as needed.

Plan Note:

Referral letter needed-Workmans Compensation

Patient Instruction:

11/01/2011 11:42 8642425640

GREENVILLEDERMATOLOGY

#0557 P.008/008

Patient: Valderrama, Yuri, DOB: April 04, 1970

Page 2 of 2

Follow up 2 months for evaluation

This can occur in anyone but can be triggered by steroid (ie prednisone) use
It by itself does not interfere with work.

Current Medication:

tramadol Oral.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 0809520

EMPLOYEE/CLAIMANT: YURI VALDERRAMA

EMPLOYER: KOHLER COMPANY

INSURER: (SELF-INSURED)



COPY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 2ND DAY OF
NOVEMBER, 2011, COMMENCING AT THE HOUR OF 11:53 A.M., IN
SPARTANBURG, SOUTH CAROLINA, BEFORE THE HONORABLE BRYAN
LYNDON, ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376

APPEARANCES

ALTON L. MARTIN, JR., ESQUIRE, OF THE FIRM
MARTIN & MARTIN, P.A.
POST OFFICE BOX 8220
GREENVILLE, SOUTH CAROLINA 29604

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

RUSSELL T. INFINGER, ESQUIRE, OF THE FIRM
NEXSEN PRUET, LLC
POST OFFICE DRAWER 10648
GREENVILLE, SOUTH CAROLINA 29603

ATTORNEY FOR THE EMPLOYER/INSURER.

ALSO ATTENDING: MIKE TOLLISON
EMILY ORTIZ ALFONSO (INTERPRETER)

I N D E X

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YURI VALDERRAMA:

DIRECT EXAMINATION BY MR. MARTIN.....	10
CROSS EXAMINATION BY MR. INFINGER.....	21
RE-DIRECT EXAMINATION BY MR. MARTIN.....	31
EXAMINATION BY COMMISSIONER LYNDON.....	34
CERTIFICATE OF NOTARY PUBLIC.....	40

1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN SPARTANBURG,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * *

6 BY COMMISSIONER LYNDON:

7 TODAY'S DATE IS NOVEMBER THE 2ND, 2011. THIS
8 IS SOUTH CAROLINA WORKERS' COMPENSATION CASE FILE
9 NUMBER 0809520. YURI VALDERRAMA IS THE CLAIMANT
10 REPRESENTED BY ATTORNEY AL MARTIN VERSUS THE
11 EMPLOYER KOHLER. KOHLER IS SELF INSURED, AND RUSTY
12 INFINGER IS THE ATTORNEY FOR THE DEFENDANT. THE
13 PURPOSE OF THIS HEARING IS TO DETERMINE ISSUES
14 RAISED ON FORMS 50 AND 51. ALSO THERE WAS A MOTION
15 THAT WE DISCUSSED IN OUR PREHEARING CONFERENCE. THE
16 CLAIMANT'S AVERAGE WEEKLY WAGE IS \$678.01. COMP
17 RATE IS \$452.03, AND THE DATE OF ACCIDENT IS
18 6/24/08.

19 ARE THERE ANY OBJECTIONS TO APAs, JURISDICTION,
20 VENUE, OR ANY OTHER ITEMS?

21 BY MR. MARTIN:

22 NO, SIR.

23 BY MR. INFINGER:

24 NONE.

25 BY COMMISSIONER LYNDON:

1 THEN WITHOUT OBJECTION, THE COMMISSION FILE
2 BECOMES A PART OF THE RECORD WITH THE EXCEPTION OF
3 SELF-SERVING DECLARATIONS AND UNSTIPULATED MEDICAL
4 REPORTS.

5 PRIOR TO GOING ON THE RECORD, WE HAD A LENGTHY
6 PREHEARING CONFERENCE GOING OVER THE HISTORY OF THIS
7 CLAIM AS WELL AS THE MOST RECENT, AND REALLY ALL OF
8 THE MEDICALS, AND IT'S THE POSITION OF THE CLAIMANT
9 THAT AS A RESULT OF WHAT APPARENTLY STARTED OUT
10 MAYBE AS A RIGHT KNEE INJURY OR A LEFT KNEE INJURY,
11 AND IS NOW A LEFT KNEE, RIGHT KNEE, BACK, AND PSYCH,
12 ALL OF WHICH HAVE BEEN ADMITTED, AND THEN FLOWING
13 FROM MEDICATIONS AND OTHER PROBLEMS WITH THESE BODY
14 PARTS ARE INJURIES TO HIS DIGESTIVE TRACK, STOMACH,
15 AND HE HAS SOME LESIONS. I BELIEVE HE'S BEEN ON
16 PREDNISONE. SO, HE HAS HAD SOME OTHER ANCILLARY --
17 OTHER PROBLEMS AS A RESULT OF HIS MEDICAL REGIMEN.
18 COUNSEL STATES THAT THE CLAIMANT IS CLEARLY
19 PERMANENTLY AND TOTALLY DISABLED. EVEN THOUGH DR.
20 DEVAULT WHO WAS NOT AUTHORIZED HAS STATED HE HAS A
21 25-PERCENT IMPAIRMENT RATING TO THE LEFT LEG. DR.
22 KEY SAYS TEN PERCENT TO THE LEFT LEG. THERE'S ALSO
23 A RIGHT LEG RATING AND A FIVE PERCENT BACK RATING,
24 AND COUNSEL STATES HE HASN'T EVEN BEEN TREATED YET
25 BY AN AUTHORIZED PROVIDER FOR HIS PSYCH, WHICH HAS

1 ALSO BEEN ADMITTED. THE CLAIMANT HAS LOST -- I
2 BELIEVE HE LOST HIS HOUSE. SO, HE HAS SITUATIONAL
3 EMOTIONAL DISTRESS AS WELL AS FROM MULTIPLE BODY
4 PARTS THAT HE HAS. THAT THE ONLY REPORT I HAVE FROM
5 A VOCATIONAL ASSESSMENT IS THAT HE HAS NO REASONABLE
6 OPPORTUNITY TO FIND WORK WITHIN HIS RESTRICTIONS,
7 WHICH ARE SEVERE. THAT THE DEFENDANT DID STOP
8 PAYMENT OF HIS TEMPORARY PARTIAL BENEFITS. THEY
9 PROVIDED A JOB. IT'S NOT CONCEDED IT WAS WITHIN HIS
10 RESTRICTIONS. COUNSEL STATES IT REALLY WAS
11 BENEVOLENT EMPLOYMENT. NEVERTHELESS, THAT WAS
12 STOPPED PRIOR TO HIS BEING, I BELIEVE, LAID OFF.
13 SO, FOR ALL OF THOSE REASONS, THE CLAIMANT -- THIS
14 CASE SHOULD COME TO AN END. THERE HAS NOT BEEN
15 COMPLIANCE WITH THE MEDICAL RECOMMENDATIONS BY
16 AUTHORIZED PROVIDERS INCLUDING MEDICINES THEMSELVES.
17 SO, THE CLAIMANT SEEKS THE CASE TO BE BROUGHT TO AN
18 END. HE SEEKS THE BALANCE OF HIS AWARD BE PAID IN A
19 LUMP SUM WITH THE UTICA MOHAWK ALLOCATION LANGUAGE
20 OR THE JAMES V. ANNE PRORATION LANGUAGE, AND HE
21 SEEKS LIFETIME CAUSALLY-RELATED MEDICALS TO THE
22 LIVER, THE SKIN, STOMACH, PSYCHOLOGICAL DISTRESS,
23 DIGESTIVE DISORDERS, BACK, AND BOTH LEGS.

24 THE POSITION OF THE DEFENDANT IS IT'S ADMITTED
25 THE CLAIMANT -- THESE BODY PARTS THAT I'VE READ INTO

1 THE RECORD HAVE ALL BEEN NOW ADMITTED, AND THE
2 CLAIMANT HAS OR WILL BE GETTING TREATMENT FOR THEM,
3 BUT IT'S PREMATURE TO BRING THIS CASE TO A CLOSE.
4 HE HAS NOT YET REACHED M.M.I. FOR ALL THE BODY
5 PARTS. THAT IT WOULD DENY THE DEFENDANT THE RIGHT
6 TO HAVE A CHANGE OF CONDITION FOR THE WORSE. HIS
7 CONDITION MAY INDEED IMPROVE. SO, IT'S TOO EARLY TO
8 CLOSE THE CASE ON PERM TOTAL. ON THE OTHER HAND,
9 COUNSEL STATES THAT THE CLAIMANT WORKED UP UNTIL
10 JUST A SHORT WHILE BACK. THIS WAS WORK THAT THE
11 COMPANY DID FIND FOR HIM, AND IT WOULD BE A LEAP TO
12 SAY HE COULD WORK A MONTH OR SEVERAL WEEKS AGO AND
13 NOW IS UNABLE TO WORK. SO, IT'S DENIED FROM THAT
14 STANDPOINT THAT HE IS PERMANENTLY AND TOTALLY
15 DISABLED. SO, IT'S NOT CONCEDED IN ANY WAY, SHAPE,
16 OR FORM THAT HE IS PERMANENTLY AND TOTALLY DISABLED.
17 IF I DID FIND THAT HE IS PERMANENTLY AND TOTALLY
18 DISABLED, IT'S DENIED THAT IT WOULD BE IN THE BEST
19 INTEREST FOR THE CLAIMANT TO GET HIS AWARD OR THE
20 BALANCE OF HIS AWARD IN A LUMP SUM. THAT THE ACT
21 CONTEMPLATES A STEADY INCOME STREAM, AND HE SHOULD
22 GET WEEKLY BENEFITS AND WISELY USE THEM RATHER THAN
23 SPEND THEM ALL UP FRONT AND THEN BECOME A WARD OF
24 THE STATE. SO, IT'S DENIED THAT A LUMP SUM WOULD BE
25 IN HIS BEST INTEREST, BUT AGAIN, IT'S NOT CONCEDED

1 THAT HE'S PERMANENTLY AND TOTALLY DISABLED.
2 ANYTHING TO ADD TO THOSE POSITIONS?

3 BY MR. MARTIN:

4 NO, SIR.

5 BY MR. INFINGER:

6 NO, SIR.

7 BY COMMISSIONER LYNDON:

8 AND IS YOUR FIRST WITNESS THE CLAIMANT?

9 BY MR. MARTIN:

10 YES, SIR.

11 BY COMMISSIONER LYNDON:

12 AND WE HAVE AN INTERPRETER HERE. MA'AM, WOULD
13 YOU STATE YOUR FULL NAME FOR THE RECORD.

14 BY THE INTERPRETER:

15 EMILY ORTIZ, O-R-T-I-Z; ALFONSO, A-L-F-O-N-S-O.

16 BY COMMISSIONER LYNDON:

17 OKAY. AND DO YOU AFFIRM THE TESTIMONY YOU ARE
18 ABOUT TO INTERPRET FOR THIS COMMISSION WILL BE THE
19 WORD FOR WORD LITERAL TRUTH AS THE CLAIMANT -- NOT
20 THE TRUTH ITSELF BUT AS THE CLAIMANT STATES HIS
21 ANSWERS?

22 BY THE INTERPRETER:

23 I DO.

24 BY COMMISSIONER LYNDON:

25 OKAY. WOULD YOU ASK HIM TO STATE HIS FULL NAME

1 FOR THE RECORD.

2 BY THE CLAIMANT (through interpreter):

3 YES. MY NAME IS YURI VALDERRAMA.

4 BY COMMISSIONER LYNDON:

5 * * * * *

6 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
7 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
8 MATTER HEREIN:

9 YURI VALDERRAMA

10 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

11 BY COMMISSIONER LYNDON:

12 ALL RIGHT. ASK HIM TO ANSWER ANY QUESTIONS
13 THAT MR. MARTIN MAY HAVE.

14 AND IF I COULD INTERRUPT, SINCE THIS IS AN
15 ADMITTED ACCIDENT, IF YOU COULD LEAD HIM ON ALL OF
16 HIS BIOGRAPHY, ON THE ACCIDENT ITSELF, SO THAT WE
17 GET A "SI, NO, SI, NO, SI, NO, SI, NO" ANSWERS, AND
18 THEN UP TO THE PROBLEMS HE HAS HAD AND STOP THERE.

19 BY MR. MARTIN:

20 YES, SIR.

21 BY COMMISSIONER LYNDON:

22 ALL RIGHT.

23 DIRECT EXAMINATION BY MR. MARTIN (through interpreter):

24 Q. MR. VALDERRAMA, YOUR CURRENT ADDRESS IS [REDACTED]
25 DRIVE, SPARTANBURG, SOUTH CAROLINA?

1 A. YES, THAT IS TRUE.

2 Q. AND WHAT IS YOUR DATE OF BIRTH?

3 A. APRIL 4, 1970.

4 Q. AND YOU ARE MARRIED AND HAVE FOUR CHILDREN?

5 A. YES, YES.

6 Q. AND YOU HAVE TWO BOYS AND TWO GIRLS OR THREE BOYS
7 AND ONE GIRL?

8 A. I HAVE A 17-YEAR-OLD, 14-YEAR-OLD, A DAUGHTER WHO IS
9 15 AND A DAUGHTER WHO IS TEN.

10 Q. SO, YOU HAVE TWO DAUGHTERS?

11 A. YES, TWO DAUGHTERS.

12 Q. WHEN YOU WERE INJURED AT KOHLER, YOU INITIALLY
13 INJURED YOUR LEFT KNEE; IS THAT RIGHT?

14 A. THAT'S TRUE.

15 Q. AND YOU WERE OPERATED ON BY DR. BLACK?

16 A. YES, THAT'S TRUE.

17 Q. AND THEN THERE WAS AN ATTEMPT TO RETURN YOU TO WORK,
18 BUT YOU WERE CONTINUING TO HAVE PROBLEMS, AND SHE
19 SENT YOU FOR ANOTHER M.R.I.?

20 A. YES, THAT'S TRUE.

21 Q. AND IT WAS DETERMINED THAT YOU NEEDED ANOTHER
22 SURGERY TO THAT SAME KNEE, AND AT THAT POINT, YOU
23 WERE SENT TO DR. KEITH?

24 A. YES, THAT'S TRUE.

25 Q. AND DR. KEITH PERFORMED SURGERY ON YOUR LEFT KNEE

1 AND THEN DETERMINED THAT YOU ALSO NEEDED SURGERY TO
2 YOUR RIGHT KNEE?

3 A. YES, UNFORTUNATELY THAT'S HOW IT WAS.

4 Q. AND DURING THIS 12 TO 18-MONTH PERIOD WHILE YOU WERE
5 OUT FOR THESE THREE KNEE SURGERIES, YOU DEVELOPED
6 BACK PAIN FROM THE CHANGE IN YOUR GAIT AND USING
7 CRUTCHES AND BOOTS, IS THAT RIGHT?

8 A. YES, YES, THAT'S TRUE.

9 Q. AND YOU WERE PRESCRIBED A NUMBER OF MEDICATIONS BY
10 DR. KEITH FOR YOUR PAIN AND FOR THE SWELLING AND
11 MUSCLE PROBLEMS YOU WERE HAVING; IS THAT RIGHT?

12 A. YES, YES, THAT IS TRUE.

13 Q. IN FACT, ONE OF THOSE MEDICATIONS, ARTHROTEC, THEY
14 DETERMINED WAS CAUSING SOME DAMAGE TO YOUR LIVER,
15 AND ALSO THAT IN COMBINATION WITH THE PAIN
16 MEDICATION CAUSED YOU TO DEVELOP AN ULCER?

17 A. YES.

18 Q. THERE WAS ALSO A PERIOD OF TIME WHERE YOU WERE
19 AWAITING SURGERY FOR YOUR RIGHT LEG, BUT THERE WAS A
20 DISPUTE AS TO WHETHER OR NOT IT WAS AUTHORIZED; DO
21 YOU RECALL THAT?

22 A. YES, THAT IS TRUE.

23 Q. AND THAT WAS THE PERIOD FROM AUGUST OF 2009 UNTIL
24 JANUARY OF 2010 WHERE YOUR EMPLOYER PUT YOU ON
25 F.M.L.A. LEAVE BUT WOULD NOT ALLOW YOU TO RETURN TO

1 WORK SINCE YOU NEEDED THE RIGHT KNEE SURGERY AND
2 WOULD NOT PAY YOU WORKERS' COMP BENEFITS?

3 A. YES, DURING THAT TIME, I RECEIVED NO MONEY.

4 Q. AND DID YOUR HOUSE GO INTO FORECLOSURE?

5 A. YES. DURING THAT TIME, I ALMOST LOST MY HOUSE.

6 THERE WERE A LOT OF PERSONAL AND EMOTIONAL PROBLEMS
7 AND ALMOST A DIVORCE.

8 Q. THE PROBLEMS WITH YOUR KNEES AND YOUR BACK, DO YOU
9 STILL HAVE PAIN FROM THAT?

10 A. YES.

11 Q. AND YOUR STOMACH, DOES THAT STILL GIVE YOU PROBLEMS?

12 A. I FEEL THAT IT HAS GOTTEN WORSE AND NOT BETTER OVER
13 TIME, AND THAT'S WHAT WORRIES ME.

14 Q. ARE YOU ABLE TO STAY ON YOUR FEET FOR EXTENDED
15 PERIODS OF TIME?

16 A. NO, I CANNOT. NO, I CAN STAND FOR ABOUT 30 MINUTES,
17 BUT THEN I NEED TO SIT. I NEED TO STAND. I NEED TO
18 MOVE. I NEED TO BE IN CONSTANT MOVEMENT.

19 Q. AFTER YOU HAD THE FIRST -- WELL, WHEN YOU WERE
20 INJURED, YOU WERE WORKING AS A CASTER, IS THAT
21 RIGHT?

22 A. WELL, MY CLASSIFICATION WAS ROVER, AND THAT'S WHEN I
23 GOT INJURED.

24 Q. OKAY. WHEN YOU CAME BACK FROM YOUR KNEE SURGERIES,
25 WERE YOU ABLE TO GO BACK INTO THAT POSITION?

1 A. NO. I COULDN'T. I BELIEVE FOR THAT JOB YOU WOULD
2 HAVE TO BE 100 PERCENT, AND THERE WAS NO WAY I COULD
3 DO THAT.

4 Q. SO, THEY MOVED YOU TO A JOB WHERE YOU DID NOT HAVE
5 TO BE ON YOUR FEET ALL THE TIME?

6 A. YES. THEY PUT ME IN THE LABORATORY AS A LABORATORY
7 ASSISTANCE.

8 Q. AND DID YOU DO THE EXACT SAME JOB THAT ALL THE OTHER
9 LABORATORY ASSISTANTS DID, OR WERE THERE CHANGES TO
10 THE JOB YOU DID?

11 A. WELL, THEY WOULD LET ME SIT AND WALK WHEN I WAS
12 FEELING GOOD. I DID THE PARTIAL JOB, NOT LIKE THE
13 OTHERS WHO DID IT COMPLETELY. THE HARD JOBS, I
14 DIDN'T DO LIKE LIFTING AND GOING UP STAIRS.

15 Q. WERE THERE CERTAIN MACHINES THAT OTHER LAB
16 TECHNICIANS OPERATED THAT YOU DID NOT?

17 A. YES. SURE. BECAUSE I DIDN'T HAVE THE TRAINING.
18 THEY HAD TRAINING, AND THE ONES THAT I HAD DONE, I
19 HAD DONE BY OBSERVATION.

20 Q. WAS THERE PAINTING REQUIRED AS A LAB TECHNICIAN?

21 A. YES. WELL, NO ONE SAID THAT I WOULD BE A LAB
22 ASSISTANT, AND THEY USUALLY OPERATE PIECES AND DO
23 PAINTING, AND I COULDN'T. I MEAN, I DIDN'T KNOW HOW
24 TO PAINT AND PICK UP -- I COULDN'T PICK UP THINGS.

25 Q. WERE YOU RECEIVING TEMPORARY PARTIAL CHECKS FROM

1 WORKERS' COMPENSATION? LET ME CHANGE THAT. WERE
2 YOU RECEIVING CHECKS FROM WORKERS' COMPENSATION UP
3 UNTIL THE TIME THAT YOU WERE LAID OFF IN SEPTEMBER?

4 A. NO, I DON'T KNOW WHY THEY STOPPED TWO WEEKS BEFORE I
5 WAS LAID OFF.

6 Q. HOW MUCH WERE THE CHECKS YOU WERE RECEIVING UP UNTIL
7 TWO WEEKS BEFORE YOUR LAYOFF?

8 A. IT WAS ABOUT 101 AND 62 CENTS, THEREABOUT A WEEK.

9 Q. AND YOU -- YOU WERE MAKING HOW MUCH PER HOUR IN YOUR
10 JOB RIGHT UP UNTIL YOU WERE LAID OFF?

11 A. OH, WHEN I WAS SENT TO THE LAB, I WAS EARNING \$12.80
12 MORE OR LESS. I TRIED TO DO THE JOB THE BEST THAT I
13 COULD, AND I LEFT MAKING \$13.42.

14 Q. AND WHAT WERE YOU MAKING AT THE TIME OF YOUR INJURY?

15 A. I WAS MAKING ALMOST 16 -- A LITTLE OVER 16 AN HOUR.

16 Q. SINCE YOUR LAYOFF, HAVE YOU NOTICED ANY OF YOUR
17 PROBLEMS GETTING WORSE?

18 A. I DON'T KNOW REALLY. I DON'T KNOW WHAT TO DO. I
19 HAVE A LOT OF PROBLEMS. THE EMOTIONAL HAS WORSENERD.
20 THERE'S PROBLEMS AT HOME FINANCIAL AND PHYSICAL. I
21 SAY THAT IT'S GOTTEN WORSE. WHEN I WORKED, IT TOOK
22 MY MIND OFF OF IT, BUT NOW I THINK ABOUT IT ALL THE
23 TIME. YOU KNOW, I FEEL BAD REGARDING IT.

24 Q. THE FINANCIAL PROBLEMS THAT YOU ARE HAVING NOW, IS
25 THAT RELATED TO NOT RECEIVING ANY MONEY FROM

1 WORKERS' COMPENSATION SINCE YOU WERE LAID OFF?

2 A. YES. BECAUSE AT LEAST IT WAS \$400 A MONTH, AND THAT
3 WOULD HELP WITH THE MORTGAGE PAYMENT, WHICH IS WHAT
4 WORRIED ME THE MOST. I'M ON THE VERGE OF LOSING THE
5 HOUSE AND WITH NO MONEY, I HAVE TO GET MONEY BECAUSE
6 I CAN'T LOSE THE HOUSE.

7 Q. AND THIS IS THE HOUSE THAT YOU WERE ABLE TO GET OUT
8 OF FORECLOSURE?

9 A. YES, YES, THE MORTGAGE PAYMENT HAD GONE UP ABOUT
10 \$300 PER MONTH, BUT THEY ALLOWED ME TO KEEP THE
11 HOUSE. AND OF COURSE, THE PRINCIPAL AMOUNT THAT'S
12 OWED IS MORE. BEFORE I WAS INJURED, I HAD ALL MY
13 BILLS UP TO DATE. I PAID THEM ALL ON TIME.

14 Q. SINCE YOU WERE LAID OFF, HAVE YOU RECEIVED ANY
15 INCOME?

16 A. NO, I HAVEN'T RECEIVED ANY MONEY.

17 Q. LET ME ASK YOU ABOUT THE DAY THAT YOU WERE LAID OFF.
18 YOU WERE TELLING ME ABOUT A CONVERSATION YOU HAD
19 WITH SID DEVAUL AND JOE BROWN CONCERNING THE DRY
20 FINISH AREA.

21 A. YES, THEY GOT ME AT THE LAB AND THEY TOLD ME TO GO
22 TO JOE BROWN'S OFFICE. SO, WE WERE TALKING, AND
23 THEN SID SAID HE WANTED TO SEND ME TO THE DRY FINISH
24 AREA. I JUST SAID THAT THERE WAS SOME PROBLEM,
25 BECAUSE IN THAT AREA YOU STAND ALL DAY EIGHT HOURS,

1 AND SO -- WELL, HE ASKED JOE BROWN IF THAT WAS THE
2 CASE, AND HE SAID "YES."

3 Q. YOU MEAN, SID DEVAUL ASKED JOE BROWN IF THAT WAS THE
4 CASE?

5 A. YES. WHEN I TOLD SID THAT I HAD SOME PROBLEMS, THEN
6 HE ASKED JOE BROWN IF IT WAS STANDING ALL DAY, AND
7 HE REPLIED TO SID THAT YES, IT WAS. THAT IT WAS
8 BEING IN A PRODUCTION -- LIKE IN A PRODUCTION LINE.

9 Q. AFTER YOU TOLD JOE AND SID THAT IT WAS A STANDING
10 JOB AND SID CONFIRMS THAT WITH JOE, WHAT DID THEY
11 TELL YOU?

12 A. WELL, I SAID TO JOE BROWN THAT SINCE I WAS ALWAYS
13 TRYING TO DO WHATEVER THEY ASK, I WAS IN THIS
14 SITUATION. THAT'S WHAT I SAID TO JOE BROWN. YES.
15 I MENTIONED THAT THAT WAS SOMETHING THAT WAS NOT
16 GOING TO BE GOOD FOR MY HEALTH, AND I WASN'T GOING
17 TO TAKE THAT RISK WITH MY HEALTH AND DO MORE DAMAGE.
18 AND I CAN'T WORK WITH PEOPLE WHO ARE 100 PERCENT
19 WELL ESPECIALLY IN A PRODUCTION LINE WHERE THINGS
20 HAVE TO GET OUT. I CAN'T DO THAT.

21 Q. IS THAT BECAUSE YOU CAN'T KEEP UP?

22 A. YES, YES. I MEAN, YOU CAN'T EVEN THINK THAT I WOULD
23 BE ABLE TO DO THAT. I CAN'T BE STANDING ALL THAT
24 TIME. BUT OF COURSE, I DON'T WANT TO BE SITTING
25 EITHER. BUT I HAVE TO BE MOVING SOMEWHAT.

1 Q. SO, AFTER YOU HAD THAT CONVERSATION WITH JOE AND
2 SID, DID SID TELL YOU THEY WOULD NOT HAVE ANYTHING
3 ELSE FOR YOU?

4 A. YES. SID SAID THAT HE WOULD CHECK OTHER JOBS AND
5 SEE WHAT WAS AVAILABLE AND LET ME KNOW BY TELEPHONE,
6 BUT THEN I WAS LAID OFF.

7 Q. IF THE COMMISSIONER TODAY WERE TO AWARD YOU
8 PERMANENT AND TOTAL DISABILITY AND HE PAID THAT TO
9 YOU IN A LUMP SUM, DO YOU THINK YOU WOULD BE ABLE TO
10 HANDLE THOSE FUNDS?

11 A. WHAT EXACTLY DO YOU MEAN AS FAR AS TAKING CARE OF
12 IT?

13 Q. ARE YOU -- DO YOU HAVE A CHECKING ACCOUNT?

14 A. YES.

15 Q. DO YOU PAY THE BILLS AT YOUR HOUSE?

16 A. YES. SOMETIMES. SOME THINGS, I PAY ON LINE, AND
17 SOME THINGS I HAVE TO PAY DIRECTLY.

18 Q. BUT YOU'RE THE ONE WHO IS IN CHARGE OF THE CHECKING
19 ACCOUNT?

20 A. YES. I AM THE ONLY ONE WORKING IN MY HOUSE, AND I
21 HAVE TO DO THIS.

22 Q. AND WERE YOU ABLE TO NEGOTIATE ON YOUR OWN WITH THE
23 BANK TO GET YOUR HOUSE OUT OF FORECLOSURE?

24 A. YES.

25 Q. WHAT I MEANT BEFORE WAS IF THE COMMISSIONER PAID YOU

1 ALL OF YOUR MONEY AT ONCE, WOULD YOU BE ABLE TO PUT
2 THAT MONEY IN THE BANK AND SAVE IT AND USE IT AS
3 NEEDED, OR DO YOU THINK YOU WOULD NOT HAVE GOOD
4 DISCIPLINE AND GO OUT AND SPEND IT ALL AT ONCE?

5 BY THE INTERPRETER:

6 COMMISSIONER, THE INTERPRETER NEEDS TO CLARIFY
7 A TERM.

8 BY COMMISSIONER LYNDON:

9 YES, THAT'S FINE.

10 THE WITNESS ANSWERS (through interpreter):

11 A. NO, I BELIEVE THAT I AM CAPABLE. I HAVE FOUR KIDS,
12 AND I'M THE ONLY ONE WHO WORKS. MY WIFE STAYS AT
13 HOME. SO, I CAN DO IT. WITH KIDS, THERE'S A LOT OF
14 WORK INVOLVED. I'M RESPONSIBLE AND BELIEVE THAT I
15 CAN ADMINISTER THE MONEY CORRECTLY.

16 DIRECT EXAMINATION RESUMED BY MR. MARTIN (through
17 interpreter):

18 Q. ARE YOUR CHILDREN THINKING ABOUT GOING TO COLLEGE?

19 A. YES. THEY ARE THINKING ABOUT IT. IT'S NOT A
20 DECISION IF THEY'RE GOING. THEY ARE GOING, AND
21 THAT'S THE MENTALITY THAT WE'VE GIVEN THEM.

22 Q. AND DO YOU PLAN ON HELPING THEM FINANCIALLY WITH
23 THEIR COLLEGE IF YOU ARE ABLE?

24 A. SURE. IF I HAVE THE POSSIBILITY, I WILL HELP THEM
25 OF COURSE.

1 Q. AND WOULD IT BE HELPFUL IF YOU RECEIVED A LUMP SUM
2 TO POSSIBLY REFINANCE YOUR HOUSE OR AT LEAST GET ALL
3 THE PAYMENTS CAUGHT UP?

4 A. YES, OF COURSE. I WOULD REFINANCE. THE MONTHLY
5 MORTGAGE RIGHT NOW IS \$1,280, AND THE MORTGAGE
6 PAYMENT USED TO BE \$800. SO, IN SOME WAY, I NEED TO
7 TALK TO THE BANK AND SEE ABOUT REDUCING THE MONTHLY
8 PAYMENTS.

9 Q. THERE HAVE BEEN SEVERAL CONSENT ORDERS IN THIS CASE
10 CONCERNING YOUR MEDICAL TREATMENT. HAVE YOU BEEN
11 RECEIVING ALL OF THE PRESCRIPTION MEDICATIONS AND
12 ALL OF THE MEDICAL TREATMENT THAT YOU WERE SUPPOSED
13 TO RECEIVE?

14 A. NO. I HAVEN'T RECEIVED THE MEDICAL ATTENTION
15 NECESSARY, AND WHEN I GO TO THE DOCTOR, I THINK THE
16 DOCTOR IS BOTHERED BECAUSE I'M NOT FOLLOWING HIS
17 COURSE OF TREATMENT. ALSO, I HAVE BEEN PAYING FOR
18 THE MEDICATIONS FOR MY STOMACH AND FOR ANXIETY,
19 WHICH ARE THE MOST IMPORTANT FOR ME RIGHT NOW. AND
20 THERE ARE SOME MEDICINES I'M SUPPOSED TO BE TAKING
21 FOR THE ULCER AND STOMACH, BUT RIGHT NOW, I'M JUST
22 TAKING THE MEDICINE FOR THE PAIN, AND I'M PAYING FOR
23 IT.

24 Q. SO, NONE OF YOUR MEDICATION IS BEING AUTHORIZED?

25 A. NOT ALL OF THE MEDICATIONS, JUST TWO HAVE BEEN

1 AUTHORIZED.

2 Q. WHICH TWO?

3 A. ONE FOR THE STOMACH, WHICH IS RATIGEE(phonetic) AND
4 ONE FOR THE PAIN, WHICH IS TRAMADOL. THOSE TWO I
5 NEED EVERY DAY IN ORDER TO BE ALL RIGHT.

6 Q. AND THEN YOU PAY FOR THE ANXIETY MEDICATION AND
7 ANOTHER STOMACH MEDICATION OUT OF YOUR POCKET, AND
8 THEN THE REST OF YOUR MEDICATIONS, YOU'RE NOT ABLE
9 TO FILL; IS THAT ACCURATE?

10 A. YES. THE COMPENSATION AT MY JOB ONLY AUTHORIZED THE
11 PAIN MEDICATION. I MADE A MISTAKE. THE ONE FOR THE
12 STOMACH, I'M PAYING FOR THAT. AND THERE ARE OTHERS
13 I NEED, BUT THEY'RE TOO EXPENSIVE, AND I WANT TO
14 CONTINUE THE DOCTOR'S TREATMENT, BECAUSE IF I DON'T
15 DO IT, I'M NOT GOING TO GET ANY BETTER, AND I NEED
16 TO BUY THE MEDICINES. THE MEDICATION FOR ANXIETY, I
17 BUY THAT ALWAYS. I ALWAYS ENDEAVOR FOR THAT ONE NOT
18 TO RUN OUT.

19 Q. AND THAT'S ZOLOFT?

20 A. YES.

21 Q. YOU HAVE NEVER BEEN SENT FOR AN APPOINTMENT WITH DR.
22 TOLLISON, HAVE YOU?

23 A. NO.

24 Q. AND YOU'VE NOT HAD YOUR PHYSICAL THERAPY THAT WAS
25 RECOMMENDED BY DR. BEHR APPROVED?

1 A. NO, IT HAS BEEN DENIED ABOUT THREE TIMES NOW.

2 Q. AT THIS POINT, DO YOU THINK THAT YOU WOULD BE ABLE
3 TO GO BACK AND WORK AGAIN?

4 A. AT THIS POINT, I FEEL THAT I'VE WORSENERED AND THAT I
5 NEED TO GET BETTER. I HAVEN'T HEALED ALL THE
6 PROBLEMS, AND I FEEL UNABLE AND DISABLED AS FAR AS
7 WORKING.

8 Q. HOW LONG ARE YOU ABLE TO STAY ON YOUR FEET? I MAY
9 HAVE COVERED THIS. I APOLOGIZE.

10 A. I BELIEVE ABOUT 30 MINUTES, MAYBE 45 MINUTES, BUT I
11 NEED TO GET MYSELF SITUATED.

12 Q. THE DEPRESSION AND ANXIETY THAT YOU HAVE, DOES THAT
13 AFFECT YOUR ABILITY TO CONCENTRATE?

14 A. YES. I'M ALWAYS THINKING ABOUT THE PROBLEMS, AND
15 THE PAIN IS ALWAYS THERE. IT'S HARD TO CONCENTRATE.
16 I LOSE MY PLACE. IT'S DIFFICULT.

17 Q. HAS THAT GOTTEN WORSE SINCE YOU WERE LAID OFF?

18 A. YES, SURE, A LOT.

19 BY MR. MARTIN:

20 THAT'S ALL THE QUESTIONS I HAVE, COMMISSIONER.

21 BY COMMISSIONER LYNDON:

22 ASK THE CLAIMANT TO ANSWER ANY QUESTIONS THAT
23 MR. INFINGER MAY HAVE, PLEASE, MA'AM.

24 CROSS EXAMINATION BY MR. INFINGER (through interpreter):

25 Q. MR. VALDERRAMA, IF I UNDERSTAND IT CORRECTLY THEN

1 YOUR LAST DAY OF WORK AT KOHLER WAS ON SEPTEMBER THE
2 26TH OF 2011?

3 A. I'M NOT TOO SURE, BUT YES, I REMEMBER IT WAS A
4 MONDAY SOMETIME CLOSE TO THE 24TH OF SEPTEMBER.

5 Q. THE 26TH WAS ON A MONDAY, SO THAT WOULD PROBABLY BE
6 RIGHT THEN?

7 A. OKAY, YEAH, I BELIEVE IT WAS.

8 Q. ALL RIGHT. AND YOU TESTIFIED WHEN YOUR LAWYER WAS
9 ASKING YOU THESE QUESTIONS THAT -- I THINK I'M
10 CORRECT, THAT THE JOB YOU WERE IN WITH THE LAB WAS
11 NO LONGER GOING TO BE AVAILABLE FOR YOU, RIGHT?

12 A. YES.

13 Q. NOW, THE JOB YOU HAD IN THE LAB, YOU HAD BEEN
14 WORKING IN THE LAB FOR ABOUT HOW LONG; DO YOU
15 REMEMBER?

16 A. YES. I HAD LEARNED A LOT THERE IN THE LAB, AND I
17 WORKED ABOUT A YEAR.

18 Q. AND THE JOB YOU DID IN THE LAB, THERE WERE SEVERAL
19 FOLKS IN THE LAB EACH HAVING A DIFFERENT JOB TO DO?

20 A. PRACTICALLY WE DID ALL THAT WE WERE ABLE TO DO.
21 CERTAIN PEOPLE WERE ASSIGNED TO WORK CERTAIN
22 MACHINES.

23 Q. I THINK I UNDERSTAND THAT THERE WERE CERTAIN PARTS
24 OF THAT JOB THAT YOU DIDN'T KNOW BECAUSE YOU DIDN'T
25 HAVE TRAINING, BUT IN THE YEAR THAT YOU WERE THERE

1 THERE WERE OTHER PARTS OF THE JOB THAT YOU ACTUALLY
2 DID AND DID WELL?

3 A. YES. THERE WERE LOTS OF THINGS, AND I LIKED IT. I
4 LIKE TO WORK. THERE WERE SOME THINGS I DIDN'T DO
5 BECAUSE I DIDN'T HAVE THE TRAINING. AND THEN THE
6 HEAVY ITEMS OR THE GOING UP AND DOWN THE STAIRS, I
7 LET OTHER PEOPLE DO THAT.

8 Q. NOW, THE HEAVIEST ITEM THAT YOU WERE REQUIRED IN
9 YOUR POSITION IN THE LAB, WHAT DID YOU PICK UP?

10 A. IN THE LAB, WE HAD HEAVY BUCKETS TO LIFT. IT WAS
11 LIKE A COMPOSITE THAT WE MADE CALLED BATCHES. WELL,
12 SOMETIME WE WOULD HAVE TO MIX IT, GET IT INTO THE
13 MIXER, AND THE TABLE WAS UP TALL LIKE THIS (WITNESS
14 INDICATES). SO, I WOULD DEVISE WAYS TO OPERATE IT
15 AND MOVE IT AND GET IT IN POSITION. IT WAS HARD,
16 BUT I WANTED TO PRESERVE MY JOB, AND I DIDN'T
17 COMPLAIN.

18 Q. SO, AT THE TIME YOU WERE IN THE LAB, YOU NEVER
19 COMPLAINED ABOUT NOT BEING ABLE TO DO THE JOB,
20 CORRECT?

21 A. THE ONLY COMPLAINTS I HAD WAS TO THE NURSE WITH MY
22 KNEE. THEY WOULD PUT SOME CREAM ON IT. THAT WAS
23 THE ONLY COMPLAINTS.

24 Q. AND -- I MEAN, YOU NEVER LEFT WORK BECAUSE YOU
25 WEREN'T ABLE TO DO THE JOB DURING THE TIME YOU WERE

1 AT THE LAB?

2 A. NO, I DON'T UNDERSTAND YOUR QUESTION.

3 Q. DID YOU HAVE TO LEAVE WORK BECAUSE YOU WERE UNABLE
4 TO DO YOUR JOB AT THE TIME YOU WERE WORKING IN THE
5 LAB BECAUSE OF PHYSICAL OR EMOTIONAL PROBLEMS?

6 A. WELL, THERE WAS ALWAYS SOMETHING TO DO, AND IF THERE
7 WAS SOMETHING WHERE I NEEDED TO BE ALONE, THEN I
8 COULD JUST GO AND DO THAT WHILE I WAS ALONE.

9 Q. BUT YOU'RE ON THE CLOCK. YOU DIDN'T LEAVE WORK
10 BECAUSE OF A PROBLEM ON THE JOB REGARDING YOUR
11 INJURY?

12 A. I DON'T BELIEVE I MISSED EVEN A DAY OF WORK. AND IT
13 WAS ALWAYS A GREAT -- I HAD TO EXERT MYSELF TO GO,
14 BUT IT WAS -- I WAS HAPPY TO DO IT, BECAUSE I LIKED
15 WORKING.

16 Q. IN FACT IF THE POSITION WAS NOT -- IF THE POSITION
17 HADN'T BECOME UNAVAILABLE BECAUSE OF SOMEBODY ELSE
18 COMING BACK TO WORK, YOU WOULD STILL BE WORKING IN
19 THE LAB NOW?

20 A. YES. I DIDN'T DO EVERYTHING THAT THE OTHERS IN THE
21 LAB DID. I NEEDED TO SIT, BUT THERE WERE NO
22 COMPLAINTS IF I WAS STANDING OR IF I WAS WALKING.
23 THEY WOULD ALLOW ME TO MOVE AND STRETCH AND MOVE
24 ABOUT.

25 Q. SO, THE REASON YOU'RE NOT THERE IS BECAUSE YOU GOT

1 LAID OFF, RIGHT?

2 A. YES. UP UNTIL A MONTH AGO, THAT'S HOW IT IS. NOW,
3 THIS MONTH HAS BEEN DIFFERENT BECAUSE MY SITUATION
4 HAS WORSENERD ALL AROUND.

5 Q. NOW, WHEN YOU WERE HAVING THAT CONVERSATION WITH SID
6 DEVAUL AND JOE BROWN, YOU HAVE TESTIFIED THAT THEY
7 OFFERED YOU ANOTHER JOB SINCE THE LAB JOB WAS -- YOU
8 GETTING BUMPED OUT OF THAT BECAUSE OF THE REDUCTION
9 IN FORCE OR SENIORITY OR SOMETHING. YOU HAD A
10 CONVERSATION WITH THOSE TWO GENTLEMAN?

11 A. YES. I HAD A CONVERSATION WITH THEM.

12 Q. AND YOU DON'T DENY HERE TODAY THAT THEY ACTUALLY
13 OFFERED YOU ANOTHER JOB; SINCE THE LAB WAS NOT
14 AVAILABLE, THEY OFFERED YOU -- THEY ACTUALLY OFFERED
15 YOU A JOB IN THE DRY FINISH AREA, RIGHT?

16 A. YES.

17 Q. AND WHEN THEY OFFERED THAT JOB TO YOU, YOU DECLINED
18 TAKING THAT JOB. IN OTHER WORDS, YOU DIDN'T ACCEPT
19 THE JOB THEY OFFERED YOU?

20 A. I ASKED THEM IF THE JOB REQUIRED STANDING FOR EIGHT
21 HOURS AND IF THERE WAS A PRODUCTION LINE, AND THEY
22 SAID THAT THERE WAS, AND I WAS NOT GOING TO RISK MY
23 HEALTH ANY FURTHER.

24 Q. SO, YOU DIDN'T ACTUALLY TRY THE JOB TO SEE IF YOU
25 COULD DO IT?

1 A. WHEN I HAD THE FIRST INJURY, I BELIEVE THAT THE
2 PERSON IN FRONT OF ME, MIKE TOLLISON -- MIKE SAID
3 THAT THEY WOULD TAKE CARE OF ME AND MAKE SURE THAT I
4 GOT MY TREATMENT, AND I BELIEVED 100 PERCENT IN HIM.
5 MIKE PICKED ME UP AFTER THE ACCIDENT -- AFTER THE
6 SURGERY AND TOOK ME TO WORK. AND I WENT AHEAD
7 BECAUSE I WANTED TO BE OKAY AND THOUGHT THAT IT WAS
8 NECESSARY FOR MY JOB. AND AFTER THE SECOND INJURY,
9 I WAS DISAPPOINTED WITH MIKE, BECAUSE HE WAS ALWAYS
10 IN MY AREA AND TELLING ME TO TRY AND LIFT -- TRY
11 LIFTING OR TRY BEING STRONGER. AND I JUST FELT THE
12 PAIN IN THE LEFT SIDE. WHEN I TOLD MIKE, HE SAID
13 THAT THAT WAS NORMAL AND TO KEEP TRYING.

14 Q. SO, MY QUESTION IS ---

15 BY MR. MARTIN:

16 I DON'T THINK HE'S FINISHED. I THINK HE'S
17 STILL GOING.

18 BY MR. INFINGER:

19 WELL, I MEAN, COMMISSIONER, THE ONLY THING IS I
20 ASKED HIM DID HE TRY THIS OTHER JOB, AND IF THIS IS
21 IN RESPONSE TO THAT, THEN I'LL LET HIM KEEP GOING,
22 BUT I JUST WANT TO KNOW DID HE AT LEAST TRY IT?

23 BY COMMISSIONER LYNDON:

24 OKAY. ASK THE QUESTION AGAIN.

25 BY THE INTERPRETER:

(THE INTERPRETER ASKS THE QUESTION AGAIN)

THE WITNESS ANSWERS (through interpreter):

A. NO, I DID NOT TRY THE JOB BECAUSE IT REQUIRES DOING WHAT I CANNOT.

Q. OKAY. AND THE PART OF THE JOB THAT YOU COULDN'T DO, YOU SAID YOU WOULD NOT BE ABLE TO STAND FOR EIGHT HOURS. IS THAT RIGHT?

A. YES, OF COURSE, YES.

Q. SO, IT DIDN'T HAVE ANYTHING TO DO WITH LIFTING; IT WAS JUST THE STANDING PART?

A. NO, THEY HAVE EQUIPMENT THAT ASSISTS IN THE LIFTING. MY PROBLEM IS THAT I COULD NOT STAND FOR EIGHT HOURS.

Q. NOW, WHEN YOU WERE IN THE LAB, DID THAT REQUIRE YOU TO STAND?

A. NO, NOT ALL DAY. I HAD A TALL SEAT, AND I COULD MOVE AROUND SITTING, STANDING, WALKING.

Q. SO, THAT'S STILL A JOB YOU COULD DO?

A. WELL, UP TO ABOUT A MONTH AGO, I WOULD HAVE SAID THAT I COULD, BUT I CAN'T NOW. I CAN'T BE AROUND PEOPLE NOW. IT'S DIFFICULT, THE PHYSICAL PROBLEMS AND THE EMOTIONAL PROBLEMS. I CAN'T BE AROUND PEOPLE.

Q. NOW, WHENEVER YOU HAD THAT COMMUNICATION WHEN THEY WERE TELLING YOU ABOUT THE JOB REQUIREMENTS AND YOU

1 DECLINED IT, DID YOU HAVE AN INTERPRETER TO ASSIST
2 IN THAT COMMUNICATION?

3 A. NO, I DON'T KNOW WHAT PERCENT OF ENGLISH I
4 UNDERSTAND, BUT I DO UNDERSTAND A GOOD DEAL OF
5 ENGLISH. IT'S JUST IN CERTAIN SITUATIONS WHERE I
6 FEEL THAT I NEED AN INTERPRETER, AND THAT'S NOT
7 ALWAYS BEEN PROVIDED.

8 Q. BUT AS FAR AS THAT COMMUNICATION BETWEEN YOU AND THE
9 GENTLEMAN THAT WAS OFFERING YOU A JOB AND YOUR
10 QUESTIONS ABOUT WHAT DID THE JOB ENTAIL, YOU WERE
11 ABLE TO UNDERSTAND THAT IN ENGLISH? YOU FEEL LIKE
12 THAT WAS -- YOU UNDERSTAND WHAT THEY WERE ASKING AND
13 YOU UNDERSTAND WHAT YOU WERE SAYING TO THEM WHENEVER
14 YOU DECLINED THAT JOB?

15 A. WELL, I NEVER DENIED THAT I WOULD GO WORK. I ASKED
16 QUESTIONS. I WANTED TO FIND OUT IF IT WAS STANDING
17 ALL DAY AND IF IT REQUIRED THE PRODUCTION LINE. I
18 MEAN, IF IT WAS WITHIN MY RESTRICTIONS, I WOULD TRY
19 TO DO IT. BUT I BELIEVE THAT THERE WAS GOOD
20 COMMUNICATION BECAUSE IT WAS SHORT.

21 Q. CAN YOU THINK OF ANY OTHER JOBS THAT YOU WERE
22 OFFERED WHILE YOU WERE THERE AFTER YOU LEFT THE
23 CASTING POSITION WHEN YOU HAD YOUR KNEE INJURY?

24 A. NO, ANOTHER JOB WASN'T OFFERED TO ME.

25 Q. AT ONE TIME, I UNDERSTOOD THEY OFFERED YOU A

1 FORKLIFT JOB OR SOME KIND OF JOB LIKE THAT?

2 A. NO, NOBODY TOLD ME THAT. ACTUALLY, I WAS THE ONE
3 WHO HAD ASKED ABOUT ONE OF THOSE JOBS. AND I
4 REMEMBER THEY SAID THEY WOULD LOOK INTO IT, BUT NO
5 ONE GOT BACK TO ME.

6 Q. I THINK YOU WOULD HAVE MADE LESS MONEY DOING THAT
7 JOB THAN YOU WOULD IN THE LAB, RIGHT?

8 A. I'M NOT REALLY SURE HOW MUCH IT PAYS, BUT I MEAN, I
9 WOULD THINK THAT THE FORKLIFT WOULD PAY MORE.

10 Q. NOW, ARE YOU STILL ATTENDING SCHOOL AT ALL?

11 A. NO.

12 Q. YOU WERE ENROLLED IN SCHOOL AT ONE TIME WHENEVER YOU
13 WERE SEEING DR. KEITH, IS THAT RIGHT? OR I MIGHT BE
14 MISTAKEN, BUT I THOUGHT THAT WAS IN YOUR DEPOSITION.

15 A. NO, I WASN'T STUDYING.

16 Q. NOW, YOU'VE INDICATED TO YOUR LAWYER THAT YOU WERE
17 SEEING DR. BEHR AT ORTHOPEDIC ASSOCIATES FOR YOUR
18 BACK, CORRECT?

19 A. YES, THAT IS TRUE.

20 Q. AND DO YOU HAVE AN APPOINTMENT TO RETURN BACK TO SEE
21 DR. KEITH?

22 A. I DON'T REMEMBER NOW, BUT I BELIEVE I DO. MAY I ASK
23 IF I CAN STAND FOR A WHILE?

24 Q. SURE.

25 BY COMMISSIONER LYNDON:

1 YOU CAN STAND, CERTAINLY.

2 BY THE WITNESS:

3 THANK YOU.

4 CROSS EXAMINATION RESUMED BY MR. INFINGER:

5 Q. YOU MENTIONED SOMETHING ABOUT CONCENTRATION BEING A
6 PROBLEM WITH YOUR DEPRESSION. WERE YOU ABLE TO
7 APPROPRIATELY CONCENTRATE WHEN YOU WERE WORKING IN
8 THE LAB?

9 A. LIKE I SAID BEFORE, I WAS FINE. WHILE I WAS IN THE
10 LABORATORY, IT WAS DIFFICULT, BUT IT WAS GOOD. UP
11 UNTIL THEN, I TRIED TO CONCENTRATE AND DO MY JOB,
12 AND I THINK I DID A GOOD JOB.

13 Q. NOW, YOU DIDN'T APPLY FOR UNEMPLOYMENT AFTER YOU GOT
14 LAID OFF, DID YOU?

15 A. NO, I DID NOT APPLY.

16 Q. AND YOU HAVEN'T RECEIVED ANY UNEMPLOYMENT?

17 A. NO, I HAVEN'T RECEIVED.

18 Q. HAVE YOU ATTEMPTED TO LOOK FOR WORK ELSEWHERE SINCE
19 YOU'VE BEEN LAID OFF?

20 A. NO. I DON'T KNOW WHAT TYPE OF JOB I WOULD FIND IN
21 THIS POSITION. I'M JUST THINKING ABOUT DAY TO DAY
22 JUST HAVING GOOD DAYS AND NOT YELLING AT MY KIDS AND
23 GETTING ALONG WITH MY WIFE.

24 BY MR. INFINGER:

25 I DON'T HAVE ANY OTHER QUESTIONS.

1 BY MR. MARTIN:

2 JUST REAL QUICK, YOUR HONOR.

3 RE-DIRECT EXAMINATION BY MR. MARTIN:

4 Q. DURING THIS TIME WHEN YOU WERE WORKING IN THE LAB
5 AND YOU WERE WORKING EVERY DAY COMING TO WORK AND
6 NOT COMPLAINING VERY MUCH OTHER THAN TO THE NURSE,
7 IS IT THAT SAME PERIOD OF TIME THAT WE FILED THREE
8 DIFFERENT MOTIONS AGAINST THE DEFENDANTS FOR FAILING
9 TO PROVIDE YOU WITH THE MEDICAL TREATMENT THAT THEY
10 HAD AGREED TO PROVIDE BY ORDER?

11 A. YES.

12 Q. AND IS IT YOUR TESTIMONY THAT YOUR DEPRESSION AND
13 YOUR PROBLEMS WITH CONCENTRATION HAVE GOTTEN WORSE
14 SINCE YOU WERE LET GO BY YOUR EMPLOYER OF -- I
15 BELIEVE YOU'VE BEEN WORKING THERE TEN YEARS, AND YOU
16 HAVEN'T RECEIVED ANY MONEY FOR OVER THE LAST SIX
17 WEEKS?

18 A. NO, I HAVEN'T RECEIVED ANY CHECK OR ANYTHING.

19 Q. AND IS IT YOUR TESTIMONY THAT YOUR DEPRESSION AND
20 YOUR PROBLEMS WITH CONCENTRATION HAVE GOTTEN WORSE
21 SINCE YOU WERE LET GO?

22 A. YES, YES, OF COURSE, YES.

23 BY MR. MARTIN:

24 THAT'S ALL THE QUESTIONS I HAVE, COMMISSIONER.

25 BY COMMISSIONER LYNDON:

1 ALL RIGHT. MR. INFINGER?

2 BY MR. INFINGER:

3 NOTHING FURTHER.

4 BY COMMISSIONER LYNDON:

5 LET ME ASK JUST A COUPLE OF QUESTIONS. DOES
6 THE CLAIMANT HAVE RESTRICTIONS ANYWHERE? I KNOW
7 WHAT HE DESCRIBES.

8 BY MR. MARTIN:

9 YES, SIR.

10 BY COMMISSIONER LYNDON:

11 WHAT PAGE WOULD THAT BE ON?

12 BY MR. MARTIN:

13 LET ME SEE. I BELIEVE THEY'RE OUTLINED IN HIS
14 VOCATIONAL EVALUATION, BUT I ALSO WILL POINT YOU TO
15 ANOTHER SPOT, COMMISSIONER.

16 BY MR. INFINGER:

17 INCIDENTALLY WHILE AL IS LOOKING FOR THAT, WE
18 PROVIDED TO YOU -- DR. KEITH'S DEPOSITION WAS TAKEN
19 TWICE, AND WE'VE PROVIDED THOSE TO YOU.

20 BY COMMISSIONER LYNDON:

21 LET'S GO OFF THE RECORD JUST A MINUTE.

22 (OFF THE RECORD)

23 BY COMMISSIONER LYNDON:

24 WE'RE BACK ON THE RECORD, AND I FOUND THE
25 RESTRICTIONS, I BELIEVE. THEY WERE IN THE

1 CLAIMANT'S APAs. HE HAS HAD A NUMBER OF SURGERIES:
2 TWO ON ONE LEG AND -- TWO ON THE LEFT AND ONE ON THE
3 RIGHT.

4 BY MR. MARTIN:

5 YES, SIR.

6 BY COMMISSIONER LYNDON:

7 AND IS THERE A JOB AVAILABLE FOR THE CLAIMANT
8 TODAY AS WE SIT HERE WITHIN HIS RESTRICTIONS?

9 BY MR. INFINGER:

10 YOU MEAN, YOU WANT TO ASK THAT? I COULD ASK --
11 LET ME ASK THE EMPLOYER.

12 BY COMMISSIONER LYNDON:

13 SIR?

14 BY MR. INFINGER:

15 I SAID I CAN ASK THE EMPLOYER. I CAN ASK THE
16 SAFETY MANAGER IF HE KNOWS THAT.

17 BY COMMISSIONER LYNDON:

18 WE CAN PUT HIM UP.

19 BY MR. INFINGER:

20 ARE WE ON THE RECORD?

21 BY COMMISSIONER LYNDON:

22 YEAH, WE'RE BACK ON THE RECORD.

23 BY MR. INFINGER:

24 I JUST -- LET ME JUST ASK HIM WHAT THEY HAVE,
25 BECAUSE THERE'S A REDUCTION IN FORCE OVER THERE.

1 CAN I JUST ASK HIM THAT REAL QUICK?

2 BY COMMISSIONER LYNDON:

3 I'LL TELL YOU WHAT I CAN DO. I CAN FINISH MY
4 QUESTIONS WITH THE CLAIMANT.

5 EXAMINATION BY COMMISSIONER LYNDON (through interpreter):

6 Q. LET ME SEE. AND THE CLAIMANT HAS HAD NO MONEY SINCE
7 -- HAS HE HAD ANY -- HE'S HAD NO PAY FOR ABOUT SIX
8 WEEKS SINCE 9/26/11; IS THAT FAIR; IS THAT TRUE?

9 A. NO, SIR, I HAVEN'T RECEIVED ANY.

10 Q. AND HIS WIFE DOESN'T WORK?

11 A. NO, SHE DOESN'T WORK.

12 Q. AND HOW MANY CHILDREN DOES HE HAVE?

13 A. FOUR.

14 Q. AND HOW IS HE LIVING? I MEAN, HAS HE HAD ANY
15 INCOME? IS HE LIVING ON SAVINGS? WHAT HAS HE DONE
16 FOR THESE ABOUT SIX OR SEVEN WEEKS?

17 A. MY FATHER HAS BEEN HELPING ME. FOR ABOUT A YEAR, HE
18 HAS BEEN HELPING ME WITH MONEY WHEN I NEED IT, MAYBE
19 A LITTLE MORE THAN THAT. IT'S THE ONLY THING THAT'S
20 HELPING ME.

21 Q. AND HIS MAJOR SOURCE OF DEBT IS JUST THE HOUSE AND
22 HIS PAYMENT WENT FROM 800 TO 1280; DID I UNDERSTAND
23 THAT?

24 A. YES. THAT'S THE GREATEST DEBT PAYMENT I HAVE. MY
25 NEXT PAYMENT STARTS IN TWO WEEKS.

1 Q. IS THAT THE MAIN DEBT THE CLAIMANT HAS IS PAYING OFF
2 HIS HOUSE?

3 A. YES. THE HOUSE IS THE BIGGEST DEBT THAT I HAVE. I
4 MEAN, I HAVE OTHER DEBTS, AND I WENT THROUGH ALL MY
5 SAVINGS, BUT WHAT CONCERNS ME THE MOST IS THE HOUSE
6 PAYMENT.

7 Q. SO, HE'S GOT TO PAY A \$1280 HOUSE PAYMENT, AND HIS
8 WEEKLY CHECK IS 452?

9 A. SOMETHING LIKE THAT.

10 BY COMMISSIONER LYNDON:

11 AND I CAN ASK THE ATTORNEYS. WHEN HE WAS ON
12 T.P., WAS IT SUPPLEMENTED UP TO \$452.03?

13 BY MR. MARTIN:

14 YES, SIR.

15 BY MR. INFINGER:

16 I THINK IT WAS PROBABLY SUPPLEMENTED UP TO --
17 WELL, IT WAS TWO-THIRDS OF THE DIFFERENCE BETWEEN
18 WHAT HE WAS MAKING AT THE LAB AND WHAT HE WAS MAKING
19 ON HIS AVERAGE WEEKLY WAGE, NOT WHAT HE WAS MAKING.
20 SO, IT WOULD HAVE PROBABLY HAVE BEEN AT LEAST -- IT
21 MIGHT HAVE BEEN ---

22 BY MR. MARTIN:

23 \$678 WAS HIS ACTUAL WAGE.

24 BY COMMISSIONER LYNDON:

25 SO \$678 WAS HIS AVERAGE WEEKLY WAGE.

1 BY MR. INFINGER:

2 HE WOULD HAVE BEEN UP TO, YOU KNOW, TWO THIRDS.
3 OF THE DIFFERENCE BETWEEN THAT. THAT'S WHY I THINK
4 HE WAS GETTING ---

5 BY MR. MARTIN:

6 T.P.D.

7 BY MR. INFINGER:

8 --- TEMPORARY PARTIAL.

9 BY MR. MARTIN:

10 IT WAS \$101.62.

11 BY MR. INFINGER:

12 YEAH, A HUNDRED DOLLARS A WEEK BROUGHT HIM UP
13 TO THE TWO THIRDS OF THE -- NOT TWO THIRDS -- BUT
14 TWO-THIRDS OF THE DIFFERENCE.

15 EXAMINATION RESUMED BY COMMISSIONER LYNDON:

16 Q. DOES THE CLAIMANT HAVE A CAR?

17 A. YES.

18 Q. AND ASK HIM IF THAT'S PAID FOR?

19 A. I HAVE TWO CARS, A '95 AND A '96, AND THEY'RE BOTH
20 PAID.

21 Q. OKAY.

22 BY COMMISSIONER LYNDON:

23 I DON'T THINK I HAVE ANY OTHER QUESTIONS.

24 THOSE WERE JUST SOME...

25 BY MR. INFINGER:

1 AND, COMMISSIONER, IN RESPONSE TO YOUR INQUIRY,
2 THE SAFETY DIRECTOR WHO IS HERE SAYS AS FAR AS HE
3 UNDERSTANDS BASED ON THE AVAILABILITY OF WORK THAT
4 THE CLIENT HAS DUE TO THE ECONOMIC SHUTDOWN, WHICH
5 HAS LED TO THOSE LAYOFFS, THE ONLY JOB THEY HAD
6 AVAILABLE TO HIM TO OFFER HIM WAS THAT DRY FINISH
7 JOB THAT WE TALKED ABOUT.

8 BY COMMISSIONER LYNDON:

9 DOES THAT NOT EXIST ANYMORE?

10 BY MR. INFINGER:

11 WELL, THAT JOB EXISTS, BUT THAT'S THE JOB THAT
12 HE SAID HE COULDN'T DO.

13 BY COMMISSIONER LYNDON:

14 AND THAT JOB, FORGIVE ME, IT'S BEEN A LONG
15 HEARING. DID THAT REQUIRE -- CAN YOU TELL ME WHAT
16 THE REQUIREMENTS OF THAT JOB WERE AGAIN.

17 BY MR. INFINGER:

18 THE JOB WITH THE DRY FINISH?

19 BY COMMISSIONER LYNDON:

20 YES, SIR.

21 BY MR. INFINGER:

22 IT REQUIRED -- I MEAN, I THINK IT DID REQUIRE
23 STANDING. IT WASN'T A PRODUCTION JOB AS FAR AS, YOU
24 KNOW, THEY WERE COMING ALONG ON A CONVEYOR BELT. HE
25 HAD SOME AVAILABILITY OR SOME FLEXIBILITY IN

1 ALLOWING IT TO COME AT -- I MEAN, HE HAD TO PUSH THE
2 BUTTON FOR THE NEXT ONE TO COME.

3 BY MR. MARTIN:

4 BUT HE WOULD HAVE TO BE ON HIS FEET FOR EIGHT
5 HOURS.

6 BY MR. INFINGER:

7 THERE WAS NOT A LIFTING REQUIREMENT, BUT IT WAS
8 A JOB ON THE FLOOR, AND I THINK IT -- I THINK THERE
9 WERE FOUR POSITIONS, AND THEY ROTATED THOSE
10 POSITIONS.

11 IS THAT CORRECT?

12 BY MR. MIKE TOLLISON:

13 YES.

14 BY COMMISSIONER LYNDON:

15 I DIDN'T HAVE ANY OTHER QUESTIONS. ANYTHING
16 ELSE?

17 BY MR. MARTIN:

18 NO, SIR.

19 BY COMMISSIONER LYNDON:

20 ANY OTHER WITNESSES?

21 BY MR. INFINGER:

22 NONE.

23 BY COMMISSIONER LYNDON:

24 THEN THAT WOULD CONCLUDE THE HEARING. THANK
25 YOU VERY MUCH.

1 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
2 CONCLUDED AT THE HOUR OF 1:08 P.M.).

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 0809520

EMPLOYEE/CLAIMANT: YURI VALDERRAMA

EMPLOYER: KOHLER COMPANY

INSURER: (SELF-INSURED)

I, JAN L. WHITWORTH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 39 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF YURI VALDERRAMA TAKEN ON THE 2ND DAY OF NOVEMBER, 2011.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 26TH DAY OF NOVEMBER, 2011.

JAN L. WHITWORTH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 3-12-2014

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. #0809520

YURI VALDERRAMMA,
Claimant,
vs.
KOHLEK COMPANY,
SELF-INSURED,
Employer-Insurer.

COPY

DEPOSITION OF JOHN E. KEITH, JR., M.D.

DATE TAKEN: January 14, 2010
TIME BEGAN: 5:27 p.m.
TIME ENDED: 6:02 p.m.
LOCATION: orthopaedic specialities of Spartanburg
303 East Wood Street
Spartanburg, South Carolina 29303

REPORTED BY: Kathleen M. Gula
Gallagher Court Reporting
864-234-5744

APPEARANCES:

ALTON L. MARTIN, JR., ESQUIRE

Martin & Brasington, PA

31 Cleveland Street

Post Office Box 8220

Greenville, South Carolina 29604

.....On behalf of the Claimant

RUSSELL T. INFINGER, ESQUIRE

Nexsen Pruet, LLC

55 E. Camperdown Way, Suite 400

Post Office Drawer 10648

Greenville, South Carolina 29603

.....On behalf of the Employer-Insurer

ALSO ATTENDING: Yuri Valderramma

STIPULATIONS: The within deposition was taken pursuant to the South Carolina Rules of Civil Procedure.

WAIVER: Examination and reading of the deposition are waived by the witness and by the parties.

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Defendant's Exhibits (Attached)

Exhibit No. 1 (Miscellaneous Medical Records)....	23
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1 JOHN E. KEITH, JR., M.D., being duly sworn, testified
2 as follows:

3 EXAMINATION BY MR. INFINGER:

4 Q. Dr. Keith, I'm Rusty Infinger. I'm here today
5 representing Kohler in a workers' compensation
6 action brought by your patient, Mr. Valderramma.
7 We've met briefly and talked about your deposition
8 and the fact that what we're going to do is make a
9 copy of your narrative notes and attach them to
10 your deposition, so it will obviously not be
11 necessary for us to read all these because the
12 Commission allows us to put your written records
13 in.

14 I know, even though I didn't talk to him, I
15 know Mr. Martin is going to stipulate to your
16 credentials as being an expert in the field of
17 orthopedic surgery. But just for the Commission's
18 benefit and the record in this case, if you would
19 give us a very brief statement of your background
20 as far as your education and then your practice
21 here at Orthopaedic Specialties.

22 A. I'm Dr. John Keith, Jr. I went to undergraduate
23 at Washington and Lee University. I attended
24 medical school at MUSC in Charleston, South
25 Carolina and then did my internship and orthopedic

1 residency at Chapel Hill, North Carolina. Then I
2 did a fellowship in Baltimore in upper extremity
3 surgery. I'm a board certified orthopedist and
4 then board recertified. Then actually I recently
5 recertified a second time. I'm past Chief of
6 Staff of Mary Black Hospital. I am Chief of
7 Orthopedics here in Spartanburg at the present
8 time.

9 Q. Okay. Now, I've got your chart. I'm going to
10 flip it back it over there to you so that you can
11 have it, but I think we're all in agreement here
12 that the patient saw you following some treatment
13 with and surgery by Dr. Mary Joan Black regarding
14 his left knee when you saw him, and it ended up as
15 result of some testing he did, thought that he had
16 a problem which apparently appeared as a recurrent
17 tear of the medial meniscus, and you did another
18 arthroscopic procedure on Mr. Valderramma's left
19 knee; is that right?

20 A. That's correct; yes, sir.

21 Q. Now, in his initial visit with you on April the
22 20th, and let me just give this back to you.

23 A. All right.

24 Q. When he originally saw you, I suppose this is the
25 Patient History Form that he filled out. This

1 would be for your office, correct?

2 A. Yes. We call it our green sheet. It's filled out
3 by the patient but has some notes scribbled on by
4 me on the sheet also. That's our encounter or
5 initial encounter form filled out by the patient.

6 Q. Okay. It looks like we don't have a copy of the
7 backs, so we might get that as well. So the
8 printed writing that we can read is probably Mr.
9 Valderramma's writing and that other writing is
10 yours?

11 A. That's correct.

12 Q. Written like a true doctor.

13 A. That's correct.

14 Q. No offense, but I just wanted to make sure. I
15 think that that sort of delineates who did what.

16 A. Yes.

17 Q. Now, when he presented to you, I think you were
18 aware that he had had this left knee injury which
19 required surgery, but it appears that he also
20 might have complained to you about some problems
21 with his right leg? I see that noted on his
22 intake form.

23 A. Yes. At the bottom of the intake form dated April
24 20 of 2009, he presented with left knee pain, but
25 also mentioned that he had problems with his right

1 knee and pain in his back also. He mentions
2 problems swallowing. These are the problems that
3 he mentioned at the end of the encounter form,
4 yes.

5 Q. All right. Now, he never said and I don't think
6 there is any allegation in this case that the
7 right knee complaints he had were complaints that
8 happened when he had his actual injury on June the
9 24th of 2008, when he was over at the plant and
10 has his injury that originally led him to Dr.
11 Black. He never mentioned to you that he had hurt
12 his right knee on that date, did he?

13 A. No. We talked about this at length. He never
14 discussed with me any particular injury to the
15 right knee. He felt like that his right knee pain
16 developed as a consequence of the problems that he
17 had in the left knee, part of which is that his
18 left knee treatment was so protracted, delayed, if
19 you will, at some points, and that he had to
20 predominantly rely on his right knee as being his
21 good knee. But it's my understanding that he did
22 have an injury to the left knee but not the right
23 knee.

24 (Whereupon discussion was held of the record.)

25 EXAMINATION RESUMED BY MR. INFINGER:

1 Q. So after that original visit on 4/20 of 2009, even
2 though he was complaining of the right knee, your
3 plan was and your actual operation was the left
4 knee arthroscopic procedure, which looks like it
5 was done on 4/23/09; is that right?

6 A. Yes, and that was his major problem. I don't
7 think that at that time the right knee was severe.
8 It was my understanding that it was there, but the
9 major problem was in the left knee.

10 Q. Okay. And it looks like you wrote him out of work
11 or you put him on a modified duty at sedentary
12 work until, and I'm looking at your notes here,
13 until May the 5th of '09, following that surgery
14 on the 23rd of April?

15 A. That's correct.

16 Q. Now, in the follow-up note on 4/28, and I think
17 it's the next note you have following the op note,
18 you're talking about the left knee. It doesn't
19 appear to be any mention of the right knee at that
20 time, so were there no complaints or symptoms of
21 the right knee on the visit of 4/28/09?

22 A. No, there was no mention of the right knee at that
23 time.

24 Q. And then it looks on May the 22nd of 2009, he
25 returned for, I guess his next visit, which was

1 about a month out where you reported he was doing
2 well. And again it didn't appear that there were
3 any complaints of or any problem mentioned with
4 anything other than the left knee?

5 A. Correct.

6 Q. Okay. By June the 22nd of 2009, your note
7 indicates that he was allowed to go back to work
8 full duty?

9 A. Correct.

10 Q. So as of June 22nd of 2009, there were no
11 restrictions placed on him for any reason?

12 A. That's correct.

13 Q. And that no restrictions for any reason would
14 include any problems, symptoms, or complaints
15 regarding the right knee, correct?

16 A. Correct.

17 Q. Okay. Now, when I'm looking at your note of
18 7/27/09, the next note that I see in the
19 chronology of these records, you say in about the
20 fourth sentence, he has a lot of significant pain
21 in his right knee ever since he fell, and he feels
22 like now his right knee is hurting him so bad
23 prohibiting his full recovery from his left knee.
24 Did he give you a history of having fallen and
25 injuring the right knee in that visit?

1 A. No. This was another encounter sheet that he
2 filled out on that July 27th, 2009. His reason
3 for the visit was pain in his right knee and back,
4 and he pointed out that it's been hurting for
5 about six months. He also pointed out that he had
6 not gone to the ER for this, and he mentioned that
7 he was not out of work because of this. He notes
8 down that the pain seems to be worse with any type
9 of twisting, bending, or pulling. It resulted
10 from a twisting, bending, and pulling, but he does
11 not specifically mention at that point that it was
12 due to a specific on-the-job injury.

13 Now, I might elaborate, because Yuri and I
14 talked about this. He felt, and I agree with him,
15 that this opposite knee pain, the right knee,
16 developed more after the left knee was injured in
17 that he felt like that he could not pull all his
18 weight on his left knee. He had had two surgeries
19 on them and had been on crutches. He had been
20 favoring it for really six months, and he felt
21 like it had gotten worse. He admitted there was
22 no real trauma to it, but it just developed since
23 he was favoring the other knee. That's the way I
24 understood it, and we did have a discussion at
25 that point about that.

1 Q. Okay. So the key thing, though, that is indicated
2 in here, ever since he fell. So was there a fall
3 that occurred six months prior to this July note
4 concerning that, or what was his discussion about
5 increasing pain following a fall?

6 A. Again, you have to remember that Dr. Black had
7 operated on him previously, so it had been -- it
8 was my understanding that it had been at least six
9 months since his initial injury and that the right
10 knee had just insidiously or slowly developed.

11 Q. And just so we're clear, his accident date is June
12 the 24th of 2008.

13 A. Right.

14 Q. And this is July of 2009, so we're actually a year
15 since the injury.

16 A. Yeah, and I think this is consistent with that.
17 It's my understanding that Yuri's pain developed,
18 as I said, after his other knee was injured and
19 during his convalescence, during the time that he
20 was favoring the left knee and trying to get over
21 really two surgeries. He really had to rely on
22 that right knee 100 percent of the time for
23 several months and then it slowly started hurting
24 and having pain. I don't think there was one time
25 where he says, you know, it was just all of a

1 sudden. It was more of insidious, just a slow
2 process.

3 Q. And I understand that. What I'm getting held up
4 on is the word he fell.

5 A. Okay.

6 Q. It says since he fell, which would indicate to me
7 that there was some fall, that he gave a history
8 of some fall. And if I'm reading that
9 incorrectly, then --

10 A. Well, I would like to perhaps correct that or
11 elaborate on that primarily because I've had a lot
12 of discussion with Yuri about that. It's my
13 understanding that there was no particular one
14 traumatic episode to the right knee, unlike the
15 left knee. It just started more slowly and
16 developed really over time and seemed to get worse
17 with time.

18 When he first saw me, he was having some pain
19 back in April of 2009, but it was a minor problem
20 at that time because he was having major pain on
21 his left knee. But as time progressed, it
22 progressed from a minor to a major problem. But
23 despite my misleading note of July 27th, I don't
24 believe there was any specific fall that injured
25 the right knee.

1 Q. So that statement, since he fell, is just maybe a
2 mistake in dictation; is that what you're saying?

3 A. Well, let's see if I can elaborate. Since he
4 injured the left knee, sometime since that fall he
5 was putting more pressure and having to rely more
6 on his right knee, so in my mind I was referring
7 to the fall or injury that occurred to his left
8 knee.

9 Q. And I'm not going to belabor this any further, but
10 I was looking back at the First Report of Injury
11 that the employer filled out and the left knee
12 injury was a twisting injury. And I'm looking
13 back at Dr. Mary Joan Black's Initial History, and
14 she says he injured his left knee working at
15 Kohler while twisting and carrying a toilet,
16 slash, something about plumbing supplies, so I
17 don't know that there is an actual history of a
18 fall that caused -- I don't see a history of a
19 fall that caused the initial left knee injury back
20 in June of 2008.

21 A. I agree with you, and I'm happy to change that to
22 since he's had a lot of significant pain in his
23 right knee ever since he twisted his opposite
24 knee. I'd be happy to change that if that would
25 make the parties understand better.

1 Q. And I don't mean to belabor it, but I think you
2 can understand my question that if it says he
3 fell, and that's a year after his accident, it
4 would seem logical to conclude that the fall, that
5 he related the fall as to causing his right knee
6 to hurt as opposed to his twisting injury a year
7 prior.

8 A. No, I don't think that's the case. I'd be happy
9 to change that. Excuse me a moment.

10 Q. Okay.

11 (Deposition went off record for a brief period of
12 time.)

13 EXAMINATION RESUMED BY MR. INFINGER:

14 Q. And thank you for making that clear to me, Dr.
15 Keith, and I apologize for belaboring that point,
16 but I just needed to make sure that I understood
17 it, and I understand your comments on it now. You
18 did note on August the 4th of 2009, that your
19 patient, Mr. Valderramma, could return to full
20 duty and had no limitations, had reached maximum
21 medical improvement as a result of the left knee
22 injury for which you had done the arthroscopic
23 procedure on, and you mentioned some pain in the
24 right knee. At that point in time, there is no
25 indication in that note that he has any

1 restrictions from work as a result of his
2 complaints of the right knee injury, correct?

3 A. Correct.

4 Q. of the right knee problems, I guess?

5 A. Yes.

6 Q. And it looks like you did an MRI on the August
7 12th note, and it stated that you were going to do
8 a cortisone injection into the right knee?

9 A. That's correct.

10 Q. And again, I don't see any recommendation in the
11 August 12 note about any work restrictions on the
12 right knee, so he was still able to work at that
13 time?

14 A. Yes. I talked to a representative from Kohler.
15 They had called me and said that the right knee
16 was not a compensable injury. I discussed that
17 with Yuri, and at that time we elected just to go
18 ahead and treat the right knee on his own
19 insurance. I think as Yuri thought through this,
20 however, his thought process was that he really
21 had no trauma to that knee, no specific accident
22 to it, and he felt like this thing developed, as
23 we said, slowly over time, and it felt like it was
24 due to the fact that he was not able to really use
25 his left knee properly for such a long period of

1 time and was putting so much weight and stress, if
2 you will, on the right knee. So I think that's
3 how all this progressed in Yuri's mind, and I
4 think that it's certainly a reasonable argument.
5 Meniscus tears can develop traumatically or they
6 can be a wear-and-tear and develop slowly also.

7 Q. And I think you have answered a questionnaire from
8 Mr. Martin that he submitted to me that the right
9 knee had some degeneration in it, had a
10 pre-existing degeneration in it and was aggravated
11 by, as you say, his protracted left knee injury
12 and treatment?

13 A. Yes.

14 Q. So the MRI didn't show you anything that was
15 necessarily acute, but just ongoing degeneration?

16 A. Well, the medial meniscus had a degenerative
17 tearing and the lateral meniscus had a tear and
18 both of them appear to be degenerative in nature,
19 so they were more consistent with a slow
20 degeneration as opposed to an acute traumatic
21 tear.

22 Q. Would there be any reason to believe that the tear
23 seen in the right knee was a tear that existed
24 prior to this June 2008 accident?

25 A. It's possible. I mean, it could be a small tear

1 that pre-existed that and just propagated with
2 time, and he was putting more weight and had to
3 limp. A limp puts more stress on the right knee
4 if he's limping from his other knee, and it
5 certainly could cause a pre-existing tear to
6 propagate. I think that's possible.

7 Q. Now, the first indication of any restrictions, if
8 you will, for the right knee, didn't come until I
9 see this note of August 28th, 2009, where it says
10 no heavy lifting and no repetitive climbing. That
11 is this note here.

12 A. Yes, sir.

13 Q. Okay. And have those restrictions been the only
14 restrictions you've assigned with respect to the
15 right knee?

16 A. Yes. They were placed because the pain was
17 getting worse, becoming more disabling. It was
18 hindering his ability to work, so that's why they
19 were placed on there.

20 Q. Now, in this note of 8/27, you said something
21 about going ahead and proceeding with the right
22 knee surgery. But that right knee surgery has not
23 been done, has it?

24 A. It has not been done.

25 Q. And has it not been done because he didn't want to

1 file it under his insurance?

2 A. That's correct.

3 Q. He wanted to wait and let workers' comp pay for it
4 instead of doing it under his own insurance?

5 A. That's correct.

6 Q. And it wasn't a situation where his insurance had
7 been canceled or anything; he just didn't want it
8 filed under his insurance; is that right?

9 A. As I pointed out earlier, he felt that he could
10 not relate it to any outside injury or trauma, and
11 it felt like it had come on as a result of his
12 left intrinsical knee problem, and he felt that
13 Kohler should be responsible for the treatment.

14 Q. And your testimony here today is you agreed with
15 his feelings concerning that chronology of events?

16 A. I agree that the left knee injury would cause him
17 to limp, that the protracted nature of his
18 convalescence, if you will, of having two
19 surgeries on his left knee, that all of those
20 issues caused a pre-existing degeneration in his
21 menisci to worsen. I think that's where you and
22 the courts can decide causation there, but I
23 certainly agree with Yuri that that appeared to
24 make it worse, and that's certainly plausible.

25 Q. With respect to his work status right now then,

1 would you put him at no restrictions for the left
2 knee, but the August 28, '09, restrictions for the
3 right knee?

4 A. Yes.

5 Q. Okay. And it's my understanding from your
6 questionnaire that he's not at maximum medical
7 improvement with respect to the right knee because
8 you believe he still needs the arthroscopic
9 procedure on that knee; similar to what he had on
10 the left knee; is that right?

11 A. Yes, sir.

12 Q. And he had not been completely taken out of work
13 by you, but simply had been given these
14 restrictions that we've talked about on 8/28/09?

15 A. That's correct.

16 Q. Okay. That's all my questions.

17 EXAMINATION BY MR. MARTIN:

18 Q. I'm just going to go real fast here, Dr. Keith.
19 It's still your opinion to a reasonable degree of
20 medical certainty that his work-related left knee
21 problems most probably aggravated his pre-existing
22 right knee problem?

23 A. That's correct.

24 Q. And it's your opinion to a reasonable degree of
25 medical certainty that he needs surgery for those

1 right knee problems that were aggravated by the
2 left knee problems?

3 A. Yes.

4 Q. And you filled out a Form 14(b), which was page 2
5 of the APA's. On here where it says will not need
6 future medical care, you checked that, but you
7 inserted of his left leg. Was that because he
8 will need, in your opinion, medical treatment for
9 his right leg? Is that why you inserted that?

10 A. Yes. And this form, in my opinion, I was filling
11 it out in reference to his left knee. I realized
12 at the time that the right knee, that it was being
13 contested as a workman's comp injury or being
14 compensable, so that was filled out in just
15 relation to the left knee.

16 Q. Okay. Thank you. So are there two separate notes
17 dated 11/17/2009, and one is for his left knee and
18 one is for his right knee?

19 A. Yes. I think that was done at my office
20 suggestion since we were under the assumption at
21 that time that one was a workman's comp injury and
22 one was a separate insurance, so we dictated the
23 separate notes. That's the reason we did that.
24 And that's confusing, I'm sure.

25 Q. That's quite all right, just as long as we got it

1 clarified.

2 A. Okay.

3 Q. He also mentioned in some of those prior notes
4 about his back was giving him problems. Would it
5 be your opinion to a reasonable degree of medical
6 certainty that those complaints he was having of
7 his back would most probably be a result of his
8 limping and antalgic gait?

9 A. Yes. However, again, in talking to Yuri, he felt
10 like the back was a lot better. It certainly did
11 not need surgery and would not in any way preclude
12 him from working or really need further medical
13 care. But I do feel like it was also exacerbated
14 or made worse by his limping and his knee surgery
15 as more of a temporary type back problem.

16 Q. Yes, sir. That's all the questions I have.

17 REEXAMINATION BY MR. INFINGER:

18 Q. And just to follow up on the back issue, you said
19 it was temporary in nature, so by the time you saw
20 him in November, had that part of his problem
21 resolved?

22 A. It had. And it appeared to be not a herniated
23 disc but more of a muscle spasm from his limping
24 and strain on his left knee.

25 Q. So there is no permanent injury or need for

1 additional treatment or any other problem with his
2 back; it's what was there has resolved and is
3 over?

4 A. That's correct; yes, sir.

5 Q. Okay.

6 REEXAMINATION BY MR. MARTIN:

7 Q. This is a FMLA Request Form and it's for Kohler.
8 It indicates that he has a serious health
9 condition that makes him unable to perform work,
10 surgery on September 10th, then that is scratched
11 out and it says date to be determined. Is that
12 your signature there?

13 A. Yes.

14 Q. So you modified this form that the surgery would
15 be at a future date as opposed to September 10th?

16 A. That's correct.

17 Q. Okay. Did Mr. Valderramma ever present to you
18 with what you perceived to be anxiety, depression,
19 sadness, anything like that?

20 A. You know, he was never real happy about all the
21 problems that he's having. I'm not a
22 psychiatrist, but I didn't -- you know, I never
23 felt or noted that he had a depression. But
24 again, I'm not a psychiatrist, and in a busy
25 office sometimes we tend to gloss over those

1 things. But he was always straightforward with
2 me, and I did not perceive or pick up anxiety or
3 depression.

4 Q. Okay. Thank you very much.

5 REEXAMINATION BY MR. INFINGER:

6 Q. And you hadn't made any referrals for him to have
7 any other treatment other than what you're
8 planning on doing here with his right knee; is
9 that correct?

10 A. That's correct.

11 Q. That's all.

12 A. Thank you, gentlemen.

13 (DEFENDANT'S EXHIBIT NUMBER 1 MARKED; ATTACHED)

14 (DEPOSITION CONCLUDED AT 6:02 P.M.)

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C E R T I F I C A T E

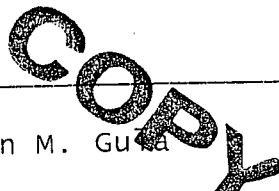
I, the undersigned, Kathleen M. Gula, Notary Public in and for the State of South Carolina, do hereby certify that the foregoing deposition of John E. Keith, Jr., M.D., was taken on the 14th day of January, 2010;

That the within deponent was sworn to tell the truth, and that the foregoing is an accurate transcription of the testimony taken under oath;

That all exhibits entered herein are attached hereto (if requested by counsel) and made a part of this statement under oath.

I further certify that I am neither counsel nor solicitor to any of the parties in said suit, nor interested in the event of the cause.

In witness whereof, I have hereunto set my hand and seal on January 16, 2010.



Kathleen M. Gula

Notary Public for South Carolina

My Commission Expires: 1/10/20

Orthopedic Specialties of Spartanburg, P.A.C

Mark D. Visk, M.D. LLC John E. Keith, Jr., M.D. LLC Stephen M. Kana, M.D. LLC
Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D., Marco A. Rodriguez, M.D.
Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C
Rebecca J. Ulrich, P.A.-C.

PatientID: 75736
Patient Name: YURI VALDERRAMA
Patient SS#: [REDACTED]
Date of Birth: 04/04/1970

Physician: JOHN E KEITH MD
Date of Service: 08/27/2009

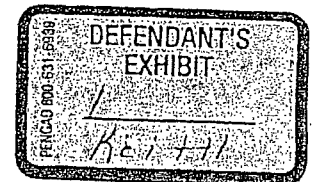
HX OF PRESENT ILLNESS: Mr. Valderrama follows-up in the office today for his right knee pain and MRI results. He had an MRI of the right knee, which showed a lateral meniscal tear and some degeneration of the medial meniscus. He states that he still having significant pain in the right knee, and he is unable to do his normal activities and do his regular job because of the pain. We will now go ahead and proceed with a right knee arthroscopy.

PHYSICAL EXAM: Patient is a well-developed, well-nourished male in no apparent distress. Alert and oriented x 3.
EYES: Reactive.
NECK: Good range of motion without pain.
ABDOMEN: Soft.

ORTHOPEDIC EXAM: Exam of right knee shows him to be tender over the medial and lateral joint lines. He has positive McMurray's for both medial and lateral sides. He is neurovascularly intact distally.

IMPRESSION: Medial and lateral meniscal tears.

PLAN: At this time, we will proceed with a right knee arthroscopy with partial medial lateral meniscectomies. Patient understands the risks and benefits of surgery and wishes to proceed. Jonathan E. York, PA-C as a scribe dictating for John E. Keith, M.D.
(JEY: acw)



Ortho: lic Specialties of Spartanburg, LLC

Mark D. Visk, M.D. LLC John E. Keith, Jr., M.D. LLC Stephen M. Kana, M.D. LLC
Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D., Marco A. Rodriguez, M.D.
Karen L. Babish, PA-C Marcus T. Cox, PA-C Jonathan E. York, PA-C
Rebecca J. Ulrich, PA-C., Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: WC75736
Patient Name: YURI VALDERRAMA
Patient SS#: ~~XXXX-XX-XXXX~~
Date of Birth: 04/04/1970

Physician: JOHN E KEITH MD
Date of Service: 11/17/2009

HX OF PRESENT ILLNESS: Mr. Valderrama is now seven months out from his left knee arthroscopy. He states that overall, he is a lot better than he was prior to surgery, but he still feels like he is not quite 100%. He says that when he squats down and tries to go from squatting to standing, he has some pain and weakness in the knee. It is not really a significant pain, but it is more a weakness, and he feels like the knee is sometimes unstable. Overall, he is improving slowly.

MEDICAL HISTORY: Negative.
FAMILY HISTORY: Positive for hypertension.
SOCIAL HISTORY: Patient is married. He denies alcohol or tobacco use.
REVIEW OF SYSTEMS: Negative for chest pain or shortness of breath. All other systems are negative/normal.

PHYSICAL EXAMINATION: Well-developed, well-nourished gentleman in no apparent distress. He is alert and oriented x 3.

EYES: Reactive.
NECK: Supple, no lymphadenopathy. Good range of motion without pain.
GI: Soft and non-tender.

ORTHOPEDIC EXAM: Examination of the left knee reveals well-healed incisions over the knee. He has no effusion in the knee. He has full range of motion on flexion/extension. The knee is stable to varus/valgus stress. McMurray's and Lachman's are both negative. He is neurovascularly intact.

IMPRESSION: Stable from left knee arthroscopy.

PLAN: At this time, he will continue to increase his activities as tolerated. He will follow-up in six weeks for recheck. The history, exam, and plan of care were all performed by Dr. John Keith, and I, Jonathan York, P.A.-C, have scribed these services on his behalf.
Jonathan E. York, PA-C/John E. Keith, M.D.
(JEY: acw)

Ortho Specialties of Spartanburg, LLC

Mark D. Visk, M.D. LLC John E. Keith, Jr., M.D. LLC Stephen M. Kana, M.D. LLC
Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D., Marco A. Rodriguez, M.D.
Karen L. Babish, PA-C Marcus T. Cox, PA-C Jonathan E. York, PA-C
Rebecca J. Ulrich, PA-C, Roxanne M. Dingman ATC, OPA-C, Casey S. Satterfield, PA-C

PatientID: 75736

Patient Name: YURI VALDERRAMA

Patient SS#: [REDACTED]

Date of Birth: 04/04/1970

Physician: JOHN E KEITH MD

Date of Service: 11/17/2009

HX OF PRESENT ILLNESS: Mr. Valderrama follows up in the office today for his right knee pain. He has a known tear of the lateral meniscus and a degenerative tear in the medial meniscus of the right knee; however, he has been unable to find time to get this right knee fixed. He states that he continues to have pain, and when he goes from a squatting to a standing position, he some locking and catching in the knee. I spent a long time with him today and told him that I do not feel like his knee is going to get any better unless he undergoes surgical intervention since his meniscal tear has been going on for the last several months. He is trying to still fight with his work about getting this under Workman's Comp.

MEDICAL HISTORY:	Negative.
FAMILY HISTORY:	Positive for hypertension.
SOCIAL HISTORY:	Patient is married. He denies alcohol or tobacco use.
REVIEW OF SYSTEMS:	Negative for chest pain or shortness of breath. All other systems are negative/normal.

PHYSICAL EXAMINATION: Well-developed, well-nourished gentleman in no apparent distress. He is alert and oriented x 3.

EYES:	Reactive.
NECK:	Supple, no lymphadenopathy. Good range of motion without pain.
GI:	Soft and non-tender.

ORTHOPEDIC EXAM: Examination of the right knee reveals tenderness over the medial and lateral joint lines. He has positive McMurray's for both the medial and lateral sides. Lachman's and varus/valgus stress tests are negative. He is neurovascularly intact distally.

IMPRESSION: Tear of the medial and lateral menisci.

PLAN: Again, I have recommended a right knee arthroscopy, and this will be scheduled in the near future when he is able to do it. The history, exam, and plan of care were all performed by Dr. John Keith, and I, Jonathan York, P.A.-C, have scribed these services on his behalf.
Jonathan E. York, PA-C/John E. Keith, M.D.
(JEY: acw)

SCANNED

PATIENT HISTORY

APR 20 2009

Patient Name Yuri Valdevram Date of Birth 04/04/70 Age 39
Sex Male ☒ Female ☐ Present Weight: 198 lbs. Weight one year ago: 194 lbs. Height 5'11"
Which hand do you write with? ☐ LEFT ☐ RIGHT Which hand do you throw with? ☐ LEFT ☐ RIGHT
Who requested that you visit our office?
☐ Doctor (Name/Address) _____
☒ Attorney (Name/Address) Alton L. Martin Jr. 31 Cleveland St. Greenville, SC 29601
☐ Self-Referral ☐ Other _____

PRIMARY CARE PHYSICIAN: MB SRHS

Present Illness:

Reason for Visit? pain left knee +

Lost to 6 mos. stopped Lost took Mobin

Was this an accident? ☒ Yes ☐ No If yes date: _____

How did it happen? twisted knee when left a were (toilet) from bottom tried improper Tylend

Type of Accident: ☐ Auto ☐ Home ☒ Work - Employer Kohler Co.

☐ Sport - Which Sport _____ School: _____ ☐ Other _____

Do you have an Attorney? ☒ Yes - Name Alton L. Martin, Jr. ☐ No

Non Accident: ☐ When / How / Why Did Problem Start: rollover - the casting shop -
☐ Gradual Onset ☐ Sudden Onset can't run, can't get a car

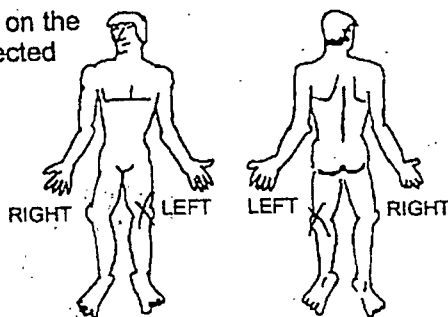
Have you been treated or had Surgery for the Same / Similar problem? ☒ Yes ☐ No By Whom: _____

Were you seen in the ER or Urgent Care: Did you have x-rays: ☒ Yes ☐ No Where: North Grove

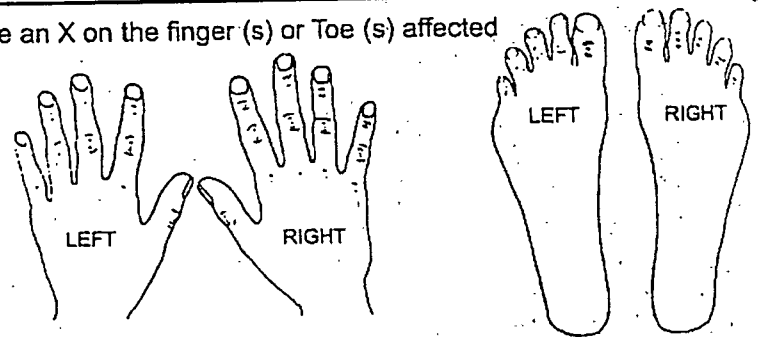
Are you out of work due to this accident / problem: ☐ Yes ☒ No Last Date you worked: _____

Where do you hurt: Left knee

Place an X on the area(s) affected



Place an X on the finger (s) or Toe (s) affected



On a scale of 0-10, (10 is the worst) how severe is your pain (circle one) 1 2 3 4 5 6 (7) 8 9 10

Did Pain / Injury Result from? ☒ Lifting ☒ Twisting ☐ Fall ☐ Bend ☐ Pull ☐ Reach Does your pain wake you? ☒ Yes ☐ No

Do you have ☐ Swelling ☐ Bruising ☐ Numbness ☐ Tingling ☒ Weakness ☒ Loss of Bladder

What makes your pain worse? ☐ Standing ☒ Walking ☒ Lifting ☒ Exercise ☒ Twisting ☐ Lying in Bed ☒ Bending
☐ Kneeling ☒ Stairs ☒ Sitting ☐ Coughing ☐ Sneezing ☐ other _____

Which makes your pain better? ☒ Rest ☐ Heat ☒ Ice ☐ Elevation ☐ Standing ☐ Walking ☐ Lifting ☐ Exercise
☐ Lying in Bed ☐ Bending ☐ Stairs ☐ Sitting ☐ Other _____

What Treatments have you received? ☒ Injection(s) ☒ Therapy ☐ Cane/Crutch ☐ TENS ☐ Traction
☐ Manipulation ☒ MRI ☐ CT Scan ☐ Bone Scan ☐ Nerve Test (EMG/NCV) ☐ Other _____

Since my problem started it has ☐ gotten better ☒ gotten worse ☐ unchanged

What medications have you taken or have had prescribed for this problem: Cebrex

PAST HISTORY

Medical History: Please check all that apply

- | | | | | |
|---|---|--|--|---|
| ☐ Heart Disease | ☐ Cancer | ☐ Stroke | ☐ Ulcers | ☐ Muscle Disorders |
| ☐ Diabetes | ☐ Gout | ☐ Asthma/COPD | ☐ Treatment for | ☐ Respiratory Disease |
| ☐ High Blood Pressure | ☐ Seizures | ☐ Thyroid Trouble | ☐ Alcohol/Drug Abuse | ☐ Neurologic Disorders |
| ☐ Osteoarthritis | ☐ Ulcers | ☐ HIV/AIDS | ☐ Menopause | ☐ High Cholesterol |
| ☐ Rheumatoid Arthritis | ☐ Bleeding Disorders | ☐ Kidney Disease | ☐ Osteoporosis | ☐ Blood Clots |
| ☐ Blood Disease | ☐ Anxiety | ☐ Liver Disease | ☐ Depression | ☐ Hypoparathyroidism |
| ☐ Other _____ | | | ☐ Anesthesia Reaction | ☐ Mental Health Disorder |

Family History: Have any blood Relatives been treated for any of the above problems? ☐ Yes ☒ No

Relationship Problem/Explain

Surgical History

Procedure(s)

Surgeon(s)

Date(s)

Knee (Left) endoscopy

Mary S. Black

July 17, 2008

List Current Medication(s)

Dosage

Reason Taken

Prescribing Doctor

Celebrex

1 daily

anti-inflammatory and pain

yes

Hydrocortisone

4 daily

pain

no

Tylenol or Acetaminophen

2 daily

pain

no

Are you allergic to any medication, X-ray dye, metals or jewelry? Yes ☐ No ☒ If yes, list below:
Medication/Allergy 500mg Reaction _____

If you are pregnant or think you may be pregnant please let the X-Ray Technician know prior to X-Rays.

Social History

Marital History: ☐ Single ☒ Married ☐ Divorced ☐ Widowed ☐ Other

Occupation: Factory worker Employer: Kohler CO

Do you drink alcoholic beverages? ☐ Yes ☒ No If yes, how many per week? _____

Do you smoke? ☒ Yes ☐ No If yes, how many per day? 3 or 4 per day

Are you a former smoker? ☐ Yes ☐ No If yes, when did you quit: _____

Review of Systems

Check all that apply to you:

- ☐ Anemia
☐ Excessive Thirst
☐ Weight Loss
☒ Blurred Vision
☒ Hearing Loss
☒ Chest Pain
☐ Chronic Cough
☐ Painful Urination

Neg Norm
FOR OFFICE USE ONLY

- ☐ Nausea/Vomiting
☐ Easy Bleeding
☒ Excessive Urination
☐ Frequent Fever
☐ Double Vision
☐ Hoarseness
☐ Palpitations
☐ Shortness of Breath

Neg Norm
FOR OFFICE USE ONLY

- ☐ Blood in Stool
☐ Heat/Cold Intolerance
☒ Loss of Appetite
☐ Impaired Vision
☒ Trouble Swallowing
☒ Kidney Problems
☐ Psoriasis
☒ Sleep Disorders

Neg Norm
FOR OFFICE USE ONLY

- ☐ Reflux
☒ Headaches
☐ Irregular Periods
☐ Blood in Urine
☐ Skin Ulcers / Rash
☐ Dizziness
☐ Breast Lumps
☐ Easy Bruising
☒ Stomach Pain
with Anti Inflammatory

Neg Norm
FOR OFFICE USE ONLY

Details

I have ALSO problems with my right knee pain in my back
and problems to swallowing after drink or eat any thing.

Are you under the care of another physician for any of the above problems? Yes ☐ No ☒ Physician's name _____

Reviewed by M.D. _____

Date _____

SCANNED

JUL 27 2009

PATIENT HISTORY

Patient Name Yuri Valderrama Date of Birth 04/04/70 Age 39
 Sex Male ☒ Female ☐ Present Weight: 205 lbs. Weight one year ago: 190 lbs. Height 5'11"
 Which hand do you write with? ☐ LEFT ☒ RIGHT Which hand do you throw with? ☐ LEFT ☒ RIGHT
 Who requested that you visit our office?
☐ Doctor (Name/Address) _____
☐ Attorney (Name/Address) _____
☐ Self-Referral ☐ Other _____

PRIMARY CARE PHYSICIAN: MB SRHS

Present Illness: Pain in right knee + Back
 Reason for Visit? _____

Was this an accident? ☐ Yes ☐ No If yes date: _____
 How did it happen? _____

Type of Accident: ☐ Auto ☐ Home ☐ Work - Employer _____
☐ Sport - Which Sport _____ School: _____ ☐ Other _____
 Do you have an Attorney? ☐ Yes - Name _____ ☐ No

Non Accident: ☐ When / How / Why Did Problem Start: about 6 months ago
☐ Gradual Onset ☐ Sudden Onset

Have you been treated or had Surgery for the Same / Similar problem? ☐ Yes ☒ No By Whom: _____
 Were you seen in the ER or Urgent Care: Did you have x-rays: ☐ Yes ☒ No Where: _____
 Are you out of work due to this accident / problem: ☐ Yes ☒ No Last Date you worked: _____
 Where do you hurt: _____

Place an X on the area(s) affected	Place an X on the finger (s) or Toe (s) affected
---	---

On a scale of 0-10, (10 is the worst) how severe is your pain (circle one) 1 2 3 4 5 6 7 8 9 10
 Did Pain / Injury Result from? ☐ Lifting ☒ Twisting ☐ Fall ☒ Bend ☒ Pull ☐ Reach Does your pain wake you? ☒ Yes ☐ No
 Do you have ☐ Swelling ☐ Bruising ☐ Numbness ☐ Tingling ☐ Weakness ☐ Loss of Bladder
 What makes your pain worse? ☐ Standing ☒ Walking ☒ Lifting ☒ Exercise ☐ Twisting ☐ Lying in Bed ☐ Bending
☐ Kneeling ☒ Stairs ☐ Sitting ☐ Coughing ☐ Sneezing ☐ other _____
 Which makes your pain better? ☐ Rest ☐ Heat ☒ Ice ☒ Elevation ☐ Standing ☐ Walking ☐ Lifting ☐ Exercise
☐ Lying in Bed ☐ Bending ☐ Stairs ☐ Sitting ☐ Other _____
 What Treatments have you received? ☐ Injection(s) ☐ Therapy ☐ Cane/Crutch ☐ TENS ☐ Traction
☐ Manipulation ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Nerve Test (EMG/NCV) ☐ Other _____
 Since my problem started it has ☐ gotten better ☒ gotten worse ☐ unchanged
 What medications have you taken or have had prescribed for this problem: 423

PAST HISTORY

Medical History: Please check all that apply

- | | | | | |
|---|---|---|--|---|
| ☐ Heart Disease
☐ Diabetes
☐ High Blood Pressure
☐ Osteoarthritis
☐ Rheumatoid Arthritis
☐ Blood Disease
☐ Other _____ | ☐ Cancer
☐ Gout
☐ Seizures
☐ Ulcers
☐ Bleeding Disorders
☐ Anxiety | ☐ Stroke
☐ Asthma/COPD
☐ Thyroid Trouble
☐ HIV/AIDS
☐ Kidney Disease
☐ Liver Disease | ☐ Ulcers
☐ Treatment for
☐ Alcohol/Drug Abuse
☐ Menopause
☐ Osteoporosis
☐ Depression
☐ Anesthesia Reaction | ☐ Muscle Disorders
☐ Respiratory Disease
☐ Neurologic Disorders
☐ High Cholesterol
☐ Blood Clots
☐ Hypoparathyroidism
☐ Mental Health Disorder |
|---|---|---|--|---|

Family History: Have any blood Relatives been treated for any of the above problems: ☐ Yes ☐ No

Relationship _____

Problem/Explain _____

Surgical History

Procedure(s) <u>Left Knee</u> <u>Left Knee</u>	Surgeon(s) <u>Dr. J. Black</u> <u>Dr. J. Keith</u>	Date(s) <u>July 16, 2008</u> <u>April 23, 2009</u>
--	--	--

List Current Medication(s) _____

Dosage _____

Reason Taken _____

Prescribing Doctor _____

Are you allergic to any medication, X-ray dye, metals or jewelry? Yes ☐ No ☐ If yes, list below:

Medication/Allergy _____	Reaction _____
--------------------------	----------------

If you are pregnant or think you may be pregnant please let the X-Ray Technician know prior to X-Rays.

Social History

Marital History: ☐ Single ☒ Married ☐ Divorced ☐ Widowed ☐ Other _____

Occupation: _____ Employer: _____

Do you drink alcoholic beverages: ☐ Yes ☒ No If yes, how many per week? _____

Do you smoke? ☐ Yes ☒ No If yes, how many per day? _____

Are you a former smoker? ☒ Yes ☐ No If yes, when did you quit: 2 months ago

Review of Systems

Check all that apply to you:

- | | | | |
|---|---|---|---|
| ☐ Anemia
☐ Excessive Thirst
☐ Weight Loss
☐ Blurred Vision
☐ Hearing Loss
☐ Chest Pain
☐ Chronic Cough
☐ Painful Urination | ☐ Nausea/Vomiting
☐ Easy Bleeding
☐ Excessive Urination
☐ Frequent Fever
☐ Double Vision
☐ Hoarseness
☐ Palpitations
☐ Shortness of Breath | ☐ Blood in Stool
☐ Heat/Cold Intolerance
☐ Loss of Appetite
☐ Impaired Vision
☐ Trouble Swallowing
☐ Kidney Problems
☐ Psoriasis
☐ Sleep Disorders | ☐ Reflux
☐ Headaches
☐ Irregular Periods
☐ Blood in Urine
☐ Skin Ulcers / Rash
☐ Dizziness
☐ Breast Lumps
☐ Easy Bruising
☐ Stomach Pain
<div style="text-align: right; font-size: small;">with Anti Inflammatory</div> |
|---|---|---|---|

Details _____

Are you under the care of another physician for any of the above problems? Yes ☒ No ☐ Physician's name Dr. J. Keith

Reviewed by M.D. _____

Date _____

SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. #0809520

YURI VALDERRAMMA,
Claimant,

COPY

VS.

KOHLER COMPANY,
SELF-INSURED,
Employer-Insurer.

DEPOSITION OF JOHN E. KEITH, JR., M.D.

DATE TAKEN: October 6, 2010
TIME BEGAN: 5:40 p.m.
TIME ENDED: 6:36 p.m.
LOCATION: Orthopaedic Specialities of Spartanburg
303 East Wood Street
Spartanburg, South Carolina 29303

REPORTED BY: Kathleen M. Gula
Gallagher Court Reporting
864-234-5744

APPEARANCES:

ALTON L. MARTIN, JR., ESQUIRE

Martin & Brasington, PA

1415 Augusta Street

Post Office Box 8220

Greenville, South Carolina 29604

.....On behalf of the Claimant

RUSSELL T. INFINGER, ESQUIRE

Nexsen Pruet, LLC

55 E. Camperdown Way, Suite 400

Post Office Drawer 10648

Greenville, South Carolina 29603

.....On behalf of the Employer-Insurer

ALSO ATTENDING: Mike Tolleson

STIPULATIONS: The within deposition was taken pursuant to the South Carolina Rules of Civil Procedure.

WAIVER: Examination and reading of the deposition are waived by the witness and by the parties.

INDEX

	PAGE
Examination by Mr. Martin.....	4
Examination by Mr. Infinger.....	23
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Reexamination by Mr. Infinger.....	40
Certificate.....	41

Claimant's Exhibits (Attached)

Exhibit No. 1 (Letter of August 15, 2010).....	40
--	----

1 JOHN E. KEITH, JR., M.D., being duly sworn, testified
2 as follows:

3 EXAMINATION BY MR. MARTIN:

4 Q. Hi, Dr. Keith. My name is Al Martin. I

5 appreciate you taking the time to let us take your
6 deposition again today in reference to Mr.
7 Valderramma. We previously took your deposition
8 back on January 14th of 2010. We're just going to
9 kind of pick up from there. There are about three
10 different issues that we want to talk to you about
11 today. One has to do with Mr. Valderramma's
12 psychological issues. One has to do with back
13 pain. One has to do with stomach problems,
14 indigestion, that sort of thing.

15 In looking back at your records, I noticed
16 the report from April 20 of 2009. This appears to
17 be the Intake Form. I believe this was around the
18 first time that Mr. Valderramma came to see you,
19 if I'm not mistaken. I've got a paper copy of
20 that if you'd like to look at it.

21 A. I'm not really getting my computer to work
22 properly, so I may have to depend on yours.

23 Q. That's no problem.

24 A. Can I use those?

25 Q. Yes, sir.

1 A. I'm sorry. I could get one of the girls to come
2 in here.

3 Q. Well, if you use the paper, we can all see what
4 you're talking about. If you use the laptop, it's
5 going to be harder for us.

6 A. Okay. If both of your gentleman are --

7 MR. INFINGER:

8 I'm fine with that.

9 EXAMINATION RESUMED BY MR. MARTIN:

10 Q. This is dated April 20 of 2009, and right here it
11 has Present Illness and then reason for visit, and
12 it says pain left knee, and then it looks like a
13 plus or an and symbol. Then if you look on the
14 back of this page on the bottom it says details,
15 and I believe the handwriting there indicates I
16 have also problems with my right knee, pain in my
17 back, and problems to swallowing after drink or
18 eat anything. So when Mr. Valderramma came to you
19 in April of 2009, he was complaining of back pain
20 and stomach issues at that time; is that a fair
21 statement?

22 A. Yes, sir.

23 Q. And I believe, if I'm not mistaken, the first time
24 that you saw him on April 20th of 2009, your note
25 from that date, and I've got this highlighted here

1 and it says now he has developed pain in his back
2 and his right leg. So that was a problem that he
3 presented with when he first came to see you?

4 A. Yes, sir.

5 Q. Again on April 28th of 2009, you noted his left
6 knee and back problems that he was having?

7 A. Right.

8 Q. And without beating this to death --

9 MR. INFINGER:

10 Let me see that 28th. I don't have that in my
11 records.

12 MR. MARTIN:

13 Sure. That's page 12 of the APA's from the last
14 time.

15 EXAMINATION RESUMED BY MR. MARTIN:

16 Q. There was some problem, and that's what we took
17 your deposition about last time, regarding whether
18 or not the right knee was part of the case, and we
19 were able to get that resolved and agreed upon.
20 The right knee it was agreed would be part of this
21 claim. And around April of 2010 is when, I

22 believe, he came back in and had the repair for
23 the right knee surgery?

24 A. Yes.

25 Q. He had the right knee arthroscopy and menisectomy?

1 A. Menisectomy, yes.

2 Q. All right. And in the same time, April 27th, it
3 was noted there, and this is April 27th of 2010,
4 he is also having some back issues, but he does
5 not feel that this is related to his knee. That's
6 what he indicated in April of 2010. Then he saw
7 you again after the surgery on May 20th of 2009,
8 and at that time you noted he's having some pain
9 in his back and some pain in his left knee, and
10 this was right after the right knee arthroscopic;
11 is that right?

12 A. Yes, sir.

13 Q. It also notes at that time, he also feels very
14 depressed and mentally anxious about the fact that
15 he cannot work; I have given him a prescription
16 for Valium 5 milligrams to take once every four to
17 six hours as needed for anxiety; consideration
18 will be given towards psychological evaluation and
19 he will undergo a therapy program for
20 strengthening of both knees and his back. I
21 presume, and you correct me if I'm wrong, the
22 reason he was having therapy for both knees and
23 his back was because you felt the problems with
24 both of his knees and his back were related to
25 this work injury?

1 A. Yes. I felt like that his back was indirectly
2 related to his knee problems in that when his
3 knees flared up and hurt him, his gait was
4 altered, and this altered gait caused secondary
5 back pain. I never felt that he had a herniated
6 disc or any type of surgically -- any type of back
7 injury or back problem that would require surgery.
8 I didn't ever feel like he, quote, hurt his back
9 at Kohler. There was no evidence of any specific
10 injury that I recall, but I do think in fairness
11 to Mr. Valderramma that the back problems were
12 indirectly related to his right and then
13 eventually his second knee surgery in that he
14 limped; that the back would flare up at times and
15 other times would be better, and it seemed to
16 correlate with an altered gait, secondary to his
17 knee issues.

18 Q. Yes, sir. And that's interesting because you kind
19 of brought me right into the next thing I was
20 going to show you and that is the reports from Pro
21 Physical Therapy. Looking at their first report,
22 and this says evaluation dated 6/7/2010 at the
23 top, they give him three different diagnoses: knee
24 pain, knee arthroscopy, and then abnormality of
25 gait. Down here at the bottom under Assessment,

1 they've got some abbreviations. Could you read to
2 Mr. Infinger and I this portion where it's got
3 initials and the medical terminology there? Could
4 you kind of help us with that?

5 A. I'd be happy to. Assessment, patient presents
6 with B knee pain, which means bilateral knee pain,
7 the right greater than the left, and low back,
8 right lateral thigh pain; difficulty with
9 ambulation and ADL's.

10 Q. Would that be activities of daily living?

11 A. Activities of daily living; thank you. Limited
12 trunk and right lower extremity strength and range
13 of motion. Patient will benefit from PT to
14 address these deficits. Patient was given a plan,
15 a home-exercise program. Patient appears to be
16 well motivated and should do well.

17 Q. And looking through here, the next page it
18 references disturbed gait pattern. On the fourth
19 page over here under the Assessment, again this
20 time, if I can read this correctly, and you tell
21 me if this is right, patient presents with -- go
22 ahead.

23 A. Bilateral knee pain, right greater than left, and
24 low back pain, right lateral thigh pain,
25 difficulty with ambulation and activities of daily

1 living, limited trunk and right lower extremity
2 strength and range of motion. Patient will
3 benefit from PT to address these deficits.
4 Patient was given a home-exercise program.
5 Patient appears to be well motivated and should do
6 well.

7 Q. And that was from June -- no. I'm trying to see
8 what the date is on this one. Well, I may have to
9 come back to you on the date. Now, let's just
10 flip on over here without having you read all this
11 stuff. This is a discharge summary that was
12 provided on a note of July 23rd of 2010. If you
13 would, just read that treatment summary and go
14 ahead and tell us what each one of those is where
15 it has initials, if you'll just use the words that
16 are appropriate there.

17 A. Okay. Treatment Summary, patient has been
18 faithful with his attendance in physical therapy.
19 He is highly motivated and has put forth excellent
20 effort in PT. He has progressed well with range
21 of motion from zero to 126, which is good.

22 Strength is four over five, which is good. His
23 gait is guarded and slow, and his transfers and
24 functional mobility have improved. He has a
25 written home-exercise program, has been compliant

1 with it. Patient will benefit from continued PT
2 to work on gait, balance, and strength to maximize
3 rehab potential. Unfortunately patient will be
4 discharged due to not being approved for further
5 PT visits per insurance. Patient is to continue
6 with home-exercise program as instructed.

7 Q. And that was the July 23rd, 2010, note from Pro
8 Rehab. This would have been something that
9 apparently was prepared by Kay Morgenstern, the
10 physical therapist?

11 A. Yes.

12 Q. I mean, from your review of it? This isn't
13 something that you prepared?

14 A. No, sir.

15 Q. Okay. I want to show you another document. This
16 was the form that went along with your medical
17 note of May 20 of 2010, where you noted that he
18 was having back problems and he was showing signs
19 of depression. In the box of the lower
20 right-hand side of that page it looks like some
21 handwriting and that indicates, if I'm not

22 mistaken, a referral to a Dr. Wells who is a
23 psychiatrist?

24 A. Yes, sir.

25 Q. And it also indicates that he's supposed to

1 receive therapy for back and both legs?

2 A. Yes, sir.

3 Q. And that would have been something you would have
4 prescribed?

5 A. That's correct.

6 Q. I also want to show you this note. This is from
7 your records dated 5/20/2010; then there is an
8 addendum of June 7th, 2010, and another addendum
9 of July 1st, 2010. It appears to be a
10 prescription for physical and occupational
11 therapy. Initially it says back and both hips.
12 Then the addendum corrects that and says
13 correction, the physical therapy should be for his
14 back and both knees. Then the addendum on July
15 1st says continue therapy. Take a look at that
16 and tell me if I'm reading that accurately.

17 A. Yes, you are.

18 Q. Okay.

19 MR. INFINGER:

20 May I see that?

21 MR. MARTIN:

22 Sure.

23 EXAMINATION RESUMED BY MR. MARTIN:

24 Q. I'm going to skip over to your note of August
25 24th, 2010. I've got that right here. I don't

1 have that highlighted, so if you want to take your
2 time and review that.

3 A. Okay.

4 Q. On that date Mr. Valderramma came back and spoke
5 with you again. What problems did he present
6 with?

7 A. He came in with an interpreter, and he went
8 through a long discussion through the interpreter
9 of how his life had changed for the worse since
10 he's had these knee problems, and he related how
11 frustrated he felt that he was unable to work. He
12 talked about multiple problems, some of which were
13 financial. He pointed out, he said that he
14 thought he was going crazy. He pointed to some
15 skin changes on his legs that he felt, and I
16 couldn't really see much of that, but he was
17 concerned about that. He had multiple medical
18 issues that I didn't really feel comfortable
19 addressing being an orthopedist, and one of those
20 was depression.

21 I felt at that time that he needed some
22 assistance with these issues. I know a good
23 internist who is a family doctor over at the Mary
24 Black, Dr. Eric Cole, who I spoke with, who I see
25 at some of the Wofford football games. He helps

1 out with Wofford. He had agreed to see Mr.
2 Valderramma and help him through some of these
3 issues that I personally didn't feel comfortable
4 treating.

5 Q. Now, was it your opinion when you made the
6 referral to Dr. Cole for the depression that the
7 depression was something that was related,
8 causally related to his workers' compensation
9 claim?

10 A. Well, you know, I frankly have been back and forth
11 on this depression issue. I initially felt that
12 it was not related to his knees. I honestly felt
13 that if we could get him back to work, that this
14 issue of depression would resolve itself. And I
15 told that to Mr. Valderramma through the
16 interpreter. I even made some phone calls to
17 Kohler to try to get him back on the job. My
18 thought was that this would resolve.

19 But unfortunately for whatever reasons he
20 wasn't able to get back to Kohler working, at
21 least at that point, and the depression seemed to
22 get worse, and he really felt his life was turning
23 upside down because of the issue of financial
24 problems. His wife was upset with him. His back
25 was bothering him. His knees were improving but

1 not fast enough. And all these issues caused his
2 pretty severe depression, and at this time I felt
3 like it was indirectly related to his workman's
4 comp claim for the reasons that I just mentioned.
5 I don't think that Kohler caused any -- you know,
6 directly caused anything, but because of being
7 unable to work, and he may have had some
8 underlying predisposing depression before all of
9 this and perhaps that's why his treatment has been
10 so protracted and so prolonged. I don't doubt
11 that. I'm not a psychiatrist, so I don't really
12 -- I'm not an expert in this field, and I don't
13 put myself up to it. I'm an orthopedist. I'm
14 more of a bones-type guy, hips, knees, so I don't
15 put myself up as a professional in this.

16 Maybe you can get another opinion, but it
17 just at this point on August 24th, I felt that the
18 depression was indirectly related to the fact that
19 he just couldn't get back to work. And I think
20 the reasons that he couldn't get back were
21 convoluted and some related to where he couldn't
22 get enough therapy. He had back issues at one
23 time. Kohler may or may not have had a certain
24 light-duty job that he could or couldn't do.
25 Again, I'm not pointing the finger at anyone, but

1 I think the reality is on this date that I
2 honestly felt that it was indirectly related to
3 his workman's comp claim.

4 Q. Yes, sir. Now, when you say indirectly related, I
5 just want to clarify that for purposes of the
6 record. Would it be fair to say that when you say
7 indirectly, you mean nobody at Kohler grabbed him
8 and yelled at him and made him feel bad; it was
9 more because he was injured at Kohler and he had
10 all these chronic pain problems and financial
11 problems that he developed as a result of his work
12 injury, those factors are what caused him to
13 develop this depression, in your opinion?

14 MR. INFINGER:

15 Object to the form.

16 WITNESS:

17 A. I think that's a reasonable assessment, yes.

18 EXAMINATION RESUMED BY MR. MARTIN:

19 Q. Okay. Now, you referred him to Dr. Cole for this
20 problem. Would you defer to Dr. Cole as far as
21 having greater expertise in treating depression
22 and that sort of thing?

23 A. Yes.

24 Q. So if it was his opinion that this was causally
25 related, that would, I suppose, comfort you in

1 your opinion; is that fair?

2 MR. INFINGER:

3 Object to the form.

4 WITNESS:

5 A. Yes.

6 EXAMINATION RESUMED BY MR. MARTIN:

7 Q. Okay. As far as his back pain, I think you've
8 already covered that, but just to make sure we're
9 crystal clear, it's your opinion to a reasonable
10 degree of medical certainty that his back pain was
11 most probably brought on by his antalgic gait and
12 protracted recovery from his knee surgeries?

13 A. Yes, sir.

14 Q. And the stomach problems that he's had, I believe
15 he developed some problems which I think he's
16 attributed to maybe the medications he's taking.
17 would that be something also that you believe is
18 causally related to the treatment for his workers'
19 compensation injury?

20 A. Yeah. I think that's a minor issue. I think it
21 was related to the anti-inflammatories. It's my

22 understanding that that has pretty much resolved.
23 But I think, yes, it was related to the medication
24 that he was taking for his back.

25 Q. But as far as if he was trying to get the Zantac

1 that Dr. Cole prescribed paid for, you think it
2 would be appropriate for that to be covered under
3 workers' compensation?

4 A. Yes, sir, I would.

5 Q. Okay. And you would -- let me not presume. Would
6 you defer to Dr. Cole in regards to his back, his
7 depression, and his stomach problems?

8 A. Yes, sir.

9 Q. And is it your opinion that he needs treatment for
10 each of those problems and that's why you referred
11 him to Dr. Cole?

12 A. Yes, that's true. Again, I think if he can or
13 could get back to work, that the depression -- or
14 find something that he could support his family,
15 that the depression would, in my opinion, take
16 care of itself, but unfortunately we haven't been
17 able to resolve that problem.

18 Q. Now, I believe he's back at work at this point and
19 has been at a similar job to the one that he was
20 performing, but he continues to treat with Dr.
21 Cole and is prescribed Zoloft for his depressive

22 symptoms. Were you aware of that?

23 A. I think Dr. Cole did mention that to me, yes.

24 MR. INFINGER:

25 Can we go off the record?

1 (Discussion held off the record.)

2 EXAMINATION RESUMED BY MR. MARTIN:

3 Q. Dr. Keith, were you aware from the documents from
4 Pro Physical Therapy that Mr. Valderramma was
5 denied the physical therapy for both his knees and
6 his back on July 23rd because the insurance
7 carrier would not provide that treatment? I think
8 we covered that earlier, and I have it right here.

9 A. That was brought to my attention by you, and until
10 you brought that to my attention I was not aware
11 of that until recently.

12 Q. Okay. So are you aware that we had sent a letter,
13 actually we sent several letters to request that
14 that physical therapy for his knees and back be
15 authorized, but despite those letters it was
16 declined, so on August 1st, I believe it was, or
17 July 31st, we wrote a letter to the other side in
18 this case and indicated that Mr. Valderramma was
19 not going to return to work because he had not
20 been receiving therapy for the last 30 days as was
21 prescribed by you, his treating surgeon, and we
22 asked them to prescribe that as was prescribed by
23 you, to authorize that as well as prescribed by
24 you so that he could get the therapy he needed so
25 that he could return to work, and that he would be

1 happy to return to work as soon as he was provided
2 with that treatment, at which point --

3 MR. INFINGER:

4 I'm going to object to this whole form of
5 questioning. If there is a question you're going
6 to ask the doctor, that's one thing. I mean, if
7 the effort here is to say that the insurance
8 company didn't pay for the therapy, that's been --
9 you're saying that. But, I mean, whatever the
10 question is, before we get into all this, if you
11 would just ask him a question, so I'm going to
12 object to this whole line of questioning where
13 you're just recanting statements from the --

14 MR. MARTIN:

15 We just had an extensive off-the-record discussion
16 with Mr. Tolleson who is here with us at the
17 deposition, as is his right to be, and Mr.
18 Tolleson indicated that Mr. Valderramma was
19 supposed to report to work on August 22nd but that
20 he didn't show up.

21 MR. INFINGER:

22 It was August 2nd.

23 MR. MARTIN:

24 But he didn't show up, and it wasn't until a
25 certified letter was sent to him that he did

1 appear. And since that information has been
2 relayed to the doctor off the record and there is
3 no way for anybody to know that who is not here in
4 the room, I am clarifying that that was not the
5 situation; that, in fact, physical therapy was
6 denied, and before he was supposed to go back on
7 August 2nd a letter was written to the Defendants
8 advising them because you had still not authorized
9 physical therapy despite our multiple letters
10 requesting you to do so, he hasn't gotten the
11 treatment he was supposed to get, so he's not
12 coming back on August 2nd; that he's going to come
13 back after you authorize therapy, which resulted
14 in his therapy immediately being authorized. And
15 as soon as he received the therapy that had been
16 prescribed by Dr. Keith he returned to work. So I
17 just wanted to make that clarification.

18 MR. INFINGER:

19 And since we're making clarifications, I think
20 there is also some question mark about the
21 therapist indicating, and actually there's been
22 questions about him, Mr. Valderramma, obtaining
23 this treatment that has not been unauthorized by
24 the carrier, but has instead been miscommunicated
25 by the therapist, and that's communication we can

1 get between the therapist and the adjustor. I
2 think we've had communication back and forth where
3 it was not authorized, not because it was being
4 denied, but there was just -- the therapist was
5 miscommunicating or miscommunicated to the
6 adjustor of what was going on. The fact of the
7 matter is, I think we can agree that he didn't
8 have it.

9 MR. MARTIN:

10 He didn't have any therapy that he was supposed to
11 have during the month of July.

12 MR. INFINGER:

13 I just don't want this record to turn into the
14 adjustor --

15 MR. MARTIN:

16 I'm not trying to jump on the adjustor. I'm just
17 trying to --

18 MR. INFINGER:

19 -- unilaterally did not authorize something that
20 was requested by the treating physician. There
21 were problems with that particular therapist group

22 communicating with the adjustor. It was never
23 denied. I just want to make sure that that is
24 also documented. We can obtain the records if we
25 have to of who said what to whom. But, you know,

1 did he not have it? Yes. Did he eventually get
2 it? Yes.

3 EXAMINATION RESUMED BY MR. MARTIN:

4 Q. Does any of that change any of the opinions that
5 you've expressed today, Dr. Keith?

6 A. No, sir. I mean, it sounds like there was some
7 miscommunication that caused his therapy to be
8 delayed, and because of that delay in therapy it
9 was appropriate to delay his return to work.

10 Q. Thank you. I believe that's all the questions
11 that I have.

12 EXAMINATION BY MR. INFINGER:

13 Q. Dr. Keith, I'm Rusty Infinger. I'm here
14 representing Kohler in this claim that Mr.
15 Valderramma has filed against them. A couple of
16 questions. First of all, with respect to the
17 stomach issues, I tink that if I'm understanding
18 you correctly regarding that, this is resolved and
19 is no longer a problem for him; is that right?

20 A. That's my understanding; yes, sir. The last time
21 I saw him he did not even mention that, so I think
22 that was some medication that I think he was
23 taking over the counter, Aspirin or Advil, Aleve,
24 those type products, I can't remember exactly the
25 medication, but I think that was causing stomach

1 irritation and Dr. Cole felt like that there was
2 medication that was needed to prevent him from
3 getting an ulcer. It's my understanding this is
4 resolved.

5 Q. So the medication that was causing the problem was
6 not medication that you were prescribing to him?

7 A. I don't believe so. Again, I'm a little unclear
8 under which medication it was. Dr. Cole might be
9 better suited to answer that question.

10 Q. But you would agree with me, if he was taking
11 medication on his own, that it was not something
12 that you as his treating physician had prescribed
13 or recommended to him, then that wouldn't be in
14 any way related to his workers' comp injury,
15 correct?

16 A. Well, I mean, I certainly would okay him taking
17 Advil or Aleve, so I think he was taking this
18 medication to help with the issues, the workman's
19 comp issues, the knees and the back.

20 Q. But would he be taking that in addition to any
21 anti-inflammatory or other medications you were
22 prescribing for him?

23 A. I think it's okay to take that occasionally, yes.

24 Q. So you're okay with him taking what you were
25 prescribing and any over-the-counter --

1 A. Advil or Aleve, yes.

2 Q. -- anything he wants to take in addition to that,
3 even if it -- I mean, without any knowledge of the
4 extent of the dosage he was taking?

5 A. Well, we mentioned, or I had mentioned that taking
6 occasional Advil or Aleve was acceptable. I don't
7 know the exact amount that he was taking, and
8 perhaps he had taken too much, but at any rate it
9 had upset his stomach and Dr. Cole felt like that
10 he needed Nexium or some type of medication to
11 protect his stomach.

12 Q. All right. And the other question I have about
13 that is, is if it was a problem recently, with
14 respect to his anti-inflammatories, Al had said at
15 the outset in his original presentation to you
16 back on 4/20 that he was talking about having
17 problems swallowing. That would have been before
18 you had actually prescribed any anti-inflammatory
19 medication or anything else, because I think that
20 was your -- it was 4/20/09 and not 4/20/10, but
21 4/20/09 would have been your original treatment to
22 him?

23 MR. MARTIN:

24 I believe that's when he got referred over here
25 for the other knee surgery because Dr. Black had

1 already done the surgery, and he was still
2 treating for his left knee at that time. Dr.
3 Black's note would probably indicate whatever he
4 was taking.

5 EXAMINATION RESUMED BY MR. INFINGER:

6 Q. Okay. But in any event, this was the first time
7 you saw him when he was talking about problems
8 swallowing after drinking or eating anything?
9 That was your first visit with him, which would
10 have been April of 2009, right? This document
11 wasn't in my file from the records we had gotten
12 from your office, so I didn't see that. Perhaps
13 it was -- yeah, your date is 4/20/2009., Then the
14 initial referral to you, I think was 4/20/2009, or
15 at least that's the first narrative report I got.

16 A. Well, it says on the bottom of that that I had
17 problems swallowing after drink or eat anything.
18 If that was there and this was the first time I
19 saw him, then it seems that this may have been a
20 pre-existing issue. I don't think, again, that
21 this is a major issue. And I think it's resolved,
22 to my understanding.

23 Q. I think the issue, and you can tell me, but I
24 think the issue is that he had to take some
25 medicine and he wants workers' comp to pay for it,

1 I mean, whether it's the Nexium or whatever you
2 take for stomach problems?

3 A. You know, I think it's reasonable for workman's
4 comp to cover that. I don't think it's going to
5 be a long-term necessity.

6 Q. And you think it's reasonable to cover it because
7 he's taking prescription and non-prescription
8 medications simultaneously, which is causing him
9 to have an upset stomach?

10 A. Yes, sir.

11 Q. Have you or Dr. Cole advised him to stop taking
12 certain medications that are causing these
13 problems?

14 A. Dr. Cole I'm sure has. Again, this real stomach
15 upset presented itself, to my knowledge, after he
16 saw Dr. Cole. When I saw him it was just an oh,
17 by the way, occasionally I have some stomach
18 problems. And this swallowing issue, frankly
19 that's the first time I really noticed that. It
20 was really never brought up as a major problem to
21 me.

22 Q. And you don't know that -- I mean, it doesn't
23 appear that you or Dr. Cole have referred him to a
24 gastroenterologist or anything like that because
25 he's got some major stomach problem?

1 A. Yeah, I don't think that's going to be necessary.

2 Q. Just taking the Nexium and get him to stop those
3 other medications?

4 A. Yeah. I think Dr. Cole was just being proactive
5 in preventing a major ulcer. We don't want
6 another problem compounding Mr. Valderramma's
7 issues.

8 Q. So if he was just taking the medications that you
9 were prescribing without the others, should that
10 resolve the problems with his stomach?

11 A. Hopefully so, yes.

12 Q. Well, he did that between, I guess April of '09
13 and here recently when he saw Dr. Cole. And when
14 he saw Dr. Cole, that was the first time that
15 became an issue with you, right?

16 A. Yes. As I said, he really never elaborated or
17 dwelled on his stomach issues to me. I don't --

18 Q. So he was only -- I'm sorry. Go ahead.

19 A. I don't think my notes really talk about that. I
20 think this is something that he brought forth when
21 he was being treated by Dr. Cole.

22 Q. Let me ask you a couple of questions about the
23 psychological problems. You said you think they
24 will be better when he gets back to work, and
25 we've learned today that he returned back to work

1 on August the 30th. The last time you saw him was
2 August the 24th?

3 A. August the 24th.

4 Q. So you haven't seen him since he's been back to
5 work to review, discuss, or understand what his,
6 any kind of depression or anxiety or anything?

7 A. No, sir.

8 Q. But it's your opinion, as you stated in this
9 deposition, that returning to work would be
10 beneficial and therapeutic and perhaps resolve the
11 psychological or the anxiety, depression issues?

12 A. Yes, sir.

13 Q. Okay. Because I think that Al has indicated and
14 you agreed that back on July the 1st of 2010, you
15 specifically stated --

16 MR. MARTIN:

17 I'm going to object to any questions related to
18 this record.

19 MR. INFINGER:

20 To what record?

21 MR. MARTIN:

22 That one, July 1st.

23 MR. INFINGER:

24 Okay.

25 EXAMINATION RESUMED BY MR. INFINGER:

1 Q. You stated in that record that his psychological
2 or depression or anxiety problems were unrelated
3 to his workers' comp case, right?

4 A. Yeah. And I'd like to --

5 MR. MARTIN:

6 And I apologize. Let me just state a running
7 objection to any questions related to this record,
8 and that way I won't have to keep interrupting.

9 MR. INFINGER:

10 And you're talking about the July 1 record, right?

11 MR. MARTIN:

12 July 1, 2010. Isn't that the date of that record?

13 MR. INFINGER:

14 Yeah. Okay.

15 EXAMINATION RESUMED BY MR. INFINGER:

16 Q. And so, Doctor --

17 A. Can I elaborate on this?

18 Q. Sure.

19 A. It was my opinion on that date that the
20 psychological issues were really not related to
21 the workman's comp, and I stand by that. Again, I
22 felt like not being a psychiatrist, and I had
23 spoken with Kohler and really took an interest in
24 trying to diligently get Mr. Valderramma back,
25 which I felt like these psychological issues were

1 intertwined with financial problems, with his
2 family problems, with his self-reliance. I felt
3 like all of these were complex issues and that if
4 he could go back to work, that they would resolve.
5 In talking to Kohler, I felt like they had
6 accepted him to come back on light duty. And I
7 felt all these issues would resolve. So I stand
8 by that statement.

9 Now, since that time he came in after that
10 with an interpreter, and as we've already alluded
11 to in the record, his returning to work did not
12 occur as planned. It was delayed. It's no one's
13 fault. It was communication errors. He came in
14 with an interpreter and really was very, very
15 upset about the depression issues that I felt
16 because of the delay and getting back to work and
17 because of this protracted nature, that they were
18 related to it, and honestly it changed my opinion
19 on that. But again, I'm not an expert on it, and
20 I would defer to Dr. Cole.

21 Q. Well, I'm looking back at your January 14th, 2010,
22 deposition, which would have been prior to the
23 record of July 1st, 2010, that Al objected to. I
24 think your comment in that deposition was similar
25 to what you said in that other report. On page 22

1 of your deposition, at that time you were asked
2 did he ever present to you with what you perceived
3 was anxiety, depression, sadness, or anything like
4 that. Your answer was -- and you can look at your
5 answer, but just to paraphrase it, he was never
6 real happy about the problems; I'm not a
7 psychiatrist; I never felt or noted he had a
8 depression, but again I'm not a psychiatrist and
9 in a busy office sometimes we tend to gloss over
10 those; he was always straightforward and I did not
11 perceive or pick up any anxiety or depression.

12 So those were your opinions back in January
13 of this year when we took this deposition before
14 any July report. You again stated that you didn't
15 think it was related to -- that he didn't have any
16 depression related to the accident.

17 A. And I stand by that. I did not at that time and
18 during the note that you read where I said I did
19 not. Since that time he came in where he -- and
20 maybe you have that in your records of a long
21 handwritten or typed-up note that he got an
22 interpreter to elaborate on this depression issue.
23 And I think we probably ought to submit this to
24 the record where he makes a sincere and convincing
25 plea to me to help him with his depression. Since

1 I received this letter, I felt strongly after
2 reading it that his depression was related to this
3 prolonged or protracted stay out of work. So I
4 just have to submit this and tell you that I've
5 just changed my opinion. My job as a physician is
6 to try to help the patient, and he has in this
7 letter made a desperate explanation of the
8 desperate state that he's developed. So I've
9 changed my opinion on that.

10 Q. Now, at one time I think you said -- there was a
11 comment that you were sending him to Dr. Wells and
12 another time to Dr. Cole. Is Dr. Wells a
13 psychiatrist?

14 A. He is. I think someone denied coverage of that.
15 He never got to see Dr. Wells.

16 Q. And that would have been at or about the same time
17 you had that July note in there as well, I guess?

18 A. Yes, sir.

19 Q. Okay. But in the meantime you sent him to Dr.
20 Cole who is a family practice, internal medicine?

21 A. He's a family doctor, and he could deal with the
22 multiplicity of problems and the depression.

23 Q. But as far as I'm aware, and I think you're aware,
24 he, Mr. Valderramma, has never had an actual
25 evaluation or visit with a psychiatrist or a

1 psychologist?

2 A. No, sir.

3 Q. Okay. Does Dr. Cole submit or copy you with all
4 his records?

5 A. He does not.

6 Q. The other issue that was presented here today was
7 concerning Mr. Valderramma's back problems. Now,
8 I think we discussed that in your deposition as
9 well when we came back here in January. At that
10 time you said that his back problem was temporary
11 in nature; that it had resolved; there was no
12 permanent impairment or need for additional
13 treatment with his back.

14 Again, I'm looking at your deposition at page
15 21. It says there is no permanent injury or need
16 for additional treatment or any other problem with
17 his back; it's that it was there and has resolved
18 and is over, and your answer is that's correct.
19 So has your opinion regarding his back, has that
20 opinion changed since that deposition?

21 A. Well, I think that the reality is, is that the

22 pain is still there. I don't think it's
23 permanent. I don't think he has a surgical need
24 in his back. But the pain and problems have
25 persisted that will require further treatment, and

1 that treatment is in the form of therapy and
2 possibly anti-inflammatory medication. I still
3 don't believe there is a permanent impairment
4 there, but I do feel like he needs further
5 treatment.

6 Q. But not treatment to the extent that you would
7 have referred him to one of your partners here for
8 any kind of back or spinal surgeon?

9 A. No, sir. I do not see a need for that. I'm not
10 sure if we got an MRI of his back, but we could
11 certainly proceed in that direction to further
12 clarify that point. But I see no evidence of a
13 herniated disc with pain running all the way down
14 his legs. It's more isolated back pain, and it
15 seems to be related to, again, a gait alteration
16 and when his knees flare up. His depression seems
17 to make the back worse, which is characteristic of
18 back pain or lumbago. I think all of these are
19 intertwined, and with therapy hopefully we'll get
20 him back to work, which I'm glad to hear that he
21 is. With antidepressants and therapy I would

22 anticipate that he would have no permanent,
23 long-term impairment there. I stand by that
24 statement.

25 Q. And I think you've expressed today that it is your

1 opinion that most probably the back pain he is
2 complaining of now is related to the fact that
3 he's got the two knee injuries; is that correct?

4 A. Yes, sir.

5 Q. He didn't have a separate back injury?

6 A. Not to my knowledge.

7 Q. And again, you called it a temporary as opposed to
8 a permanent problem?

9 A. That's correct.

10 Q. You said it could be treated with therapy and
11 anti-inflammatories. Would the same medication
12 that he's taking for his knees also assist in
13 whatever is going on with the back?

14 A. Yes, sir.

15 Q. Okay. There is nothing, or is there anything in
16 addition that he needs for his back issue that is
17 not already being prescribed for his two knee
18 issues?

19 A. Potentially he may need other or additional
20 medications for his back.

21 Q. Such as?

22 A. Such as a muscle relaxant in addition to
23 anti-inflammatory medicines. That decision would
24 be made if necessary by Dr. Cole or myself.

25 Q. But you haven't prescribed him anything other than

1 what is in your charts for his knees?

2 A. That's correct.

3 Q. Do you know when you see him next? You may or may
4 not know.

5 A. I do not know that. Hopefully in the near future.

6 Q. I mean, if he was last seen by you on August 24th.
7 Do you see him every two months or every month?

8 A. Every four to six weeks is roughly my time
9 schedule, so I would think he would be coming up
10 shortly.

11 Q. If he is coming in shortly, in your narrative
12 report, if you would, if you would just discuss
13 any issues that you see as his treating physician
14 concerning any depression, anxiety, now that he
15 will have been back to work for a while, and also
16 any issues concerning the resolution or lack
17 thereof of his back problems as a result of any
18 medications he's taking or as a result of the fact
19 that he's, you know, more active at work, not to
20 mention the stomach thing.

21 A. Yeah.

22 Q. If you'll make sure and respond to those issues
23 since they are on the table and then we won't have
24 to take another deposition.

25 A. Yes. You know, I might just interject, if I may,

1 and I may be out of line, but I do think this is
2 not going to be an overnight fix. It may be a
3 more protracted problem. And with Kohler, I'm
4 glad to hear they're working with him. With
5 therapy and with Dr. Cole's help, I think that he
6 can hopefully make a full resolution of all these
7 issues, but I don't think it's going to happen
8 quickly. That's my honest opinion.

9 Q. Do you mean the knees, the back, or what part is
10 not going to happen quickly?

11 A. Well, the resolution of all these issues. I think
12 they're so intertwined and he's been out of work
13 for such a long time that it's going to take, you
14 know, perhaps several months. It may not be an
15 overnight fix on these multiple problems.

16 Q. But you continue to believe he's able to work and
17 it's in his best interest to work?

18 A. Yes. I think, you know, if Kohler can continue to
19 maintain a light-duty work status, I think we can
20 resolve this. But, you know, his fear is that
21 Kohler, and I don't think Kohler is going to do

22 this, but his fear is that Kohler will stop the
23 light duty and require things that will hurt him
24 and require him to lose his job, so he's very
25 afraid of that.

1 Q. So he's expressed to you that he thinks he'll have
2 to work beyond his restrictions; is that what
3 you're saying?

4 A. Yes, sir.

5 Q. Okay.

6 A. Kohler has never given me any indication to
7 believe that. This is just from the patient. And
8 I'm just being honest with what his fear is.
9 Kohler has been good to work with, and I don't see
10 that.

11 Q. Has he ever said specifically that he's been asked
12 to do something beyond his restrictions?

13 A. No, he hasn't. No, he hasn't.

14 Q. Okay. That's all the questions I have.

15 REEXAMINATION BY MR. MARTIN:

16 Q. I think I'm about finished. I just wanted to ask
17 you, Mr. Infinger noted that you had expressed an
18 opinion in your deposition in January of 2010;
19 then I believe the right knee surgery occurred
20 after that in April of 2010; then there was the
21 physical therapy notes which referenced his
22 antalgic gait problem and his back pain in June of
23 2010; then your records, I believe, that we
24 pointed to today from April of 2010, May of 2010,
25 August of 2010 have all indicated ongoing problems

1 with back pain; is that a fair statement?

2 A. Yes, sir.

3 Q. Okay. That's all I have.

4 REEXAMINATION BY MR. INFINGER:

5 Q. But of course there are indications in your
6 January 2010 deposition where we discussed him
7 complaining of the antalgic gait, so that's not
8 something that happened after his deposition, I
9 mean, after your deposition; that was already
10 something that was going on at the time you issued
11 those opinions, correct?

12 A. That's correct.

13 Q. Okay.

14 (CLAIMANT'S EXHIBIT NUMBER 1 MARKED; ATTACHED)

15 (DEPOSITION CONCLUDED AT 6:36P.M.)

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C E R T I F I C A T E

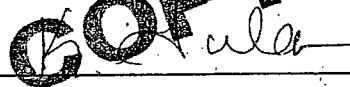
I, the undersigned, Kathleen M. Gula, Notary Public in and for the state of South Carolina, do hereby certify that the foregoing deposition of John E. Keith, Jr., M.D. was taken on the 6th day of October, 2010;

That the within deponent was sworn to tell the truth, and that the foregoing is an accurate transcription of the testimony taken under oath;

That all exhibits entered herein are attached hereto (if requested by counsel) and made a part of this statement under oath.

I further certify that I am neither counsel nor solicitor to any of the parties in said suit, nor interested in the event of the cause.

In witness whereof, I have hereunto set my hand and seal on October 11, 2010.

COPY


Kathleen M. Gula

Notary Public for South Carolina

My Commission Expires: 1/10/20

Translated in English

August 15, 2010

TO: Dr. John E. Keith, Jr.

My name is Yuri Valderrama and as you already know I am a patient of yours for some time now. I am writing you this letter because I have a lot of suffering and frustration and feel that I need to be heard one way or another. Ever since my first surgery to the left knee (by Dr. Black), my life and health has changed for the worse. The worst thing is that it keeps getting worse. Since the surgery I have had new things develop that have caused me much pain. I have been limping for some time like you are well aware of. I have pain to my back, my left kidney has been hurting for the past seven months and I have had a series of white spots on both legs and on my back.

I am very depressed. I am frustrated by the fact that I am unable to lift anything light from the floor up; I am unable to climb stairs without pain. I cannot go in and out of my car without feeling pain and discomfort. I feel anxious and ashamed of even leaving my home thinking that someone may see me in the poor condition that I am in. There is not a single day that goes by that I don't feel depressed or saddened along with a feeling of anxiousness that invades me at all times. I am unable to sleep at night because my problems are getting worse. Sometimes I feel like I'm going crazy.

I wanted to believe you when you said my problems would get better when I returned to work. The truth is that returning to work will only increase my pay some. There have been a lot of problems as a result of my accident. Besides my physical limitations I wanted to tell you how everything has affected me in my personal life. My wife has thought seriously about an indefinite separation. My children do not respect me as the head of the household. My house is in foreclosure and my financial debt and past due bills are over \$17,000.00. I have had to borrow money which amounts to \$10,000.00. I feel like I am at the border line of going crazy. My family (wife and four children) don't have medical insurance. Kohler Company has revoked my health insurance at a time when my family needs it the most; my oldest son has severe acne and the other children have dental needs; my wife needs to have medical exams that are necessary and unfortunately she has not been able to have them. I am asking for your help: I need to speak to someone about my problems so that I can be helped and start feeling better. I would like to know how to better deal with my anxiety issues. I need to know how to control my aggressive impulsiveness because sometimes the only way I seem to feel better is when I destroy an object with my hands; this makes me feel a little better but I know this is not the way to deal with things.

I didn't have these problems Dr. Keith until I unfortunately had my first injury to the left knee. I used to be an easy going man. Physically I was very well. My health was always good, my back was strong and I had never had any surgeries of any kind. I ran with my children on the weekends. I worked over time and my house payments were always current, I had no financial debt. My family had medical insurance. My children respected me and I had a healthy relationship with my wife of 16 years. The thing that worries me the most is that I feel that I don't even know myself anymore. I want you to believe me when I tell you that I am in a very desperate situation and have no idea how to deal with my anxiety issues let alone my physical health. The only thing I can ask of you is that I receive professional help. I hope that you will be able to understand and help me.

Sincerely,

Yuri Valderrama



August 15, 2010

To: Dr. E. John Keith Jr.

Mi nombre es Yuri Valderrama y como usted sabe soy su paciente desde hace algunos meses. Me comunico con usted por medio de esta carta por que son tantos mis padecimientos y frustraciones que tengo y necesito ser escuchado de una u otra forma doctor. Desde mi primera cirugía de la rodilla izquierda, mi vida comenzó a cambiar y mi salud comenzó a degradarse. Lo peor es que sigue empeorando cada vez más. Desde entonces me han surgido nuevos padecimientos físicos. Se que han sido debido al cojear por tanto tiempo como usted ya lo sabe. Tengo dolor de espalda, mi riñón izquierdo me duele desde hace unos 7 meses; tengo series de manchas blancas, ahora en ambas piernas y a los lados de mi espalda.

Estoy muy deprimido y mi frustración es va un común en vida al no poder ni siquiera levantar algo liviano del piso, ni siquiera subir escaleras sin dolor, entrar y salir del automóvil sin dolor y ni mucho menos poder salir libremente a la calle por que tengo pena y temor de que la gente conocida me vea y piense en mi situación física que he me convertido. No hay un solo día que no me sienta deprimido, triste, con una ansiedad que me invade en cada momento. No puedo ni siquiera dormir en las noches y mis problemas siguen en aumento. Creo que me estoy volviendo loco. Quise creer en sus palabras que según usted me dijo que mis problemas se mejorarían una ves que regrese a mi antiguo trabajo. La realidad es que esto solo mejorara un poco mi pago semanal. Ya son muchos los da&os que he tenido a causa de mis lesiones de las rodillas. A decir verdad a parte de mis padecimientos físicos, quiero contarle como me ha afectado y me sigue afectando en mi vida personal. Mi esposa esta apunto de dejarme, se habla de una separación definitiva. Mis hijos no me respetan más y ya no tengo autoridad con ellos.

Mi casa esta en foreclosure y mis deudas de atrasos y recargos hipotecarios suman aun mas de \$17.000 dls. Entre otros préstamos, suman otros \$10.000 dls más. Estoy al bordo de la locura. Mi familia (mi esposa y 4 hijos) no tienen seguro medico, la compañía Kohler me los ha cancelado y mi hijo mayor tiene problemas severos de acne, mis hijos menores necesitan atención dental y mi esposa necesita exámenes médicos y necesarios y no se que hacer. Realmente le pido ayuda, necesito hablar con alguien para que me ayude como entender mis problemas y como lidiar con esta ansiedad que me ahoga. Necesito saber como controlar mis impulsos agresivos por que ya llegan a ser violentos y me da pena decirlo pero tengo que golpear o destruir algún objeto con mis manos para sentirme mas tranquilo. Yo no tenía estos problemas Doctor Keith, hasta que por mala suerte tuve la primera lesión en mi rodilla izquierda. Yo era una persona tranquila y sensata. Físicamente estaba muy bien. Mi salud siempre estaba en muy buenas condiciones, mi espalda era fuerte, y jamás había tenido alguna cirugía de ningún tipo. Yo corría con mis hijos los fines de semana. Trabajaba tiempos extras y mis pagos de hipoteca siempre estuvieron al corriente, no tenia deudas. Mi familia tenia seguro medico. Mis hijos me respetaban y tenia una relación con mi esposa saludable y sin conflictos de 16 años de matrimonio. Lo más preocupante de todo es que ahora ni yo mismo me reconozco. Necesito que me crea y que estoy en una situación muy desesperada y no se como solucionarlo, ni mucho menos, mis padecimientos físicos. Lo único que puedo decirle es que necesito ayuda profesional. Ojala pueda entenderme.

Sinceramente,
Yuri Valderrama.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED

MAR 29 2013

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

SC Court of Appeals

Susan S. Barden, Commissioner
Derrick L. Williams, Commissioner
Andrea C. Roche, Commissioner

W.C.C. File No.: 0809520

Yurri Valderrama, Employee, ... Respondent,

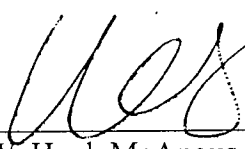
v.

Kohler Company, Employer, Self-Insured Appellant.

PROOF OF COMPLIANCE

The undersigned hereby certifies that the Record on Appeal filed in this matter contains all the material proposed to be included by the parties to this matter and does not include any other material. The undersigned further certifies that the Record on Appeal filed in this matter complies with the South Carolina Supreme Court's August 13, 2007 Order re: Interim Guidance Regarding Personal Data Identifiers and Other Sensitive Information in Appellate Court Filings.

March 29, 2013



W. Hugh McAngus
Weston Adams, III
McANGUS GOUDELOCK & COURIE LLC
Meridian 10th Floor
1320 Main Street
PO Box 12519
Columbia, South Carolina 29211-2519
(803) 779-2300
Attorneys for Appellant

THE STATE OF SOUTH CAROLINA
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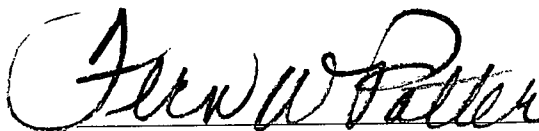
v.

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PROOF OF SERVICE

I certify that on the 29th day of March 2013, I served the **Record on Appeal** on Yurri Valderrama by depositing a copy of it in the United States Mail, postage prepaid, addressed to his attorney of record:

Alton L. Martin, Jr., Esq.
Martin & Martin
PO Box 8220
Greenville, SC 29604



Fern Potter
Paralegal to W. Hugh McAngus
McAngus, Goudelock & Courie LLC
Post Office Box 12519, Capitol Station
Meridian, 1320 Main Street, 10th Floor (29201)
Columbia, South Carolina 29211-2519
(803) 779-2300

Attorneys for Kohler Company