RECEIVED
Jan 17 2023
SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1908703
Appellate Case No. 2022-000067

Kyle R. Bagley, Employee . . . . ……. Appellant,

v.

JN Fibers, Inc., d/b/a Sun Fiber, LLC, Employer, and
Great American Insurance Company, Carrier . . . . . .…… Respondents.

RECORD ON APPEAL – VOLUME II

Bryan N. Sanchez, # 80372
Nicholas J.A. Stark, # 103414
772 Cherry Road (29732)
PO Box 11583
Rock Hill, SC 29731
bryan.sanchez@stacylewislaw.com
nick.stark@stacylewislaw.com

Attorneys For Appellant

C. Barrett Burley, # 77490
M. Brooks Biediger, # 77658
1201 Main Street, Suite 1430
Columbia, SC 29201
bburley@hplplaw.com
bbiediger@hplplaw.com

Attorneys For Respondents

INDEX

VOLUME I

Orders

Order of May 13, 2021 (Single Commissioner Order) 1

Order of December 21, 2021 (Appellate Panel Order) 23

Pleadings and Motions

Form 50 of July 19, 2019
(Claimant's Notice of Claim) 53

Form 14B of August 28, 2019
(Physician Statement) 55

Form 21 of September 17, 2019
(Defendants' Request for Hearing) 56

Form 21 Response of October 4, 2019
(Claimant's Response to Defendants' Form 21) 57

Form 50 of October 16, 2019
(Claimant's Request for Hearing) 59

Form 51 of November 15, 2019
(Defendants' Answer to Request for Hearing) 60

Form 58 of September 2, 2020
(Claimant's Pre-Hearing Brief) 61

Form 58 of September 4, 2020
(Defendants' Pre-Hearing Brief) 63

Form 30 of May 25, 2021
(Defendants' Request for Commission Review) 64

Defendants' Brief to the Appellate Panel 66

Claimant's Brief to the Appellate Panel 95

Defendants' Reply Brief to the Appellate Panel 107

Transcripts and Exhibits

Transcript of September 28, 2020 (Single Commissioner Hearing) . . . . . 114 .

Jessica Bagley
Direct 127
Cross 131
Redirect 137

Karlissa Dean (Bagley)
Direct 139
Cross 145

Kyle Bagley
Direct 150
Cross 181
Redirect 215
Recross 220

Transcript of August 30, 2021 (Appellate Panel Hearing) 224

Claimant's APA Submissions 247

VOLUME II

Defendants' APA Submissions (Including Supplements and the enclosed cd containing Defendants Exhibit 3, video of the accident) 443

Deposition of Claimant 630

Deposition of Dr. Matthew Brown 747

Deposition of Dr. T. Hemnath Rao 789

Exhibits 836

VOLUME III

Deposition of Dr. David DuPuy 888

Deposition of Dr. Brett Gunter 943

Certificate of Counsel 983

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1908703

Kyle R. Bagley,

Employee,

Claimant,

vs.

Sun Fiber, LLC,

Employer,

AND

Great American Alliance Insurance Company c/o Strategic Comp,

Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND Bryan Sanchez, Attorney for Claimant:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGE #'s
1		MUSC Chester	6/17/19	1 – 18
2		Lowry's Family Medicine	12/16/14 – 6/25/19	19 – 40
3		Riverview Medical Center/Occumed	6/27/19	41 – 59
4	Matthew T. Brown, MD	Midlands Orthopaedics & Neurosurgery	7/5/19 – 8/28/19	60 – 85
5	David DuPuy, MD	OrthoCarolina	9/12/19 – 10/15/19	86 – 107
6	Doris Paez, PHD, NCSP	Dr. Joseph Boland & Associates	12/13/2019	108 – 116
7	S. Taylor Jarrell, MD	Carolina Neurosurgery & Spine Associates	8/22/19 – 9/5/19	117 - 142

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purpose of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: See Pre-Hearing Brief.

C. Barrett Burley
HOLDER, PADGETT, LITTLEJOHN + PRICKETT, LLC
1201 Main Street, Suite 1430
Columbia, South Carolina 29201
(803) 335-1444
Attorneys for the Employer/Carrier

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1908703

Kyle R. Bagley,
Employee,

Claimant,

vs.

Sun Fiber, LLC,
Employer,

AND

Great American Alliance Insurance Company
c/o Strategic Comp,
Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee of HOLDER, PADGETT, LITTLEJOHN & PRICKETT, LLC, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, and/or email addressed to:

TO:	VIA FIRST CLASS MAIL Bryan N. Sanchez, Esquire Lewis Law Firm, LLC P.O. Drawer 11583 Rock Hill, SC 29731
TO:	VIA eCase S. C. WORKERS' COMPENSATION COMMISSION 1333 Main Street, Suite 500 Columbia, South Carolina 29201
Document:	Pre-Hearing Brief, Notice of Witnesses and Written Medical Reports
Date of Mailing:	January 17, 2020

Stephanie Kluszczynski
Paralegal to C. Barrett Burley

MUSC CHESTER

ADVANCE DIRECTIVE (Y/N)	ACCOUNT NO.	MEDICAL RECORD NO.
	2006488	0000034137

PATIENT

ADMIT DATE / TIME	ROOM NO.	PT	PC	AGE	DATE OF BIRTH	SEX	RA	MS	LOCATION	PROGRAM
06/17/2019 20:16	0	E	B	038	11/03/1980	M	1	S	ED	

PATIENT NAME & ADDRESS	SS NUMBER	PATIENT EMPLOYER	EMPLOYER PHONE NO.
BAGLEY, KYLE RAY 628 LANCASTER HWY APT223 CHESTER SC 29706 US	***-**-****	SUNFIBER	(803)789-4162
	PHONE NUMBER (803)374-2834		COUNTY 12CHESTER

GUAR

RESPONSIBLE PARTY & ADDRESS	SS NUMBER	RESPONSIBLE PARTY EMPLOYER	EMPLOYER PHONE
BAGLEY, KYLE RAY 628 LANCASTER HWY APT223 CHESTER SC 29706 US	***-**-****	SUNFIBER	(803)789-4162
	PHONE NUMBER (803)374-2834		RELATIONSHIP TO PATIENT PATIENT IS GUARANTOR

EMERGENCY CONTACT NAME not in household	EMERGENCY CONTACT PHONE	EMERGENCY CONTACT RELATIONSHIP TO PATIENT
BAGLEY, JESSICA	(803)379-6464	SPOUSE

COMMENTS	MAP	PT ETH REL	PRIVACY	PPP	ADMIT. BY
	☐Y ☒N	ENG N		Y	DBH

PRIVACY	EMAIL	PPI	ACCIDENT	ACCIDENT DATE
		O		

INSURANCE

	PAYER	PLAN	POLICY NUMBER	DATE OF BIRTH
1	200	PPO	ZGY482286420381	11/03/1980

INSURANCE CO. NAME & ADDRESS	INSURED'S NAME
BCBS SC 401 PO BOX 100300 COLUMBIA SC 292023300	BAGLEY, KYLE R
	GROUP NUMBER: 661702601 / GROUP NAME
	AUTHORIZATION

	PAYER	PLAN	POLICY NUMBER	DATE OF BIRTH
2	000			00/00/0000

INSURANCE CO. NAME & ADDRESS	INSURED'S NAME
	GROUP NUMBER / GROUP NAME
	AUTHORIZATION

	PAYER	PLAN	POLICY NUMBER	DATE OF BIRTH
3				

INSURANCE CO. NAME & ADDRESS	INSURED'S NAME
	GROUP NUMBER / GROUP NAME
	AUTHORIZATION

MISC

DR. ADMITTING / ATTENDING	DR. FAMILY / PRIMARY CARE
LOWMAN, ISOM /	POULOS, DREWID D. PLYLER
CHIEF COMPLAINT: BODY PAIN	ADMITTING DIAGNOSIS
PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care)	DISCHARGED TO HOME / DISCHARGE DATE/TIME: 06/17/2019 23:04

FACE

2006488

0000034137

Physician Documentation
Chester Regional Medical Center
Emergency Department
Name: Bagley, Kyle R
Age: 38 yrs
Sex: Male
DOB: 11/03/1980
MRN: 0000034137
Arrival Date: 06/17/2019
Time: 20:15
Account#: 2006488
Bed 6
Private MD:
ED Physician Lowman, Isom
Disposition:
06/17
22:38 Electronically signed by: Lowman, Isom, MD. il

Disposition Summary:
06/17 Discharged to Home/Self Care. MSE completed.. Impression: Contusion of lower back and pelvis, initial encounter - Thoracic and Cervical.
22:40 il

- Condition is Stable.
- Discharge Instructions: Back Pain, Adult.
- Prescriptions for Zanaflex 4 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours As needed; 15 tablet. Tramadol 50 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours as needed; 12 tablet.
- Medication Reconciliation Form form.
- Follow up: Emergency Department; When: As needed; Reason: Worsening of condition. Follow up: Mason, G., MD; When: As needed; Reason: Worsening of condition.
- Problem is new.
- Symptoms have improved.

HPI:
06/17
20:48 This 38 yrs old Caucasian Male presents to ER with complaints of Pain All Over. il
06/17
20:48 The patient presents with pain that is acute. The symptoms are located in the posterior cervical area, thoracic area and lumbar area. Onset: The symptoms/episode began/occurred 3 day(s) ago. The pain does not radiate. Associated signs and symptoms: The patient has no apparent associated signs or symptoms. The problem was sustained during a fall, Patient states he was hit on forehead with a bale of fiber that knocked him onto his back on Friday, now hurting in his neck and entire back.. Modifying factors: the patient symptoms are aggravated by movement. Severity of symptoms: At their worst the symptoms were moderate. This patient does not have any risk factors for back pain. The patient has not experienced similar symptoms in the past. il

Historical:
- Allergies: No known Allergies;
- Home Meds:
  1. None

- PMHx: None;
- PSHx: Tonsillectomy;
  History obtained from: patient.
- Immunization history: Last tetanus immunization: < 10 years ago Pneumococcal vaccine is not up to date, Patient has never been vaccinated, Flu vaccine is not up to date, It has been more than one year since last vaccine..
- Social history: : No barriers to communication noted. The patient speaks fluent English. Speaks appropriately for age.
- Family history: Not pertinent.
- Social history: Patient/guardian denies using street drugs, IV drugs.
- Hospitalizations: : No recent hospitalization is reported.
- The history from nurses notes was reviewed: and I agree with what is documented.

ROS:
06/17
20:51 All other systems are reviewed and negative. Constitutional: Negative for body aches, chills, fever. Cardiovascular: Negative for chest pain, edema, orthopnea. Respiratory: Negative for cough, dyspnea on exertion, shortness of breath. Abdomen/GI: Negative for abdominal pain, nausea, vomiting. Back: Positive for pain at rest, pain with movement, of the posterior cervical area, thoracic area and lumbar area. Neuro: Negative for dizziness, headache, hearing loss, loss of consciousness. il

Exam:
06/17
20:53 Constitutional: The patient appears in no acute distress, alert, awake, non-diaphoretic, non-toxic, well developed, well hydrated, well groomed, well nourished, uncomfortable. il
20:53 Head/face: Exam is negative for acute changes.
20:53 Eyes: Exam is negative for acute changes.
20:53 ENT: Exam is negative for acute changes.
20:53 Neck: C-spine: vertebral tenderness, that is mild, diffusely, crepitus, is not appreciated.
20:53 Cardiovascular: Exam negative for acute changes.
20:53 Respiratory: Exam negative for acute changes.
20:53 Abdomen/GI: Exam negative for acute changes.
20:53 Abdomen/GI: Inspection: abdomen appears normal, Bowel sounds: normal, Palpation: abdomen is soft and non-tender, in all quadrants, mass, is not appreciated.
20:53 Back: pain, that is moderate, of the posterior cervical area, thoracic area and lumbar area, ROM is normal, painful.
20:53 GU: Exam negative for acute changes.
20:53 Neuro: Motor: is normal, Sensation: is normal, Gait: is steady, at a normal pace, without difficulty, Deep tendon reflexes are normal.

Vital Signs:
06/17
20:50 BP 131 / 87; Pulse 76; Resp 16; Temp 97.8; Pulse Ox 98% on R/A; Weight 74.84 kg; Height 6 ft. 1 in. (185.42 cm); Pain 10/10; dfc
06/17
22:50 BP 118 / 078; Pulse 077; Resp 018; Temp 97.8; Pulse Ox 98% ; Pain 10/10; mp2
06/17
23:04 Pulse Ox 7% ; dfc
06/17

20:50 Body Mass Index 21.77 (74.84 kg, 185.42 cm) dfc

MDM:
06/17
20:41 Patient medically screened. il
06/17
22:37 Differential diagnosis: ruptured disc, sprain, vertebral fracture, contusion. Data reviewed: vital signs, nurses notes, radiologic studies. Data interpreted: Pulse oximetry: on room air is 98 %. Interpretation: normal. Test interpretation: by ED physician or midlevel provider: none. Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home. Medication response: The patient's symptoms have improved. il

06/17
20:57 Order name: Ct Cervical W/o Contrast il
06/17
20:57 Order name: Ct Lumbar W/o Contrast il
06/17
20:57 Order name: Ct Thoracic W/o Contrast il

Dispensed Medications:
06/17
22:50 Drug: TORadol 60 mg Route: IM; Site: right vastus lateralis; dfc
06/17
23:04 Follow up: Pulse Ox 7% dfc

Signatures:

Dispatcher MedHost		EDMS
Pearson, Meredith, RN	RN	mp2
Lowman, Isom, MD	MD	il
Craig, David, RN	RN	dfc

Corrections: (The following items were deleted from the chart)
06/17
22:41 06/17 22:40 06/17/2019 22:40 Discharged to Home/Self Care. MSE completed.. Impression: Contusion of lower back and pelvis, initial encounter - Thoracic and . Condition is Stable. Discharge Instructions: Medication Reconciliation Form. Follow up: Emergency Department; When: As needed; Reason: Worsening of condition. Problem is new. Symptoms have improved. il il
06/17
22:43 06/17 22:41 06/17/2019 22:40 Discharged to Home/Self Care. MSE completed.. Impression: Contusion of lower back and pelvis, initial encounter - Thoracic and Cervical. Condition is Stable. Discharge Instructions: Medication Reconciliation Form. Follow up: Emergency Department; When: As needed; Reason: Worsening of condition. Problem is new. Symptoms have improved. il il
06/17
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route every 8 hours As needed; 15 tablet, Tramadol 50 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours as needed; 12 tabletrollow up: Emergency Department; When: As needed; Reason: Worsening of condition. Problem is new. Symptoms have improved. il

****

Discharge Summary
Chester Regional Medical Center
Name:Kyle Bagley
Emergency Department
Age:38 yrs
Sex:Male
DOB:11/03/1980
MRN:0000034137
Arrival:06/17/2019
20:15
Account#:2006488
Departure Date06/17/2019
Departure Time23:04
Private MD:
Outcome: Discharge
Location: Home/Self Care. MSE completed.
Condition: Stable
Chief Complaint: Pain All Over
Diagnosis: Contusion of lower back and pelvis, initial encounter - Thoracic and Cervical
Prescriptions: Zanaflex 4 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours As needed; 15 tablet, Tramadol 50 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours as needed; 12 tablet
Follow up: Mason, G., MD
Custom Notes: Return if get worse
Attending Physician: Lowman, Isom, MD
Private MD:
Mid Level Provider:
Followup Physician: Mason, G., MD
Orders: Ct Cervical W/o Contrast, Ct Lumbar W/o Contrast, Ct Thoracic W/o Contrast, TORadol
Discharge Instruction: Discharge Summary Sheet, Back Pain, Adult, Medication Reconciliation Form
****

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Coid: 813
Page: 1

RADIOLOGY TEST INFORMATION

Type/source: RAD CT CERVICAL W/O CONTRAST	Order #:	16613813	Account: 2006488
Medical Record Number: 0000034137	DOB:	11/03/1980	Gender: MALE
Status: F 08:45	Order Date:	06/17/2019	Patient Name: BAGLEY, KYLE RAY
Result Date/Time: 06/18/2019	Order Time:	20:57	Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL Signature: TANK, JAY DAYALAL

RESULT TEXT

BODY PAIN
Reason;injury;Pain; Bed Name: 6
Procedure Acknowledge Date: 06/17/2019 09:42 PM

CT CERVICAL, THORACIC, AND LUMBAR SPINE

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

CERVICAL SPINE:

No acute fracture or prevertebral soft tissue swelling is identified. The cervical alignment is maintained. The disc spaces are preserved. No advanced canal stenosis.

THORACIC SPINE:

No acute fracture is seen. The thoracic alignment is maintained without static listhesis. The disc spaces are preserved. No advanced spinal canal stenosis is identified. The visualized lungs are clear.

LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

RADIOLOGY TEST INFORMATION

Type/source: RAD CT CERVICAL W/O CONTRAST	Order #:	16613813	Account: 2006488
Medical Record Number: 0000034137	DOB:	11/03/1980	Gender: MALE
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Result Date/Time: 06/18/2019	Order Time:	20:57	Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL Signature: TANK, JAY DAYALAL

RESULT TEXT

sacroiliac joints are preserved.

IMPRESSION:

No acute spinal fracture.

Electronically signed by: Jay Tank MD 6/17/2019 8:51 PM CDT
Workstation: 109-1071

DT: 06/17/2019 10:43 PM Dictated By: TANK, JAY DAYALAL MD
DT: 06/18/2019 08:45 AM Signed By: TANK, JAY DAYALAL MD

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Coid:813
Page:1

RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W//O CONTRAST	Order #:	16613814	Account: 2006488
Medical Record Number: 0000034137	DOB:	11/03/1980	Gender: MALE
Status:F 21:51	Order Date:	06/17/2019	Patient Name: BAGLEY, KYLE RAY
Result Date/Time: 06/17/2019	Order Time:	20:57	Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL Signature: TANK, JAY DAYALAL

RESULT TEXT

BODY PAIN
Reason;injury;Pain; Bed Name: 6
Procedure Acknowledge Date: 06/17/2019 09:43 PM

CT CERVICAL, THORACIC, AND LUMBAR SPINE

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

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THORACIC SPINE:

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LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

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Workstation: 109-1071

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DF: 06/17/2019 09:51 PM Signed By: TANK, JAY DAYALAL MD

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HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

CERVICAL SPINE:

No acute fracture or prevertebral soft tissue swelling is identified. The cervical alignment is maintained. The disc spaces are preserved. No advanced canal stenosis.

THORACIC SPINE:

No acute fracture is seen. The thoracic alignment is maintained without static listhesis. The disc spaces are preserved. No advanced spinal canal stenosis is identified. The visualized lungs are clear.

LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W//O CONTRAST	Exam #:	16613814	Account: 2006488
Medical Record Number: 0000034137	DOB:	11/03/1980	Gender: MALE
Status: F 21:51	Order Date:	06/17/2019	Patient Name: BAGLEY, KYLE RAY
Result Date/Time: 06/17/2019	Order Time:	20:57	Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL Signature: TANK, JAY DAYALAL

RESULT TEXT

sacroiliac joints are preserved.

IMPRESSION:

No acute spinal fracture.

Electronically signed by: Jay Tank MD 6/17/2019 8:51 PM CDT
Workstation: 109-1071

DT: 06/17/2019 10:43 PM Dictated By: TANK, JAY DAYALAL MD
DF: 06/17/2019 09:51 PM Signed By: TANK, JAY DAYALAL MD

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Coid:813
Page:1

RADIOLOGY TEST INFORMATION

Type/source: RAD CT THORACIC W/O CONTRAST		16613815	Account: 2006488
Medical Record Number: 0000034137	DOB:	11/03/1980	Gender: MALE
Status:F 08:45	Order Date:	06/17/2019	Patient Name: BAGLEY, KYLE RAY
Result Date/Time: 06/18/2019	Order Time:	20:57	Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL Signature: TANK, JAY DAYALAL

RESULT TEXT

BODY PAIN
Reason;injury;Pain; Bed Name: 6
Procedure Acknowledge Date: 06/17/2019 09:44 PM

CT CERVICAL, THORACIC, AND LUMBAR SPINE

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

CERVICAL SPINE:

No acute fracture or prevertebral soft tissue swelling is identified. The cervical alignment is maintained. The disc spaces are preserved. No advanced canal stenosis.

THORACIC SPINE:

No acute fracture is seen. The thoracic alignment is maintained without static listhesis. The disc spaces are preserved. No advanced spinal canal stenosis is identified. The visualized lungs are clear.

LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Coid: 813
Page:2

RADIOLOGY TEST INFORMATION

Type/source: RAD CT THORACIC W/O CONTRAST	Order #:	16613815	Account: 2006488
Medical Record Number: 0000034137	DOB:	11/03/1980	Gender: MALE
Status: F 08:45	Order Date:	06/17/2019	Patient Name: BAGLEY, KYLE RAY
Result Date/Time: 06/18/2019	Order Time:	20:57	Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL Signature: TANK, JAY DAYALAL

RESULT TEXT

sacroiliac joints are preserved.

IMPRESSION:

No acute spinal fracture.

Electronically signed by: Jay Tank MD 6/17/2019 8:51 PM CDT
Workstation: 109-1071

DT: 06/17/2019 10:43 PM Dictated By: TANK, JAY DAYALAL MD
DF: 06/18/2019 08:45 AM Signed By: TANK, JAY DAYALAL MD

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (34, M) ID# 18964	**Appt. Date/Time**	12/16/2014 04:30PM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID PLYLER, PA-C		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 50811267 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

Anxiety

mood changes

Patient's Care Team

Primary Care Provider: DREWID PLYLER (LOWRYS FAMILY MEDICINE): 517 DOCTOR CT, CHESTER, SC 29706, Ph (803) 581-2800, Fax (803) 581-8919

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Problems

- Drug withdrawal
- Anxiety

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

Name	Date
chlordiazepoxide 5 mg capsule Take 1 capsule(s) every 6-8 hours by oral route.	12/16/14 prescribed
fluoxetine 10 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	12/16/14 prescribed

Tylenol or Aleve OTC for headaches prn

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married.
Smoking Status: Current every day smoker.
Smoker (1/2 PPD).
Alcohol intake: Occasional.
Chewing tobacco: none.
Number of children: 5.

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Vitals

12/16/2014 04:55 pm

Ht:	6 ft 1 in (185.42 cm)	**Wt:**	161 lbs (73.03 kg)	**BMI:**	21.2
T:	97.5 F° ear (36.39 C)	**Pulse:**	63 bpm regular	**RR:**	20
BP:	133/81 sitting L arm	**O2Sat:**	98% Room Air at Rest		

HPI

Anxiety/Depression
Reported by patient.

Quality: **symptoms worse in the evening**
Severity: denies suicidal ideations; does not interfere with activities of daily living;**unable to maintain relationships; interference with work**
Duration: symptoms lasting over 2 weeks
Onset/Timing: still present (3 months ago)
Context: **trouble at work**
Modifying Factors: herbal medications (thc, **stopped three months ago when he got a new job**); social support; wants to better himself for his childern
Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss; no visual/auditory hallucinations; no delusions; no shortness of breath; **high irritability; anxiety; anxiety with muscle tension; palpitations; anxiety with excessive sweating; flushing; trembling or shaking (tremor); headaches**

ROS

Patient reports **diminished activity and fatigue** but reports no significant weight change, good appetite, no fever, and happy/content. He reports **anxiety and stress** but reports no loss of interest. He reports no blurry vision. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.

Physical Exam

Patient is a 34-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

QM

Provider: dplyler
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, PQRS 2014, Pediatric Preventive Care Guidelines, Risk Identification Guidelines, athenaBenchmark Quality Metrics
Last updated 12/14/2014

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Measure	Status
Adults' access to preventive health services	Needs Data
Blood Pressure Screening	Satisfied
BP Control (140/90)	Satisfied
Influenza Vaccination (Aug - Mar)	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Cessation Intervention	Needs Data
Tobacco Use Inquiry	Satisfied

Assessment / Plan

1. **Adult health examination** - LAB ORDER: CBC, CMP, TSH, LIPIDS, TSH, UA, UDS, VITAMIN B12/D
   V70.0: Routine general medical examination at a health care facility

2. **Anxiety**
   300.00: Anxiety state, unspecified
   - fluoxetine 10 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 1 Pharmacy: BI LO PHARMACY 5268

3. **Drug withdrawal**
   292.0: Drug withdrawal
   - chlordiazepoxide 5 mg capsule - Take 1 capsule(s) every 6-8 hours by oral route. Qty: 60 capsule(s) Refills: 0
     Pharmacy: BI LO PHARMACY 5268

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by DREWID PLYLER, PA-C, 12/16/2014.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 12/16/2014 at 5:18pm

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (34, M) ID# 18964	**Appt. Date/Time**	01/20/2015 04:30PM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID PLYLER, PA-C		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 50811267 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

FOLLOW UP VISIT

Patient's Care Team

Primary Care Provider: DREWID PLYLER (LOWRYS FAMILY MEDICINE): 517 DOCTOR CT, CHESTER, SC 29706, Ph (803) 581-2800, Fax (803) 581-8919

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Problems

- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder

Allergies

Reviewed Allergies
NKDA

Medications

Medications not reviewed (last reviewed 12/16/2014)

Name	Date
chlordiazepoxide 5 mg capsule Take 1 capsule(s) every 6-8 hours by oral route.	12/16/14 prescribed
fluoxetine 10 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	01/20/15 prescribed

Tylenol or Aleve OTC for headaches prn

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married.
Smoking Status: Current every day smoker.
Smoker (1/2 PPD).
Alcohol intake: Occasional.
Chewing tobacco: none.

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Number of children: 5.

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Vitals

01/20/2015 04:39 pm

Ht: 6 ft 1 in (185.42 cm)	**Wt:** 163 lbs (73.94 kg)	**BMI:** 21.5
T: 97 F° (36.11 C)	**Pulse:** 75 bpm	**RR:** 18
BP: 110/76	**O2Sat:** 97%	

HPI

Anxiety/Depression
Reported by patient.

Severity: denies suicidal ideations; able to maintain relationships; does not interfere with activities of daily living
Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss; no shortness of breath
Notes: HE FEELS ALOT BETTER AND FOCUS ON THE MEDICATIONS, HE CAN NOTICE A DIFFERENCE. HE HAS NOT BEEN TAKING THE LIBRIUM IN 3-4 DAYS AND HE CANT TELL THAT HE HASNT TAKEN IT.

ROS

Patient reports no significant weight change, good appetite, no fever, happy/content, normal activity level, and no fatigue. He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.

Physical Exam

Patient is a 34-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Musculoskeletal:: Motor Strength and Tone: normal tone and motor strength. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

QM

Provider: dplyler

Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, PQRS 2015, Pediatric Preventive Care Guidelines, Risk Identification Guidelines, athenaBenchmark Quality Metrics

Last updated 01/20/2015

Measure	Status
Adults' access to preventive health services	Satisfied
Blood Pressure Screening	Satisfied
BP Control (140/90)	Satisfied
Influenza Vaccination (Aug - Mar)	Needs Data

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Td/Tdap Adult Booster	Needs Data
Tobacco Cessation Intervention	Needs Data
Tobacco Use Inquiry	Satisfied

Assessment / Plan

1. **Follow-up encounter**
   V67.6: Follow-up examination, following combined treatment

2. **Depressive disorder**
   311: Depressive disorder, not elsewhere classified
   - LEARNING ABOUT MOOD DISORDERS
   - fluoxetine 10 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 5 Pharmacy: BI LO PHARMACY 5268

Return to Office

- DREWID PLYLER, PA-C for Established Patient 15 at CHE_LOWRYS FAMILY MEDICINE on 07/13/2015 at 04:15 PM

Encounter Sign-Off

Encounter signed-off by DREWID PLYLER, PA-C, 01/20/2015.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 01/20/2015 at 4:49pm

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	**Appt. Date/Time**	03/07/2018 04:15PM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	MALIK ASHE, MD		
Insurance	Med Primary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible.		

Chief Complaint

ATV accident

abrasions to hand and feet

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

03/07/2018 04:08 pm

Ht:	6 ft 1 in (185.42 cm)	**Wt:**	146 lbs (66.22 kg)	**BMI:**	19.3
T:	98 F° (36.67 C)	**Pulse:**	90 bpm	**RR:**	20
BP:	143/90	**O2Sat:**	96% Room Air at Rest		

Measurements

None recorded.

Allergies

Reviewed Allergies
NKDA

Medications

No medications reported
Tylenol or Aleve OTC for headaches prn

Problems

Reviewed Problems
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Reviewed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Reviewed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Past Medical History

Reviewed Past Medical History
ANXIETY DISORDER: Y
Other: Y - **tabacco abuse,fatigue, vit d def**

Screening

None recorded.

HPI

driver of motorcycle fell off today while riding. No helmet. No LOC. something ran out in road causing him to loose control. No +abrasions/pain to Rt heel and 5th toe, and Lt heel and Lt hand.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing and well-nourished. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: active and alert.

Head: Head: normocephalic and atraumatic.

Musculoskeletal:: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: no bony abnormalities. Extremities: no cyanosis or edema.

Neurologic: Gait and Station: **irregular gait.**

Skin: Inspection and palpation: **lesion (Feet/Heel: epidermal layer erosion).**

Assessment / Plan

1. **Abrasion and/or friction burn of skin** - wounds cleaned and dressed. Wound care instructions given. Script for abx and analgesics given
   T14.8XXA: Other injury of unspecified body region, initial encounter

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by MALIK ASHE, MD, 03/07/2018.

Encounter performed and documented by MALIK ASHE, MD
Encounter reviewed & signed by MALIK ASHE, MD on 03/07/2018 at 5:14pm

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	**Appt. Date/Time**	03/13/2018 09:15AM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID POULOS , PA-C		
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420381 Policy/Group # : 661702601 Med Secondary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible.		

Chief Complaint

routine visit

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

Ht:	6 ft 1 in (185.42 cm) 03/13/2018 09:32 am	**Wt:**	151 lbs 4 oz (68.61 kg) 03/13/2018 09:32 am	**BMI:**	20 03/13/2018 09:32 am
T:	97.2 F° ear (36.22 C) 03/13/2018 09:33 am	**Pulse:**	62 bpm 03/13/2018 09:34 am	**RR:**	20 03/13/2018 09:34 am
BP:	115/80 sitting R arm 03/13/2018 09:34 am	**O2Sat:**	98% Room Air at Rest 03/13/2018 09:34 am	**Pain Scale:**	0 03/13/2018 09:34 am
Pain Scale Type:	Numeric 03/13/2018 09:34 am				

Measurements

None recorded.

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

Zoloft 50 mg tablet 03/13/18 prescribed

Take 1 tablet(s) every day by oral route in the morning for 30 days.

Tylenol or Aleve OTC for headaches prn

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus										
Td (adult), adsorbed	01/15/94									
Diphtheria, Tetanus, Pertussis										
DTP	09/03/81									
Hepatitis B										
Hep B, adolescent or pediatric	07/24/98									
Polio										
OPV	09/03/81									

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Problems

Problems not reviewed (last reviewed 03/07/2018)
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: Y - tabacco abuse,fatigue, vit d def

Screening

None recorded.

HPI

Patient presents today for wellness check up. Patient states that he has been doing fair. Eating well, sleeping well, staying active with work, no urinay issues or falls.

c/o increase agitation, anger and mood swings and feeling down and depressed for the last 6 mos. he was on zoloft in the past but stopped after a month bc he felt that he did not need it and he was last seen in 2015 by me. He states that he has loss of energy/interest, lack of concentration, agitated and anger spells. he states that he has been getting to the point where he flips out at times either punching the walls or throwing things. he states that he has alot of little stress in his life and it all builds up and comes to a head. he feels like he could ball the world up.

He is interested in restarting medications. He has anger management class next friday and him and his wife are going to marriage counseling.

ROS

Patient reports **fatigue** but reports no significant weight change, good appetite, no fever, happy/content, and normal activity level. He reports **depression and stress** but reports no anxiety, no insomnia, and no loss of interest. He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no blood in urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: **depressed** and **agitated** and active and alert; **looking down the entire time.**

Head: Head: normocephalic and atraumatic.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Hearing: no hearing loss. Nose: no polyp,

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no tenderness, guarding, masses, rebound tenderness, or CVA tenderness and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

lab: cbc, cmp, lipids, tsh, testosterone, ua

1. **Adult health examination**
   Z00.00: Encounter for general adult medical examination without abnormal findings

2. **Feeling agitated**
   R45.1: Restlessness and agitation

3. **Major depressive disorder** - PHQ-9: 19
   F32.9: Major depressive disorder, single episode, unspecified
   - Zoloft 50 mg tablet - Take 1 tablet(s) every day by oral route in the morning for 30 days. Qty: 30 tablet(s) Refills: 5
     Pharmacy: BI LO PHARMACY 5268

Patient Goals
f/u 3mos
continue medication regiment and discuss side effects.

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by DREWID POULOS , PA-C, 03/13/2018.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 03/13/2018 at 9:54am

CHE, CHESTER MEDICAL GROUP LLC • 517 Doctors Court, CHESTER SC 29706-8644

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Procedure Documentation #3448667

FROM:CRMCSC-LFM Medical Records TO:Athena fax 03/14/2018 08:41:42 #057 P.011/019

Kyle Bagley 11/3/1980

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	(1)	2	3
2. Feeling down, depressed, or hopeless	0	1	(2)	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	(2)	3
4. Feeling tired or having little energy	0	1	2	(3)
5. Poor appetite or overeating	0	1	2	(3)
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	(3)
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	(3)
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	(1)	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	(1)	2	3

For office coding 0 + 3 + 4 + 12 =Total Score: 19

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	●	☐	☐

BAGLEY, KYLE 11/03/80 #18964

3678922w8623 Single Page E-ProcDoc

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	**Appt. Date/Time**	06/14/2018 10:00AM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID POULOS , PA-C		
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420381 Policy/Group # : 661702601 Med Secondary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible.		

Chief Complaint

3 month follow up

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

Ht:	6 ft 1 in (185.42 cm) 06/14/2018 10:02 am	**Wt:**	146 lbs (66.22 kg) 06/14/2018 10:02 am	**BMI:**	19.3 06/14/2018 10:02 am
T:	95.6 F° ear (35.33 C) 06/14/2018 10:03 am	**Pulse:**	69 bpm regular 06/14/2018 10:03 am	**RR:**	20 06/14/2018 10:03 am
BP:	109/63 sitting R arm 06/14/2018 10:03 am	**O2Sat:**	97% Room Air at Rest 06/14/2018 10:03 am	**Pain Scale:**	0 06/14/2018 10:03 am

Pain Scale Type: Numeric 06/14/2018 10:03 am

Measurements

None recorded.

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

traZODone 50 mg tablet 06/14/18 prescribed
Take 1 tablet(s) every day by oral route at bedtime for 30 days.

Vraylar 1.5 mg capsule 06/14/18 dispensed
Take 1 capsule(s) every day by oral route.

Vaccines

Vaccines not reviewed (last reviewed 03/13/2018)

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus										
Td (adult), adsorbed	01/15/94									
Diphtheria, Tetanus, Pertussis										
DTP	09/03/81									

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Hepatitis B										
Hep B, adolescent or pediatric	07/24/98									
Polio										
OPV	09/03/81									

Problems

Problems not reviewed (last reviewed 03/07/2018)
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: Y - **tabacco abuse,fatigue, vit d def**

Screening

None recorded.

HPI

Patient here today for 3 month follow up with a history of MDD and GAD. He reports taking Zoloft 50mg BID and persistent anxiety, sleep disturbance, irritability and anger outbursts. He also complains of erectile dysfunction and that his inability to stop his thoughts is affecting his sex life. He reports sleeping little and that he lays in the bed tossing all night long. He states that he can work all night and never sleep or get tired. He has never been diagnosed with bipolar.

He has been losing weight, had increased thirst, and polydipsia the last 3 months and he is concerned about diabetes since his friend was just diagnosed.

ROS

Patient reports **excess weight loss and fatigue** but reports good appetite, no fever, happy/content, and normal activity level. He reports **depression, anxiety, insomnia, stress, and loss of interest** He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no blood in urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.
Additionally reports: scribe by poulos, pa

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD.

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: **depressed** and **agitated** and active and alert; **looking down the entire time.**

Head: Head: normocephalic and atraumatic.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Hearing: no hearing loss. Nose: no polyp, lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

1. **Bipolar disorder** - discuss with patient trying vraylar and add on trazodone to help with sleep disturbance. Discuss side effects and follow 3 weeks
   F31.9: Bipolar disorder, unspecified
   - Vraylar 1.5 mg capsule - Take 1 capsule(s) every day by oral route. Dispensed. Lot #: w00817 Exp Date: 04/01/2019 Dispense Qty: 21 capsule(s)

2. **Major depressive disorder** - d/c zoloft
   F32.9: Major depressive disorder, single episode, unspecified

3. **Generalized anxiety disorder**
   F41.1: Generalized anxiety disorder

4. **Sleep pattern disturbance**
   G47.9: Sleep disorder, unspecified
   - trazodone 50 mg tablet - Take 1 tablet(s) every day by oral route at bedtime for 30 days. Qty: 30 tablet(s) Refills: 2 Pharmacy: BI LO PHARMACY 5268

5. **Increased frequency of urination** - further evaluation, last labs were normal for DM.
   R35.0: Frequency of micturition
   - URINALYSIS, DIPSTICK
   - CULTURE, URINE + SENSITIVITY
   - CT NG TV HSV BY NAA

Return to Office

- DREWID POULOS , PA-C for Follow-up at CHE_LOWRYS FAMILY MEDICINE on 07/05/2018 at 10:00 AM

Encounter Sign-Off

Encounter signed-off by DREWID POULOS , PA-C, 06/14/2018.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 06/14/2018 at 2:00pm

CHE_CHESTER MEDICAL GROUP LLC - 517 Doctors Court, CHESTER SC 29706-8644

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	**Appt. Date/Time**	07/05/2018 10:00AM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID POULOS , PA-C		
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420381 Policy/Group # : 661702601 Med Secondary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible.		

Chief Complaint

Follow up

2 week

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

07/05/2018 10:09 am

Ht:	6 ft 1 in (185.42 cm)	**Wt:**	145 lbs (65.77 kg)	**BMI:**	19.1
T:	97.1 F° ear (36.17 C)	**Pulse:**	82 bpm regular	**RR:**	20
BP:	118/75 sitting R arm	**O2Sat:**	99% Room Air at Rest	**Pain Scale:**	0

Pain Scale Type: Numeric

Measurements

None recorded.

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

traZODone 50 mg tablet 06/14/18 prescribed
Take 1 tablet(s) every day by oral route at bedtime for 30 days.

Vraylar 1.5 mg capsule 07/05/18 prescribed
Take 1 capsule(s) every day by oral route in the morning for 30 days.

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus										
Td (adult), adsorbed	01/15/94									
Diphtheria, Tetanus, Pertussis										
DTP	08/18/86									

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

DTP	08/17/84									
DTP	09/03/81									
DTP	07/10/81									
Hepatitis B										
Hep B, adolescent or pediatric	07/24/98									
Measles, Mumps, Rubella										
MMR	08/17/84									
Polio										
OPV	08/18/86									
OPV	08/17/84									
OPV	09/03/81									
OPV	07/10/81									

Problems

Reviewed Problems
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: **Y - tabacco abuse,fatigue, vit d def**

Documents for Discussion

Discussed the following documents:
- CULTURE, URINE - 06/14/18
  Results:
  - URINE CULTURE, ROUTINE: FINAL REPORT
  - RESULT 1: NO GROWTH
- CT + NG + TV, DNA, URINE/SWAB - 06/14/18
  Results:
  - CHLAMYDIA BY NAA: NEGATIVE
  - GONOCOCCUS BY NAA: NEGATIVE
  - TRICH VAG BY NAA: NEGATIVE
- URINALYSIS, DIPSTICK - 06/14/18
  Results:

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

- COLOR: DARK YELLOW
- CLARITY: CLEAR
- GLUCOSE: NEGATIVE
- BILIRUBUN: SMALL
- KETONES: NEGATIVE
- SPECIFIC GRAVITY: 1.030
- PH: 5.5
- PROTEIN: 30 MG/DL
- UROBILINOGEN: 1.0 E.U./DL
- NITRATE: NEGATIVE
- BLOOD: NEGATIVE
- LEUKOCYTES: NEGATIVE

Screening

None recorded.

HPI

Patient presents today for follow up on bipolar and sleep disturbance. Patient states that he is doing well and he has notices a difference on the medications. He states that his agitation has decreased and his mood has improved. He states that he is still not getting 6-8 hours or sleep. he states that he is still working and no issues or interfering with work. his wife states that she has notices a difference as well. he is happy with the progress.

ROS

Patient reports insomnia but reports no depression, no anxiety, no stress, and no loss of interest. He reports no significant weight change, good appetite, no fever, happy/content, normal activity level, and no fatigue. He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no blood in urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.
Additionally reports: scribe by poulos, pa

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Head: Head: normocephalic and atraumatic.

Neurologic: Gait and Station: normal gait and station.

Assessment / Plan

Discuss with patient to continue the medications and increase trazodone 100mg po qhs. Follow up in 6mos

1. Follow-up visit
Z09: Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm

2. Bipolar disorder
F31.9: Bipolar disorder, unspecified
- Vraylar 1.5 mg capsule - Take 1 capsule(s) every day by oral route in the morning for 30 days. Qty: 30 capsule(s) Refills: 5 Pharmacy: BI LO PHARMACY 5268 Note to Pharmacy: patient has voucher

3. Sleep pattern disturbance
G47.9: Sleep disorder, unspecified

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by DREWID POULOS , PA-C, 07/05/2018.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 07/05/2018 at 10:31am

Bagley, Kyle R

MRN: 005927484

Office Visit 6/25/2019
Status: Awaiting Cosign
MUSC-DCM LOWRYS FAMILY MEDICINE

Provider: Drewid Plyler Poulos, PAC (Family Medicine)
Primary diagnosis: Cervical muscle strain, subsequent encounter
Reason for Visit: Injury; Referred by Drewid Plyler Poulos, PAC

Progress Notes

Drewid Plyler Poulos, PAC (Physician Assistant) • Family Medicine

Subjective:

Patient ID: Kyle R Bagley is a 38 y.o. male.

HPI
Patient presents today for follow-up from the ER. Patient states that he had an injury at work on 6–14. Patient states that he was welding on a ramp that was about 2 to 3 feet off the ground and then suddenly as 700 pound rod came back as he was welding and hit him in his head and let them to the left shoulder and threw him about 15 feet back to the ground on his back. Patient states that he notified his supervisor and Worker's Comp. was not filed. Patient states he continue to work. Patient denies any loss of consciousness. Patient states when he returned home that his wife took him to the ER for further evaluation because he was in a lot of pain.

Patient states that he had a trauma work-up in the ER that showed nothing acute. Patient was prescribed Zanaflex and tramadol.

Patient states he has followed up with a chiropractor for about 3 visits for adjustments.

Patient complains of cervical spine pain that is worse with rotation. Patient complains of left shoulder pain with decreased range of motion and numbness and tingling going down the left arm. Patient complains of lumbar spine pain with radiculopathy down the left lower leg.

Patient states that he has pain with movement and laying down. Patient describes the pain as sharp and aching and throbbing sensation. Patient states that the medication did not give him much relief.

Patient denies any bowel or bladder incontinence denies any headaches or dizziness.

Patient states that the Worker's Comp. finally called him this morning and they would like him to follow-up with their physician tomorrow.

Patient is very upset because Worker's Comp. was not filed on the day of the injury.

Review of Systems
Constitutional: Positive for activity change and unexpected weight change. Negative for appetite change, chills, fatigue and fever.
HENT: Negative for hearing loss and tinnitus.
Eyes: Negative for visual disturbance.
Respiratory: Negative for cough, chest tightness and shortness of breath.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.
Endocrine: Negative for polydipsia, polyphagia and polyuria.

Genitourinary: Negative for difficulty urinating.
Musculoskeletal: Positive for arthralgias, back pain, gait problem, myalgias, neck pain and neck stiffness. Negative for joint swelling.
Skin: Negative for rash.
Neurological: Positive for numbness. Negative for dizziness, light-headedness and headaches.
Psychiatric/Behavioral: Negative for behavioral problems.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Objective:
Physical Exam
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. He appears distressed.
uncomfortable
HENT:
Head: Normocephalic and atraumatic.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. Bowel sounds are normal.
Musculoskeletal:
Left shoulder: He exhibits decreased range of motion, tenderness, bony tenderness, pain and decreased strength. He exhibits no swelling, no crepitus, no deformity and normal pulse.
Cervical back: He exhibits decreased range of motion, tenderness, bony tenderness, pain and spasm. He exhibits no swelling.
Thoracic back: He exhibits decreased range of motion, tenderness, bony tenderness, pain and spasm.
Lumbar back: He exhibits decreased range of motion, tenderness, bony tenderness, pain and spasm. He exhibits no swelling, no edema, no deformity and normal pulse.
Positive left straight leg raise at 4 5 degrees
Neurological: He is alert and oriented to person, place, and time.
Skin: Skin is warm and dry.
Psychiatric: He has a normal mood and affect. His behavior is normal.
Nursing note and vitals reviewed.

Trigger CS Injection

After discussion of the risks and benefits, the patient elected a corticosteroid injection in the posterior thoracic region subscapularis left.

The skin was sterilized with alcohol and Betadine. The subcutaneous/intramuscular was infiltrated adjacent to the left posterior thoracic region subscapularis. The injection was completed without complication and a bandage was applied.

The patient tolerated the procedure well and was instructed to avoid strenuous activity for the next 24-48 hours. The patient will call immediately with any signs of infection or allergic reaction.

Assessment / Plan:
1. Cervical muscle strain
2. Lumbar muscle strain
3. Left shoulder impingement syndrome with contusion

4. Left chest wall contusion
5. Thoracic back muscle spasm and strain

In office x-ray:
1. Cervical spine noted nothing acute other than degenerative changes
2. Thoracic spine noted nothing acute other than degenerative changes
3. Lumbar spine nothing acute unremarkable
4. Left shoulder x-ray nothing acute
5. Chest x-ray nothing acute noted chronic changes

In office trigger point injection.

Discussed with patient we will start him on Duexis 3 times a day and Pennsaid twice a day.
Discussed with patient we will start him on Flexeril 3 times a day to help with muscle spasms.
Discussed with patient we will give him Norco 5/325 as needed.

Discussed with patient I will request ER notes.

Discussed with patient that he needs an MR of his neck shoulder and thoracic spine.

Discussed with patient we will get him set with physical therapy.

Discussed with patient that he needs to follow-up and report to clinic for Worker's Comp.

Instructions

MUSC AMBULATORY AVS (Automatic SnapShot taken 6/25/2019)

Additional Documentation

Vitals:	BP 139/88 (BP Location: Right arm, Patient Position: Sitting, BP CUFF SIZE: Small Adult) Pulse 94 Temp 36.9 °C (98.4 °F) (Tympanic) Resp 20 Ht 185.4 cm (6' 1") Wt 62 kg (136 lb 9.6 oz) SpO2 97% BMI 18.02 kg/m² BSA 1.79 m²
Flowsheets:	Travel Screen, Anthropometrics
Encounter Info:	Billing Info, History, Allergies, Detailed Report

Media

› Scan on 6/25/2019 4:22 PM:

Orders Placed

XR Cervical Spine 3 Views (Resulted 6/25/2019)
XR Chest PA And Lateral (Resulted 6/25/2019)
XR Lumbar Spine AP And Lateral (Resulted 6/25/2019)
XR Shoulder Left AP Internal AP External (Resulted 6/25/2019)
XR Thoracic Spine AP And Lateral (Resulted 6/25/2019)
MRI Cervical Spine Wo Contrast
MRI Shoulder Left Wo Contrast
MRI Thoracic Spine Wo Contrast
Amb referral to Physical Therapy Closed

Medication Changes

As of 6/25/2019 5:28 PM

	Refills	Start Date	End Date
Added: cyclobenzaprine (FLEXERIL) 10 mg tablet Take 1 tablet by mouth 3 times daily. - Oral	0	6/25/2019	7/25/2019
Added: PENNSAID 20 mg/gram /actuation(2 %) topical solution metered-dose pump Apply 1 Pump topically 2 times daily. One pump = 20 mg - Topical	5	6/25/2019	
Added: HYDROcodone-acetaminophen (NORCO, LORTAB) 5-325 mg tablet Take 1 tablet by mouth every 6 hours as needed. - Oral		6/25/2019	7/25/2019
Added: ibuprofen-famotidine (DUEXIS) 800-26.6 mg Tablet Take 1 tablet by mouth 3 times daily. - Oral	5	6/25/2019	

Discontinued or Completed: tiZANidine (ZANAFLEX) 4 mg tablet (Therapy completed)
Discontinued or Completed: traMADol (ULTRAM) 50 mg tablet (Therapy completed)

Medications Administered

bupivacaine HCl/PF 5 mg
triamcinolone acetonide 40 mg

Visit Diagnoses

Cervical muscle strain, subsequent encounter S16.1XXD
Strain of lumbar region, subsequent encounter S39.012D
Impingement syndrome of left shoulder M75.42
Contusion of left chest wall, subsequent encounter S20.212D
Spasm of thoracic back muscle M62.830

ARROWOOD MEDICAL CENTER | RIVERVIEW MEDICAL CENTER | ... AT RIVERVIEW

WC Worksheet
New Patient

Date of Injury: 6-14-19

Name: Kyle R. Bagley Incident #: OM1503 DOB 1-3-80 Date 6-27-1

MA / NURSE NOTES. Dominant hand: ☒ Right ☐ Left Allergies: ASA

Medications: Ibuprofen Problems/Side effects:

☐ Yes ☒ No History of ulcers or gastritis? ☐ Yes ☒ No Possibly pregnant? Last Tetanus Toxoid: 4 years ago

Occupational History:

Job Title: Marble Mech Length of employment with company: 4 yrs Average hours per week: 41.25

Main Job Characteristics At The Time Of Injury:

☐ Sit down job ☐ Prolonged standing or walking ☐ Repetitive use of hands/keyboard/mouse ☐ Kneeling or squatting
☐ Bending ☐ Stooping ☐ Climbing ☐ Overhead work ☐ Operating Hand tools / Machinery
☐ Lifting / Pulling / Pushing ☐ Up to 10 lbs. ☐ Up to 25 lbs. ☐ Up to 50 lbs. ☐ Up to _____ lbs. Other:

☒ Yes ☐ No Any lost work time? If Yes, specify number of full days lost: 15 and last date worked 6-14-19

☐ Yes ☒ No Any other source of employment? If Yes, specify:

☐ Yes ☒ No Any sports or hobbies? If Yes, specify:

☒ Yes ☐ No Any previous treatment for the complaint(s) before coming to Arrowood/Riverview /Occumed?: If Yes, specify: Chester ER, Recovery Room, Medical C

Chief Complaint: Hit in head by heavy object

Ht: 73 in Wt: 151.0 lbs Pulse: 70 /min BP: 142/80 mmHg Resp: 16 /min Temp: 98.5

Completed by:

PHYSICIAN HISTORY: (Explain any Yes answers below)

☐ Yes ☒ No. Chemical / toxic exposure involved?
☐ Yes ☒ No Any previous occupational injuries or illnesses?
☐ Yes ☒ No Any pre-existing condition that could complicate or prolong the patient's diagnosis, treatment, and/or rate of recovery?

Describe the Injury Event (Describe the mechanism of injury and characteristics of the main complaints)

Pt is Nurse case manager.

Reports on 6/14/19 while working on hands + knees - 700 lb bale of cotton fell across (R) side of head from 3' ht. Caught pt to fall and both 2 to feet away. No LOC. 3 days later went to Chester ER multiple CT scans done - 2x Tramadol, & 3 nights. Other went to chiropractor -

CHIEF COMPLAINT

COMPLAINT #1: head problem @ C5, C6, C7
LOCATION: Frontal PCP Vertex
QUALITY: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Other:
SEVERITY: ☐ Mild ☐ Moderate ☐ Severe
DURATION: _____ Min _____ Hours _____ Days
TIMING: ☐ Intermittent ☐ Constant
CONTEXT:
MODIFYING FACTORS: Exacerbated by: Hydrocodone, Muscle relaxer, Lessened by: Ibuprofen & rest - Not full yet

COMPLAINT #2:
LOCATION: Upper back & neck - radiates to (L) leg to
QUALITY: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Other:
SEVERITY: ☐ Mild ☐ Moderate ☐ Severe
DURATION: _____ Min _____ Hours _____ Days
TIMING: ☐ Intermittent ☐ Constant
CONTEXT:
MODIFYING FACTORS: Exacerbated by: Driving, Lessened by: Rest & Ibuprofen

Trial Wed 7/25 Case manager requesting MRI Neck & Back.

☐ As part of my evaluation, I reviewed the information above, as well as the patient's Medical, Family and Social History and the Review of Systems on the back.

Physician Signature

Arrowood MEDICAL CENTER | **Riverview** MEDICAL CENTER | **Occumed** AT RIVERVIEW

GENERIC
New Patient

Name: Kyle R. Bagley Incident #: OM1503 Date: 6-20-19

DIAGNOSES: (Specify all diagnoses by numbering in order of importance)

1. Cervicalgia 2. Dorsalgia
3. 4.

☑ Industrial ☐ Non-industrial
☐ **First Aid Case**

PHYSICIAN COMMENTS (Explain any No answers)

1. ☑ Yes ☐ No According to the patient, was the present injury/illness caused by a single specific event?
2. ☐ Yes ☐ No Are findings consistent with the patient's statement?

TREATMENT PLAN:

Cryotherapy locally for 15 min. STAT.

Medications (Check all medications that apply and write the prescription in the blanks provided)

- ☐ Acetaminophen ES 500 mg #40 _____
- ☐ Cyclobenzaprine 10 mg #20 _____
- ☐ Ibuprofen 200 / 400 / 600 / 800 mg #40 _____
- ☐ Robaxin 750 mg #20 _____
- ☐ Other: _____
- ☐ Acetaminophen/Codeine 30 mg #20 _____
- ☐ Hydrocodone/Acet 5/500 mg #20 _____
- ☐ Naproxen 250 / 375 / 500 mg #40 _____
- ☐ Soma 350 mg #20 _____
- ☐ Other: _____

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

Fill Rx with therapy by PA order of Dr. Neal

Other:

☐ **Physical Therapy:** Evaluate and treat _____ times/week for _____ weeks
☐ **Gait training.**

To ER dept for xray sev
Fu w ortho surgery
Take off work

Work Status: ☐ Regular work ☐ Modified work ☑ Off work
Interpreter ☐ required.
Return to clinic on: until seen by ortho - pt advised

MA/Nurse completing medical orders: _____

CONSULT / REFERRAL TO SPECIALIST: Filing

☐ **Consult** / ☐ **Referral** ☐ Emergency ☐ Orthopedics ☐ Other: _____
Reasons:

LABELS
Apply immediately for Cervical ER c DCP visit

PATIENT EDUCATION.

Patient voiced understanding of: ☐ **aftercare instructions and medication side effects**
☐ **work restrictions and expected progression of the injury.**

Patient was given educational material on _____

EMPLOYER CONTACT: ☐ Discussed case / ☐ Left message with: _____

PHYSICIAN. Signature: _____ Name: _____

Riverview Medical Center/Occumed
1393 Celanese Road
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company: Sun Fiber LLC
1247 Frederic Dr
Richburg, SC 29729

Employee: Kyle R Bagley
628 Lancaster Hwy
Apt 223
Chester, SC 29706

Attention: Kathy Garrison
Telephone: (803) 789-4162
Fax:
kathy.garrison@sunfiberllc.com
Provider: Bianco, Sal F. MD
Visit Date: 6/27/19 Time In: 1:36PM Out: 3:07PM

Ident:
Department:
Job Title:

DOB: 11/03/80

Phone:(803) 374-2834

Purpose: WC Incident New

Insurance Information

Strategic Comp. Service
PO Box 1445
Alpharetta, GA 30009

Contact:
Telephone: (800) 467-7725 Ext:
Fax:

Presenting Problem

Date of Injury: 6/14/19 Case Number: 2019-00005 Claim Number:

Hit w/ bale (weight 640-680 lbs) on top of head.

Diagnosis

ICD-10	M54.2	Cervicalgia
	M54.9	Dorsalgia, unspecified
	M54.5	Low back pain
	M54.6	Pain in thoracic spine

Description of Services

99204	OV N-Comp	Office Visit,New-Comprehensive

Current Work Restrictions

Off Work Starting: 6/27/19 Continuing

Work Status

Work Status: Temporarily off Work, as of 6/27/19

Comments

Subjective:

Riverview Medical Center/Occumed
1393 Celanese Road
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company:	Sun Fiber LLC 1247 Frederic Dr Richburg, SC 29729	Employee:	Kyle R Bagley 628 Lancaster Hwy Apt 223 Chester, SC 29706
Attention:	Kathy Garrison	Ident:	DOB: 11/03/80
Telephone:	(803) 789-4162	Department:	
Fax:		Job Title:	
	kathy.garrison@sunfiberllc.com		Phone:(803) 374-2834
Provider:	Bianco, Sal F. MD		
Visit Date:	6/27/19 Time In: 1:36PM Out: 3:07PM	Purpose:	WC Incident New

Objective:

Assessment:

Plan:

Presents with nurse case manager. Neck and back injury sustained on 6/14/19. Has been seen at Chester ER, chiropractor and PCP. CT scans, xrays previously done. Prescriptions written by PCP yesterday; has not filled yet. Has Ortho/Spine appt on Monday 7/1/19. Case manager requesting order for MRI of neck and back from me. Will attempt to get records from above visits to review. MRI of neck and back requested. Off work until he follows up with his Ortho appt on 7/1.

Clinic Times

* Summary of Total Time in the Clinic: Time In: 1:36 PM Out: 3:07 PM Total Time: 1:31

Date 06/27/19
Time In: 2:04
Time Out:

Riverview Medical Center/Occumed

Encounter Form

Patient: Kyle R Bagley
628 Lancaster Hwy
Apt 223
Chester, SC 29706

Company: Sun Fiber LLC
1247 Frederic Dr
Richburg, SC 29729

Identity: 248-77-1503 Med Rec No: 219344
Home Phone: (803)374-2834 Work:
Birth Date: 11/03/80 Age: 38
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Kathy Garrison
Telephone: (803)789-4162
Fax:
kathy.garrison@sunfiberllc.com
Provider:
Protocol: WC Incident New

Background Problem

Date of Injury: 6/14/2019 Case Age: 13 Days Claim Number:
Hit w/ bale (weight 640-680 lbs) on top of head.

Standard Services

		Auth	Authorization For Visit
	G0477	Rapid10UDS	DS-Urine, Rapid 10-Panel*DOA1124
	82075	BAT	BAT:Non-DOT Breath Alcohol Tes

Contacts

Cordial Daniel	HR Generalist		cordial.daniel@sunfiberllc.com
Kathy Garrison	HR Admin	(803) 789-4159	kathy.garrison@sunfiberllc.com
Chris Winters	VP Admin	(803) 789-4163	chris.winters@sunfiberllc.com

Instructions

Use Form:
Other: _____
Report Results To:
Phone:
Fax:

Special Protocol Instructions Follow

Date 06/27/19 **Riverview Medical Center/Occumed** Page 3

Time In: _____

Time Out: _____

Encounter Form

Patient: Kyle R Bagley
628 Lancaster Hwy
Apt 223
Chester, SC 29706

Company: Sun Fiber LLC
1247 Frederic Dr
Richburg, SC 29729

Identity: 248-77-1503 Med Rec No: 219344
Home Phone: (803)374-2834 Work:
Birth Date: 11/03/80 Age: 38
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Kathy Garrison
Telephone: (803)789-4162
Fax:
kathy.garrison@sunfiberllc.com
Provider:
Protocol: WC Incident New

****

PROVIDER CHECKLIST

1. ✓ I have reviewed the above provider instructions
2. __ Spoke with contact ___ Left message for contact __ Other _____
3. __ Problem with contact info above __ wrong number ___ wrong name ____ Other _____
4 __ OSHA-recordable ___ Non-recordable

Provider Initials _____ Discharging Staff Initials _____

Carrier Information

Check W/C Insurance

Strategic Comp. Service
PO Box 1445
Alpharetta, GA 30009

Telephone: (800) 467-7725
Fax:

Date 06/27/19 **Riverview Medical Center/Occumed** Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Kyle R Bagley
628 Lancaster Hwy
Apt 223
Chester, SC 29706

Company: Sun Fiber LLC
1247 Frederic Dr
Richburg, SC 29729

Identity: 248-77-1503 Med Rec No: 219344
Home Phone: (803)374-2834 Work:
Birth Date: 11/03/80 Age: 38
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Kathy Garrison
Telephone: (803)789-4162
Fax:
kathy.garrison@sunfiberllc.com
Provider:
Protocol: WC Incident New

Special Instructions:

DRUG TESTING
- Perform a 10-panel RAPID Urine Drug Screen (Non-DOT) and a BAT (Non-DOT) on all injuries.

DRUG/ALCOHOL TESTING REPORTING INSTRUCTIONS
- Please Email results to Kathy and Cordial.
-Wolfe Portal: Suntest

PROVIDER INSTRUCTIONS
- Please call Kathy at ph: 803-789-4159 with report after treatment.
-(If Kathy is unavailable, please call report to Chris Winters at ph: 803-789-4163.)
- Modified Duty is always available.

DO NOT DISPENSE MEDICATIONS. NON COVERED SERVICE FOR PROVIDER OFFICES. PLEASE WRITE PRESCRIPTIONS.

CHECKOUT
-Please EMAIL work status report to Kathy, Cordial and Chris.

REFERRALS
- Authorizations for physical therapy or other referrals is required.

Today's Date 6/27/19 **Time** _____ AM PM

Name (First, Middle, Last) Kyle Ray Bagley **SS#** 248-77-1503

Address 628 Lancaster Hwy, Apt 223 **City** Chester,

State SC **Zip Code** 29706 **Age** 38 **Date of Birth** 11/03/1980 **Sex** (M) F

Telephone *Daytime* (803) 374-2834 *Evening* ( ) _____

Type of service(s) receiving today... *(ex: drug screen, physical, injury treatment, etc.)* Injury

Sent in by... Company Name Sun Fiber **Contact Name** _____

If you are being treated for an injury/illness with us today, please fill out the information below the dotted line:

Date of Injury 6/14/19 Time of Injury _____ (AM) PM Last Day Worked 6/14/19

Place/Address where injury occured Sun Fiber Lancaster Hwy - Richburg, SC

Was your problem caused by something that happened at work? ☒ Yes ☐ No

Injury was reported to Antonio Worthy Tim Fiewalm Date 6/14/19 Time _____ (AM) PM

Have you been treated at this facility before? ☐ Yes ☒ No If yes, when? _____

If this is your first visit for this injury, describe how your present injury/illness occurred in the space below.

Hit w/ bale (Weight 640 - 680 lbs) in top of head.

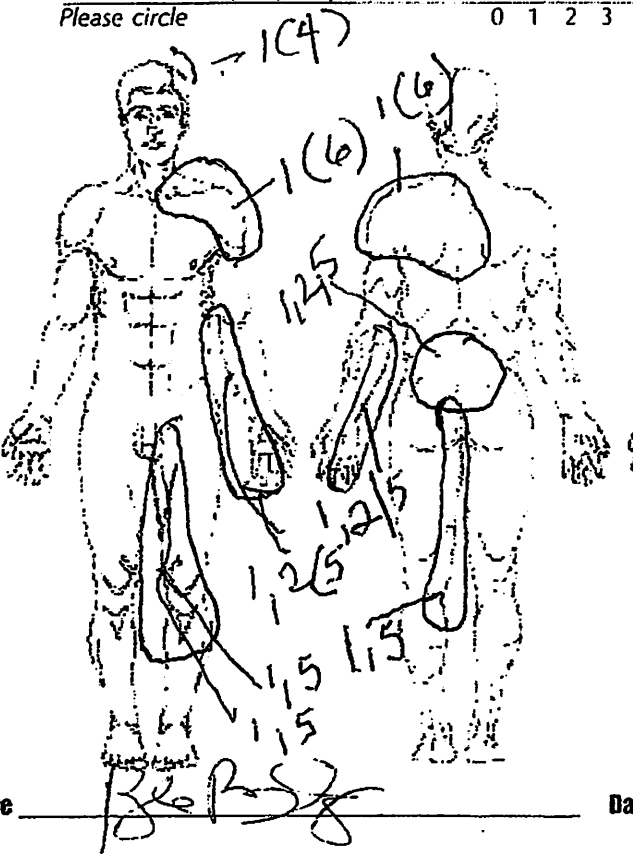
Please complete the diagram below...

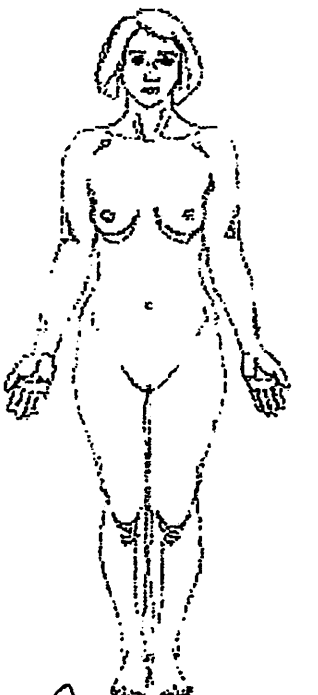
If you feel any of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the type of symptom.

Symptoms	Example
1. Pain	
2. Numbness	
3. Burning	
4. Pins/Needles	

Rate the intensity of your pain: **NO PAIN** **MOST PAIN**

Please circle 0 1 2 3 4 5 6 7 8 9 10





Patient Signature _____ **Date** June 27 2019

ARROWHEAD MEDICAL CENTER | UC DAVIS AT RIVERVIEW | ROANOKE VALLEY MEDICAL CENTER

2018 Health History

Name Eva Bailey Time: June 27, 2019

Today's Date 6/27/2018 Date of Birth 11/03/1980 Gender *(Circle One)* M F

Allergies

Are you allergic to any medications or other substances?

☑ *No* ☐ *Yes (If yes, please list below)*

Medications

Please list current medications including prescription, non-prescription, vitamins, allergy shots, etc. or ☐ Please see attached list.

Ibuprofen

Medical Treatments, Hospitalizations, Surgeries, etc.

Please list any times/ reasons you have been in the hospital and date. Please include surgeries (inpatient and outpatient) and pregnancies.

CHESTER REG. ER 6/18/19
Dr. Stauffer 6/20/19, 6/22/19, 6/25/19
Dr. Poulas 6/25/19

Past/Current Illnesses & Conditions

Please check all that apply (if any)...

- ☐ add/adhd
- ☐ alcohol dependence
- ☐ anemia/blood transfusion(s)
- ☐ anxiety/depression
- ☐ asthma
- ☐ anxiety
- ☐ arthritis
- ☐ cancer (type) _____
- ☐ diabetes
- ☐ emphysema or lung disease
- ☐ epilepsy/seizures/convulsions
- ☐ glaucoma
- ☐ hepatitis
- ☐ heart disease or problem
- ☐ hyper or hypothyroidism
- ☐ hypertension (high blood pressure)
- ☐ hyperlipidemia (cholesterol)
- ☐ kidney stones or disease
- ☐ leukemia
- ☐ pneumonia
- ☐ rheumatic fever
- ☐ sexually transmitted disease(s)
- ☐ stroke
- ☐ substance abuse
- ☐ tuberculosis
- ☐ ulcer(s)
- ☐ Other _____

Smoked Tobacco Use

- ☑ Current, every day
- ☐ Current, some days
- ☐ Former
- ☐ Never

Alcohol Use

- ☐ Yes
- ☑ No

___ drinks per day
or ☐ drink socially

Recreational Drug Use

- ☑ No
- ☐ Current
- ☐ Past

Regular Exercise

- ☑ Yes
- ☐ No

_____ times per week
Type _____

Seat Belt Use

- ☑ Always
- ☐ Never
- ☐ Intermittently

Screening/Immunizations

If applicable, please indicate the date last done... tetanus shot 2015?

Family History

Please list details below or check here... ☐ I am adopted and/or have no knowledge of biological family history.

Mother
Age (if living) 63
Age (at death) _____
State of health or cause of death
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Hypertension/High Blood Pressure
- ☐ Other _____

Father
Age (if living) 63
Age (at death) _____
State of health or cause of death
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Hypertension/High Blood Pressure
- ☐ Other _____

Siblings
Age(s) (if living) 40
Age(s) (at death) _____
State of health or cause of death
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Hypertension/High Blood Pressure
- ☐ Other _____

Date 6/27/19

Riverview Medical Center/Occumed
1393 Celanese Road
Rock Hill, SC 29732-1722

Referral Note

Referred To: MRI

Referred By: Bianco, Sal F. MD
1393 Celanese Road
Rock Hill, SC 29732-1722

Telephone: Fax:
E-Mail:

Telephone: (803) 327-0033 Fax: (803) 325-2232
E-Mail:

Referral Summary Information

Purpose: WC Incident New

Comments: Dr. Salvatore Bianco is requesting a referral for an MRI without contrast for neck and back pain. If you have any questions please contact me directly at 803.981.9373 or denglish@riverviewmed.com.

Thank You!

David English
Occupational Health Coordinator
Occumed at Riverview

Patient Information

Patient: Kyle R Bagley
628 Lancaster Hwy
Apt 223
Chester, SC 29706

Telephone: (803) 374-2834

Identity: 248-77-1503
Gender: Male
Marital: Unknown
Insured ID: Work Comp Visit

Birth Date: 11/03/80
Age: 38

Visit Date: 6/27/19

Employer: Sun Fiber LLC
1247 Frederic Dr
Richburg, SC 29729

Telephone: (803) 789-4162 Fax:

Insurance: Strategic Comp. Service
PO Box 1445
Alpharetta, GA 30009

Telephone: (800) 467-7725 Fax:

Referring Visit Information

Date of Injury or Illness: 6/14/19 Case Number: 2019-00005 Claim Number:

Problem: Hit w/ bale (weight 640-680 lbs) on top of head.

Diagnosis ICD-10:	M54.2	Cervicalgia
	M54.9	Dorsalgia, unspecified
	M54.5	Low back pain
	M54.6	Pain in thoracic spine

Date 6/27/19

Riverview Medical Center/Occumed
1393 Celanese Road
Rock Hill, SC 29732-1722

Referral Note

Referred To: MRI

Referred By: Bianco, Sal F. MD
1393 Celanese Road
Rock Hill, SC 29732-1722

Telephone: Fax:
E-Mail:

Telephone: (803) 327-0033 Fax: (803) 325-2232
E-Mail:

Referring Visit Information

Procedures:		Authorization For Visit
	G0477	DS-Urine, Rapid 10-Panel*DOA11
	82075	BAT:Non-DOT Breath Alcohol Tes
	99204	Office Visit,New-Comprehensive

Subjective:

Objective:

Assessment:

Plan: Presents with nurse case manager. Neck and back injury sustained on 6/14/19. Has been seen at Chester ER, chiropractor and PCP. CT scans, xrays previously done. Prescriptions written by PCP yesterday; has not filled yet. Has Ortho/Spine appt on Monday 7/1/19. Case manager requesting order for MRI of neck and back from me. Will attempt to get records from above visits to review. MRI of neck and back requested. Off work until he follows up with his Ortho appt on 7/1.

☐ Visit Charges Completed by front desk/ MD notes scanned

INITIAL WORKERS' COMPENSATION REFERRAL FORM

PATIENT NAME: Kyle Cagley CLAIM NUMBER: _____

DATE(S) OF INJURY: 6/14/19 DIAGNOSIS: Neck + Back Pain

☐ Consult Only ☐ Take Over Treatment

Testing: ☐ CT ☐ EMG/NCV ☒ MRI ☒ without contrast ☒ with contrast

Specialist: ☐ Ophthalmologist ☐ Orthopedist ☐ PT 1 2 3 4 5 Times ___ Weeks

Other Referral to: ORS Cervical, Thoracic, Lumbar spine

Referred By:

Signature: [signature] DATE: 6/27/19

Print Name: Silvana Bivins

Patient Demographics

DATE OF BIRTH: _____ SSN: _____ HOME PH: _____

WORK PH: _____ CELL PH: _____

EMPLOYER: _____ CONTACT: _____ PH: _____

WORKERS' COMP CARRIER _____

ADJUSTER / CASE MANAGER: _____

ADJUSTER PH: _____ EXT _____ FX: _____

EMAIL _____

APPOINTMENT IS SCHEDULED FOR:

__/__/__ AT __:__ AM/PM with DR. _____ Arrive at: __:__ AM/PM

PATIENT NOTIFIED BY: _____ DATE: _____ TIME: _____

ADJUSTER/EMPLOYER NOTIFIED BY: _____ DATE: _____ TIME: _____

Referred Practice Information:

PRACTICE NAME: _____

ADDRESS: _____

CITY: _____ STATE ____ ZIP ____

PH: (____) _____-_____

○ Adjustor has approved for PT to remain in house with Paramount Physical Therapy Services, LLC

We are in network with MedRisk and One Call PT

PLEASE TAKE THE FOLLOWING ITEMS MARKED TO YOUR APPOINTMENT: ○ PHOTO ID ○ X-RAY DISC ○ CURRENT MEDICATIONS

Arrowood MEDICAL CENTER **Occumed** AT RIVERVIEW **Riverview** MEDICAL CENTER

Arrowood Medical Center 9720 S Tryon Street Charlotte, NC 28273 ph: 704-588-7862
Riverview Medical Center 1393 Celanese Rd Rock Hill, SC 29732 ph: 803-327-0033

☐ Visit Charges Completed by front desk/ MD notes scanned

Referral Action Notes

DATE/TIME: _____/_____AM/PM

DATE/TIME: _____/_____AM/PM

DATE/TIME: _____/_____AM/PM

DATE/TIME: _____/_____AM/PM

DATE/TIME: _____/_____AM/PM

This Form Provided By: Lifeloc Technologies

Alcohol Test[illegible]g Form [illegible]

(The Instructions for completing this form are on the back of Copy 3)

To Reorder Forms: Phone: 303.431.9500 www.lifeloc.com

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name: Kyle R. Bagley (Print) (First, M.I., Last)

B: SSN or Employee ID No.: 248-77-1503

C: Employer Name: Sun Fiber LLC
Street: 1247 Frederic Dr.
City, State, Zip: Richburg SC 29729

DER Name and Telephone No.: Kathy Garrison (803) 789-4160
DER Name / DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Signature of Employee

Date: 06/27/19 (Month Day Year)

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
6617	Lifeloc				

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Alcohol Technician's Company: Occunet
Company Street Address: 1393 Celanese Road

(PRINT) Alcohol Technician's Name (First, M.I., Last): Michael R. Mills
Company City, State, Zip: Rock Hill, SC 29732 Phone Number: (803) 329-0053

Signature of Alcohol Technician

Date: 6/27/19 (Month Day Year)

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULTS ARE POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee

Date: ___/___/___ (Month Day Year)

Lifeloc Technologies, Inc.
EV30 v7.50.00
Serial No. 13280185

Units:	BAC
MANUAL TEST #	6617
Air Blank (14:02):	.000
Result:	.000
Time:	14:03
Date:	06/27/2019
Last Calib:	
Cal Standard:	.040
Time:	12:01
Date:	09/26/2018
Last Check:	
Cal Standard:	.040
Result:	.038
Time:	07:27
Date:	06/21/2019

Subject

248-77-1503
I.D.

Operator

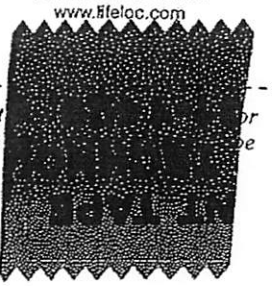
Lifeloc TECHNOLOGIES

Alcohol Te[illegible]ng Form (NON-DOT)

(The Instructions for completing this form are on the back of Copy 3)

Phone: 303.431.9500
www.lifeloc.com

Print [illegible] or Affix [illegible]



Lifeloc Technologies, Inc.
EV30 v7.50.00
Serial No. 13280185

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, Zip _____

DER Name and Telephone No. _____ ( )
DER Name DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☑ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

Units:	BAC
MANUAL TEST #	6617
Air Blank (14:02):	.000
Result:	.000
Time:	14:03
Date:	06/27/2019
Last Calib:	
Cal Standard:	.040
Time:	12:01
Date:	09/26/2018
Last Check:	
Cal Standard:	.040
Result:	.038
Time:	07:27
Date:	06/21/2019

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

_____ ___/___/___
Signature of Employee Date Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT DEVICE: ☐ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

Subject

248-22-1503

I.D.

Operator

_____ _____
Alcohol Technician's Company Company Street Address

_____ _____ ( )
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

_____ ___/___/___
Signature of Alcohol Technician Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULTS ARE POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

_____ ___/___/___
Signature of Employee Date Month Day Year

COPY 2 - ALCOHOL TECHNICIAN RETAINS

Riverview Medical Center
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803)329-3103

WOLFE
TRUSTED EMPLOYER SOLUTIONS

Drug Test Details ***This is not a laboratory CCF. DO NOT SEND TO LAB**

To: **Sun Fiber**
1247 Frederic Dr
Richburg, SC 29729

Donor Name:	Kyle R Bagley	**Specimen Collection:**	Single
Donor ID:	248771503	**Specimen Temperature in Range:**	Yes
Donor ID Verified by:	Photo ID	**Laboratory Account #:**	KS4790
Reason For Test:	POST ACCIDENT	**Laboratory Specimen ID:**	AA07911163
Remarks:			

To Be Completed by Donor

I certify that I provided my specimen to the collector and that my name and ID number are clearly printed on this form and the information provided on this form is correct.

Bagley, Kyle R		06/27/2019 02:19 PM
Donor Name	Donor Signature	Date / Time

To Be Completed by Collector

I have accepted the specimen from the donor, and certify that the specimen identified on this form is the specimen received by me directly from the donor and that the donor had the proper identification. I have performed the initial testing using the instant analytical test device. I verify that the test kit is within the expiration date, and the internal control is valid.

Michael Miller		06/27/2019 02:19 PM
Collector Name	Collector Signature	Date / Time

Test Result Details

Test Device:	DOA1124	**Drugs Tested:**	Amphetamines, BAR, BZO, Cocaine, mAMP, MTD, Opiates, OXY, Propoxyphene, Phencyclidine, Marijuana
Lot#:	Doa8050631		
Expiration Date:	2020/05		

Donor Name:	Kyle R Bagley	**Site:**	Riverview Medical Center
Reason For Test:	POST ACCIDENT	**Specimen ID:**	AA07911163
Date/Time:	06/27/2019 02:19 PM	**Laboratory Account #:**	KS4790

Do Not Send To Lab

Do Not Send To Lab

Do Not Send To Lab

Do Not Send To Lab

Medical Records Release

Patient Name: Kyle [illegible] Date of Birth 11/03/1980

Social Security # 248-77-1503 Address: 628 Lancaster Hwy

City/State/Zip Chester, SC 29706 Telephone (803) 374-2834

I authorize the release of medical information as indicated below:

FROM:

Practice Name: Chester Medical Care

Address: 1 Medical Park Dr Chester SC 29706

Phone: (803) 581-3151

Fax: (803) 581-5970

TO:

Name:

Address:

Phone: ( )

Fax. ( )

☐ I would like to pickup my records ☒ I would like my records faxed to the # above ☐ I would like my records mailed to address above

What to Release: The following records to cover the periods of: 6-15-19 *(please check the records you would like released:)*

☐ Office Visit notes ☐ Laboratory reports ☐ Pathology Report(s) ☐ Immunization record

☐ X-Ray report(s) ☐ X-ray Film(s) ☐ Other ☐ All records

NOTE: The records listed below have special protection by laws. I authorize the release of information pertaining to: *(Please check)*

The diagnosis or treatment of AIDS, including results of HIV tests	☐ Yes	☐ No/NA
The diagnosis or treatment of drug and/or alcohol abuse	☐ Yes	☐ No/NA
The treatment and/or consultation for mental health or psychiatric disorders	☐ Yes	☐ No/NA

Purpose of the release: *Please Indicate the reason for this release:*

☐ For another doctor, changing physician ☐ For another doctor, continuation of care ☒ Follow-up related to injury ☐ Worker's comp

☐ To obtain disability ☐ Use in a lawsuit ☐ Armed forces requirement ☐ Personal use ☐ Other

Expiration Date:

This authorization will expire in sixty days unless otherwise indicated here: Please change the expiration date to last for _____ days.

I understand this Authorization can be revoked at any time according Omnimed' privacy practices. This request must be made in writing and sent to the same place as the original request. Attach a copy of this release if possible. Treatment, payment, enrollment in any health plan is not conditioned on signing this authorization.

Once these records are released, the information is not protected by Omnimed LLC and may potentially be re-disclosed by the party who received these records. Omnimed LLC, its employees and officers, and attending physicians are released for legal responsibility or liability for release of the above information to the extent indicated and authorized.

I have read and understand this information. I have received a copy of this form and I am the patient or am authorized to act on behalf of the patient to sign this document verifying authorization for the use or disclosure of the protected health information under the above stated terms.

Signature of the patient — Date: 6-27-19

Signature of legal representative and relationship to patient — Date

Signature of witness — Date

OFFICE USE ONLY
Records to patient
Date
Staff Initials

Arrowood MEDICAL CENTER
9720 South Tryon Street
Charlotte, NC 28273
phone (704) 588-7362
fax (704) 588-9127

Occumed AT RIVERVIEW
1393 Celanese Road
Rock Hill, SC 29732
phone (803) 327-0033
fax (803) 325-2232

Riverview MEDICAL CENTER
1393 Celanese Road
Rock Hill, SC 29732
phone (803) 329-3103
fax (803) 327-7937

Medical Records Release

Patient Name: Kyle [illegible] Bagley Date of Birth 11/03/1980

Social Security # 248-72-1503 Address: 628 Lancaster Hwy Apt 223

City/State/Zip: Chester, SC 29706 Telephone (803) 374-2834

I authorize the release of medical information as indicated below:

FROM:

Practice Name: Lowry's Family Medicine

Address: 512 Doctors Ct
Chester SC 29706

Phone: (803) 581-2800

Fax: (803) 581-3061

TO:

Name: _____

Address: _____

Phone: ( ) _____

Fax: ( ) _____

☐ I would like to pickup my records ☒ I would like my records faxed to the # above ☐ I would like my records mailed to address above

What to Release: The following records to cover the periods of: 6-15-19 *(please check the records you would like released:)*

☒ Office Visit notes ☐ Laboratory reports ☐ Pathology Report(s) ☐ Immunization record

☒ X-Ray report(s) ☐ X-ray Film(s) ☐ Other _____ ☒ All records

NOTE: The records listed below have special protection by laws. I authorize the release of information pertaining to: *(Please check)*

The diagnosis or treatment of AIDS, including results of HIV tests ☐ Yes ☒ No/NA

The diagnosis or treatment of drug and/or alcohol abuse ☐ Yes ☒ No/NA

The treatment and/or consultation for mental health or psychiatric disorders ☐ Yes ☒ No/NA

Purpose of the release: *Please indicate the reason for this release:*

☐ For another doctor, changing physician ☐ For another doctor, continuation of care ☒ Follow-up related to injury ☒ Worker's comp

☐ To obtain disability ☐ Use in a lawsuit ☐ Armed forces requirement ☐ Personal use ☐ Other _____

Expiration Date:

This authorization will expire in sixty days unless otherwise indicated here: Please change the expiration date to last for _____ days.

I understand this Authorization can be revoked at any time according Omnimed' privacy practices. This request must be made in writing and sent to the same place as the original request. Attach a copy of this release if possible. Treatment, payment, enrollment in any health plan is not conditioned on signing this authorization.

Once these records are released, the information is not protected by Omnimed LLC and may potentially be re-disclosed by the party who received these records. Omnimed LLC, its employees and officers, and attending physicians are released for legal responsibility or liability for release of the above information to the extent indicated and authorized.

I have read and understand this information. I have received a copy of this form and I am the patient or am authorized to act on behalf of the patient to sign this document verifying authorization for the use or disclosure of the protected health information under the above stated terms.

[signature] 06-27-19

Signature of the patient Date

Signature of legal representative and relationship to patient Date

Signature of witness Date

OFFICE USE ONLY
Records to patient

Date

Staff Initials

Arrowood MEDICAL CENTER
9720 South Tryon Street
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fax (803) 325-2232

Riverview MEDICAL CENTER
1393 Celanese Road
Rock Hill, SC 29732
phone (803) 329-3103
fax (803) 327-7937

Arrowood Medical Center · Occumed at Riverview · Riverview Medical Center

Patient Name: Kyle Bagley Date: 06-27 Time: AM / PM

Authorization Expires on:

ID #: Location of multiple sites:

Does employee work for a temp agency? ☐ Yes ☐ No If yes, name:

Treatment authorized by: Name and Title (please print): Michelle Eshep

Signature: MEshep - CMA Phone: 803 2100 - 10197

Please treat the above patient for the following services: (Please check all that apply.)

☒ Injury/Accident Date of Injury: Date Employer Notified:

Describe Incident:

Type of Test: (Please check all that apply.)

☐ Urine Drug Screen (Non-Regulated 5 Panel)
☐ Urine Drug Screen (Non-Regulated 10 Panel)
☐ DOT Urine Drug Screen & Temperature
Please Print: Name, Address, Phone #, SSN or Driver's License #
☐ Breath Alcohol Screen (Non-DOT)
☐ Saliva Drug Screen
☐ DOT Breath Alcohol Test
☐ Hair Follicle Drug Screen

OR

☐ Collection Only
Testing Panel:
☐ Collection Only
Testing Panel:
☐ Using Your Kit(s)
Paperwork Provided by Patient
Urine
Saliva
Other:

Reason for Drug/Alcohol Testing

☐ Pre-Employment ☐ Post-Accident ☐ Return-to-Duty
☐ Random ☐ Reasonable Suspicion ☐ Follow-Up
☐ Annual/Periodic ☐ Pre-Injury ☐ Other:

Physical Examination

☐ DOT (Please check one: ☐ New Hire ☐ Periodic ☐ Return-to-Work ☐ Follow-Up)
☐ Pre-Employment Basic (Non-DOT)
☐ Annual*
☐ Respirator Clearance ☐ Quantitative Fit Test* ☐ Qualitative Fit Test
☐ Pulmonary Function Evaluation*
Please indicate if the patient is a current/past smoker and for how many years:
☐ Specialty Exam (Please specify)*
☐ Other
* Authorization Required

Other Services:

☐ Urinalysis (Dipstick Test Only)*
☐ TB Skin Test (PPD) ☐ Read ☐ Apply
☐ Pregnancy Screen
☐ Hepatitis B Vaccine ☐ 1 ☐ 2 ☐ 3
☐ Audiogram
☐ Flu Vaccine
☐ Blood Lead Level
☐ Tetanus Shot
☐ Vision Test (Acuity Only)
☐ Other
* Authorization Required

RESULTS: Company Contact and/or physician call

Preferred communication type (please check all that apply): ☐ phone ☐ fax ☐ e-mail ☐ mail

Address: City:

State: Zip Code: e-mail:

Phone: ( ) Ext: Fax: ( ) ☐ check if confidential fax

BILLING ADDRESS (only if different than above): Company or WC Insurance Carrier

Address: City: State: Zip:

Phone: ( ) If billing WC carrier, Claim #:

If billing third party, Case Number: Fax: ( )

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 07/11/2019

Patient

Name	BAGLEY, KYLE (38yo, M) ID# 3248233	**Appt. Date/Time**	07/11/2019 11:30AM
DOB	11/03/1980	**Service Dept.**	Gregg
Provider	MATTHEW T BROWN, MD		
Insurance	Med Worker's Comp: STRATEGIC COMP Employer Name : SUN FIBER LLC Case # : A00223320 Case Injury Date : 06/14/2019 Prescription: CVS|CAREMARK - Member Is eligible. details		

Chief Complaint

Neck

Bilateral Occipital Nerve Block for Worker's Compensation Injury

Patient's Care Team

Insurance Adjuster (Worker's Comp): PATRICIA KLINE: Ph (800) 467-7725, Fax (855) 227-6359

Patient's Pharmacies

BI-LO PHARMACY CHESTER: 1436 J A COCHRAN BYPASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

07/11/2019 11:30 am

BMI: 17.8 **Ht:** 6 ft 1 in (185.42 cm) **Pain Scale:** 10

Wt: 135 lbs (61.23 kg)

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

bupivacaine 0.25 % (2.5 mg/mL) injection solution Occipital	07/11/19	administered
lidocaine 10 mg/mL (1 %) injection solution Occipital	07/11/19	administered
methylPREDNISolone acetate 40 mg/mL suspension for injection Occipital	07/11/19	administered

Problems

Reviewed Problems

- Cervico-occipital neuralgia - Onset: 07/05/2019
- Strain of neck muscle - Onset: 07/05/2019

Family History

Reviewed Family History

Social History

Reviewed Social History
Neuro-New Patient
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Chewing tobacco: none
Alcohol intake: None
Number of children: 3
Marital status: Married
Diet: Regular
Work History: Currently Working

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)
Occupation: Maintenance
Employer: Sunfiber
Type of Work: Maintenance
Tobacco-years of use: 20
back, leg, neck, arm-PT in last 6 months: N
Back, leg, neck, arm-NSAIDS, muscle relaxants or pain meds: Y (Notes: Tynenol, Flexeril and Zanaflex with little relief.)
Back, leg, neck, arm-Steroid injections in back or neck: N
Severity of pain: 10/10
Pain-Aching: Y
Pain-Numbness: Y
Pain-Stiffness: Y
Pain-Throbbing: Y
Pain-Tingling: Y
Pain interferes w/Bathing: Y
Pain interferes w/Dressing: Y
Pain interferes w/Grooming: Y
Pain interferes w/Sleep: Y
Pain Frequency: Constant
Painful Activities - Bending: Y
Painful Activities - Lying down: Y
Painful Activities - Sitting: Y
Painful Activities - Standing: Y
Painful Activities - Walking: Y
Claustrophobic: N
Metal in body: N

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Screening

None recorded.

HPI

Follow Up

Reported by patient.

Are you working? not at all
Athletics: no participation
How are you feeling? same
Previous PT: none
Previous Injections: none

Patient is 38-year-old Caucasian gentleman who is reportedly injured at work and struck in the head was previously seen in our clinic for Worker's Compensation claim with bilateral greater and lesser occipital neuralgia as well as extensive soft tissue tenderness in cervical and thoracic muscular strain. Patient was found to have no significant spinal pathology, but did have occipital neuralgia noted on his exam and historical narrative. Patient was referred for bilateral greater lesser occipital nerve blocks and returns back for these injections here today. The remainder of his symptoms, as they all remain unchanged from last visit, has been deferred for nonoperative management by occupational medicine. Patient notes no change in his symptoms, as previously noted last visit, he remains with headaches stemming from the superior aspect of his neck in a retroverted distribution through his occiput, vertex, ventrally.

ROS

Additionally reports: A 10-point review of systems was obtained as is unchanged since last review on 7/5/2019

Physical Exam

Patient is a 38-year-old male.

The patient is awake, alert, and oriented. Eyes open spontaneously, and extraocular movements are intact. Cranial nerves II-XII are intact and symmetric. The patient is notably sitting in a hunched forward posture with his neck tilted towards the right. His left shoulder, elbow joint, wrist joint, and all digits on the left hand are flexed and clenched at baseline, to a lesser degree than at last visit, however, he is able to have normal range of motion when asked and as well as observed delayed later throughout the exam. The patient has 5/5 bilateral upper and bilateral lower extremity strength. Of note, the patient has good full strength in both the flexors as well as all extensors of his upper extremity and does not have poor oppositional tone. The patient has no Hoffman sign or clonus bilaterally. The patient has no visualized skin changes throughout his visualized upper or lower extremities. The patient has diffuse tenderness to palpation overlying his bilateral trapezius muscles, right greater than left occipital nerves, as well as overlying his shoulders and other soft tissue. Sensation is intact to light touch to the bilateral upper and bilateral lower extremities. The patient has negative straight leg raise bilaterally. The patient has tenderness diffusely throughout his thoracolumbar paraspinous musculature. There is no significant tenderness to direct palpation overlying his cervical, thoracic, or lumbar spine. The patient has no significant tenderness overlying his bilateral SI joints or bilateral greater trochanters, but he does have tenderness diffusely throughout his soft tissues. The patient has a slowed and deliberate gait, but he does not have any gross instability or imbalance

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

noted on exam. The patient has a slowed and deliberate rising from a seated position, but again, he does not have any significant weakness or other abnormalities visualized on exam portion in clinic here today. The patient has no easy work of breathing without respiratory distress or stridor noted upon exam.

Procedure Documentation

MTB Occipital Nerve Block:

Type of Procedure: Bilateralblock of greater and lesser occipital nerves

Physician: Matthew T. Brown, MD

Injection Solution: Depo-Medrol 20mg, 0.25% bupivacaine 7cc, 1% lidocaine w/o epinephrine 3cc

Diagnosis: Occipital neuralgia

Procedure: Following discussions of risks, benefits, and alternatives, informed, verbal consent was obtained from the patient. The patient was positioned sitting, with the hair moved from the region. The points of maximal pain overlying the nerves were identified and marked and the area was then cleansed with alcohol swabs. A time out was performed, and once the correct patient, side, and procedure were confirmed, the procedure began. Using sterile technique, a 1 inch 25 gauge needle was inserted into the skin at the marked location overlying the greater occipital nerve. Once confirmed the needle was extravascular through a negative aspiration, the solution was then injected into the region with slight redirection for a small field block.
The process was then repeated for lesser occipital nerve on the same side.
The process was then repeated for the greater and lesser occipital nerves on the contralateral side.
In total, 20mg of depo-medrol, 7cc of bupivacaine, and 3cc of lidocaine without epinephrine were injected. There were no immediate complications; the patient tolerated the procedure well and was monitored clinically in the office prior to discharge home.

Assessment / Plan

Patient is a 38-year-old Caucasian gentleman with a diffuse pain syndrome as well as muscular strain in addition to bilateral greater and lesser occipital neuralgia.
1. Have again spent time discussing with patient limitations occipital nerve blocks, and indication for this procedure. He does admit to some headache type symptoms which are not classic for occipital nerve issues, including photophobia and phonophobia. Despite this, he does have a classic distribution and pattern of his headaches with re-creation of palpation of his bilateral greater and lesser occipital nerves. Given his symptoms, historical narrative, mechanism of injury, and physical exam findings, we have again offered bilateral greater and lesser occipital nerve blocks here in clinic today.
#2. We have discussed the risks, benefits, alternatives of the procedure and he has elected to proceed with bilateral greater and lesser occipital nerve blocks with 20 mg of Depo-Medrol mixed and 3 cc of 1% lidocaine without epinephrine, and 7 cc of 0.25% Marcaine. We will plan to inject patient's bilateral greater and lesser occipital nerves and following clinic for response.
#3. Patient remains with extensive soft tissue tenderness and muscular strain symptoms which are not from his occipital neuralgia or from a primary spinal pathology. As previously noted, we will defer further nonoperative management for patient's muscular complaints to his occupational medicine physician and team. Given this, we'll plan to rate and release the patient according to the guides to evaluation of permanent impairment, 5th edition, as a DRE thoracic, and lumbar category 1 with 0% impairment of the whole person, and DRE cervical category 2 with 5% impairment of the total person, owing to nonverifiable radicular complaints, and muscular tenderness, though no true muscle guarding was observed at the time of this visit.

Addendum:
Bilateral greater lesser occipital nerve blocks were performed and the patient observed in clinic and followed for response. Patient was found to have numbness within the bilateral greater and lesser occipital nerve distribution in locations previously associated with pain. Given his good response, we will continue to release patient from our care back to care of his occupational medicine team for conservative, nonoperative management for the remainder of his muscular complaints. Patient is at point of maximal medical improvement from a neurosurgical perspective and we do not anticipate that he will need any further neurosurgical intervention or recommendations in the future. We'll plan to discharge the patient from our clinic at this time.

The above is my evaluation of the patient's imaging, his provided medical records and his clinical syndrome at this time to a reasonable degree of medical certainty.

1. Cervico-occipital neuralgia
M54.81: Occipital neuralgia
- lidocaine 10 mg/mL (1 %) injection solution - Occipital Quantity: 3 mL Lot #: 94-185-dk Route: Injection Exp Date: 10/01/2020 Administered
- bupivacaine 0.25 % (2.5 mg/mL) injection solution - Occipital Quantity: 7 mL Lot #: ak3537 Route: Injection Exp Date: 11/01/2020 Administered
- methylprednisolone acetate 40 mg/mL suspension for injection - Occipital Quantity: 1 mL Lot #: 31326174b Route: Injection Exp Date: 06/01/2020 Administered

2. Chronic pain syndrome
G89.4: Chronic pain syndrome

Return to Office

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)
None recorded.

Encounter Sign-Off
Encounter signed-off by Matthew T Brown, MD, 07/13/2019.

Encounter performed and documented by Matthew T Brown, MD
Encounter reviewed & signed by Matthew T Brown, MD on 07/13/2019 at 12:10pm

Encounter Date: 07/05/2019

Patient

Name	BAGLEY, KYLE (38yo, M) ID# 3248233	**Appt. Date/Time**	07/05/2019 08:15AM
DOB	11/03/1980	**Service Dept.**	PNE Office
Provider	MATTHEW T BROWN, MD		
Insurance	Med Worker's Comp: STRATEGIC COMP Employer Name : SUN FIBER LLC Case # : A00223320 Case Injury Date : 06/14/2019 Prescription: CVS|CAREMARK - Member is eligible. details		

Chief Complaint

Transition of Care Encounter
Upper Back, Neck, Low Back

CHIEF COMPLAINT: workers' compensation injury for diffuse left-sided upper and lower extremity sensory abnormalities.

Patient's Care Team

Insurance Adjuster (Worker's Comp): PATRICIA KLINE: Ph (800) 467-7725, Fax (855) 227-6359

Patient's Pharmacies

BI-LO PHARMACY CHESTER: 1436 J A COCHRAN BYPASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

BMI:	17.8	**Ht:**	6 ft 1 in (185.42 cm)	**Pain Scale:**	10
Wt:	135 lbs (61.23 kg)				

Allergies

Reviewed Allergies
NKDA

Medications

No medications reported

Problems

Reviewed Problems
- Cervico-occipital neuralgia - Onset: 07/05/2019
- Strain of neck muscle - Onset: 07/05/2019

Family History

Reviewed Family History

Social History

Reviewed Social History
Neuro-New Patient
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Chewing tobacco: none
Alcohol intake: None
Number of children: 3
Marital status: Married
Diet: Regular
Work History: Currently Working
Occupation: Maintenance
Employer: Sunfiber
Type of Work: Maintenance
Tobacco-years of use: 20
back, leg, neck, arm-PT in last 6 months: N

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)
Back, leg, neck, arm-NSAIDS, muscle relaxants or pain meds: Y (Notes: Tynenol, Flexeril and Zanaflex with little relief.)
Back, leg, neck, arm-Steroid injections in back or neck: N
Severity of pain: 10/10
Pain-Aching: Y
Pain-Burning: Y
Pain-Numbness: Y
Pain-Stiffness: Y
Pain-Swelling: Y
Pain-Throbbing: Y
Pain-Tingling: Y
Pain interferes w/Bathing: Y
Pain interferes w/Dressing: Y
Pain interferes w/Housework: Y
Pain interferes w/Sleep: Y
Pain interferes w/Work: Y
Pain Frequency: Constant
Painful Activities - Bending: Y
Painful Activities - Lying down: Y
Painful Activities - Sitting: Y
Painful Activities - Standing: Y
Painful Activities - Walking: Y
Claustrophobic: N
Metal in body: N

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Screening

None recorded.

HPI

HISTORY OF PRESENT ILLNESS:
The patient is a 38-year-old Caucasian gentleman who is referred to our clinic for a workers' compensation injury occurring on June 14, 2019. The patient states that he was welding and was struck upon the top of the head near the vertex with that he describes as a 700 lb bale. The patient states that he has had neck pain to his occiput radiating from the occiput up to the vertex. The patient notes that he has low back pain which "feels like glass" as well as left-sided posterior buttock pain radiating to the thigh into the proximal calf. The patient additionally notes left upper extremity pain that radiates down to his left hand with tingling sensation within all distribution of all of the digits. The patient has now what he would describe as some right-sided compensatory pain, however, this was not present following the initial injury. Following his initial injury, he noted 10/10 aching, burning, numbness, stiffness, swelling, throbbing, and tingling type of sensations which have since been constant and have significantly limited his quality of life. He states that he is unable to utilize his left upper extremity secondary to discomfort and feels that it is most comfortable in a flexed position at both the shoulder, elbow, wrist, and all digits. The patient states that he has been treated with Zanaflex as well as Flexeril and has sought care from a chiropractor who he states manipulated his neck and his pain worsened following that time and ultimately he then sought care with his occupational medicine and workers' compensation team. The patient states the has a positive history of trembling and cold sweats since his injury. He has trialed NSAIDs without significant improvement. He is also noting decreased appetite and unintentional weight loss. Overall, the patient feels that he has had all of these symptoms since his injury and he presents to us today with an MRI of his cervical, thoracic, and lumbar spine without contrast for our review. He states that he has trialed heat, ice, over-the-counter and prescription medications without significant relief.

ROS

Patient reports muscle aches, muscle weakness, back pain, swelling in the extremities, and neck pain
Additionally reports: REVIEW OF SYSTEMS:
The patient is positive for left upper and left lower extremity pain, numbness, and tingling paresthesias. The patient is positive for headaches. The patient is positive for neck pain. The patient is positive for low back pain. The patient is positive for unintentional weight loss. The patient is positive for decreased appetite. The patient is positive for constipation but denies bowel or bladder incontinence. The patient denies significant right-sided upper or lower extremity symptoms. The patient is positive for reported contractures within his left upper extremity. The patient is positive for cold sweats. The patient is positive for tremulousness.

Physical Exam

Patient is a 38-year-old male.

PHYSICAL EXAM:
The patient is awake, alert, and oriented. Eyes open spontaneously, and extraocular movements are intact. Cranial nerves II-XII are intact and symmetric. The patient is notably sitting in a hunched forward posture with his neck tilted towards the left. His left shoulder, elbow joint, wrist joint, and all digits on the left hand are flexed and clenched at baseline, however, he is able to have normal range of motion when asked and as well as observed delayed later throughout the exam. The patient has 5/5 bilateral upper and bilateral lower extremity strength. Of note, the patient has good full strength in both the flexors as well as all extensors of his upper extremity and does not have poor oppositional tone. The patient has no Hoffman sign or clonus bilaterally. The patient has no visualized skin

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

changes throughout his visualized upper or lower extremities. The patient has diffuse tenderness to palpation overlying his bilateral trapezius muscles, right greater than left occipital nerves, as well as overlying his shoulders and other soft tissue. Sensation is intact to light touch to the bilateral upper and bilateral lower extremities. The patient has negative straight leg raise bilaterally. The patient has tenderness diffusely throughout his thoracolumbar paraspinous musculature. There is no significant tenderness to direct palpation overlying his cervical, thoracic, or lumbar spine. The patient has no significant tenderness overlying his bilateral SI joints or bilateral greater trochanters, but he does have tenderness diffusely throughout his soft tissues. The patient has a slowed and deliberate gait, but he does not have any gross instability or imbalance noted on exam. The patient has a slowed and deliberate rising from a seated position, but again, he does not have any significant weakness or other abnormalities visualized on exam portion in clinic here today. The patient has no easy work of breathing without respiratory distress or stridor noted upon exam.

Assessment / Plan

IMAGING:
An MRI of the cervical, thoracic, and lumbar spine was performed and is available for evaluation which shows no acute significant pathology noted on imaging. The patient has good overall alignment as well as good preservation of disc height and disc hydration with no gross fractures, dislocations, or malalignment. The patient has no neurologic structure impingement throughout his cervical, thoracic, or lumbar spine with no central canal stenosis or significant foraminal stenosis which would explain any of the patient's symptoms at this time.

ASSESSMENT AND PLAN:
The patient is a 38-year-old Caucasian gentleman who reportedly suffered a traumatic head injury while at work with a 700 lb bale striking his head while he was welding. The patient has negative imaging and diffuse painful complaints which may be consistent with cervical and lumbar strain as well as bilateral greater and lesser occipital neuralgia.

1. I have reviewed the patient's historical narrative with him here in clinic today and I do feel that his symptoms do fit the time course with his stated injury, however, he does not have significant neurologic structure abnormality on imaging or on physical exam for his spine.

2. I do feel that the patient does have symptoms and historical narrative consistent with occipital neuralgia which would be related to his head injury and I have offered him management with other conservative management alone or with bilateral greater and lesser occipital nerve blocks which would be with 20 mg of Depo Medrol mixed with 3 cc of 1% lidocaine without epinephrine and 7 cc of 0.25% Marcaine. The patient has voiced interest in obtaining these injections and I have counseled him regarding the limitations of the injections which would be for his occipital headaches and nerve pain and not related to the majority of his upper or lower extremity pains and diffuse axial back pain. The patient has voiced understanding and we will refer him for this and request approval for bilateral greater and lesser occipital nerve blocks to be performed at his next visit.

3. The patient had diffuse muscular strain and I feel that this is also contributing to his overall poor tolerance to his symptoms at this time. We would recommend initiating conservative management with physical therapy for both his cervical as well as lumbar spine for at least 6 weeks with 2 to 3 visits per week. I have counseled the patient that he does not have any surgical indications on his MRI of his cervical, thoracic, and lumbar spine and that his symptoms are not consistent with a neurologic impingement syndrome or with the imaging at this time. Given this, I do not feel that the patient will need any surgical intervention for his cervical, thoracic, or lumbar spine and we will initiate conservative management with physical therapy, however, we will defer further management of this to the patient's occupational medicine physician or primary care physician.

4. We will have the patient return back to us once his occipital nerve blocks are approved for bilateral greater and lesser occipital neuralgia and we will treat these and then plan on releasing the patient at the point of maximal medical improvement from a neurosurgical perspective. We do not feel that the patient has any significant neurologic structure impingement or spine pathology that would limit his return back to normal activity following our injections or moving forward. We will maintain him out of work until we are able to treat his occipital neuralgia and then we will plan to release him from our care back to the care of his primary care physician or occupation medicine with no working restrictions for a neurosurgical perspective. We have discussed this with the patient as well as with Michelle Estep, RN his nursing case manager here in clinic today. They are in agreement and we will proceed with occipital nerve blocks once approved with plan for releasing back to his occupational medicine physician at point of MMI to follow.

1. Cervico-occipital neuralgia
M54.81: Occipital neuralgia
- lidocaine 10 mg/mL (1 %) injection solution - Occipital Quantity: 3 mL Route: Injection
- bupivacaine 0.25 % (2.5 mg/mL) injection solution - Occipital Quantity: 7 mL Route: Injection
- methylprednisolone acetate 40 mg/mL suspension for injection - Occipital Quantity: 1 mL Route: Injection

2. Strain of neck muscle
S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter
- PHYSICAL THERAPY REFERRAL - Schedule Within: provider's discretion

Note to Provider:
*** PT for cervical & lumbar spine. ***
Frequency: 2-3 time(s) a week

Duration: 6 week(s)

Specific Orders: Evaluate and Treat, Therapeutic Exercise

Precautions/ Restrictions: Teach home exercise program

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Matthew T Brown, MD, 07/08/2019.

Encounter performed by Matthew T Brown, MD
Encounter scribed for Matthew T Brown, MD by Chelsea Movilla-Diago
Encounter signed by Chelsea Movilla-Diago as scribe at 07/07/2019 at 10:14pm
Encounter reviewed & signed by Matthew T Brown, MD on 07/08/2019 at 6:55am

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

* 8624230w5499 ClinDoc

Surgery Order

07/09/2019

From Provider	To Provider
MATTHEW T BROWN, MD Midlands Orthopaedics & Neurosurgery 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 933-6100	

Orders Included: 1

Cervico-occipital neuralgia
ICD-10: M54.81: Occipital neuralgia
- NERVE BLOCK, GREATER OCCIPITAL (PROC)

Note to Provider:
64405
Bilateral Occipital Nerve Block
Dr. Brown
Date: To do at next visit.
Time:

Patient	NAME: BAGLEY, KYLE ** PATIENT ID: 3248233 ** PATIENT SSN: 248771503 Gender: M ** DOB: 11/03/1980 ** AGE: 38yo	
Address	628 LANCASTER HWY #223, CHESTER, SC 29706	
Phone	H: (803) 374-2834 M: (803) 374-2834	
Primary Ins.	** ID: ** Policy Holder:	**Claim Case#: ** Case Injury Date: ** Case Worker's Name:
Secondary Ins.	** ID: ** Policy Holder:	

Electronically Signed by: MATTHEW T BROWN, MD

ON: 08/29/2019 01:18 PM

Letters

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

MIDLANDS orthopaedics & NEUROSURGERY

1910 Blanding Street
Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Kyle Bagley
DATE OF BIRTH: 11/03/1980
PROVIDER'S NAME: MATTHEW T BROWN, MD

ACCOUNT: 3248233
EMPLOYER: SUN FIBER LLC
DOS: 07/11/2019

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)
CARRIER: STRATEGIC COMP **DOA: 6/14/2019**
WC CLAIM#: A00223320
DX CODE(S) & DESCRIPTION: CERV/THOR/LUMB

WORK STATUS:

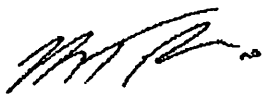
☑ Regular duty as of 07/11/19 with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
☐ Medium physical demands as of * with restrictions.
☐ Light physical demands as of * with restrictions.
☐ Remain out of work until *
☐ Part-time (whether regular duty or light duty)
☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☑ None	☐ No kneeling, squatting, crawling
☐ No walking	☐ Pushing or pulling limit ___ (lbs)
☐ No climbing	☐ Lifting and carrying limit ___ (lbs)
☐ No standing	☐ Sedentary duties only
☐ No prolonged standing	☐ No overhead work
☐ No twisting	☐ No stretching
☐ No work at heights	☐ Specific restrictions per FCE date: _____

Other: The patient is at point of MMI from NSR perspective. Zero futher restrictions & okay to return to work full duty with out limitations from spine perspective.

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.



Electronically Signed by: MATTHEW T BROWN, MD
MATTHEW T BROWN, MD
07/11/2019

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

MIDLANDS orthopaedics &NEUROSURGERY

1910 Blanding Street
Phone: (803) 256-4107 * www.mldorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Kyle Bagley
DATE OF BIRTH: 11/03/1980
PROVIDER'S NAME: MATTHEW T BROWN, MD
CARRIER: STRATEGIC COMP
WC CLAIM#: A00223320
DX CODE(S) & DESCRIPTION: CERV/THOR/LUMB

ACCOUNT: 3248233
EMPLOYER: SUN FIBER LLC
DOS: 07/05/2019
DOA: 6/14/2019

WORK STATUS:

- ☐ Regular duty as of with no restrictions.
  (Availability of light duty is determined by the employer and not the physician).
- ☐ Medium physical demands as of * with restrictions.
- ☐ Light physical demands as of * with restrictions.
- ☑ Remain out of work until follow up at occipital nerve block injection.
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None	☐ No kneeling, squatting, crawling
☐ No walking	☐ Pushing or pulling limit ___ (lbs)
☐ No climbing	☐ Lifting and carrying limit ___ (lbs)
☐ No standing	☐ Sedentary duties only
☐ No prolonged standing	☐ No overhead work
☐ No twisting	☐ No stretching
☐ No work at heights	☐ Specific restrictions per FCE date: _____

Other:
These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

- Matthew T Brown, MD for ROV at PNE Office on

Electronically Signed by: MATTHEW T BROWN, MD
MATTHEW T BROWN, MD
07/05/2019

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

BAGLEY, KYLE 11/03/80 #3248233

* 9564301w5499 E-HealthHx

RAND 36 ITEM HEALTH SURVEY 1.0

Patient Name: Kyle Bagley

1. In general, would you say your health is: (Circle One Number)
   - Excellent ... 1
   - Very Good ... 2
   - Good ... (3)
   - Fair ... 4
   - Poor ... 5

2. Compared to one year ago, how would you rate your general health right now? (Circle One Number)
   - Much better than one year ago ... 1
   - Somewhat better than one year ago ... 2
   - About the same ... 3
   - Somewhat worse now than one year ago 4
   - Much worse now than one year ago ... (5)

The following items are about activities you might do during a typical day: Does your health now limit you in these activities? If so, how much? (Circle One Number on Each Line)	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited at All
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	(1)	2	3
4. Moderate activities, such as moving a table pushing a vacuum cleaner bowling or playing golf	(1)	2	3
5. Lifting or carrying groceries	(1)	2	3
6. Climbing several flights of stairs	(1)	2	3
7. Climbing one flight of stairs	(1)	2	3
8. Bending, kneeling or stooping	(1)	2	3
9. Walking more than a mile	(1)	2	3
10. Walking several blocks	(1)	2	3
11. Walking one block	(1)	2	3
12. Bathing or dressing yourself	(1)	2	3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health ? (Circle One Number on Each Line)	Yes	No
13. Cut down the amount of time you spend on work or other activities	(1)	2
14. Accomplish less than you would like	(1)	2
15. Were limited in the kind of work or other activities	(1)	2
16. Had difficulty performing the work or other activities (for example, took extra effort)	(1)	2

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems ? (depressed, anxious) (Circle One Number on Each Line)	Yes	No
17. Cut down the amount of time you spend on work or other activities	(1)	2
18. Accomplish less than you would like	(1)	2
19. Didn't do work or other activities as carefully as usual	(1)	2

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? (Circle One Number)
   - Not at all ... 1
   - Slightly ... 2
   - Moderate ... 3
   - Quite a bit ... (4)
   - Good ... 5

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

BAGLEY, KYLE 11/03/80 #3248233

*9564301w5499 E-HealthHx

21. How much bodily pain have you had during the past 4 weeks?
(Circle One Number)

None 1
Very Mild 2
Mild 3
Moderate 4
Severe 5
Very Severe ..... (6)

22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework?
(Circle One Number)

Not at all 1
Slightly 2
Moderately 3
Quite a bit 4
Extremely ..... (5)

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks (Circle One Number on Each Line)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep?	1	2	3	4	(5)	6
24. Have you been a very nervous person?	(1)	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	(5)	6
26. Have you felt calm and peaceful?	1	2	(3)	4	5	6
27. Do you have a lot of energy?	1	2	3	4	(5)	6
28. Have you felt downhearted and blue?	1	2	(3)	4	5	6
29. Did you feel worn out?	(1)	2	3	4	5	6
30. Have you been a happy person?		(2)	3	4	5	6
31. Did you feel tired?	(1)	2	3	4	5	6

32. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities like visiting with family, friends, relatives, etc?
(Circle One Number)

All of the time 1
Most of the time ..... (2)
Some of the time 3
A little of the time 4
None of the time 5

How TRUE or FALSE is each of the following statements for you?

(Circle One Number on Each Line)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	(4)	5
34. I am as healthy as anybody I know	1	(2)	3	4	5
35. I expect my health to get worse	1	2	3	(4)	5
36. My health is excellent	1	(2)	3	4	5

Comments: _____

Patient Signature: Kyle Bagley Date: July 11/19

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

JUL 11 2017 THU 11:24 AM FAX No. P. 005

BAGLEY, KYLE 11/03/80 #3248233

MIDLANDS orthopaedics & NEUROSURGERY

Patient Name: Kyle Bagley

Date of Birth: 11 03 80 Appt. Date: 5584299w5498 E-Health-bc

Chart Number: _____

Circle your average level of pain in your back and/or neck.
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Circle your average level of pain in your leg and/or arm:
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Since your last visit, how would you rate your improvement? Please circle the appropriate percentage. (no improvement in level of pain) 0% 25% 50% 75% 100% (no pain)

Please read: This questionnaire has been designed to give the doctor information on how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the one answer that applies to you. We realize you may consider that two of the statements in any one section relate to you, but please check just one which most closely describes your problem.

Section 1 – Pain Intensity
- ☐ I can tolerate the pain I have without having to use painkillers.
- ☐ The pain is bad but I manage without taking painkillers.
- ☐ Painkillers give complete relief from pain
- ☐ Painkillers give moderate relief from pain.
- ☐ Painkillers give very little relief from pain.
- ☐ Painkillers have no effect on the pain and I do not use them

Section 2 – Personal Care (Washing, Dressing, etc.)
- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☒ It is painful to look after myself but I am slow and careful
- ☐ I need some help but manage most of my personal care.
- ☒ I need some help every day in most aspects of self-care
- ☒ I do not get dressed, wash with difficulty, and stay in bed

Section 3 – Lifting
- ☐ I can lift heavy weights without causing extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor. But I can manage if they are conveniently positioned, e.g. on table
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift only very light weights.
- ☒ I cannot lift or carry anything at all

Section 4 – Walking
- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than 1 mile.
- ☐ Pain prevents me from walking more than ¼ mile.
- ☐ Pain prevents me from walking more than ¼ mile.
- ☐ I can only walk using a stick/cane or crutches.
- ☒ I am in bed most of the time and have to crawl to the toilet.

Section 5 – Sitting
- ☐ I can sit still in any chair as long as I like.
- ☐ I can sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than an hour.
- ☒ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all.

Section 6 – Standing
- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives me extra pain
- ☐ Pain prevents me from standing more than 1 hour.
- ☒ Pain prevents me from standing more than 30 minutes
- ☐ Pain prevents me from standing more than 10 minutes.
- ☐ Pain prevents me from standing at all.

Section 7 – Sleeping
- ☐ Pain does not prevent me from sleeping at all
- ☐ I can sleep well only by using tablets.
- ☐ Even when I take tablets I have less than 6 hours sleep.
- ☒ Even when I take tablets, I have less than 4 hours sleep.
- ☒ Even when I take tablets, I have less than 2 hours sleep
- ☐ Pain prevents me from sleeping at all

Section 8 – Sex Life
- ☐ My sex life is normal and causes no extra pain.
- ☐ My sex life is normal but causes some extra pain.
- ☐ My sex life is nearly normal but is very painful.
- ☐ My sex life is severely restricted by pain.
- ☐ My sex life is nearly absent because of pain
- ☒ Pain prevents any sex life at all

Section 9 – Social Life
- ☐ My social life is normal and gives no extra pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g. dancing, etc.
- ☐ Pain has restricted my social life and I do not go out as often.
- ☒ Pain has restricted my social life to my home.
- ☒ I have no social life because of pain.

Section 10 – Travelling
- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad but I can manage journeys over 2 hours.
- ☒ Pain restricts me to journeys of less than 1 hour.
- ☒ Pain restricts me to short, necessary journeys less than 30 minutes.
- ☒ Pain prevents me from traveling except to the doctor or hospital

This spine follow-up form was reviewed by _____ MD/NP Date: _____

LeMoore ROV 4/17/2017

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

BAGLEY, KYLE 11/03/80 #3248233

MIDLANDS orthopaedics & NEUROSURGERY

Follow Up Questionnaire

* 8584293w6499 E-HealthHx

***Development of New Allergy since last visit? No | Yes, NO

Current Pain Scale: (circle one number)

NO PAIN	MILD			MODERATE				SEVERE		SEVERE PAIN
	1	2	3	4	5	6	7	8	9	10

Please circle ONE answer for each question that applies to you:

- Are you working? Not at all | modified duty | regular duty
- Athletics? No participation | non-contact | full participation
  How are you feeling: Improving | Same | Worse
- Previous Physical Therapy: none | did not help | helped a little | helped temporarily | helped significantly
- Previous Injections: none | did not help | helped a little | helped temporarily | helped significantly
  Medications: Helping a little | helping a lot | not helping at all | upsetting stomach
  Not taking any medications for orthopedic problems
  Change in symptoms. No | Yes, please describe.

Please describe any changes in your health since your last visit:

Please indicate if any of your medications have changed since your last visit:

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

MIDLANDS orthopaedics & NEUROSURGERY

Patient Name: _____
Date of Birth: _____ App... Date: _____ *3557756w5499 E-Health Hx
Chart Number: _____

Circle your average level of pain in your back and/or neck:
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Circle your average level of pain in your leg and/or arm:
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Since your last visit, how would you rate your improvement? Please circle the appropriate percentage. (no improvement in level of pain) 0% 25% 50% 75% 100% (no pain)

Please read: This questionnaire has been designed to give the doctor information on how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the one answer that applies to you. We realize you may consider that two of the statements in any one section relate to you, but please check just one which most closely describes your problem.

Section 1 – Pain Intensity
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- ☐ The pain is bad but I manage without taking painkillers.
- ☐ Painkillers give complete relief from pain.
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- ☐ Painkillers give very little relief from pain.
- ☐ Painkillers have no effect on the pain and I do not use them.

Section 2 – Personal Care (Washing, Dressing, etc.)
- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☐ It is painful to look after myself but I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need some help every day in most aspects of self-care.
- ☐ I do not get dressed, wash with difficulty, and stay in bed

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- ☐ I can lift heavy weights without causing extra pain.
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- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

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- ☐ Pain does not prevent me from walking any distance.
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- ☐ Pain prevents me from walking more than ½ mile.
- ☐ Pain prevents me from walking more than ¼ mile.
- ☐ I can only walk using a stick/cane or crutches.
- ☐ I am in bed most of the time and have to crawl to the toilet.

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- ☐ I can sit still in any chair as long as I like.
- ☐ I can sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than an hour.
- ☐ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

Section 6 – Standing
- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives me extra pain.
- ☐ Pain prevents me from standing more than 1 hour.
- ☐ Pain prevents me from standing more than 30 minutes.
- ☐ Pain prevents me from standing more than 10 minutes.
- ☐ Pain prevents me from standing at all.

Section 7 – Sleeping
- ☐ Pain does not prevent me from sleeping at all.
- ☐ I can sleep well only by using tablets.
- ☐ Even when I take tablets, I have less than 6 hours sleep.
- ☐ Even when I take tablets, I have less than 4 hours sleep.
- ☐ Even when I take tablets, I have less than 2 hours sleep.
- ☐ Pain prevents me from sleeping at all.

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- ☐ My sex life is nearly absent because of pain.
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Section 9 – Social Life
- ☐ My social life is normal and gives no extra pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g. dancing, etc.
- ☐ Pain has restricted my social life and I do not go out as often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have no social life because of pain.

Section 10 – Traveling
- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad but I can manage journeys over 2 hours.
- ☐ Pain restricts me to journeys of less than 1 hour.
- ☐ Pain restricts me to short, necessary journeys less than 30 minutes.
- ☐ Pain prevents me from traveling except to the doctor or hospital.

This spine follow-up form was reviewed by _____ MD/NP Date: _____

LaMotte ROV 4/17/2017

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

RAND 36 ITEM HEALTH SURVEY 1.0

Patient Name: Kyle Bagley

1. In general, would you say your health is: (Circle One Number)
   - Excellent 1
   - Very Good 2
   - Good 3
   - Fair 4
   - Poor 5

2. Compared to one year ago, how would you rate your general health right now? (Circle One Number)
   - Much better than one year ago 1
   - Somewhat better than one year ago 2
   - About the same 3
   - Somewhat worse now than one year ago 4
   - Much worse now than one year ago 5

The following items are about activities you might do during a typical day: Does your health now limit you in these activities? If so, how much? (Circle One Number on Each Line)	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited at All
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
4. Moderate activities, such as moving a table pushing a vacuum cleaner, bowling or playing golf	1	2	3
5. Lifting or carrying groceries	1	2	3
6. Climbing several flights of stairs	1	2	3
7. Climbing one flight of stairs	1	2	3
8. Bending, kneeling or stooping	1	2	3
9. Walking more than a mile	1	2	3
10. Walking several blocks	1	2	3
11. Walking one block	1	2	3
12. Bathing or dressing yourself	1	2	3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health ? (Circle One Number on Each Line)	Yes	No
13. Cut down the amount of time you spend on work or other activities	1	2
14. Accomplish less than you would like	1	2
15. Were limited in the kind of work or other activities	1	2
16. Had difficulty performing the work or other activities (for example, took extra effort)	1	2

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems ?: (depressed, anxious) (Circle One Number on Each Line)	Yes	No
17. Cut down the amount of time you spend on work or other activities	1	2
18. Accomplish less than you would like	1	2
19. Didn't do work or other activities as carefully as usual	1	2

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? (Circle One Number)
   - Not at all 1
   - Slightly 2
   - Moderate 3
   - Quite a bit 4
   - Good 5

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

*9557758w6499 E-HealthHx

21. How much bodily pain have you had during the past 4 weeks:
(Circle One Number)

None 1
Very Mild 2
Mild 3
Moderate 4
Severe 5
Very Severe 6

22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework ?
(Circle One Number)

Not at all 1
Slightly 2
Moderately 3
Quite a bit 4
Extremely 5

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks . . . (Circle One Number on Each Line)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up ?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Do you have a lot of energy?	1	2	3	4	5	6
28. Have you felt downhearted and blue?	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6

32. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities like visiting with family, friends, relatives, etc.?
(Circle One Number)

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5

How TRUE or FALSE is each of the following statements for you? (Circle One Number on Each Line)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	4	5
34. I am as healthy as anybody I know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5

Comments: _____

Patient Signature: _____ Date 7/5/2019

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

Jul 5 2019 09:21am P001/010
BAGLEY, KYLE 11/03/80 #3248233

MIDLANDS orthopaedics & NEUROSURGERY

* 5657756w5499 E-HealthHx

LAST NAME: Bagley	FIRST NAME: Kyle	MIDDLE INITIAL: R			
GENDER: M	DATE OF BIRTH: 11-03-1980	SS#: 248-72-1503			
MAILING ADDRESS: 6781 Lancaster Hwy #223	CITY: Chester	STATE: SC	ZIP CODE: 29706		
HOME #: 803-379-6464	MOBILE #: 803 374 2834 CONSENT TO TEXT: YES or NO	WORK #:			
Email: Consent to call: YES or NO Kylebagley345@gmail	Contact preference: (please circle) Home # Cell # Work # Email Mail Portal				
LANGUAGE: Engl DECLINE TO ANSWER ☐	RACE: White DECLINE TO ANSWER ☐	ETHNICITY: DECLINE TO ANSWER ☐			
MARITAL STATUS: M	Emergency Contact Name/Relationship: Jessica Bagley	Mobile #: Home #: 803-379-6464			
PATIENT'S EMPLOYER: Sun Fiber OCCUPATION: maintence	Referring Doctor: ☐ Self referred				

GUARANTOR - PERSON RESPONSIBLE FOR THE BILL IF THE PATIENT IS A MINOR OR STUDENT:

LAST NAME:	FIRST NAME:	RELATIONSHIP:		
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:	
DATE OF BIRTH:	SS#:	HOME #:	MOBILE #:	WORK #:

*INSURANCE INFORMATION *COPIES OF YOU INSURANCE CARDS ARE REQUIRED**

INSURANCE #1 (PRIMARY INSURANCE) UC		INSURANCE #2 (SECONDARY INSURANCE)	
INSURED'S NAME:	RELATIONSHIP TO PATIENT:	INSURED'S NAME:	RELATIONSHIP TO PATIENT:
SS# OF INSURED (IF DIFFERENT FORM PATIENT): ☐ Same as above		SS# OF INSURED (IF DIFFERENT FORM PATIENT):	
DATE OF BIRTH OF INSURED: ☐ Same as above		DATE OF BIRTH OF INSURED:	
INSURED'S EMPLOYER		INSURED'S EMPLOYER	

I acknowledge that by providing insurance information, I have asked and promised to pay for services provided in exchange for this information. I assign to Midlands Orthopaedics & Neurosurgery, PA, all health insurance benefits available for services provided to me. I understand that fees for services provided by Midlands Orthopaedics & Neurosurgery, PA, are my responsibility and I agree to pay any balance left unpaid by my insurance company or third party entity untimely upon notification of said balance. If I do not have insurance, I understand that I am responsible for any incurred expenses in their entirety.

Patient/Guarantor: Kyle Bagley Date: 7/5/2019

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

MIDLANDS ORTHOPAEDICS & NEUROSURGERY (MON) AUTHORIZATIONS AND ACKNOW

1. **NOTICE OF PRIVACY POLICIES:** I have been offered a copy of the *MON Notice of Privacy Policies* detailing how my protected health information (PHI) may be used and disclosed as permitted under federal and state law. I understand that MON is permitted to disclose my PHI without my authorization to facilitate treatment, payment and health care operations. This Notice is always available on the MON website *(www.midorthoneuro.com)* and at each office location upon request.

2. **FINANCIAL POLICY:** I have been offered a copy of the *MON Financial Policy* and acknowledge its requirements. This Notice is always available on the MON website *(www.midorthoneuro.com)* and at each office location upon request.

3. **ePrescribe:** I understand that MON utilizes electronic health record software which incorporates ePrescribing technology. I understand that MON may access and use my prescription history through ePrescribing software to facilitate appropriate treatment.

4. **PAPERLESS BILLING:** MON delivers paperless billing statements via our patient portal. I understand that I am automatically enrolled to receive paperless billing statements via the email address provided at registration. Changes to statement preferences may be made via the patient portal at any time.

5. **PATIENT PORTAL:** The patient portal is the most efficient tool to securely request appointments and communicate with our staff members, allowing you to bypass our phone system completely. Registering by smartphone is fast and easy. Ask the front desk staff to send a text with the registration link. Use the link and temporary password to login. You may also follow the Patient Portal link on our website (www.midorthoneuro.com), and click "Sign Up Today." You will need to enter your name, date of birth and email address as they appear in your MidOrthoNeuro account.

I acknowledge understanding of the items described on this Authorizations & Acknowledgements form.

Patient Signature

7/5/2019
Date

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

Jul 5 2019 09:22am P003/010
BAGLEY, KYLE 11/03/80 #3248233

* 5557756w5499 E-HealthHx

HIPAA PRIVACY AUTHORIZATION

I hereby authorize Midlands Orthopaedics & Neurosurgery, PA, to use and/or disclose the protected health information below to: [Name of individual, Address, and Telephone Number] (i.e. Spouse, Family member, Doctor, etc)

NAME	CONTACT INFORMATION
Jessica Bagley	803-379-6464

Authorization for Release of Information:

Covering the period of health care from:

Date: 7/5/2019 to _____ OR ☑ All past, present and future periods

Covering the following protected health information:

☑ I hereby authorize the release of my complete health record

☐ I hereby authorize the release of my complete health record with the exception of the following information

_____

_____

- I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.
- I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned upon signing this authorization.
- I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Patient or Personal Representative — Date: 7/5/2019

Kyle Bagley

Print Name of Patient or Personal Representative — Relationship to Patient

Jul 5 2018 09:22am P004/010
BAGLEY, KYLE 11/03/80 #3248233

*5557755w5499 E-HealthHx

Midlands Orthopaedics & Neurosurgery, P.A. Financial Policy

Thank you for choosing Midlands Orthopaedics & Neurosurgery, PA (MON). We recognize that healthcare is expensive, insurance requirements are frustrating and discussing payment arrangements may be unpleasant. Nevertheless, unexpected charges or bills are also unpleasant, so we ask you to review our financial policies. As your health care provider, our relationship is with you -- our patient -- not with your insurance company. Your insurance plan is a contract between you, your insurance company and/or your employer. Our office is not a party to that contract or any possible restrictions imposed by it. While we will make every effort to obtain appropriate payment from your insurance carrier, payment for services rendered is ultimately your responsibility.

Payment for Services: Copays will be collected at check-in, as well as any balance due on the account. We will pre-collect the estimated patient responsibility amount for surgeries, procedures, and diagnostic services.

Insurance: You will be required to update your insurance information at least once annually, but we may ask you to provide your insurance card more frequently. Please notify our office immediately if you change insurance carriers, drop coverage, receive new cards or in any way experience a change to your coverage. Failure to do so may result in insurance claim denials that cause all charges to become your full responsibility. Please know the benefits, limitations, and responsibilities of your insurance plan.

Referrals and Authorizations: If your plan(s) require a referral from your primary care physician (family or regular doctor), please make sure one has been provided prior to your appointment. We must have a current referral to prevent your insurance carrier from denying payment for services you receive with us.

Patient Out-of-Pocket Expenses: We participate with many health plans and file charges with those plans on your behalf. Most health plans require us to collect payment they deem to be patient responsibility in the form of co-pays, deductibles, and co-insurance. We must also collect payment directly from the patient for services the plan does not cover. If MON does not participate with your insurance plan, payment-in-full is required at the time of service unless alternate payment arrangements have been made.

If your insurance ultimately denies responsibility for services you receive, you are responsible for payment. If you have a Health Savings Account (HSA), Health Reimbursement Account (HRA) or a Flexible Spending Account, we will provide all documentation necessary for you to receive appropriate reimbursement; however, payment is still required at time of service.

Uninsured Patients: Payment is due at the time services are provided. A minimum deposit of $100.00 - $300.00 (determined by the services anticipated) will be required prior to the appointment. This payment will be applied to your total balance due upon check-out. Any overage will be refunded to you. If you are unable to pay your entire balance, an Account Specialist will assist you in establishing a payment plan.

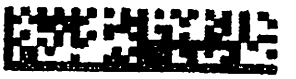
Past Due Balances: Balances that are not paid within 30 days from the date of service are considered past-due. If your insurance company has not responded to our request for payment within 30 days, we will ask for your assistance in obtaining payment from the carrier and/or to make a payment on the balance. Balances that are not paid within 90 days of the date of service will be forwarded to a collection agency. Collection agency and any associated legal fees may be added to the account. Patients with past-due balances will be required to make payment arrangements before additional services will be scheduled.

No-Show and Late Cancellation Fees: Because canceled appointment slots for surgeries, MRI and other procedures are difficult to fill without adequate notice, the following charges will be applied for appointments that are not cancelled at least 24 hours prior to the appointment time.

- MRI Appointments: $100.00
- Appointments for ESI (epidural steroid injection), EMG (electromyography), Tenex or surgical procedures: $150.00

May 15, 2018

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)



GENERAL MEDICAL INFORMATION

Reason for your visit today? _____

Was this the result of an accident? ___No ✓ Yes If yes, DATE of accident and please describe

Date 6/14/2019 Was hit with ball coming off the line.

Where did the injury occur? ✓ Work ___Auto ___Home ___Other _____

Primary Physician Information	Other specialists involved in care:
Name: Plyler, Drewid - Lowe's family Medicine Chester SC 29706	
Please provide your preferred pharmacy information.	
Preferred Pharmacy:	**Mail-In Pharmacy:**
Name: Bi Lo	Name:
Address: 1536 JA Cochran Bypass Chester SC	Address:
Phone: 803-581-6310	Phone:

Height 67 Weight 135

Current Pain Scale: (circle one number)

NO PAIN 1 2 3 4 5 6 7 8 9 (10) WORST PAIN

ALLERGIES AND REACTIONS			
Name of Allergy	Reaction	Name of Allergy	Reaction
NONE			

FAMILY HISTORY (Please check any that have occurred with a blood relative.)			
	Relationship		Relationship
Blood Clots in Legs or Lungs		Heart Disease	
Bleeding Disorder		Aneurysm	
Osteoporosis		High blood pressure	
Osteoarthritis		Diabetes	
Rheumatoid arthritis		Nerve Disease	
Muscle or Bone Disease		Depression	
Cancer		Lupus	
Thyroid disease		Malignant Hyperthermia	

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

MIDLANDS
Orthopaedics
&NEUROSURGERY

*5657756w5498 E-HealthHx

Social History: (Please circle what applies to you)

Are you a: Current Smoker | Nonsmoker | Former Smoker

Tobacco-years of use (current and former smokers): 20 years

If current smoker, how often do you smoke cigarettes? Every Day | Some Days

If current smoker, how much do you smoke per day? ½ PD | (1 PD) | 1 PD | 1 ½ PD | 2PD | 3PD

Cigar/pipe Use: Yes (No)

Chewing Tobacco: 1/day | 2-4/day | 5/day

Alcohol: (None) | Occasional | Moderate | Heavy

Number of Children? 3

Marital Status: (Married) | Single | Divorced | Separated | Widowed | Domestic Partner

Diet: (Regular) | Vegetarian | Vegan | Gluten free | Carbohydrate (limited) | Cardiac | Diabetic

Work History: Disabled | Student | Homemaker | Retired

Are you currently employed? (Yes) | No Are you currently working? Yes | No

Occupation: Maintence Dept

Employer: Sunfiber

Type of work: Maintnce

Please List.	Please list:
None.	None.

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

MIDLANDS orthopaedics & NEUROSURGERY

*5557755w6499 E-Healthlink

Blood Clots in legs or lungs	Diabetes	Bronchitis
High Blood Pressure	Lupus	Skin Disorder
Congestive Heart Failure	Parkinson's Disease	Enlarged prostate
Heart Disease	Multiple Sclerosis	Bladder disease
Mitral Valve Prolapse	Hepatitis B or C	Kidney disease
Heart Attack	Stomach Ulcers	Seizure disorder
Irregular Heart Beat	Irritable Bowel	Thyroid Disorder
Congenital Heart Defect	Heartburn	Cancer
High Cholesterol	Liver Disease	Glaucoma
Stroke	Pneumonia	Osteoarthritis
Circulation problems	Tuberculosis	Rheumatoid Arthritis
Bleeding disorder	Emphysema	Restless legs
Gout	Infectious Blood Disease	Pregnancy (current or recent)

Do you have sleep apnea? Yes or (No)
If yes, do you use C-PAP or Bi-PAP? Yes or No Device Settings:

Do you have cardiac stents: Yes or (No) If yes, please list date(s):

Do you have a pacemaker or AICD? Yes or (No) If yes, please date of placement:

Review of Systems: *Please circle all that apply to you:*

Mouth/Throat: sore throat | bleeding gums | snoring | dry mouth | mouth ulcers | oral abnormalities | teeth problems

Cardiovascular: shortness of breath | palpitations | heart murmur

Respiratory: coughing | wheezing | shortness of breath | coughing up blood | sleep apnea

Musculoskeletal: muscle aches | muscle weakness | joint pain | back pain | swelling in extremities | cramps | Osteoporosis | recent fracture | neck pain

Any additional information you would like to share:

const headaches
dizzy
fingers numb
back on fire
left shoulder
upper back
left knee

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

Jul 5 2019 09:24am P008/010
BAGLEY, KYLE 11/03/80 #3248233

When did your pain first start? (date or approx month/year) 6-14-2019 * 5557755w5499 E-HealthHx

When did it worsen? (date and event, if applicable) Same day

Rate the severity of your pain on a scale from 1 to 10, with 1 being the least painful and 10 being the most severe:

1 2 3 4 5 6 7 8 9 10

Type of pain (circle all that apply):

Aching Cramps Numbness Shooting Swelling Tingling
Burning Dull Sharp Stiffness Throbbing

Does the pain interfere with any of the following activities of daily living? (Circle all that apply)

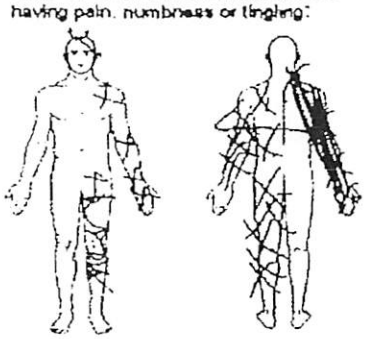
Bathing Feeding Grooming Sleep Work
Dressing Food preparation Housework Toilet hygiene

How often are you having pain? ___ Constant ___ It comes and goes

Activities or movements that are painful to perform: (circle all that apply)

Bending Lying down Sitting Standing Walking

Mark "X" on the picture where you are having pain, numbness or tingling:



In the past 6 months, have you received any formal therapy for this condition? ___Yes ___ No
If yes, when? _____

Do you perform home exercises/stretches for this condition? ___Yes ___ No

Have you received an Epidural Steroid Injection for this condition? ___Yes ___ No
If yes, when? _____

What percentage relief did the injection provide? _____

For how long? _____ (hours, days, weeks, months)
When did the pain return? (date) _____

Have you tried any of the following for pain relief?	YES	NO	Did this provide relief?	Name of Medication
Heat				
Ice				
Over the Counter Medications				
Prescription				

Are you claustrophobic (fear of being in a closed/confined place)? ___ Yes ___ No

Do you have metal in your body? ___ Yes ___ No If yes, where? _____

Procedure Orders

BAGLEY, KYLE 11/03/80 #3248233
07/09/2019 - - Gregg

Admin Documents

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov

Physician's Statement

Claimant's Name:	Kyle Bagley	Employer's Name:	Sun Fiber LLC
Physician's Name:	Matthew Brown, MD	Insurance Carrier:	Strategic Comp
Practice/Clinic:	Midlands Orthopaedics & Neurosurgery	SCWCC File No:	claim #A00223320
Preparer's Name:	Carisa Watts	Phone:	803-462-3614

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to *South Carolina Code Sections* 42-15-50, 42-15-60, 42-1-172, or 42-11-10.

Date of injury: 06/14/2019 Date of first office visit: 07/05/2019 Date of last office visit: 07/11/2019

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: S16.1XXA and M54.81

Body part(s) injured: cervical/thoracic/lumbar spine Body part(s) affected: _____

Date of **maximum medical improvement**: 07/11/2019

Has the Claimant sustained **permanent physical impairment** as a result of the work injury? X Yes _____ No

If so, the permanent physical impairment is: 5 % medical impairment to the whole person (for cervical) (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below: 0 % medical whole person (thoracic/lumbar) (additional body part injured or effected)

The impairment rating(s) above are based upon the following:

X The AMA's *Guides to the Evaluation of Permanent Impairment* 5th Edition; or:
_____ Other medical treatise: _____ or
_____ Other: _____

Does the Claimant have **permanent physical limitations** as a result of the injury? _____ Yes X No

If so, the permanent physical limitations are: _____

Does the Claimant **possess retained hardware** as a result of the injury? _____ Yes X No

If so, the retained hardware is: _____

Is there **medical, surgical, hospital or other treatment** that the Claimant needs as a result of the injury for an additional time that will end to lessen the period of disability or maintain the current level of function: X Yes _____ No

If so, the medical care and treatment that is needed is/are:

Patient is at point of maximal medical improvement from a neurosurgical perspective and we do not anticipate that he will need any further neurosurgical intervention or recommendations in the future. As previously noted, we will defer further nonoperative management for patient's muscular complaints to his occupational medicine physician and team.

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

MD

Treating or Evaluating Physician

08/28/2019
Date

WCC Form #148
12/2016

14B

Physician's Statement

OrthoCarolina

Patient: KYLE R. BAGLEY
628 LANCASTER HWY APT 223

CHESTER, SC 29706

Age/DOB: 38 Nov 03, 1980
MRN: 10997149

Provider: David DuPuy M.D.
Document Type: New Visit
Status: Final

Enc Date: 09/12/2019

Chief Complaint

Mr. BAGLEY is a 38 year old male who presents today for back pain.
Pain is best described as. At present pain scale 9/10.

Dictation

DIAGNOSIS
Head injury with decorticate presentation affecting left upper and lower extremities.

CHIEF COMPLAINT
My neck and back hurt, and my arms are weak.

HISTORY OF PRESENT ILLNESS
Mr Bagley was on his job welding, and a 700 pound object struck him on the head. He was seen through worker's comp, and they did a CT scan and said it was unremarkable for a bleed. He has been getting physical therapy, but it is not effective. He was sent to an orthotist, and they questioned what type of brace to make. He states this happened 3 months ago.

The pain is described at 3 or 4 out of 10 with it being constant, throbbing, and achy. It is made worse by vigorous use and helped by rest and ice. It occasionally awakens the patient from sleep. The patient can take some NSAIDs without GI upset.

He denies bowel or bladder symptoms.

PHYSICAL EXAMINATION
Well-developed, well-nourished, pleasant individual oriented x3 with normal stance and gait. There is no scleral icterus with unlabored breathing and normal cardiac rhythm. There is normal skin texture with no adenopathy and normal neurovascular function.

He has limited left lateral rotation and holds his head somewhat in flexion. He has the classic decorticate position of the left hand with tight finger flexion into the palm, thumb adduction, wrist flexion, and forearm pronation. He is very tight, but I can get his fingers out of his palm. He has a dropfoot appearance on the left but does have some ability to dorsiflex nearly to neutral and has a 5- or 6-beat clonus when he does do the extension.

X-RAYS
I obtained x-rays, AP and lateral of the cervical and lumbar spine, including the coccyx, and see no

evidence of acute changes. He has loss of the normal anterior curve as seen on lateral for the cervical spine.

DISPOSITION
He apparently is getting physical therapy but clearly needs the extension brace for his fixed contracture on the left hand. I ordered that for him from OT and ordered a dropfoot brace for the left foot. I told his wife and him that it is critical that he stop smoking, and they both are determined to do that as of today because I explained how the nicotine has such a damaging effect to nerve tissue. I put him on a steroid decreasing Dosepak and set him up for an MRI of the brain with careful attention to the right hemisphere, which would give him the symptoms to the left upper and lower extremities. I will see him after the scan. Apparently this is worker's compensation, but I am not seeing him through the worker's comp, so I did not write him a work note, but clearly he is unable to work even at light duty at this time. /lls

Assessment
1. Back pain (M54.9)
2. Cervical pain (M54.2)
3. Closed head injury, initial encounter (S09.90XA)

Orders
1. Tobacco Use Screening; Status:Complete: Done: 12Sep2019

Vitals
Vitals Panel
Height: 6 ft 1 in
Weight: 135 lb
BMI Calculated: 17.81
BSA Calculated: 1.82
Pain Scale: 9
Height: 6 ft 1 in
Weight: 135 lb
BMI Calculated: 17.81
BSA Calculated: 1.82
Pain Scale: 9.79

Allergies
No Known Drug Allergies

Current Meds
- Cyclobenzaprine HCl - 10 MG Oral Tablet

Active Problems
Back pain (M54.9)
Tobacco user (Z72.0)

Past Medical History
No significant past medical history

Surgical History

OrthoCarolina

Patient: KYLE R BAGLEY Encounter: 09/12/2019
MRN: 10997149 DOB: 11/03/1980

Tonsillectomy

Family History

Father
Family history of malignant neoplasm (Z80.9)
Other
Family history of diabetes mellitus (Z83.3)
Family history of hypertension (Z82.49)

Social History

Cigarette smoker (F17.210)
: 1 packs/day
Current smoker (F17.200)
High school or GED
Married
Non drinker / no alcohol use
Occupation
: Maintenance mechanic

Review of Systems

Systemic - Recurring Fever (No) SYSTEMIC - RECENT WEIGHT CHANGE (Yes)
DID YOUR WEIGHT INCREASE OR DECREASE? - DECREASE
HEAD - HEADACHES (Yes)
EYES - VISION PROBLEMS (Yes) Ololaryngeal - Loss of Hearing (No) Ololaryngeal - Hoarseness (No)
Cardiovascular - Chest Pain/Discomfort (No) Cardiovascular - Heart Palpitations (No) Pulmonary - Difficulty Breathing (No)
Pulmonary - Chronic Cough (No) GASTROINTESTINAL - DECREASED APPETITE (Yes)
Gastrointestinal - Difficulty Swallowing (No)
Gastrointestinal - Heartburn (No) Gastrointestinal - Nausea (No) Gastrointestinal - Vomiting (No)
Gastrointestinal - Abdominal Pain (No) Gastrointestinal - Blood in Stool (No) Genitourinary - Blood in Urine (No)
Genitourinary - Increased Need to Urinate (No) Genitourinary - Painful Urination (No)
Endocrine - Excessive Thirst (No)
Endocrine - Temperature Intolerance (No) Hematologic - Bleeds Easily (No) Hematologic - Bruise Easily (No)
NEUROLOGICAL - DIZZINESS (Yes)Neurological - Convulsions (No) Psychological - Psychological Disorder (No)
PSYCHOLOGICAL - SLEEP DISTURBANCES (Yes) Skin - Skin Problems (No)
MUSCULOSKELETAL - JOINT PROBLEMS (Yes)

.

Signatures

Electronically signed by : David DuPuy, M.D.; Sep 17 2019 10:11AM EST

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	**Age/DOB:** **MRN:**	38 Nov 03, 1980 10997149

Provider: OC Therapy OT **Enc Date:** 09/19/2019
Document Type: Therapy Initial Eval
Status: Final

Note Heading

INITIAL EVALUATION
Referring Physician: DAVID DUPUY
Initial Eval Date: 09/19/2019. Number of Visits: 1.
Medical Diagnosis: TBI.
Treatment Diagnosis: hypertonicity of LUE, dec ROM, dec strength, joint stiffness, dec functional L hand use, dec strength, impaired sensation.

Allergies

No Known Drug Allergies

Current Meds

- Cyclobenzaprine HCl - 10 MG Oral Tablet
- methylPREDNISolone 4 MG Oral Tablet Therapy Pack; Depense one 21 tablet therapy pack. Take per package instructions

Vitals

Adult Vitals Panel

Height: 6 ft 1 in
Weight: 135 lb
BMI Calculated: 17.81
BSA Calculated: 1.82

Active Problems

Back pain (M54.9)
Cervical pain (M54.2)
Closed head injury, initial encounter (S09.90XA)
Tobacco user (Z72.0)

Past Medical History

No significant past medical history

Surgical History

Tonsillectomy

Charges

OrthoCarolina

Patient:	KYLE R. BAGLEY	Encounter:	09/19/2019
MRN:	10997149	DOB:	11/03/1980

Evaluation: 97166 OT Mod complexity.
97140 Manual Therapy 10 minutes, 1 units.
97112 Neuromuscular Re-education 10 minutes, 1 units.
Orthotics: units.
Total Treatment Time: 60 minutes.

Subjective

Refer to the intake form and patient's pain diagram markings copied from the Patient Therapy Intake Portal in the EMR. The form has been reviewed and modified based on therapist subjective evaluation today and included below.
Intake Form: When did current symptoms start? - Jun 14th 2019
Are your symptoms related to an injury? - Yes
Please give date of injury: - Jun 14th 2019
What was the cause of your pain or symptoms? - Got hit in the top of the head with 650 700 pnd baile
Please rate your pain now. (0-None, 10-Worst ever) - 10-Worst ever
Please rate your pain at its worst in the last 7 days. (0-None, 10-Worst ever) - 10-Worst ever
What makes your pain worse? (Select all that apply) - Sitting, Standing, Walking, Lifting, Reaching, Bending, Twisting
What makes your pain better? (Select all that apply) - Rest/lying down, Nothing, Other
Explain other: - When i cont move around a lot or sleeping
surgery for problem - No
Occupation - Maintenance
If student please indicate the school that you attend - None
Are you currently working? - No
Rate your overall general health: - Poor
Living Situation - With spouse
Home environment - 1-story
What does your home environment have? - Stairs
What are your rehabilitation goals or expectations while in this program? - Generally over all get better
Do you use any Patient Assistant devices such as: - Walker, Cane
previous PT/OT - Yes
current/different problem - Current problem
details (current problem) - Your life wellmess center
REASON FOR APPOINTMENT
reason for visit - Upper extremity (e.g. Hand, Wrist, Elbow, Shoulder)

Explanation of Onset and Reason for Skilled Therapy:. Pt is a 38 year R hand dominant male who reports was hit in the head on 6/14/19 and sustained TBI. Pt was initially seen by a neurologist and then referred to Physical therapy, attending PT 2x/week, working on stretching, working on hand a little and some vision stuff. Pt reports pain is to lower leg, left hand and wrist, and bottom of foot and headaches. Pt (7/10) at rest and is burning to arm. Pt reports numbness/tingling to left hand. Owns a shower chair, shower bar, rolling walker, able to dress with some assistance. Pt reports current difficulties with performing functional activities such as: opening jars, cutting food, buttoning pants. Pt not working due to injury. Hobbies include: carpentry, painting, fish
...
Prior Level of Function (PLOF): Prior to onset the patient reports he could perform all activities of daily living without compensation or limitation.

OrthoCarolina

Patient: KYLE R. BAGLEY Encounter: 09/19/2019
MRN: 10997149 DOB: 11/03/1980

Current Level of Function(CLOF): Quick DASH . Refer to patient reported functional limitations taken from Functional Outcomes Study copied below via the Patient Therapy Portal.
Functional Outcome Study: THIS QUESTIONNAIRE ASKS ABOUT YOUR SYMPTOM AS...
Open a tight or new jar. - Unable
Do heavy household chores (e.g., wash walls, floors). - Unable
Carry a shopping bag or briefcase. - Unable
Wash your back. - Unable
Use a knife to cut food. - Unable
Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.). - Unable
During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? - Extremely
During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem? - Unable
PLEASE RATE THE SEVERITY OF THE FOLLOWING...
Arm, shoulder or hand pain. - Extreme
Tingling (pins and needles) in your arm, shoulder or hand - Extreme
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? - Severe Difficulty

PATIENT TRENDS
Scores 09/13/2019
(0 days ago)
Quick Dash (0 - 100) 97.73 CM 80-100% Sev.

Current Functional/Activity Limitations: Patient reports impaired function with bending, lifting/carrying, pushing/pulling, driving, mobilize in/out of vehicle, negotiate stairs, rise from sitting, walking, sleep, dressing, grasping, grooming/bathing, opening doors, reaching overhead, using a keyboard, opening jars, eating/cutting food, cooking, housekeeping, performing work activities, performing recreational/sports activities and gardening/yardwork
Precautions/Restrictions: per MD/PAC orders.
Factors that could potentially complicate outcomes:
Co-Morbidities: smoking.
Personal Factors: none.
Occupational Profile:
Daily routine: job disability/construction .
Progress satisfaction level: not satisfied.
Coping status: fair.
Learning style: visual, auditory, tactile.
Chart review was expanded and based on review of MD/PAC documentation and Referring provider order.

Objective

Hand Dominance/Preference: right.
Observation: acute distress . Pt kept eyes closed and focused on deep breathing for relaxation to minimize tone. Pt expressed feeling anxious.
Mental Status: alert and oriented x 3 (person,place and time) . Good historian of events. Report possible visual field and ocular motor impairments.

OrthoCarolina

Patient:	KYLE R. BAGLEY	Encounter:	09 19 2019
MRN:	10997149	DOB:	11 03 1980

Posture: forward head and rounded shoulders . LUE in flexor synergist pattern, antalgic gait
Orthosis Requirements: custom resting hand splint.
Skin Status: Unremarkable
Palpation:
Moderate with attempts to extend digits on left tenderness.
Severe decreased soft tissue mobility flexor tone of wrist and digits, .
Edema: negative
Sensation:
Light touch sensation is impaired to dorsal and volar hand.
Nerve Function: deferred
TBA further.
Cervical Screen: N/A
UE ROM: WNL except:
Elbow AROM: Measured in degrees
Supination:..... Left: 70
Pronation:..... Left: 70
Right Hand ROM: (measured in degrees) WNL
Left Hand ROM: (measured in degrees) deferred
Joint Mobility: deferred
Flexibility:
able to extend digits 1/2 ROM, hand held in significant flexion into DPC due to increase in tone.
Extrinsic Flexor limitation: severe on left.
Strength: WFL except:
Elbow/Forearm Strength:
Flexion:..... Left: 4/5
Extension:..... Left: 4/5
Supination:..... Left: 4/5
Pronation:..... Left: 4/5
Wrist Strength:
Flexion:..... Left: 3+/5
Extension:..... Left: 3+/5
Grip/Pinch: deferred left
Special Tests:
thumb oppose to RF.
Left hand held in flexor pattern (flexed wrist, pronated, UD and flexed digits).
Able to move shoulder and elbow in full AROM. Mild to moderate increase tone to flexor elbow flex/ext, wrist flex/ext. Able to actively extend digits 3/4, actively supinate 3/4 ROM,.
Assistance/modifications needed to complete evaluation: None.

Treatment:
Manual therapy was performed today.
MROM for digital extension, wrist extension, Deep pressure for muscle inhibition.
Neuromuscular Re-education was performed today muscle inhibition .
Deep pressure for muscle inhibition for digital and wrist flexors. Instructed pt on deep breathing to modulate tone for muscle inhibition.
Modalities were performed today muscle inhibition.
Modalities included:
A hot pack was applied for 5 minutes to the left hand.
Orthotic: resting hand splint orthotic.

OrthoCarolina

Patient: KYLE R. BAGLEY Encounter: 09/19/2019
MRN: 10997149 DOB: 11/03/1980

Fabricated a resting hand orthotic today. Patient is able to donn/doff orthotic independently. Patients has been educated on wear schedule (on/off during day prn, nightly) and proper care for orthotic,
..

Assessment

1. Closed head injury, subsequent encounter (S09.90XD)
2. Muscle hypertonicity (M62.89)
3. Impaired sensation to light touch (R20.8)
4. Contracture of joint of left hand (M24.542)

Mr. BAGLEY presents with signs and symptoms and functional deficits consistent with the referring diagnosis which requires skilled therapy services .
Patient is a 38 year R hand dominant male referred to OT s/p TBI resulting in hypertonicity of LUE/LE. Evaluation findings include: antalgic gait, increase flexor tone to LUE resulting in flexor contracture, dec ROM, dec strength, dec functional use, impaired sensation, possible Visual perceptual deficits and impaired cognition. Impairments limit functional activities of: dressing, feeding, tying shoes, lifting, driving. Patient will benefit from skilled OT to improve L UE functional use to maximize independence with ADLs and return to PLOF. Thank you.

Patient presents with the following body structure(s) to be addressed: left shoulder, elbow, forearm, wrist, hand and thumb.
Impaired body functions and systems to be addressed: pain , hypersensitivity , poor postural or positioning habits , decreased soft tissue mobility , muscle guarding , decreased sensation , decreased ROM , decreased proprioception , decreased flexibility , decreased strength , decreased static balance/stabilization , decreased dynamic balance/stabilization , need for static orthosis , need for dynamic orthosis , limited knowledge of present condition management and HEP and increase muscle tone.
Functional/Activity Limitations:
See Subjective CLOF section for limitations to be addressed.
Current Level of Function Outcome Measure:
Quickdash UE: Score = 97.73 CM 80-100%.
Projected Level of Function for Goal Status Outcome Measures:
Quickdash UE: Score = CI 1-19%
Prognosis: good.
Motivation: adequate.
Barriers Complicating Rehabilitation:
See Subjective Complicating Factors section for barriers to be considered.
Performance Deficits: 5+ (high).
# of Treatment Options: Multiple (high).
Co-morbidities: Yes (1 or >).
Task Modification: None (low).
Evaluation Complexity: High.

Goals

Free Text:
Long Term Goals: 09/19/2019
1. Patient will utilize left hand to perform desired daily activities without difficulty or pain 90% of the time within 12 weeks.

OrthoCarolina

Patient: KYLE R. BAGLEY Encounter: 09/19/2019
MRN: 10997149 DOB: 11/03/1980

Short Term Goals:
1. Pt will improve left hand ROM to open hand upon command 3/4 ROM to grasp objects of various sizes (tooth brush, cup, phone, etc) and hold in hand with enough force to use object functionally. 8 weeks
2. Pt will improve left grip strength to > 25# to grasp and lift laundry basket and push grocery cart. 6 weeks.
3. Pt will utilize various muscle inhibitory strategies, such as deep breathing, weight bearing, to decrease pain and allow for voluntary functional movement of LUE. 8 week.
4. Pt will be independent with A/PROM, stretching and strengthening HEP. 4 weeks
5. Pt will report improved sensation with numbness or tingling <2/10 and with less than 50% frequency. 6 weeks.
6. Pt will report pain < 2/10 with activity. 6 weeks
7. Pt will improve Quick DASH FOS score to < 19% impairment. 12 weeks.
8.. Patient will be able to perform BUE functional tasks, such a put on a pillowcase, tie shoes, cut food, open a bottle, with minimal to no assistance. 8 weeks.
9. Pt will be demo no joint contractures on LUE and report good compliance of orthotic use. 8 weeks.

PlanTherapy recommended 1 time per week for.
Treatment may include but not limited to Therapeutic Exercise , Manual Therapy Techniques , Neuromuscular Re-education, Therapeutic Activity, Postural Education- Body Mechanics and Home Exercise Program with Patient Education.
Modalities may include CP, MHP, Ultrasound, Electrical Stimulation and Fluidotherapy.
Orthosis: fabrication/instruction/adjustment.
Patient response to treatment: improved ROM, increased independence with HEP and returned demonstration of HEP.
Results of Evaluation/POC were discussed with and agreed upon by patient and spouse.
Patient has understanding of presenting diagnosis, risk/precautions and benefits and is agreeable to plan

Plan for next visit: Plan to assess orthotic fit and progress with NMR.

Authorization

By signing this referral, I certify that I have examined the patient and physical and/or hand therapy is medically necessary. This authorization expires 90 days from today.

Signatures

Electronically signed by : Teresa Mintz, MS,OTR/L|CHT; Sep 24 2019 11:36AM EST

OrthoCarolina

Patient: KYLE R. BAGLEY
628 LANCASTER HWY APT 223

CHESTER, SC 29706

Age/DOB: 38 Nov 03, 1980
MRN: 10997149

Provider: MRI MRI
Document Type: MRI Triad
Status: Final - Receipt

Enc Date: 09/24/2019

INDICATION: Left side body weakness with unsteady balance after hit in the head 6/14/2019. Assess right hemisphere.
Additional history : None

TECHNIQUE: MRI Brain W/O Multiplanar, multisequence study.
Contrast: None
COMPARISON: None available.

FINDINGS:

Mastoid air cells appear clear. Left maxillary sinus retention cyst or polyp. No internal acoustic canal abnormality. No brainstem abnormality. No diffusion abnormality. Normal vascular flow voids.

No evidence of mass, vascular territory infarct, hemorrhage, hydrocephalus, or atrophy. Single small 4 mm bright spot in the right parietal subcortical white matter. No other white matter abnormality is identified. No orbital abnormality. Mild lateral ventricle asymmetry is within normal variation..

IMPRESSION:

Single 4 mm bright spot in the right parietal subcortical white matter is nonspecific.

Mild asymmetry of the lateral ventricles is within normal variation.

Left maxillary sinus retention cyst or polyp.

Electronically Signed by Eric Fitzcharles; 9/25/2019 6:33 PM

Document Originated from: Triad Radiology
Accession: TR1836569101

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	**Age/DOB:** **MRN:**	38 Nov 03, 1980 10997149

Provider: David DuPuy M.D. **Enc Date:** 09/26/2019
Document Type: Follow Up
Status: Final

Chief Complaint

Mr. BAGLEY is a 38 year old male who presents today for follow up of back pain.

Dictation

DIAGNOSIS
No evidence of significant head trauma by MRI.

CHIEF COMPLAINT
I am no better now.

HISTORY OF PRESENT ILLNESS
Mr Bagley states that he is getting the therapy. and they made him a wrist splint and they are working now on finger extension.

PHYSICAL EXAMINATION
Well-developed, well-nourished pleasant individual oriented x 3 with normal stance and gait. There is no scleral icterus with unlabored breathing and normal cardiac rhythm. There is normal skin texture with no adenopathy and normal neurovascular function.

He still has the decorticate clinical appearance to the right side.

DISPOSITION
I told him that I want an EMG nerve conduction study of the right upper extremity to determine the etiology of the muscle dysfunction. After that is performed, he needs a neurology consult to determine whether any of this injury is related to cervical or more peripheral rather than central from the brain. The neurology consult should come after the EMG nerve conduction study. In the meantime, he is taking the Tylenol and ibuprofen and is completely out of work until I see him in followup. /hbh

Assessment

1. Back pain (M54.9)
2. Cervical pain (M54.2)
3. Closed head injury, subsequent encounter (S09.90XD)

Orders

OrthoCarolina

Patient: KYLE R. BAGLEY Encounter: 09/26/2019
MRN: 10997149 DOB: 11/03/1980

1. Tobacco Use Screening; Status:Complete; Done: 26Sep2019

Vitals

Vitals Panel

Height: 6 ft 1 in
Weight: 135 lb
BMI Calculated: 17.81
BSA Calculated: 1.82

Allergies

No Known Drug Allergies

Current Meds

- Cyclobenzaprine HCl - 10 MG Oral Tablet

Active Problems

Back pain (M54.9)
Cervical pain (M54.2)
Closed head injury, subsequent encounter (S09.90XD)
Contracture of joint of left hand (M24.542)
Impaired sensation to light touch (R20.8)
Muscle hypertonicity (M62.89)
Tobacco user (Z72.0)

Past Medical History

No significant past medical history

Surgical History

Tonsillectomy

Family History

Father
Family history of malignant neoplasm (Z80.9)
Other
Family history of diabetes mellitus (Z83.3)
Family history of hypertension (Z82.49)

Social History

Cigarette smoker (F17.210)
: 1 packs/day
Current smoker (F17.200)
High school or GED
Married
Non drinker / no alcohol use
Occupation
: Maintenance mechanic

Review of Systems

GENERAL: (+) weight change and decreased appetite, but no recurring fever.

OrthoCarolina

Patient:	KYLE R. BAGLEY	Encounter:	09/26/2019
MRN:	10997149	DOB:	11/03/1980

EYES: no vision impairment.
NEURO: (+) tingling, (+) burning sensation and (+) numbness, but no dizziness.
MUSC- SKEL: See HPI.

Signatures

Electronically signed by : David DuPuy, M.D.; Oct 3 2019 8:49AM EST

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	Age/DOB: MRN:	38 Nov 03, 1980 10997149

Provider: OC Therapy OT **Enc Date:** 10 07 2019
Document Type: Therapy Daily Note
Status: Final

Note Heading

INITIAL EVALUATION
Referring Physician:
Initial Eval Date: 09/19/2019. Number of Visits: 2 10/07/2019.
Medical Diagnosis: TBI.
Treatment Diagnosis: hypertonicity of LUE, dec ROM, dec strength, joint stiffness, dec functional L hand use, dec strength, impaired sensation.

Charges

97140 Manual Therapy 15 minutes, 1 units.
97112 Neuromuscular Re-education 30 minutes, 2 units.
97010 Hot Pack 5 minutes.
Total Treatment Time: 50 minutes.

Subjective

Pt reports wearing orthotic during day and off during night and feels its helping with keeping the fingers straight. The fingers will start to flex into palm after about 2 hours with split off. "I wake up with headaches a lot of the time and my vision is worse when looking to the right">.

Objective

Status:
10/07/2019

Severe decreased soft tissue mobility flexor tone of wrist and digits,.

Flexibility:
able to extend digits 3/4 AROM. Able to fully actively flex and extend. Flexor synergy UE pattern noted during ambulation.

Elbow/Forearm Strength:
Flexion:..... Left: 4/5
Extension:..... Left: 4/5
Supination:..... Left: 4/5
Pronation:..... Left: 4/5
Wrist Strength:
Flexion:..... Left: 3+/5

OrthoCarolina

Patient:	KYLE R. BAGLEY	Encounter:	10/07/2019
MRN:	10997149	DOB:	11/03/1980

Extension:..... Left: 3+/5

..

Treatment:
Therapeutic exercises were performed today to improve flexibility and to instruct in HEP . HEP handouts given to patient.
Pt has been instructed on AAROM for elbow and shoulder w/ cane for HEP. Also instructed on WB for inhibition for HEP. Patient was provided with written instructions via handouts. Patient demonstrates and verbalizes good understanding of HEP.

Manual therapy was performed today to improve soft tissue mobility .
MROM for digital extension, wrist extension, Deep pressure for muscle inhibition.
Neuromuscular Re-education was performed today to promote neuromuscular recruitment and muscle inhibition .
Deep pressure for muscle inhibition for digital and wrist flexors. Instructed pt on deep breathing to modulate tone for muscle inhibition.
-Weight bearing and weight shifting for proprioceptive input to L UE.
Modalities were performed today muscle inhibition.
Modalities included:
A hot pack was applied for 5 minutes to the left hand.

Flowsheet:
supine AAROM for shoulder flex and chest press, 12x2.
weight bearing to LUE in sitting w/ trunk rotation, 10'.

Assessment

1. Contracture of joint of left hand (M24.542)
2. Closed head injury, subsequent encounter (S09.90XD)
3. Impaired sensation to light touch (R20.8)
4. Muscle hypertonicity (M62.89)

Pt with improved skin integrity and positioning of left hand at rest with use of resting hand splint. Able to actively extend and flex digits grossly after muscle inhibition. Pt with increase in synergist movement of LUE during ambulation and effort. Pt to benefit from cont OT to address NMR impairments to improve Independence with ADLS.

Goals

Long Term Goals: 09/19/2019

1. Patient will utilize left hand to perform desired daily activities without difficulty or pain 90% of the time within 12 weeks.

Short Term Goals:

1. Pt will improve left hand ROM to open hand upon command 3/4 ROM to grasp objects of various sizes (tooth brush, cup, phone, etc) and hold in hand with enough force to use object functionally. 8 weeks

2. Pt will improve left grip strength to > 25# to grasp and lift laundry basket and push grocery cart. 6

OrthoCarolina

Patient: KYLE R. BAGLEY Encounter: 10/07/2019
MRN: 10997149 DOB: 11/03/1980

weeks.

3. Pt will utilize various muscle inhibitory strategies, such as deep breathing, weight bearing, to decrease pain and allow for voluntary functional movement of LUE. 8 week.

4. Pt will be independent with A/PROM, stretching and strengthening HEP. 4 weeks

5. Pt will report improved sensation with numbness or tingling <2/10 and with less than 50% frequency. 6 weeks.

6. Pt will report pain < 2/10 with activity. 6 weeks

7. Pt will improve Quick DASH FOS score to < 19% impairment. 12 weeks.

8.. Patient will be able to perform BUE functional tasks, such a put on a pillowcase, tie shoes, cut food, open a bottle, with minimal to no assistance. 8 weeks.

9. Pt will be demo no joint contractures on LUE and report good compliance of orthotic use. 8 weeks.

Plan Continue POC 1-2 time(s) per week for 8 week(s) plan to progress with NMR, assess oculo-motor/visual perceptual, functional tasks.
Increase ROM, strength and functional activities as tolerated.

Signatures

Electronically signed by : Teresa Mintz, MS,OTR/L|CHT; Oct 7 2019 10:38AM EST

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	**Age/DOB:** **MRN:**	38 Nov 03, 1980 10997149

Provider: OC Therapy OT **Enc Date:** 10/08/2019
Document Type: Therapy Daily Note
Status: Final

Note Heading

DAILY NOTE
Referring Physician: DAVID DUPUY
Initial Eval Date: 09/19/2019. Number of Visits: 3 10/08/2019.
Medical Diagnosis: TBI.
Treatment Diagnosis: hypertonicity of LUE, dec ROM, dec strength, joint stiffness, dec functional L hand use, dec strength, impaired sensation.

Charges

97112 Neuromuscular Re-education 30 minutes, 2 units.
97535 Self Care 20 mins, 1 units.
Total Treatment Time: 50 minutes.

Subjective

Pt reports back was a little sore after last session and found out that his PT appointments are cancelled and work comp has closed claim.

Objective

Status:
10/08/2019
Pt able to donn and doff socks and shoes with SBA, cues to use left hand. Able to use lateral pinch on left to assist with sock. Unable to tie shoes.

Severe decreased soft tissue mobility flexor tone of wrist and digits,
Flexibility: able to extend digits 3/4 AROM. Able to fully actively flex and extend. Flexor synergy UE pattern noted during ambulation.

Observed increase in accessory movements on right side with attempts to use left UE in functional tasks, Tactile and verbal cues for muscle inhibition and relaxation.

Treatment:
Therapeutic exercises were performed today to improve flexibility and to instruct in HEP . HEP handouts given to patient.
Pt has been instructed on AAROM for elbow and shoulder w/ cane for HEP. Also instructed on WB for

OrthoCarolina

Patient: KYLE R. BAGLEY Encounter: 10/08/2019
MRN: 10997149 DOB: 11/03/1980

inhibition for HEP. Patient was provided with written instructions via handouts. Patient demonstrates and verbalizes good understanding of HEP.
-Pt instructed to encourage functional use of left hand during BUE tasks (such as folding towel, open a jar or stabilize objects) to improve NMR. Incorporate weight bearing when increase in tone noted for muscle inhibition to allow for more coordinated movement.

Manual therapy was performed today to improve soft tissue mobility .
MROM for digital extension, wrist extension, Deep pressure for muscle inhibition.
Neuromuscular Re-education was performed today to promote neuromuscular recruitment, to increase postural awareness/control and muscle inhibition .
Deep pressure for muscle inhibition for digital and wrist flexors. Instructed pt on deep breathing to modulate tone for muscle inhibition.

-Weight bearing and weight shifting for proprioceptive input to L UE, prone over ball for modified push ups.
Therapeutic activities were performed today to improve functional performance via dynamic activities
Reaching
Grasping .
Modalities were performed today muscle inhibition.
Modalities included:
A hot pack was applied for 5 minutes to the left hand.

Self care/home management training was performed today.
Lower body dressing for sock and shoes.
Able to reach for small cup with min A and vc to fully extend digits, and bring to mouth to drink with SBA.
Training included ADL's for meal preparation and dressing.
Training included instruction in compensatory skills.

Flowsheet:
supine AAROM for shoulder flex and chest press, 12x2.
weight bearing to LUE in sitting w/ trunk rotation, 10'.
modified push up over swiss ball for weight bearing, proprioceptive input and co-contraction of proximal mm, 10'.
wrist ranger, 1x.

Assessment

1. Contracture of joint of left hand (M24.542)
2. Closed head injury, subsequent encounter (S09.90XD)
3. Impaired sensation to light touch (R20.8)
4. Muscle hypertonicity (M62.89)

Pt with improved muscle tone after weight bearing and NMR for normalization of tone to allow for functional movement. Requires vc and tc to use left hand during functional tasks, such as LB dressing. Pt unable to tie toes. Able to move out of synergist movement patterns but moves slow and accessory movements (fisting of right hand and elevated shoulders) noted with attempts.
Patient response to treatment: functional use is improving as expected .
Progressing appropriately toward goals.

Goals

OrthoCarolina

Patient: KYLE R. BAGLEY Encounter: 10 08 2019
MRN: 10997149 DOB: 11 03 1980

Long Term Goals: 09/19/2019

1. Patient will utilize left hand to perform desired daily activities without difficulty or pain 90% of the time within 12 weeks.

Short Term Goals:

1. Pt will improve left hand ROM to open hand upon command 3/4 ROM to grasp objects of various sizes (tooth brush, cup, phone, etc) and hold in hand with enough force to use object functionally. 8 weeks

2. Pt will improve left grip strength to > 25# to grasp and lift laundry basket and push grocery cart. 6 weeks.

3. Pt will utilize various muscle inhibitory strategies, such as deep breathing. weight bearing, to decrease pain and allow for voluntary functional movement of LUE. 8 week.

4. Pt will be independent with A/PROM, stretching and strengthening HEP. 4 weeks

5. Pt will report improved sensation with numbness or tingling <2/10 and with less than 50% frequency. 6 weeks.

6. Pt will report pain < 2/10 with activity. 6 weeks

7. Pt will improve Quick DASH FOS score to < 19% impairment. 12 weeks.

8.. Patient will be able to perform BUE functional tasks, such a put on a pillowcase, tie shoes, cut food, open a bottle, with minimal to no assistance. 8 weeks.

9. Pt will be demo no joint contractures on LUE and report good compliance of orthotic use. 8 weeks.

Plan Continue POC 1-2 time(s) per week for 8 week(s) plan to progress with NMR, assess oculo-motor/visual perceptual, functional tasks.
Increase ROM, strength and functional activities as tolerated.

Signatures

Electronically signed by : Teresa Mintz, MS,OTR/L|CHT; Oct 9 2019 10:38AM EST

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	**Age/DOB:** **MRN:**	38 Nov 03, 1980 10997149

Provider: OC Therapy OT **Enc Date:** 10/15/2019
Document Type: Therapy Daily Note
Status: Final

Note Heading

DAILY NOTE
Referring Physician: DAVID DUPUY
Initial Eval Date: 09/19/2019. Number of Visits: 4 10/15/2019.
Medical Diagnosis: TBI.
Treatment Diagnosis: hypertonicity of LUE, dec ROM, dec strength, joint stiffness, dec functional L hand use, dec strength, impaired sensation.

Charges

97112 Neuromuscular Re-education 15 minutes, 1 units.
97530 Therapeutic Activities 10 minutes, 1 units.
97022 Fluidotherapy/Whirlpool 10 minutes.
97535 Self Care 15 mins, 1 units.
Total Treatment Time: 50 minutes.

Subjective

Pt states there is a small area with white bumps to volar RF and express concern. Pt reports he is trying to use his hand more functionally, "I tried to help my wife stir the mashed potatoes and I was squeezing a coke bottle".

Objective

Status:
10/15/2019

Pt able to tie shoes with SBA. Digits 3-5 stay flexed but able to use IF for pinch.

Flexibility: Able to fully actively flex and extend. Flexor synergy UE pattern noted during ambulation
Observed increase in accessory movements on right side with attempts to use left UE in functional tasks, Tactile and verbal cues for muscle inhibition and relaxation.

Treatment:
Therapeutic exercises were performed today to improve flexibility and to instruct in HEP . HEP handouts given to patient.
Pt has been instructed on AAROM for elbow and shoulder w/ cane for HEP. Also instructed on WB for inhibition for HEP. Patient was provided with written instructions via handouts. Patient demonstrates

OrthoCarolina

Patient:	KYLE R. BAGLEY	Encounter:	10/15/2019
MRN:	10997149	DOB:	11/03/1980

and verbalizes good understanding of HEP.
-Pt instructed to encourage functional use of left hand during BUE tasks (such as folding towel, open a jar or stabilize objects) to improve NMR. Incorporate weight bearing when increase in tone noted for muscle inhibition to allow for more coordinated movement.

Manual therapy was performed today to improve soft tissue mobility .
MROM for digital extension, wrist extension, Deep pressure for muscle inhibition.
Neuromuscular Re-education was performed today to promote neuromuscular recruitment, to increase postural awareness/control and muscle inhibition .
Deep pressure for muscle inhibition for digital and wrist flexors. Instructed pt on deep breathing to modulate tone for muscle inhibition.
-Weight bearing and weight shifting for proprioceptive input to L UE, chair push ups.
Therapeutic activities were performed today to improve functional performance via dynamic activities
Reaching
Grasping .
Modalities were performed today to improve neuromuscular recruitment, to improve blood flow and muscle inhibition.
Modalities included:
Fluidotherapy at 120 degrees to the left hand for 10 minutes.

Self care/home management training was performed today to improve functional ability/independence .
Able to tie shoes with SBA while shoes donned.
Training included ADL's for meal preparation and dressing.
Training included instruction in compensatory skills.

Flowsheet:

Therapeutic Exercises 97110
supine AAROM for shoulder flex and chest press, 12x2.
UBE, 1.0, 5'.
weight bearing to LUE in sitting w/ trunk rotation, 10' . Not performed today.
modified push up over swiss ball for weight bearing, proprioceptive input and co-contraction of proximal mm, 10' . Not performed today.
chair push ups for weight bearing, 10x.
trunk rotations for muscle inhibition, 4x.
balloon volley with LUE to proprioception, ball catch velcro, 10'.
wrist ranger, 1x . Not performed today.
lacing board to simulate lacing shoes, 6x.
tying shoelaces, 10'.
put on pillowcase and fold pillowcase, 2x.

Assessment

1. Contracture of joint of left hand (M24.542)
2. Closed head injury, subsequent encounter (S09.90XD)
3. Impaired sensation to light touch (R20.8)
4. Muscle hypertonicity (M62.89)

No signs of infection or skin issues with white bumps on skin, possibly due to humidity in orthotic. Pt able to use a pincer grasp to lace board and tie shoe laces today. Digits 3-5 tend to flex during functional tasks but with vc for deep breathing and volitional extension of digits, able to move out synergist patterns. Demo improving use of LUE during Bilateral functional tasks. Pt demo great effort and improving confidence to attempt functional tasks.
Patient response to treatment: functional use is improving as expected .

OrthoCarolina

Patient:	KYLE R BAGLEY	Encounter:	10/15/2019
MRN:	10997149	DOB:	11/03/1980

Progressing appropriately toward goals.
Patient with return demonstration/understanding of HEP.

Goals

Long Term Goals: 09/19/2019

1. Patient will utilize left hand to perform desired daily activities without difficulty or pain 90% of the time within 12 weeks.

Short Term Goals:

1. Pt will improve left hand ROM to open hand upon command 3/4 ROM to grasp objects of various sizes (tooth brush, cup, phone, etc) and hold in hand with enough force to use object functionally. 8 weeks

2. Pt will improve left grip strength to > 25# to grasp and lift laundry basket and push grocery cart. 6 weeks.

3. Pt will utilize various muscle inhibitory strategies, such as deep breathing, weight bearing to decrease pain and allow for voluntary functional movement of LUE. 8 week.

4. Pt will be independent with A/PROM, stretching and strengthening HEP. 4 weeks

5. Pt will report improved sensation with numbness or tingling <2/10 and with less than 50% frequency. 6 weeks.

6. Pt will report pain < 2/10 with activity. 6 weeks

7. Pt will improve Quick DASH FOS score to < 19% impairment. 12 weeks.

8.. Patient will be able to perform BUE functional tasks, such a put on a pillowcase, tie shoes, cut food, open a bottle, with minimal to no assistance. 8 weeks.

9. Pt will be demo no joint contractures on LUE and report good compliance of orthotic use. 8 weeks.

PlanContinue POC 1-2 time(s) per week for 8 week(s) plan to progress with NMR, assess oculo-motor/visual perceptual, functional tasks.
Increase ROM, strength and functional activities as tolerated.

Signatures

Electronically signed by : Teresa Mintz, MS,OTR/L|CHT; Oct 15 2019 5:20PM EST

Doris Páez, PHD, NCSP
Dr. Joseph Boland & Associates
1024 Wildewood Centre Drive, Suite A
Columbia, South Carolina 29229
(803) 393-9939 I jboland789@att.netI

NEUROPSYCHOLOGICAL EVALUATION REPORT

Name: Kyle Bagley	Gender: Male
Date of Testing: 12/13/2020	DOB: 11/3/1980
Date of Report: 1/7/2020	Age: 39
Psychologist: Doris Paez, PHD, NCSP	Credentials: South Carolina Psychologist License #773 Nationally Certified School Psychologist #24838

Reason for Evaluation:

1. Psychological evaluation to identify the nature and extent of any neurocognitive deficits post a work accident and medical treatment.
2. Assist in determining medical, rehabilitative or disposition needs.

Procedures:

- Records Review – Medical records provided by Lewis Law Firm
- Observations
- Clinical Interview
- Mental Status Examination
- Wechsler Adult Intelligence Scale, Fifth Edition (WAIS-V) – Standard and Extended Subtests
- Stroop Test (Stroop)
- Trail Making Test (Trails) [non-timed due to manual dexterity issues]
- Wide Range Assessment Memory and Learning, Second Edition (WRAML 2) – Select Subtests
- Minnesota Multiphasic Personality Inventory-Second Edition, RIF (MMPI-2)
- Personality Assessment Inventory (PAI)
- Structured Inventory of Malingered Symptomatology (SIMS)
- Conner's Adult ADHD Rating Scales (CAARS)-Observer Long Version; Informant: Mother
- Conner's Adult ADHD Rating Scales (CAARS)-Observer Long Version; Informant: Wife

Informed Consent: Potential risks and benefits, limits of confidentiality, and test procedures were discussed. Following this discussion, the patient agreed to complete the evaluation.

BACKGROUND INFORMARTION

Family Psychiatric History:

- Anxiety disorder by patient report during evaluation and in the primary care medical record in 2014 listed as Unspecified Anxiety which had was associated with fatigue, diminished activity and "trouble at work" according to the medical record.

- Not aware of family members with mood disorders; some family members with attention/concentration and academic/learning difficulties.

Medical Conditions & History:

- Back pain, difficulty walking and hand feeling difficulties.
- Leg surgery with steel inserted into left leg in 2001.
- Tonsilectomy.
- Vitamin D deficiency.
- Unspecified anxiety disorder.
- Depressive disorder.
- Hydrocele.
- Drug withdrawal associated from psychotropic medications that were medically managed.
- Received physical therapy.
- Fall at work on 6/14/2019 after he was knocked back from a bale of fiber at his work.
- Diagnosis as of 7/11/2019 is Cervio-occipital neuralgia and strain on neck muscle.
- Nerve block surgery.
- Sleep difficulties.
- Post the accident first presented to the ER on 6/17/2019 with acute pain that radiated from posterior cervical, thoracic and lumbar areas.
    - Discharged to home after that visit
    - No pain of this nature prior to the work related accident.
    - Normal findings for motor, sensation, gait and reflexes.

Current Medications: Multiple medications for pain management and management of anxiety and depression symptoms. The latter have been prescribed since before the June 2019 work-related accident.

Substance Use:

- Denies illegal substance use; some use in adolescence/young adult hood.
- Drug withdrawal note in the medical record.
- Smoker in the past.
- Occasional alcohol in the past; denies currently.

Family History:

- Father of five children.
- Two marriages.
- Currently married and views spouse as excellent source of support.
- Takes care of minor household chores as he cans while his wife works.
- Close to his mother as well and she is a source of support at this time.

Educational / Occupational History:

- Welder at Sunfiber.

Legal History: Open case (workmen's compensation claim) with the Lewis Law Firm in Rock Hill, South Carolina

Safety Issues

During the initial intake interview, suicide ideation was explored and he was not found to be at risk for suicide.

BEHAVIORAL OBSERVATIONS AND MENTAL STATUS EXAM

The patient arrived on time and was accompanied by his wife and mother. The evaluation was conducted over the course of one day with one break for lunch (start time 9:00 PM, lunch break 11-12 AM, end time 2:56 PM). He was casually dressed and groomed, alert, oriented, and interactive throughout the evaluation. The following are significant observations:

- Rapport was easily established.
- His demeanor was friendly and cooperative, and he was open to examination and comfortable throughout the evaluation process. However, fatigue toward the end of the evaluation was noted.
- Language functions were grossly intact for expressive and receptive modalities.
- Thought processes were clear and goal-directed with content of thought appropriate to the situation.
- Mood varied with a an affective range from normal to labile. The patient cried spontaneously when recounting some of the difficulties experienced post his work accident and his physical pain. However, he also attempted to be optimistic and make positive statements. He thanked the psychologist several times for the evaluation. He also at one point spontaneously and unexpectedly hugged the psychologist in gratitude.
- Observation of upper extremity motor behavior revealed obvious difficulty or asymmetry. However, some moderate limping noted and the patient report having some balance issues and used a walking cane. He also had a shoulder to hand splint making mobility of his left hand very limited. Testing accommodations for this hand were made.
- No obvious auditory or visual difficulties noted that would impact test administration.
- Cooperation and motivation were appropriate.
- Insight, awareness, and judgment were appropriate.

Mental Status Exam

General Appearance:	Appropriate
Dress:	Appropriate
Motor Activity:	
Insight:	Fair
Judgment:	Fair
Affect:	Flat
Mood:	Depressed
Orientation:	X3: Oriented to Person, Place, and Time
Memory:	Intact
Attention and Calculation:	Good
Thought Content:	Appropriate
Perception:	Unremarkable
Flow of Thought:	Unremarkable
Interview Behavior:	Appropriate
Speech:	Normal

In light of these observations, the test results are felt to be valid estimations of his current functioning.

TEST RESULTS

The following are the scores obtained on standardized measures:

Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-V)

INDEX/Subtests Description	*STANDADARD SCORE (Score Range)*	*Classification*
VERBAL COMPREHENSION INDEX This index reflects an individual's ability to understand, use and think with spoken language. It also demonstrates the breadth and depth of knowledge acquired from one's environment. It measures the retrieval from long-term memory of such information.	*89 (84-96)*	*Low Average*
PERCEPTUAL REASONING INDEX This index reflects an individual's ability to accurately interpret, organize and think with visual information. It measures nonverbal reasoning skills and taps into thinking that is more fluid and requires visual perceptual abilities.	*84 (84-96)*	*Low Average - Average*
WORKING MEMORY INDEX This index reflects an individual's ability to take in and hold information in immediate awareness and then perform a mental operation on that information. It also measures the mental manipulation of number operations.	*92 (88-96)*	*Low Average - Average*
PROCESSING SPEED INDEX This index reflects an individual's ability to process simple or routine visual information quickly and efficiently. It measures visual and motor speed.	*104 (97-112)*	*Average – High Average*
FULL SCALE (INTELLIGENCE QUOTIENT)	89 (88-96)	Low Average-Average

Substest Analysis

Below Average Skill Areas

■ abstract thinking skill
■ concept formation skills
■ verbal reasoning
■ auditory recall
■ short term memory
■ working memory for verbal information

Average Skill Areas

■ language development
■ expressive language skills
■ cultural and educational experiences
■ ability to use words appropriately
■ retrieval of language - related information from long-term memory
■ ability to learn and recall facts
■ intellectual curiosity
■ quality of education
■ alertness to the environment

■ retrieval of information from long-term memory
■ calculation skills
■ problem-solving skills
■ mental manipulation of number operations
■ working memory with numbers
■ processing speed
■ working memory with visual stimuli
■ non-verbal reasoning skills
■ broad visual intelligence
■ perceptual organization skills
■ thinking with visual patterns ■ fluid reasoning skills

Wide Range Assessment Memory and Learning, Second Edition (WRAML 2) – Select Subtests

Design Memory (ability to draw from memory abstract designs)

Immediate – below average

Delayed – below average

Verbal Learning (ability to learn long lists of words with several trials)

Immediate – below average

Delayed – below average

Conner's Adult ADHD Rating Scales (CAARS)-Observer Long Version; Informants: Mother and Wife

Scale	T-Score Mother	T-Score Wife
Inattention/Memory Problems	44	52
Hyperactivity/Restlessness	40	37
Impulsivity/Emotional Lability	55	48
Problems with Self Control	62*	58
Comments	*At-Risk for self-control issues as they related to inhibition difficulties (e.g., blurting out thoughts) and insecurities.	No Clinically Significant Scores

Trail Making Test (Trails) – modified administration

Speed was not factored due to limitations of mobility. His overall performance was not suggestive of difficulty with visual-motor planning.

Stroop Color and Word Test (SCWT)

Mild difficulty inhibiting cognitive interference that occurs when the processing of a specific stimulus feature impedes the simultaneous processing of a second stimulus attribute.

Minnesota Multiphasic Personality Inventory-Second Edition, RIF (MMPI-2)
Clinical symptoms, personality characteristics, and behavioral tendencies are described below. Statements containing the word "reports" are based on item content of the MMPI-2 RF scales, whereas statements that include the word "likely" are based on empirical correlates of scale scores.

Somatic/Cognitive Dysfunction
The patient reported multiple somatic complaints including head pain and vague neurological complaints. He is likely to be prone to developing physical symptoms in response to stress. He also reports experiencing poor health and feeling weak or tired. He is indeed likely to be preoccupied with poor health and to complain of sleep disturbance, fatigue, and sexual dysfunction.

Emotional Dysfunction
The patient reported self-doubt and is likely to be prone to rumination, to feel insecure and inferior, and to be self-disparaging and intropunitive.

Thought Dysfunction
There are no indications of disordered thinking.

Personality Assessment Inventory (PAI)
Elevated scales of the PAI suggest the following about the patient:

- No distress that would lead to self-harm.
- Concerns regarding physical functioning and health matters in general.
- Concerns regarding particular problems with frequent occurrences of various minor symptoms (e.g., headaches and pain) and has vague complaints of ill health and fatigue.
- Physical symptoms are often accompanied by some depression and anxiety.
- Mild/transient depressive symptomatology.
- No psychosis or thought disorders.
- Reported no significant problems with alcohol or substance use; however, should be monitored in light of medications and pain management.
- Reasonably stable and positive self-evaluation, but may have occasional periods of self-doubt or pessimism.
- Assertiveness, friendliness and concerns for typical for that of adults his age.

Structured Inventory of Malingered Symptomatology (SIMS)
Neurologic Impairment = 7 (clinically significant -indicative of current physical symptoms)
Affective Disorder = 6 (clinically significant – indicative of mild depressive symptoms)
Psychosis = 0 (not significant)
Low Intelligence = 1 (not significant)
Amnestic Disorder = 2 (not significant)
Total = 14 (not likely to be faking symptoms)

Wide Range Achievement Test, Fourth Edition (WRAT 4)
Word Reading Standard Score = 79 (below average)
Spelling Standard Score = 66 (deficient)
Math Computation Standard Score = 94 (average)

ANALYSIS

The results from the current evaluation suggest the following about Mr. Bagley:

Intellectual functioning

- Overall intellectual ability within the low average-average range which appears to be consistent with pre-morbid ability based on historical accounts of school/academic or learning pattern.
- Overall verbal comprehension, perceptual reasoning, working memory, and processing speed are within normal or average limits for his age and education.
- Learning, short-term memory, working memory, and processing speed are relatively better for visual stimuli than for verbal stimuli.

Language

- Low average – average language receptive and expressive language abilities.
- Deficient written expression skills.

Memory

- Memory functions overall within low average to average range.
- Working memory intact with minor difficulties in working memory for verbal information that is not accompanied by visual information.
- Provided a detailed and sequentially consistent verbal description of the incidents surrounding his work-related accident and follow-up medical interventions. Accurate on time lines when compared to information in the medical record.

Attention/Concentration

- Attention and concentration within normal limits for age.

Problem-Solving and Executive Functioning

- Planning and novel problem-solving ability within the average range for age.
- Mild inhibition control difficulties with occasional verbal outbursts (per mother report) or as a result of becoming emotionally overwhelmed.

Visual Spatial Abilities

- Visual spatial skills within the average range.
- No obvious spatial neglect.

Moto/Sensory Functioning

- Reported difficulties with motor and sensation in his left hand.
- Gross tactile sensation was intact.
- No obvious visual or auditory difficulties were encountered.
- Average fine motor skills (ability to copy, move across writing planes).
- Mild-moderate balance difficulties noted and used a cane.

Emotional/Personality Functioning

- Personality assessment was completed via observations and activities during sessions. In addition, the administration of two personality objective measures was conducted. The resultant profile is reflective of endorsement of depressive symptomatology along with mild anxiety. Mr. Bagley views himself

relatively positively, but at times he becomes depressed because he is struggling with withdrawing from previous roles and ongoing frustrations. He has a history of difficulty managing stress.

SUMMARY, IMPRESSIONS & RECOMMENDATIONS

This 39-year-old, single, Caucasian, male participated in a neuropsychological evaluation to identify the nature and extent of any neurocognitive deficits post a work-related accident and extensive medical treatment. In addition, the evaluation was requested to identify any further rehabilitation and disposition needs.

Test results and history are reflective of probable average premorbid intellectual abilities. Relative to this premorbid estimation, the test results did not reveal significant difficulties in cognitive processing with the exception of mild difficulties in regulating inhibitory control. Mild and transient depression and anxiety symptoms were also noted. To some degree the mild depression is related to his ongoing physical symptoms/pain management and accepting changes in his identity or life roles post the accident. The mild anxiety has been historically related to work and personal stress.

Diagnostic Impressions:

While a previous diagnosis of unspecified anxiety and depression was noted, objective information or a psychological evaluation was not presented in the record to confirm a more significant mood or anxiety disorder. Based on multiple sources of test information and observations, at this time a neurocognitive disorder is not indicated and the best diagnosis is Adjustment Disorder with depressive mood and anxiety, chronic (more than 6 months) and with a history of stress-related anxiety.

Recommendations:

Based on the current results, the following are recommended:

1. The results of this evaluation should be reviewed by Mr. Bagley's physicians to determine if additional medical interventions, including medication changes are warranted to address his mood and anxiety.

2. Psychotherapy is highly recommended to address current adjustment issues as well as historical difficulties managing work and personal stress. Mr. Bagley would be an excellent candidate for individual cognitive behavioral therapy that would focus on providing emotional support, addressing his thoughts that lead to depressive symptoms, assisting with his "new normal" routine and identity, and teach stress-management and coping skills to deal with stressful events associated with physical recovery. Family therapy is also recommended as his emotional and physical state now affect his wife and children.

3. Monitoring of his inhibitory control, particularly as it relates to emotions or when quick responses are needed is recommended. His profile also puts him at risk for alcohol or substance abuse and should be monitored closely for these.

Please feel free to contact me via email at drdorispaez@gmail.com or by telephone at (803) 393-9939, should you require additional information.

Doris Páez, PHD
SC Psychologist License #773
NCSP #24838

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CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 28277-3383
Phone: (704)831-4300

Patient ID:	000000--584114		
Patient:	Kyle Bagley	Date of Birth:	11/03/1980
Visit Type:	Consult	Date	08/22/2019 10:45 AM
Provider:	S Taylor Jarrell MD		
Historian:	self		

This 38 year old male presents for neck pain.

HISTORY OF PRESENT ILLNESS:

1. neck pain
   I have seen Kyle Bagley in the office today at the request of Dr. Plyler . He has a 38 year old gentleman involved in a work accident June 14th of this year. He apparently was hit on the head by a 700 lb rule which knocked him back. His primary complaint is back and neck pain. He feels some headache and pain on the top of his head as well. He has some limitation in movement in the left shoulder and arm and is seeing physical therapy for his injuries. He apparently is filed under worker's Comp. He does have normal strength and reflexes, but has some limitation in the left upper extremity for some reason. Apparently he has had x rays which were negative, but I do not think he has been seen by Orthopedics.

PAST MEDICAL/SURGICAL HISTORY: (Detailed)

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 08/22/2019, which I have signed

Family History:

(Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
				Family history of Asthma		N
				Family history of Cancer, unknown		N

Family history of Migraine	N
Family history of Myocardial infarction	N
Family history of Hypertension	N
Family history of Diabetes mellitus	N
Family history of Stroke	N

Social History: (Detailed)
Tobacco use reviewed.
Preferred language is English.
Smoking status: Current every day smoker.

SMOKING STATUS

Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
	Current every day smoker			

TOBACCO CESSATION INFORMATION

Date	Counseled By	Order	Status	Description	Code	Tobacco Cessation Information
08/22/2019	Krista Rives CNA	Tobacco cessation counseling	completed			Smoking cessation education

MEDICATIONS: *(added, continued or stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
08/22/2019	cyclobenzaprine 10 mg tablet	take 1 tablet by ORAL route 3 times every day as needed		

ALLERGIES:

Ingredient	Reaction	Medication Name	Comment
NKDA			

Reviewed, updated.

PHYSICAL EXAM:

Vitals

Date	Temp F	BP	Pulse	Ht In	Wt Lb	BMI	BSA	Pain Score
08/22/2019		129/106	115	73	131	17.28		10/10

PHYSICAL EXAM Details

General

Level of Distress: no acute distress
Overall Appearance: Normal

Respiratory

Lungs: normal

Neurological

Orientation:	normal
Recent and Remote Memory:	normal
Attention Span and Concentration:	normal
Language	normal
Fund of Knowledge:	normal

	Right	Left
Sensation:	normal	normal
Upper Extremity Coordination:	normal	normal
Lower Extremity Coordination:	normal	normal

Musculoskeletal

Gait and Station: normal

	Right	Left
Upper Extremity Muscle Strength:	normal	normal
Lower Extremity Muscle Strength	normal	normal
Upper Extremity Muscle Tone:	normal	normal
Lower Extremity Muscle Tone:	normal	normal

Motor Strength

Upper and lower extremity motor strength was tested in the clinically pertinent muscles

Deep Tendon Reflexes

	Right	Left
Biceps:	normal	normal
Triceps:	normal	normal
Brachioradialis:	normal	normal
Patellar:	normal	normal
Achilles:	normal	normal

Sensory

Sensation was tested at C2 to S1

Cranial Nerves

II. Optic Nerve/Visual Fields:	normal
III. Oculomotor:	normal
IV. Trochlear:	normal
V. Trigeminal	normal
VI. Abducens:	normal
VII Facial:	normal
VIII. Acoustic/Vestibular:	normal
IX. Glossopharyngeal:	normal
X. Vagus:	normal
XI. Spinal Accessory:	normal
XII. Hypoglossal:	normal

Motor and other Tests

	Right	Left
Spurlings	negative	negative
Hoffman's:	absent	absent
Clonus:	absent	absent
SLR:	negative	negative
Tinels Elbow	negative	negative
Tinels Wrist:	negative	negative
SI Joint	nontender	nontender
Tandem Gait:	normal	normal
Phalen:	negative	negative

DIAGNOSTIC RESULTS:

He has MRIs of his cervical, thoracic, and lumbar spines which are all essentially normal.

IMPRESSION:

Headache, neck pain and back pain.

PLAN:

His MRIs are all essentially normal. He has previously seen a neurosurgeon who told him that he does not need any surgery which I would agree with. He hasn't had his head evaluated, so I have ordered a head CT and will see him back in follow-up. If that is negative then he may benefit from referral to pain management or orthopedics about the left shoulder and arm. At this point no surgical lesions.

Orders:

Diagnostic Procedures:

Assessment	Procedure
S09.90XA	CT Head/Brain W/o Contrast

Instruction(s)/Education:

Assessment	Instruction
	Tobacco cessation counseling
R03.0	Giving encouragement to exercise

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
Giving encouragement to exercise	Encouraged patient to follow up with primary care doctor if blood pressure remains elevated.						
Tobacco cessation counseling							

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Traumatic injury of head, initial encounter (S09.90XA).
2.	Assessment	Elevated blood pressure reading, w/o diagnosis of htn (R03.0).
	Plan Orders	Today's instructions / counseling include(s) Giving encouragement to exercise. Clinical information/comments: Encouraged patient to follow up with primary care doctor if blood pressure remains elevated.

Diagnostic History Entered Today

Performed	Study	Interpretation	Result
07/03/2019	MRI Spine/thor W/o Contrast	on stentor	See scanned report.
07/03/2019	MRI Spine/lumb W/o Contrast	on stentor	See scanned report.
07/03/2019	MRI Spinal/cerv W/o Contrast	on stentor	See scanned report.

Pain Management Plan

Pain Scale: 10/10.
Method: Numeric Pain Intensity Scale.
Location: Neck, (L) arm, back, (L) leg.
Onset: 06/14/2019.
Duration: varies.
Quality: discomforting.
Pain management follow-up plan of care: use ice or heat as tolerated.

Provider: S Taylor Jarrell MD 08/22/2019 11:25 AM
Dictation edited by: Heather Curtis

CC Providers.
Drewid Poulos
Lowry's Family Medicine
517 Doctors Ct
Chester, SC 29706-8644

Electronically signed by S Taylor Jarrell MD on 09/05/2019 01:00 PM

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place Suite 100
Charlotte, NC 282773383
Phone: (704)831-4300
Fax: (704)831-4301

August 22, 2019

RE: Kyle Bagley
DOB: 11/03/1980
MRN 000000-584114

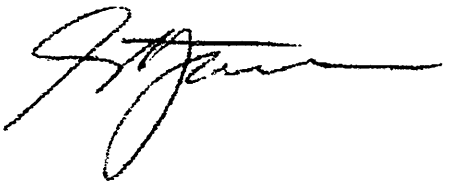
To Whom It May Concern.

Kyle Bagley is currently under my care.
The patient is unable to return to work at this time

Return to work status will be reevaluated at next appointment on: 09/05/2019

If you have any further questions, please do not hesitate to contact our office.

Sincerely,



Taylor Jarrell MD 08/22/2019

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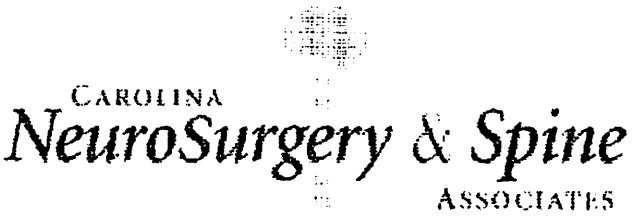


14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 28277-3383
Phone: (704)831-4300

Date: August 22, 2019

To: Scheduling-Piedmont Medical Center
Phone: (803)329-6878
Fax: (803)329-6812

From: Heather Curtis

Patient Name: Kyle Bagley
DOB: 11/03/1980
MRN: 000000-584114

Date and Time of Study: 08/29/2019 at 11:15 AM

Scheduled For:

1. CT Head/Brain W/o Contrast
   Traumatic injury of head, initial encounter S09.90XA
   Comments: **Please push images to Stentor

Ordered by:

S Taylor Jarrell MD 08/22/2019

Piedmont Medical Center
222 S. Herlong Avenue Rock Hill, SC 29732-1158
Diagnostic Imaging Department

Patient Name:	**BAGLEY, KYLE R**	**Encounter Type:**	2 - Outpatient
DOB/Age/Sex:	11/3/1980 38 years Male	**Date of Service:**	8/29/2019
MRN:	882437	**Location:**	PMC-YIC
Acct #:	111817847		

Computed Tomography

Accession #:	Exam Date/Time	Procedure:	Ordering Provider:
373-CT-19-032000	8/29/2019 11:29 EDT	CT Head or Brain w/o Contrast	JARRELL MD STUART T

Addendum

Addendum:

The indication should read head injury 6/14/2019, not 1990.

Workstation Hostname: PMCDSKRAD008

Transcribed using Powerscribe voice dictation software

Final Report
Dictated: 08/29/2019 12:30 pm Dictated By: LEONARD MD, BRUCE A
Electronic Signature: 08/29/2019 12:30 pm Signed By: LEONARD MD, BRUCE A

Transcribed: 08/29/2019 12:30 pm

Report

CT Head or Brain W/O Contrast

INDICATION:Head injury 6/14/1990 with gait disturbance and lethargy, postconcussion syndrome

TECHNIQUE: Contiguous unenhanced 2.5 mm axial images are reviewed.

CT scans at this location are performed using dose modulation techniques as appropriate to a performed exam including the following: Automated exposure control, adjustment of the MA and the and/or KVP according to patient size(this includes techniques or standardized protocols for targeted exams where dose is matched indication/reason for exam, i.e. extremities or head); use of iterative reconstruction technique. A CT department policy on dose reduction techniques by scanner

COMPARISON: No prior studies, comparison, or additional images available.

FINDINGS: No mass effect or midline shift. No extra-axial fluid collection. Ventricular system is of normal configuration. Normal gray-white differentiation. No focal parenchymal or subarachnoid hemorrhage.

IMPRESSION
1. Negative unenhanced head CT.
2. No mass lesion, hemorrhage or infarction

Workstation Hostname: PMCDSKRAD008

Transcribed using Powerscribe voice dictation software

Admitting:	JARRELL MD STUART T	Report Request ID:	176446092
Consulting:		Printed:	8/29/2019 12:12 CDT

Piedmont Medical Center
222 S. Herlong Avenue Rock Hill, SC 29732-1158
Diagnostic Imaging Department

Patient Name:	**BAGLEY, KYLE R**	**Encounter Type:**	2 - Outpatient
DOB/Age/Sex:	11/3/1980 38 years Male	**Date of Service:**	8/29/2019
MRN:	862437	**Location:**	PMC-YIC
Acct #:	111817847		

Computed Tomography

Accession #:	Exam Date/Time:	Procedure:	Ordering Provider:
373-CT-19-032000	8/29/2019 11:29 EDT	CT Head or Brain w/o Contrast	JARRELL MD,STUART T

Report

Final Report
Dictated: 08/29/2019 11:43 am Dictated By: LEONARD MD, BRUCE A
Electronic Signature: 08/29/2019 11:49 am Signed By: LEONARD MD, BRUCE A

Transcribed: 08/29/2019 11:43 am
Report last revised on 8/29/2019 12:30 EDT by LEONARD MD,BRUCE A

Admitting:	JARRELL MD,STUART T	Recor: Request ID	176446082
Consulting:		Printed:	8/29/2019 12:12 CDT

321Z3DH_0CLQ49JQH00177T - 9

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 28277-3383
Phone: (704)831-4300

Patient ID: 000000--584114
Patient: Kyle Bagley
Visit Type: Office Visit
Provider: S Taylor Jarrell MD
Historian: self

Date of Birth: 11/03/1980
Date: 09/05/2019 01:00 PM

This 38 year old male presents for back pain.

HISTORY OF PRESENT ILLNESS:

1. back pain
   I have seen Kyle Bagley in the office today in follow up with a head CT. He continues to have pain in the left shoulder and hand and foot. He has stiffness in his hand and has trouble extending his fingers. He has not seen an orthopedist.

Medical/Surgical/Interim History

Reviewed, no change.
Last detailed document date:08/22/2019.

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 08/22/2019, which I have signed.

Family History:

Reviewed, no changes. Last detailed document date:08/22/2019

Social History:

Reviewed, no changes. Last detailed document date: 08/22/2019.

MEDICATIONS: *(added, continued or stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
08/22/2019	cyclobenzaprine 10 mg tablet	take 1 tablet by ORAL route 3 times every day as needed		
09/05/2019	vitamins ORAL	take as directed		

ALLERGIES:

Ingredient	Reaction	Medication Name	Comment
NKDA			

Reviewed, no changes.

PHYSICAL EXAM:

Vitals

Date	Temp F	BP	Pulse	Ht In	Wt Lb	BMI	BSA	Pain Score
09/05/2019		127/99	115	70	130	18.65		10/10

DIAGNOSTIC RESULTS:

He has a head CT which is normal. Previous MRIs of his thoracic lumbar, and cervical spines were all essentially normal.

IMPRESSION:

Left upper extremity and left foot pain.

PLAN:

All of his neuro imaging is normal. I do not think he needs a neurosurgeon. I think he would probably benefit from a referral to Orthopedics. We will see him back on an as-needed basis, but I do not have anything to offer at this point.

Orders:

Diagnostic Procedures:

Assessment	Procedure
S09.90XA	CT Head/Brain W/o Contrast

Instruction(s)/Education:

Assessment	Instruction
	Tobacco cessation counseling
R03.0	Giving encouragement to exercise

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment	Region

		Date
Tobacco cessation counseling		
Giving encouragement to exercise	Encouraged patient to follow up with primary care doctor if blood pressure remains elevated.	

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Traumatic injury of head, initial encounter (S09.90XA).
2.	Assessment	Elevated blood-pressure reading, w/o diagnosis of htn (R03.0).
	Plan Orders	Today's instructions / counseling include(s) Giving encouragement to exercise. Clinical information/comments: Encouraged patient to follow up with primary care doctor if blood pressure remains elevated.

Diagnostic History Entered Today

Performed	Study	Interpretation	Result
08/29/2019	CT Head/Brain W/o Contrast	on stentor	See scanned report.

Pain Management Plan

Pain Scale: 10/10.
Method: Numeric Pain Intensity Scale.
Location: back, knee, (R) shoulder.
Onset: 06/14/2019.
Duration: varies.
Quality: discomforting.
Pain management follow-up plan of care: use ice or heat as tolerated.

Provider: S Taylor Jarrell MD 09/06/2019 11:29 AM
Dictation edited by: Heather Curtis

CC Providers
Drewid Poulos
Lowry's Family Medicine
517 Doctors Ct
Chester, SC 29706-8644

Electronically signed by S Taylor Jarrell MD on 09/12/2019 11:26 AM

321Z3DH_0CLQ49JQH00177T - 7

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place Suite 100
Charlotte, NC 282773383
Phone: (704)831-4300
Fax: (704)831-4301

September 6, 2019

RE: Kyle Bagley
DOB: 11/03/1980
MRN 000000-584114

To Whom it May Concern

Kyle Bagley is currently under my care.

The patient may return to work full time without restrictions, pending appointment with OrthoCarolina, date to be determined

Date of Return: 09/09/2019

If you have any further questions, please do not hesitate to contact our office.

Sincerely,

Taylor Jarrell MD 09/06/2019

[redacted]ay 21 2014 3:44PM HP LASERJET FAX p.1

11/3/1980

NEW PATIENT SHEET

Name: Kyle Bagley Date: 8/22/19 Room: 3

Acct.# 584114

History: 38 yo (W)B/H (M)/F R/L handed

Work status:

Referring MD: Tyler, PAC

Notes: (yes) no

RH BO

Injured at work 6/14/19 -
Neck ↓ (4 arm pain
LBP ↓ (4 leg pain.

went to Columbia - Dr. Brown -

Neck Pain	Yes	No
LBP	Yes	No
Arm pain	Yes	No
Leg pain	Yes	No
Numbness	Yes	No
Tingling	Yes	No
Work Injury	Yes	No
Balance	Yes	No
Button/tying	Yes	No
Bowel/Bladder	Yes	No
Pain Level		

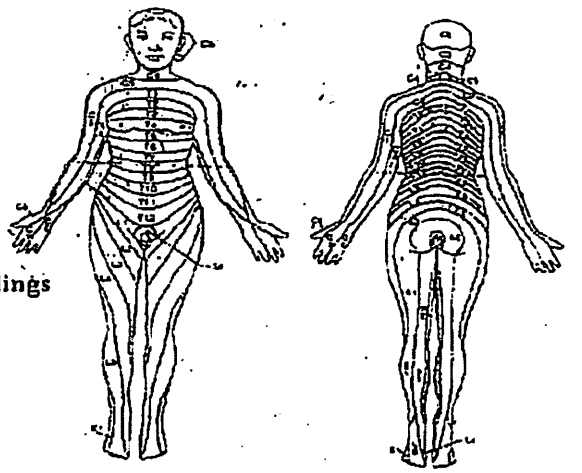
Treatment so far: (PT) ESI/NRB Pain Meds (Chiro)
(Muscle relaxers) NSAIDS Pain Clinic None

Exam: Ht: 5'9" Wt: 131 BP: 129/106 125

1. Appearance Speech/ Lang Mem R/R Att span/ Conc FOK Fundoscopic
2. A & O X 3 3. CN 2-12

4. Motor R / L R / L 5. DTR

Deltoid		HFlex
Biceps		KExt
Triceps		Kflex
Wrist Ext.		DF
Finger Est.		PF
Grip		



Toe Walk Toe Lift Hoffmans Spurlings
Heel Walk Tone/ Bulk Clonus SLR

6. Sensory/ Vibratory Light Touch Pinprick

Cerebellar
FTN
HTS
RAM

7. Pronator Drift
Rhomberg
Gait
Tandom Gait

8. Lungs Heart Neck Abdomen
Pulses: Radial DP PT Skin

Radiographs: (MRI) / CT / X-ray Date: 7/3/19 Loc: MUSC Report: (Y) N

Impression: Csp Lsp Tsp

Plan:

Surgery	Pain Clinic	ESI / NRB	PT	Neurology	F/U PRN
Back book	MRI	CT	CT/Myelo	Cervical Trx.	EMG / NCV

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

Authorization to Discuss Protected Health Information (PHI) SIGNED

Name Kyle Bagley Date of Birth 11/03/1980
(Please Print)

Carolina Neurosurgery & Spine Associates is authorized to discuss my protected health information (PHI) with the individual(s) I have indicated below:

(Choose one or all of the * options below)

	Last Name	First Name	DOB	Relationship	*Appointments		*Billing/ Financial		*Medical Record	
1.	Bagley	Jessica	4/25/84	Wife	Yes	No	Yes	No	Yes	No
2.					Yes	No	Yes	No	Yes	No
3.					Yes	No	Yes	No	Yes	No

*Appointments – confirm any appointment date, time and/or location, reason for visit, and authorization to schedule or cancel visits
*Billing/Financial - account balance, itemized statements, change billing information, make a payment, etc.
*Medical Record - includes but is not limited to appointment date and time, verbal disclosure of entire record set including information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), behavioral / mental health services, treatment for alcohol/ drug abuse and other conditions.

_____ I DO NOT give permission for my PHI to be discussed with anyone other than myself.

During emergent and/or extreme situations CNSA may not have access to this authorization, but will make all reasonable efforts to protect your PHI when discussing your care. Please allow up to 5 business days from the date of receipt by CNSA to update your PHI Disclosure information.

Rights of the Patient:

I understand that I have the right to revoke this authorization at any time and I have the right to inspect or copy the protected health information (PHI) to be disclosed in this document by sending written notification to CNSA. I understand that revocation is not effective in cases where the information has already been disclosed, but will be effective moving forward.

I understand that information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment is not conditional on this document.

I understand that requests for my PHI from any entity other than the individual(s) listed above may require the completion of a separate authorization form as required by Federal and/or State law or as a compliance policy of Carolina Neurosurgery & Spine Associates

This authorization shall be in force and effect until revoked by the patient or representative signing the authorization.

Kyle Bagley — Aug 21
Patient / Authorized Representative Signature — Date

Printed name of Authorized Representative Kyle Bagley - Witness Present

225 Baldwin Ave
Charlotte NC 28204
Phone 704-376-1405
Fax 704-335-8448

14135 Ballantyne Corp
Pl. Suite 100
Charlotte, NC 28277
Phone 704-831-1330
Fax 704-831-4301

110 Lake Concord Rd.,
NE Concord, NC 28025
Phone 704-792-2622
Fax 704-792-2674

9735 Kincey Ave
Suite 320
Huntersville, NC 28078
Phone 704-831-4100
Fax 704-831-4105

175 Amendment Ave
Rock Hill, SC 29732
Phone 803 325-1618
Fax 803-980-2413

1130 N. Church St. 200
Greensboro, NC 27401
Phone 336 272-4578
Fax 336 272-5731

Carolina Neurosurgery and Spine Associates
NEW PATIENT REFERRAL FORM
ROCK HILL LOCATION

Fax to: 803-980-8418
Phone: 803-325-1618

Please include the following information:
Copy of insurance cards (s), Physical Therapy Note(s), Radiology Report(s), most recent office notes and Medication List
Physician requested: _____
Referral Information
Diagnosis/Symptoms: Cervical, Lumbar, Thoracic pain
Mark any recent imaging /diagnostic test(s) as indicated below:
MRI ✓ CT ____ EMG ____ X-rays ____ ESI ____ US ____ PT ____

In order to prevent appointment reschedules, patients must bring ALL studies and their reports marked above unless performed at CMC, Presbyterian, PMC, and CMC-NE.

Referring MD: Drew A. Paulos PA Contact: Margarita
Telephone Number: 581-2800 Fax number: 581-5019

Patient Information
Patient's Name: Kyle (First) P. (Middle Initial) Bagley (Last) DOB 11-3-80
E-mail address: _____
Address: 1025 Lancaster Hwy Apt 223 (Street) Chester (City) SC (State) 29706 (Zip)
Telephone Number: 803 374-2834 (Home:) _____ (Cell:) _____ (Other:)

Insurance
Is this a work related injury? (Yes) / No
If so, date of injury: _____ Adjuster/Case Manager: _____ Ph. # _____
Primary BCBS ID# 2CY402280420 Group# 38
Address: _____
Policyholder: _____ Date of Birth: _____

Secondary _____ ID# _____ Group# _____
Address: _____
Policyholder: _____ DOB: _____

CNSA Office Use Only
Scheduled with _____ Date _____ Time _____
Physician _____ Scheduler _____ Date: _____
PLEASE CONTACT YOUR PATIENT WITH THE APPOINTMENT INFO and WE WILL MAIL THEM A NEW PATIENT PACKET. THANK YOU FOR YOUR REFERRAL.

FROM:CRMCSC-LFM Referrals TO:18039808418 07/16/2019 12:19:22 #801 P.001/011

321Z3DH_0CLQ49JQH00177T - 33

NeuroSurgery & Spine

PATIENT REGISTRATION

Physician: Turner II
Date: Aug 22 v MFW
Account #: 505114

Do you have a detailed message on voicemail? Yes No

Name: Bagley Kyle Ray 8033742854 8033796064
Last First MI Primary Phone Secondary Phone

628 Lancaster Hwy App 223 Chester SC 29706
Address City State Zip Code

Email Address: Kyle.Bagley.1018@gmail.com Do you live alone? Yes No Birthdate: 11/3/80 Age: 35

Sex: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race: American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander
Asian White Unknown Other

Occupation: Warehouse Employer: Smurfit LLC Length of employment: 4½ yrs

Business Address: Truck rte Rainbow SC

Name of Spouse, Parents, Significant Other: Jessica Bagley

Referring Physician

Phone:

Primary Care Physician

Dr. Kyle
Lowry family medicine
Dr Will Plyler

Phone:

Which is your preferred hospital if a procedure is required? ?

CURRENT CHIEF COMPLAINT: Thoracic Lowback Left shoulder pain

When did your pain start? June 14 Date of injury: June 14 How did symptoms start? 250 lb bar in the backyard ... pulled head

Pain began: ✓ Suddenly ✓ Gradually ✓ Chronic Related to: ✓ Job Accident Unsure Other

CURRENT MEDICAL PROBLEMS (Check all that apply)

AIDS / HIV	Diabetes – Type I or Type II	Irregular Heartbeat	Seizures
Arthritis / Gout	Depression	Liver or Kidney Problems	Stroke
Asthma	Emphysema / COPD	Neuropathy	Thyroid Disease
Bleeding Condition	Glaucoma	Osteoporosis	Ulcers or Pleurisy
Blood clots / DVT	Heart Disease or Heart Attack	Pacemaker or heart valve	Other
Cancer (Type/Location)	High Blood Pressure	Pancreatitis	

321Z3DH_0CLQ49JQH00177T - 34

MEDICAL HISTORY:

List Surgeries (include dates)

1
2
3
4

Medications you are currently taking

1
2
3
4
5
6
7
8

Other Illnesses requiring hospitalizations (include dates)

1
2
3
4
5
6
7

Medication Allergies: Yes / No — If yes, please list

1
2
3

Are you allergic to ADHESIVE TAPE? Yes / No
Are you allergic to LATEX? Yes / No
Are you allergic to [illegible]? Yes / No
Are you allergic to [illegible]? Yes / No

Pharmacy Name: Pharmacy Bill

Phone:

May we have consent to access your medication history? / Yes No

REVIEW OF SYSTEMS: Please check YES or NO if you have had these in the last 6 months

		Y	N		Y	N		Y	N
Constitutional	Recurrent fevers			Fatigue	/		Weight loss / gain	/	
Skin	Rash			Ulceration			Excessive dryness		
Hematologic	Bruising	/		Easy bleeding			Swollen glands		
Endocrine	Tremors	/		Hair loss			Generalized weakness	/	
Eyes	Blurry			Dry eyes			Excess tearing		
ENT	Ringing ears			Bloody noses			Trouble swallowing		
Cardiac	Chest pain			Racing heart			Leg swelling	/	
Respiratory	Coughing	/		Congestion			Short of breath		
GI	Tarry stools			Bloody stools			Abdominal pain	/	
Urinary	Frequency	/		Blood urine			Burning	/	
Allergies / Immun	Asthma			Hives			Hay fever		
Musculoskeletal	Muscle pain	/		Joint pain	/		Joint swelling	/	
Neurological	Dizziness	/		Facial pain			Headaches	/	
Psychiatric	Depression			Anxiety	/		Mood Swing	/	

321Z3DH_0CLQ49JQH00177T - 35

Physician: Dr Ryle Date: Aug 22

Int: Account #

IMMEDIATE FAMILY HISTORY:

Do you live with your spouse? ✓ Yes No Do you have children? Yes No If so, list below

CHILDREN	AGE	HEALTH	PROBLEM
Madison	17	✓ Good	
Kaleb	13	✓ Good	
Katelynn	14	✓ Good	
		Good	
		Good	

Do any blood relatives have the following major health problems? If yes, Who?

AIDS	✓ Diabetes Gr - DAD	✓ Migraine headaches Mother
Aneurysm - Brain	Epilepsy	✓ Neurofibromatosis Aunt
✓ Asthma Brother	Heart Attack GF DAD	Polycystic kidney
Bladder disease	Heart problem GF DAD	Psychological disorder
Blood vessel disease	High blood pressure GF DAD	Spina bifida
✓ Cancer Grandparents	Lung disease	✓ Stroke GF DAD
Type	Type	Other
✓ Degenerative disc disease Grandfather		

Are there any hereditary diseases in your family that you are aware of? Yes ✓ No If yes, please list:

SOCIAL HISTORY:

Marital Status: ✓ Married Separated Divorced Single Widowed

Tobacco Use: None ✓ Smoke 1 pack per day 12 years smoked Chewing Tobacco Snuff Cigars

Did you ever smoke? Yes No If yes, when did you quit?

Alcohol use None ✓ Occasional Social Daily

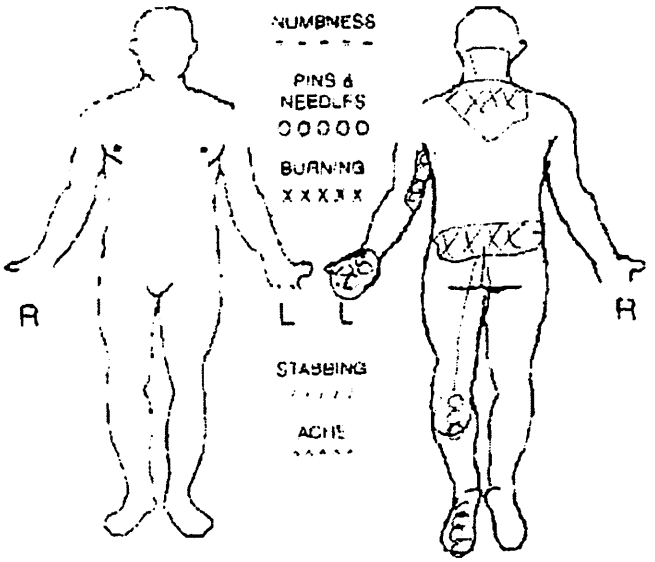
Are you pregnant? Yes ✓ No Is it possible that you could be pregnant?

Height: 6'1 Weight 131 One year ago? 160 Maximum weight? When? 2018

Hand Preference: ✓ Right Left

FOR SPINE PATIENTS ONLY — WHERE IS YOUR PAIN NOW:

Mark all that apply



	worse	better
Walking		
Standing		
Sitting		
Lying down		
Bending		
Bowel Movement		
Driving		
Coughing / Sneezing		
Rising from sitting		
Home Remedy		

VISUAL ANALOG SCALE
Please indicate on the scale below your level of pain with "0" being the worst. Use an "X" to indicate your most severe pain and use an "O" to indicate your average amount of pain.

RATE YOUR PAIN

None 0 1 2 3 4 5 6 7 8 9 (10) Worst

Pain in arm, leg, or buttock compared to back pain: More than / X / Same as / Less than

Is there weakness of your arms / legs? X Yes No

How long can you sit with normal pain? [illegible] How long can you stand with normal pain? [illegible]

How far can you walk with normal pain? [illegible]

Have you had trouble controlling your bowels or bladder? Yes X No If yes, is this a new problem? Yes No

In the past twelve months, have you had Physical Therapy, Chiropractic, Medications, Steroid Injections or imaging studies for your pain?

X Yes No If yes, please circle below and indicate last date of treatment

Date Treatment		Date Treatment		Date Treatment	
X MD		Epidural		Facet Injection	
X PT	Jan 17	Discogram		X Physical Therapy	Still Going
Medication		EMG/NCS		Chiropractic	
X X-Ray		Lumbar		Traction - Decompression	
Bone Scan		X Spinal Injections		Exercise Program	
Describe List		Date of Injection	Bilateral L4-5 L5-S1	Describe List	
Other: Ultrasound				Other: L-back leg	

The above information is accurate and complete to the best of my knowledge and is only for use in my treatment, billing, and processing of insurance for benefits for which I am entitled. I will not hold my physician or any member of his or her staff responsible for any errors or omissions that I may have made in the completion of this form.

Date Aug 22 Patient's Signature Kyle Bagley

Date Physician's Signature

ROA 583

321Z3DH_0CLQ49JQH00177T - 21

MUSC HEALTH Lancaster Imaging Center
1037 W. MEETING ST.
LANCASTER, SC 29720
803-313-3170

RADIOLOGY REPORT

Name: BAGLEY,KYLE
Phys: Bianco,Salvatore MD
DOB: 11/03/1980 Age: 38 Sex: M
Acct: I0001564200 Loc: N.IMC
Exam Date: 07/03/2019 Status: DSP CLI
Unit No: MU0001411

EXAM#	TYPE/EXAM	RESULT
3012C3070	IMC MRI/THORACIC SPINE IMC	

THORACIC SPINE IMC

INDICATION: (R00.1)(R-T00.7 -LOW BACK PAIN' NECK AND BACK PAIN;heavy obj. hit head;L side numb./UBE
COMPARISON: None

TECHNIQUE: Multiplanar, multisequence MR images of the thoracic spine.

FINDINGS:
Alignment: Within normal limits.
Vertebrae: No marrow signal abnormalities to suggest neoplasm.
Spinal cord: Normal signal and contour.
Paraspinal soft tissues: No edema or masses.
Degenerative changes:No significant central or foraminal stenosis.

IMPRESSION:
No MR abnormalities of the thoracic spine.

Electronically signed by: Cirillo, Robert
Signed on: 07/03/2019 10:35:12

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/03/2019 **
Reported by: ROBERT CIRILLO, MD

CC: Salvatore Bianco MD; Oswald Paul Poulos

Technologist: MICHELLE MCMAHAN, RT(R)(M)

Delivered Date/Time: 07/03/2019 (1037)
Transcriptionist: IS.PWASCRB
Printed Date/Time: 07/05/2019 (1115) Batch No: 185

PAGE 1 Signed Report Printed From PCI

FROM:CRMCSC-LFM Referrals TO:18039808418 07/16/2019 12:20:17 #801 P.005/011

MUSC HEALTH Lancaster Imaging Center
1037 W. MEETING ST
LANCASTER, SC 29720
803-910-5170

RADIOLOGY REPORT

Name: BAGLEY,KYLE
Phys: Bianco,Salvatore MD
DOB: 11/03/1980 Age: 39 Sex: M
Acct: IC00164250 Loc: M.IMC
Exam Date: 07/03/2019 Status: DFR CLI
Unit No: MU00631411

EXAM TYPE/EXAM RESULT
001203072 IMC MRI/CERVICAL SPINE W/O

CERVICAL SPINE IMC

.
INDICATION: (803)366-7007 -LOW BACK PAIN NECK AND BACK PAIN;heavy obj.hit head;L hand drawn/numb.
COMPARISON: None
.
TECHNIQUE: Multiplanar, multisequence MR images of the cervical spine.

.
FINDINGS: Motion degrades quality.
Alignment: Within normal limits.
Vertebrae: No marrow signal abnormalities to suggest neoplasm.
Spinal cord: Normal signal. Normal contour.
Craniocervical junction: No significant focal abnormality.
.
Degenerative changes:
C1-C2: No significant central stenosis. No significant foraminal stenosis.
C2-C3: No significant central stenosis. No significant foraminal stenosis.
C3-C4: No significant central stenosis. No significant foraminal stenosis.
C4-C5: No significant central stenosis. No significant foraminal stenosis.
C5-C6: No significant central stenosis. is mild left-sided neural foraminal encroachment due to disc osteophyte complex.
C6-C7: No significant central stenosis. there is mild left-sided neural foraminal encroachment due to disc osteophyte complex.
C7-T1: No significant central stenosis. No significant foraminal stenosis.
.
Upper thoracic spine: No significant focal abnormality.
.

IMPRESSION:
Mild left-sided neural foramina encroachment at C5-C6 and C6-C7 due to disc osteophyte complex
.

PAGE 1 Signed Report Printed From PCI (CONTINUED)

FROM:CRMCSC-LFM Referrals TO:18039808418 07/16/2019 12:19:59 #801 P.003/011

MUSC HEALTH Lancaster Imaging Center
1057 W. MEETING ST
LANCASTER, SC 29720
803-913-3170

RADIOLOGY REPORT

Name: BAGLEY,KYLE
Phys: Bianco,Salvatore MD
DOB: 11/03/1980 Age: 38 Sex: M
Acct: IO6016428C Loc: M.EMC
Exam Date: 07/03/2019 Status: DEP CLI
Unit No: MU0063161L

EXAM# TYPE/BODY RESULT
00120 2072 EMC MRI/CERVICAL SPINE EMC

Electronically signed by: Cirillo, Robert
Signed on 07/03/2019 09:23:05

-- REPORT SIGNED IN OTHER VENDOR SYSTEM 07/03/2019 **
Reported By: ROBERT CIRILLO, MD

CC: Salvatore Bianco MD

Technologist: MICHELLE MCWAINE, RT(R)(MR)

Delivered Date/Time: 07/03/2019 0915
Transcriptionist: IS.PWRSCRB
Printed Date/Time: 07/08/2019 0453 Batch No: 194

PAGE 2 Signed Report Printed From PCI

FROM:CRMCSC-LFM Referrals TO:16039808418 07/16/2019 12:20:10 #801 P.004/011

MUSC HEALTH Lancaster Imaging Center
1037 N. MERTING ST
LANCASTER, SC 29720
803-313-3170

RADIOLOGY REPORT

Name: BAGLEY,KYLE
Phys: Blanco,Salvatore MD
DOB: 11/03/1980 Age: 36 Sex: M
Acct: 3000164280 Loc: M.D.C.
Exam Date: 07/03/2019 Status: Dsc Cnf
Unit No: M0005314.1

EXAM# TYPE/EXAM RESULT

001203071 (MC MRI/LUMBAR SPINE (MC

MRI LUMBAR SPINE (MC

INDICATION: NECK AND BACK PAIN,LLE pain/numbness after obj fell on him, Pain.

COMPARISON: None

TECHNIQUE: Multiplanar multisequence images of the lumbar spine are obtained without intravenous contrast.

FINDINGS:

There is preservation of vertebral body heights, disc heights, and disc hydration, allowing for minimal desiccation at L3-L4 and L4-L5. There is no focal bone marrow edema. The conus terminates at the L1-L2 disc level. No infrarenal aortic aneurysm is identified at the extents included. Small hemangiomas are incidental within L2 and L3.

The upper two lumbar disc levels are unremarkable. There is mild facet arthropathy at L2-L3.

At L3-L4, mild broad-based disc bulge slightly flattens the ventral aspect of the thecal sac. There is mild bilateral facet arthropathy with slight ligamentous buckling as well resulting in minimal thecal sac narrowing. The foramina are patent.

At L4-L5, mild broad-based left eccentric disc protrusion mildly effaces the ventral aspect of the thecal sac. There is slight narrowing of the left neural foramen without impingement on neural elements. There is mild to moderate bilateral facet arthropathy. The right neural foramen is patent.

L5-S1, the thecal sac and foramina are patent. There is mild bilateral facet arthropathy.

IMPRESSION:

1. Mild multilevel facet arthropathy and minor discogenic spondylosis at L3-L4 and L4-L5 as above. No significant thecal sac narrowing or

FROM:CRMCSC-LFM Referrals TO:18039808418 07/16/2019 12:20:27 #801 P.006/011

MUSC HEALTH Lancaster Imaging Center
1037 N. MCRYDE ST
LANCASTER, SC 29720
803-515-9170

RADIOLOGY REPORT

Name: BAGLEY,KYLE
Phys: Blanco,Salvatore MD
DOB: 11/03/1980 Age: 38 Sex: M
Acct: 1000164250 Loc: M.IMC
Exam Date: 07/03/2019 Status: DEF SIG
Unit No: MC00631411

EXAM# TYPE/EXAM RESULT

001203071 IMC MRI/LUMBAR SPINE IMC

impingement on neural elements.

Electronically signed by: Dean, Christopher
Signed on 07/03/2019 16:07:52

** REPORT STORED IN OTHER VENDOR SYSTEM: 07/03/2019 **
Reported By: CHRISTOPHER DEAN, MD

CC: Salvatore Blanco MD

Technologist: MICHELLE MCMANUS, RT(R)(M)

Delivered Date/Time: 07/03/2019 1609
Transcriptionist: IS PWRSCRB
Printed Date/Time: 07/08/2019 (1:03) Batch No: 159

PAGE 2 Signed Report Printed From PCI

FROM:CRMCSC-LFM Referrals TO:18039808418 07/16/2019 12:20:39 #801 P.007/011

OneContent Generated By tah229

Past Medical History

Reviewed Past Medical History
ANXIETY DISORDER: Y
Other: **Y - tabacco abuse,fatigue, vit d def**

Screening

None recorded.

HPI

driver of motorcycle fell off today while riding. No helmet. No LOC. something ran out in road causing him to loose control. No +abrasions/pain to Rt heel and 5th toe, and Lt heel and Lt hand.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing and well-nourished. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: active and alert.

Head: Head: normocephalic and atraumatic.

Musculoskeletal: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: no bony abnormalities. Extremities: no cyanosis or edema.

Neurologic: Gait and Station: **Irregular gait.**

Skin: Inspection and palpation: **lesion (Foot/Heel: epidermal layer erosion).**

Assessment / Plan

1. **Abrasion and/or friction burn of skin** - wounds cleaned and dressed. Wound care instructions given.
   Script for abx and analgesics given
   T14.8XXA: Other injury of unspecified body region, initial encounter

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by MALIK ASHE, MD, 03/07/2018.

Encounter performed and documented by MALIK ASHE, MD
Encounter reviewed & signed by MALIK ASHE, MD on 03/07/2018 at 5:14pm

Encounter Date: [redacted]

Patient

Name	BAGLEY, KYLE (34, M) ID# 18964	**Appt. Date/Time**	09/25/2015 10:15AM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID PLYLER, PA-C		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 50811267 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

? SINUS INFECTION

Patient's Care Team

Primary Care Provider: DREWID PLYLER PA; 517 DOCTORS CT, CHESTER, SC 29706-0868, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

EILO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Problems

- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Depressive disorder
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014

- Upper respiratory infection

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

chlordiazepoxide 5 mg capsule 12/16/14 prescribed
Take 1 capsule(s) every 6-8 hours by oral route.

fluoxetine 10 mg tablet 01/20/15 prescribed
Take 1 tablet(s) every day by oral route for 30 days.

Zithromax Z-Pak 250 mg tablet 09/25/15 prescribed
TAKE 2 TABLETS (500 MG) BY ORAL ROUTE ONCE DAILY FOR 1 DAY THEN 1 TABLET (250 MG) BY ORAL ROUTE ONCE DAILY FOR 4 DAYS

Zoloft 50 mg tablet 09/25/15 prescribed
Take 1 tablet(s) every day by oral route for 30 days.

Tylenol or Aleve OTC for headaches prn

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: Y - **tabacco abuse,fatigue, vit d def**

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
- Other - L leg surgery (steel inserted into his L leg in 2001 from work)
- Tonsillectomy - when he was younger

Vitals

09/25/2015 10:46 am

Ht:	6 ft 1 in (185.42 cm)	**Wt:**	151 lbs (68.49 kg)	**BMI:**	19.9
T:	99.2 F* ear (37.33 C)	**Pulse:**	77 bpm	**RR:**	20
BP:	119/80 sitting R arm	**O2Sat:**	98%		

HPI

Anxiety/Depression
Reported by patient.

Quality: **mood worse**
Severity: denies suicidal ideations; **unable to maintain relationships; interference with work**
Duration: symptoms lasting over 2 weeks
Onset/Timing: >6 months ago
Context: **major life stressors; trouble at work; relationship stress**
Modifying Factors: social support; medications as directed **(HE HAS NOT BEEN TAKING PROZAC IN AWHILE)**

Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss; no shortness of breath; **high irritability; hostility; depression; sleep disturbances; anxiety with muscle tension**; no crying spells; no panic; no isolation; appetite good; energy good; no apathy; maintaining functionality

Upper Respiratory Symptoms
Reported by patient.

Location: head; chest
Quality: **productive cough; colored phlegm; congested**
Severity: mild
Duration: symptoms lasting over 2 weeks
Onset/Timing: gradual
Context: no sick contacts; **smoker**
Modifying Factors: OTC medication (**COLD MEDS**)
Associated Symptoms: no sweats; no significant weight gain; no vomiting; no diarrhea; no rash; no nausea; **yellow-green, thick sputum**; no fever; CHILLS, SINUS PRESSURE, CONGESTION

HPI

C/O KNOT IN HIS LEFT GROIN AND IN HIS SCROTUM, UNSURE OF TIME IT HAS BEEN GOING ON. NO PAIN. NO URINARY SXS.

ROS

Patient reports **loss of appetite and diminished activity** but reports no significant weight change, no fever, happy/content, and no fatigue. He reports **sinus pressure and congestion** but reports no ear pain, no hearing loss, and no sore throat. He reports **swelling and masses** but reports no discharge, no blood in urine, no pain with urination, no increase in frequency of urination, no voiding urgency, and no testicular pain. He reports **depression, anxiety, insomnia, stress, and loss of interest.** He reports no blurry vision. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no myalgia and moves all extremities well. He reports no rash. He reports no numbness, no tingling, no headache, and no dizziness. He reports no sneezing and no runny nose.

Physical Exam

Patient is a 34-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Corneas: grossly intact. Fundoscopic: normal vessels and optic discs, no exudates or hemorrhages, and grossly normal except where noted. EOM: EOMI. Lens: clear. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Hearing: no hearing loss. Nose: no polyp, lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Abdomen: Hernia: none palpable.

Male GU: Penis: no lesions or discharge and circumcised; **LEFT SMALL X 2 NODULES IN EPIDYMISIS; WIFE HAD TRICHOMONAS**. Scrotum: no swelling or tenderness. Testes: palpable bilaterally and not enlarged.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

QM

Provider: dpyler
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, PQRS 2014, PQRS 2015 (EHR and Registry), Pediatric Preventive Care Guidelines, Risk Identification Guidelines, athenaBenchmark Quality Metrics

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Last updated 06/10/2015

Measure	Status
Influenza Immunization (Aug - Mar)	Needs Data
Td/Tdap Adult Booster	Needs Data
BP Control (140/90)	Satisfied
Blood Pressure Screening	Satisfied
Tobacco Cessation Intervention	Satisfied
Tobacco Use Inquiry	Satisfied
Adults' access to preventive health services	Satisfied (Due Soon)

Assessment / Plan

1. Upper respiratory infection - New Problem (no further w/u)
465.9: Acute upper respiratory infections of unspecified site
- Zithromax Z-Pak 250 mg tablet - TAKE 2 TABLETS (500 MG) BY ORAL ROUTE ONCE DAILY FOR 1 DAY THEN 1 TABLET (250 MG) BY ORAL ROUTE ONCE DAILY FOR 4 DAYS Qty: 6 tablet(s) Refills: 0 Pharmacy: BI LO PHARMACY 5268

2. Depressive disorder - Established (worsening)
311: Depressive disorder, not elsewhere classified
- Zoloft 50 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 5 Pharmacy: BI LO PHARMACY 5268

3. Testicular finding - Left, New Problem (w/u needed) - LAB ORDER: URINE, HCG
V76.45: Screening for malignant neoplasms of testis
- ULTRASOUND, TESTICULAR - Priority: **STAT**
Appointment Date: 09/25/2015 Appointment Time: come now
Side: LEFT

Discussion

Patient Instructions

REST, FLUIDS, ALTERNATE MOTRIN/TYLENOL, TAKE ALL ABX, F/U IF SXS WORSEN.

DISCUSS WITH PATIENT THAT WE WILL START HIM ON ZOLOFT TO HELP WITH MOD. INFORMED HIM TO CONSIDER THERAPY.

DISCUSS WITH PATIENT ABOUT TRICHOMONAS, SINCE HE HAD QUESTIONS.

INFORMED PATIENT THAT WE WILL FURTHER EVALUATE THE TESTICULAR FINDINGS WTIH URINE AND HCG AND U/S. THE NODULES COULD BE FORM THE TRICHOMONAS INFECTION. RULE OUT TESTICULAR CANCER, HYDROCELE, VARIOCELE.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by DREWID PLYLER, PA-C, 09/25/2015.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 09/25/2015 at 11:31am

Encounter Date: [redacted]

Patient

Name	BAGLEY, KYLE (34, M) ID# 18964	**Appt. Date/Time**	01/20/2015 04:30PM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID PLYLER, PA-C		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 50811267 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information, details		

Chief Complaint

FOLLOW UP VISIT

Patient's Care Team

Primary Care Provider: DREWID PLYLER (LOWRYS FAMILY MEDICINE): 517 DOCTOR CT, CHESTER, SC 29706, Ph (803) 581-2800, Fax (803) 581-8919

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax

Problems

- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder

Allergies

Reviewed Allergies
NKDA

Medications

Medications not reviewed (last reviewed 12/16/2014)

Name	Date
chlordiazepoxide 5 mg capsule Take 1 capsule(s) every 6-8 hours by oral route.	12/16/14 prescribed
fluoxetine 10 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	01/20/15 prescribed

Tylenol or Aleve OTC for headaches prn

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married.
Smoking Status: Current every day smoker.
Smoker (1/2 PPD).
Alcohol Intake: Occasional.
Chewing tobacco: none.
Number of children: 5.

Surgical History

Reviewed Surgical History
- Other - L leg surgery (steel inserted into his L leg in 2001 from work)
- Tonsillectomy - when he was younger

Vitals

01/20/2015 04:39 pm

Ht: 6 ft 1 in (185.42 cm)	**Wt:** 163 lbs (73.94 kg)	**BMI:** 21.5
T: 97 F° (36.11 C)	**Pulse:** 75 bpm	**RR:** 18
BP: 110/76	**O2Sat:** 97%	

HPI

Anxiety/Depression
Reported by patient.

Severity: denies suicidal ideations; able to maintain relationships; does not interfere with activities of daily living
Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss; no shortness of breath
Notes: HE FEELS ALOT BETTER AND FOCUS ON THE MEDICATIONS, HE CAN NOTICE A DIFFERENCE. HE HAS NOT BEEN TAKING THE LIBRIUM IN 3-4 DAYS AND HE CANT TELL THAT HE HASNT TAKEN IT.

ROS

Patient reports no significant weight change, good appetite, no fever, happy/content, normal activity level, and no fatigue. He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.

Physical Exam

Patient is a 34-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Musculoskeletal: Motor Strength and Tone: normal tone and motor strength. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

QM

Provider: dplyler

Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, PQRS 2015, Pediatric Preventive Care Guidelines, Risk Identification Guidelines, athenaBenchmark Quality Metrics

Last updated 01/20/2015

Measure	Status
Adults' access to preventive health services	Satisfied
Blood Pressure Screening	Satisfied
BP Control (140/90)	Satisfied
Influenza Vaccination (Aug - Mar)	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Cessation Intervention	Needs Data
Tobacco Use Inquiry	Satisfied

Assessment / Plan

1. Follow-up encounter
V67.6: Follow-up examination, following combined treatment

2. Depressive disorder
311: Depressive disorder, not elsewhere classified
- LEARNING ABOUT MOOD DISORDERS
- fluoxetine 10 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 5
  Pharmacy: BI LO PHARMACY 5268

Return to Office

- DREWID PLYLER, PA-C for Established Patient 15 at CHE_LOWRYS FAMILY MEDICINE on 07/13/2015 at 04:15 PM

Encounter Sign-Off

Encounter signed-off by DREWID PLYLER, PA-C, 01/20/2015.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 01/20/2015 at 4:49pm

Encounter Date: [redacted]

Patient

Name	BAGLEY, KYLE (34, M) ID# 18964	**Appt. Date/Time**	12/16/2014 04:30PM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID PLYLER, PA-C		

Insurance Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO)
Insurance # : 50811267
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Anxiety

mood changes

Patient's Care Team

Primary Care Provider: DREWID PLYLER (LOWRYS FAMILY MEDICINE): 517 DOCTOR CT, CHESTER, SC 29706, Ph (803) 581-2800, Fax (803) 581-8919

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Problems

- Drug withdrawal
- Anxiety

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

Name	Date
chlordiazepoxide 5 mg capsule Take 1 capsule(s) every 6-8 hours by oral route.	12/16/14 prescribed
fluoxetine 10 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	12/16/14 prescribed

Tylenol or Aleve OTC for headaches prn

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married.
Smoking Status: Current every day smoker.
Smoker (1/2 PPD).
Alcohol intake: Occasional.
Chewing tobacco: none.
Number of children: 5.

Surgical History

Reviewed Surgical History
- Other - L leg surgery (steel inserted into his L leg in 2001 from work)
- Tonsillectomy - when he was younger

Vitals

12/16/2014 04:55 pm

Ht: 6 ft 1 in (185.42 cm)	**Wt:** 161 lbs (73.03 kg)	**BMI:** 21.2
T: 97.5 F* ear (36.39	**Pulse:** 63 bpm regular	**RR:** 20

C)

BP: 133/81 sitting L arm **O2Sat:** 98% Room Air at Rest

HPI

Anxiety/Depression
Reported by patient.

Quality: **symptoms worse in the evening**
Severity: denies suicidal ideations; does not interfere with activities of daily living; **unable to maintain relationships; interference with work**
Duration: symptoms lasting over 2 weeks
Onset/Timing: still present **(3 months ago)**
Context: **trouble at work**
Modifying Factors: herbal medications **(tho, stopped three months ago when he got a new job.)**; social support; wants to better himself for his children
Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss; no visual/auditory hallucinations; no delusions; no shortness of breath; **high irritability; anxiety; anxiety with muscle tension; palpitations; anxiety with excessive sweating; flushing; trembling or shaking (tremor); headaches**

ROS

Patient reports **diminished activity and fatigue** but reports no significant weight change, good appetite, no fever, and happy/content. He reports **anxiety and stress** but reports no loss of interest. He reports no blurry vision. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.

Physical Exam

Patient is a 34-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

QM

Provider: dpiyler

Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, PQRS 2014, Pediatric Preventive Care Guidelines, Risk Identification Guidelines, athenaBenchmark Quality Metrics

Last updated 12/14/2014

Measure	Status
Adults' access to preventive health services	Needs Data
Blood Pressure Screening	Satisfied
BP Control (140/90)	Satisfied
Influenza Vaccination (Aug - Mar)	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Cessation Intervention	Needs Data
Tobacco Use Inquiry	Satisfied

Assessment / Plan

1. Adult health examination - LAB ORDER: CBC, CMP, TSH, LIPIDS, TSH, UA, UDS, VITAMIN B12/D
V70.0: Routine general medical examination at a health care facility

2. Anxiety

300.00: Anxiety state, unspecified
- fluoxetine 10 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 1 Pharmacy: BI LO PHARMACY 5268

3. Drug withdrawal
292.0: Drug withdrawal
- chlordiazepoxide 5 mg capsule - Take 1 capsule(s) every 6-8 hours by oral route. Qty: 60 capsule(s) Refills: 0 Pharmacy: BI LO PHARMACY 5268

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by DREWID PLYLER, PA-C, 12/16/2014.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 12/16/2014 at 5:18pm

Order Groups

Order Group Summaries
Order Group on 07/05/2018 by CHE_Poulos

Problems
Problems not reviewed (last reviewed 07/05/2018)
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Medications
Medications not reviewed (last reviewed 07/05/2018)

QUEtiapine 50 mg tablet 09/17/18 changed
po 1 tablet bid

traZODone 50 mg tablet 06/14/18 prescribed
Take 1 tablet(s) every day by oral route at bedtime for 30 days.

Vraylar 1.5 mg capsule 06/14/18 dispensed
Take 1 capsule(s) every day by oral route.

Allergies
Allergies not reviewed (last reviewed 07/05/2018)
NKDA

Diagnoses / Orders
1. Screening for malignant neoplasm of skin
Z12.83: Encounter for screening for malignant neoplasm of skin
- DERMATOLOGY REFERRAL - Schedule Within: provider's discretion Note to Provider: referral faxed

Return To Office
None recorded.

Order Group on 09/28/2015 by CHE_Poulos

Problems
Problems not reviewed (last reviewed 07/05/2018)
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Medications

OneContent: Generated By tah229

BAGLEY, KYLE R (id #18964, dob: 11/03/1980) Page 2/104

Facesheet

Demographics

Patient Name	BAGLEY, KYLE R
Sex	M
DOB	11/03/1980
Address	628 LANCASTER HWY APT 223
City/State/Zip	CHESTER, SC 29706
Home Phone	(803) 374-2834
Mobile Phone	(803) 374-2834
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420381 Policy/Group # : 661702601 Prescription: check now
Default Pharmacy	BI LO PHARMACY 5268 (ERX) 1436 J.A. COCHRAN BY-PASS CHESTER SC 29706 Ph (803) 581-6310 Fax (803) 385-5163
Preferred Lab	LOWRYS FAMILY MEDICINE 517 DOCTORS CT CHESTER Ph (803) 581-2800 Fax (803) 581-3061

Height / Weight / BMI / BP

Height	6 ft 1 in 07/05/2018
Weight	144 lbs 16 oz 07/05/2018
BMI	19.1 07/05/2018
Blood Pressure	118 / 75 07/05/2018

Problems

- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Surgical History

- Other - L leg surgery (steel inserted into his L leg in 2001 from work)
- Tonsillectomy - when he was younger

Medications

QUEtiapine 50 mg tablet 09/17/18 changed
po 1 tablet bid

traZODone 50 mg tablet 06/14/18 prescribed
Take 1 tablet(s) every day by oral route at bedtime for 30 days.

Vraylar 1.5 mg capsule 06/14/18 dispensed
Take 1 capsule(s) every day by oral route.

Vaccines

Vaccine Type	Date	Site	Route	Dose #	Lot	Exp	Mfr	Comment
Diphtheria, Tetanus								
Td (adult), adsorbed	07/19/04							
Diphtheria, Tetanus, Pertussis								
DTP	08/18/86							
DTP	08/17/84							
DTP	09/03/81							
DTP	07/10/81							
Hepatitis B								

OneContent: Generated By tah229

Kyle Bagley 11/3/1980

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	(1)	2	3
2. Feeling down, depressed, or hopeless	0	1	(2)	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	(2)	3
4. Feeling tired or having little energy	0	1	2	(3)
5. Poor appetite or overeating	0	1	2	(3)
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	(3)
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	(3)
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	(1)	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	(1)	2	3

For office coding 0 + 3 + 4 + 12 =Total Score (19)

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	●	☐	☐

BAGLEY,KYLE 11/03/80 #18964

* 357922v6033 Single Page E-ProcDoc

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Hep B, adolescent or pediatric	07/24/98											
Measles, Mumps, Rubella												
MMR	08/17/84											
Polio												
OPV	08/18/86											
OPV	08/17/84											
OPV	09/03/81											
OPV	07/20/81											

Allergies / Adverse Reactions
NKDA

Past Medical History

ALLERGIES	N	HYPERTENSION	N
ANEMIA/BLOOD DISORDER	N	KIDNEY DISEASE	N
ANXIETY DISORDER	Y	Other	Y: tabacco abuse,fatigue, vit D def

Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Family History
Father - Problem
- hole in heart but has had it repair 2008

Patient History - Other
None recorded.

Screening
None recorded.

Encounters and Procedures

Clinical Encounter Summaries
Encounter Date: [redacted]
Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	**Appt. Date/Time**	07/05/2018 10:00AM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID POULOS , PA-C		
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420381 Policy/Group # : 661702601 Med Secondary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible. details		

Chief Complaint

Follow up

2 week

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA; 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

07/05/2018 10:09 am

Ht:	6 ft 1 in (185.42 cm)	**Wt:**	145 lbs (65.77 kg)	**BMI:**	19.1
T:	97.1 F° ear (36.17 C)	**Pulse:**	82 bpm regular	**RR:**	20
BP:	118/75 sitting R arm	**O2Sat:**	99% Room Air at Rest	**Pain Scale:**	0

Pain Scale Type: Numeric

Measurements

None recorded.

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

traZODone 50 mg tablet 06/14/18 prescribed
Take 1 tablet(s) every day by oral route at bedtime for 30 days.

Vraylar 1.5 mg capsule 07/05/18 prescribed
Take 1 capsule(s) every day by oral route in the morning for 30 days.

Vaccines

Reviewed Vaccines

Vaccine	Date	Dose	Route	Site	Lot #	Mfr	Exp. Date	VIS Given
Diphtheria, Tetanus								
Td (adult, adsorbed)	01/15/14							
Diphtheria, Tetanus, Pertussis								
DTP	08/18/86							
DTP	08/17/84							
DTP	09/03/81							
DTP	07/10/81							
Hepatitis B								
Hep B, adolescent or pediatric	07/24/98							
Measles, Mumps, Rubella								
MMR	08/17/84							
Polio								
OPV	08/18/86							
OPV	08/17/84							
OPV	09/03/81							
OPV	07/10/81							

Problems

Reviewed Problems
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
- Other - L leg surgery (steel inserted into his L leg in 2001 from work)
- Tonsillectomy - when he was younger

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: **Y - tabacco abuse,/fatigue, vit d def**

Documents for Discussion

Discussed the following documents:
- CULTURE, URINE - 06/14/18
  Results:
  - URINE CULTURE, ROUTINE: FINAL REPORT
  - RESULT 1: NO GROWTH
- CT + NG + TV, DNA, URINE/SWAB - 06/14/18
  Results:
  - CHLAMYDIA BY NAA: NEGATIVE
  - GONOCOCCUS BY NAA: NEGATIVE
  - TRICH VAG BY NAA: NEGATIVE
- URINALYSIS, DIPSTICK - 06/14/18
  Results:
  - COLOR: DARK YELLOW
  - CLARITY: CLEAR
  - GLUCOSE: NEGATIVE
  - BILIRUBUN: SMALL
  - KETONES: NEGATIVE
  - SPECIFIC GRAVITY: 1.030
  - PH: 5.5
  - PROTEIN: 30 MG/DL
  - UROBILINOGEN: 1.0 E.U./DL
  - NITRATE: NEGATIVE
  - BLOOD: NEGATIVE
  - LEUKOCYTES: NEGATIVE

Screening

None recorded.

HPI

Patient presents today for follow up on bipolar and sleep disturbance. Patient states that he is doing well and he has notices a difference on the medications. He states that his agitation has decreased and his mood has improved. He states that he is still not getting 6-8 hours of sleep. he states that he is still working and no issues or interfering with work. his wife states that she has notices a difference as well. he is happy with the progress.

ROS

Patient reports **insomnia** but reports no depression, no anxiety, no stress, and no loss of interest. He reports no significant weight change, good appetite, no fever, happy/content, normal activity level, and no fatigue. He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no blood in urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.
Additionally reports: scribe by poulos, pa

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Head: Head: normocephalic and atraumatic.

Neurologic: Gait and Station: normal gait and station.

Assessment / Plan

Discuss with patient to continue the medications and increase trazodone 100mg po qhs. Follow up in 6mos

1. Follow-up visit
Z09: Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm

2. Bipolar disorder
F31.9: Bipolar disorder, unspecified
- Vraylar 1.5 mg capsule - Take 1 capsule(s) every day by oral route in the morning for 30 days. Qty: 30 capsule(s) Refills: 5 Pharmacy: BI LO PHARMACY 5268 Note to Pharmacy: patient has voucher

3. Sleep pattern disturbance
G47.9: Sleep disorder, unspecified

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by DREWID POULOS , PA-C, 07/05/2018.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 07/05/2018 at 10:31am

Encounter Date: [redacted]

Patient

Name	BAGLEY, KYLE (37yo, M) ID#:18964	**Appt. Date/Time**	06/14/2018 10:00AM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID POULOS , PA-C		
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420381 Policy/Group # : 661702601 Med Secondary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible. details		

Chief Complaint

3 month follow up

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6510, Fax (803) 385-5163

Vitals

Ht:	6 ft 1 in (185.42 cm) 06/14/2018 10:02 am	**Wt:**	146 lbs (66.22 kg) 06/14/2018 10:02 am	**BMI:**	19.3 06/14/2018 10:02 am
T:	95.6 F* ear (35.33 C) 06/14/2018 10:03 am	**Pulse:**	69 bpm regular 06/14/2018 10:03 am	**RR:**	20 06/14/2018 10:03 am
BP:	109/63 sitting R arm 06/14/2018 10:03 am	**O2Sat:**	97% Room Air at Rest 06/14/2018 10:03 am	**Pain Scale:**	0 06/14/2018 10:03 am
Pain Scale Type:	Numeric 06/14/2018 10:03 am				

Measurements

None recorded.

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

traZODone 50 mg tablet 06/14/18 prescribed
Take 1 tablet(s) every day by oral route at bedtime for 30 days.

Vraylar 1.5 mg capsule 06/14/18 dispensed
Take 1 capsule(s) every day by oral route.

Vaccines

Vaccines not reviewed (last reviewed 03/13/2018)

Vaccine Name(s)	Date	Amt	Route	Site	Exp. Date	Manufacturer	Reason Not Given
Diphtheria, Tetanus							
Td (adult), adsorbed	03/15/04						
Diphtheria, Tetanus, Pertussis							

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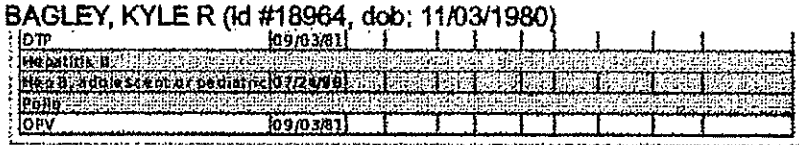

Problems

Problems not reviewed (last reviewed 03/07/2018)
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
- Other - L leg surgery (steel inserted into his L leg in 2001 from work)
- Tonsillectomy - when he was younger

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: **Y - tabacco abuse,fatigue, vit d def**

Screening

None recorded.

HPI

Patient here today for 3 month follow up with a history of MDD and GAD. He reports taking Zoloft 50mg BID and persistent anxiety, sleep disturbance, irritability and anger outbursts. He also complains of erectile dysfunction and that his inability to stop his thoughts is affecting his sex life. He reports sleeping little and that he lays in the bed tossing all night long. He states that he can work all night and never sleep or get tired. He has never been diagnosed with bipolar.

He has been losing weight, had increased thirst, and polydipsia the last 3 months and he is concerned about diabetes since his friend was just diagnosed.

ROS

Patient reports **excess weight loss and fatigue** but reports good appetite, no fever, happy/content, and normal activity level. He reports **depression, anxiety, insomnia, stress, and loss of interest.** He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no blood in urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.
Additionally reports: scribe by poulos, pa

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: **depressed** and **agitated** and active and alert; **looking down the entire time.**

Head: Head: normocephalic and atraumatic.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Hearing: no hearing loss. Nose: no polyp, lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

1. **Bipolar disorder** - discuss with patient trying vraylar and add on trazodone to help with sleep disturbance. Discuss side effects and follow 3 weeks
   F31.9: Bipolar disorder, unspecified
   - Vraylar 1.5 mg capsule - Take 1 capsule(s) every day by oral route. Dispensed. Lot #: w00817 Exp Date: 04/01/2019 Dispense Qty: 21 capsule(s)

2. **Major depressive disorder** - d/c zoloft
   F32.9: Major depressive disorder, single episode, unspecified

3. **Generalized anxiety disorder**
   F41.1: Generalized anxiety disorder

4. **Sleep pattern disturbance**
   G47.9: Sleep disorder, unspecified
   - trazodone 50 mg tablet - Take 1 tablet(s) every day by oral route at bedtime for 30 days. Qty: 30 tablet(s) Refills: 2 Pharmacy: BI LO PHARMACY 5268

5. **Increased frequency of urination** - further evaluation, last labs were normal for DM.
   R35.0: Frequency of micturition
   - URINALYSIS, DIPSTICK
   - CULTURE, URINE + SENSITIVITY
   - CT NG TV HSV BY NAA

Return to Office

- DREWID POULOS , PA-C for Follow-up at CHE_LOWRYS FAMILY MEDICINE on 07/05/2018 at 10:00 AM

Encounter Sign-Off

Encounter signed-off by DREWID POULOS , PA-C, 06/14/2018.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 06/14/2018 at 2:00pm

Encounter Date: 03/13/2018

Encounter Date: [redacted]

Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	**Appt. Date/Time**	03/13/2018 09:15AM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID POULOS , PA-C		
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420381 Policy/Group # : 661702601 Med Secondary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible, details		

Chief Complaint

routine visit

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

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BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Vitals

Ht:	6 ft 1 in (185.42 cm) 03/13/2018 09:32 am	**Wt:**	151 lbs 4 oz (68.61 kg) 03/13/2018 09:32 am	**BMI:**	20 03/13/2018 09:32 am
T:	97.2 F° ear (36.22 C) 03/13/2018 09:33 am	**Pulse:**	62 bpm 03/13/2018 09:34 am	**RR:**	20 03/13/2018 09:34 am
BP:	115/80 sRtlng R arm 03/13/2018 09:34 am	**O2Sat:**	98% Room Air at Rest 03/13/2018 09:34 am	**Pain Scale:**	0 03/13/2018 09:34 am
Pain Scale Type:	Numeric 03/13/2018 09:34 am				

Measurements

None recorded.

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

Zoloft 50 mg tablet 03/13/18 prescribed
Take 1 tablet(s) every day by oral route in the morning for 30 days.

Tylenol or Aleve OTC for headaches prn

Vaccines

Reviewed Vaccines

Vaccine Name	Date	Age	Reaction	Refused	Elsewhere	Date Entered	Vaccine Information Statement Given
Diphtheria, Tetanus							
Td (adult) adsorbed	01/13/04						
Diphtheria, Tetanus, Pertussis							
DTP	09/03/81						
Hepatitis B							
Hep B, adolescent or pediatric	07/24/98						
Polio							
OPV	09/03/81						

Problems

Problems not reviewed (last reviewed 03/07/2018)
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IN
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol Intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
- Other - L leg surgery (steel inserted into his L leg in 2001 from work)
- Tonsillectomy - when he was younger

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: **Y - tabacco abuse,fatigue, vit d def**

Screening

None recorded.

HPI

Patient presents today for wellness check up. Patient states that he has been doing fair. Eating well, sleeping well, staying active with work, no urinary issues or falls.

c/o increase agitation, anger and mood swings and feeling down and depressed for the last 6 mos. he was on zoloft in the past but stopped after a month bc he felt that he did not need it and he was last seen in 2015 by me. He states that he has loss of energy/interest, lack of concentration, agitated and anger spells. he states that he has been getting to the point where he flips out at times either punching the walls or throwing things. he states that he has alot of little stress in his life and it all builds up and comes to a head. he feels like he could ball the world up.

He is interested in restarting medications. He has anger management class next friday and him and his wife are going to marriage counseling.

ROS

Patient reports **fatigue** but reports no significant weight change, good appetite, no fever, happy/content, and normal activity level. He reports **depression and stress** but reports no anxiety, no insomnia, and no loss of interest. He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no blood in urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: **depressed** and **agitated** and active and alert; **looking down the entire time.**

Head: Head: normocephalic and atraumatic.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Hearing: no hearing loss. Nose: no polyp, lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no tenderness, guarding, masses, rebound tenderness, or CVA tenderness and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

lab: cbc, cmp, lipids, tsh, testosterone, ua

1. Adult health examination
Z00.00: Encounter for general adult medical examination without abnormal findings

2. Feeling agitated
R45.1: Restlessness and agitation

3. Major depressive disorder - PHQ-9: 19
F32.9: Major depressive disorder, single episode, unspecified
- Zoloft 50 mg tablet - Take 1 tablet(s) every day by oral route in the morning for 30 days. Qty: 30 tablet(s)
  Refills: 5 Pharmacy: BI LO PHARMACY 5268

Patient Goals
f/u 3mos
continue medication regiment and discuss side effects.

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by DREWID POULOS , PA-C, 03/13/2018.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 03/13/2018 at 9:54am

OneContent Generated By tah229

Encounter Date: [redacted]
Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	**Appt. Date/Time**	03/07/2018 04:15PM
DOB	11/03/1980	**Service Dept.**	CHE_LOWRYS FAMILY MEDICINE
Provider	MALIK ASHE, MD		
Insurance	Med Primary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible. details		

Chief Complaint

ATV accident

abrasions to hand and feet

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6210, Fax (803) 385-5163

Vitals

03/07/2018 04:08 pm

Ht:	6 ft 1 in (185.42 cm)	**Wt:**	148 lbs (66.22 kg)	**BMI:**	19.3
T:	98 F° (36.67 C)	**Pulse:**	90 bpm	**RR:**	20
BP:	143/90	**O2Sat:**	96% Room Air at Rest		

Measurements

None recorded.

Allergies

Reviewed Allergies
NKDA

Medications

No medications reported
Tylenol or Aleve OTC for headaches prn

Problems

Reviewed Problems
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Reviewed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Reviewed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
- Other - L leg surgery (steel inserted into his L leg in 2001 from work)
- Tonsillectomy - when he was younger

CSN
1136154496

Progress Notes by Drewid Plyler Poulos, PAC at 1/24/2020 3:00 PM

Author: Drewid Plyler Poulos, PAC | Service: --- | Author Type: Physician Assistant
Filed: 1/24/2020 3:51 PM | Creation Time: 1/24/2020 3:47 PM | Note Type: Progress Notes
Status: Signed | Editor: Drewid Plyler Poulos, PAC (Physician Assistant)

Subjective:

Patient ID: Kyle R Bagley is a 39 y.o. male.

HPI
Patient presents today for routine wellness checkup. Patient states he has been doing fairly well. Patient states he is eating fairly well, sleeping well and trying to stay active best he can. Patient is still smoking a pack a day and does not want to quit at this time. Patient would like to get his flu shot today.

Patient has been seen in orthopedic and neurosurgery after his incident through work. Patient did follow Workmen's Comp. claim. Patient states he needs new referrals to both for further evaluation and to continue treating because he has no insurance. Patient states he takes ibuprofen 800 mg anywhere from 3-4 times a day. Patient states he takes 3 muscle relaxers a day as well to. Patient states he still having a lot of muscle spasm and spasticity along with tremors and shaking in his back. Patient states he is having a lot of night sweats at night to where the sheets are saturated when he wakes up. Patient states since he has had his accident he has been doing a lot of sitting around but he does try to get up and walk best he can.

Patient did get treated for left foot drop with a brace. Patient is in a brace as well for his left shoulder. Patient does walk with a cane. Patient's heart rate today is significantly high is running over 100. Patient's blood pressure today as well as 143/95. Patient is a smoker has a family history of hypertension. Patient just not Eat a lot of salty foods.

Review of Systems
Constitutional: Positive for activity change and fatigue. Negative for appetite change, chills, fever and unexpected weight change.
HENT: Negative for hearing loss and tinnitus.
Eyes: Negative for visual disturbance.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.
Endocrine: Positive for heat intolerance. Negative for polydipsia, polyphagia and polyuria.
Genitourinary: Negative for difficulty urinating.
Musculoskeletal: Positive for arthralgias, back pain, gait problem and myalgias.
Skin: Negative for rash.
Neurological: Negative for dizziness, numbness and headaches.
Psychiatric/Behavioral: Negative for behavioral problems.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Objective:
Physical Exam

Progress Notes by Drawid Plyler Poulos, PAC at 1/24/2020 3:00 PM (continued)

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.
With can, left brace on arm and foot
HENT:
Head: Normocephalic and atraumatic.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Regular rhythm, normal heart sounds and intact distal pulses. Tachycardia present.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. Bowel sounds are normal.
Musculoskeletal: Normal range of motion.
Neurological: He is alert and oriented to person, place, and time.
Skin: Skin is warm and dry.
Psychiatric: He has a normal mood and affect. His behavior is normal.
Nursing note and vitals reviewed.

[redacted]

Encounter Diagnoses

Name	Primary?
• Routine history and physical examination of adult	Yes
• HTN (hypertension), benign	
• Sinus tachycardia	
• Foot drop, left foot	
• Impingement syndrome of left shoulder	
• Muscle spasticity	

Orders Placed This Encounter

Procedures

- Flu vaccine quad preservative FREE (FLUZONE QUAD,FLUARIX) IM (36mos+) SINGLE DOSE SYRINGE or VIAL
- CBC AND DIFFERENTIAL
  - Standing Status: Future
  - Standing Expiration Date: 2/21/2020
  - Order Specific Question: Auto release to MyChart (36 hrs)? (Choosing "NO" triggers result to release in 14 days)
  - Answer: Yes
- COMPREHENSIVE METABOLIC PANEL
  - Standing Status: Future
  - Standing Expiration Date: 2/21/2020
  - Order Specific Question: Auto release to MyChart (36 hrs)? (Choosing "NO" triggers result to release in 14 days)
  - Answer: Yes
- LIPID PANEL
  - Standing Status: Future
  - Standing Expiration Date: 2/21/2020
  - Order Specific Question: Auto release to MyChart (36 hrs)? (Choosing "NO" triggers result to release in 14 days)
  - Answer: Yes
- TESTOSTERONE, FREE/TOT EQUILIB (LABCORP)

Progress Notes by Drewid Plyler Poulos, PAC at 1/24/2020 3:00 PM (continued)

Standing Status:	Future
Number of Occurrences:	1
Standing Expiration Date:	2/21/2020
Order Specific Question:	Auto release to MyChart (36 hrs)? (Choosing "NO" triggers result to release in 14 days)
Answer:	Yes

- TSH

Standing Status:	Future
Standing Expiration Date:	2/21/2020
Order Specific Question:	Auto release to MyChart (36 hrs)? (Choosing "NO" triggers result to release in 14 days)
Answer:	Yes

- D-DIMER

Standing Status:	Future
Standing Expiration Date:	2/21/2020
Order Specific Question:	Auto release to MyChart (36 hrs)? (Choosing "NO" triggers result to release in 14 days)
Answer:	Yes

- Amb referral to Orthopedic Surgery

Referral Priority:	Routine
Referral Type:	Consultation
Referral Reason:	Specialty Services Required
Requested Specialty:	Orthopedic Surgery
Number of Visits Requested:	1

- Amb referral to Neurosurgery

Referral Priority:	Routine
Referral Type:	Surgical
Referral Reason:	Specialty Services Required
Requested Specialty:	Neurosurgery
Number of Visits Requested:	1

Discuss with patient to work on diet and exercise and weight loss. Discuss compliance with medications with patient. Plan to follow up in 6mos.
Discuss with patient smoking cessations.
Discussed with patient I will place him on Duexis to help with any possible GI bleeds. Discussed with patient that he is taking way too much ibuprofen without a protector. Discussed with patient I will change him to Flexeril to baclofen because of his muscle spasticity. Discussed with patient to follow-up with Workmen's Comp. physicians.

Electronically signed by Drewid Plyler Poulos, PAC on 1/24/2020 3:51 PM

MUSC Health
Medical University of South Carolina

CM-L MEDICAL RECORDS
1Medical Park Drive
Chester SC 29706
HIM ROI Notes Report

Bagley, Kyle R
MRN: 005927484, DOB: 11/3/1980, Sex: M
Acct #: 400091394
Visit date: 1/24/2020

CSN
1136154496

Progress Notes by Drewid Plyler Poulos, PAC at 1/24/2020 3:00 PM

Author: Drewid Plyler Poulos, PAC
Filed: 1/27/2020 9:43 PM
Status: Signed

Service: ---
Creation Time: 1/27/2020 9:43 PM
Editor: Drewid Plyler Poulos, PAC (Physician Assistant)

Author Type: Physician Assistant
Note Type: Progress Notes

Please call patient to notified that there lab work is within normal limits.

Electronically signed by Drewid Plyler Poulos, PAC on 1/27/2020 9:43 PM

CSN
1139056826

Progress Notes by Malik E Ashe, MD at 4/17/2020 10:15 AM

Author: Malik E Ashe, MD | Service: --- | Author Type: Physician
Filed: 4/17/2020 11:48 AM | Creation Time: 4/17/2020 11:15 AM | Note Type: Progress Notes
Status: Addendum | Editor: Malik E Ashe, MD (Physician)
Related Notes: Original Note by Malik E Ashe, MD (Physician) filed at 4/17/2020 11:48 AM

Subjective:

Patient ID: Kyle R Bagley is a 39 y.o. male.

Patient presents with:
Fatigue: wonders if maybe his blood pressure is dropping too low ---just gets sweaty and feels really bad and sick ---seems to happen in the evening
Dizziness
needs a referral: needs a referral to a brain center in south carolina

BP@ home 146/96 , 132/70,

Fatigue
Presents for initial visit. Onset was 1 to 4 weeks ago. Symptoms include dizziness and palpitations. Primary symptoms comment: diaphoresis. The most recent episode lasted 30 minutes.

Dizziness
Primary symptoms comment: diaphoresis. Associated symptoms include dizziness and palpitations.

Review of Systems
Cardiovascular: Positive for palpitations.
Neurological: Positive for dizziness.

Objective:

Physical Exam
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.
Cardiovascular: Normal rate and regular rhythm.
Pulmonary/Chest: Effort normal and breath sounds normal.
Neurological: He is alert and oriented to person, place, and time.
Psychiatric: He has a normal mood and affect. His behavior is normal. Thought content normal.

Assessment/Plan:

1. Panic attacks
New pblm. Diff dx is adverse effect to medication. Taper off propranolol. F/u in 1 mo

2. Muscle spasticity

Progress Notes by Malik E Ashe, MD at 4/17/2020 10:15 AM (continued)

Established. Cont med

- cyclobenzaprine (FLEXERIL) 10 mg tablet; Take 1 tablet by mouth 3 times daily as needed for muscle spasms. Dispense: 30 tablet; Refill: 3

3. Brain Mass(Rt side)- request records from "Brain Center" in NC so we can set him up w/ specialist in SC

Electronically signed by Malik E Ashe, MD on 4/17/2020 11:48 AM

CSN
1139075295

Progress Notes by Malik E Ashe, MD at 5/18/2020 10:45 AM

Author: Malik E Ashe, MD | Service: --- | Author Type: Physician
Filed: 5/18/2020 8:54 PM | Creation Time: 5/18/2020 11:32 AM | Note Type: Progress Notes
Status: Addendum | Editor: Malik E Ashe, MD (Physician)
Related Notes: Original Note by Malik E Ashe, MD (Physician) filed at 5/18/2020 8:53 PM

Subjective:

Patient ID: Kyle R Bagley is a 39 y.o. male.

Patient presents with:
Follow-up: one month follow up
Anxiety: still having issues with extreme anxiety

HPI:
Head injury while at work, Welding in 6/14/2019. Pt s/p TBI and cervical radiculopathy.
Pt sees brain specialist Dr. Raul in charlotte nc
Ortho Dr. dupree

Anxiety
Presents for follow-up visit. Symptoms include insomnia (trouble falling asleep), palpitations and panic. Patient reports no suicidal ideas. Symptoms occur most days. The quality of sleep is poor.

Review of Systems
Cardiovascular: Positive for palpitations.
Psychiatric/Behavioral: Negative for suicidal ideas. The patient has insomnia (trouble falling asleep).

Objective:

Physical Exam
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.
Pulmonary/Chest: Effort normal and breath sounds normal.
Neurological: He is alert and oriented to person, place, and time.
Skin: Skin is warm and dry. He is not diaphoretic.
Psychiatric: He has a normal mood and affect. His behavior is normal.

Assessment / Plan:

1. GAD (generalized anxiety disorder)
new
- ALPRAZolam (XANAX) 0.5 mg tablet; Take 1 tablet by mouth 2 times daily as needed for anxiety. Dispense: 20 tablet; Refill: 1

MUSC Health
Medical University of South Carolina

CM-L MEDICAL RECORDS
1Medical Park Drive
Chester SC 29706
HIM ROI Notes Report

Bagley, Kyle R
MRN: 005927484, DOB: 11/3/1980, Sex: M
Acct #: 400139380
Visit date: 5/18/2020

Progress Notes by Malik E Ashe, MD at 5/18/2020 10:45 AM (continued)

- QUEtiapine (SEROQUEL) 50 mg tablet; Take 1 tablet by mouth 2 times daily. Dispense: 60 tablet; Refill: 3

Electronically signed by Malik E Ashe, MD on 5/18/2020 6:54 PM

CSN
1140044200

Progress Notes by Drewid Plyler Poulos, PAC at 6/29/2020 10:45 AM

Author: Drewid Plyler Poulos, PAC
Filed: 6/29/2020 11:38 AM
Status: Signed

Service: ---
Creation Time: 6/29/2020 11:34 AM
Editor: Drewid Plyler Poulos, PAC (Physician Assistant)

Author Type: Physician Assistant
Note Type: Progress Notes

Subjective:

Patient ID: Kyle R Bagley is a 39 y.o. male.

HPI
Patient presents today for a follow-up from when he saw Dr. Ash back in May 18 2020. Patient states that he saw Dr. Ash and discussed with him about his depression and anxiety. Dr. Ash placed him on Seroquel 50 mg twice a day. Patient states that he has been taking that and feels like his mood has decreased. Patient states he also does take Xanax 0.5 mg that he takes twice a day to help, calm him down. Patient states since he has had a Workmen's Comp. that caused a traumatic brain injury along with Dupuytren's contraction of the left hand and left foot drop. Patient has been seeing neurology, orthopedic and cardiology. Patient has improved significantly in his range of motion and movement on the left hand and left foot. Patient states he does not wear his braces at nighttime. Patient states he is going to physical therapy to help with this strength and mobility. Patient noticed that he has an improvement with his strength. Patient states that he follows up with his neurologist on July 13 for further evaluation. Patient states tomorrow he follows up with cardiologist to review all the studies that he had from his echo and tilt test.

Patient is still working with his disabilities claim and he follows up with them on July 19.

Patient states the medication has helped with his mood swings and agitation and anxiety feeling. Patient states that he has no side effects from the medication and they have been helping him well.
Patient states that he has been noticing that he has poor concentration
Since his traumatic brain injury. Patient states he has trouble concentrating and focused on what people are saying. Patient states he feels like he has slow response to task.

Review of Systems
Constitutional: Negative for activity change, appetite change, chills, fatigue, fever and unexpected weight change.
HENT: Negative for hearing loss and tinnitus.
Eyes: Negative for visual disturbance.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.
Endocrine: Negative for polydipsia, polyphagia and polyuria.
Genitourinary: Negative for difficulty urinating.
Musculoskeletal: Positive for arthralgias, gait problem and myalgias. Negative for back pain.
Skin: Negative for rash.
Neurological: Positive for weakness. Negative for dizziness, numbness and headaches.
Psychiatric/Behavioral: Positive for decreased concentration. Negative for agitation, behavioral problems, dysphoric mood, self-injury, sleep disturbance and suicidal ideas. The patient is not nervous/anxious and is not hyperactive.

Progress Notes by Drewid Plyler Poulos, PAC at 6/29/2020 10:45 AM (continued)

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Objective:

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.
HENT:
Head: Normocephalic and atraumatic.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. Bowel sounds are normal.
Musculoskeletal:
Left ankle: Achilles tendon exhibits defect.
Left hand: He exhibits decreased range of motion and deformity. Decreased strength noted. He exhibits thumb/finger opposition.
Comments: Left hand noted Dupuytren's contraction of the third, fourth and fifth digit. Left foot drop noted. Patient is walking with a cane.
Neurological: He is alert and oriented to person, place, and time.
Skin: Skin is warm and dry.
Psychiatric: He has a normal mood and affect. His behavior is normal.
Nursing note and vitals reviewed.

Assessment / Plan

Encounter Diagnoses

Name	Primary?
• Follow up	Yes
• Depressive disorder	
• GAD (generalized anxiety disorder)	
• Foot drop, left foot	
• Dupuytren's contracture of left hand	
• History of traumatic brain injury	

Discuss with patient to work on diet and exercise and weight loss. Discuss compliance with medications with patient. Plan to follow up in 6mos.

Discussed with patient to follow-up with neurology and if they clear him to take anything to help with attention deficit then I will place him on some medication.

Electronically signed by Drewid Plyler Poulos, PAC on 6/29/2020 11:38 AM

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: **1908703**
Carrier File #: **A00223320**
Carrier Code #:
Employer FEIN #:

Claimant's Name: Kyle R. Bagley
Address: 628 Lancaster HWY #223, Chester, SC 29706

Employer's Name: JN Fibers Inc d/b/a Sun Fiber, LLC
Address:

Home Phone: (803) 374-2834 Work Phone: Insurance Carrier: Great American Alliance Insurance Company c/o Strategic Comp

Preparer's Name: C. Barrett Burley, Esquire Law Firm: Holder Padgett Littlejohn + Prickett, LLC Preparer's Phone #: (803) 335-1446

TO: South Carolina Workers' Compensation Commission and Bryan N. Sanchez, Esquire:

YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Defendants, to wit:

APA #	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
14	Dr. Joseph Boland & Associates Doris, Paez, PHD, NCSP	12/13/2019	353 – 361
15	Chester Medical Group	12/16/2014 – 7/5/2018	362 – 379
16	Carolina Neurological & Spine Associates	9/5/2019	380 - 388
17	Chester Chiropractic	6/20/2019	389 – 390
18	OrthoCarolina	9/19/2019 – 4/20/2020	391 – 419
19	Novant Health	6/9/2020	420 – 422
20	**Lexington Brain and Spine Institute**	**3/10/2020 - 7/8/2020**	**423 - 431**

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: See Pre-Hearing Brief.

C. Barrett Burley, Esquire
Holder Padgett Littlejohn + Prickett, LLC

July 17, 2020

July 27, 2020(hearing date)

LEXINGTON BRAIN AND SPINE INSTITUTE
222 E Medical Lane, Ste 200
West Columbia SC 29169-4848

Bagley, Kyle
MRN: M003154120, DOB: 11/3/1980, Sex: M
Visit date: 3/10/2020

Notes Report

Bagley, Kyle MRN: M003154120

Gunter, Brett C, MD
Physician
Neurosurgery

Progress Notes
Signed

Encounter Date: 3/10/2020

LEXINGTON BRAIN AND SPINE INSTITUTE NEW PATIENT EVALUATION

Employer:
Sun Fiber, LLC

Date of Injury:
6/14/2019

PREVIOUS SURGERY:
None

Chief Complaint
Patient presents with
- Back Pain
- Workers Comp

HPI:

Kyle Bagley is a 39 y.o. male Right handed seen today in independent medical examination following a work-related injury dated 6/14/2019. The patient is employed at Sun Fiber, LLC as a maintenance mechanic. On the date of the injury, he was on his way to fix a broken ramp on the floor. He was in the process of welding the supports on the sides. He had one knee down on the floor, and one knee was in a crouched positioned. He was abruptly "knocked backwards" and "landed on his back". A 650# bale of fiber came off of the roller and knocked him backwards. He is not sure if he lost consciousness. He was ambulatory immediately following the injury. He worked a couple more hours and then went home for the day following the injury at the end of the shift.

Approximately 3 days following the injury, he awoke with increasing pain in his neck, head, and low back. He presented to the emergency room in Chester. Initial evaluation included x-rays of the cervical, thoracic, lumbar spine and LEFT shoulder. He was diagnosed with "cervical strain, lumbar strain, LEFT shoulder impingement syndrome with contusion, LEFT chest wall contusion, and thoracic back muscle spasm and strain".

He was evaluated by Dr. Matthew Brown with Midland's orthopedics. He was seen for his cervical, thoracic, and lumbar spine as well as for his ongoing occipital pain. An MRI of the lumbar spine was obtained. He had approximately 18 visits with a physical therapist for his

lumbar spine. He does not believe the therapy helped much. He did have one "trigger point injection" by his primary care physician Dr. Plyler. He denies any significant improvement in his lumbar syndrome following the physical therapy.

He saw an orthotist and had an AFO splint made for his LEFT lower extremity for what was diagnosed as a "reverse foot drop". (Dr. Duprey who is a prosthetist)

He presents today for additional evaluation of his lumbar spine. He denies any pain in his low back, LEFT hip or leg prior to this injury.

His present syndrome is as follows:

Low back: 50%. The patient describes constant sharp and burning pain into his lumbar spine from mid lumbar spine through his lumbosacral junction. He rates this pain as an 8/10 on a scale. As he stands and ambulates he feels a "shifting" in his low back. He has pain first thing in the morning and it is difficult to sleep at nighttime. He has difficulty with transitioning type activities like going from a standing to sitting activity. Basically any activity for too long a period of time produces back pain for him.

LEFT hip and leg: 50%. The patient describes constant radiating pain from the area of his LEFT scrotum, through the medial aspect of his upper thigh into the medial calf. This sensation is described as numbness and tingling. He has additional pain that extends from the proximal medial calf down through the plantar foot which he states is burning and shooting in nature. His symptoms are reliably worse with standing and walking. Weightbearing activities produce "shooting pain from his foot all the way up to his pelvis". He describes intermittent weakness of his LEFT hip and leg with ambulation.

In terms of treatment for this problem, he presently takes cyclobenzaprine, diclofenac and Aleve.

Past Medical History:
No past medical history on file.

Past Surgical History:
No past surgical history on file.

Social History:
Social History

Tobacco Use
- Smoking status: Not on file

Substance Use Topics
- Alcohol use: Not on file
- Drug use: Not on file

Family History:
No family history on file.

Review Of Systems:
Review of Systems

OBJECTIVE:

Physical Exam:
LUMBAR EXAM:

GAIT: The patient arises from the chair slowly and has a slow and cautious gait across the room favoring his LEFT hip and leg. He ambulates with a cane.
GENERAL: appropriate for age
HEAD: normocephalic
EYES: pupils equal and reactive, extraocular movements intact
EARS: external anatomy unremarkable
THROAT: oropharynx clear to visual inspection
LUNGS: clear to auscultation bilaterally
HEART: regular rate and rhythm
ABDOMEN: soft non-distended, nontender
EXTREMITIES: warm, moist, pulses present, he is wearing an AFO splint on his LEFT leg and a wrist splint on his LEFT arm.
BACK: Free of masses or lesions. Gentle flexion and extension is limited. He has tenderness palpation in the lower lumbar spine in the midline and paraspinal musculature.

NEUROLOGICAL EXAM:
MENTAL STATUS: awake alert and oriented to person, place and time
SPEECH: fluent and conversant

POWER EXAM:
LOWER EXTREMITIES:
HIP FLEXORS: power 5/5 on RIGHT, 4/5 on LEFT
QUADRICEPS: power 5/5 on RIGHT, 4/5 on LEFT
HAMSTRINGS: power 5/5 bilaterally
ANTERIOR TIBIALIS: power 5/5 on RIGHT, 4 plus/5 on LEFT
EXTENSOR HALLICUS LONGUS: power 5/5 bilaterally
GASTROSOLEUS: power 5/5 bilaterally
SENSORY EXAM:
LOWER EXTREMITIES: sensation intact to light touch
CEREBELLAR: gait and finger to nose testing intact
REFLEXES: upper and lower extremity reflexes symmetric and intact
ADDITIONAL EXAM:
Negative clonus. He has a weakly positive straight leg raise on the LEFT.

IMAGING:
MRI lumbar spine from 2/27/2020 demonstrates well-maintained disc height throughout. No evidence of instability, fracture, or neuro compressive lesion identified

ASSESSMENT:
At this point I have reviewed his MRI and I am unable to identify an acute injury. The findings on this MRI are degenerative in nature and would take years to develop. Unfortunately, I do not have his nerve conduction velocity test. The only diagnosis that I can apply here is lumbar myofascial syndrome. Most important ingredients in the treatment of lumbar myofascial syndrome on the passage of time and physical therapy. I do not identify any additional treatments that will likely improve his back syndrome. I do not identify a mechanical restriction to his return to work.

PLAN:
We need to get the EMG nerve conduction velocity test of his lower extremity.
No surgical alternatives

Gunter, Brett C

This note was created with voice recognition software. Typographical and grammatical errors, as well as errors of content are related to the software capture, and every attempt is made to correct these prior to note submission.

Electronically signed by Gunter, Brett C, MD at 03/10/20 1445

Note Details

Author	Gunter, Brett C, MD	File Time	03/10/20 1445
Author Type	Physician	Status	Signed
Last Editor	Gunter, Brett C, MD	Specialty	Neurosurgery

Office Visit
on
3/10/2020

LEXINGTON Brain and Spine INSTITUTE
A Lexington Medical Center Physician Practice

Lexington Brain and Spine Institute
222 E MEDICAL LN, STE 200
WEST COLUMBIA SC 29169-4848
Phone: 803-935-8410
Fax: 803-936-7816

Patient:
Kyle Bagley
628 LANCASTER HWY #223
CHESTER SC 29706
Home: 803-374-2834
Mobile:

MRN: M003154120
DOB: 11/3/1980
SSN: [redacted]
Sex: M

Primary
GENERIC WORKERS' COMP/GENERIC WORKERS' COMP

Sub:
Grp:
ID: A00223320
Sub DOB:

Secondary
- No Secondary Coverage -

Sub:
Grp:
ID:
Sub DOB:

EMG w/ Nerve Conduction Study
Diagnosis: Low back pain (M54.5)
Questions:
Additional Comments:

Scheduling Instructions: EMG nerve conduction velocity test of his lower extremity.

Referred To Information:

Referring/Authorizing Provider Information:
Gunter, Brett C, MD
222 East Medical Lane
Suite 200
WEST COLUMBIA SC 29169

Phone: 803-935-8410
Fax: 803-936-7816
NPI: 1538261615

Order Date: *Mar 13, 2020* **Order Time**: *9:31 AM*

Expected Date:

Authorized by: *Gunter, Brett C, MD*

This document serves as a request of services and does not constitute Insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage.

LEXINGTON Brain and Spine INSTITUTE
A Lexington Medical Center Physician Practice

LEXINGTON BRAIN AND SPINE INSTITUTE
222 E Medical Lane, Ste 200
West Columbia SC 29169-4848

Bagley, Kyle
MRN: M003154120, DOB: 11/3/1980, Sex: M
Visit date: 7/8/2020

Notes Report

Bagley, Kyle

MRN: M003154120

Gunter, Brett C, MD
Physician
Specialty: Neurosurgery

Progress Notes
Signed

Encounter Date: 7/8/2020

LEXINGTON BRAIN AND SPINE INSTITUTE
INDEPENDENT MEDICAL EVALUATION

EMPLOYER:
Sun Fiber, LLC

DATE OF INJURY:
6/14/2019

PREVIOUS SURGERY:
None

Chief Complaint
Patient presents with
- Neck Pain

HISTORY OF PRESENT ILLNESS:

Kyle Bagley is a 39 y.o. male right hand dominant male seen today in independent medical examination following a work-related injury dated 6/14/2019. The patient is employed at Sun Fiber, LLC as a maintenance mechanic. On the date of the injury, he was on his way to fix a broken ramp on the floor. He was in the process of welding the supports on the sides. He had one knee down on the floor, and one knee was in a crouched positioned. He was abruptly "knocked backwards" and "landed on his back". A 650# bale of fiber came off of the roller and knocked him backwards. He is not sure if he lost consciousness. He was ambulatory immediately following the injury. He worked a couple more hours and then went home for the day following the injury at the end of the shift.

Approximately 3 days following the injury, he awoke with increasing pain in his neck, head, and low back. He presented to the emergency room in Chester. Initial evaluation included x-rays of the cervical, thoracic, lumbar spine and LEFT shoulder. He was diagnosed with "cervical strain, lumbar strain, LEFT shoulder impingement syndrome with contusion, LEFT chest wall contusion, and thoracic back muscle spasm and strain". He says that not long after that he "rapidly lost weight." He says he lost so much weight that eventually his weight was about 130 pounds. He is taking boost as a weight gain supplement.

Patient has been previously evaluated in our office for his lumbar and left lower extremity complaint. He presents today for additional opinion with regard to his head and his cervical spine.

He was evaluated by Dr. Matt Brown with Midland's orthopedics and neurosurgery on 7/5/2019. The patient's spinal imaging was reviewed and demonstrated "no acute significant pathology noted on imaging. The patient has good overall alignment as well as good preservation of disc height and disc hydration with no gross fractures, dislocations, or malalignment. The patient has no neurologic structure impingement throughout his cervical, thoracic, or lumbar spines with no central canal stenosis or significant foraminal stenosis which would explain any of the patient's symptoms at this time.". He was felt to have "occipital neuralgia" as well as "diffuse muscular strain". Recommendations were made for occipital nerve blocks and cervical physical therapy.

The patient underwent bilateral greater and lesser occipital nerve blocks on 7/11/2019. The patient describes approximately 50% improvement in his head and neck pain syndrome following these injections which lasted a total of 3 days. Patient describes rapid return of his symptoms thereafter.

He had 10 weeks of physical therapy initially for his head and neck. Subsequent to that, over the past 4 months, he has had additional physical therapy 2-3 times a week. The patient states that he has made improvement, at least 50%, and his symptoms over the past 2 months, mainly with improvement of his left arm and neck.

His present syndrome is as follows:

Headaches: The patient describes intermittent onset of headaches, which seem to happen in "2 episodes, every other day". He rates his pain as a 7/10 on a scale. He describes occipital head pain that radiates to the top of his head and into the frontal region behind the eyes bilaterally right greater than left. Physical therapy activities and any vigorous physical activity tend to "bring these headaches on."

Axial neck: 50% The patient describes constant axial neck pain near his mid cervical spine with radiation into his cervical thoracic junction and into his interscapular region. Patient rates his pain as a 7–8/10 on a scale. He characterizes this pain as sharp and stabbing in nature. Activities tend to make this worse. He has pain at nighttime as well.

Left shoulder and arm: 50% The patient describes constant pain syndrome and/or out of his left axilla number lateral aspect of the arm to the mid bicep. He describes this as a sharp and burning pain. Radiating pain from his left elbow into the forearm. He has numbness into the left palm chronically. He has weakness of the hand and difficulty with grip, grasp, and manual dexterity. Wrist more he has some flexion contractures in the third, fourth, and fifth digits on the left.

In terms of present medications for this, he takes tizanidine, diclofenac, Klonopin, Lorazepam. He continues with physical therapy.

Review of Systems

OBJECTIVE:

Weight	78 kg (172 lb)
Height	6' 1" (1.854 m)

Physical Exam:

GENERAL EXAM:
GENERAL: appropriate for age. He arises from the chair slowly and has a slow and cautious gait across the room favoring his left leg. He has the assistance of a single prong cane.
HEAD: normocephalic
EYES: pupils equal and reactive, extraocular movements intact
EARS: external anatomy unremarkable
THROAT: oropharynx clear to visual inspection
NECK: Free of masses or lesions. Gentle flexion and extension of the cervical spine is limited in all planes and reproduces some axial neck pain. He has tenderness to palpation throughout the midline and paraspinal musculature throughout his mid and distal cervical spine.
LUNGS: clear to auscultation bilaterally
HEART: regular rate and rhythm
ABDOMEN: soft non-distended, nontender
EXTREMITIES: warm, moist, pulses present. Patient has some ulnar deviation of his hand at the wrist. He has a flexion contracture of his left middle finger to a lesser degree his fourth and fifth digits on the left. He has some thickness and cording of the palm. His flexion contractures of the fourth and fifth digits are correctable, his flexion contracture of the middle finger is fixed.
BACK: full range of motion, non-tender to palpation or percussion

NEUROLOGICAL EXAM:
MENTAL STATUS: awake alert and oriented to person, place and time
SPEECH: fluent and conversant
CRANIAL NERVE:
I Olfactory: sense of smell present
II Optic: visual acuity present
III Occulomotor: medial, superior, inferior rectus muscle intact
IV Trochlear: superior oblique muscle intact
V Trigeminal: facial sensory muscle intact
VI Abducent: lateral rectus muscle intact
VII Facial: muscle of facial expression symmetric
VIII Vestibulocochlear: hearing in both ears present
IX Glossopharyngeal: sensation of oropharynx present
X Vagus: elevation of oropharynx present
XI Accessory: shoulder shrug intact
XII Hypoglossal: tongue protrudes normally in the midline

POWER EXAM:
UPPER EXTREMITIES:
SHOULDER ABDUCTION: power 5/5 bilaterally
ELBOW FLEXOR: power 5/5 bilaterally
ELBOW EXTENSOR: power 5/5 bilaterally
WRIST FLEXOR: power 5/5 on right 4/5 on left
WRIST EXTENSOR: power 5/5 b on right, 4/5 on left
HAND GRIP: power 5/5 on right, 3/5 on left
SENSORY:
UPPER EXTREMITIES: sensation subjectively diminished to touch in the left palm, dorsum of his left hand over all 5 digits but it normalizes over the distal forearm he also has a similar loss of sensory function over his left foot.
LOWER EXTREMITY sensory function to light touch is reduced over the left foot the left lower leg below the knee and begins to normalize in the proximal thigh

Visual examination of his upper and lower extremity muscle bulk appears to be similar although palpation of his forearm and his calf demonstrate a difference in the amount of time from left to right there being more tone on the left upper and lower extremity at the forearm and calf
REFLEXES: upper extremity reflexes symmetric and intact
ADDITIONAL EXAM:
Negative clonus, negative hoffmans

IMAGING:
MRI of the brain from Novant Health dated 6/9/2020 demonstrates a normal brain MRI without contrast

MRI of the cervical spine from Novant Health 6/9/2020 demonstrates cervical spondylosis with some canal stenosis and foraminal stenosis but without significant cord or nerve root compression. The stenosis appears largely congenital.

ASSESSMENT:
At present I am unable to identify either significant cervical spinal disease or intracranial spinal disease to explain his current condition. I have read a report indicating that an "adjustment disorder" may be present. There are no indications for neurosurgical intervention. He will need continued rehabilitation for the contractures of his left upper and lower extremity.

PLAN:
No indication for neurosurgical intervention

Gunter, Brett C

This note was created with voice recognition software. Typographical and grammatical errors, as well as errors of content are related to the software capture, and every attempt is made to correct these prior to note submission.

Electronically signed by Gunter, Brett C, MD at 07/08/20 1513

Note Details

Author	Gunter, Brett C, MD	File Time	07/08/20 1513
Author Type	Physician	Status	Signed
Last Editor	Gunter, Brett C, MD	Specialty	Neurosurgery

Office Visit
on 7/8/2020

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1908703

Kyle R. Bagley,)
)
Employee,)
Claimant,)
)
-vs-)
)
Sun Fiber, LLC,)
)
Employer,)
and)
)
Great American Alliance)
Insurance Co./Strategic)
Comp,)
)
Carrier,)
Defendants.)

Deposition of KYLE R. BAGLEY, a witness called by Counsel on behalf of the Defendants, pursuant to the applicable provisions of the South Carolina Rules of Civil Procedure, taken before Cynthia L. Weathers, a Professional Court Reporter and Notary Public in and for the State of South Carolina, on September 30, 2019 at Lewis Law Firm, 772 Cherry Road, Rock Hill, South Carolina, commencing at the hour of 10:00 a.m.

APPEARANCES

Bryan N. Sanchez, Esq.
Lewis Law Firm
772 Cherry Road
Rock Hill, South Carolina 29731
bryan.sanchez@stacylewislaw.com

REPRESENTING THE CLAIMANT

Barrett Burley, Esq.
Holder Padgett Littlejohn & Prickett
1201 Main Street
Suite 1430
Columbia, South Carolina 29201

REPRESENTING THE DEFENDANTS

ALSO PRESENT

Jessica Bagley
Patricia T. Kline, Strategic Comp
Chris Waters, Sun Fibers LLC

INDEX

PROCEEDINGS. 4

DIRECT EXAMINATION BY MR. BURLEY 4

CROSS-EXAMINATION BY MR. SANCHEZ 84

REDIRECT EXAMINATION BY MR. BURLEY 91

REPORTER CERTIFICAT. 103

EXHIBITS

NUMBER	DESCRIPTION	PAGE
Claimant's Exhibit #1	Return to Work Duty Form	91

P-R-O-C-E-E-D-I-N-G-S

Whereupon,

KYLE R. BAGLEY,

having been first duly sworn,

was examined and testified as follows:

DIRECT EXAMINATION

BY MR. BURLEY:

Q. Good morning, Mr. Bagley. My name is Barrett Burley. I'm an attorney representing Sun Fiber and their Workers' Compensation carrier in your Workers' Compensation case. I'm here this morning to take your deposition. As I am sure that your attorney has explained to you a deposition is merely a conversation between the two of us. This will allow me to get some information about you, your work injury, your background and other relative information.

A. Okay.

Q. None of my questions today are intended to trick or harass you in any way. These are largely the same questions that I would ask anybody with a Workers' Compensation case; okay? But a couple of ground rules I want to go over before we begin, number one, you see we have a court reporter here and she's taking everything that we say down onto a

written record. Because of that I need you answer verbally. Say yes or no. Don't shake or nod your head. Don't say uh-huh or huh-uh which is a tendency that we all do from time to time. And if you're not saying yes or no and answering my questions verbally I'm going to stop you and remind you to do so; is that fair?

A. Yes, sir.

Q. Okay. I'm going to remind you that you're under oath, so you need to answer truthfully. If I ask a question and you answer that question, I'm going to assume two things; number one, that you heard and understood my question; and number two, that you answered truthfully; is that fair?

A. Yes.

Q. All right. And then finally your attorney is here but you're not going to be able to talk to your attorney during the course of this deposition. So if you have a question about something that I've asked you just ask me to clarify and I'll be glad to do so; okay?

A. Yes.

Q. All right. Would you state your full -- Well, have you ever been deposed before?

A. What?

Q. Have you ever been deposed before?
A. I don't know what that means.
Q. Have you sat in a deposition like this --
A. No, sir.
Q. Okay. All right. Could you state your full name for the record, please.
A. Kyle Ray Bagley.
Q. Your middle name is Ray?
A. Yes, sir.
Q. What's your date of birth?
A. 11/03/1980.
Q. That makes you how old?
A. Thirty-nine.
Q. And you said November 3rd of 1980?
A. Yes.
Q. What's your current address?
A. 628 Lancaster Highway, Apartment 223, Chester, South Carolina 29706.
Q. How long have you lived there?
A. Probably close to four years.
Q. And this is an apartment?
A. Yes, sir.
Q. Who lives with you there?
A. My wife and three kids.
Q. What is your wife's name?

A. Jessica Bagley.
Q. And how long have you been married to Jessica?
A. Since 2009.
Q. What are the ages of your children?
A. Seventeen, 14 and 13.
Q. And do you have primary custody or share primary custody with your wife for all three of your children?
A. Yes.
Q. Okay. Do you have any other children?
A. Yes.
Q. Other than the 17-year-old, the 14-year-old and the 13-year-old --
A. I have a 22-year-old.
MR. SANCHEZ: Let him finish the questions just so she doesn't yell at us later on.
BY MR. BURLEY: (Resuming)
Q. And the 22-year-old, where does she live?
A. He lives in his own apartment in Chester.
Q. I'm sorry. What's his name?
A. Antonio.
Q. Where does he work?
A. Haddon House, but they have another name for it, too, but it's Haddon House.
Q. All right. And then the 17-year-old, the 14-year-

old and the 13-year-old, what are their genders?
A. The 13-year-old and 17-year-old are male, and the 14-year-old is female.
Q. Does Jessica have any other children?
A. (Shaking head)
Q. Yes or no?
A. No, sir.
Q. What is Jessica's occupation?
A. Cashier at Zaxby's.
Q. Does she work anywhere else?
A. Currently, no.
Q. Prior to 628 Lancaster Highway where you living?
A. 944 West End Road.
Q. Is that in Chester?
A. Yes, sir.
Q. And then prior to that?
A. I can't think of the address right off hand, but it was on 321 in Chester.
Q. How long have you lived in Chester?
A. Since probably 2008, 2009.
Q. And where did you live prior to Chester?
A. Newport News, Virginia.
Q. How long did you live there?
A. Since 2000.
Q. Prior to Newport News?

A. Here. Chester, South Carolina.
Q. Have you ever lived anywhere else other than Chester and Newport News?
A. No, sir.
Q. What's your Social?
A. XXX-XX-XXXX.
Q. Okay. Do you have a South Carolina driver's license?
A. Yes, sir.
Q. Do you have that number available?
A. Yes, sir.
Q. What is it?
A. 007727790.
Q. And is that a --
A. South Carolina driver's license.
Q. All right. Let me finish my questions before you begin to answer. Do you have any restrictions on that license?
A. No, sir.
Q. Is it currently suspended?
A. No, sir.
Q. What kind of car do you drive?
A. 2007 Ford F150, but I haven't drove.
Q. You have not driven that car?
A. I haven't driven in the last going on four months

probably.
Q. Okay. And would that be since your work injury?
A. Yes.
Q. Okay. So you have not driven that car since your work injury.
A. Well, maybe once, but yeah, since the work injury, no.
Q. And just to clarify, you've only driven that car once you would estimate since your work injury; is that correct?
A. Yes, sir.
Q. Do you recall where that trip was to?
A. My job.
Q. Was that the job at Sun Fiber?
A. Yes, sir.
Q. Do you own any other vehicles; boats, motorcycles, ATVs?
A. No.
Q. What kind of car does Jessica drive?
A. 2015 Chrysler 200.
Q. And have you driven that car?
A. Not of lately, no, sir.
Q. What color is the Chrysler?
A. Burgundy.
Q. What color is your Ford?

A. Blue, two-tone, gold.
Q. Do you have any prior marriages?
A. Yes, sis.
Q. Who were you married to previously?
A. Elizabeth Pendergrass.
Q. How long were you married to Elizabeth Pendergrass?
A. Not long, probably five years maybe.
Q. What were the dates of that marriage?
A. Probably early 2000.
Q. Is that when the marriage ended?
A. We got married roughly in the beginning of 2000 I believe, and it ended in -- it's kind of hard to say. We stayed together for about a year and that was it. And it took 'til 2005 for the divorce to go through.
Q. So the marriage ended in divorce; is that correct?
A. Correct.
Q. Did you file for divorce or did she file for divorce?
A. She did.
Q. What was the basis for her divorce filing?
A. I have no idea.
Q. You don't know why she filed for divorce?
A. (Shaking head)
Q. Yes or no?

A. No, sir.
Q. And how many children did you have as a result of that marriage?
A. One.
Q. The 22-year-old?
A. No, sir. My -- another daughter. I have a daughter with her.
Q. Okay. How many children do you have total?
A. All together?
Q. That's what I'm asking. Yes, sir.
A. Five.
Q. So you have a 22-year-old son, --
A. Uh-huh.
Q. -- a 17-year-old son, --
A. Yes.
Q. -- a 14-year-old daughter, --
A. Yes.
Q. -- and a 13-year-old son; correct?
A. And a 15-year-old daughter with Ms. Pendergrass.
Q. Okay. How many children do you have with Ms. Pendergrass?
A. Just that one 15-year-old.
Q. Okay. Who is the mother of the 22-year-old?
A. It's Jessica.
Q. Is she also the mother of the other three?

A. Yes.
Q. Do you have any other marriages?
A. No, sir.
Q. Are there any other children or minors that you support financially?
A. No, sir.
Q. Do you pay child support for your 15-year-old daughter?
A. Yes, sir.
Q. Where does she live?
A. Charleston, South Carolina.
Q. Does she live with her mother?
A. Yes.
Q. So again there's nobody else that you support financially other than your children.
A. Correct.
Q. Is there anyone else that provides financial support to you?
A. No, sir.
Q. Let's talk about your educational history. How far did you go in school?
A. GED.
Q. When you say GED, you obtained a GED?
A. Yes, sir.
Q. Okay. But my question was how far did you go in

school. I know you have a GED. What was the last grade that you completed?

A. Probably seventh grade.

Q. Seventh?

A. Yeah.

Q. And when did you obtain your GED?

A. I believe 1990.

Q. Any post highschool education or training?

A. No.

Q. So no vocational training?

A. No, sir.

Q. Okay. Any certificates or classes?

A. No, sir.

Q. How about any on-the-job training where you may would have received a certificate or a certification through an employer?

A. No, sir.

Q. Do you have any trouble reading or writing?

A. Now I do. Yes, sir.

Q. Okay. Tell me about that. I mean can you read a newspaper article?

A. As long as I'm not standing up, yeah.

Q. What is it about standing up?

A. We don't know yet.

Q. Okay. So you have trouble reading standing up; is

that correct?
A. Yes, sir.
Q. And is that something that you've had all your life?
A. No.
Q. Is that a recent --
A. Oh, yeah. Yes, sir.
Q. And tell me what it is about standing up and reading that causes you problems.
A. When the therapists try to stretch me out, stand me up, everything leaves out of my right eye. And that's been documented.
Q. So you loose sight in your right eye when you work out at physical therapy?
A. Yes.
Q. Okay. Do you have any trouble with your right eye other than when you're at physical therapy and they're working you out?
A. Assuming as being put in a string, you know, trying to stand me up and stretch me out. And they have things stuck to the wall where they want you to do tests with and I can't do them. So sitting down I could read a newspaper.
Q. Okay. So again, my original question wasn't necessarily related to your physical ability to

see. It was more your ability to read and comprehend information.

A. Yes. I can read.

Q. Okay. So you can read. And we'll get back to your physical issues in a second. Do you have any trouble writing?

A. No, sir.

Q. Do you for instance use a computer?

A. No, sir.

Q. Can you use a computer?

A. Not really. No, sir.

Q. Did you ever serve in the military?

A. No, sir.

Q. Do you have a criminal history?

A. Yes, sir.

Q. All right. Prior to this accident, this accident we're discussing here from June 20, '19 at Sun Fiber did you have any arrests or convictions?

A. Yes.

Q. Tell me about the convictions that you had.

A. No convictions. It got resolved.

Q. Okay. What was the charge and arrest for?

A. How I discipline my kid.

Q. And when did this happen?

A. August, I believe.

Q. August of this year?
A. Yes.
Q. Okay. You were arrested for how you discipline your kid; is that correct?
A. Correct.
Q. Was this a physical altercation?
A. Yes.
Q. And which child did this physical altercation --
A. My 14-year-old.
Q. Who is the daughter. Is that correct?
A. Yes.
Q. And you were disciplining her?
A. Yes.
Q. And did that become physical?
A. I'm going to say no, but they said yeah.
Q. Okay. Who is they?

MR. SANCHEZ: I'm going to object to this line of questioning. He has an attorney handling some of this right now.

WITNESS: Right.

MR. BURNEY: Okay. Well, what's the objection?

MR. SANCHEZ: Just he's got another attorney. It's an ongoing legal matter. We can deal with this off the record, whatever you want. More to the story is I just don't want it to affect his

legal matter that he has going on right now.

MR. BURNEY: Okay. Let's go off the record.

(Off the record)

BY MR. BURNEY: (Resuming)

Q. Mr. Bagley, we had a short discussion off the record regarding your criminal charge. So again, I want to, because it is, you said it was a physical altercation, I want to get some additional information from you. Tell me exactly what happened that resulted in you being charged in August of 2019.

A. I grabbed my daughter's book bag.

Q. What led you to grab her book bag?

A. Restraining her from leaving.

Q. And other than grabbing her book bag, did you --

A. That's it. All I did was grab her book bag.

Q. Okay. Was she injured as a result of this?

A. No.

Q. So she had no physical injuries?

A. No.

Q. Let me clarify my question. I think it was a bad question. Did she have any physical injuries in August of 2019?

A. No.

Q. Other than grabbing her book bag, was there --

A. That was it.

MR. SANCHEZ: Let him finish his questions, please.

BY MR. BURNEY: (Resuming)

Q. Okay. So other than grabbing her book bag, you didn't touch her other than that.

A. No, sir.

Q. Did you touch her physically?

A. No, sir.

Q. Okay. How big is your daughter?

A. She's as tall as my wife.

Q. Well, your wife's not standing up. I'm going to ask you just to ballpark it.

MR. SANCHEZ: Give your best estimate.

A. Four-foot-seven.

BY MR. BURNEY: (Resuming)

Q. How much does she weigh at four-foot-seven?

A. Maybe 100 pounds.

Q. Did she fall to the ground when you grabbed her?

A. No, sir.

Q. And it's your testimony that she was not injured; is that correct?

A. Correct.

Q. What did you grab her with, your right hand or your left hand?

A. Right hand.
Q. And did you pull her back?
A. Exactly. And that was it.
Q. Were you standing up when this happened?
A. Yes.
Q. Did you lose sight in your right eye when this happened?
A. No.
Q. So this incident where you grabbed your daughter by the book bag who weighs about 100 pounds and you pulled her back, were you injured as a result of this?
A. No.
Q. Did you hurt your shoulder or back or anything?
A. No.
Q. Okay. Do you smoke?
A. Yes.
Q. How often do you smoke?
A. About a pack-a-day.
Q. Do you drink alcohol?
A. No.
Q. Have you ever drank alcohol?
A. Yes.
Q. When did you quit?
A. Probably three to four years ago to be honest. I

mean I don't really drink. No. I don't.
Q. So three or four years ago how often would you say you were drinking?
A. A beer, one beer a month maybe, or a glass of wine a month or something like that. Too far in between. I don't drink.
Q. So you were never a heavy drinker.
A. No.
Q. Okay. Do you use any other drugs?
A. No.
Q. Have you ever used any other drugs - recreational or otherwise?
A. Yes, sir.
Q. What type of drugs have you done in your past?
A. Maybe just a little bit of pot.
Q. Were you on any drugs in June of 2019?
A. No.
Q. Do you still smoke marijuana occasionally?
A. No. Can't afford to.
Q. But you would though if you could afford it.
A. No. I wouldn't.
Q. Tell me about your work history. And let's start with Sun Fiber then work backwards. I find that's a better way to keep up with what you've been doing prior to -- Well, let me ask you this. When did

you start working for Sun Fiber?
A. Probably 2014 for a year-and-a-half maybe. And then I think again back in 2016 or something like that I came back in for maintenance.
Q. When you were first hired in 2014 what were you hired to do?
A. A tin knocker.
Q. Tell me what that is.
A. Fold sheet metal, bend it, conform to blueprints and hang it for their steam lines, AC lines and all that.
Q. And how long did you work for Sun Fiber during that stint?
A. Probably about a year-and-a-half, or a year and a couple of months.
Q. And what was the reason you left the first time?
A. Well, I thought what they did was kind of shady, but I believe the man said that they didn't receive my document on the computer, so therefore he had no way to verify that. So they left me go.
Q. What documentation did they --
A. They tell you to go on computer and fill out when you need time off. So it was coming up to my anniversary and I filled out for the time off and that Chinese man stated that he never received.

Q. Okay. I'll remind you again. Let me finish my questions before you begin to answers. That's just so we make her job a little bit easier without talking over one another. So in 2014 you lost your job with Sun Fiber because you alleged that they didn't receive any request for time off form essentially.
A. Correct.
Q. Okay. So after you left Sun Fiber and before this most recent stint where did you work?
A. I didn't.
Q. So how long would you say you were out of work?
A. A year, maybe right at two years. And then we received word that they was needing some more people to come back in for maintenance. So I just called up there and Mr. Winters called me back, we talked a little bit, and I got hired right back in.
Q. And that was in 2016?
A. I think so. Now I might be wrong on the dates, but yeah, somewhere around in there.
Q. During the period you were out of work for about a year-and-a-half what were you doing for money?
A. Side work.
Q. What type of side work were you doing?
A. Roofing, siding, windows, doors, concrete, anything

to pay bills.
Q. Mainly construction?
A. Always. Yes, sir.
Q. Any particular companies you were working with or just kind of a day laborer?
A. Just kind of what I - a do it on my own kind of guy.
Q. So would you work for homeowners or would you work for companies?
A. Homeowners.
Q. Do you know the names of any of the people you worked for?
A. Not off the top of my head. I mean you know, it could have been anybody that called. Yeah, not off the top of my head.
Q. Okay. And then when you went back in 2016 with Sun Fiber what were you hired to do then?
A. Maintenance mechanic.
Q. And that's what you've been doing since?
A. Yes, sir.
Q. What were they paying you as a maintenance mechanic?
A. Seventeen-dollars-an-hour plus $1 night differential. And I believe it just went up. I could be wrong, but eighteen-dollars-an-hour.

Q. All right. Let's go back to your work history. In 2014 prior to your job doing sheet metal work at Sun Fiber what were you doing?
A. Working for Allvac driving a crane.
Q. Allvac?
A. ATI, Allvac ATI.
Q. And where are they out of?
A. Richburg.
Q. And you said you were operating crane?
A. Overhead crane.
Q. And how long did you do that?
A. Probably a year-and-a-half.
Q. What were they paying you there?
A. I believe it was sixteen-seventy-five.
Q. How many hours a week were you working?
A. Sixty-hours-a-week, and then there toward the end I was getting close to 70 hours-a-week.
Q. What was your immediate supervisor there?
A. It was so long ago I wouldn't know. I wouldn't know the man's name. I might could recognize his face but I don't know his name.
Q. Who hired you there?
A. Monroe Staffing.
Q. So were you employed and paid through Monroe or were you employed and paid through --

A. Employee and paid through Monroe, but I went to Allvac. That's where I worked.
Q. So Allvac never paid you directly.
A. Right.
Q. Who did you report to at Monroe?
A. I couldn't tell you. I just met the lady one time and that was it.
Q. And what was the reason that you left Allvac?
A. They did a layoff. You know, that's significant to them. They always did these big layoffs. And so they did a layoff. It was a couple of weeks later or whatever I went to work for Sun Fiber.
Q. All right. Prior to all that?
A. Working for myself again.
Q. How long did you do that during that period?
A. I've pretty much done that my whole life. And what I mean by that is work for different homeowners or, you know, if this guy called and hey, I need a roof snatched off and put back on, or hey, I need some siding put on, stuff like that.
Q. So you didn't work for anybody. You would just odd jobs for other people.
A. Correct.
Q. And how long would you say you did that type of work?

A. Probably since before I left out of Newport News. When I dropped out of school in seventh grade I went straight to working doing construction building houses, so I've done that my whole life.
Q. Did you ever work for a construction company?
A. Oh, yeah.
Q. All right Well, what type of companies have you worked for?
A. Commercial, Spain Commercial, which they do interior design, drywall, metal framing.
Q. What was the name of the company?
A. Spain Commercial.
Q. Spain?
A. Uh-huh.
Q. Like the country?
A. Yeah.
Q. And how long did you work for them?
A. That was the beginning of when I moved to Newport News.
Q. So when you were in Newport News you worked for Spain Construction?
A. Uh-huh.
Q. You have to say yes or no.
A. Yes, sir.
Q. And I'm just going to remind you just because

sometimes you forget. It's okay. So you worked for Spain -- I'm sorry for repeating myself -- for how long?

A. Probably close to four years maybe, four-and-a-half years, and then back I would say from a teenager up until the time I left South Carolina was with Roddy's Construction, Bobby Roddy.

Q. Let me clarify real quick so I've go this correct in my mind. Spain Construction four year, Newport News; correct?

A. Correct.

Q. Now were you specializing in anything?

A. Metal framing and drywall.

Q. All right. Is that the only construction company you worked for in Newport News?

A. Yes.

Q. What else did you do for money in Newport News?

A. Like I said, side work.

Q. So back to South Carolina before you went to Newport News.

A. Bobby Roddy's Construction.

Q. Bobby Roddy's?

A. Uh-huh.

Q. Where are they based out of?

A. Chester, or use to be. I think he closed his door.

Black's Construction.
Q. Where's Blacks out of?
A. It was in Chester, too. That's it.
Q. So other than Black's, Bobby Roddy, Spain, Monroe Staffing and Allvac and Sun Fiber have you worked for anyone else?
A. Like I said, just when people would call and need stuff done. One of my uncles, he would call me periodically to come take apart guns and clean them and put them back together. But other than that, no.
Q. All right. Going back to your job as a maintenance mechanic in 2016 when you went back to work at Sun Fiber, you said you were making about $17 or $18-an-hour. About how many hours a week would you work?
A. It's different now. It used to be 21 turn or something like that, 48, 36. But when I come out of there in June I believe it was 42.2 hours or something like that.
Q. A week?
A. Yes, sir.
Q. And were you working anywhere else while you were working at Sun Fiber?
A. Just occasional side work here and there.

Q. Did you ever have any problems? By problems I mean disagreements or disciplinary actions with your employer sometime while you were there?
A. I've never thought I've had any problem with them other than he likes to grab people and snatch on them. I reported that a few time to HR. And I believe I got wrote up one time for putting a blade in backwards.
Q. Okay. Who likes to grab people?
A. The Chinese supervisor. You know their culture is different from ours.
Q. So other than putting the blade in backward no disciplinary actions?
A. (Shaking head)
Q. Say yes or no for me.
A. No, sir.
Q. Okay. All right. Tell me what happened when you were injured back in June.
A. I was welding a bar into the frame of the roller ramp wrap and went to proceed the weld down into the smaller ramp and got struck in the head and knocked back.
Q. With a bale of material?
A. Yes, sir. And they weigh anywhere from 600 to 700 pounds.

Q. And the bale hit you where?
A. Center to the right head on, you know, head on right into the top of the head.
Q. And did it hit you anywhere else other than the right --
A. It probably did. I'm like this (demonstrating), you know. I was welding, you know. I was crouched down welding straight down, looking straight down.
Q. And just for the record you were welding, looking down when the bale hit you. It hit the right side of your head.
A. It hit whole head, centerly [as spoken], probably center to the right.
Q. And did it knock you backwards?
A. Oh, yeah.
Q. So at that time on the date of the injury, which was June 14th; is that correct?
A. Yes, sir. I say 14th because -- how it works is the 13th and the 14th, you know. So the 14th is when I came back in his office and told him about it, Mr. Winters.
Q. So on the 14th, the day of the injury, as soon as you were hit with this bale where were you feeling pain at the time?
A. I seen my daughter's eyes and I thought the kid ran

me over with the forklift. I thought I was dead in the floor. Head, back, shoulder.

Q. Is that the extent of your injuries?

MR. SANCHEZ: Object to the form.

BY MR. BURLEY: (Resuming)

Q. At the time were you feeling pain anywhere else other than your head, your back --

A. Oh, at the time I was feeling pain all over my body. But, you know, like Mr. Winters stated, you know, I was probably in shock, adrenalin, you know.

Q. You just listed your head, your back and your shoulder. Were those --

A. Right. And then, you know, I got knocked down. So it would have been everything in my back and in my left when I got up.

Q. Okay. Tell me what --

A. Pretty much my whole body.

Q. Okay. So you were in pain in your whole body on the date of the injury; is that correct?

A. No. No, not on the date of the injury. When I got hit in the head and knocked back I jumped straight up.

Q. Okay. And that's what I'm asking.

A. Yeah. I jumped straight up.

Q. Okay. So let me clarify what I'm asking so you can

give me a clear answer. The date of the injury right after you were hit with the bale where was your pain in your body head to toe? I want you tell me everything that was hurting that day.

A. Head, back.

Q. Just your head and your back.

A. Head and back.

Q. Okay. And when you say your back do you mean your neck or your lower back?

A. Yeah. From the lower part of the neck right here (indicating) all the way down to my butt.

Q. But you were able to jump right up?

A. I jumped straight up.

Q. And what did you do after that?

A. Waited for the guy on the forklift to come up. I told him, Antonio. He said he didn't see it and pulled off. And then I walked in between the two lines and told Tim Franklin and Tim mumbled some stuff. And I went and sat in my truck and called my wife.

Q. And what did you do after you talked to your wife?

A. They called me again. Probably maybe an hour or so they called me again and he had done ripped it all back up out of the floor. So I had to re-weld the same bar. Not only did I do the bar they ripped

off, I went and got another bar and put it on the other side and welded it all the way down.

Q. So you completed the welding on the day of the accident.

A. Correct.

Q. So how long would you say that you were out in your car composing yourself?

A. What do you mean composing?

Q. Just how long were you in the car before you came back in the facility?

A. Maybe an hour.

Q. And you came back in and you completed two welding jobs; is that correct?

A. No. Same spot, just different sides of the machine because he'd done bent and broke up everything I put in there. See they keep hiring people that don't know what they're doing.

Q. Who did the bending and breaking it up?

A. Whoever they hired that day for that forklift driver.

Q. But you were able to go back and fix what he had done and complete the job; correct?

A. Yeah. Put it on the right side and then put one over on the left side.

Q. Did you bring any materials to do that?

A. Yeah, a little bar about as big as my arm.
Q. How long did that take you?
A. Ten, 15 minutes.
Q. And after you completed the welding job what did you do?
A. I think I walked into the second tower and found Roady Carter and told him what happened, and then just pretty much waited for the emergency calls to go out. And I can't remember if I had a blade job or not. I might have had a blade job.
Q. When you say emergency calls what do you mean?
A. Well, when they break stuff and I'm supposed to go fix it.
Q. So did you complete your job that day?
A. Yes.
Q. And how long would you say you worked after the incident until you left the facility?
A. As far work, work work, or do you mean being there? I'm there for 12 hours but I might work two hours out of 12 hours. I might work four hours out of 12 hours as far as work. But I'm there for 12 hours.
Q. How long did you remain at the facility just physically?
A. For 12 hours.
Q. Okay. So you were there 12 hours after this

incident?
A. Oh, no. The incident, and then I got off that morning and told my buddy what happened. And he said Kyle, you were supposed to let Chris Winters know. So I turned my truck around and I came back to the plant.
Q. So you left after the injury.
A. Yes.
Q. And went home for the night, or the day.
A. No. I would have been morning. Yeah. It would have been Friday morning. So when I left -- I was talking to one of my buddies on the phone and told him what happened and he says you've got to do the right thing. You've got to make him aware of what happened. So I turned around and me and Steve went into his office.
Q. Who's the buddy you called?
A. It's either I called him or he called me, but George Copeland.
Q. What's George's job?
A. He's a supervisor for the first shift. He was out supervisor for our shift but they move people around.
Q. All right. Let me clarify something. You were injured. At what time of the day did the bale hit

you?
A. I would say between 10:00 and 12:00 going into the 14th. That's what I'm saying.
Q. Between 10:00 p.m. to 12:00 a.m.
A. From the 13th to the 14th, that window right there. And then like I said they called back in about an hour to come do it again because they done ripped it out of the floor again. So I went and make a second weld.
Q. And you did that after the incident.
A. After the incident.
Q. And then you went home.
A. And then 7:00 that morning we all went home.
Q. Okay. So you --
A. I didn't leave home in the middle of my shift. No, sir.
Q. So you stayed on shift until 7:00 a.m.; correct?
A. I finished my job. Right.
Q. Okay. And during that time you did an additional welding job.
A. Right, on the left side.
Q. And what else did you do?
A. Like I said, it proceeds [as spoken] me, but it could have been a change out or it could have been a blade change. I just don't know.

Q. But you continued to work your normal job until 7:00 a.m.
A. Yes. I stayed on my job until 7:00 a.m.
Q. And then you came back the next day; correct?
A. No. I left at 7:30 that morning, Friday morning, to go home. Before I even got home I turned around and came back. So I was probably back at his office at 8:20 maybe, 8:30, and made him aware of what happened. He didn't know what happened. George told Steve and I guess Steve relayed [as spoken] to George and George said hey, you need to do the right thing. You need to come tell Chris. And so that's when I came back to the job. Steve walked me in there and we sat in his office.
Q. And when you keep referring to he and him you mean Chris Winters; correct?
A. Chris Winters.
Q. All right. So you left, came back that morning, and then what did you tell Mr. Winters?
A. What happened. I told him what happened. I got hit in the head. And he slid me a piece of paper and said sign this in your own words. So I put it down in my own words.
Q. And at that time did you ask him to do anything?
A. No. He asked me if I thought I needed medical

treatment.
Q. What did you tell him?
A. I told him no because I didn't feel like anything was broke. He said well, this is your third day. You look like -- go home and sleep it off.
Q. So he asked you if you wanted medical treatment that morning; correct?
A. Yes, right then and there.
Q. And then you declined it; correct?
A. Correct.
Q. All right.
A. Because I told him I didn't think anything was broke.
Q. All right. Then what happened when you went home that morning?
A. Okay. I went home that morning. I went to bed soon as I got home, straight to bed.
Q. And then the next day or later that day?
A. Okay. So the next few days were my days off. That's why he told me to go home and sleep it off. So Saturday I didn't do nothing. Sunday was Father's Day. And that's when I started feeling a little bit icky. I'm the only guy that works the night shift for that scheduled shift, so I knew that I had to go back Monday. So I went Monday,

clock in. You know, whether it was something that I ate, because we talked about it, you know, I left and went to the hospital.

Q. Because of something you ate? What do you mean by that?

A. You know how your stomach turns, turns upside down and you feel like you've got to throw up. And probably by that time I was already sweating bullets and turning white.

Q. And this is all now the 17th; correct?

A. Correct.

Q. Monday?

A. Correct.

Q. Okay. So let me clarify for the record. You completed your shift which went into the morning of June 14th; correct?

A. Correct.

Q. During that time and after this incident you were able to continue to do your job; correct? Correct?

A. Yeah, Friday, yeah, Thursday into Friday. Yes sir.

Q. And including at least two more welding jobs and maybe some other things; correct?

A. Correct.

Q. And then now we're into the weekend. You went home. You slept. You felt fine until Monday?

A. No, until about Sunday, Father's Day. I didn't really even move around. Everything started getting nasty feelings and you get to feeling nasty.

Q. And did you say that's because you thought it was something you ate?

A. Oh, that was Sunday when I was feeling like that. Monday is when I ate whatever it was from Subway or whatever it was and I started feeling like I had to throw up; okay? So I turned around and clocked out and went to the hospital.

Q. So the reason you left on Monday is because you had a stomach bug.

A. Or whatever, yeah. I just felt nasty.

Q. Okay. Your stomach was upset; correct?

A. Correct. But I mean I was having the headaches, feeling the sharp pain down my back. But I went to the hospital for the stomach, the food, and since I was there I went on ahead say well, hey, since I'm here, you know, I just about got killed in the floor back on my job. And he said let's go in there for some CT scans.

Q. And you went to the Chester Emergency Room; is that correct?

A. Yes, Dr. Lowman.

Q. Now had you seen any other medical provider before you went to Chester ER on Monday, June 17th?
A. No, sir. I just told Chris. And my wife had already knew about because I called her that night. I told Chris Friday morning and that was it. And like I said, Monday I went to the hospital.
Q. But Sunday was the first time that you felt any pain --
A. No. I felt pain as soon as I got hit. But, you know, like he said, it was probably adrenalin, and I had to complete my shift. There's only one person per night shift on maintenance. So I knew I had to complete my job. You can't just up and leave your job.
Q. But you didn't go anywhere on Sunday; correct?
A. Correct.
Q. And you went somewhere on Monday --
A. No. I went to my job and --
Q. I know. Let me finish my question. You left on Monday after clocking into the Sun Fiber facility; correct?
A. Yeah. Probably 40 minutes until maybe an hour.
Q. And that was -
A. The 17th.
Q. At the time you'd left because you thought had

eaten something and were having an upset stomach; correct?

A. I would say so. Yes, sir.

Q. Okay. And while you were there you mentioned your injury.

A. I mentioned hey, you know, my head's hurting. I can't stop sweating. My back hurts, you know. Can you take a look at this. He asked me what happened. So I told him exactly what happened. And he said immediately let's go for some CT scans. And they put me in the room back there.

Q. And after that where did you go?

A. Home.

Q. Did they write you out of work?

A. I don't think he did at all. He's an ER doctor. I just remember the CTs scan and he gave me some it might have been tramadol or flexeril or something like that. So what he was give me a week or however they write that down and come back the CT scans.

Q. Did you go back to work after that?

A. I went to clock in Tuesday night and that's when we had a conversation on the phone and I think he asked me was I going to be able to make it. I seen Chow. I told Chow what happened and he was just

looking at me crazy like I can't believe -- don't know nothing about this. And then I just couldn't hang in there. It was just like everything in my head just started.

Q. So Tuesday June 18th is when you felt you could no longer work; is that correct?

A. I couldn't no longer really hold my head up. And the pain in the top of my head, back of my head, down my spine into my lower back and my shoulder.

Q. Which shoulder?

A. My left shoulder down through my scrotum and into my side of my big muscle here on my leg and down into my calf muscle. And then I felt it again in the bottom of my foot.

MR. SANCHEZ: What leg? What foot? He's pointing. Sorry. I was trying to help out.

BY MR. BURLEY: (Resuming)

Q. Which foot?

A. The left foot, hamstring or whatever it is. But it kind of went through my groin down into my calf muscle and then into my foot.

Q. Were you having any of these issues prior to --

A. Well, the hand --

Q. Let me finish my question. Were you having any of these issues prior to Tuesday June 18th?

A. Yes.
Q. So you were having issues in your head, your left shoulder, your back --
A. I was having issues from the top of my head all the way down to my butt.
Q. Starting when?
A. I would say Sunday, Father's Day. That's why I didn't even get out of the bed.
Q. Okay. Tell me what you were like on Saturday.
A. Saturday was just sluggish and sore.
Q. Okay.
A. Sunday it was like I could feel it in my eyes straight to the top of my head down into my neck, straight down my back through my scrotum into my calf muscle. As far as the left shoulder it would come out like this right here (demonstrating) and it would stop and it dove into my hand.
Q. And since June 18th when you describe pain in your head, left shoulder, left foot, neck and back, down into your left foot, --
A. Yes, sir.
Q. -- has that been constant since June 18t?
A. It's been constant. Yes, sir.
Q. Okay. Now when did you ask for medical treatment?
A. I didn't. I came back to talk to Ms. Kathy. I

think it was 5:30, 5:45 in the morning. And then me and him (indicating) started going back and forth over the phone, me and Chris Winters. So he knew.

Q. Did they eventually send you somewhere for treatment?

A. Yes.

Q. And where was that?

A. Riverview.

Q. And they recommended that you see a specialist; is that correct?

A. Yeah. See, I don't know the doctor. He wasn't in there but about three minutes and back out the door and went. I had the Workman's Comp nurse with me. So they suggested to see their neuro.

Q. Who was only in there three minutes? The doctor at Riverview?

A. Yeah. He wasn't in there long.

Q. Okay. And eventually you saw Dr. Matthew Brown; is that correct?

A. Dr. Brown. Yes, sir.

Q. Okay. What did Dr. Brown do for you?

A. He looked over the imaging. He gave me four or five shots in the back of the head and recommended to go through therapy because he was a surgeon on

the spine and he didn't see no reason to operate. He told me to check back in with Occ Med. I was complaining to him about the headaches, about the ringing in the ears. So he said he had something that he thought would take care of it. And so when I went to him he put them in my head. And I didn't even know he had did it. And it just sounded like shattered glass.

Q. What sounded like shattered glass?

A. Him sticking the needles in my head and neck everywhere he stuck them. And then he kind of jumped back and said wow, I can hear that out here. And he said that the nerves and the tendons from the back of the head down to the neck were inflamed.

Q. And Dr. Brown released you in July; isn't that correct?

A. I have no idea when he released me.

Q. Did you discuss work restrictions with Dr. Brown?

A. The only thing he said from a surgeon's point of view there was no need to operate. Push through for physical therapy.

Q. So you didn't discuss work restrictions with him?

A. He didn't say anything. I didn't say anything. No, sir.

Q. Did you tell him, Dr. Brown, all the problems that you were having?
A. Yes.
Q. Did you tell him exactly what you just told me?
A. Yes. And I told him about my arm. I told him about it going through my scrotum into my foot. But you've got to understand at that time, sir, I was folded over like a pancake.
Q. Right. But you told him all your problems.
A. Yeah. Yes. But he said because he's a surgeon of the spine there's no need from what he sees no need to operate. He didn't look at the head. He didn't go into the head.
Q. All right. Tell me about your - Well, let me ask you this. Do you have a family doctor?
A. Yes.
Q. Who's your family doctor?
A. Plyler Poulos.
Q. I'm sorry?
A. Poulos.
Q. Poulos?
A. Some people call her Drewid Plyler. They call her Drewid Poulos.
Q. And where's she at?
A. Lowery's Family Medical.

Q. Okay. So you've been going to Lowery's Family Medicine for treatment?
A. Well, that's my family doctor. Dr. Lowman suggested that I tell my primary doctor. The ER doctor that I seen, Dr. Lowman, also recommended to see his doctor for a followup, which is behind the Chester Hospital, but also tell my primary doctor. So I went and told her.
Q. How long have you been seeing the physicians at Lowery's Family Medicine?
A. Maybe four or five years.
Q. And did they treat you for this injury at any point?
A. What she did was she shot me in my back.
Q. So they gave you a shot?
A. They gave me one shot. And she prescribed me cyclobenzaprine and I believe something else like a Tylenol or something.
Q. Other than Riverview, Lowery's Family Medicine, the Chester ER and Dr. Brown have you received any other treatment as a result of these injuries?
A. No.
Q. You have not seen anyone else?
A. Huh-uh.
Q. Yes or no?

A. No.
Q. Have you ever seen a chiropractor?
A. Yes.
Q. You have seen --
A. I've seen Dr. Stauffer.
Q. Where's Dr. Stauffer?
A. Right in front of my apartment. Well, excuse me. Probably a mile from my house.
Q. How long have you seen Dr. Stauffer?
A. That was the first time I seen him, first time I met him.
Q. When?
A. In between Dr. Lowman and Ms. Plyler.
Q. So since your work injury.
A. Oh, no. Yeah. Between Dr. Lowman and Ms. Plyler.
Q. So you went to Dr. Stauffer who is a chiropractor --
A. He's a chiropractor.
Q. Let me finish. So you've been there since your work accident; correct?
A. Yes.
Q. Okay. Have ever seen a chiropractor before this accident?
A. No, sir.
Q. All right. Did you do any physical therapy?

A. With him?
Q. With anyone.
A. Yeah. I've done physical therapy, the people they put me through.
Q. Was that helpful?
A. To be honest with you, no. It ain't. But I'm making small steps.
Q. Do you have any upcoming appointments with anyone?
A. Oh, yes. We've got I think three more appointments through Workman's Comp. And Dr. DuPuy wants me to see his therapist as well.
Q. Dr. Who?
A. DuPuy. I might be saying it wrong. How do you say it?

MR. SANCHEZ: I can't talk.

BY MR. BURLEY: (Resuming)
Q. Who is that doctor with?
A. That's Ortho.
Q. Ortho who?
A. OrthoCarolina.
Q. When's the first time you saw Dr. DuPuy at OrthCarolina?
A. In September, because Dr. Jarrell said that I could return to work, date to be determined by Ortho. So I went to OrthoCarolina, and that's how I met with

Dr. DuPuy.
Q. All right. Who is Dr. Jarrell?
A. Dr. Jarrell is a spine specialist in Rock Hill instead of Columbia.
Q. And how did you go to Dr. Jarrell?
A. I took myself there. I wanted a second opinion, not somebody that just walked into the room and walked back out in five minutes.
Q. When did you see Dr. Jarrell?
A. I believe it was the end of August and then the beginning of September.
Q. So you've seen him twice?
A. He sent me to York. And they did a quick x-ray and then back to read the x-ray.
Q. And Dr. Jarrell that you saw now said that you are able to work full-duty; is that correct?
A. He said because he's a spine specialist that, you know, can return to work, but date to be determined by Ortho. And so me and him (indicating) was talking then, me and Chris Winters was talking, and that's when he wanted to see the note. We got him the note and we've been going every since. I went to Dr. Jarrell for a second opinion.
Q. And you did that on your own; correct?
A. I did that on my own insurance. And I told him what

happened and yes, that I went through Workman's Comp and seen this doctor, but I'm coming through here on my own insurance for a second opinion.

Q. And what did Dr. Jarrell diagnose you with?

A. Ortho.

Q. He diagnosed you with what?

A. He told me when he looked at my spine, because he's a spine specialist, nobody has gone to my head yet until I seen this guy. So Dr. Jarrell said looking at my spine, since he don't have to operate or he feels no need to operate, but they know that something's wrong, go to Ortho. And so I went to Ortho. And again, that's out of my pocket.

Q. Well, what is OrthoCarolina doing for you? Are they evaluating your neck?

A. Yes. They took me to Ballantyne and put me in that big center and they went from head to toe.

Q. And you did that in September; is that correct?

A. Yes, sir. I did that this month.

Q. And who set up that appointment for you?

A. I did. You don't have to have a specialist to see Ortho. You can choose any Ortho.

Q. So your followup appointment is with OrthoCarolina?

A. Now they are. Yes, sir.

Q. When did you return to work at Sun Fiber?

A. I can't tell you the date.
Q. So you don't remember when you returned to work?
A. No. I can't remember the date right off hand. It was in September. Me and Chris was talking back and forth over the phone. He wanted the note from Dr. Jarrell. He preceded to tell me I couldn't bring my cane. I couldn't bring my walker. And that if I felt like my pain medicine was too much that I shouldn't take it or shouldn't even come. And I tried. I told him all I could do is try. And so I tried. But yeah.
Q. So you had a conversation with Chris Winters; correct?
A. A couple of them, yes.
Q. All right. Did he offer you a job under either restrictions or -- Did he off you the ability to come back to work?
A. Yes.
Q. Okay.
A. He said yeah, we'd be glad for you to come back.
Q. And as a part of the conversation did he ask you to clarify your work restrictions?
A. Yes.
Q. And that's when you went to see Dr. Jarrell; correct?

A. That's when I called back to Dr. Jarrell and told them I needed a work note because Chris said I could come back to work. So on the work note he wrote to go to work with no restrictions, date to be determine by Ortho.
Q. That's what it said?
A. Yeah.
Q. And then when you saw OrthoCarolina did they write you out of work?
A. Oh, yeah.
Q. But as far as you know Dr. Jarrell did not have any specific restrictions; correct?
A. No specific restrictions because like I said, he's a surgeon of the spine. But it is date to be determined by Ortho. So I set it up.
Q. And do you have any restrictions from Dr. Brown?
A. I don't know with Dr. Brown. Like I said, he did the injections and said physical therapy. I didn't even know he had released me to go back to work. I didn't know you could go to therapy and then go back to work.
Q. So you have this conversation with Chris Winters. Mr. Winters offered you the ability to return to work.
A. Yes. He knows how much I need my job. Yes.

Q. And you obtained a full-duty work note by Dr. Jarrell and you returned to work; is that correct?
A. Yes.
Q. And how long did you work?
A. Probably not even an hour and 15 minutes.
Q. And why was that?
A. By the time I got to the back of the plant my head was booming and I was sweating real bad. The leg was going crazy twitching. And by the time I made it to the middle of the plant Roady was there. I was telling him everything that I'm feeling and everything that's happening. And then he's like man, you've got to go home. So he walked me out to the parking lot and I got in the car and left. Now I did clock out I believe. Or I might not have clocked out, either one. But a supervisor walked me out, walked me to my car.
Q. And you did that under no work restrictions; correct?
MR. SANCHEZ: Objection.
BY MR. BURLEY: (Resuming)
Q. I mean at the time that you left you didn't have any work restrictions; did you?
A. At the time that I left it said no work restrictions from Dr. Jarrell, but date to be

determined by Ortho. And so what they did was wrote a note in their own words and had him fill it out.

Q. Have you worked since that date that you left?

A. No.

Q. Have you worked for anyone since that date?

A. No.

Q. Have you done any odd jobs like you --

A. No.

Q. Let me finish my questions; okay? Have you done any odd jobs like you had done previously since you left the Sun Fiber facility in September?

A. No.

Q. So what income have you had coming in since you left the facility in September?

A. I don't have no income, sir.

Q. Have you applied for any jobs?

A. No. I was wanting to come back to my job. Is that what you're meaning? I was wanting to work for my job. What do you mean apply for a job? I don't have a job there?

Q. I'll ask the questions. And my question was have you applied for any other jobs?

A. No, sir.

Q. Do you want to return to work at Sun Fiber?

A. I would love to go to work for Sun Fiber.
Q. All right. Let's talk about your current condition. How are you doing today?
A. In a lot of pain.
Q. I want to start from head to toe. We'll go up and down. I want you to tell me what hurts.
A. Behind my right eye now. I've got a splitting headache between the eyes. It comes to the back of the head down to my I'd say halfway in my back through my shoulder back into my hand. All of my lower back. And I've said this from day one. It feels like a hot frying pan is sitting above my butt. And every time that I move and twist I feel like little shards of glass on a cable moving through my back. The headaches keep me up at night. So my sleeping, I'm not really sleeping or eating a whole lot. Back through my scrotum again into my calf muscle and into my foot.
Q. How constant is your head pain?
A. Head pain is everyday. Just boom. But it's mainly in the back, over the right ear in the back down to probably - it's stated in one of those papers you've got there -- C4 C5. And then it picks back up and goes right back there above my butt.
Q. Okay. There are two separate things you're talking

about. You're talking about your neck now.
A. Uh-huh.
Q. But I'm asking about your head. So tell me just about your head.
A. Okay. Head in between the eyes.
Q. Describe that pain. Is it like a headache?
A. More than a headache.
Q. What do you mean by that?
A. Migraine times 10.
Q. So you have a migraine times 10 in the center of your head in between your eyes --
A. Correct.
Q. Let me ask my questions and then I'll give you the opportunity to respond. How constant is that pain?
A. I would say everyday for a few hours a day until I can lay down and go to sleep.
Q. Has that been constant since your work injury?
A. That's been pretty constant dead on.
Q. All right. Any other issues with head or headaches?
A. Yes. Right around the right ear and down the back of the neck. But from day one my back and my neck has always felt like that. It's never even changed, you know. Like right now I feel like my back's on fire. But yes. I have a constant pain

in my neck.
Q. Okay. I want to keep it a little bit more, you know, in line with my question. I'm still asking about your head. You said you had a pain over your ear. Is that a headache or is that an exterior-type outside pain?
A. No, not an outside pain. I would say like tension.
Q. Is it like a tension headache?
A. It's constant tension. It's like it's tight.
Q. And you feel like that's on the inside of your head over your right ear?
A. Like this (indicating) and down into my neck.
Q. All right. Tell me about your neck pain.
A. The neck, down the side of my spine on my neck. It's coming out of the back of my head.
Q. On a scale of one to 10?
A. I'm going to tell you a 10.
Q. Okay. And that's for your neck pain?
A. Yes, sir.
Q. Has that been constant since this accident?
A. From day one.
Q. Now your migraine headaches, would you give those a 10 on a one to 10 scale?
A. I would give them an eight. But between the eyes is a 10.

Q. And then the tension over your right ear is an eight?
A. I would say an eight.
Q. All right. How about going down your back? Are you having any mid back pain?
A. Mid back no so much. There's one spot so I'd say probably two digits and then it's my whole lower back region.
Q. Your lower back pain, describe that for me.
A. To me what I feel is real hot, constant hot, burning with shards of glass in it. And every time I move a certain way I can feel it just moving around in there.
Q. And has that been a constant since the day of your accident?
A. Yes, sir.
Q. On a scale of one to 10 what would you describe your lower back pain?
A. My lower back pain I would say a 30.
Q. One a one to 10 scale you'd say 10 -
A. A 10 plus.
Q. And you describe that as --
A. Constant burning.
Q. -- a burning and pain sensation?
A. Right, like little pieces of glass.

Q. All right. How about your left shoulder? Describe that.
A. Left shoulder, to me it's like it's coming out from underneath my collar bone in my left shoulder and then it comes back out from my elbow and goes into my hand.
Q. What is that on your left wrist?
A. This is a splint that they made me to keep my fingers from locking up.
Q. Who made that for you?
A. Dr. Dupuy.
Q. At OrthoCarolina?
A. Yes, sir. He said I should have had one done from day one.
Q. All right. Describe your left shoulder pain on a scale of one to 10.
A. Sometimes it feels like it's dislocated at the top of the shoulder and right back onto my collarbone here I would say, or under the collarbone. So it's here (indicating) and then it picks back up out of the elbow and comes straight down my arm into my hand.
Q. My question was on the scale of one to 10 what's your left shoulder pain.
A. Left shoulder pain a 10.

Q. And into your left had you said you're having some issues with your fingers locking up?
A. Yes. So in therapy, you know, they told me they thought it was severe nerve damage coming out of the shoulder. Now what they'll do is they'll twist them back. We've tried the playdough ball. We've tried the hot towel. They'll switch them. They'll actually contort them. They'll actually go past where they're supposed to go. Palm and massage the hand. You can see it's already starting to turn purple because now it's flat open. By time I get ready to leave out of there they'll lock back in, right back up. And so they gave me the putty ball. And so with the putty ball I'm supposed to flatten it with one hand, throw it to the other hand and try to make that ball. It's hard to do it when your fingers are locked up. So they start a hot towel. So I'll go in there. They'll put a hot towel to flex the hand open and they'll actually bend them all down and let me hold it.
Q. And has that left hand issue been constant since the date of your accident?
A. It was probably that Monday, Tuesday after the accident. That's when everything in the left side of my body I felt was -- they seen it from day one

in therapy where the pain goes into my calf muscle kind of constantly on the side of my knee --

Q. Mr. Bagley, we're talking about your left hand.

A. Okay.

Q. And then we'll get to other body parts.

A. All right.

Q. Your left hand on a pain scale of one to 10 what would you describe it?

A. I've never felt this before. A 10. It's numb and then the top of my hand tingles.

Q. All right. Tell me about your left leg.

A. Okay. When it comes out down the big muscle of the left across my knee and into my calf muscle.

Q. On a scale of one to 10 what is that pain like?

A. That right there I would say a eight. And in therapy they push it backwards and twist it. I don't know if you've ever had that done but that's very painful. Foot, they tried to stretch the foot.

Q. I want to summerize what we've talked about thus far. You have migraine headaches that you describe in between your eyes on the front of your head that are constant every day with a pain rating of 10 out of 10; is that correct?

A. Correct.

Q. You also have right ear pain that you feel like is a tension headache inside your head that you would describe as an eight on a one to 10 scale; is that correct?
A. Yes.
Q. You also have neck pain that's constant as a 10 --
A. Yes.
Q. -- in a pain scale; is that correct?
A. Yes.
Q. All right. You're having lower back pain that you describe as a 10 plus 30 on a one to 10 scale; is that correct?
A. Correct.
Q. Your left shoulder is a 10 out of 10 on a pain scale; is that correct?
A. Correct.
Q. Your left hand is a 10 out of 10 on a pain scale; correct?
A. Yes, sir.
Q. And your left leg is an eight.
A. Eight. And like I said, it dives out of my calf muscle and goes into the bottom of my foot. And the therapist said you've either got a tendon or ligament down there that is overstretched or whatever.

Q. Okay. So is that a fair representation of all the issues you're having right now correct?
A. Yes.
Q. Okay. We talked about pain ratings, physical limitations. Tell me -- Well, let me ask you real quick before we move onto that. Have these pain ratings, 10, eight, 10, 10, 10, eights, have they been consistent since your date of accident?
A. They have been consistent from about that Monday or Tuesday, and then it just took off.
Q. Okay. Now physical limitations. Tell me what you've been able to do physically and where you've been limited in each body part.
A. Okay. So are you talking about going through my therapy?
Q. What's a normal day for you like?
A. Okay. A normal day for me is an hour, hour-forty-minutes of therapy on the days that I go. And then I can't function. And they'll tell you that.
Q. When you say you can't function what do you mean?
A. I can't -- it's hard to describe unless you've been through that. When they stretch me out they see everything fall out of my face. They see like I talked about my vision and all that. I get to the point that where when I get back in the car I'm

asleep in the car before I can make it home. I'm just tired. I'm so overtired of it.

Q. All right. So you're talking about physical therapy.

A. Yes.

Q. It's tough on you. It's difficult for you to do; correct?

A. Yes.

Q. I'm talking about the days you're not at physical therapy. What is a normal day like?

A. A normal day for me is work myself over to my bench.

Q. How long does that take you?

A. It takes me about 20 minutes to get upright, get my bearings together, and then get over on my bench. I've got a handicap bench there.

Q. How far is your bench from where you start?

A. Closer than me and Brian.

Q. So just for the record you're indicating a distance of --

A. I -

Q. Let me finish. You're indicating a distance of two feet; correct?

A. Correct.

Q. And it takes you 20 minutes to go two feet?

A. It takes me 20 minutes to get up. And see, they've ask me to do certain things. One of the things they ask me to do when I get up is try to get the back legs straight. So I'll do that two or three times right there, and then sit down. We started with the ball, but I'm done away with the ball now. And then from there probably two feet, 20 minutes to get on my bench. And then I have to get on the bench to try to get my clothes up, my clothes on.

Q. How long does it take you to get ready?

A. With my wife helping me it'll take just a few mere minutes. But if it's me by myself I can't really put my left shoe or sock on. I'll have to overstrain a little bit and lean forward to slide my pants up. I actually have a handicap bar in my bathroom as well and a bench in there, too. So I kind of sit halfway in and out of my shower.

Q. How long does your morning routine take you if you don't have the assistance of your wife?

A. If I don't have any assistance and I've got to get up, get to my bench and into the shower to get clean, over an hour. And then once I'm in the shower you're always limited, you know, because like I said, what you don't see is the fingers collapse. And so you can't hold a bar of soap.

You can't hold a washcloth. And so that's why he recommended this (indicating) to keep it open.

Q. Are you left-handed or right-handed?

A. Right-handed.

Q. Can you grip with your right hand?

A. I can grab with my right hand.

Q. Let me ask you this. You were not struck by the bale on your left side; were you?

A. I was struck head on to the right.

Q. Okay. But that bale did not strike your left shoulder; did it?

A. I can't recall if it did or didn't.

Q. Okay.

A. Like I said, I was face down in the floor.

Q. So we talked about your morning routine which takes about an hour. It takes 20 minutes to move two feet. What would you do after you get ready and showered on a normal day that you're not seeing any doctor or physical therapy?

A. When I don't have nothing to do?

Q. That's correct.

A. Right back in the bed, eat my medicine and go to sleep.

Q. All right. So you do not leave the house; is that correct?

A. Occasionally I'll leave. Here I'd say the last month the therapy ladies, they're very nice and they know what they're talking about. So they been telling me to get out, move more, get around. That will help you fill out a little bit better. And, you know, I told them that our apartment complex is shaped like a big square, so if need be to actually get out there with my walker and start walking. It's just I haven't got to that point yet because it just takes everything out of me.

Q. Right. So when you do leave the house what type of things do you do?

A. I might ride with her to Walmart. And she gets me the buggy and then grocery shop and then right back home in the bed. I sleep 90 percent of my time.

Q. You sleep 90 percent of the day?

A. Ninety-percent of my time.

Q. What do you mean by your time?

A. Well, again, if I don't have nothing to do that day I'll get cleaned up, get right back in the bed, eat my medicine and go to sleep. And I will sleep for almost 24 hours straight.

Q. And you do that how many days a week?

A. Almost every other day.

Q. So other than assisting your wife with routine

visits or making routine errands you don't really leave the house?

A. Correct.

Q. Can you put your hands over your head?

A. Yeah. I can lift my right hand up. You know, it takes me a minute. It'll get there though. It's just a strain on the shoulder.

Q. How long will it take you to let's say walk a distance of 100 yards? That's the length of a football field.

A. Oh, shoot, man, without having to stop every 20 feet?

Q. How long will that take you?

A. I don't know. I haven't done that. I don't know.

Q. Could you do that you think?

A. Probably not.

Q. Could you pick up something that weighs let's say five pounds?

A. With my right arm or left arm?

Q. With your right arm.

A. I could pick up five pounds with my right arm.

Q. How about with your left arm?

A. No.

Q. Do you have any other medical -- Well, let me ask this real quick before we move on. Have these

issues and this disability that you've described, has that been constant since your date of injury?

A. It's been constant since like I said that Monday or Tuesday. Like I said, I was real sore Saturday. Sunday I started feeling the headaches. Monday, like I said, I went back to work. I need my job. So I was feeling like crap all over again, head hurting, stomach was all upset. I thought that I eat something wrong. And then from there it's just picked up. Boom, boom, boom, boom, boom. There's probably a month in there I don't remember anything.

Q. When you say you don't remember is that because of the medication you were taking?

A. No. That's because of how much I was sleeping. And my weight went from like 165 to 131 in a matter of I'm talking four or five weeks, because I would open my eyes and I could see my heartbeat in my eyes. And so that's what I mean by physical therapy, when they stand me up and stretch me up and I'm sitting there looking at what they're telling me to look at or she's got the pen with the purple light in the middle of it, when she brings it over to my left eye, I mean my right eye, it kind of does this (demonstrating), and she seen it.

And she actually said my eye dropped. And then back to the signs again. And so it's like every time I go to the right I can see my heartbeat and it get's blurry. And she tells me to go from up and down. And when I go up and down I lose it and they'll sit me back down. They see the color drain out of my face.

Q. Do you think you could run errands on your own?

A. No.

Q. And why is that? Are you just physically unable to do that?

A. Yeah.

Q. Okay.

A. If I had a wheelchair I would be in it.

Q. The day that you were arrested when you grabbed your daughter's book bag, --

A. Yes.

Q. -- do you remember the exact date?

A. I want to say the 22nd.

Q. Did you spend the night in jail?

A. Yes.

Q. How many days did you spend in jail?

A. A couple of hours.

Q. Who bailed you out?

A. I got myself out.

Q. How were you feeling that day?
A. The same way like I'm always feeling, in constant pain.
Q. But you were able to grab your daughter's book bag. Which hand did you use?
A. (Indicating)
MR. SANCHEZ: Which hand is that?
A. Right hand.
BY MR. BURLEY: (Resuming)
Q. And that resulted in your arrest?
A. Uh-huh.
Q. Say yes or no.
A. Yes, sir.
Q. And why is that?
MR. SANCHEZ: Objection. Let's go off the record.
(Off the record)
BY MR. BURLEY: (Resuming)
Q. We're talking in terms of physical activity. You pulled her back with your right arm.
A. Like that (demonstrating).
Q. Okay.
A. That was it. That was the extent of it. And what they say is that corporal punishment.
Q. Okay. Have those charges been dropped?

A. Those charges were taken care of.
Q. What do you mean by taken care of?
A. That's taken care of.
Q. Are they pending?
A. There's nothing pending. I don't have -- they're taken care of. It's false. It wasn't even, you know -- it's what the government thinks you can and can't do to discipline your kids.
Q. Let's talk about your prior medical history. Do you have any other illnesses or diseases that you're aware of?
A. Not that I'm aware of. I did have a little bit of anxiety. Like right now I'm over here sweating like all get out.
Q. Who have you treated with with your anxiety?
A. Just my primary care doctor, like I said, Ms. Plyler or Poulos, whichever you want to call her.
Q. Is that at Lowery's?
A. Lowery's Family Medical.
Q. Have you been diagnosed with anxiety?
A. Yeah.
Q. Anything else?
A. No.
Q. Do you have any other psychological problems?
A. No.

Q. Have you received any other psychological treatment other than for anxiety?
A. No.
Q. Have you required any overnight hospital stays in your history?
A. No.
Q. Have you required any emergency room visits outside of this injury?
A. No.
Q. Any other prior accidents or injuries?
A. No.
Q. So no motor vehicle accidents, anything like that?
A. No.
Q. Have you ever had an accident other than the one we're discussing today that resulted in medical treatment?
A. As far as for a job?
Q. I'm talking about for anything.
A. No, sir.
Q. Okay. Have you been involved in any motor vehicle accidents?
A. Over 10 years ago.
Q. And tell me what happened?
A. My mom was coming off of Ashford Road. So I'd probably be 11, 12 maybe. And she struck a deer

and tore the whole right fender up out of the car. Other than that we drove home and my dad got mad, so.

Q. Well, were you injured as a result of that?

A. No. We was just in the car, me and my brother.

Q. So no medical treatment as a result?

A. No.

Q. Any other insurance claims in your history?

A. No, sir.

Q. So this is the first time you've had an insurance claim; is that correct?

A. Yes, sir.

Q. Have you ever received a settlement of any kind?

A. No, sir.

Q. Ever received any type of judgement in court as a result of --

A. No, sir.

Q. -- a law suit? Say yes or no.

A. No, sir.

Q. Have you ever injured your head before?

A. No, sir.

Q. Have you ever injured your back before?

A. No, sir.

Q. Have you ever injured your neck before?

A. No, sir.

Q. Have you ever injured your left shoulder before?
A. No, sir.
Q. Have you ever injured your left leg before?
A. No, sir.
Q. How about your left foot?
A. No.
Q. How about your left elbow?
A. No.
Q. Have you ever injured your left hand before?
A. No.
Q. Were you having pain or problems with any of these body parts prior to this accident?
A. No, sir.
Q. Did you have any prior Workers' Compensation claims?
A. No, sir.
Q. Have you been involved in any prior lawsuits?
A. No, sir.
Q. Have you ever been diagnosed with diabetes?
A. No, sir.
Q. Arthritis?
A. No, sir.
Q. When's your next appointment with Ortho?
A. I believe I go to therapy tomorrow, two times with my regular Workman's Comp therapy and the therapy

for Dr. Dupuy. Then I go back to Dr. Dupuy the next day for the boot on my foot. They're saying that it's four degrees on way, six degrees the other. It's called drop foot. And so they have to specially make me a boot because the insurance carrier doesn't cover stuff like that. So I have to pay for it out-of-pocket.

Q. For --

A. The boot.

Q. - foot drop?

A. Yeah.

Q. And that's in your left foot?

A. Left foot. We've actually got a letter saying that my insurance was cancelled because of not making payments from being out. So it's probably cancelled now. So I have to pay everything cash.

Q. On days you're not treating medically you stay in the house; is that correct?

A. Yes, sir. You know, they said rest heals a significant amount, but try not to overdo it with sleeping. And that's when I say when my sleep pattern's messed up then that's what it is. I'm probably up every morning at three. And once the kids take off, once the wife's gone, the house is quiet, and then I go right back to sleep. And I

could sleep all day and all night until the next day 'til it's time for me to go to therapy. But like I said, they have asked me to get out more, so I went to Walmart I think one day last week. And she was able to get me a buggy and so I was in the buggy. I kind of sit crooked in the chair like I'll sit in my car. I keep my left leg straightened out.

Q. You don't think you're able to work currently; is that correct?

A. Oh, I know that currently. Yes, sir.

Q. But to clarify, you did go to Dr. Jarrell and ask for a work note back in September; correct?

MR. SANCHEZ: Objection.

BY MR. BURLEY: (Resuming)

Q. You can answer.

A. He's the one that gave the work note. I didn't ask him for it. He gave it to me.

Q. You didn't ask him for a work note?

A. Well, at the end of it, you know, I said hey, I need a work note for my job.

Q. So you did ask him for a work note.

A. Okay. Then yeah. And then when me and Chris started talking he needed it.

Q. And Dr. Jarrell is someone that you sought out;

correct?

A. Dr. Jarrell is for my second opinion. And because he is a spine surgeon he seen no need to operate. So there's no need for operation from his ability. He couldn't write me out any work restrictions. But he could say go to Ortho. And since I've gone through therapy those ladies down there kind of agree with me that there should have been doctors and orthos from day one in between everything instead of just getting pushed straight into physical therapy. I tried to reach back out to one of the nurses and she was told to drop my case or something like that. And at the time I was trying to get a hold of Occ Med. I was trying to get a hold of Dr. Brown again for the headaches and the tension that I feel in my neck. And I probably called him for a week on end back-to-back and never even got one phone call from him.

Q. From who?

A. From Dr. Brown. So I was told by the Workman's Comp nurse that Kyle, your case is closed. And I said well, how can it be closed if I still got five, six, seven more treatments of therapy.

Q. Leading up to your return to work when you went to Dr. Jarrell then you tried to work for one day were

you in communication with Mr. Winters?
A. Yes.
Q. And were you indicating to Mr. Winters at that time that you wanted to return to work?
A. That I wanted to try. Yes.
Q. Okay. You told him you wanted to try. Did you tell him that you thought you'd be able to?
A. I told I thought I would try to come to work. I need my job. That's how my kids depend on me, so.
Q. But you did communicate that with Mr. Winters.
A. Oh, we went back and forth. Yeah. I'll just said I'll do my best and I'll try to the best of my ability.
Q. Do you have a child support lien currently?
A. Yeah.
Q. How much are you outstanding in arrears in child support?
A. I don't know that figure offhand, but I pay one-fifteen-a-week, or did pay one-fifteen-a-week. So what I was able to do is reach out through Columbia and they put a six month hold on it for me until I could get back on my feet or until I could go back to work and start paying it. Same thing with my truck. Same thing with bank account. They closed it down. My credit's shot. I just never

catch everything back up. So they closed it down. So yeah. I've had a lot of bad happenings with this.

Q. Have you ever applied for short-term disability?

A. Let me correct you there. When I talked to Ms. Cordial, which is their H&R director, she told me that they do have short-term long-term, and that I wasn't able to get neither one because it has to be personal injury. And so I looked at my paycheck stubs. I've been paying into it. I don't see why I couldn't receive it. But I was told that I couldn't because it was an accident that happened on the job. And that was one of the reasons why I went back to talk to Ms. Kathy that day was to talk to her about the FMLA long-term, short-term. So, you know, I happened to tell her and went through all the spiel with her about. And she said give me a little while and I'll call you back. And she never called back. She got busy. So I called back and that's when I spoke to Chris.

Q. But prior to this injury have you ever applied for short-term or long-term disability?

A. I was told I can't.

Q. I know to this injury. I'm saying have you ever had an issue outside of this work injury that you

would have applied for short-term or long-term disability?

A. No, sir.

Q. Have you applied for Social Security Disability?

A. No, sir. That was going to be my next thing that I was going to try. I was going to try the disability, you know. They say young men really don't get it. And if you ain't really beat up too bad they won't give it to you. But I was going to try for it.

Q. Have you applied for unemployment?

A. No, sir.

Q. So what medications are you currently taking?

A. Cyclobenzaprine, and now they gave me 800 milligrams Ibuprofen, and a anxiety pill I'm supposed to take twice-a-day, Klonopin. It's 50 milligram.

Q. And who prescribes these for you?

A. Ms. Poulos or Ms. Plyler, my family care doctor.

Q. I don't have any further questions. Thank you.

CROSS-EXAMINATION

BY MR. SANCHEZ:

Q. I'm going to go back in order in talking about what you do on a daily basis and if you go out of your house and everything. Do you remember that

question?
A. Yes, sir.
Q. All right. Recently you've had a lot of appointments; haven't you?
A. Correct.
Q. Okay. Like a lot of scans.
A. Yes.
Q. Random doctor-related appointments; is that right?
A. Yes, sir.
Q. Okay. And you've also come to my office quite a few times to deal with the transition of your former law firm and myself; is that right?
A. Yes, sir.
Q. Okay. All right. Earlier you were asked a question about any insurance claims you may have filed or anything. Do you remember that question?
A. Yes, sir.
Q. Okay. Now sitting here, to the best of your ability, do you remember any personal injury claims that you've actually made a claim for whether it's Workers' Comp or car accidents?
A. No.
Q. Okay. So if maybe you got hurt at work or something in the past and they maybe filed something for you, sitting here today you don't

recall that though; is that right?
A. No. No.
Q. Okay. Same thing goes for any other insurance claims like property or something. Maybe somebody was using a car of your and made a claim. But sitting here today you don't recall any. Is that my understanding?
A. That's correct.
Q. Okay. All right. So just so we're clear about this arrest incident, before the arrest -- I'm sorry. Currently today let's say you're having all these problems.
A. Right.
Q. All right. Before the arrest were you having all these problems?
A. Yes, sir.
Q. Okay. Did anything happen that caused you to get worse?
A. No.
Q. Okay. Do you feel that you were injured in any way --
A. No.
Q. -- in connections with your ability to grab your daughter's bag in this charge?
A. No, sir.

Q. Okay. All right. So earlier you were talking about pain in your ear, a tension headache. Did you mean a tension headache or like tension like tight?

A. Tightness, tightness. Dr. Dupuy did it and he could still feel it in my neck. So, you know, even before I went to Dr. Dupuy, you know, I was trying to reach out to Mr. Brown to get some more injections because he did say in his office that they could do them once a month. They could do the injections once a month. And so I tried to -- like I said, I tried to call him on my own time and could never get a hold of him.

Q. Okay. We'll get there in a second. All right. Let's talk about that return to work note that they had you sign.

A. Yes, sir.

Q. Did you also bring this Carolina Neurosurgery note with you that they asked you for?

A. I had it on my phone and he had the note. I already sent it to Chris.

Q. Who's he?

A. Chris Winters.

Q. Okay. And he's sitting here today with us?

A. Yes, sir.

Q. Okay. Now when this Dr. Brown in Columbia released you, and we're going to come back to that, but when he released you apparently in mid July did you have Workers' Comp checks up until that point?
A. They didn't even start then. I think it was a couple of weeks after it started. And I only received them for a few short weeks and that was it.
Q. Okay. And then they stopped?
A. Yeah.
Q. Okay. So from that time until September 6th, which is I believe when you went back into the office, - I'm sorry, September 10th, -- how were you getting paid? Was Workers' Comp paying you?
A. I don't even think they paid me that time. Like I said, I only received so many checks from them and they stopped payment.
Q. Okay. Why didn't Chris Winters or anybody at work tell you to come back to work around July and August?
A. I don't know.
Q. Okay. But you had another lawyer at the time?
A. Yes.
Q. Okay. And I believe in talking to you initially when we first started this claim there was some

discussion about they wanted you to wait until you saw that neurosurgeon?

A. Yes.

Q. Okay. What was that about?

A. He wanted to wait and see --

Q. Sorry to interrupt you.

A. - for the second opinion.

Q. Who's he?

A. Ben Leader wanted me to see Dr. Jarrell.

Q. Okay. But did anybody at work tell you to stay home and not come to work until you see Dr. Jarrell?

A. Oh, no.

Q. Okay. Well, didn't Dr. Jarrell write you out of work initially around August 22nd?

A. He wrote out with the work restrictions I believe and then date to be determined by Ortho.

Q. Okay. But you'll defer to your medical records and all that for this information?

A. Yes. They have them all.

Q. Okay. So just so I'm clear, work knew you were going to see Dr. Jarrell around that time period in August September?

MR. BURLEY: Object to the form.

A. They wanted me to see Dr. Brown and I went on my

own to see Dr. Jarrell.
BY MR. SANCHEZ: (Resuming)
Q. Okay. But did work know you were seeing Dr. Jarrell?
A. They didn't know I was seeing anybody.
Q. Okay. I believe you showed me a text message between you and Chris that indicates that they wanted to wait to see what Dr. Jarrell said -
A. Oh, yeah.
MR. BURLEY: I'd like to object to the form of the question.
MR. SANCHEZ: That's cool.
BY MR. SANCHEZ: (Resuming)
Q. So I believe you showed me a text message between you and Chris Winters about having you go see Dr. Jarrell; is that right?
MR. BURLEY: Same objection.
A. Having me wait to get the form from him to go back to work.
BY MR. SANCHEZ: (Resuming)
Q. Okay. And then that form that we're talking about is that work note that you asked for; is that right?
A. Yes.
Q. Okay. So the work note is a September 6th, 2019

work note that says "may return to work full-time without restrictions but pending the appointment with OrthoCarolina, date to be determined". Is that the work note we're talking about?

A. Correct.

MR. BURLEY: Objection.

MR. SANCHEZ: Okay.

MR. SANCHEZ: I'm going to go ahead and make that an exhibit.

(Whereupon, Return To Work Duties Form was marked as Claimant's Exhibit #1)

BY MR. SANCHEZ: (Resuming)

Q. So in front of you there's a two pages exhibit. Page 1 is a Sun Fiber document that says Return To Work Duties and page 2 is that Carolina Neuro note that we were just discussing; is that correct?

A. Correct.

Q. Okay. So when you first got this Return to Work Duties form when you got into work I believe September 10th what is your understanding about why you had to sign that note?

A. If I signed yeah I could go to work. If I signed no that they would stop all Workman's Comp benefits. And he told her that I would have to

leave off the property immediately.
Q. Who's he?
A. Chris Winters.
Q. Told who?
A. Kathy Garrison.
Q. Okay. What do you mean by lose all Work Comp benefits?
A. It says right here please note the refusal of this return will affect the Workman's Comp benefits, and I need them.
Q. Okay. All right. So did you also asked them to clarify this about normal job duties?
A. Who? Ms. Kathy?
Q. Or anybody.
A. Well, it says right there how they wrote it down, and I asked her where's the other side to it and went to show her on my phone that there was another side to that. And she said that she couldn't get into it with me.
Q. What's another side? What does that mean?
A. Meaning that date to be determined by the Ortho doctor.
Q. Okay. But at that point in time just so we're clear you were not receiving Workers' Comp checks; is that right?

A. No.
Q. Okay. So you're not trying to sit at home and just collect checks. My understanding is you're actually trying to do with everybody's telling you to do; is that right?
A. To the fullest.
Q. Okay. And you have not intentionally misled or deceived or tricked anybody in this deposition; have you?
A. No, sir.
Q. Or throughout any of this process?
A. No, sir.
Q. Okay. All right. So what did your nurse case manager -- Did your nurse case manager go with you to the doctor appointment in - I'm sorry - the Ortho in Columbia?
A. To Dr. Brown's office. Yes, sir. She met us there.
Q. Okay. I believe the doctor wrote you out of work initially and then ordered some blocks; is that correct?
A. Correct.
Q. Okay. And then when you had the blocks and you were getting your last appointment what did the doctor say about going back to work and whatnot?

A. He just said return back to Occ Med. He never said anything about the job.
Q. Okay. Did you and the nurse talk about going back to work?
A. Well, when he stood up and he was like, you know, you could return to work, and she actually stood up beside me and was like how can he, look at him.
Q. And I believe when you went in there you filled out like forms about how your pain is and all this or any issues you were having; is that right?
A. Yes, sir.
Q. All right. And I believe it says severe on pretty much all of this stuff. Does that seem accurate to you?
A. That's accurate.
Q. Okay. And if you look at the actual note from July 11th the records will reflect the fact that it says, you know, "We're deferring non-operative management to occupational medicine." In other words there's no surgery that they can do to continue your treatment for your injuries elsewhere . Is this what your understanding is from a spine standpoint?
A. Correct.
Q. Okay. Has anybody sent you to from Workers' Comp to a doctor from your head or brain standpoint?

A. No.
Q. Okay. And in fact you went to Carolina Neurosurgery and Spine and saw Dr. Jarrell; is that correct?
A. Correct.
Q. Okay. It's my understanding that Dr. Jarrell is a spine surgeon; is that right?
A. That's right.
Q. Okay. So did Dr. Jarrell then say that you needed to go see somebody else?
A. He recommended me to go see Ortho because he's a surgeon and he didn't see no need to operate with what he had seen.
Q. Okay. So similar to what the Columbia doctor said; right?
A. Similar but different in both how they -- Yes, sir.
Q. Okay. But similar in statement in terms of surgery is not necessary in your spine; is that right?
A. Correct.
Q. All right. Excellent. Now when you go into Dr. Dupuy's office tell me exactly what Dr. Dupuy said to you about what's going on.

MR. BURLEY: Object to the form of the question. That's hearsay.

MR. SANCHEZ: That's fine. Well, you've been

asking hearsay questions a lot all the time about what doctors were doing to were doing to them. ***

MR. BURLEY: He can answer the question.

MR. SANCHEZ: Okay. That's cool.

BY MR. SANCHEZ: (Resuming)

Q. So why don't you tell me about the conversation you had with Dr. Dupuy regarding your diagnosis.

A. Okay. So I explained to him what Dr. Matthew Brown had said and told him that I was going through therapy through Workman's Comp, and actually told him what Dr. Jarrell said date to be determined by Ortho, how I seen him for that. The first thing he did was grab my head and squish over my ears. When he squished over my right ear I guess he seen everything in my face drop. And he stepped back. But I also feel like this was the first doctor that really listened to me and what I had to say. And so basically what he gathered is that, you know, there's a difference between a neurosurgeon, a neurologist and a neuro specialist, that they all three study in the same field, but they all three look for different things. And he said that's the problem, Kyle. Nobody has looked into your head for that. And he is thinking that the impact to the head, your body and your mind has a memory.

And that memory knows where to go in a safe mode. And so he's saying that to his best understanding that because I got hit closer to the right side that the cortex and the nerves got smacked. It put my body through a safe zone which is kind of like having a mini stroke. That's why my hand and my foot and I'm having all the pain in my back. And that's why my fingers turned in. That's why my foot's so many degrees out. And he said under his care that he would be able to work my hand. And he did. He got it open and made this (indicating), had them make this, and then suggested that I go through his therapist. And like I said, tomorrow they'll be making my boot.

Q. Okay. What's your understanding as to is there another doctor that he's going to send you to?

A. He's going to send me to Dr. Maddell [as spoken] and Dr. Kim. And those will be the two that's going to do the study from I believe he said the base of the spine all the way down to my tailbone. And their going to actually do a pin needlepoint nerve test until they find it and pick the nerve where it's at.

Q. Okay. So just so we're clear, he thinks that there's something wrong with your nerves and has

referred you to I believe the doctor's name is Mandell; is that right?

A. Correct.

MR. BURLEY: Object to the form.

BY MR. SANCHEZ: (Resuming)

Q. Okay. Has he also ordered some scans for you?

A. Yes, sir.

Q. Has he written you out of work?

A. Yes, sir.

Q. Okay.

A. He wrote me out for another six weeks.

Q. Have you had any other head injuries or impacts to your head since June 14th when this happened?

A. No, sir.

Q. Okay. When you went to Riverview the first time, June 24th, who sent you there?

A. Me and Ms. Kline spoke on the phone and said that's where I -- the next steps to follow would be to go to Riverview.

Q. Okay. And did you kind of describe that you were having some of these problems to them?

A. Oh, yes.

Q. Who were you there with? In other words who took you there?

A. My mother took me there, but they wouldn't let her

back there. And I believe the lady's name was Michelle Estep or Marcell Estep was sitting in the room with me.

Q. And there was like a place where you draw like all these complaints in Riverview's records like the head, a picture of the body.

A. Yes, sir.

Q. Do you know what I'm talking about?

A. Yes, sir.

Q. All right. Did you point out some of your issues that were having there?

A. Oh, yeah. I marked the head, down the neck to the spine into the tail area, down my left into my hand, and from my scrotum into my calf muscle and left foot.

Q. Okay. So once again, July 11th indicates that it was the last time that you were seen by Midland Ortho practice Dr. Brown. Does that sound about right?

A. Yes, sir.

Q. Okay. And then he said that you were at maximum medical improvement from a neurosurgical perspective and to continue with Occupational Med for continuous treatment; is that right?

A. Correct.

Q. Okay. And has Workers' Comp sent you to that Occupation Med place since then?
A. No, just the therapy, Family Wellness Care or something like that.
Q. Okay. No more questions.

REDIRECT EXAMINATION

BY MR. BURLEY:

Q. Just a few follow up. Dr. Jarrell, the work note that you discussed with Mr. Winters, that said that you may return without restrictions; isn't that correct?
A. That's correct.
Q. And the only thing pending, the date to be determined was your appointment with OrthCarolina.
A. Correct.
Q. Okay. Also, Dr. Brown, who you saw didn't have you under any restrictions; is that correct?
A. Because both of them stated that they are like one of the best surgeons in South Carolina so they didn't see no reason to operate, but they did see things in the report. He wouldn't go further than that.
Q. Okay. So at the time you filled out this form you had no actual work restrictions from any treating physician; is that correct?

A. As far as -- Correct.
Q. Okay. And then we talked about your arrest in August and your attorney asked if you were injured when you were pulling that. Were you injured as --
A. No.
Q. Let me finish my question. Did you have any physical injuries as a result of that altercation?
A. No.
Q. Okay. Did your daughter have any physical injuries?
A. No.
Q. And I believe you said this earlier, but that is the only time you've ever been arrested; isn't that correct?
A. Yes.
Q. And no other convictions; is that correct?
A. Correct.
Q. Who told you that you had a mini stroke?
A. Dr. Dupuy --
Q. Okay.
A. -- said not that I had a mini stroke. It's just the body has a memory and therefore the brain's not translating to the hand or the foot. And so it's kind of like how stroke when their whole left side of their body goes and slurred speech and vision

and their hands turn in. He's saying similar to a mini stroke. So similar, sir.

Q. Similar symptoms.

A. Yes.

Q. Okay. I have no further questions. Thank you.

A. Because we've talked about the vision test. And I brought that up to him, too, about the eye test.

Q. Okay. No further questions.

(Whereupon, the deposition concluded at 12:00 p.m.)

STATE OF SOUTH CAROLINA

CERTIFICATE

Be it known that I, Cynthia L. Weathers, a Professional Court Reporter and Notary Public, did have Kyle R. Bagley appear before me on September 30, 2019 at Lewis Law Firm, 772 Cherry Road, Rock Hill, South Carolina;

That the witness was duly sworn under pains and penalties of perjury to testify the truth, the whole truth, and nothing but the truth;

That the foregoing pages constitute a true and accurate transcription of the testimony given at that time and place aforesaid to the best of my skill and ability;

I further certify that I am not counsel or kin to any of the parties to this cause of action, nor am I interested in any matter of its outcome.

In Witness whereof, I have hereunto set my hand and seal this 8th Day of October, 2019.

Cynthia L. Weathers
Notary Public For South Carolina
My Commission Expires January 13, 2021

A

ability 15:25 16:1 54:16 55:23 81:4 82:13 85:19 86:23 103:11
able 5:17 33:12 34:21 40:19 43:24 52:16 66:12 74:4 80:5,9 82:7,20 83:8 97:10
AC 22:10
accident 16:16,16 34:4 50:20,23 60:20 61:15 63:22 63:24 66:8 76:14 78:12 83:12
accidents 76:10,12 76:21 85:21
account 82:24
accurate 94:13,15 103:9
action 103:13
actions 30:2,13
activity 74:19
actual 94:16 100:24
additional 18:8 37:19
address 6:16 8:17
adrenalin 32:10 42:10
affect 17:25 92:9
afford 21:19,20
aforesaid 103:10
ages 7:4
ago 20:25 21:2 25:19 76:22
agree 81:8
ahead 41:19 91:8
ain't 51:6 84:8
alcohol 20:20,22
alleged 23:5
Alliance 1:9
allow 4:15
Allvac 25:4,5,6 26:2,3,8 29:5
altercation 17:6,8 18:8 101:7
American 1:9
amount 79:20
anniversary 22:24
answer 5:1,10,11 9:17 33:1 80:16 96:3
answered 5:14
answering 5:5
answers 23:2
Antonio 7:21 33:16
anxiety 75:13,15,20 76:2 84:15
anybody 4:21 24:14 26:21 88:18 89:10 90:5 92:14 93:8 94:24
apart 29:9
apartment 6:17,21 7:19 50:7 70:6
apparently 88:3
appear 103:4
APPEARANCES 2:1
applicable 1:16
applied 57:17,23 83:4,21 84:1,4,11
apply 57:20
appointment 53:20 53:23 78:23 91:2 93:15,24 100:14
appointments 51:8 51:9 85:4,8
area 99:13
arm 35:1 48:5 62:21 71:19,19,20 71:21,22 74:20
arrears 82:16
arrest 16:22 74:10 86:10,10,14 101:2
arrested 17:3 73:15 101:13
arrests 16:18
Arthritis 78:21
article 14:21
Ashford 76:24
asked 5:20 38:25 39:6 43:8,24 80:3 85:14 87:19 90:22 92:11,16 101:3
asking 12:10 32:23 32:25 59:3 60:3 96:1
asleep 67:1
assistance 68:19,20
assisting 70:25
assume 5:12
Assuming 15:19
ate 40:2,4 41:6,8
ATI 25:6,6
attorney 4:9,13 5:16,18 17:18,22 101:3
ATVs 10:17
August 16:25 17:1 18:11,23 52:10 88:20 89:15,23 101:3
available 9:10
aware 36:14 38:8 75:11,12
a.m 1:19 37:4,17 38:2,3

B

back 16:4 20:2,11 20:14 22:3,4 23:15,16,17 24:16 25:1 26:19 28:5 28:19 29:10,12,13 30:18,22 31:20 32:2,7,11,14,21 33:5,6,7,8,9,24 34:10,12,21 36:5 37:6 38:4,7,7,13 38:18 39:25 41:17 41:21 43:7,11,19 43:21 44:8,9 45:3 45:14,19,25 46:2 46:13,24 47:2,12 47:14 49:14 52:8 52:14 54:4,17,20 55:1,3,19,21 56:7 57:18 58:8,9,10 58:11,15,17,21,21 58:23,24 59:21,22 60:15 61:4,5,6,8,9 61:18,19 62:5,18 62:20 63:6,12,13 65:10 66:25 68:4 69:22 70:14,20 72:6 73:2,6 74:20 77:22 79:1,25 80:13 81:11 82:11 82:22,23 83:1,14 83:18,19,19 84:23 88:2,12,19 90:18 93:25 94:1,3 96:15 97:7 99:1
background 4:16
backward 30:12
backwards 21:23 30:8 31:14 64:16
back's 59:25
back-to-back 81:17
bad 18:21 56:8 83:2 84:9
bag 18:12,13,15,16 18:25 19:5 20:10 73:16 74:4 86:24
Bagley 1:3,15 2:12 4:3,8 6:7 7:1 18:5 64:3 103:4
bailed 73:24
bale 30:23 31:1,10 31:23 33:2 36:25 69:8,10
ball 63:6,13,14,16 68:6,6
Ballantyne 53:16
ballpark 19:13
bank 82:24
bar 30:19 33:25,25 34:1 35:1 68:15 68:25
Barrett 2:7 4:8
base 97:20
based 28:24
basically 96:18
basis 11:21 84:24
bathroom 68:16
bearings 67:15
beat 84:8
bed 39:16,17 45:8 69:22 70:15,20
beer 21:4,4
beginning 11:11 27:18 52:11
behalf 1:16
believe 11:12 14:7 16:25 22:18 24:24 25:14 29:19 30:7 44:1 49:17 52:10 56:15 78:24 88:12 88:24 89:16 90:6 90:14 91:20 93:19 94:8,12 97:19 98:1 99:1 101:12
Ben 89:9
bench 67:12,15,16 67:17 68:8,9,16 68:21
bend 22:9 63:20
bending 34:18
benefits 91:25 92:7 92:9
bent 34:15
best 19:14 82:12,12 85:18 97:2 100:19 103:10
better 21:24 70:5
big 19:10 26:10 35:1 44:12 53:17 64:12 70:7
bills 24:1
birth 6:10
bit 21:15 23:3,17 39:23 60:2 68:14 70:5 75:12
Blacks 29:2
Black's 29:1,4
blade 30:7,12 35:9 35:10 37:25

blocks 93:20,23
Blue 11:1
blueprints 22:9
blurry 73:4
boats 10:16
Bobby 28:7,21,22 29:4
body 32:9,17,18 33:3 63:25 64:5 66:13 78:12 96:25 97:5 99:6 101:22 101:25
bone 62:4
book 18:12,13,15 18:16,25 19:5 20:10 73:16 74:4
boom 58:20 72:10 72:10,10,10,10
booming 56:8
boot 79:2,5,9 97:14
bottom 44:14 65:22
brain 94:25
brain's 101:22
break 35:12
breaking 34:18
Brian 67:18
bring 34:25 54:7,7 87:18
brings 72:23
broke 34:15 39:4 39:13
brother 77:5
brought 102:7
Brown 46:19,21,22 47:16,19 48:1 49:20 55:16,17 81:15,20 87:8 88:1 89:25 96:8 99:18 100:16
Brown's 93:17
Bryan 2:2
bryan.sanchez@... 2:4
buddies 36:12
buddy 36:3,17
bug 41:13
buggy 70:14 80:5,6
building 27:4
bullets 40:9
Burgundy 10:24
Burley 2:7 3:3,5 4:7,9 7:17 32:5 44:17 51:16 56:21 74:9,18 80:15 89:24 90:10,17 91:6 95:23 96:3 98:4 100:7
BURNEY 17:21 18:2,4 19:4,16
burning 61:11,23 61:24
busy 83:19
butt 33:11 45:5 58:13,24

C

cable 58:14
calf 44:13,20 45:15 58:18 64:1,13 65:21 99:14
call 29:7,8 48:22,22 75:17 81:18 83:18 87:12
called 1:15 23:16 23:16 24:14 26:18 33:19,22,23 36:17 36:18,18 37:6 42:4 55:1 79:4 81:17 83:19,19
calls 35:8,11
cancelled 79:14,16
cane 54:7
car 9:22,24 10:4,8 10:19,21 34:7,9 56:14,17 66:25 67:1 77:1,5 80:7 85:21 86:5
care 47:5 75:1,2,3,6 75:16 84:19 97:10 100:3
Carolina 1:1,16,18 1:19 2:4,9 6:18 9:1,7,15 13:11 28:6,19 87:18 91:16 95:2 100:19 103:1,5,24
carrier 1:11 4:10 79:6
Carter 35:7
case 4:11,22 81:12 81:21 93:13,14
cash 79:16
Cashier 8:9
catch 83:1
cause 103:13
caused 86:17
causes 15:9
center 31:2,13 53:17 59:10
centerly 31:12
certain 61:12 68:2
CERTIFICAT 3:6
certificate 14:15 103:2
certificates 14:12
certification 14:16
certify 103:12
chair 80:6
change 37:24,25
changed 59:24
charge 16:22 18:6 86:24
charged 18:10
charges 74:25 75:1
Charleston 13:11
check 47:2
checks 88:4,16 92:24 93:3
Cherry 1:18 2:3 103:5
Chester 6:17 7:19 8:14,18,19,21 9:1 9:3 28:25 29:3 41:23 42:2 49:7 49:20
child 13:7 17:8 82:14,16
children 7:4,8,10 8:4 12:2,8,20 13:4 13:15
Chinese 22:25 30:10
chiropractor 50:2 50:17,18,22
choose 53:22
Chow 43:25,25
Chris 2:13 36:4 38:12,16,17 42:3 42:5 46:3 52:20 54:4,12 55:2,22 80:23 83:20 87:21 87:23 88:18 90:7 90:15 92:3
Chrysler 10:20,23
Civil 1:17
claim 77:11 85:20 86:5 88:25
Claimant 1:5 2:5
Claimant's 3:13 91:12
claims 77:8 78:15 85:15,19 86:4
clarify 5:20 10:8 18:21 28:8 32:25 36:24 40:14 54:22 80:12 92:12
classes 14:12
clean 29:9 68:22
cleaned 70:20
clear 33:1 86:9 89:21 92:24 97:24
clock 40:1 43:22 56:15
clocked 41:10 56:16
clocking 42:20
close 6:20 25:17 28:4
closed 28:25 81:21 81:22 82:25 83:1
closer 67:18 97:3
clothes 68:9,9
collapse 68:25
collar 62:4
collarbone 62:18 62:19
collect 93:3
color 10:23,25 73:6
Columbia 2:9 52:4 82:21 88:1 93:16 95:14
come 23:15 29:9,18 33:15 37:7 38:12 43:19 45:16 54:9 54:17,20 55:3 57:18 82:8 85:10 88:2,19 89:11
comes 58:8 62:5,21 64:12
coming 22:23 53:2 57:14 60:15 62:3 63:4 76:24
commencing 1:19
Commercial 27:9,9 27:12
Commission 1:1 103:25
communicate 82:10
communication 82:1
Comp 1:10 2:13 46:14 51:10 53:2 78:25 81:21 85:21 88:4,14 91:24 92:6,9,24 94:24 96:10 100:1
companies 24:4,9 27:7
company 27:5,11 28:14
Compensation 1:1 4:10,11,22 78:14
complaining 47:3
complaints 99:5
complete 34:22 35:14 42:11,13
completed 14:2 34:3,12 35:4 40:15

complex 70:6
composing 34:7,8
comprehend 16:2
computer 16:8,10 22:19,22
concluded 102:9
concrete 23:25
condition 58:3
conform 22:9
connections 86:23
consistent 66:8,9
constant 45:22,23 58:19 59:14,17,18 59:25 60:9,20 61:10,14,23 63:21 64:23 65:6 72:2,3 74:2
constantly 64:2
constitute 103:8
construction 24:2 27:3,5,21 28:7,9 28:14,21 29:1
continue 40:19 94:20 99:23
continued 38:1
continuous 99:24
contort 63:8
conversation 4:14 43:23 54:12,21 55:22 96:6
convictions 16:18 16:20,21 101:16
cool 90:12 96:4
Copeland 36:19
Cordial 83:6
corporal 74:24
correct 10:10 11:16 11:17 12:18 13:16 15:1 17:4,5,10 19:22,23 23:8 26:23 28:8,10,11 31:17 32:19 34:5 34:13,22 37:17 38:4,16 39:7,9,10 40:10,11,13,16,17 40:19,19,22,23 41:15,16,24 42:15 42:16,21 43:2 44:6 46:11,20 47:17 50:20 52:16 52:24 53:18 54:13 54:25 55:12 56:2 56:19 59:12 64:24 64:25 65:4,8,12 65:13,15,16,18 66:2 67:7,23,24 69:21,25 71:3 77:11 79:18 80:10 80:13 81:1 83:5 85:5 86:8 91:5,17 91:18 93:21,22 94:23 95:4,5,19 98:3 99:25 100:11 100:12,15,17,25 101:1,14,16,17
cortex 97:4
counsel 1:16 103:12
country 27:15
couple 4:22 22:15 26:11 54:14 73:23 88:6
course 5:18
court 1:17 4:24 77:15 103:4
cover 79:6
crane 25:4,9,10
crap 72:7
crazy 44:1 56:9
credit's 82:25
criminal 16:14 18:6
crooked 80:6
CROSS-EXAMI... 3:4 84:21
crouched 31:7
CT 41:22 43:10,19
CTs 43:16
culture 30:10
current 6:16 58:2
currently 8:11 9:20 80:9,11 82:14 84:13 86:11
custody 7:6,7
cyclobenzaprine 49:17 84:14
Cynthia 1:17 103:3 103:23
C4 58:23
C5 58:23

D

dad 77:2
daily 84:24
damage 63:4
date 6:10 31:16 32:19,20 33:1 51:24 52:18 54:1 54:3 55:4,14 56:25 57:4,6 63:22 66:8 72:2 73:18 89:17 91:3 92:21 96:11 100:13
dates 11:8 23:19
daughter 12:6,7,16 12:19 13:8 17:10 19:10 20:9 101:9
daughter's 18:12 31:25 73:16 74:4 86:24
day 24:5 31:22 33:4 34:3,19 35:14 36:9,25 38:4 39:4 39:18,18,22 41:1 45:7 58:11 59:15 59:22 60:21 61:14 62:14 63:25 64:23 66:16,17 67:10,11 69:18 70:16,19,24 73:15 74:1 79:2 80:1,2,4 81:9,25 83:14 103:16
days 39:19,19 66:18 67:9 70:23 73:22 79:17
dead 32:1 59:18
deal 17:23 85:11
deceived 93:8
declined 39:9
deer 76:25
Defendants 1:12,16 2:10
defer 89:18
deferring 94:18
degrees 79:3,3 97:9
demonstrating 31:6 45:16 72:25 74:21
depend 82:9
deposed 5:24 6:1
deposition 1:15 4:12,13 5:18 6:3 93:8 102:9
describe 45:18 59:6 61:9,17,22 62:1 62:15 64:8,21 65:3,11 66:21 98:20
described 72:1
DESCRIPTION 3:12
design 27:10
determine 55:5
determined 51:24 52:18 55:15 57:1 89:17 91:3 92:21 96:11 100:14
diabetes 78:19
diagnose 53:4
diagnosed 53:6 75:20 78:19
diagnosis 96:7
difference 96:19
different 26:17 29:17 30:11 34:14 95:16 96:22
differential 24:24
difficult 67:6
digits 61:7
DIRECT 3:3 4:6
directly 26:3
director 83:6
disability 72:1 83:4 83:22 84:2,4,7
disagreements 30:2
disciplinary 30:2 30:13
discipline 16:23 17:3 75:8
disciplining 17:12
discuss 47:19,23
discussed 100:9
discussing 16:17 76:15 91:17
discussion 18:5 89:1
diseases 75:10
dislocated 62:17
distance 67:19,22 71:9
dives 65:21
divorce 11:14,16,18 11:19,21,23
doctor 43:15 46:12 46:16 48:15,17 49:3,4,5,6,7 51:17 53:2 69:19 75:16 84:19 92:22 93:15 93:19,25 94:25 95:14 96:16 97:16
doctors 81:8 96:2
doctor's 98:1
doctor-related 85:8
document 22:19 91:15
documentation 22:21
documented 15:12
doing 21:24 23:22 23:24 24:19 25:2 25:3 27:3 34:17 53:14 58:3 96:2,2
door 28:25 46:13
doors 23:25
dove 45:17
Dr 41:25 46:19,21 46:22 47:16,19 48:1 49:3,5,20 50:5,6,9,13,15,16 51:10,12,21,23

52:1,2,3,5,9,15,23 53:4,9 54:6,24 55:1,11,16,17 56:1,25 62:11 79:1,1 80:12,25 81:2,15,20,25 87:5,7 88:1 89:9 89:11,14,22,25 90:1,3,8,15 93:17 95:3,6,9,20,21 96:7,8,11 97:17 97:18 99:18 100:8 100:16 101:19
drain 73:6
drank 20:22
draw 99:4
Drewid 48:22,23
drink 20:20 21:1,6
drinker 21:7
drinking 21:3
drive 9:22 10:19
driven 9:24,25 10:4 10:8,21
driver 34:20
driver's 9:7,15
driving 25:4
drop 79:4,10 81:12 96:15
dropped 27:2 73:1 74:25
drove 9:23 77:2
drugs 21:9,11,14 21:16
drywall 27:10 28:13
duly 4:4 103:6
DuPuy 51:10,13,21 52:1 62:11 79:1,1 87:5,7 95:21 96:7 101:19
Dupuy's 95:21
duties 91:11,16,20 92:12
Duty 3:13

E

ear 58:21 59:21 60:5,11 61:1 65:1 87:2 96:14
earlier 85:14 87:1 101:12
early 11:9
ears 47:4 96:13
easier 23:3
eat 69:22 70:20 72:9
eaten 43:1
eating 58:17
education 14:8
educational 13:20
eight 60:24 61:2,3 64:15 65:3,20,21 66:7
eighteen-dollars-... 24:25
eights 66:7
either 36:18 54:15 56:16 65:23
elbow 62:5,21 78:7
Elizabeth 11:5,6
emergency 35:8,11 41:23 76:7
employed 25:24,25
Employee 1:4 26:1
employer 1:8 14:16 30:3
ended 11:10,12,16
ER 42:2 43:15 49:4 49:20
errands 71:1 73:8
Esq 2:2,7
essentially 23:7
Estep 99:2,2
estimate 10:9 19:14
evaluating 53:15
eventually 46:5,19
everybody's 93:4
everyday 58:20 59:15
exact 73:18
exactly 18:9 20:3 43:9 48:4 95:21
EXAMINATION 3:3,5 4:6 100:6
examined 4:5
Excellent 95:20
excuse 50:7
exhibit 3:13 91:9 91:12,14
EXHIBITS 3:11
Expires 103:25
explained 4:13 96:8
extent 32:3 74:23
exterior-type 60:6
eye 15:11,13,16 20:6 58:7 72:24 72:24 73:1 102:7
eyes 31:25 45:12 58:8 59:5,11 60:24 64:22 72:18 72:19

F

face 25:21 66:23 69:14 73:7 96:15
facility 34:10 35:17 35:22 42:20 57:12 57:15
fact 94:17 95:2
fair 5:7,14 66:1
fall 19:19 66:23
false 75:6
family 48:15,17,25 49:1,3,10,19 75:19 84:19 100:3
far 13:20,25 21:5 35:18,21 45:15 55:11 64:21 67:17 76:17 101:1
Father's 39:22 41:1 45:7
feel 39:3 40:7 45:12 58:13 59:24 60:10 61:10,12 65:1 81:16 86:20 87:6 96:16
feeling 31:23 32:6,8 39:22 41:3,7,9,17 56:11 72:5,7 74:1 74:2
feelings 41:3
feels 53:11 58:12 62:17
feet 67:23,25 68:7 69:17 71:12 82:22
felt 40:25 41:14 42:7,9 44:5,13 54:8 59:23 63:25 64:9
female 8:3
fender 77:1
Fiber 1:7 4:9 10:14 16:18 21:23 22:1 22:12 23:5,9 24:17 25:3 26:12 29:5,14,24 42:20 53:25 57:12,25 58:1 91:15
Fibers 2:13
field 71:10 96:21
figure 82:18
file 1:2 11:18,18
filed 11:23 85:16,24
filing 11:21
fill 22:22 57:2 70:5
filled 22:24 94:8 100:23
finally 5:16
financial 13:17
financially 13:5,15
find 21:23 97:22
fine 40:25 95:25
fingers 62:9 63:2 63:17 68:24 97:8
finish 7:15 9:16 19:2 23:1 42:19 44:24 50:19 57:10 67:22 101:6
finished 37:18
fire 59:25
firm 1:18 2:3 85:12 103:5
first 4:4 22:5,16 36:21 42:7 50:10 50:10 51:21 77:10 88:25 91:19 96:12 96:16 98:15
five 11:7 12:11 46:24 49:11 52:8 71:18,21 72:17 81:23
fix 34:21 35:13
flat 63:11
flatten 63:14
flex 63:19
flexeril 43:17
floor 32:2 33:24 37:8 41:21 69:14
FMLA 83:15
Fold 22:9
folded 48:8
follow 98:18 100:8
follows 4:5
followup 49:6 53:23
food 41:18
foot 44:14,15,18,19 44:21 45:19,20 48:6 58:18 64:18 64:19 65:22 78:5 79:2,4,10,12,13 97:7 99:15 101:23
football 71:10
foot's 97:9
Ford 9:23 10:25
foregoing 103:8
forget 28:1
forklift 32:1 33:15 34:19
form 3:13 23:6 32:4 89:24 90:10,18,21 91:11,20 95:23 98:4 100:23
former 85:12
forms 94:9
forth 46:3 54:5 82:11
forward 68:14
found 35:6
four 6:20 9:25

20:25 21:2 28:4,9 35:20 46:23 49:11 72:17 79:3
four-and-a-half 28:4
four-foot-seven 19:15,17
frame 30:19
framing 27:10 28:13
Franklin 33:18
Friday 36:11 38:5 40:20,20 42:5
front 50:7 64:22 91:14
frying 58:12
full 5:23 6:5
fullest 93:6
full-duty 52:16 56:1
full-time 91:1
function 66:19,20
further 84:20 100:21 102:5,8 103:12
F150 9:23

G

Garrison 92:5
gathered 96:18
GED 13:22,23,23 14:1,6
genders 8:1
George 36:19 38:10 38:11,11
George's 36:20
getting 25:17 41:3 81:10 88:13 93:24
get's 73:4
give 19:14 33:1 43:18 59:13 60:22 60:24 83:17 84:9
given 103:9
glad 5:20 54:20
glass 21:4 47:8,9 58:14 61:11,25
go 4:23 11:15 13:21 13:25 18:2 22:20 22:22 25:1 28:8 34:21 35:9,12 38:6 39:5,20,25 41:21 42:15 43:10 43:12,21 46:25 48:13 52:5 53:12 55:4,19,20,20 56:13 58:1,5 59:16 63:8,9,18 66:18 67:25 69:22 70:21 73:3,4,5 74:15 78:24 79:1 79:25 80:2,12 81:6 82:23 84:23 84:24 90:15,18 91:8,23 93:14 95:10,11,20 97:1 97:12 98:18 100:21
goes 58:24 62:5 64:1 65:22 86:3 101:25
going 5:6,9,11,17 9:25 17:15,17 18:1 19:12 27:25 29:12 37:2 43:24 46:2 48:6 49:1 52:22 56:9 60:17 61:4 66:14 84:5,6 84:6,9,23 88:2 89:22 91:8 93:25 94:3 95:22 96:9 97:16,17,19,21
gold 11:1
Good 4:8
government 75:7
grab 18:13,16 19:24 30:5,9 69:6 74:4 86:23 96:13
grabbed 18:12 19:19 20:9 73:15
grabbing 18:15,25 19:5
grade 14:2,3 27:2
Great 1:9
grip 69:5
grocery 70:14
groin 44:20
ground 4:22 19:19
guess 38:10 96:14
guns 29:9
guy 24:7 26:18 33:15 39:23 53:9

H

Haddon 7:23,24
halfway 58:9 68:17
hamstring 44:19
hand 8:17 19:24,25 20:1 44:23 45:17 54:3 58:10 62:6 62:22 63:10,15,15 63:19,21 64:3,7 64:10 65:17 69:5 69:6 71:5 74:5,7,8 78:9 97:6,10 99:14 101:23 103:16
handicap 67:16 68:15
handling 17:18
hands 71:4 102:1
hang 22:10 44:3
happen 16:24 86:17
happened 18:10 20:4,7 30:17 35:7 36:3,13,15 38:9,9 38:20,20 39:14 43:9,9,25 53:1 76:23 83:12,16 98:13
happening 56:12
happenings 83:2
harass 4:20
hard 11:12 63:16 66:21
head 5:3 8:5 11:24 24:13,15 30:14,21 31:2,2,3,11,12 32:2,7,11,21 33:3 33:5,6,7 38:21 44:4,7,8,8 45:2,4 45:13,19 46:24 47:6,10,14 48:12 48:13 53:8,17 56:7 58:5,9,19,20 59:3,4,5,11,19 60:4,10,15 64:22 65:2 69:9 71:4 72:7 77:20 94:25 96:13,23,25 98:12 98:13 99:6,12
headache 58:8 59:6 59:7 60:5,8 65:2 87:2,3
headaches 41:16 47:3 58:15 59:20 60:22 64:21 72:5 81:15
head's 43:6
heals 79:19
hear 47:12
heard 5:12
hearsay 95:24 96:1
heartbeat 72:18 73:3
heavy 21:7
help 44:16 70:5
helpful 51:5
helping 68:11
hereunto 103:15
hey 26:18,19 38:11 41:19 43:6 80:20
highschool 14:8
Highway 6:17 8:12
Hill 1:18 2:4 52:3 103:5
hired 22:5,6 23:17 24:17 25:22 34:19
hiring 34:16
history 13:20 16:14 21:22 25:1 75:9 76:5 77:8
hit 31:1,4,10,10,12 31:23 32:21 33:2 36:25 38:21 42:9 97:3
hold 44:7 63:20 68:25 69:1 81:14 81:15 82:21 87:13
Holder 2:7
home 36:9 37:12,13 37:15 38:6,6 39:5 39:14,16,17,20 40:25 43:13 56:13 67:1 70:15 77:2 89:11 93:2
homeowners 24:8 24:10 26:17
honest 20:25 51:6
hospital 40:3 41:11 41:18 42:6 49:7 76:4
hot 58:12 61:10,10 63:7,17,18
hour 1:19 33:22 34:11 37:7 42:22 56:5 66:17 68:22 69:16
hours 25:15 29:15 29:19 35:19,19,20 35:20,21,21,24,25 59:15 70:22 73:23
hours-a-week 25:17
hour-forty 66:17
house 7:23,24 50:8 69:24 70:11 71:2 79:18,24 84:25
houses 27:4
HR 30:6
huh-uh 5:3 49:24
hurt 20:14 85:23
hurting 33:4 43:6 72:8
hurts 43:7 58:6
H&R 83:6

I

Ibuprofen 84:15
icky 39:23

idea 11:22 47:18
illnesses 75:10
imaging 46:23
immediate 25:18
immediately 43:10 92:1
impact 96:24
impacts 98:12
improvement 99:22
incident 20:9 35:17 36:1,2 37:10,11 40:18 86:10
including 40:21
income 57:14,16
INDEX 3:1
indicates 90:7 99:16
indicating 33:11 46:2 52:19 60:12 62:20 67:19,22 69:2 74:6 82:3 97:11
inflamed 47:15
information 4:15 4:17 16:2 18:9 89:19
initially 88:24 89:15 93:20
injections 55:18 87:9,11
injured 18:17 19:21 20:11 30:18 36:25 77:4,20,22 77:24 78:1,3,9 86:20 101:3,4
injuries 18:19,22 32:3 49:21 76:10 94:21 98:12 101:7 101:10
injury 4:16 10:2,5 10:6,9 31:16,22 32:19,20 33:1 36:7 43:5 49:12 50:14 59:17 72:2 76:8 83:9,21,24 83:25 85:19
inside 60:10 65:2
instance 16:8
insurance 1:10 52:25 53:3 77:8 77:10 79:5,14 85:15 86:3
intended 4:19
intentionally 93:7
interested 103:14
interior 27:10
interrupt 89:6
involved 76:20 78:17
issue 63:21 83:25
issues 16:5 44:22 44:25 45:2,4 59:19 63:2 66:2 72:1 94:10 99:10
it'll 68:11 71:6

J

jail 73:20,22
January 103:25
Jarrell 51:23 52:2,3 52:5,9,15,23 53:4 53:9 54:6,24 55:1 55:11 56:2,25 80:12,25 81:2,25 89:9,12,14,22 90:1,4,8,16 95:3,6 95:9 96:11 100:8
Jessica 2:12 7:1,2 8:4 10:19 12:24
Jessica's 8:8
job 10:13,14 23:3,5 25:2 29:12 34:22 35:4,9,10,14 36:20 37:18,20 38:1,3,13 40:19 41:21 42:13,14,18 54:15 55:25 57:18 57:20,20,21 72:6 76:17 80:21 82:9 83:13 92:12 94:2
jobs 26:22 34:13 40:21 57:8,11,17 57:23
judgement 77:15
July 47:16 88:3,19 94:16 99:16
jump 33:12
jumped 32:21,24 33:13 47:12
June 16:17 21:16 29:19 30:18 31:17 40:16 42:2 44:5 44:25 45:18,22 98:13,16

K

Kathy 45:25 83:14 92:5,13
keep 21:24 34:16 38:15 58:15 60:2 62:8 69:2 80:7
kid 16:23 17:4 31:25
kids 6:24 75:8 79:24 82:9
killed 41:20
Kim 97:18
kin 103:13
kind 9:22 10:19 11:12 22:17 24:5 24:6,6 44:20 47:11 64:2 68:17 72:25 77:13 80:6 81:7 97:5 98:20 101:24
Kline 2:13 98:17
Klonopin 84:16
knee 64:2,13
knew 39:24 42:4,12 46:4 89:21
knock 31:14
knocked 30:22 32:13,21
knocker 22:7
know 6:2 11:23 14:1,24 15:19 24:11,13 25:19,20 25:21 26:9,18 30:10 31:2,7,7,19 32:9,10,10,13 34:17 36:5 37:25 38:9 40:1,2,6 41:20 42:10,19 43:6,7 44:2 46:12 47:7 52:18 53:11 55:11,17,19,20 59:24 60:3 63:3 64:17 68:23 70:3 70:6 71:5,14,14 75:7 79:19 80:11 80:20 82:18 83:16 83:24 84:7 87:6,7 88:21 90:3,5 94:5 94:18 96:18 99:8
known 103:3
knows 55:25 97:1
Kyle 1:3,15 4:3 6:7 36:4 81:21 96:23 103:4

L

L 1:17 103:3,23
laborer 24:5
ladies 70:2 81:7
lady 26:6
lady's 99:1
Lancaster 6:17 8:12
largely 4:20
lately 10:22
law 1:18 2:3 77:18 85:12 103:5
lawsuits 78:17
lawyer 88:22
lay 59:16
layoff 26:9,11
layoffs 26:10
Leader 89:9
Leading 81:24
lean 68:14
leave 37:15 42:14 63:12 69:24 70:1 70:11 71:2 92:1
leaves 15:11
leaving 18:14
led 18:13
left 19:25 22:16,20 23:9 26:8 27:1 28:6 32:15 34:24 35:17 36:7,11 37:21 38:5,18 40:2 41:12 42:19 42:25 44:11,19 45:2,15,19,19,20 56:14,22,24 57:4 57:12,15 62:1,3,4 62:7,15,24,25 63:1,21,24 64:3,7 64:11,13 65:14,17 65:20 68:13 69:8 69:10 71:19,22 72:24 78:1,3,5,7,9 79:12,13 80:7 99:13,15 101:24
left-handed 69:3
leg 44:12,15 56:8 64:11 65:20 78:3 80:7
legal 17:23 18:1
legs 68:4
length 71:9
letter 79:13
let's 13:20 18:2 21:22 25:1 41:21 43:10 58:2 71:8 71:17 74:15 75:9 86:11 87:15
Lewis 1:18 2:3 103:5
license 9:8,15,18
lien 82:14
life 15:4 26:16 27:4
lift 71:5
ligament 65:24
light 72:23
likes 30:5,9
limitations 66:5,11
limited 66:13 68:23
line 17:17 60:3

lines 22:10,10 33:18
listed 32:11
listened 96:17
little 21:15 23:3,17 35:1 39:23 58:14 60:2 61:25 68:14 70:5 75:12 83:18
Littlejohn 2:7
live 7:18 8:21,23 13:10,12
lived 6:19 8:19 9:2
lives 6:23 7:19
living 8:12
LLC 1:7 2:13
lock 63:12
locked 63:17
locking 62:9 63:2
long 6:19 7:2 8:19 8:23 11:6,7 14:22 22:12 23:12 25:11 25:19 26:15,24 27:17 28:3 34:6,9 35:2,16,22 46:18 49:9 50:9 56:4 67:13 68:10,18 71:8,13
longer 44:6,7
long-term 83:7,15 83:22 84:1
look 39:5 43:8 48:12 72:22 94:7 94:16 96:22
looked 46:23 53:7 83:9 96:23
looking 31:8,9 44:1 53:9 72:21
loose 15:13
lose 20:6 73:5 92:6
lost 23:4
lot 56:14 58:4,17 83:2 85:3,6 96:1
love 58:1
lower 33:9,10 44:9 58:11 61:7,9,18 61:19 65:10
Lowery's 48:25 49:1,10,19 75:18 75:19
Lowman 41:25 49:3,5 50:13,15

M

machine 34:14
mad 77:2
Maddell 97:17
Main 2:8
maintenance 22:4 23:15 24:18,21 29:12 42:12
making 29:14 51:7 71:1 79:14 97:14
male 8:2
man 22:18,25 56:13 71:11
management 94:18
manager 93:14,14
Mandell 98:2
man's 25:20
Marcell 99:2
marijuana 21:18
marked 91:11 99:12
marriage 11:8,10 11:16 12:3
marriages 11:2 13:2
married 7:2 11:4,6 11:11
massage 63:9
material 30:23
materials 34:25
matter 17:23 18:1 72:16 103:14
Matthew 46:19 96:8
maximum 99:21
mean 14:20 21:1 24:13 26:17 30:1 33:8 34:8 35:11 35:18 38:15 40:4 41:16 56:22 57:20 59:8 66:20 70:18 72:19,24 75:2 87:3 92:6,20
meaning 57:19 92:21
means 6:2
mechanic 24:18,22 29:13
Med 47:2 81:14 94:1 99:23 100:2
medical 38:25 39:6 42:1 45:24 48:25 71:24 75:9,19 76:15 77:6 89:18 99:22
medically 79:17
medication 72:14
medications 84:13
medicine 49:2,10 49:19 54:8 69:22 70:21 94:19
memory 96:25 97:1 101:22
men 84:7
mentioned 43:4,6
mere 68:11
merely 4:14
message 90:6,14
messed 79:22
met 26:6 50:11 51:25 93:17
metal 22:9 25:2 27:10 28:13
Michelle 99:2
mid 61:5,6 88:3
middle 6:8 37:15 56:10 72:23
Midland 99:17
migraine 59:9,10 60:22 64:21
mile 50:8
military 16:12
milligram 84:17
milligrams 84:15
mind 28:9 96:25
mini 97:6 101:18 101:21 102:2
minors 13:4
minute 71:6
minutes 35:3 42:22 46:13,16 52:8 56:5 66:18 67:14 67:25 68:1,7,12 69:16
misled 93:7
mode 97:1
mom 76:24
Monday 39:25,25 40:12,25 41:8,12 42:2,6,17,20 63:23 66:9 72:3,5
money 23:22 28:17
Monroe 25:23,24 26:1,5 29:4
month 21:4,5 53:19 70:2 72:11 82:21 87:10,11
months 9:25 22:15
morning 4:8,11 36:3,10,11 37:13 38:5,5,18 39:7,15 39:16 40:15 42:5 46:1 68:18 69:15 79:23
mother 12:23,25 13:12 98:25
motor 76:12,20
motorcycles 10:16
move 36:22 41:2 58:13 61:12 66:6 69:16 70:4 71:25
moved 27:18
moving 58:14 61:12
mumbled 33:18
muscle 44:12,13,21 45:15 58:18 64:1 64:12,13 65:22 99:14

N

N 2:2
name 4:8 6:5,8,25 7:20,23 25:20,21 27:11 98:1 99:1
names 24:11
nasty 41:3,4,14
necessarily 15:25
necessary 95:18
neck 33:9,10 45:13 45:19 47:10,14 53:15 59:1,22,22 60:1,12,13,14,14 60:18 65:6 77:24 81:16 87:6 99:12
need 5:1,10 22:23 26:18,19 29:7 38:11,12 47:21 48:11,11 53:11 55:25 70:7 72:6 80:21 81:3,4 82:9 92:10 95:12
needed 38:25 55:2 80:24 95:9
needing 23:14
needlepoint 97:21
needles 47:10
neither 83:8
nerve 63:4 97:22,22
nerves 47:13 97:4 97:25
neuro 46:15 91:16 96:20
neurologist 96:20
neurosurgeon 89:2 96:19
Neurosurgery 87:18 95:3
neurosurgical 99:22
never 21:7 22:25 26:3 30:4 59:23 64:9 81:17 82:25 83:19 87:13 94:1
Newport 8:22,25 9:3 27:1,18,20 28:9,15,17,20
News 8:22,25 9:3

27:1,19,20 28:10 28:15,17,20
newspaper 14:21 15:23
nice 70:2
night 24:23 36:9 39:24 42:4,12 43:22 58:16 73:20 80:1
Ninety-percent 70:17
nod 5:2
non-operative 94:18
normal 38:1 66:16 66:17 67:10,11 69:18 92:12
Notary 1:17 103:4 103:24
note 52:21,22 54:5 55:2,3 56:1 57:2 80:13,17,19,21,22 87:15,18,20 90:22 90:25 91:1,4,16 91:22 92:8 94:16 100:8
November 6:14
numb 64:9
number 3:12 4:23 5:12,13 9:10
nurse 46:14 81:21 93:13,14 94:3
nurses 81:12

O

oath 5:10
object 17:17 32:4 89:24 90:10 95:23 98:4
objection 17:21 56:20 74:15 80:14 90:17 91:6
obtain 14:6
obtained 13:23 56:1
Occ 47:2 81:14 94:1
occasional 29:25
occasionally 21:18 70:1
occupation 8:8 100:2
occupational 94:19 99:23
October 103:16
odd 26:21 57:8,11
offer 54:15
offered 55:23
offhand 82:18
office 31:20 36:16 38:8,14 85:10 87:9 88:12 93:17 95:21
Oh 15:7 27:6 31:15 32:8 36:2 41:7 50:15 51:9 55:10 71:11 80:11 82:11 89:13 90:9 98:22 99:12
okay 4:18,22 5:9,21 6:5 7:10 9:7 10:2 10:4 12:8,20,23 13:25 14:12,20,25 15:16,24 16:4,22 17:3,16,21 18:2 18:17 19:5,10 20:16 21:9 23:1,9 24:16 28:1 30:9 30:17 32:16,18,23 32:25 33:8 35:25 37:14,19 39:16,19 40:14 41:10,15 43:4 45:9,11,24 46:19,22 49:1 50:22 54:19 57:10 58:25 59:5 60:2 60:18 64:4,12 66:1,4,11,14,17 69:10,13 73:13 74:22,25 76:20 80:23 82:6 85:6 85:10,14,18,23 86:3,9,17,20 87:1 87:14,24 88:1,9 88:11,18,22,24 89:4,10,14,18,21 90:3,6,21,25 91:7 91:19 92:6,11,23 93:2,7,13,19,23 94:3,16,24 95:2,6 95:9,14,17 96:4,8 97:15,24 98:6,10 98:15,20 99:16,21 100:1,5,16,23 101:2,9,20 102:5 102:8
old 6:12 8:1
once 10:6,9 68:22 79:23,24 87:10,11 99:16
one-fifteen-a-week 82:19,19
ongoing 17:23
on-the-job 14:14
open 63:11,19 69:2 72:18 97:11
operate 47:1,21 48:12 53:10,11 81:3 95:12 100:20
operating 25:9
operation 81:4
opinion 52:6,23 53:3 81:2 89:7
opportunity 59:14
order 84:23
ordered 93:20 98:6
original 15:24
OrthCarolina 51:22 100:14
Ortho 51:18,19,24 52:19 53:5,12,13 53:22,22 55:5,15 57:1 78:23 81:6 89:17 92:21 93:16 95:11 96:12 99:18
OrthoCarolina 51:20,25 53:14,23 55:8 62:12 91:3
orthos 81:9
outcome 103:14
outside 60:6,7 76:7 83:25
outstanding 82:16
out-of-pocket 79:7
overdo 79:20
Overhead 25:10
overnight 76:4
overstrain 68:14
overstretched 65:24
overtired 67:2

P

pack-a-day 20:19
Padgett 2:7
page 3:12 91:15,16
pages 91:14 103:8
paid 25:24,25 26:1 26:3 88:14,15
pain 31:24 32:6,8 32:18 33:3 41:17 42:8,9 44:8 45:18 54:8 58:4,19,20 59:6,14,25 60:4,6 60:7,13,18 61:5,9 61:18,19,24 62:15 62:24,25 64:1,7 64:14,23 65:1,6,8 65:10,14,17 66:4 66:6 74:3 78:11 87:2 94:9 97:7
painful 64:18
pains 103:6
Palm 63:9
pan 58:12
pancake 48:8
pants 68:15
paper 38:21
papers 58:22
parking 56:14
part 33:10 54:21 66:13
particular 24:4
parties 103:13
parts 64:5 78:12
Patricia 2:13
pattern's 79:22
pay 13:7 24:1 79:7 79:16 82:18,19
paycheck 83:9
paying 24:21 25:13 82:23 83:10 88:14
payment 88:17
payments 79:15
pen 72:22
penalties 103:6
Pendergrass 11:5,6 12:19,21
pending 75:4,5 91:2 100:13
people 23:15 24:11 26:22 29:7 30:5,9 34:16 36:22 48:22 51:3
percent 70:15,16
period 23:21 26:15 89:22
periodically 29:9
perjury 103:6
person 42:12
personal 83:9 85:19
perspective 99:23
phone 36:12 43:23 46:3 54:5 81:18 87:20 92:17 98:17
physical 15:14,17 15:25 16:5 17:6,8 17:14 18:7,19,22 47:22 50:25 51:3 55:18 66:4,11 67:3,9 69:19 72:19 74:19 81:11 101:7,9
physically 19:8 35:23 66:12 73:10
physician 100:25
physicians 49:9
pick 71:17,21 97:22
picked 72:10

picks 58:23 62:20
picture 99:6
piece 38:21
pieces 61:25
pill 84:15
pin 97:21
place 99:4 100:2 103:10
plant 36:6 56:7,10
playdough 63:6
please 6:6 19:3 92:8
plus 24:23 61:21 65:11
Plyler 48:18,22 50:13,15 75:17 84:19
pocket 53:13
point 47:20 49:13 66:25 70:9 88:4 92:23 99:10
pointing 44:16
post 14:8
pot 21:15
Poulos 48:18,20,21 48:23 75:17 84:19
pounds 19:18 20:10 30:25 71:18,21
practice 99:18
preceded 54:6
prescribed 49:16
prescribes 84:18
PRESENT 2:12
pretty 26:16 32:17 35:8 59:18 94:12
previously 11:4 57:11
Prickett 2:7
primary 7:6,6 49:4 49:7 75:16
prior 8:12,16,21,25 11:2 16:16 21:25 25:2 26:13 44:22 44:25 75:9 76:10 78:12,14,17 83:21
probably 6:20 8:20 10:1 11:7,9 14:3 20:25 22:2,14 25:12 27:1 28:4 31:6,12 32:10 33:22 38:7 40:8 42:10,22 50:8 56:5 58:22 61:7 63:23 68:7 71:16 72:11 76:25 79:15 79:23 81:16
problem 30:4 96:23
problems 15:9 30:1 30:1 48:1,9 75:24 78:11 86:12,15 98:21
Procedure 1:17
proceed 30:20
PROCEEDINGS 3:2
proceeds 37:23
process 93:11
Professional 1:17 103:4
property 86:4 92:1
provider 42:1
provides 13:17
provisions 1:16
psychological 75:24 76:1
Public 1:17 103:4 103:24
pull 20:2
pulled 20:11 33:17 74:20
pulling 101:4
punishment 74:24
purple 63:11 72:23
pursuant 1:16
push 47:21 64:16
pushed 81:10
put 15:19 26:19,20 29:10 34:1,16,23 34:23 38:22 43:11 47:6 51:4 53:16 63:18 68:13 71:4 82:21 97:4
putting 30:7,12
putty 63:13,14
P-R-O-C-E-E-D-... 4:1
p.m 37:4 102:9

Q

question 5:11,11,13 5:19 13:25 15:24 18:21,22 42:19 44:24 57:22 60:3 62:23 85:1,15,16 90:11 95:24 96:3 101:6
questioning 17:18
questions 4:19,21 5:6 7:15 9:16 19:2 23:2 57:10,22 59:13 84:20 96:1 100:5 102:5,8
quick 28:8 52:13 66:6 71:25
quiet 79:25
quit 20:24
quite 85:10

R

R 1:3,15 4:3 103:4
ramp 30:20,21
ran 31:25
Random 85:8
rating 64:23
ratings 66:4,7
Ray 6:7,8
reach 81:11 82:20 87:8
read 14:20 15:23 16:1,3,4 52:14
reading 14:18,25 15:9
ready 63:12 68:10 69:17
real 28:8 56:8 61:10 66:5 71:25 72:4
really 16:11 21:1 41:2 44:7 58:16 68:12 71:1 84:7,8 96:17
reason 22:16 26:8 41:12 47:1 100:20
reasons 83:13
recall 10:12 69:12 86:1,6
receive 22:18 23:6 83:11
received 14:15 22:25 23:14 49:20 76:1 77:13,15 88:7,16
receiving 92:24
recognize 25:20
recommended 46:10,24 49:5 69:2 95:11
record 5:1 6:6 17:24 18:2,3,6 31:9 40:14 67:19 74:16,17
records 89:18 94:17 99:5
recreational 21:11
REDIRECT 3:5 100:6
referred 98:1
referring 38:15
reflect 94:17
refusal 92:8
regarding 18:6 96:7
region 61:8
regular 78:25
related 15:25
relative 4:17
relayed 38:10
released 47:16,18 55:19 88:1,3
remain 35:22
remember 35:9 43:16 54:2,3 72:11,13 73:18 84:25 85:16,19
remind 5:6,9 23:1 27:25
repeating 28:2
report 26:5 100:21
reported 30:6
reporter 1:17 3:6 4:24 103:4
representation 66:1
representing 2:5,10 4:9
request 23:6
required 76:4,7
resolved 16:21
respond 59:14
rest 79:19
Restraining 18:14
restrictions 9:17 47:19,23 54:16,22 55:4,12,13,16 56:18,23,25 81:5 89:16 91:2 100:10 100:17,24
result 12:2 18:17 20:11 49:21 77:4 77:6,16 101:7
resulted 18:10 74:10 76:15
Resuming 7:17 18:4 19:4,16 32:5 44:17 51:16 56:21 74:9,18 80:15 90:2,13,20 91:13 96:5 98:5
return 3:13 51:24 52:18 53:25 55:23 57:25 81:24 82:4 87:15 91:1,10,15 91:19 92:9 94:1,6 100:10
returned 54:2 56:2
re-weld 33:24
Richburg 25:8
ride 70:13
right 5:16,23 6:5 7:25 8:17 9:16 15:11,13,16 16:16

17:19,20 18:1 19:24 20:1,6 23:13,17 25:1 26:4,13 27:7 28:14 29:12 30:17 31:2,3,5,10,13 32:13 33:2,10,12 34:23 36:14,24 37:5,18,21 38:12 38:18 39:8,11,14 45:16 48:9,14 50:7,25 52:2 54:3 54:15 58:2,7,21 58:24 59:19,21,21 59:24 60:11,13 61:1,4,25 62:1,15 62:18 63:13 64:6 64:11,15 65:1,10 66:2 67:3 68:5 69:5,6,9,22,24 70:11,14,20 71:5 71:19,20,21 72:24 73:3 74:8,20 75:13 77:1 79:25 85:3,8,12,14 86:1 86:9,13,14 87:1 87:14 90:16,23 92:8,11,15,25 93:5,13 94:10,12 95:7,8,15,18,20 96:14 97:3 98:2 99:10,19,24
right-handed 69:3 69:4
ringing 47:4
ripped 33:23,25 37:7
Riverview 46:9,17 49:19 98:15,19
Riverview's 99:5
Road 1:18 2:3 8:13 76:24 103:5
Roady 35:7 56:10
Rock 1:18 2:4 52:3 103:5
Roddy 28:7 29:4
Roddy's 28:7,21,22
roller 30:19
roof 26:18
Roofing 23:25
room 41:23 43:11 52:7 76:7 99:3
roughly 11:11
routine 68:18 69:15 70:25 71:1
rules 1:16 4:23
run 73:8

S

safe 97:1,5
Sanchez 2:2 3:4 7:15 17:17,22 19:2,14 32:4 44:15 51:15 56:20 74:7,15 80:14 84:22 90:2,12,13 90:20 91:7,8,13 95:25 96:4,5 98:5
sat 6:3 33:19 38:14
Saturday 39:21 45:9,10 72:4
saw 46:19 51:21 52:15 55:8 89:2 95:3 100:16
saying 5:5 37:3 51:13 79:2,13 83:24 97:2 102:1
says 36:13 91:1,15 92:8,15 94:12,17
scale 60:16,23 61:17,20 62:16,23 64:7,14 65:3,8,11 65:15,17
scan 43:16
scans 41:22 43:10 43:20 85:6 98:6
scheduled 39:24
school 13:21 14:1 27:2
scrotum 44:11 45:14 48:6 58:17 99:14
seal 103:16
second 16:5 35:6 37:9 52:6,23 53:3 81:2 87:14 89:7
Security 84:4
see 4:24 16:1 33:16 34:16 46:10,12,15 47:1 49:6 51:11 52:9,21 53:21 54:24 63:10 66:22 66:23 68:1,24 72:18 73:3,6 83:10 89:5,9,11 89:22,25 90:1,8 90:15 95:10,11,12 100:20,20
seeing 49:9 69:18 90:3,5
seen 31:25 42:1 43:24 49:5,23 50:2,4,5,9,10,22 52:12 53:2,9 63:25 72:25 81:3 95:13 96:12,14 99:17
sees 48:11
send 46:5 97:16,17
sensation 61:24
sent 52:13 87:21 94:24 98:16 100:1
separate 58:25
September 1:18 51:23 52:11 53:18 54:4 57:12,15 80:13 88:11,13 89:23 90:25 91:21 103:4
serve 16:12
set 53:20 55:15 103:15
settlement 77:13
seven 81:23
Seventeen 7:5
Seventeen-dollar... 24:23
seventh 14:3,4 27:2
severe 63:4 94:12
shady 22:17
shake 5:2
Shaking 8:5 11:24 30:14
shaped 70:7
shards 58:14 61:11
share 7:6
sharp 41:17
shattered 47:8,9
sheet 22:9 25:2
shift 36:21,22 37:15 37:17 39:24,24 40:15 42:11,12
shock 32:10
shoe 68:13
shoot 71:11
shop 70:14
short 18:5 88:7
short-term 83:4,7 83:15,22 84:1
shot 49:14,15,16 82:25
shots 46:24
shoulder 20:14 32:2,12 44:9,10 44:11 45:3,15,19 58:10 62:1,3,4,15 62:18,24,25 63:5 65:14 69:11 71:7 78:1
show 92:17
showed 90:6,14
shower 68:17,21,23
showered 69:18
side 23:23,24 28:18 29:25 31:10 34:2 34:23,24 37:21 44:12 60:14 63:24 64:2 69:8 92:16 92:18,20 97:3 101:24
sides 34:14
siding 23:25 26:20
sight 15:13 20:6
sign 38:22 87:16 91:22
signed 91:23,23
significant 26:9 79:20
signs 73:2
similar 95:14,16,17 102:1,2,3
sir 5:8 6:4,9,22 8:7 8:15 9:4,9,11,19 9:21 10:11,15,22 12:1,6,10 13:3,6,9 13:19,24 14:11,13 14:17,19 15:2,7 16:7,9,11,13,15 19:7,9,20 21:13 24:3,20 27:24 29:22 30:16,24 31:18 37:16 40:20 42:3 43:3 45:21 45:23 46:21 47:25 48:7 50:24 53:19 53:24 57:16,24 60:19 61:16 62:13 65:19 74:13 76:19 77:9,12,14,17,19 77:21,23,25 78:2 78:4,13,16,18,20 78:22 79:19 80:11 84:3,5,12 85:2,9 85:13,17 86:16,25 87:17,25 93:10,12 93:17 94:11 95:16 98:7,9,14 99:7,9 99:20 102:2
sis 11:3
sit 68:5,17 73:6 80:6,7 93:2
sitting 15:22 58:12 72:21 85:18,25 86:6 87:24 99:2
six 79:3 81:23 82:21 98:11
sixteen-seventy-f... 25:14
Sixty-hours-a-we... 25:16

skill 103:10
sleep 39:5,20 59:16 69:23 70:15,16,21 70:21 79:21,25 80:1
sleeping 58:16,16 72:15 79:21
slept 40:25
slid 38:21
slide 68:14
sluggish 45:10
slurred 101:25
smacked 97:4
small 51:7
smaller 30:21
smoke 20:16,18 21:18
snatch 30:5
snatched 26:19
soap 68:25
Social 9:5 84:4
sock 68:13
somebody 52:7 86:4 95:10
something's 53:12
son 12:12,14,18
soon 31:22 39:17 42:9
sore 45:10 72:4
sorry 7:20 28:2 44:16 48:19 86:11 88:13 89:6 93:15
sought 80:25
sound 99:18
sounded 47:7,9
South 1:1,16,18,18 2:4,9 6:18 9:1,7 9:15 13:11 28:6 28:19 100:19 103:1,5,24
Spain 27:9,12,13 27:21 28:2,9 29:4
specialist 46:10 52:3,17 53:8,21 96:20
specializing 28:12
specially 79:5
specific 55:12,13
speech 101:25
spend 73:20,22
spiel 83:17
spine 44:9 47:1 48:11 52:3,17 53:7,8,10 55:14 60:14 81:3 94:22 95:3,7,18 97:20 99:13
splint 62:8
splitting 58:7
spoke 83:20 98:17
spoken 31:12 37:23 38:11 97:17
spot 34:14 61:6
square 70:7
squish 96:13
squished 96:14
Staffing 25:23 29:5
stand 15:10,20 72:20
standing 14:22,23 14:25 15:8 19:12 20:4
standpoint 94:22 94:25
start 21:22 22:1 58:5 63:17 67:17 70:8 82:23 88:5
started 39:22 41:2 41:9 44:4 46:2 68:5 72:5 80:24 88:6,25
starting 45:6 63:10
state 1:18 5:23 6:5 103:1
stated 22:25 32:9 58:22 100:18
statement 95:17
Stauffer 50:5,6,9 50:16
stay 79:17 89:10
stayed 11:13 37:17 38:3
stays 76:4
steam 22:10
stepped 96:15
steps 51:7 98:18
Steve 36:15 38:10 38:10,13
sticking 47:10
stint 22:13 23:10
stomach 40:6 41:13 41:15,18 43:1 72:8
stood 94:5,6
stop 5:6 43:7 45:17 71:11 91:24
stopped 88:9,17
story 17:25
straight 27:3 31:8,8 32:21,24 33:13 39:17 45:13,14 62:21 68:4 70:22 81:10
straightened 80:8
strain 71:7
Strategic 1:10 2:13
Street 2:8
stretch 15:10,20 64:18 66:22 72:20
strike 69:10
string 15:19
stroke 97:6 101:18 101:21,24 102:2
struck 30:21 69:7,9 76:25
stubs 83:10
stuck 15:21 47:11
study 96:21 97:19
stuff 26:20 29:8 33:19 35:12 79:6 94:13
Subway 41:8
suggested 46:15 49:4 97:12
suit 77:18
Suite 2:8
summerize 64:20
Sun 1:7 2:13 4:9 10:14 16:17 21:23 22:1,12 23:5,9 24:16 25:3 26:12 29:5,13,24 42:20 53:25 57:12,25 58:1 91:15
Sunday 39:21 41:1 41:7 42:7,15 45:7 45:12 72:5
supervisor 25:18 30:10 36:21,22 56:16
support 13:5,7,14 13:18 82:14,17
supposed 35:12 36:4 63:9,14 84:16
sure 4:12
surgeon 46:25 48:10 55:14 81:3 95:7,12
surgeons 100:19
surgeon's 47:20
surgery 94:20 95:17
suspended 9:20
sweating 40:8 43:7 56:8 75:13
switch 63:7
sworn 4:4 103:6
symptoms 102:3

T

T 2:13
tail 99:13
tailbone 97:20
take 4:12 29:9 35:2 43:8 47:5 54:9 67:13 68:10,11,18 71:8,13 79:24 84:16
taken 1:17 75:1,2,3 75:6
takes 67:14,25 68:1 69:15,16 70:10 71:6
talk 5:17 13:20 45:25 51:15 58:2 75:9 83:14,14 87:15 94:3
talked 23:17 33:21 40:2 64:20 66:4 66:24 69:15 83:5 101:2 102:6
talking 23:4 36:12 52:20,20 54:4 58:25 59:1 64:3 66:14 67:3,9 70:3 72:17 74:19 76:18 80:24 84:23 87:1 88:24 90:21 91:4 99:8
tall 19:11
teenager 28:5
tell 14:20 15:8 16:20 18:9 21:22 22:8,22 26:6 30:17 32:16 33:4 38:12,19 39:2 45:9 48:1,4,14 49:4,7 54:1,6 58:6 59:3 60:13,17 64:11 66:5,11,19 76:23 82:7 83:16 88:19 89:10 95:21 96:6
telling 56:11 70:4 72:22 93:4
tells 73:4
Ten 35:3
tendency 5:4
tendon 65:23
tendons 47:13
tension 60:7,8,9 61:1 65:2 81:16 87:2,3,3
terms 74:19 95:17
test 97:22 102:6,7
testified 4:5
testify 103:6
testimony 19:21 103:9

tests 15:22
text 90:6,14
Thank 84:20 102:5
therapist 51:11 65:23 97:13
therapists 15:10
therapy 15:14,17 46:25 47:22 50:25 51:3 55:18,20 63:3 64:1,16 66:15,18 67:4,10 69:19 70:2 72:20 78:24,25,25 80:2 81:7,11,23 96:10 100:3
thing 36:14 38:12 47:20 82:23,24 84:5 86:3 96:12 100:13
things 5:12 15:21 40:22 58:25 68:2 68:2 70:12 96:22 100:21
think 8:17 18:21 22:3 23:19 28:25 35:6 39:12 43:15 43:23 46:1 51:9 71:15 73:8 80:4,9 88:5,15
thinking 96:24
thinks 75:7 97:24
third 39:4
Thirty-nine 6:13
thought 22:17 30:4 31:25 32:1 38:25 41:5 42:25 47:5 63:4 72:8 82:7,8
three 6:24 7:7 12:25 20:25 21:2 46:13,16 51:9 68:4 79:23 96:21 96:21
throw 40:7 41:10 63:15
Thursday 40:20
tight 60:9 87:4
tightness 87:5,5
Tim 33:18,18
time 5:4,4 22:16,23 22:24 23:6 26:6 28:6 30:6,7 31:16 31:24 32:6,8 36:25 37:19 38:24 40:8,18 42:7,25 48:7 50:10,10 51:21 56:7,9,22 56:24 58:13 61:11 63:11 70:15,17,18 73:3 77:10 80:2 81:13 82:3 87:12 88:11,15,22 89:22 92:23 96:1 98:15 99:17 100:23 101:13 103:10
times 59:9,10 68:5 78:24 85:11
tin 22:7
tingles 64:10
tired 67:2
today 4:19 58:3 76:15 85:25 86:6 86:11 87:24
toe 33:3 53:17 58:5
told 31:20 33:16,18 35:7 36:3,12 38:10,20 39:3,12 39:20 42:3,5 43:9 43:25 47:2 48:4,5 48:5,9 49:8 52:25 53:7 54:10 55:1 63:3 70:6 81:12 81:20 82:6,8 83:6 83:11,23 91:25 92:4 96:9,10 101:18
tomorrow 78:24 97:13
top 24:13,15 31:3 44:8 45:4,13 62:17 64:10
tore 77:1
total 12:8
touch 19:6,8
tough 67:6
towel 63:7,18,19
tower 35:6
training 14:8,10,14
tramadol 43:17
transcription 103:9
transition 85:11
translating 101:23
treat 49:12
treated 75:15
treating 79:17 100:24
treatment 39:1,6 45:24 46:6 49:2 49:21 76:1,16 77:6 94:21 99:24
treatments 81:23
trick 4:19
tricked 93:8
tried 54:10,11 63:6 63:7 64:18 81:11 81:25 87:11,12
trip 10:12
trouble 14:18,25 15:16 16:6
truck 33:19 36:5 82:24
true 103:9
truth 103:6,7,7
truthfully 5:10,14
try 15:10 54:10 63:16 68:3,9 79:20 82:5,6,8,12 84:6,6,10
trying 15:19 44:16 81:13,14 87:7 93:2,4
Tuesday 43:22 44:5 44:25 63:23 66:10 72:4
turn 29:17 63:10 102:1
turned 36:5,15 38:6 41:10 97:8
turning 40:9
turns 40:6,6
twice 52:12
twice-a-day 84:16
twist 58:13 63:5 64:16
twitching 56:9
two 4:14 5:12,13 23:13 33:17 34:12 35:19 40:21 58:25 61:7 67:22,25 68:4,7 69:16 78:24 91:14 97:18
two-tone 11:1
Tylenol 49:18
type 21:14 23:24 26:24 27:7 70:11 77:15

U

uh-huh 5:3 12:13 27:14,22 28:23 59:2 74:11
unable 73:10
uncles 29:8
underneath 62:4
understand 48:7
understanding 86:7 91:21 93:3 94:22 95:6 97:2 97:15
understood 5:13
unemployment 84:11
upcoming 51:8
upright 67:14
upset 41:15 43:1 72:8
upside 40:6
use 16:8,10 21:9 28:25 74:5

V

vehicle 76:12,20
vehicles 10:16
verbally 5:2,6
verify 22:20
view 47:21
Virginia 8:22
vision 66:24 101:25 102:6
visits 71:1 76:7
vocational 14:10
vs 1:6

W

wait 89:1,5 90:8,18
waited 33:15 35:8
walk 71:8
walked 33:17 35:6 38:14 52:7,8 56:13,16,17
walker 54:7 70:8
walking 70:8
wall 15:21
Walmart 70:13 80:4
want 4:23 15:21 17:24,25 18:7,8 33:3 57:25 58:5,6 60:2 64:20 73:19 75:17
wanted 39:6 52:6 52:21 54:5 82:4,5 82:6 89:1,5,9,25 90:8
wanting 57:18,19
wants 51:10
washcloth 69:1
wasn't 15:24 46:12 46:18 75:6 83:8
Waters 2:13
way 4:20 21:24 22:20 33:11 34:2 45:5 61:12 74:2 79:3 86:21 97:20
Weathers 1:17 103:3,23
week 25:15 29:15 29:21 43:18 70:23 80:4 81:17
weekend 40:24
weeks 26:11 72:17

88:6,7 98:11
weigh 19:17 30:24
weighs 20:10 71:17
weight 72:16
weld 30:20 37:9
welded 34:2
welding 30:19 31:7 31:8,9 34:3,12 35:4 37:20 40:21
Wellness 100:3
went 24:16,24 26:1 26:12 27:3 28:19 29:13 30:20 33:19 34:1 36:9,15 37:8 37:12,13 39:14,16 39:16,25 40:3,15 40:24 41:11,17,19 41:23 42:2,6,17 42:18 43:22 44:20 46:14 47:6 49:8 50:16 51:25 52:22 53:1,12,17 54:24 72:6,16 80:4 81:24 82:11 83:14 83:16 87:7 88:12 89:25 92:17 94:8 95:2 98:15
West 8:13
we'll 16:4 58:5 64:5 87:14
we're 16:17 40:24 64:3 74:19 76:15 86:9 88:2 90:21 91:4 92:23 94:18 97:24
we've 51:9 52:22 63:6,6 64:20 79:13 102:6
whatnot 93:25
wheelchair 73:14
When's 51:21 78:23
whereof 103:15
whichever 75:17
white 40:9
wife 6:24 7:7 19:11 33:20,21 42:3 68:11,19 70:25
wife's 6:25 19:12 79:24
window 37:5
windows 23:25
wine 21:4
Winters 23:16 31:21 32:9 36:4 38:16,17,19 46:3 52:20 54:12 55:22 55:23 82:1,3,10 87:23 88:18 90:15 92:3 100:9
witness 1:15 17:20 103:6,15
word 23:14
words 38:22,23 57:2 94:19 98:23
work 3:13 4:16 7:22 8:10 10:2,5,6 10:9 15:13 21:22 21:23 22:12 23:10 23:12,21,23,24 24:8,8 25:1,2 26:12,17,21,25 27:5,17 28:18 29:13,16,25 35:18 35:18,18,19,20,21 38:1 43:14,21 44:6 47:19,23 50:14,20 51:24 52:16,18 53:25 54:2,17,22 55:2,3 55:3,4,9,19,21,24 56:1,2,4,18,23,24 57:19,25 58:1 59:17 67:11 72:6 80:9,13,17,19,21 80:22 81:5,24,25 82:4,8,23 83:25 85:23 87:15 88:18 88:19 89:10,11,15 89:16,21 90:3,19 90:22,25 91:1,1,4 91:10,16,19,20,23 92:6 93:19,25 94:4,6 97:10 98:8 100:8,24
worked 24:12 26:2 27:8,20 28:1,15 29:5 35:16 57:4,6
Workers 1:1 4:10 4:11,21 78:14 85:21 88:4,14 92:24 94:24 100:1
working 15:18 22:1 24:4 25:4,15 26:14 27:3 29:23 29:24
Workman's 46:14 51:10 53:1 78:25 81:20 91:24 92:9 96:10
works 31:18 39:23
worse 86:18
wouldn't 21:21 25:19,19 98:25 100:21
wow 47:12
wrap 30:20
wrist 62:7
write 43:14,19 55:8 81:5 89:14
writing 14:18 16:6
written 5:1 98:8
wrong 23:19 24:25 51:13 53:12 72:9 97:25
wrote 30:7 55:4 57:2 89:16 92:15 93:19 98:11
W.C.C 1:2

X

XXX-XX-XXXX 9:6
x-ray 52:13,14

Y

yards 71:9
yeah 10:6 14:5,22 15:7 17:15 23:20 24:14 27:6,16 31:15 32:24 33:10 34:23 35:1 36:10 40:20,20 41:14 42:22 46:12,18 48:10 50:15 51:3 54:11,20 55:7,10 71:5 73:12 75:21 79:11 80:23 82:11 82:15 83:2 88:10 90:9 91:23 99:12
year 11:13 17:1 22:14 23:13 28:9
years 6:20 11:7 20:25 21:2 23:13 28:4,5 49:11 76:22
year-and-a-half 22:2,14 23:22 25:12
yell 7:16
York 52:13
young 84:7

Z

Zaxby's 8:9
zone 97:5

$

$1 24:23
$17 29:14
$18-an-hour 29:15

#

#1 3:13 91:12

0

007727790 9:13

1

1 91:15
10 59:9,10 60:16,17 60:23,23,25 61:17 61:20,20,21 62:16 62:23,25 64:7,9 64:14,23,24 65:3 65:6,11,11,14,14 65:17,17 66:7,7,7 66:7 76:22
10th 88:13 91:21
10:00 1:19 37:2,4
100 19:18 20:10 71:9
103 3:6
11 76:25
11th 94:17 99:16
11/03/1980 6:11
12 35:19,20,20,21 35:24,25 76:25
12:00 37:2,4 102:9
1201 2:8
13 7:5 103:25
13th 31:19 37:5
13-year-old 7:13 8:1,2 12:18
131 72:16
14 7:5
14th 31:17,18,19,19 31:22 37:3,5 40:16 98:13
14-year 7:25
14-year-old 7:12 8:3 12:16 17:9
1430 2:8
15 35:3 56:5
15-year-old 12:19 12:22 13:7
165 72:16
17th 40:10 42:2,24
17-year-old 7:12,25 8:2 12:14
18t 45:22
18th 44:5,25 45:18
19 16:17
1908703 1:2
1980 6:14
1990 14:7

2

2 91:16
20 16:17 67:14,25

68:1,7 69:16 71:11
200 10:20
2000 8:24 11:9,11
2005 11:14
2007 9:23
2008 8:20
2009 7:3 8:20
2014 22:2,5 23:4 25:2
2015 10:20
2016 22:3 23:18 24:16 29:13
2019 1:18 18:11,23 21:16 90:25 103:5 103:16
2021 103:25
21 29:17
22nd 73:19 89:15
22-year-old 7:14,18 12:5,12,23
223 6:17
24 70:22
24th 98:16
29201 2:9
29706 6:18
29731 2:4

3

3rd 6:14
30 1:18 61:19 65:11 103:4
321 8:18
36 29:18

4

4 3:2,3
40 42:22
42.2 29:19
48 29:18

5

5:30 46:1
5:45 46:1
50 84:16

6

6th 88:11 90:25
600 30:24
628 6:17 8:12

7

7:00 37:13,17 38:2 38:3
7:30 38:5
70 25:17
700 30:24
772 1:18 2:3 103:5

8

8th 103:16
8:20 38:8
8:30 38:8
800 84:14
84 3:4

9

90 70:15,16
91 3:5,13
944 8:13

Transcript of the
Deposition of

Matthew Brown, MD

12/12/2019

Kyle Bagley v. JN Fibers, Inc., et al.
1908703

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South Carolina Workers' Compensation Commission
W.C.C. File No. 190873

Kyle Bagley,	)	
	)	
Claimant,	)	
	)	
v.	)	Deposition
	)	
JN Fibers, Inc.,	)	of
	)	
Employer,	)	Matthew Brown, MD
	)	
and	)	
	)	
Great American Alliance Insurance Company,	)	
	)	
Carrier/Defendants.	)	

Date: December 12, 2019

Time: 4:01 p.m.

Location: Midlands Orthopaedics & Neurosurgery,

1910 Blanding Street, Columbia, South Carolina

Reported by
Cindy H. Patterson

APPEARANCES

For the Claimant: Bryan N. Sanchez, Esq.
Lewis Law Firm, LLC
Rock Hill, South Carolina

For the
Employer/Carrier: C. Barrett Burley, Esq.
Holder Padgett Littlejohn & Prickett, LLC
Columbia, South Carolina

INDEX

Stipulations: 3
Examination by Mr. Sanchez: 3
Examination by Mr. Burley: 37

EXHIBITS

Plaintiff's Exhibit Number 1, Great American Insurance Company Employee Injury Report. 3

Plaintiff's Exhibit Number 2, Medical Records from The Neurological Institute. 3

Plaintiff's Exhibit Number 3, Your Life Wellness and Physical Therapy Progress Note dated August 19, 2019. 27

Defendants' Exhibit Number 4, South Carolina Workers' Compensation Commission Physician's Statement. 39

STIPULATIONS

It is stipulated by and between counsel for the respective parties that all objections are reserved until the time of trial, except as to the form of the questions.

This deposition is being taken pursuant to the South Carolina Workers' Compensation Act and all applicable rules.

- - - -

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

Matthew Brown, MD, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified as follows:

Plaintiff's Exhibit Number 1, Great American Insurance Company Employee Injury Report.

Plaintiff's Exhibit Number 2, Medical Records from The Neurological Institute.

EXAMINATION

BY MR. SANCHEZ:

Q Good afternoon, Dr. Brown. My name's Attorney

Bryan Sanchez. We briefly met before, off the record. I represent Mr. Kyle Bagley in connection with this workers' compensation case of his that he's filed, and we are here today to take a quick deposition of you, because I believe you were the treating physician of him a few months back. And it shouldn't take too much time.

Can you please just state your full name for the record, please?

A Sure. Matthew Thomas Brown.

Q Okay. And have you ever given a deposition before?

A I have given one.

Q Okay. Excellent. So you're familiar with the rules. I'll just repeat them real quick.

A Perhaps.

Q I'll just repeat them real quick. Everything you're -- typed up is getting -- everything we say is getting typed up by the court reporter here. So let's try not to talk over one -- one another. If I ask you questions and you give me answers, I assume that your answers are -- are truthful and you understood the question I'm asking. If not, just ask me to repeat it, and I'll be more than happy to. As I said, it shouldn't take too long. If you need to take a break, that's fine. Do you

understand the rules?
A I do.
Q All right. Excellent. All right. Dr. Brown, can you please state, real quick for the record, your education background and work history?
A Sure. So starting from undergrad, I was undergraduate here at University of South Carolina. I went to medical school at Wake Forest up in Winston-Salem and did my residency in neurosurgery at University of Tennessee in Memphis, with a fellowship -- a fellowship in Bristol, England, in spine. And since that time, I have been here with Midlands Orthopaedics and Neurosurgery since about the beginning of September of last year.
Q Oh. Okay. Excellent. Real quick, when did you get licensed again?
A License was -- I guess it was late last spring, so spring of -- or not last spring but the spring of -- what is that? -- 2018.
Q Okay.
A So when I moved here.
Q All right. Excellent. And you're currently a physician here at Midlands Ortho and Neurosurgery; is that correct?
A That is correct.

Q Okay. Excellent. You treated my client, Mr. Bagley --
A Uh-huh.
Q -- in connection with some work injuries. What was the first time that you first saw Mr. Bagley?
A Looks like that was July 5th, 2019.
Q Okay. And do you have any independent knowledge of Mr. Bagley and his issues, or do you have to rely on your medical records?
A I recall some things from when I saw him, but also relying upon my medical records.
Q Okay. Excellent. And I believe you have your computer and your medical records in front of you, so to speak?
A Correct.
Q Excellent. All right. So on July 5th, could you briefly state why Mr. Bagley was there, what his complaints were?
A Sure. So he was a gentleman who reportedly was injured at work where he was, I think, welding and was struck at the top of his head near the vertex -- I think he described it as a "700-pound bale" -- and had significant neck pain, as well as -- up to his occiput, as well as feeling his low back -- quote -- I think he said "feels like glass." And

he also had a couple other symptoms, including pain into his legs and otherwise.

Q Okay. And when you examined him, what did you observe in your examination of him?

A So one of the most notable things on his examination -- I think it was his right arm. Let me verify in his -- his left arm, his left upper extremity. He had, in a flex position, both his shoulder, the elbow, the wrist, and his -- and his fist. And he stated -- I believe he told me that that was the most comfortable position for him.

And the remainder of the exam was, for the most part, benign; did not find anything significant on him as far as abnormal tone or muscle strength in either the agonist or the antagonistic muscle groups. And he did have symptoms consistent with occipital neuralgia.

Q Okay. And what was your diagnosis of Mr. Bagley?

A The most prominent one was for occipital neuralgia. He had a closed head injury, based off his discussion or his description of the injury. And, otherwise, he had non-verifiable radiculopathy, as he did have those upper extremity -- or the extremity symptoms and muscular strain.

Q Okay. And, I believe, in connection with patients'

visits at your office, they fill out questionnaires about, you know, what's going on with them?

A Uh-huh.

Q Is that correct?

A Correct.

Q Okay. And you have medical records -- I believe July 5th and July 11th; is that right?

A July 5th, and he came back on July 11th, correct.

Q Okay. So is -- are the medical records that your office has created -- are they true and accurate representations of Mr. Bagley's visits with you?

A To my knowledge, they certainly should be.

Q Okay. And the questionnaires that he's filled out are part of your medical records as well?

A Correct.

Q Okay. Excellent. What was Mr. -- could you look through your records and -- and see what Mr. Bagley was referred to you by the workers' compensation people to treat? In other words, what was the accepted body parts that you were allowed to treat?

A The cervical, thoracic, and lumbar spine.

Q Okay. I'm going to hand you what I've marked as Exhibit 1. I'm just going to speed up things a little bit.

A Sure.

Q So Exhibit 1 on Page 1, there -- says, "Body Part Code" and "Multiple injuries." Could you read for the record what body part codes are listed there?
A "Body Part Code 12: head, brain" and then -- the rest of it or just that line?
Q That's fine.
A Okay.
Q So what you have in front of you is -- is the insurance company's documentation of this claim and what they're dealing with, so to speak. Is there -- do you know if there's a reason why they weren't referring him to you to be treating for his head or his brain?
A To -- why they did not refer me to -- or to the -- the patient to me for that, I do not know. I did ask the patient regarding that, and I -- I don't believe I documented that. But I do recall him saying that he had had -- he had been checked for his head and did not have any injuries.
Q Okay. And do you have any documentation of that?
A I don't believe so. Let me check quickly on my notes. No direct, other than my review of systems describing that he was positive for headaches.
Q Okay. And -- and I'll represent to you that the course of my client's treatment was a visit to the

urgent care on the Monday after this incident, June 17th. The incident occurred on June 14th, on a Friday. He went to an urgent care, he went to his primary care one time after that. And then on June 27th, workers' comp sent him to Riverview Medical Center, which is what predated your referral over to you. If Mr. Bagley needed his head or his brain evaluated, would you do that, or would you be referring that out, or how would that work?

A If I had felt that he had had physical exam findings or historical narrative concerning for a body part that was not listed on what I was allowed or requested to treat, I would make recommendations to have the patient evaluated for it.

Q Okay. And I believe you ordered some injections on the first visit; is that correct?

A Correct.

Q Okay. And what injections did you order, and -- and what are their purpose of treating him?

A They are occipital nerve blocks, which are a combination of lidocaine and bupivacaine, which is short- and long-acting numbing medication, and an injectable steroid. They are designed to treat inflammation of the occipital nerves -- the greater and lesser occipital nerves -- for -- generally,

those patients typically present having had head trauma, car accidents, falls, or otherwise, which he had a clinical presentation, as well as physical exam findings consistent with that which is -- one of the documentation regarding the headaches were retroauricular in nature.

Q Okay. So when you ordered that first injection, I mean, what was your plan of -- your treatment plan with him?

A Treatment plan was generally -- most patients with a story consistent with occipital neuralgia is -- a single injection traditionally treats the vast majority of patients. And, if it does recur, I typically will be willing to provide one further set of injections. If the patient continues to have pain in that area, I typically will then refer patient for -- headache management is -- generally, my philosophy is: If you do not respond well to a series of two injections, then it's probably not occipital neuralgia, and we want to make sure that we are not missing something.

Q Okay. And, I believe, when speaking to my client, there was some event that occurred with these injections. Do you recall that? When the injections were getting done, anything specific

stand out in your mind?
A Not offhand, but let me, quick, check my notes here. I haven't documented anything abnormal with the injection, and I don't recall anything abnormal occurring during the visit.
Q Okay. My client stated that there was some weird-sounding crunching when the injections were --
A Oh.
Q -- occurring?
A Sure. That's typical of -- of inflammatory, so it's -- it's not an abnormality with the injection. Typically, the -- the sensation and the sound of "crunching" is what I generally describe to patients, or a popping sound is typical of -- in densely adherent tissues, which are typical of inflammation locally. And that typically, as I describe to patients, shows that we're in the right spot and doing the right thing for the right reason. Non-inflamed tissues does not have that -- that typical sound or dexterior tension to the tissues itself.
Q Okay. So I believe you gave him the injections on July 11th. When did you see him again?
A We did not.
Q Okay. And do you know why?

From -- from our visit, it is -- we had released him at point of maximum medical improvement from a neurosurgical perspective. And we discharged him from our care to that of a occupational medicine team for his nonsurgical muscular complaints.

Q Okay.

A And, as I had mentioned, occipital neuralgia typically is treated with a single injection for the vast majority of patients.

Q Okay. And do you know if he attempted to come follow up again with you-all?

A Not to my knowledge.

Q Okay. But, if you were allowed to see him again from workers' comp, would you be willing to see him again?

A If he had complaints consistent with the occipital neuralgia, absolutely. If he had other evidence of something that would be a surgical condition, I'd be happy to see my patients. Absolutely.

Q Okay. And you just mentioned earlier that you released him from a "neurosurgical" standpoint. What does that mean?

A From my perspective, I -- I specialize in the treatment of surgical pathology of the -- of the neurologic system: brain, spine, or nerves. And

so I typically view my role as giving an opinion and/or treatment of surgical pathology of things that I'm -- I'm trained in. For patients that have nonsurgical pathology, such as muscular strain or other -- other diagnoses that are -- that can be managed nonsurgically, I typically allow nonsurgical -- traditionally, medicine doctors or otherwise -- to manage those. So from a neurosurgical perspective -- is: I did not feel the patient had any other surgical pathology or surgical issues which he needed my -- my management of.

Q Okay. But just so that I'm clear and -- and for the record, does that mean that Mr. Bagley is done with treatment completely? I believe you referenced earlier that you referred him back somewhere for treatment. What does that mean?

A From my perspective, it means that he no longer needs surgical care, but as -- as you specified and as I doc (as spoken) in my note, he did still have issues, which were nonsurgical in nature. And when I release the patient back to the care of another physician, it is with anticipation that they will manage those other nonsurgical issues.

Q Okay. And I believe you also ordered physical

therapy; is that right?
A Let me make sure I ordered that one. Well, let me find out where the order is. Yes. There we go. It was our first visit. I was looking at the July 11th visit. Yeah. So on Point Number 3 of my first -- first note on July 5th, I did recommend physical therapy, and that generally -- most of our workers' compensation case managers generally request that we put the order in to expedite their overall treatment. But the expectation is that they will have that followed by their non-operative managing physician.
Q Okay.
A So we did initiate the order, yes.
Q And do you know if workers' comp ever approved that physical therapy you ordered or the referral back to the -- the occupational doctors?
A Let me find out if we have here -- let's see. Generally, what we do in our practice is put our orders for referral for physical therapy or referrals to other physicians out to our workers' compensation department, which then works, to my knowledge, with the -- the workers' compensation groups and companies to enact those orders if they're approved. I do not see directly here an

approval, but that may not have been directly directed to me, so I don't know if that happened or not.

Q Okay. And do you know if, in your records -- I believe I -- I have a copy of some of them -- but if, in your records, you got any of the physical therapy notes from -- what is it? -- Your Life Wellness?

A I do have some of those, yes.

Q Okay. And do you have any reason to doubt any of the records that Your Life Wellness has created: their authenticity or veracity?

A Not offhand, no.

Q Okay. All right. And I'm going hand you what I've pre-marked as Exhibit Number 2. These are medical records from The Neurological Institute with Dr. Rao, if you don't mind just briefly just skimming over them and just looking at it.

A Sure. (Examines document.) I cannot read that part --

Q I couldn't either.

MR. SANCHEZ: (To Mr. Burley) The last page.

Q At least it's not like doctor shorthand.

A I can sometimes not read my own handwriting.

Q That page isn't too, too important, though.

A Okay. Well, it was -- the results of the EEG would be interesting to know. They talk about "right frontal slow" and I lose the rest of it.
Q I believe it says "right frontal slow" -- something -- "focus, rule out underlying" -- something -- "spinal -- or brain pathology." Does that seem right?
A "Structural pathology."
Q "Structural" -- there you go.
A There we go.
Q "Structural pathology."
A "Consider" --
Q Something --
A -- "to capture" -- what?
Q -- "to capture levels" -- oh -- "long -- long -- long" -- something, I don't know --
A Okay.
Q -- "to better characterize."
A I'm not entirely sure what the last page says. Okay. I gotcha.
Q That's all right. Okay. So I represent to you, for purposes of these questions, that workers' comp did not approve any more physical therapy, didn't approve a referral back to another doctor. So my client was left to try and get treatment on his

own, ultimately being referred to a neurologist, Dr. Rao, in Charlotte. Are you familiar with Dr. Rao?

A I am not.

Q Okay. And his exams and findings indicated that there was some "inversion" and "partial left foot drop." Do you know what that is?

A The -- the actual physical exam finding, yes.

Q Okay. And what is "partial left foot drop"?

A That would be weakness in the dorsiflexion.

Q Okay. And in your understanding of the medical, you know, literature, could somebody who got hit by a heavy bale on the -- the superior part of the vertex, or whatever we were talking about earlier -- could there be a possible implication of some nerve damage associated with that kind of an impact on the head?

A It would depend upon the type of injury and whether there was injury to the brain itself.

Q Okay. And how --

A But in -- depending on the location, it certainly could.

Q Okay. And how would somebody be able to discern if that's the case? In other words, are there certain exams or testings that could be done?

A So for any patient with a closed head injury, the first test would be a -- a non-contrast CT of the brain.
Q Okay. Do you know if one was performed on Mr. Bagley?
A He told me that there was, but I had not received any documentation or imaging of that.
Q Okay. I represent to you that there was no CT of the brain, just a CT of the cervical.
A Okay.
Q Would you think that a CT of the brain to check into those things might be necessary for Mr. Bagley?
A For a reported closed head injury, yes.
Q Okay. And is that your opinion to a reasonable degree of medical certainty?
A It is.
Q Okay. And would -- if -- if that isn't specific in its findings, is there any other diagnostic exams that you're familiar with or aware of that may be done to analyze a closed head injury?
A Well, typically, for an acute closed head injury, the non-contrast CT of the head would be the gold standard. An MRI of the brain could certainly be considered. However, if you are concerned for a

hemorrhage, which you would be in a -- a situation like that, generally, the CT of the brain would be conclusive. And, if you did not have a significant finding, it is less likely that you would consider management to an MRI of the brain immediately. But you could consider it at a later time.

Q And what about EEGs or 96-hour EEGs? I mean, what -- what are the purposes of those?

A Those would be if you were concerned for ongoing seizures. If the patient had a continued seizure, which was convincing, a -- a spot EEG can be used. It is typically unreliable because you would have to make sure that you catch the seizure in progress. And a long-term 96-hour EEG is something that we manage to find out and try to elicit seizures in patients that -- that we are concerned about. Further details about that would typically go to an epileptologist, who would be an neurologist rather than a neurosurgeon.

Q Okay. And so I guess, then, for analysis of closed head injuries would be -- would a neurologist be the best doctor to analyze or assess these things?

A For an immediate closed head injury, a neurosurgeon would be, and a neurologist would typically come into the role if there was not a structural

pathology or if there were nonsurgical issues which were longstanding and concerning for other things.

Q Okay. And, if there's still longstanding issues currently, would you defer to a neurologist for continued assessment and treatment of Mr. Bagley and his complaints to rule certain things in and out, so to speak?

A If I felt that there were continued neurologic complaints which were not structural in nature, I have deferred to a neurology evaluation for a intrinsic neurologic issue, which typically traumatic injuries are not one of those.

Q Okay. So in this case, there was no structural pathology, and you release him from a neurosurgical standpoint. Is it reasonable to -- to assess that -- you know, he goes and sees an orthopaedic doctor, and then eventually gets to a neurologist for further assessment. I mean, is that a normal course of treatment that you've seen in your past?

A Not typically going to -- can patients do that? Yes. I'm a little bit uncertain about this overall evaluation. It may be as -- as, you know, a dictating physician, I know that typographic errors can occur. They're describing CT scans of the spine and an MRI of the brain, and they don't

describe which sequence -- the "bright spot," that is a very critical issue with -- as far as what you're looking at, a bright on a T2 sequence versus a T1 sequence and things of that nature. So there's some inconsistencies with this, so it's hard for me to say that this was necessarily the right thing for this patient. And would I necessarily, after a traumatic injury, recommend a neurologic evaluation? Not necessarily.

Q Okay. But in this case, we've talked about the partial left foot drop as being a potential concern for some nerve damage from a closed head injury; is that correct?

A In a very limited sequence. So my -- my concern about that being -- saying that there is a partial left foot drop associated with an inversion, which will track you to a left L5 radiculopathy or a left L5 area within the peripheral nervous system but then also to the medial margin of your right -- right motor strip is separate in -- in location and unlikely to be affected by a small lesion as -- the same as his arm, which was one of the other issues that he had had. That was one of the other limiting factors about his exam, pointing me away from a structural pathology.

When I evaluated him, it was the presentation of the multiple locations that don't fit an anatomic finding without significant issues. You can certainly have a very large injury, either a expanding hematoma or a very large contusion, which can affect both of those places, or potentially within the deep basal ganglia certainly can happen, but those would typically be presenting with other findings, which he did not have on exam.

Q Okay. He also complains about his left hand being in a clinched state, so to speak, like a contraction.

A Uh-huh.

Q What is that?

A That is something that is difficult to explain from a anatomic and neurologic perspective because he did have very good oppositional tone. Typically, you'll have unopposed tone for -- lead -- lead to contractures. So, if you don't have the muscle input from the extensor muscles and/or the -- the nerves that control the extensor fibers, rather than the contracting and the flexion fibers, then you'll have unopposed tone and get a -- get a contraction. During my exam he had good, full strength in both sides, which made it very

difficult to see that as a discreet, reliable finding.

Q Okay. So I guess my -- my question here is this: Is -- is -- in reading over Dr. Rao's records briefly a few minutes ago, he indicated that there was, you know, some sensation tests and -- and whatnot done, as well as reflex tests and all that. Do you have any -- any reason to doubt the findings or the statements made by Dr. Rao in those records?

A I do not. I had very similar findings that showed subjective findings in one direction, which would be countered by the objective findings of looking at the -- the opposing muscle tone.

Q Okay. And so what -- what does "plantar response was silent on the left side" mean for his reflex exam on Page 3?

A I missed that one here. Let's see what we got.

(Read softly to himself.)

Q Under the "Reflex" section.

A So what I anticipate or what I expect that they're talking about is probably a Babinski sign, which is a abnormal -- which is giving a noxious stimuli to the underside of the foot. And a positive sign would have upper motor neuron injury where the toes open up and spread. And, typically, most patients

will have contraction of their toes, and their foot's trying to push away the stimuli. A "silent" -- I can only assume that he means that there was neither of those and that it was not -- not showing either splaying or contraction.

Q So is that an objective sign?

A It would be if it's positive but not necessarily when it's silent.

Q Okay. And, I guess, what objective findings did you encounter in those first few pages of the neurological records that I just handed you? I'm trying to differentiate what's objective and what's subjective here.

A The difficult part of finding the -- of reading someone's exam for objective versus subjective is the patient's response can be -- is -- is subjective. It becomes objective when you put the overall physical exam into play.

So one of the things that I typically do to find out a true objective finding is also paying attention to the opposing tone when you're testing a flexion or testing a extension. And, oftentimes, you will have patients that are actively fighting against you versus patients that -- there are other exam maneuvers where you can identify that they are

giving a good effort because their effort will be pushed to the opposite side of the body. There's something called a "Hoover's sign" for lower extremities that -- that is typical of that.

So reading just one side of things is difficult to really identify whether they -- they tested for that or not. But all of these were -- would be considered or were intended to be objective findings of -- of this physician's exam. Whether they were looking for the -- the contrary aspect to it, I do not know.

Q Okay. And when -- when people -- this is just for my edification --

A Sure.

Q -- right -- right this second. What does testing for the myotomes do?

A Testing for the myotomes looks at individual muscle groups responsible or that are directly related to individual nerve roots. So dermatomes are sensate, and myotomes are the muscles that are invaded. So your C6 gives you sensation within your thumb and your forefinger, but the C6 myotome goes into more the flexion, such as your bicep and your brachioradialis.

Q Okay. And would that test -- an objective -- would

that be an objective test when they're assessing people's myotomes?
A That's testing their strength.
Q Okay. But is that objective or subjective?
A It should be objective if you're testing -- if you're paying attention to all of that, yes.
Q Okay.
MR. SANCHEZ: (To Mr. Burley) And I actually don't have an extra copy, but I'm going to mark this as Exhibit 3.
MR. BURLEY: Okay.
MR. SANCHEZ: You want to just scan it real quick?
MR. BURLEY: Uh-huh.
Plaintiff's Exhibit Number 3, Your Life Wellness and Physical Therapy Progress Note dated August 19, 2019.
Q All right. This is Exhibit 3. And these are two pages from his physical therapy notes, dated October -- I'm sorry -- August 19th.
A Yeah.
Q If you could, just look at the myotome testing results on those, please.
A Okay.
Q Okay.

A Oh. I'm sorry. I didn't see the second page. I'm sorry.
Q There you go.
A I think I'm missing something for the -- the nerves at the top of the page. Is there a heading that's supposed to go with that? Oh, there we go. "Tissue tension" -- is that this?
Q What's that -- what's that page number there on the top?
A This one?
Q Three of -- what does it say? Six of seven on the top?
A Six of seven, yeah.
Q And what's the other one?
A Five of seven.
Q There's four of seven. We'll put -- put that out of order, in the end.

MR. SANCHEZ: (To Mr. Burley) It's August 19th.

A Okay. Just not sure what they're -- "tissue tension" -- okay. I gotcha. All right.
Q Okay. So I'm going to kind of just look over your shoulder. So on those myotome testings on the left, on the lower area, what do all -- what does all that indicate where it says, "fair, good, fair,

fair, good, fair"?
A To be honest with you, I don't know. That'll -- that is a subjective rating of -- of myotomes and of strength testing. So we generally go by the 0 to 5 testing for muscular strength, which you can -- as they have identified here, the myotomes -- basically, strength evaluation for shoulder elevation, for triceps, for wrist extension, things like that. They've graded that whether it's good, fair, or poor. So it's hard for me to tell what their evaluation is.
Q Okay. But is it fair to say that there's some indication that there's some issues on the left as it compared to the right, given that there's "good" on all the right-hand side, pretty much?
A Oh, I guess I misread that, right versus -- I was looking over here. I apologize. Correct. Their assessment was that the left was "poor" compared to the right, which was "good."
Q Okay. And that's the physical therapy facility that you referred him to --
A Uh-huh.
Q -- and which earlier you testified that you don't have any reason to doubt it?
Now, looking over these few records, do you

have any reason to doubt the veracity or truthfulness of the records and the statements in there?

A I have no reason to doubt that these were their observations.

Q Okay. And is that something that would be objective, then, to test for nerve issues like we talked about earlier?

A From my perspective, it's -- it would not be objective findings based off of their -- their grading scales, as well as knowing, again, how to examine the patient and knowing whether they -- they did a true -- attention to the patient of their oppositional tone.

Q Okay. And, I guess, you know, the whole -- just cutting down to the chase here, the whole issue here is -- is that you made some referrals and indicated that, you know, you're not operating on him, so to speak; is that --

A Uh-huh.

Q -- correct?

A Correct.

Q Okay. But we're going to have to go to a -- a hearing, and that's why we're taking your deposition today.

A Sure.
Q And, you know, we're going to take Dr. Rao's deposition here soon, as well. But, I mean, do you have any indication that my client was malingering or faking or exaggerating any of his symptoms?
A My physical exam suggested that the findings that the other physicians have documented as what they anticipated would be objective findings -- those were not consistent with my findings, as was documented in my physical exam, and that's one of the reasons I use the language that I do -- was having full strength with oppositional tone, and basically he does not have significant weakness in any muscular group, which would give, if you were looking at true objective findings, a poor or significant weakness on findings. So their exam does not coincide with mine.

Now, whether the patient had changed or whether they did not evaluate the same way that I did -- from my perspective, I have no -- no reason to believe that he had very poor strength or myotomal findings as was found by the other physicians or the physical therapist.
Q Now, general question: You know, if -- if somebody's hurt on June 14th and sees you three

weeks later, let's just assume that they're left untreated for some of these things. Could it progress and get worse over time?

A Well, it depends upon what you're describing as -- could what progress?

Q Well played. Well played. Would a -- could a closed head injury and potential issues with his nerves or his head, so to speak, possibly get worse; for example, resulting in additional contractures getting worse, more harder to undo, or -- or foot drop, so to speak? The things that we've been talking about?

A So based on -- let me just verify again the -- the date of injury was June 14th.

Q Right.

A So I had seen him almost four weeks later, which my -- my expectation would be that a significant finding with a closed head injury would present early and then typically improve over time. If he had not had significant weakness at one month's time, I find it very unlikely that he would continue to develop weakness, which was not present even to a small degree at that point.

Q Okay. And, I guess, what would you expect to be a finding normally on the initial reports, so to

speak?

A So, if a patient had a -- a significant closed head injury which would lead him to have contractures due to loss of upper motor neuron signal, then the patient would generally be either flaccid initially or at a month could potentially be starting to have significantly increased reflexes and findings on exam, which would point to an upper motor neutron injury. If it was central in the brain, as would potentially be expected from a closed head injury, then there would be -- it would be very specific to the location and/or significantly large enough to get both the -- there's a philosophy of something called the "homunculus," which is basically a mapping of the brain about what parts of the brain controls which part of the body. And there is a separation in space between the hand to the upper extremity, the lower extremity, and so having a lesion that would affect both the upper and lower extremity on one side would have to be sizable enough that I would certainly expect it to have significant weakness or other physical exam findings.

Q Okay. And where exactly -- I mean, you talked about scales of 1 to 5 and all that --

A Uh-huh.
Q -- when you were testing the -- the strength and tones, I guess. Where exactly are those in your initial evaluation?
A In my initial evaluation is physical exam finding, "The patient has 5 out of 5" -- or 5 over -- 5/5 -- "bilateral upper and bilateral lower extremity strength. Of note, the patient has good full strength in both the flexors as well as all extensors in his upper extremity and does not have poor oppositional tone." So the -- I graded all of them at once because they were all identical and full strength.
Q Okay.
A Or not identical in power, but identical where they should be.
Q Okay. And, I guess, what would be the difference between you and a neurologist, such as like Dr. Rao that we discussed earlier? What would --
A Okay.
Q What would --
A In our ability to perform a neurologic exam?
Q Well, what do you treat? What do they treat? In other words, you're saying he's nonsurgical, so your treatment is pretty much done with him, so to

speak. So what would a neurologist treat --
A Neurologists typically --
Q -- compared to you?
A You'd have to discuss with them because they do have independent specialties such as -- as do neurosurgeons, but I have typically referred patients for headache management to neurologists. They have epileptologists, they have movement disorders. Typically, neurologists are the non-operative management for neurologic diseases that do not have a mechanical cause. So it may be an autoimmune disorder that is attacking the nerves, demyelinating disorders, things of that nature.
Q Okay.
A Further details, probably best to talk to a neurologist about what they do and deal with.
Q Okay. Okay. Give me one second. Okay. Your last question -- I forgot to ask this earlier. Your occipital nerve block -- the occipital block, so to speak --
A Uh-huh.
Q -- the purpose of that was to treat what symptoms?
A The retroauricular headaches.
Q Okay. So, if Mr. Bagley was still having headaches and -- and issues, let's say, where -- what kind of

a treatment would you suggest he need to do for this continued issues?

A Depending upon the type of headaches and the nature of headaches that he had -- if he had consistent retroauricular headaches -- typically, from the back of the neck, extending the C-shaped distribution towards the vertex are classic for occipital neuralgia. In which case, he has only had one injection, to my knowledge, and then he would be -- would be a candidate for a repeat occipital nerve block. Should he have other types of headaches, then that can be potentially consistent with a post-concussive syndrome, which would be best managed first generally by primary care physicians, and, if not, then by headache management, either pain management or a neurologist.

Q Okay. So it's fair to say you referred him out to -- let's call it a "primary care doctor" --

A Uh-huh.

Q -- or the "occupational doctor" --

A Correct.

Q -- for continued treatment, correct?

A Yes.

Q All right. And that's your opinion to a reasonable

degree of medical certainty?
A Yes.
Q Okay. And, once again, just so we're clear for the record, my last question is: You released him from your care solely from a neurosurgical standpoint, meaning that he does not need surgery. That does not imply that he does not need additional treatment to get him better for his injuries; is that correct?
A That is correct.
MR. SANCHEZ: Okay. No more questions.
EXAMINATION
BY MR. BURLEY:
Q Okay. Just briefly -- I know we say that all the time, but I promise I mean it. All right. So -- and Doctor, if I could just call your attention to your July 5 note, first visit --
A Okay.
Q Go look at the "Assessment/Plan" section.
A Yes.
Q Point 4, kind of in the middle, it says, "We do not feel the patient has any significant neurologic structure impingement or spine pathology that will limit his return back to normal activity following your injections or moving forward"; is that right?

A Correct.
Q To a reasonable degree of medical certainty, is there anything structurally or mechanically wrong with Mr. Bagley's neck or back?
A Not to my knowledge.
Q Is there any evidence of acute injury to Mr. Bagley's neck or back?
A No.
Q What about the -- the occiput and that -- that -- the back-of-the-head area?
A Not from my available exam. As we had pointed out, there was not imaging available that would be looking at fractures or otherwise. But to the visualization that we had on the -- the MRI, the cervical spine, my exam, and his historical narrative, no, there was no other injury.
Q And as we've kind of gone over a little bit -- but there's no surgical indications, right?
A Correct.
Q And that's your -- that's still your opinion today?
A Yes.
Q And do you recall filling out this Form 14B on August 28, 2019?
A Uh-huh.
MR. BURLEY: And Bryan, you want to --

MR. SANCHEZ: Yeah. That's cool.
Q Yeah. Take a look at it.
A Okay.
Q And to a reasonable degree of medical certainty --
MR. BURLEY: (To the court reporter) And I'll go ahead and mark that as Exhibit 4, if we can.
Defendants' Exhibit Number 4, South Carolina Workers' Compensation Commission Physician's Statement.
A Okay.
Q All right. You all set?
A Yeah.
Q All right. To reasonable degree of medical certainty, are those still your opinions today?
A Let me just verify that it made it correctly.
Q Okay.
A Yes.
Q Okay. We can go off the record.
(Off the record from 4:48 p.m. until 4:48 p.m.)
MR. BURLEY: I don't have any other questions. I'm sorry. I don't have any other questions. That was it.
MR. SANCHEZ: All right, man. That's it.

FURTHER DEPONENT SAITH NOT.

(Whereupon, there being no further questions, the deposition was concluded at 4:48 p.m.)

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STATE OF SOUTH CAROLINA)
)
COUNTY OF YORK)

CERTIFICATE

Be it known that Cindy H. Patterson took the foregoing proceeding and hereby attests:

that I was then and there a notary public in and for the State of South Carolina-at-large and that by virtue thereof I was duly authorized to administer an oath;

that the deponent/witness was first duly sworn to testify to the truth, the whole truth, and nothing but the truth, concerning the matter in the controversy aforesaid;

that the foregoing transcript represents a true, accurate, and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

that I am neither a relative nor an employee of any of the parties hereto, nor of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

that, if a recording of an event was supplied by another party for purposes of transcription and I was not present during that event, the foregoing pages were transcribed to the best of my skill and ability; additionally, any identifications of speakers were provided to me by the party supplying the recording;

that, in the event of a nonappearance by the witness, the foregoing details for the nonappearance are accurate.

In witness thereof, I have hereunto affixed my signature and title.

Cindy Patterson

Cindy H. Patterson

Date: 12/30/2019
Notary public for South Carolina
My commission expires June 30, 2027

Transcript of the
Deposition of

T. Hemanth Rao, MD

2/14/2020

Kyle Bagley v. JN Fibers, Inc., et al.
1908703

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Fax: 803.749.9991
Email: Depos@southernreporting.net

South Carolina's Workers' Compensation Commission
W.C.C. File No. 19-08703

KYLE BAGLEY,
Employee/Claimant,
vs.
JN FIBERS, INC.,
Employer/Defendant,
and
GREAT AMERICAN ALLIANCE INSURANCE COMPANY,
Carrier/Defendants.

Deposition of
T. Hemanth Rao, MD

Date: February 14, 2020

Time: 10:11 a.m.

Location: The Neurological Institute, PA
2607 East 7th Street, Suite 200
Charlotte, North Carolina

Reported by
Darlene Pastel, CVR-CM

APPEARANCES

For the Claimant: Bryan N. Sanchez, Esq.
Lewis Law Firm, LLC
Rock Hill, South Carolina

For the Employer/Carrier: M. Brooks Biediger, Esq.
Holder Padgett Littlejohn & Prickett, LLC
Columbia, South Carolina

INDEX

Stipulations: 3
Examination by Mr. Sanchez: 3
Examination by Mr. Biediger: 22
Reexamination by Mr. Sanchez: 38
Reexamination by Mr. Biediger: 43

EXHIBITS

Defendants' Exhibit No. 1, Medical Records 24

Defendants' Exhibit No. 2, DOJ Press Release 31

Defendants' Exhibit No. 3, Settlement Agreement 31

Defendants' Exhibit No. 4, ABPN verify Cert 37

Defendant's Exhibit No. 5, Curriculum Vitae 45

STIPULATIONS

It is stipulated by and between counsel for the respective parties that all objections are reserved until the time of trial, except as to the form of the questions.

This deposition is being taken pursuant to the South Carolina Workers' Compensation Act and all applicable rules.

- - - -

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

T. Hemanth Rao, MD, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified as follows:

EXAMINATION

BY MR. SANCHEZ:

Q Good morning, Dr. Rao. My name is Bryan Sanchez. We briefly met earlier off the record. I represent Mr. Kyle Bagley in connection with a workers' compensation claim of his that he filed for injuries sustained on June 14, 2019.

How are you doing today, sir?

A Good. Thanks. And yourself?

Q I'm doing well. Thanks. It's Friday, and it's Valentine's Day.

I appreciate you taking your time from your busy practice to sit here with us and answer some questions. I'll be as brief as possible, trying to simplify things and streamline things.

All right. My understanding is that you're here for a deposition that you've been noticed for in connection with this workers' compensation claim; is that correct?

A Yes, correct.

Q Excellent. Would you please state your full name for the record.

A Sure. My name is T. Hemanth Rao.

Q Okay. And what is -- I'm sorry. What is your educational background?

A Sure. I had done my college and my medical school in Madras, India, which is where I'm from. I did my postgraduate medicine at Mount Sinai School of Medicine in New York in their system. I did my neurology training at the Einstein College of Medicine where I served as chief resident overseeing the educational programs there as well as overseeing the residents and their teaching. I also did a mini fellowship there in sleep and

epilepsy. And then I went on and did a fellowship at Washington University in St. Louis.

Q Okay. And are you -- you're obviously a doctor. What is your specialty exactly?

A So I'm board certified within my specialty of, actually, neurology. And I'm subspecialty board certified in nerve and muscle and the electrodiagnostic board of medicine.

Q Okay. And in your practice, do you regularly treat patients who have had head injuries, concussions, or nerve issues?

A Yes.

MR. SANCHEZ: Okay. I'll tenter Dr. Rao as an expert in neurology and brain injuries.

Any objection?

MR. BIEDIGER: We'll reserve it for hearing.

MR. SANCHEZ: Okay. That's fine.

Q (MR. SANCHEZ) Do you have a CV with your -- a curriculum vitae --

A Sure.

Q -- with your background?

A Yes.

Q If you don't mind after this, if we could get a copy of that, just so we can make it a part of the record.

A Sure.
Q All right. Thanks. Dr. Rao, my understanding is that you've treated Kyle Bagley a couple of times in connection with this injury; is that correct?
A Yes, correct.
Q Okay. And when was the first time that you started seeing him?
A I saw him first October 31, 2019.
Q Okay. And if you will, I believe my office had sent you over a stack of his medical records from the treatment that he received up until when he saw you.
A Yes.
Q And I believe it's kind of outlined in your HPI section; is that correct?
A Yes, correct.
Q Okay. And reading over the HPI section, there was some indications about some complaints that he was having in various parts of his body; is that correct?
A Yes, correct.
Q Okay. Excellent. And if you don't mind, please tell me what your assessment was of Mr. Bagley on October 31, 2019.
A Meaning what my exam findings were?

Q Correct.
A Sure. So -- and I'll basically review the abnormalities that I found. Okay? So he had tenderness in his cervical paraspinal muscles. He had tenderness along the cervical, thoracic, and lumbar paraspinal muscles. The muscles, again, seem to be very stiff, very tight. He had mild abnormalities on his Mini-Mental Status Examination, and he scored 27 out of 30.

Motor exam -- his left upper extremity, his left arm, was held in flexion. And the left foot was extended and was held in inversion, meaning the foot was going inward. He had weakness on the left side, and he had a partial left foot drop.

His sensory exam -- he had decreased sensation in the palm of his hand, in his third, fourth, and fifth fingers; and he had decreased sensation in the left leg, in his foot, as well as in the lower leg.

He had hyperreflexia on the left side, and his plantar response was silent on the left and clearly downgoing on the right. He had a gait that went along with left-sided weakness. And he needed a cane to ambulate for even short distances.

Q Okay. And -- I skipped over this at the beginning.

What is your understanding is the mechanism of the injury that Mr. Bagley sustained?

A Well, his symptoms began actually very suddenly June 14, 2019. He was at work welding when he stood up and he was hit in the head by a 622-pound bale of -- we have it listed as a product -- that was coming off of the line. I don't remember what the product was.

Q Okay. And have you -- did Mr. Bagley show you a copy of the video from that date of the injury?

A Yes, I believe he did.

Q Okay. And just for references, I'm going to show you the video that's been provided to me by defense counsel.

A Sure.

Q If you want to just press play on it. This is the clip of Mr. Bagley welding, bending down. And the bale of fiber is in front of him, coming down that ramp.

A Yes.

Q Okay. And I represent to you that the bale of fiber that was coming down there was about -- approximately, as your records indicate, around 622 pounds.

In that video, where did you see the impact

that occurred on Mr. Bagley?
A It seemed to be the top of his head. And it seemed to be a very direct injury, because he was perpendicular to the -- you know, to that bale of fiber.
Q Okay. And what was your diagnosis of Mr. Bagley in terms of what his injuries were when you saw him?
A Well, I thought he had a closed-head injury, you know, given the temporal relationship of the injury and the symptoms when they began. And along with that he had a postconcussive syndrome.

The issue was also could there have been a spinal injury. You know, in looking at that impact directly to the top of his head, that force can -- is also transmitted down into the spine. So with his left-sided weakness, the other possible location was not just the head injury, but also could there also have been a spinal injury.
Q Okay. And I'll represent to you that Mr. Bagley was sent by workers' compensation to a spinal surgeon, a neurosurgeon, for evaluation; and he received occipital block -- occipital injections for his occipital neuralgia two times. And the doctor released him by saying "he's not a surgical candidate." So he didn't need surgery. He can go

get further treatment elsewhere.

Do you think that Mr. Bagley needed a spine surgery in connection with this injury?

A I really do not think so. There was nothing structural as far as I'm aware of where a surgical decompression would have helped him.

But the issue still is -- if there's a spinal cord injury, even if it's nonsurgical -- if it's something within the spinal cord, whether the MRI shows it or not, that can still give rise to symptoms.

Q Okay. And you said there was some concern for spinal cord injury. What kind of spinal cord injury concerns did you have?

A Well, one, of course, was there an extra-axial mass, meaning was there something outside of the spinal cord itself like a disc pressing down on the spinal cord? Or is it purely intrinsic within the spinal cord. An intrinsic lesion could be something just like with a head injury. There could be swelling. There could be hemorrhage. There could be some other damage that, if it's small enough, it may not be seen.

Q Okay. And the complaints that Mr. Bagley was having -- such as difficulties reading, his

headaches, ringing in his ears, going down from his neck to his foot, the fingers locking up -- are those typical symptoms you would expect to see in somebody who has sustained an injury like Mr. Bagley?

A Yeah, I would say it would not be uncommon. It would depend on the extent of the injury. Right? But, you know, he certainly, in my opinion, had a head injury. And that could explain much or all of the symptoms.

Q Okay. And is that your opinion to a reasonable degree of medical certainty?

A Yes.

Q Okay. And what did you do after October 31 with Mr. Bagley? What was your further treatment recommendations?

A We got an EEG for him, which is a brainwave activity test just to assess the functionality of the brain. And then I saw him back on November 19.

Q Okay. And did anything reveal itself in the EEG?

A In the EEG, he seemed to have some slowing. It was intermittent in left frontal area. And that could be a sign of a head injury.

Q Okay. And what recommendations did you make for treatment for him?

A Well, at that point, you know, he's still -- he hadn't changed from a clinical standpoint, and I recommended trying to get video EEG monitoring and also treatment in our Brain Injury Program to see -- because, you know, he's a young person. He struck me as someone who is really working to try and get better and is very motivated to get better -- working at a very high level, I think, you know, prior to the injury, welding. So I thought that he has a very good chance of improving. We just have to be very aggressive with his treatment.

Q Okay. And what does your Brain Injury Program consist of?

A It consists of actually physical therapy and under physical therapy strengthening. We do some soft tissue work, some massage for people who have pain stretching, like I said, with -- actually strengthening.

Also there's a balance program. Many head injury patients develop dizziness, vertigo, balance issues. Occupational therapy to work on the upper extremities, again, coordination, strengthening, et cetera. We also have speech/language and also cognitive therapy. It's all included within the

program.

Q And by cognitive therapy, are we talking about cognitive behavioral therapy like psychological counseling of sorts?

A We actually do some of that. But it's more regarding people who are having memory issues, you know, to work on improving their memory.

Q Okay. And did you feel that Mr. Bagley would benefit from that program in helping his recovery from these injuries?

A Yes.

Q Okay. And what is the purpose of the 96-hour EEG?

A Well, so he's having events of confusion. His father actually gives a very good history. I've never met Mr. Bagley's wife, so much of the history of what was going on with the patient was actually through his father.

So the question is: What are these episodes? You know, are they seizures? Or is there something else which is happening with him? But it's not normal certainly to have episodes of confusion.

Q Okay. And seizures -- my understanding -- are seizures a symptomology that can come after a mild traumatic brain injury or something like that?

A Yes. And so with seizures and head injuries -- I

mean, there's something called impact seizures, which are seizures that occur right away. We think long-term there's -- it's not very useful as a prognostic indicator about long-term whether a person will continue to have seizures if they have an impact seizure at the time of the injury.

But after a head injury about six months after or so or a few months after the injury, if a person starts to have seizures, we think that is a poor indicator, meaning that at that point the patient likely is going to have to deal with this long-term.

Q Okay. And is that what you're thinking is the case with Mr. Bagley?

A Yes, well, that's what I wanted to try and rule out you know, if we can. Or to actually confirm that diagnosis and get him on treatment.

Q Okay. And kind of bringing this background -- this is an accepted workers' compensation claim from a back injury standpoint. And we're trying to get the Commissioner to approve, you know, whatever treatment he may need for whatever other injuries he has.

So my understanding is that once again, the doctor that he was sent to said he doesn't need

surgery from a neurosurgery standpoint, and that from a neurosurgery standpoint, he can return to work without any restrictions. He also saw Dr. DuPuy who wrote him out of work, said he could not do light duty, in his medical records.

Do you think that Mr. Bagley can currently work?

A No, I do not.

Q Okay. And is it because of the injuries that he sustained in this accident?

A Yes. Between his weakness, his cognitive issues, and the episodes of impairment of consciousness -- plus, I'll tell you, taking Mr. Bagley out, it's a liability for the employer. And I think he's a safety risk, not just for himself but his coworkers. So I would not suggest he return to work at this point.

Q Okay. And assuming that he's been experiencing these symptoms ever since the injury, do you say that he shouldn't have returned back in -- you know, around the time you saw him and shortly before then?

A Well, I mean, he's had symptoms ever since the injury as far as I'm aware. And so I believe from the time of the injury until, to the best of my

knowledge, right now, he should not be back at work.

Q Okay. And Mr. Bagley hasn't followed up with you after that November 19 visit? Is that because of lack of finances or what?

A I believe it's because of a lack of finances. He doesn't have insurance coverage. He's not working. You can see he's clearly struggling. And his father, I think, his family -- they're trying to do the best they can for him.

Q Okay. And he's -- there's notations that he's having some issues with depression, anxiety. And the records will reflect he had a little bit of anxiety before. It is common -- I mean, do you think that Mr. Bagley experienced an aggravation to some of his psychological issues that he may have had pre-existing?

A Yeah, I mean, I think at the very least, yes. You know, as far as I know, he had some psychological and some psychiatric issues prior to, but he was functioning. He was working. As far as I know, the history I received he was a good employee. Some I think at the very least if he had some anxiety there, was likely an exacerbation of his underlying issue.

Q Okay. And is that your medical opinion?
A Yes.
Q Okay. And just to be clear, do you think that Mr. Bagley is at what we call "maximum medical improvement" for his injuries?
A No. I believe he needs to be treated for it. And, hopefully, we can get him to maximum medical improvement.
Q Okay. And what is the concern if he's left untreated for some time?
A Well, you know, the prognosis worsens. Right? I mean, that's just logic. The quicker, the more aggressive you can be with treatment, the better the potential outcome compared to someone who is untreated and who continues to struggle.

And from an event standpoint, these episodes of impairment of consciousness -- if you've ever heard of people who have outgrown their seizures and then you hear about people where seizures get worse over time -- and there's a whole kindling theory. Because if, in fact, he's having a seizure focus that we're not treating because he hasn't had the full-blown classical fit as far as we know and it's just these episodes of impairment of consciousness, over time the kindling theory is

that things will slowly escalate. And, you know, it will be much more difficult to treat down the road.

Q Okay. And there's some indications in these notes that there may be some nerve damage around like the brachial plexus area. Is there any indication of like a central nervous system issue or nerve-related problems?

A It's hard to tell. I mean, to me, there could be potentially still a spinal cord issue, which is a part of the central nervous system. And there could be a peripheral nervous system issue. But definitely there's a central nervous system issue with the brain injury, and it's just difficult with him to parse out, you know, the localization.

Q Okay. And your treatment that you're recommending, would that be to help treat all of these and ascertain a better idea of what nerves are at issue or what problems there are?

A Yes, so it is to hopefully, you know, from a diagnostic standpoint see how he responds to different treatments and help us to parse some of that out; and from a therapeutic standpoint, hopefully, lead to an improvement in his symptoms.

Q Okay. And do you treat a lot of patients such as

this with the symptoms that we've talked about?
A Yes.
Q Okay. So you're very familiar and well experienced in this treatment of patients with these injuries?
A Yes. I mean, I've been doing it for, you know, ever since I was at Einstein. We, at that point, were one of the early universities that started to look at sports concussions.

And this is something that's a matter of public knowledge. But if you remember Al Toon -- or you actually may not. You may be too young. But he was a star wide receiver for the Jets. And he was one of the first superstars who started talking about concussions, and he was one of the first superstars who retired early because of this issue. Boxers -- it was very dynamic there. So I was involved with evaluating head injury patients and coming up with treatment protocols from a very early stage in my career.

Q And you mentioned earlier that you've been doing this since you were at Einstein. What year was that roughly?
A Around '91 to '94.
Q Okay. All right. One other question. The initial hospital report indicates -- which was on the

Monday. This incident occurred from a Thursday to a Friday morning, the 14th. The first visit that he went to at the hospital was on June 17, and he says, "I have body pain all over." And, I guess, would it be normal for somebody to experience body pain all over, nausea after having this type of an injury. I guess he mistakenly thought it was food poisoning.

I guess I'm trying to have a Commissioner understand how come in the medical record, the initial one, there wasn't like the expressed statements of issues that you're having now.

A It's hard to actually tell. There is a theory that is leakage of enzymes, you know, within the nervous system and that is if there's an injury -- you know, logically speaking, if it's a static injury, you should see symptoms right away and they should remain until they slowly start to improve.

But we've seen with some patients more and more -- there are articles that speak to this of patients who progress. So how come if there's a static injury you see a progression in symptoms? A part of it could be maybe just adrenaline a patient is having, what they're focused on at that time, and they don't really think about the memory issues

and whatnot until later.

And then more objectively, that maybe that damage escalates over time, days or weeks, because of a slow leakage of enzymes that causes cell damage and cell death.

Q Okay. Last question. The fact that he is still currently experiencing these symptoms, would that be unusual for these type -- this type of an injury if he hasn't received the treatment that he needed?

A You know, I still -- I would say that it is somewhat unusual. I think, you know, young people with mild traumatic brain injuries -- most of them do get better over time. In his case, he hasn't. And I would just say it is not uncommon. But, you know, it would have been nice to have seen him improve on his own.

Q Okay. And have all your statements and opinions been given to a reasonable degree of medical certainty?

A Yes.

Q Okay. Is there anything else that you would like to add that might help the Commissioner, the judge, understand what's going on?

A You know, what I will -- and these are my personal impressions of the patient and his father. He's

been very consistent with his complaints the two times I've seen him in the office. He's really struggling. I think he just wants to get better and move on with his life. He's still young. I'm hoping that we can get treatment for him and have him improve hopefully close to or back to his baseline, and he can go on with his life.

Q Okay. And you don't think he's motivated by ulterior motives like financial-seeking behavior?

A Not that I'm aware of. You know, he's been very consistent. He's not asking -- as far as I know, my office or me specifically, for any kind of letters. He's never brought that up. He really just wants to get better. And I think this injury has led to, I believe, a significant loss of income for him. And I think he's got a career path that he's had in his mind that he's now off of.

MR. SANCHEZ: Hopefully, we can get that going in the right directions. No more questions.

EXAMINATION

BY MR. BIEDIGER:

Q All right. Doctor, my name is Brooks Biediger. I'm an attorney with a law firm down in Columbia. We represent the employer in Mr. Bagley's case.

If I could just back up a little bit. Earlier

you mentioned that you had seen records from Mr. Bagley before you evaluated him; is that right?

A No. Actually, it would have been when he came into the office.

Q Okay.

A You know, as a way -- for all patients. If it's a new patient, whatever medical records we get in, we actually review all of that before we step in with the patient. So we have some idea of context. We know what medicines they're on. What issues they're having and whatnot. And then we obtain our own history.

Q Were any of these records dated before June 14, 2019?

A Not that I recall.

Q Have you ever seen any medical records for Mr. Bagley before June 14, 2019?

A Not that I recall.

Q Okay. And so -- but you did testify that it's your opinion that he had some sort of pre-existing psychological issues; right?

A Right.

Q And that the work accident aggravated those psychological issues?

A Yeah, I actually said that that was possible. Yes.

Q Okay. Can you say that to a reasonable degree of medical certainty, or do you know?
A It's hard to say. Because I don't know really what his baseline is. If we work on the assumption that he had some anxiety, some psychological issues and he was functioning, working, he's clearly not now. So if I work on that assumption, yes. But, again, that is an assumption.
MR. BIEDIGER: Can we mark this as an exhibit, please? Thank you.
(Defendants' Exhibit No. 1 marked for identification.)
Q (MR. BIEDIGER) Doctor, if you would, just take a moment to review these records.
A Sure. Yes.
Q Okay. So having reviewed Mr. Bagley's records from his primary care physician -- and it is fair to say that he had some of these issues before the work accident in June 2019; correct?
A I don't see -- well, so he had anxiety. There was a mood disturbance question, I guess, of actually bipolar versus major depression. But that's all I see here. And looking at his motor strength, I don't know what irregular gait meets, but at times they put normal gait and station.
Psychiatric mental status appears to be

normal, active and alert. But that's what I see as far as ...

Q Right. And some of these symptoms were the same symptoms he had when he treated with you; right?

A The anxiety and the mood disturbance, yes.

Q And the weight loss; right?

A And the weight loss, correct.

Q And some of the mood disturbance and the irritability, anger and so forth; right?

A Yes, correct.

Q Is there any way to tell if these were aggravated by the work accident?

A Well, it's really based on the patient's history. Right? I mean, that's what we have to rely on and what his family has seen in terms of difference pre-injury versus post.

Q And so you basically have to rely entirely on the subjective statements of Mr. Bagley?

A Yes, and his family.

Q Right. Is there any objective way to determine to what degree these symptoms have been aggravated?

A It's hard. Now, if he goes back to the psychiatrist who saw him pre-injury, you know, and then see where he is now, I think that would be one way in which you would have a health care

practitioner who saw him pre-injury evaluating him post-injury.

Q Is there any objective data that the work injury in June 2019 caused his current issues?

A You know, again, I don't know if he had an EEG in the past. I do not know if there's left frontal slowing. Not sure why a young, healthy person would have left frontal slowing if not for this injury. And then, you know, you've got to remember with a postconcussive syndrome, it's a clinical diagnosis. So it's hard to objectively prove something.

Q So there's no clinical imaging at least that shows an acute injury; correct?

MR. SANCHEZ: Objection.

A Right. Except for that EEG.

Q (MR. BIEDIGER) And, yeah. Let's talk about the EEG just for a second.

A Sure.

Q What are you looking for in the 96-hour EEG?

A Well, you know, first of all, with a regular EEG, an EEG is a functional assessment. It's not a structural one like an MRI or a CT that gives us a picture. But it's more of a functional assessment. How well are the brain cells producing activity?

What's the size of the responses? The amplitude? What's the frequency in any given time period? 1 second? 10 seconds? 1 minute?

And, normally, the brain should be producing symmetric activity of a certain frequency in a certain pattern. And in his regular EEG we saw the left frontal -- it was not all the time, but intermittently for short periods of time, the waves just slowed. And you did not see that on the right side. So there's a focal intermittent slow wave focus that could go along, again, with an injury.

The video EEG is to capture the events. So let's just say if a patient is having episodes of impairment of consciousness and let's just say it turns out to be partial complex seizures; that is, one area of the brain that's firing leading to an impairment of consciousness -- maybe some automatisms even then -- and it doesn't spread, so it never becomes a generalized epileptic fit or, you know, grand mal seizures. They used to call these years ago petit mal. And let's say it's more of that -- of those type of events. We'll be able to capture it.

I mean, we can see an evolution of activity leading into the event, abnormality during, and

then there should be some other changes after the event as the brain recovers from that abnormal activity. So that would objectively -- and we have a video camera on. So we would be able to see, okay, here he was talking or watching TV. All of a sudden, he just zoned out. And here's what happened leading into that zoning out event and during and after.

Q And so for four days basically the patient sits in a monitored area? How does that work?

A It's actually a room. They sleep there. They sit. They can watch TV, do computer work. Once and a while they can go out. We prefer them not to as much. Their family can come and visit them as well. As much as normal -- try and keep things as normal as possible with electrodes on them and within the video camera.

Q You want to keep them on camera?

A Yes, if we can. Of course, it's hard to keep someone in a room for that period of time. So once in a while, they will go out. And then the reason for the four days is if we're able to capture a few events in 24 hours, we'll let people go home early. You know, no problem at all.

But, you know, that Murphy's Law -- you know,

you bring them and they don't have an event. We've seen patients where for four days they're in there and they don't have an event. Once we unhook them, on the way home, they have an event. So you just can't tell.

But sometimes if we're able to capture these events, we'll send them home early. There's no need to keep them for the whole four days.

Q And is he constantly monitored during that time, or do you review the logs once it's done?

A Well, you know, he's constantly being monitored. So when he has events, we ask them to write it down in their log. Our tech has their log also. So they're under constant monitoring even by our technicians who are trained and they know what to look for. And they'll mark it. And if a person is having several -- like, we've had to send people to the emergency room because by definition they were in status epilepticus where they never had the full blown epileptic fit or seizure, but they did have several of these events, and they never really, truly regained normal mentation for more than 30 minutes.

We have a fire station very close by. It's within a block. And we've called people to have to

go to the ER because if they don't regain their normal mentation in a period of time, that's an issue. And that can cause significant brain damage. So have them -- some patients transported to the hospital.

Q Does that happen on premises, or does it happen in a hospital? Where does the monitoring take place?

A So it actually happens in our office. And we have CMC Pineville Hospital that is just down the road. So that's commonly where patients are taken if they need to be.

Q Do you have any idea of what the cost of this test is?

A I'm not sure.

Q Okay. Now, switching gears briefly. And, Doctor, this is the only time I'm going to actually be able to probably speak with you ahead of the hearing. But let's just go ahead and get this out there.

Did the US DOJ charge you with Medicare fraud?

MR. SANCHEZ: Objection.

A Not fraud, no. There was no charge. There was a technical issue in terms of what -- how they define physician supervision. I was always there. I was 12 seconds away. And, you know, as they say, fighting city hall is tough. So our administrators

and me had made a business decision to go ahead and pay back. There were no fines, no suspension, nothing. And I'm aware of the press release. But if you look at the settlement --

MR. BIEDIGER: Can we mark this as an exhibit.

MR. SANCHEZ: I'm just going to object to this.

MR. BIEDIGER: Understood.

(Defendants' Exhibit No. 2 marked for identification.)

MR. BIEDIGER: I'll go ahead and mark the settlement agreement.

(Defendants' Exhibit No. 3 marked for identification.)

Q (MR. BIEDIGER) And, Doctor, I've got to ask. So I've handed you the press release we marked as Exhibit 2. It says, "Charlotte neurologist will pay $2 million to settle civil fraud allegations." And the Charlotte neurologist they're referring to is you; right?

A Yes, correct.

Q But you dispute the fact that it was fraud allegations?

A Yes.

Q Okay. So what was it that you were -- that they allege you did?

A Well, if you look at the settlement, it was a technical issue. Patients were all given the medication they required. I was 12 seconds away. And when Cigna -- at that time period, Cigna was the insurance company that oversaw Medicare. Their medical director -- we cleared it with them in terms of where our location was and where patients were getting infused. Their medical director came, saw. His name was Dr. Honeycutt. And we were given an all clear, that there should be no issue or problem.

Cigna changed. Well, Medicare changed the insurance company that oversaw it to Palmetto Group. And Palmetto Group and the DOJ -- they felt that it was not -- it didn't meet criteria under physician supervision. But if you look at physician supervision, it's really a gray area. And all over the country, and the way Cigna saw it, five minutes was an approximate time period that you should -- the furthest you can be away. So even in a hospital, if someone is -- if it's a large hospital far, far away, and they're not able to get back to the infusion center within five minutes, that could be in violation of the physician supervision rule.

I got the medical board involved because I wanted them to see what was going on because I did not feel that I was in the wrong. Again, I was 12 seconds away. There was never an allegation that patients did not get their medicine or that in any way quality of care was sacrificed.

Q So no patients were harmed or anything?

A And no patients were harmed and quality -- there's never been a complaint against me -- not just with this -- but in my career here in the Carolinas or even before the Carolinas of quality of service or quality of care issues. That has never been a problem.

Q It's my understanding that when it comes to the Medicare side, it's the billing; right?

A It's the billing.

Q And so were you billing Medicare saying that you were in the room when you weren't? Is that what happened?

MR. SANCHEZ: Objection.

A No, no. What happened is we bill -- and I was within a 12-second time period. And the way the DOJ saw this is you have to be within the four walls of where the patient is being treated. And I was right next door. So I was literally 12 seconds

away. And the fact of the matter is at that time period, if you look up other physician supervision suits that the DOJ brought -- now, mine was never a suit. Nobody came in. We cooperated fully. Each of those cases the DOJ lost. And I could have fought this. But our attorneys estimated legal fees at 4- to 5 million to fight the DOJ. And we finally decided, you know, it's going to be time away from the practice. I did nothing wrong. Again, that press release -- I know what the press release says. But I will tell you that that's not how the DOJ spoke to me. And it was after I agreed -- "Okay. We'll just settle this." 2 million is a lot of money. It was a major hit for me and still is. Frankly, I still recover from this.

Q (MR. BIEDIGER) Are you still paying it off?

A Yes. I mean, so I had to take loans from --

MR. SANCHEZ: I'm just going to note a running objection.

A I'm still trying to pay off the notes that I had to take and cover this.

Q (MR. BIEDIGER) And what about the corporate integrity agreement? What's that?

A That was something which we agreed to. And,

really, all practices should be involved. And that is just to make sure that the billing side of things is the way it should be. And mind you, even at that time -- again, if you look at the settlement, it was purely that physician supervision issue. And in the integrity agreement, which we showed them our data -- of course, we showed them our data prior to this, you know, seeing these patients back in '03 - '06 time period. And even during the integrity agreement, which ran for five years -- that was over in 2018 -- our error rate was extremely small. And they were very satisfied with what they saw prior to and even after.

Q And so are you still under the integrity agreement, or has that been resolved?

A That's been resolved. Obviously, we still continue --

Q Right.

A -- to follow just like we did even prior to this.

Q And I guess you still have to notify the federal government if you sell property?

A No.

Q Was that ever a part of the agreement?

A Yes. As a way of trying to -- as a way of trying

to get them their money, if I was able to sell property, obviously, I wanted to try and do that instead of taking loans. But selling property -- it takes time. So, yes, it was at that time.

Q Okay. Are there any other accusations of fraud that you're aware of against you?

A No. And even that -- I would tell you that there was no allegation of fraud. I know what the press release says. But, like I said, there was never anything found -- and remember the time period, by the way, '03 to '06. The statute of limitations, I think, is three years. And we cooperated because I really believed that I was in the right during this whole period of time. And it just comes down to, again, legal expenses and trying to fight the DOJ, trying to fight the government when you don't think you're in the wrong.

Q So as part of the settlement agreement, you agreed to pay $2 million, I guess, over the course of time back to the federal government and --

A Which they considered an overpayment rather than a fine, yes.

Q What does that mean?

A Just that they overpaid. There was no fine. There was no finding of fault.

Q Okay. So that's like reimbursement?
A I guess. I'm not sure what the legal term is.
Q Me neither.
A But that's what was explained to me.
Q Okay. I appreciate that. And just briefly, you earlier testified that you're board certified by the American Board of Psychiatry and Neurology; right?
A Right.
Q Have you had a chance to look at your certification recently?
A No.
MR. BIEDIGER: All right. Can we mark this as an exhibit?
MR. SANCHEZ: I'll object to this.
(Defendants' Exhibit No. 4 marked for identification.)
Q (MR. BIEDIGER) And, Doctor, if you can follow along with me. It has your name; right?
A Uh-huh, yes.
Q And if we look underneath the certification history, it says "certification contingent on meeting MOC requirements."
A Yes.
Q And then the status box -- it says "Certification status: Certified."

"MOC Status: Not meeting MOC requirements."

Do you know what that means?

A Yes. Which is the number of credits that -- we have a central bank where the CME credits are kept.

Q Is that the Continuing Medical Education?

A Yes. So I have to send that in. I am board certified -- I just went to a conference, by the way, in October. And we will be sending that to them, I think, March 15, with the CME credits for the last 12 months.

I'm not aware of this -- how they come up with that. And maybe every year -- we try and send it every 12 months, so around the middle of March is when we send it in. So I certainly have been meeting the CME requirements. And I will be sending that in. And I'm happy to show you or send you the conference that I went to. In fact, it was the American Academy of Neurology Fall Conference.

MR. BIEDIGER: All right. Dr. Rao, thank you so much for your time. I appreciate it. I don't have any other questions. Thank you.

THE DEPONENT: Thank you.

REEXAMINATION

BY MR. SANCHEZ:

Q Doctor, just a couple of questions. I can

empathize with you about those CLE things. I'm licensed in both states, and I've got one state that's due in December and one in March.

MR. BIEDIGER: Ours are due in like two weeks. So we get it.

Q (MR. SANCHEZ) A couple of other questions. After all this past stuff, which I'm still maintaining my objection to the relevancy of it, your license never was suspended; right?

A No.

Q Okay. No issues with the board -- I mean, with any board certifications or anything?

A No.

Q No reprimands?

A No. And still continue to see Medicare/Medicaid patients. TRICARE, you know, the government programs.

And here's the silly thing, you know, with all of this: The physicians who were for the DOJ complimented me on my great clinical care.

Q So the government is still paying you back --

A Yes.

Q -- for Medicare payments and all that?

A Yes.

Q Okay. And once again, this had nothing to do with

treating head injury patients or brain injury patients?

A No.

Q All right. And you still --

A And also, by the way, the other thing is -- the strange thing -- we were providing that service -- and I'm happy to provide a financial spreadsheet because we have all of that. We -- I saw no money from it. There was no financial gain. It was purely to treat these patients. And if you look, Congress passed a Critical Access Act around that time frame because patients were not getting the treatments they needed. So hospitals, some of them, were not treating patients. And we thought, as a service to the community, we can provide care.

But there was no financial gain if you look at it. And, in fact, if you take in all of our costs, we probably lost money, which I thought was a service to the community where I am, which has been really kind to our practice and me.

Q And your community thanks you. And that's kind of leading into my second question. I've been dealing with workers' comp and types of claims and clients for long time. Workers' comp insurance companies -- they send patients to you; right?

A Yes.
Q Okay. And they've never complained about any of your treatment or services you provided to the claimants that are injured; is that right?
A Yes, correct.
Q Okay. And once again, I think you answered this earlier. But no issues since this time frame?
A No.
Q Okay. All right. Last couple of questions. On that first exhibit, the one with his prior medical records --
A Yes.
Q -- if you can turn to the very last page, please.
A Okay. Yes.
Q I represent to you that this is the office note, as you see on the very bottom, of July 5, 2018. Does that seem correct?
A Yes, correct.
Q All right. In the ROS, what does the first few sentences say?
A "Patient reports insomnia, but reports no depression, no anxiety, no stress, no loss of interest. He reports no significant weight change. Good appetite. No fever. Happy/content. Normal activity level and no fatigue. He reports no

blurry vision, no hearing loss, no chest pain. Normal heart rate. No chest tightness. Normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation. He reports no blood in the urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremities well. He reports no numbness, no tingling, no headache, and no dizziness."

Q Okay. And this is the note from July 2018, approximately a year before his injury -- yeah, a year before his injury. And as he showed you, there's no notes after that, so there was no follow-up treatment or anything for any reason.

So I guess what I'm trying to get at here is this: Earlier you were talking about that you have to operate under the assumption that he was able to work and function with mild anxiety. I guess this is the last note that we have of his primary care doctors.

Do you think that in any way that the issues we were talking about earlier with depression/anxiety being aggravated by this incident may not be the case? In other words, do

you still hold your opinion to a reasonable degree of medical certainty that his issues that he's having currently has a direct causal relation to this incident?

A I believe the symptoms he has are a direct result of injury. And, again, that's based upon the temporal relationship of his symptoms with the injury and the course he's had since.

Whether this was a -- you know, some of this, the psychiatric/psychological issues were pre-existing and were exacerbated -- I would say that is possible.

Q Okay. And is that your opinion to a reasonable degree of medical certainty?

A Yes.

MR. SANCHEZ: Okay. That's it.

REEXAMINATION

BY MR. BIEDIGER:

Q And, Doctor, I'm sorry. I've got to ask you. You just said you weren't reprimanded. Do you not -- do you deny that the North Carolina Medical Board issued a public letter of concern?

MR. SANCHEZ: Objection.

A No. And, actually, if you read -- and please read the public letter of concern. They clearly state

that they did it because they have to with any settlement. But if you look at that letter of concern, I've never been reprimanded. Never. And please read the letter of concern and see what they say. They say they put it out because they're mandated to, not because there was any concern.

And, again, I got them involved early on hoping they would, you know, kind of sway the DOJ here in terms of the clinical care that was received and also to shed light on the physician supervision issue. Ultimately, they felt they could not because it is such a gray area.

But as you've seen the public letter of concern that they were mandated to. They issued it. There was no concern, though, noted if you notice in that letter of concern. And they also found that I was 12 seconds away from all of these patients at all times that were getting treatment and no financial gain.

Q (MR. BIEDIGER) What do you mean by "12 seconds away"?

A I was 12 seconds away. If I left the place where I was and walked to where the patients were, we timed it at 12 seconds. I had one of their investigators time it also, and that's where you'll see in the

letter of concern. But there was never any reprimand. There was no -- nothing held against my license. Nothing.

MR. BIEDIGER: All right. Thank you, Dr. Rao. I appreciate it.

THE DEPONENT: Sure. My pleasure.

MR. SANCHEZ: All right. This is Defense Exhibit 5. This is the CV of Dr. Rao that we mentioned earlier in the deposition, and we're entering it as an exhibit into this deposition.

(Defendant's Exhibit No. 5 marked for identification.)

FURTHER DEPONENT SAITH NOT.

(Whereupon, there being no further questions, the deposition was concluded at 11:05 a.m.)

(*This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker.)

State of North Carolina)
)
County of Wake)

CERTIFICATE

Be it known that Darlene Pastel took the foregoing proceeding and herby attests:

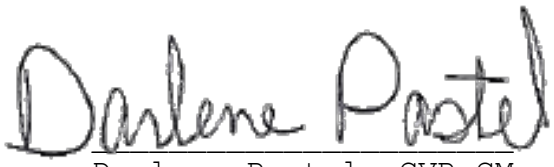
That I was then and there a notary public in and for the State of North Carolina at-large and that by virtue thereof I was duly authorized to administer an oath;

That the deponent/witness was first duly sworn to testify to the truth, the whole truth, and nothing but the truth concerning the matter in the controversy aforesaid;

That the foregoing transcript represents a true, accurate, and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am neither a relative nor an employee of any of the parties hereto, nor of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

In witness thereof, I have hereunto affixed my signature and title.



Darlene Pastel, CVR-CM

Date: 02/24/2020
Notary public for North Carolina
My Commission expires 05/22/2023

CHL CHESTER MEDICAL GROUP LLC • 517 Doctors Court, CHESTER SC 29706-8644

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (34, M) ID# 18964	Appt. Date/Time	12/16/2014 04:30PM
DOB	11/03/1980	Service Dept.	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID PLYLER, PA-C		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 50811267 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

Anxiety

mood changes

Patient's Care Team

Primary Care Provider: DREWID PLYLER (LOWRYS FAMILY MEDICINE): 517 DOCTOR CT, CHESTER, SC 29706, Ph (803) 581-2800, Fax (803) 581-8919

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Problems

- Drug withdrawal
- Anxiety

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

Name	Date
chlordiazepoxide 5 mg capsule Take 1 capsule(s) every 6-8 hours by oral route.	12/16/14 prescribed
fluoxetine 10 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	12/16/14 prescribed

Tylenol or Aleve OTC for headaches prn

Past Medical History

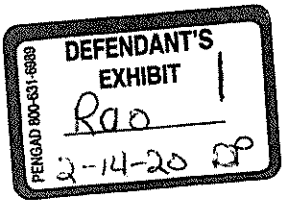
Discussed Past Medical History
ANXIETY DISORDER: Y

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married.
Smoking Status: Current every day smoker.
Smoker (1/2 PPD).
Alcohol intake: Occasional.
Chewing tobacco: none.
Number of children: 5.



BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Vitals

12/16/2014 04:55 pm

Ht: 6 ft 1 in (185.42 cm)	Wt: 161 lbs (73.03 kg)	BMI: 21.2
T: 97.5 F° ear (36.39 C)	Pulse: 63 bpm regular	RR: 20
BP: 133/81 sitting L arm	O2Sat: 98% Room Air at Rest	

HPI

Anxiety/Depression
Reported by patient.

Quality: symptoms worse in the evening
Severity: denies suicidal ideations; does not interfere with activities of daily living;unable to maintain relationships; interference with work
Duration: symptoms lasting over 2 weeks
Onset/Timing: still present (3 months ago)
Context: trouble at work
Modifying Factors: herbal medications (thc, stopped three months ago when he got a new job); social support; wants to better himself for his children
Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss; no visual/auditory hallucinations; no delusions; no shortness of breath; high irritability; anxiety; anxiety with muscle tension; palpitations; anxiety with excessive sweating flushing; trembling or shaking (tremor); headaches

ROS

Patient reports diminished activity and fatiguebut reports no significant weight change, good appetite, no fever, and happy/content. He reports anxiety and stress but reports no loss of interest. He reports no blurry vision. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.

Physical Exam

Patient is a 34-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

QM

Provider: dplyler
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, PQRS 2014, Pediatric Preventive Care Guidelines, Risk Identification Guidelines, athenaBenchmark Quality Metrics
Last updated 12/14/2014

CHE CHESTER MEDICAL GROUP LLC - 517 Doctors Court CHESTER SC 29706-8644

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Measure	Status
Adults' access to preventive health services	Needs Data
Blood Pressure Screening	Satisfied
BP Control (140/90)	Satisfied
Influenza Vaccination (Aug - Mar)	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Cessation Intervention	Needs Data
Tobacco Use Inquiry	Satisfied

Assessment / Plan

1. **Adult health examination** - LAB ORDER: CBC, CMP, TSH, LIPIDS, TSH, UA, UDS, VITAMIN B12/D
   V70.0: Routine general medical examination at a health care facility

2. **Anxiety**
   300.00: Anxiety state, unspecified
   - fluoxetine 10 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 1 Pharmacy: BI LO PHARMACY 5268

3. **Drug withdrawal**
   292.0: Drug withdrawal
   - chlordiazepoxide 5 mg capsule - Take 1 capsule(s) every 6-8 hours by oral route. Qty: 60 capsule(s) Refills: 0
     Pharmacy: BI LO PHARMACY 5268

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by DREWID PLYLER, PA-C, 12/16/2014.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 12/16/2014 at 5:18pm

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (34, M) ID# 18964	Appt. Date/Time	01/20/2015 04:30PM
DOB	11/03/1980	Service Dept.	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID PLYLER, PA-C		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 50811267 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

FOLLOW UP VISIT

Patient's Care Team

Primary Care Provider: DREWID PLYLER (LOWRYS FAMILY MEDICINE): 517 DOCTOR CT, CHESTER, SC 29706, Ph (803) 581-2800, Fax (803) 581-8919

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Problems

- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder

Allergies

Reviewed Allergies
NKDA

Medications

Medications not reviewed (last reviewed 12/16/2014)

Name	Date
chlordiazepoxide 5 mg capsule Take 1 capsule(s) every 6-8 hours by oral route.	12/16/14 prescribed
fluoxetine 10 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	01/20/15 prescribed

Tylenol or Aleve OTC for headaches prn

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married.
Smoking Status: Current every day smoker.
Smoker (1/2 PPD).
Alcohol intake: Occasional.
Chewing tobacco: none.

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Number of children: 5.

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Vitals

01/20/2015 04:39 pm

Ht: 6 ft 1 in (185.42 cm)	Wt: 163 lbs (73.94 kg)	BMI: 21.5
T: 97 F° (36.11 C)	Pulse: 75 bpm	RR: 18
BP: 110/76	O2Sat: 97%	

HPI

Anxiety/Depression
Reported by patient.

Severity: denies suicidal ideations; able to maintain relationships; does not interfere with activities of daily living
Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss; no shortness of breath
Notes: HE FEELS ALOT BETTER AND FOCUS ON THE MEDICATIONS, HE CAN NOTICE A DIFFERENCE. HE HAS NOT BEEN TAKING THE LIBRIUM IN 3-4 DAYS AND HE CANT TELL THAT HE HASNT TAKEN IT.

ROS

Patient reports no significant weight change, good appetite, no fever, happy/content, normal activity level, and no fatigue. He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.

Physical Exam

Patient is a 34-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Musculoskeletal:: Motor Strength and Tone: normal tone and motor strength. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

QM

Provider: dpiyler

Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, PQRS 2015, Pediatric Preventive Care Guidelines, Risk Identification Guidelines, athenaBenchmark Quality Metrics

Last updated 01/20/2015

Measure	Status
Adults' access to preventive health services	Satisfied
Blood Pressure Screening	Satisfied
BP Control (140/90)	Satisfied
Influenza Vaccination (Aug - Mar)	Needs Data

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Td/Tdap Adult Booster	Needs Data
Tobacco Cessation Intervention	Needs Data
Tobacco Use Inquiry	Satisfied

Assessment / Plan

1. **Follow-up encounter**
   V67.6: Follow-up examination, following combined treatment

2. **Depressive disorder**
   311: Depressive disorder, not elsewhere classified
   - LEARNING ABOUT MOOD DISORDERS
   - fluoxetine 10 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 5 Pharmacy: BI LO PHARMACY 5268

Return to Office

- DREWID PLYLER, PA-C for Established Patient 15 at CHE_LOWRYS FAMILY MEDICINE on 07/13/2015 at 04:15 PM

Encounter Sign-Off

Encounter signed-off by DREWID PLYLER, PA-C, 01/20/2015.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 01/20/2015 at 4:49pm

CHE_CHESTER MEDICAL GROUP LLC - 517 Doctors Court, CHESTER SC 29706-8644

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	Appt. Date/Time	03/07/2018 04:15PM
DOB	11/03/1980	Service Dept.	CHE_LOWRYS FAMILY MEDICINE
Provider	MALIK ASHE, MD		
Insurance	Med Primary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible.		

Chief Complaint

ATV accident

abrasions to hand and feet

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

03/07/2018 04:08 pm

Ht:	6 ft 1 in (185.42 cm)	Wt:	146 lbs (66.22 kg)	BMI:	19.3
T:	98 F° (36.67 C)	Pulse:	90 bpm	RR:	20
BP:	143/90	O2Sat:	96% Room Air at Rest		

Measurements

None recorded.

Allergies

Reviewed Allergies

NKDA

Medications

No medications reported
Tylenol or Aleve OTC for headaches prn

Problems

Reviewed Problems

- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Reviewed Family History

Father - Problem
- hole in heart but has had it repair 2008

Social History

Reviewed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Past Medical History

Reviewed Past Medical History
ANXIETY DISORDER: Y
Other: Y - tabacco abuse,fatigue, vit d def

Screening

None recorded.

HPI

driver of motorcycle fell off today while riding. No helmet. No LOC. something ran out in road causing him to loose control. No +abrasions/pain to Rt heel and 5th toe, and Lt heel and Lt hand.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing and well-nourished. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: active and alert.

Head: Head: normocephalic and atraumatic.

Musculoskeletal: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: no bony abnormalities. Extremities: no cyanosis or edema.

Neurologic: Gait and Station: irregular gait.

Skin: Inspection and palpation: lesion (Feet/Heel: epidermal layer erosion).

Assessment / Plan

1. **Abrasion and/or friction burn of skin** - wounds cleaned and dressed. Wound care instructions given. Script for abx and analgesics given
   T14.8XXA: Other injury of unspecified body region, initial encounter

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by MALIK ASHE, MD. 03/07/2018.

Encounter performed and documented by MALIK ASHE, MD
Encounter reviewed & signed by MALIK ASHE, MD on 03/07/2018 at 5:14pm

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	Appt. Date/Time	03/13/2018 09:15AM
DOB	11/03/1980	Service Dept.	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID POULOS , PA-C		
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420381 Policy/Group # : 661702601 Med Secondary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible.		

Chief Complaint

routine visit

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-5310, Fax (803) 385-5163

Vitals

Ht:	6 ft 1 in (185.42 cm) 03/13/2018 09:32 am	Wt:	151 lbs 4 oz (68.61 kg) 03/13/2018 09:32 am	BMI:	20 03/13/2018 09:32 am
T:	97.2 F* ear (36.22 C) 03/13/2018 09:33 am	Pulse:	62 bpm 03/13/2018 09:34 am	RR:	20 03/13/2018 09:34 am
BP:	115/80 sitting R arm 03/13/2018 09:34 am	O2Sat:	98% Room Air at Rest 03/13/2018 09:34 am	Pain Scale:	0 03/13/2018 09:34 am
Pain Scale Type:	Numeric 03/13/2018 09:34 am				

Measurements

None recorded.

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

Zoloft 50 mg tablet 03/13/18 prescribed

Take 1 tablet(s) every day by oral route in the morning for 30 days.

Tylenol or Aleve OTC for headaches prn

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus										
Td (adult), adsorbed	01/15/94									
Diphtheria, Tetanus, Pertussis										
DTP	09/03/81									
Hepatitis B										
Hep B, adolescent or pediatric	07/24/98									
Polio										
OPV	09/03/81									

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Problems

Problems not reviewed (last reviewed 03/07/2018)
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: Y - tabacco abuse,fatigue, vit d def

Screening

None recorded.

HPI

Patient presents today for wellness check up. Patient states that he has been doing fair. Eating well, sleeping well, staying active with work, no urinay issues or falls.

c/o increase agitation, anger and mood swings and feeling down and depressed for the last 6 mos. he was on zoloft in the past but stopped after a month bc he felt that he did not need it and he was last seen in 2015 by me. He states that he has loss of energy/interest, lack of concentration, agitated and anger spells. he states that he has been getting to the point where he flips out at times either punching the walls or throwing things. he states that he has alot of little stress in his life and it all builds up and comes to a head. he feels like he could ball the world up.

He is interested in restarting medications. He has anger management class next friday and him and his wife are going to marriage counseling.

ROS

Patient reports fatigue but reports no significant weight change, good appetite, no fever, happy/content, and normal activity level. He reports depression and stress but reports no anxiety, no insomnia, and no loss of interest. He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no blood in urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: depressed and agitated and active and alert; looking down the entire time.

Head: Head: normocephalic and atraumatic.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Hearing: no hearing loss. Nose: no polyp,

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no tenderness, guarding, masses, rebound tenderness, or CVA tenderness and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

lab: cbc, cmp, lipids, tsh, testosterone, ua

1. **Adult health examination**
   Z00.00: Encounter for general adult medical examination without abnormal findings

2. **Feeling agitated**
   R45.1: Restlessness and agitation

3. **Major depressive disorder** - PHQ-9: 19
   F32.9: Major depressive disorder, single episode, unspecified
   - Zoloft 50 mg tablet - Take 1 tablet(s) every day by oral route in the morning for 30 days. Qty: 30 tablet(s) Refills: 5
     Pharmacy: BI LO PHARMACY 5268

Patient Goals
f/u 3mos
continue medication regiment and discuss side effects.

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by DREWID POULOS , PA-C, 03/13/2018.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 03/13/2018 at 9:54am

CHE, CHESTER MEDICAL GROUP LLC • 517 Doctors Court, CHESTER SC 29706-8644

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Procedure Documentation #3448667

Kyle Bagley 11/3/1980

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use ✓ to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	(1)	2	3
2. Feeling down, depressed, or hopeless	0	1	(2)	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	(2)	3
4. Feeling tired or having little energy	0	1	2	(3)
5. Poor appetite or overeating	0	1	2	(3)
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	(3)
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	(3)
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	(1)	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	(1)	2	3

For office coding 0 + 3 + 4 + 12 = Total Score 19

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	●	☐	☐

BAGLEY, KYLE 11/03/80 #18964

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from

CHE CHESTER MEDICAL GROUP LLC • 517 Doctors Court, CHESTER SC 29706-8644

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	Appt. Date/Time	06/14/2018 10:00AM
DOB	11/03/1980	Service Dept.	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID POULOS , PA-C		
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420361 Policy/Group # : 661702601 Med Secondary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible.		

Chief Complaint

3 month follow up

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

Ht:	6 ft 1 in (185.42 cm) 06/14/2018 10:02 am	Wt:	146 lbs (66.22 kg) 06/14/2018 10:02 am	BMI:	19.3 06/14/2018 10:02 am
T:	95.6 F° ear (35.33 C) 06/14/2018 10:03 am	Pulse:	69 bpm regular 06/14/2018 10:03 am	RR:	20 06/14/2018 10:03 am
BP:	109/63 sitting R arm 06/14/2018 10:03 am	O2Sat:	97% Room Air at Rest 06/14/2018 10:03 am	Pain Scale:	0 06/14/2018 10:03 am
Pain Scale Type:	Numeric 06/14/2018 10:03 am				

Measurements

None recorded.

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

traZODone 50 mg tablet 06/14/18 prescribed
Take 1 tablet(s) every day by oral route at bedtime for 30 days.

Vraylar 1.5 mg capsule 06/14/18 dispensed
Take 1 capsule(s) every day by oral route.

Vaccines

Vaccines not reviewed (last reviewed 03/13/2018)

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus										
Td (adult), adsorbed	01/15/94									
Diphtheria, Tetanus, Pertussis										
DTP	09/03/81									

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Hepatitis B										
Hep B, adolescent or pediatric	07/24/98									
Polio										
OPV	09/03/81									

Problems

Problems not reviewed (last reviewed 03/07/2018)
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: **Y - tabacco abuse,fatigue, vit d def**

Screening

None recorded.

HPI

Patient here today for 3 month follow up with a history of MDD and GAD. He reports taking Zoloft 50mg BID and persistent anxiety, sleep disturbance, irritability and anger outbursts. He also complains of erectile dysfunction and that his inability to stop his thoughts is affecting his sex life. He reports sleeping little and that he lays in the bed tossing all night long. He states that he can work all night and never sleep or get tired. He has never been diagnosed with bipolar.

He has been losing weight, had increased thirst, and polydipsia the last 3 months and he is concerned about diabetes since his friend was just diagnosed.

ROS

Patient reports **excess weight loss and fatigue** but reports good appetite, no fever, happy/content, and normal activity level. He reports **depression, anxiety, insomnia, stress, and loss of interest** He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no blood in urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.
Additionally reports: scribe by poulos, pa

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD.

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: depressed and agitated and active and alert; looking down the entire time.

Head: Head: normocephalic and atraumatic.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Hearing: no hearing loss. Nose: no polyp, lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

1. **Bipolar disorder** - discuss with patient trying vraylar and add on trazodone to help with sleep disturbance. Discuss side effects and follow 3 weeks
   F31.9: Bipolar disorder, unspecified
   - Vraylar 1.5 mg capsule - Take 1 capsule(s) every day by oral route. Dispensed. Lot #: w00817 Exp Date: 04/01/2019 Dispense Qty: 21 capsule(s)

2. **Major depressive disorder** - d/c zoloft
   F32.9: Major depressive disorder, single episode, unspecified

3. **Generalized anxiety disorder**
   F41.1: Generalized anxiety disorder

4. **Sleep pattern disturbance**
   G47.9: Sleep disorder, unspecified
   - trazodone 50 mg tablet - Take 1 tablet(s) every day by oral route at bedtime for 30 days. Qty: 30 tablet(s) Refills: 2 Pharmacy: BI LO PHARMACY 5268

5. **Increased frequency of urination** - further evaluation, last labs were normal for DM.
   R35.0: Frequency of micturition
   - URINALYSIS, DIPSTICK
   - CULTURE, URINE + SENSITIVITY
   - CT NG TV HSV BY NAA

Return to Office

- DREWID POULOS , PA-C for Follow-up at CHE_LOWRYS FAMILY MEDICINE on 07/05/2018 at 10:00 AM

Encounter Sign-Off

Encounter signed-off by DREWID POULOS , PA-C, 06/14/2018.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 06/14/2018 at 2:00pm

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

Patient

Name	BAGLEY, KYLE (37yo, M) ID# 18964	Appt. Date/Time	07/05/2018 10:00AM
DOB	11/03/1980	Service Dept.	CHE_LOWRYS FAMILY MEDICINE
Provider	DREWID POULOS , PA-C		
Insurance	Med Primary: BCBS-SC (PPO) Insurance # : ZCY462286420381 Policy/Group # : 661702601 Med Secondary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 50811267 Prescription: CMX - Member is eligible.		

Chief Complaint

Follow up

2 week

Patient's Care Team

Primary Care Provider: DREWID D PLYLER PA: 517 DOCTORS CT, CHESTER, SC 29706-8644, Ph (803) 581-2800, Fax (803) 581-3061 NPI: 1336423599

Patient's Pharmacies

BI LO PHARMACY 5268 (ERX): 1436 J.A. COCHRAN BY-PASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

07/05/2018 10:09 am

Ht:	6 ft 1 in (185.42 cm)	Wt:	145 lbs (65.77 kg)	BMI:	19.1
T:	97.1 F° ear (36.17 C)	Pulse:	82 bpm regular	RR:	20
BP:	118/75 sitting R arm	O2Sat:	99% Room Air at Rest	Pain Scale:	0

Pain Scale Type: Numeric

Measurements

None recorded.

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

traZODone 50 mg tablet 06/14/18 prescribed
Take 1 tablet(s) every day by oral route at bedtime for 30 days.

Vraylar 1.5 mg capsule 07/05/18 prescribed
Take 1 capsule(s) every day by oral route in the morning for 30 days.

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus										
Td (adult), adsorbed	01/15/94									
Diphtheria, Tetanus, Pertussis										
DTP	08/18/86									

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

DTP	08/17/84									
DTP	09/03/81									
DTP	07/10/81									
Hapalitis B										
Hep B, adolescent or pediatric	07/24/98									
Measles, Mumps, Rubella										
MMR	08/17/84									
Polio										
OPV	08/18/86									
OPV	08/17/84									
OPV	09/03/81									
OPV	07/10/81									

Problems

Reviewed Problems
- Infection by Trichomonas
- Vitamin D deficiency - Onset: 12/24/2014
- Drug withdrawal
- Anxiety
- Tobacco dependence syndrome - Onset: 12/24/2014
- Depressive disorder
- Upper respiratory infection
- Hydrocele

Family History

Discussed Family History
Father - Problem
- hole in heart but has had it repair 2008

Social History

Discussed Social History
General IM
Marital status: Married
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Alcohol intake: Occasional
Chewing tobacco: none
Number of children: 5

Surgical History

Reviewed Surgical History
Other - L leg surgery (steel inserted into his L leg in 2001 from work)
Tonsillectomy - when he was younger

Past Medical History

Discussed Past Medical History
ANXIETY DISORDER: Y
Other: Y - tabacco abuse,fatigue, vit d def

Documents for Discussion

Discussed the following documents:
- CULTURE, URINE - 06/14/18
  Results:
  - URINE CULTURE, ROUTINE: FINAL REPORT
  - RESULT 1: NO GROWTH
- CT + NG + TV, DNA, URINE/SWAB - 06/14/18
  Results:
  - CHLAMYDIA BY NAA: NEGATIVE
  - GONOCOCCUS BY NAA: NEGATIVE
  - TRICH VAG BY NAA: NEGATIVE
- URINALYSIS, DIPSTICK - 06/14/18
  Results:

BAGLEY, KYLE R (id #18964, dob: 11/03/1980)

- COLOR: DARK YELLOW
- CLARITY: CLEAR
- GLUCOSE: NEGATIVE
- BILIRUBUN: SMALL
- KETONES: NEGATIVE
- SPECIFIC GRAVITY: 1.030
- PH: 5.5
- PROTEIN: 30 MG/DL
- UROBILINOGEN: 1.0 E.U./DL
- NITRATE: NEGATIVE
- BLOOD: NEGATIVE
- LEUKOCYTES: NEGATIVE

Screening

None recorded.

HPI

Patient presents today for follow up on bipolar and sleep disturbance. Patient states that he is doing well and he has notices a difference on the medications. He states that his agitation has decreased and his mood has improved. He states that he is still not getting 6-8 hours or sleep. he states that he is still working and no issues or interfering with work. his wife states that she has notices a difference as well. he is happy with the progress.

ROS

Patient reports insomnia but reports no depression, no anxiety, no stress, and no loss of interest. He reports no significant weight change, good appetite, no fever, happy/content, normal activity level, and no fatigue. He reports no blurry vision. He reports no hearing loss. He reports no chest pain and normal heart rate. He reports no chest tightness and normal respiration. He reports no abdominal pain, no nausea, no vomiting, no diarrhea, and no constipation. He reports no blood in urine, no pain with urination, no increase in frequency of urination, and no voiding urgency. He reports no myalgia and moves all extremeties well. He reports no numbness, no tingling, no headache, and no dizziness.
Additionally reports: scribe by poulos, pa

Physical Exam

Patient is a 37-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert.

Head: Head: normocephalic and atraumatic.

Neurologic: Gait and Station: normal gait and station.

Assessment / Plan

Discuss with patient to continue the medications and increase trazodone 100mg po qhs. Follow up in 6mos

1. Follow-up visit
Z09: Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm

2. Bipolar disorder
F31.9: Bipolar disorder, unspecified
- Vraylar 1.5 mg capsule - Take 1 capsule(s) every day by oral route in the morning for 30 days. Qty: 30 capsule(s) Refills: 5 Pharmacy: BI LO PHARMACY 5268 Note to Pharmacy: patient has voucher

3. Sleep pattern disturbance
G47.9: Sleep disorder, unspecified

Return to Office

None recorded.

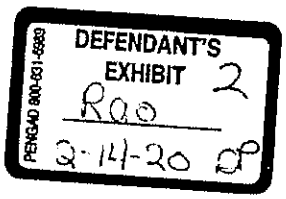
Encounter Sign-Off

Encounter signed-off by DREWID POULOS , PA-C, 07/05/2018.

Encounter performed and documented by DREWID POULOS , PA-C
Encounter reviewed & signed by DREWID POULOS , PA-C on 07/05/2018 at 10:31am

United States Department of Justice

THE UNITED STATES ATTORNEY'S OFFICE
WESTERN DISTRICT of NORTH CAROLINA



Department of Justice

U.S. Attorney's Office

Western District of North Carolina

FOR IMMEDIATE RELEASE

Thursday, April 18, 2013

Charlotte Neurologist Will Pay $2 Million To Settle Civil Fraud Allegations

United States Attorney Anne M. Tompkins Western District Of North Carolina

CHARLOTTE, N.C. – A Charlotte neurologist has agreed to pay $2 million plus interest to the United States to settle civil fraud allegations, announced Anne M. Tompkins, U.S. Attorney for the Western District of North Carolina. Hemanth P. Rao, MD, is the owner of and principal neurologist at The Neurological Institute in Charlotte, formerly known as Neurological Consultants of the Carolinas.

U.S. Attorney Tompkins is joined in making today's announcement by Derrick Jackson, Special Agent in Charge, Department of Health and Human Services, Office of the Inspector General (HHS-OIG), Office of Investigations, Atlanta Region.

The settlement was reached following a multi-year investigation by HHS-OIG into Dr. Rao's practices associated with the administration of intravenous immunoglobulin (IVIG) therapy. Government investigators found that from October 13, 2003 to May 26, 2006, Dr. Rao failed to meet the Medicare supervision regulations associated with IVIG therapy. IVIG is the delivery of healthy immunoglobulins directly into the bloodstream of patients suffering from immunodeficiency and autoimmune disorders. IVIG therapy involves the injection of a thick, viscous fluid into the veins of patients throughout a period of several hours. The Medicare program requires that the patient's physician directly supervise the administration of this treatment in order to ensure the safety of the patient. Investigators found that Dr. Rao sought and obtained reimbursement for his IVIG therapy services from Medicare even though he was not present in the building with his patients when they were receiving IVIG treatment, as required by Medicare.

The Settlement Agreement also requires that Dr. Rao pay an additional $500,000 to Medicare upon the sale of his real estate holdings. Furthermore, Dr. Rao entered into a five-year Integrity Agreement with HHS-OIG to promote compliance with the statutes, regulations, program requirements, and written directives of Medicare, Medicaid, and all other federal health care programs.

In making today's announcement U.S. Attorney Tompkins stated, "Dr. Rao's actions not only compromised the integrity of the Medicare program, but exposed his patients to potential danger. I commend HHS-OIG for their thorough investigation and for their continued efforts to protect Medicare, an important health care program seniors rely upon to cover their health care needs."

"Dr. Rao allowed his staff to practice a potentially hazardous procedure on Medicare patients, without his supervision, then blatantly charge taxpayers," said Derrick Jackson of the HHS-OIG region including North Carolina. "Citizens of this State can continue to look toward U.S. Attorney Tompkins to vigorously pursue providers who shortcut Medicare regulations in exchange for profit."

The investigation was conducted by HHS-OIG in Greensboro. Assistant United States Attorney Don Caldwell handled the case for the United States Attorney's Office.

The investigation and charges are the work of the Western District's joint Health Care Fraud Task Force. The Task Force is multi-agency team of experienced federal and state investigators, working in conjunction with criminal and civil Assistant United States Attorneys, dedicated to identifying and prosecuting those who defraud the health care system, and reducing the potential for health care fraud in the future. The Task Force focuses on the coordination of cases, information sharing, identification of trends in health care fraud throughout the region, staffing of all whistleblower complaints, and the creation of investigative teams so that individual agencies may focus their unique areas of expertise on investigations. The Task Force builds upon existing partnerships between the agencies and its work reflects a heightened effort to reduce fraud and recover taxpayer dollars.

If you suspect Medicare or Medicaid fraud please report it by phone at 1-800-447- 8477 (1-800-HHS-TIPS), or E-Mail at HHSTips@oig.hhs.gov. To report Medicaid fraud in North Carolina, call the North Carolina Medicaid Investigations Division

at 919-881-2320.

Component(s):
USAO - North Carolina, Western

Updated March 19, 2015

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is entered into among the United States of America, acting through the United States Department of Justice and on behalf of the Office of Inspector General ("OIG-HHS") of the Department of Health and Human Services ("HHS") (collectively the "United States"), and T. Hemanth Prabhakar Rao, M.D. and The Neurological Institute, P.A. (collectively "Rao" or "Defendants") (hereafter the United States and Defendants will be collectively referred to as "the Parties"), through their authorized representatives.

RECITALS

A. T. Hemanth Prabhakar Rao, M.D. ("Dr. Rao") is a resident of Mecklenburg County, North Carolina. He is licensed to practice medicine in the State of North Carolina.

B. The Neurological Institute, P.A., (the "Neurological Institute") is a professional corporation organized and existing under the laws of the State of North Carolina. Dr. Rao is the Neurological Institute's sole owner and operator. The Neurological Institute is located at 2219 East Seventh Street, Charlotte, North Carolina. The Neurological Institute was formerly known as Neurology Consultants of the Carolinas, P.A.

C. The United States contends that Rao submitted or caused to be submitted claims for payment to the Medicare Program ("Medicare"), Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395-1395kkk-1.

D. The United States contends that it has certain civil claims against Defendants based on Dr. Rao's failure to meet the Medicare supervision regulations associated with the administration of intravenous immunoglobulin therapy to Medicare patients from October 13, 2003 to May 26, 2006, at Defendants' offices located at 2620 East Seventh Street, Charlotte,

PENGAD 800-631-6989
DEFENDANT'S EXHIBIT 3
Rao
2-14-20

North Carolina ("Voci Center") and the submission of claims to Medicare therefor. That conduct is referred to below as the "Covered Conduct."

E. This Agreement is neither an admission of liability by Defendants nor a concession by the United States that its claims are not well founded.

F. To avoid the delay, uncertainty, inconvenience, and expense of protracted litigation of the above claims, and in consideration of the mutual promises and obligations of this Settlement Agreement, the Parties agree and covenant as follows:

TERMS AND CONDITIONS

1. Rao shall pay to the United States $2,000,000 pursuant to the Payment Schedule attached hereto as **Attachment 1** ("Payment Schedule Amounts"), plus simple interest of five percent (5%) calculated on an annual basis from the Effective Date of this Agreement, by electronic funds transfer pursuant to written instructions to be provided by the Office of the United States Attorney for the Western District of North Carolina. Any pre-payments of principal will be credited to the outstanding principal balance at the time of payment. Any pre-payment will not reduce the succeeding required scheduled principal payments, but will reduce the final principal payments in inverse order.

2. In addition to the funds paid to the United States pursuant to Paragraph 1, Rao shall pay to the United States all proceeds paid to Rao and/or Rao Investment Group, L.L.C. arising from the sale of any property ("Real Estate Proceeds") ("Real Estate Proceeds" and "Payment Schedule Amounts" shall be referred to collectively as the "Settlement Amount") in which Rao or any member of his immediate family has any ownership interest or control, including, but not limited to, any property interest owned or controlled by Rao Investment Group, L.L.C. ("Real Estate").

a. Real Estate Proceeds shall include the proceeds from any sale of Real Estate, or any rental or lease agreement that constitutes a sale in fact or a capital lease whether or not the transaction or agreement was intended by any party to avoid the obligations contained in the Settlement Agreement, that is closed within five (5) years of the first payment identified in the Payment Schedule Amounts ("5-Year Period"), or agreed to in principle, in writing, during the 5-Year Period, but executed or closed thereafter.

b. The Real Estate Proceeds paid to the United States shall not exceed a total of $500,000.

c. Real Estate Proceeds shall not include amounts necessary to meet the mortgage obligations of the sale property, including payment in full of such mortgage obligation, or the fees and costs associated with the sale transaction, provided that the sale constitutes a reasonable, arms-length transaction and is otherwise consistent with Federal law.

d. Rao agrees not to plead, assert, or argue, and hereby waives any such right to so plead, assert, or argue, that any asset or property, or interest therein, that is owned or controlled by any entity, whether a limited liability entity or otherwise, in which Rao has any ownership interest, is not subject to the terms, conditions, and obligations contained in this Settlement Agreement, or is otherwise shielded from recovery by the United States pursuant to this Settlement Agreement, or any suit or collection proceeding related thereto.

3. Failure to comply with the terms and conditions contained in Paragraphs 1 or 2 shall constitute an Event of Default.

4. During the 5-Year Period, Rao shall separately disclose to the United States Attorney's Office any disposition of any real property, or assets other than real property valued in excess of $50,000, that are owned or controlled by Rao or Rao's immediate family, or any company, entity, or interest therein, that Rao or Rao's immediate family owns as of January 1, 2013 or thereafter, at least 30 days prior to execution of the disposition, and shall provide the United States Attorney's Office with sufficient information to assess the disposition. For purposes hereof, sufficient information shall be a draft purchase contract or letter of intent. If the United States Attorney's Office objects to the proposed disposition of real property as a potential fraudulent transfer of assets as defined by 28 U.S.C. §§ 3001-3308, it shall notify Rao within 10 business days. In the event of such an objection, the execution of the disposition or Rao's failure to provide assurance to the United States Attorney's Office within 5 calendar days that such disposition shall not occur pending resolution of any dispute about the nature of the transaction, shall constitute an Event of Default.

5. Subject to the exceptions in Paragraph 7 (concerning excluded claims) below, and conditioned upon both (1) Rao's full payment of the Settlement Amount or full payment of the Payment Schedule Amounts and expiration of the 5-Year Period, and (2) the non-occurrence of an Event of Default, and subject to Paragraph 18, below (concerning bankruptcy proceedings commenced within 91 days of the Effective Date of this Agreement or any payment made under this Agreement), the United States shall release Rao from any civil or administrative monetary claim the United States has for the Covered Conduct under the False Claims Act, 31 U.S.C. §§ 3729-3733; the Civil Monetary Penalties Law, 42 U.S.C. § 1320a-7a; the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812; or the common law theories of payment by mistake and unjust enrichment.

6. In consideration of the obligations of Rao in this Agreement and the Corporate Integrity Agreement (CIA), entered into between OIG-HHS and Rao, and conditioned upon Rao's full payment of the Settlement Amount, the OIG-HHS agrees to release and refrain from instituting, directing, or maintaining any administrative action seeking exclusion from Medicare, Medicaid, and other Federal health care programs (as defined in 42 U.S.C. § 1320a-7b(f)) against Rao under 42 U.S.C. § 1320a-7a (Civil Monetary Penalties Law) or 42 U.S.C. § 1320a-7(b)(7) (permissive exclusion for fraud, kickbacks, and other prohibited activities) for the Covered Conduct, except as reserved in Paragraph 7 (concerning excluded claims), below, and as reserved in this Paragraph. The OIG-HHS expressly reserves all rights to comply with any statutory obligations to exclude Rao from Medicare, Medicaid, and other Federal health care programs under 42 U.S.C. § 1320a-7(a) (mandatory exclusion) based upon the Covered Conduct. Nothing in this Paragraph precludes the OIG-HHS from taking action against entities or persons, or for conduct and practices, for which claims have been reserved in Paragraph 7, below. Notwithstanding the foregoing, in the Event of Default as defined in Paragraph 3 above, OIG-HHS may exclude Rao from participating in all Federal health care programs until Rao pays the Settlement Amount and reasonable costs as set forth in Paragraphs 1 and 2 above. OIG-HHS will provide written notice of any such exclusion to Rao. Rao waives any further notice of the exclusion under 42 U.S.C. § 1320a-7(b)(7), and agrees not to contest such exclusion either administratively or in any state or Federal court. Reinstatement to program participation is not automatic. If at the end of the period of exclusion Rao wishes to apply for reinstatement, Rao must submit a written request for reinstatement to OIG-HHS in accordance with the provisions of 42 C.F.R. §§ 1001.3001 -

.3005. Rao will not be reinstated unless and until OIG-HHS approves such request for reinstatement.

7. Notwithstanding the releases given in Paragraph 5 of this Agreement, or any other term of this Agreement, the following claims of the United States are specifically reserved and are not released:

a. Any liability arising under Title 26, U.S. Code (Internal Revenue Code);

b. Any criminal liability;

c. Except as explicitly stated in this Agreement, any administrative liability, including mandatory exclusion from Federal health care programs;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Any liability based upon obligations created by this Agreement;

f. Any liability for express or implied warranty claims or other claims for defective or deficient products or services, including quality of goods and services;

g. Any liability for personal injury or property damage or for other consequential damages arising from the Covered Conduct;

h. Any liability of individuals other than Dr. Rao; or

i. Any liability of individuals who receive written notification that they are the target of a criminal investigation (as defined in the United States Attorneys' Manual), are indicted or charged, or who enter into a plea agreement, related to the Covered Conduct.

8. Rao has provided sworn financial disclosure statements and information related thereto ("Financial Statements") to the United States and the United States has relied on the accuracy and completeness of those Financial Statements in reaching this Agreement. Rao expressly warrants that the Financial Statements fairly present the financial condition of Rao.

If any of the Financial Statements contain a material inaccuracy, and if such inaccuracy changes the estimated net worth set forth in the Financial Statements by $150,000 or more ("Material Error"), Rao agrees to pay immediately to the United States 100% of the value of the Material Error, plus 5% interest calculated from the Effective Date of the Agreement, and not to contest any enforcement or collection action undertaken by the United States pursuant to this provision, and further agrees immediately to pay the United States all reasonable costs incurred in such an action, including attorney's fees and expenses. Such payment of the Material Error shall be in addition to, and shall not be considered in satisfaction of any part of, the Settlement Amount, provided, however that at the request of the United States, Rao and his financial advisors estimated the value of certain property, including entities and interests in companies, owned by Rao and his immediate family, such values being estimates only since a third-party appraisal was not obtained or required. Such estimates of value shall not be deemed a material misrepresentation by Rao.

If Rao has knowingly made any material misrepresentation on, or in connection with, the Financial Statements, the United States may treat such misrepresentation as an Event of Default.

9. In the Event that the United States, pursuant to Paragraph 8 (concerning disclosure of assets), above, opts to file suit against Rao, Rao agrees not to plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or

similar theories, to any civil or administrative claims that (a) are filed by the United States within 180 calendar days of a written notification to Rao that the United States intends to exercise its option under this Agreement to bring suit, and (b) that relate to the Covered Conduct, except to the extent these defenses were available on January 1, 2013.

10. Upon an Event of Default and pursuant to a request by the United States, Rao agrees to execute the Consent Judgment attached hereto as **Attachment 2**, deliver the executed Consent Judgment to the Office of the United States Attorney for the Western District of North Carolina, and consent to a request by the United States to the District Court for the Western District of North Carolina to enter the Judgment. Rao further agrees not to contest any enforcement or collection action undertaken by the United States pursuant to this Consent Judgment. For purposes of enforcement, any funds that Rao has paid pursuant to Paragraphs 1 and 2 of this Agreement prior to entry shall be treated as a payment of the Consent Judgment.

11. Rao waives and shall not assert any defenses Rao may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrative action. Nothing in this Paragraph or any other provision of this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue laws, Title 26 of the United States Code.

12. Rao fully and finally releases the United States, its agencies, officers, agents, employees, and servants, from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that Rao has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, agents, employees, and servants, related to the Covered Conduct and the United States' investigation and prosecution thereof.

13. The Settlement Amount shall not be decreased as a result of the denial of claims for payment now being withheld from payment by any Medicare contractor (e.g., Medicare Administrative Contractor, fiscal intermediary, carrier or any state payer), related to the Covered Conduct; and Rao agrees not to resubmit to any Medicare contractor or any state payer any previously denied claims related to the Covered Conduct, and agrees not to appeal any such denials of claims.

14. Rao agrees to the following, if applicable:

a. Unallowable Costs Defined: All costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVIII and XIX of the Social Security Act, 42 U.S.C. §§ 1395-1395kkk-1 and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) incurred by or on behalf of Rao, its present or former officers, directors, employees, shareholders, and agents in connection with:

(1) the matters covered by this Agreement;

(2) the United States' audit(s) and civil investigation(s) of the matters covered by this Agreement;

(3) Rao's investigation, defense, and corrective actions

undertaken in response to the United States' audit(s) and civil investigation(s) in connection with the matters covered by this Agreement (including attorney's fees);

(4) the negotiation and performance of this Agreement;

(5) the payment Rao makes to the United States pursuant to this Agreement;

(6) the negotiation of, and obligations undertaken pursuant to the CIA to:

(i) retain an independent review organization to perform annual reviews as described in Section III of the CIA; and

(ii) prepare and submit reports to the OIG-HHS,

are unallowable costs for government contracting purposes under the Medicare Program, Medicaid Program, TRICARE Program, and Federal Employees Health Benefits Program. (FEHB) (hereinafter referred to as "Unallowable Costs").

However, nothing in this Paragraph 14.a.(6) that may apply to the obligations undertaken pursuant to the CIA affects the status of costs that are not allowable based on any other authority applicable to Rao.

b. Future Treatment of Unallowable Costs: Unallowable Costs shall be separately determined and accounted for by Rao, and Rao shall not charge such Unallowable Costs directly or indirectly to any contracts with the United States

or any state Medicaid program, or seek payment for such Unallowable Costs through any cost report, cost statement, information statement, or payment request submitted by Rao or any of its subsidiaries or affiliates to the Medicare, Medicaid, TRICARE, or FEHBP Programs.

c. Treatment of Unallowable Costs Previously Submitted for Payment: Rao further agrees that within 90 days of the Effective Date of this Agreement it shall identify to applicable Medicare and TRICARE fiscal intermediaries, carriers, and/or contractors, and Medicaid and FEHBP fiscal agents, any Unallowable Costs (as defined in this Paragraph) included in payments previously sought from the United States, or any State Medicaid program, including, but not limited to, payments sought in any cost reports, cost statements, information reports, or payment requests already submitted by Rao or any of its subsidiaries or affiliates, and shall request, and agree, that such cost reports, cost statements, information reports, or payment requests, even if already settled, be adjusted to account for the effect of the inclusion of the Unallowable Costs. Rao agrees that the United States, at a minimum, shall be entitled to recoup from Rao any overpayment plus applicable interest and penalties as a result of the inclusion of such Unallowable Costs on previously-submitted cost reports, information reports, cost statements, or requests for payment.

Any payments due after the adjustments have been made shall be paid to the United States pursuant to the direction of the Department of Justice and/or the affected agencies. The United States reserves its rights to disagree

with any calculations submitted by Rao or any of its subsidiaries or affiliates on the effect of inclusion of Unallowable Costs (as defined in this Paragraph) on Rao or any of its subsidiaries or affiliates' cost reports, cost statements, or information reports.

d. Nothing in this Agreement shall constitute a waiver of the rights of the United States to audit, examine, or re-examine Rao's books and records to determine that no Unallowable Costs have been claimed in accordance with the provisions of this Paragraph.

15. This Agreement is intended to be for the benefit of the Parties only. The Parties do not release any claims against any other person or entity, except to the extent provided for in Paragraph 16 (waiver for beneficiaries paragraph), below.

16. Rao waives and shall not seek payment for any of the health care billings covered by this Agreement from any health care beneficiaries or their parents, sponsors, legally responsible individuals, or third-party payors based upon the claims defined as Covered Conduct.

17. Rao warrants that Rao has reviewed Rao's financial situation and that Rao currently is solvent within the meaning of 11 U.S.C. §§ 547(b)(3) and 548(a)(1)(B)(ii)(I), and to the best of Rao's knowledge will remain solvent following payment to the United States of the Settlement Amount. Further, the Parties warrant that, in evaluating whether to execute this Agreement, they (a) have intended that the mutual promises, covenants, and obligations set forth constitute a contemporaneous exchange for new value given to Rao, within the meaning of 11 U.S.C. § 547(c)(1), and (b) conclude that these mutual promises, covenants, and obligations do, in fact, constitute such a contemporaneous exchange. Further, the Parties

warrant that the mutual promises, covenants, and obligations set forth herein are intended to and do, in fact, represent a reasonably equivalent exchange of value that is not intended to hinder, delay, or defraud any entity to which Rao was or became indebted to on or after the date of this transfer, within the meaning of 11 U.S.C. § 548(a)(1).

18. If within 91 days of the Effective Date of this Agreement or of any payment made under this Agreement, Rao commences, or a third-party commences, any case, proceeding, or other action under any law relating to bankruptcy, insolvency, reorganization, or relief of debtors (a) seeking to have any order for relief of Rao's debts, or seeking to adjudicate Rao as bankrupt or insolvent; or (b) seeking appointment of a receiver, trustee, custodian, or other similar official for Rao or for all or any substantial part of Rao's assets, Rao agrees as follows:

a. Rao's obligations under this Agreement may not be avoided pursuant to 11 U.S.C. § 547, and Rao shall not argue or otherwise take the position in any such case, proceeding, or action that: (i) Rao's obligations under this Agreement may be avoided under 11 U.S.C. § 547; (ii) Rao was insolvent at the time this Agreement was entered into, or became insolvent as a result of the payment made to the United States; or (iii) the mutual promises, covenants, and obligations set forth in this Agreement do not constitute a contemporaneous exchange for new value given to Rao.

b. If Rao's obligations under this Agreement are avoided for any reason, including, but not limited to, through the exercise of a trustee's avoidance powers under the Bankruptcy Code, the United States, at its sole option, may rescind the releases in this Agreement and bring any civil and/or administrative

claim, action, or proceeding against Rao for the claims that would otherwise be covered by the releases provided in Paragraph 5, above. Rao agrees that (i) any such claims, actions, or proceedings brought by the United States are not subject to an "automatic stay" pursuant to 11 U.S.C. § 362(a) as a result of the action, case, or proceedings described in the first clause of this Paragraph, and Rao shall not argue or otherwise contend that the United States' claims, actions, or proceedings are subject to an automatic stay; (ii) Rao shall not plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any such civil or administrative claims, actions, or proceeding that are brought by the United States within 180 calendar days of written notification to Rao that the releases have been rescinded pursuant to this Paragraph, except to the extent such defenses were available on January 1, 2013; and (iii) the United States has a valid claim against Rao in the amount of $3,200,000, and the United States may pursue its claim in the case, action, or proceeding referenced in the first clause of this Paragraph, as well as in any other case, action, or proceeding.

c. Rao acknowledges that its agreements in this Paragraph are provided in exchange for valuable consideration provided in this Agreement.

19. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

20. Each Party and signatory to this Agreement represents that it freely and voluntarily enters in to this Agreement without any degree of duress or compulsion.

21. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the Western District of North Carolina. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

22. This Agreement constitutes the complete agreement between the Parties. This Agreement may not be amended except by written consent of the Parties.

23. Each of the undersigned counsel represents and warrants that they are fully authorized to execute this Agreement on behalf of the persons and entities indicated below.

24. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Agreement.

25. This Agreement is binding on Rao's successors, transferees, heirs, and assigns.

26. All Parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public.

27. This Agreement is effective on the date of signature of the last signatory to the Agreement (Effective Date of this Agreement). Facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Agreement.

THE UNITED STATES OF AMERICA

DATED: _____ BY: _____

Donald H. Caldwell, Jr.
Assistant United States Attorney
Western District of North Carolina
227 West Trade Street, Suite 1650
Charlotte, NC 28204

DATED: _____ BY: _____

Robert K. DeConti
Assistant Inspector General for Legal Affairs
Office of Counsel to the Inspector General
Office of Inspector General
United States Department of Health and Human Services

DEFENDANTS

DATED: 4/2/13 BY: J. Hemanth Rao

T. Hemanth Rao, M.D.

On behalf of T. Hemanth Rao, M.D. and
The Neurological Institute, P.A., f/k/a
Neurology Consultants of the Carolinas, P.A.

DATED: 4/4/13 BY: Wanda Townsend

Wanda C. Townsend, Esq.
Johnston Allison & Hord
1065 E. Morehead St.
Charlotte, NC 28204
Counsel for Defendants

ATTACHMENT 1

Assume:

1 *Interest starts 4/1/13*

2 Payment scheduled at end of period

Rao Amortization Schedule

				C	A	A +C	B	A +B	C -B	
Int Rate From	Int Rate To and Payment Due Date	Interest Rate	Qtrly Rate	Balance	Interest on outstanding Principal		Principal payment	Payment	Principal Balance After Pmt	Payment #
4/1/2013	6/30/2013	5.0%	1.25%	$ 2,000,000	$ 25,000		$ (75,000)	$ (100,000)	$ 1,925,000	1
7/1/2013	9/30/2013	5.0%	1.25%	1,925,000	$ 24,063	$ 1,949,063	$ (25,000)	$ (49,063)	1,900,000	2
10/1/2013	12/31/2013	5.0%	1.25%	1,900,000	$ 23,750	1,923,750	$ (25,000)	$ (48,750)	1,875,000	3
1/1/2014	3/31/2014	5.0%	1.25%	1,875,000	$ 23,438	1,898,438	$ (35,000)	$ (58,438)	1,840,000	4
4/1/2014	6/30/2014	5.0%	1.25%	1,840,000	$ 23,000	1,863,000	$ (35,000)	$ (58,000)	1,805,000	5
7/1/2014	9/30/2014	5.0%	1.25%	1,805,000	$ 22,563	1,827,563	$ (35,000)	$ (57,563)	1,770,000	6
10/1/2014	12/31/2014	5.0%	1.25%	1,770,000	$ 22,125	1,792,125	$ (40,000)	$ (62,125)	1,730,000	7
1/1/2015	3/31/2015	5.0%	1.25%	1,730,000	$ 21,625	1,751,625	$ (40,000)	$ (61,625)	1,690,000	8
4/1/2015	6/30/2015	5.0%	1.25%	1,690,000	$ 21,125	1,711,125	$ (40,000)	$ (61,125)	1,650,000	9
7/1/2015	9/30/2015	5.0%	1.25%	1,650,000	$ 20,625	1,670,625	$ (45,000)	$ (65,625)	1,605,000	10
10/1/2015	12/31/2015	5.0%	1.25%	1,605,000	$ 20,063	1,625,063	$ (45,000)	$ (65,063)	1,560,000	11
1/1/2016	3/31/2016	5.0%	1.25%	1,560,000	$ 19,500	1,579,500	$ (45,000)	$ (64,500)	1,515,000	12
4/1/2016	6/30/2016	5.0%	1.25%	1,515,000	$ 18,938	1,533,938	$ (45,000)	$ (63,938)	1,470,000	13
7/1/2016	9/30/2016	5.0%	1.25%	1,470,000	$ 18,375	1,488,375	$ (45,000)	$ (63,375)	1,425,000	14
10/1/2016	12/31/2016	5.0%	1.25%	1,425,000	$ 17,813	1,442,813	$ (65,000)	$ (82,813)	1,360,000	15
1/1/2017	3/31/2017	5.0%	1.25%	1,360,000	$ 17,000	1,377,000	$ (65,000)	$ (82,000)	1,295,000	16
4/1/2017	6/30/2017	5.0%	1.25%	1,295,000	$ 16,188	1,311,188	$ (300,000)	$ (316,188)	995,000	17
7/1/2017	9/30/2017	5.0%	1.25%	995,000	$ 12,438	1,007,438	$ (65,000)	$ (77,438)	930,000	18
10/1/2017	12/31/2017	5.0%	1.25%	930,000	$ 11,625	941,625	$ (300,000)	$ (311,625)	630,000	19
1/1/2018	3/31/2018	5.0%	1.25%	630,000	$ 7,875	637,875	$ (65,000)	$ (72,875)	565,000	20
4/1/2018	6/30/2018	5.0%	1.25%	565,000	$ 7,063	572,063	$ (65,000)	$ (72,063)	500,000	21
7/1/2018	9/30/2018	5.0%	1.25%	500,000	$ 6,250	506,250	$ (500,000)	$ (506,250)	-	22
				Totals	$ 400,438		$ (2,000,000)	$ (2,400,438)		

Rao amortization schedule v4.xlsx

ATTACHMENT 2

IN THE UNITED STATES OF AMERICA
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

UNITED STATES OF AMERICA, **Plaintiff,** v. **T. HEMANTH RAO, d/b/a THE NEUROLOGICAL INSTITUTE OF THE CAROLINAS,** **Defendant.**	**CONSENT JUDGMENT** **CASE NO. _____**

THIS MATTER having come before the Court for the entry of final judgment with the consent of the United States of America and T. Hemanth Rao, M.D. d/b/a The Neurological Institute of the Carolinas (hereinafter, "TNI"), it is hereby ordered, adjudged and decreed as follows:

1. Dr. Rao is a physician practicing neurology in Charlotte, Mecklenburg County, North Carolina with an office location at 2219 East Seventh Street, Charlotte, NC 28204.

2. Dr. Rao and TNI have been properly served the United States' complaint and summons in this Civil Action. Dr. Rao and TNI waive any argument, claim, and defense that it has not been properly served.

3. The Court has subject matter jurisdiction over this action.

4. The Court has personal jurisdiction over Dr. Rao and TNI. Dr. Rao and TNI waive any argument, claim, and defense asserting lack of personal jurisdiction.

5. Venue is proper in this District. Dr. Rao and TNI waive any argument, claim, and defense asserting lack of venue, improper venue, or inconvenient venue.

6. Jurisdiction is retained by this Court for the purpose of enforcement of this Consent Judgment.

7. By its signature below, Dr. Rao and TNI have consented to the entry of this Consent Judgment.

8. By its signature below, the United States has consented to the entry of this Consent Judgment.

9. For claims and causes of action enumerated in the United States' complaint, final judgment is hereby entered in this matter against Dr. Rao and TNI for $2,000,000.00, which amount shall be immediately due and owing to the United States.

IT IS SO AGREED:

THE UNITED STATES OF AMERICA

Dated: _____ By: _____
Donald H. Caldwell, Jr.
Assistant United States Attorney
Western District of North Carolina

THE NEUROLOGICAL INSTITUTE OF THE CAROLINAS

Dated: 4/2/13 By: _____
T. Hemanth Rao, M.D. on behalf of T. Hemanth Rao, M.D.
and The Neurological Institute of the Carolinas

IT IS SO ORDERED:

Dated: _____ _____
United States District Court Judge
Western District of North Carolina

21. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the Western District of North Carolina. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

22. This Agreement constitutes the complete agreement between the Parties. This Agreement may not be amended except by written consent of the Parties.

23. Each of the undersigned counsel represents and warrants that they are fully authorized to execute this Agreement on behalf of the persons and entities indicated below.

24. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Agreement.

25. This Agreement is binding on Rao's successors, transferees, heirs, and assigns.

26. All Parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public.

27. This Agreement is effective on the date of signature of the last signatory to the Agreement (Effective Date of this Agreement). Facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Agreement.

THE UNITED STATES OF AMERICA

DATED: 4/10/13 BY: _____

Donald H. Caldwell, Jr.
Assistant United States Attorney
Western District of North Carolina
227 West Trade Street, Suite 1650
Charlotte, NC 28204

DATED: 4/9/13 BY: Robert K. DeConti

Robert K. DeConti
Assistant Inspector General for Legal Affairs
Office of Counsel to the Inspector General
Office of Inspector General
United States Department of Health and Human Services

DEFENDANTS

DATED: 4/2/13 BY: T. Hemanth P. Rao

T. Hemanth Rao, M.D.

On behalf of T. Hemanth Rao, M.D. and
The Neurological Institute, P.A., f/k/a
Neurology Consultants of the Carolinas, P.A.

DATED: 4/4/13 BY: Wanda Townsend

Wanda C. Townsend, Esq.
Johnston Allison & Hord
1065 E. Morehead St.
Charlotte, NC 28204
Counsel for Defendants

ABPN CERT™

Click to Close Important Information about Certification Status

In order to remain certified a physician must maintain an unrestricted medical license and satisfy the Maintenance of Certification (MOC) Requirements. Some physicians certified prior to 1994 may have been awarded a lifetime certificate. Those physicians are not required to participate in MOC. To find out more about Maintenance of Certification, visit our Web page at https://www.abpn.com/maintain-certification/

Certification Status: Physicians may be "certified" or "not certified". Certification status is dependent on passing an initial certification examination and maintaining certification. Some physicians certified prior to 1994 may have been awarded a lifetime certificate. They are not required to participate in additional MOC activities to maintain their certification.

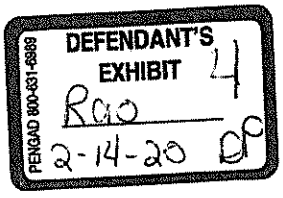
MOC Status: Physicians may be required to fulfill additional requirements in order to maintain their certification. The additional requirements vary based on the type and year of certification. The MOC status indicates whether or not the physician has reported meeting those requirements.

Clinical Status: Physicians are also required to report their Clinical Status. A designation of "clinically active" refers to any amount of direct and/or consultative patient care that a physician has provided in the preceding 24 months. "Clinically inactive" describes a physician who has provided no direct and/or consultative patient care in the past 24 months. Information on clinical activity status is self reported by the diplomate.

Close this window

Name : Rao , T. Hemanth Prabhakar M.D. **City : Charlotte** **State : NC**

Specialty or Subspecialty	Certification History	Status as of 2/12/2020
Neurology Certificate No. 41971	Certified on 10/14/1995 certificate valid through 12/31/2005 Recertified on 08/08/2005 certificate valid through 12/31/2015 Recertified on 08/10/2015 Certification contingent on meeting MOC requirements	Certification Status: Certified MOC Status: Not Meeting MOC Requirements Clinical Status: Unknown



Curriculum Vitae

T. Hemanth Rao, MD

Medical Practice:

The Neurological Institute, P.A.
2607 East 7th Street, Suite 200
Charlotte, NC 28204

Satellite Offices:
1501 East Franklin Street
Monroe NC, 28112

7000 Shannon Willow Road
Charlotte, NC 28226

Education and Training:

1994 - 1995	EMG Neuromuscular Disease Fellowship Washington University School of Medicine St. Louis, MO
1993 - 1994	Chief Resident, Long Island Jewish Medical Center Albert Einstein College of Medicine Long Island, NY
1991 - 1993	Long Island Jewish Medical Center Albert Einstein College of Medicine Long Island, NY
1990 - 1991	Internship, Elmhurst Medical Center Mount Sinai School of Medicine, NY
1982 - 1988	Madras Medical College Madras, India

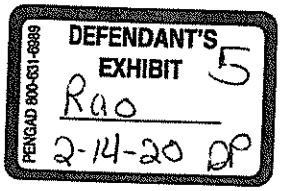
Professional Experience:

1996 - Present	The Neurological Institute, P.A. President & CEO Charlotte, NC Monroe, NC
1995 - 1996	Green Clinic Ruston, LA
1993 - 1994	Chief Resident, Neurology Long Island Jewish Medical Center Albert Einstein College of Medicine Long Island, NY

Board Certifications:

American Board of Psychiatry and Neurology
October 1995

American Board of Electrodiagnostic Medicine
1997



State Licensures:

North Carolina, License No. 96-00280

Louisiana, License No. 11377R

Hospital Affiliations:

Novant Health Presbyterian Medical Center, Charlotte, NC

Carolinas Medical Center – Mercy, Charlotte, NC

Carolinas Medical Center – Main, Charlotte, NC

Carolinas Medical Center – Union, Monroe, NC

Publications and Presentations:

- TH Rao, LB Schneider, M. Patel, and RB Libman, Conditions that Mimic Stroke the Emergency Department, *Archives of Neurology Archive*, 1995;52:1119-1122
- T. Hemanth Rao, MD, Lori B. Schneider, MD, Mahendra Patel, MD, FRCR, Richard B. Libman, MD, FRCPC, Central Retinal Artery Occlusion from Carotid Dissection Diagnosed by Cervical Computed Tomography, *Journal of The American Heart Association*, 1994;25;1271-1272
- T. Hemanth Rao, MD, Lori B. Schneider, MD, Yan Lupyan, Transient Unresponsiveness in the Elderly, *Archives of Neurology*, 1194;51(7):644
- T. Hemanth Rao, MD, Richard B. Libman, Mahendra Patel, Seizures and 'disappearing' brain lesions, *Seizure European Journal of Epilepsy*, Volume 4, Issue 1; 61-65
- T. Hemanth Rao, MD, Mahendra Patel, Elzbieta Wirkowski, Richard B. Libman, Pachymeningitis cranialis hypertrophica; Clinical and Imaging Characteristics, *Karger*, Cerebrovasc Dis 1996, 6:137-140
- T. Hemanth Rao, MD, Brain Training, *Charlotte Talk with Mike Collins*, WFAE 90.7
- T. Hemanth Rao, MD, Viewpoints on Peak Performance, *YouTube*, www.youtube.com/watch?v=PMqKFxqPaqM
- T. Hemanth Rao, MD, Ashnaa Rao, *Alzheimer's Disease Pocket Guide*, written/published 2011

Areas of Clinical Research Experience:

1995-Present	Diabetic Peripheral Neuropathy
	Myopathy
	Epilepsy
	Migraine
	Multiple Sclerosis
	Alzheimer's Disease
	Parkinson's Disease
	Psychosis in Parkinson's Patients
	Amyotrophic Lateral Sclerosis
	Insomnia
	CIDP

Areas of Clinical Research Experience:

1. A 52 Week Open-Label Extension Study of the Long-Term Safety of Ropinirole in Subjects Suffering from Restless Legs Syndrome (RLS)
2. A Randomized, Double-blind, Placebo-controlled, Parallel Group Phase 2 Study to Evaluate the Safety and Efficacy of FK962 in Subjects with Mild to Moderate Alzheimer's Disease
3. Open-label. Multicenter, Effectiveness and Safety Study of Once Daily AZILECT® as Mono- or Adjunct Therapy in Patients with Idiopathic Parkinson 's Disease (PD)
4. A Randomized, Multicenter, Placebo-Controlled and Active Reference (Glatiramer Acetate) Comparison Study to Evaluate the Efficacy and Safety of BG00012 in Subjects with Relapsing Remitting Multiple Sclerosis
5. A Phase 3, Randomized, Double blind, Placebo-Controlled, Parallel-Group Study to Assess the Efficacy and safety of PROVIGIL (Modafinil) Treatment (100, 200 and 400 mg/day) in Children and Adolescents with Excessive Sleepiness Associated With Narcolepsy
6. A Phase 3, Randomized, Double blind, Placebo-Controlled, Parallel-Group Study to Assess the Efficacy and Safety of PROVIGIL (Modafinil) Treatment (100, 200 and 400 mg/day) in Children and Adolescents With Excessive Sleepiness Associated With Obstructive Sleep Apnea/Hypopnea Syndrome
7. A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate the Efficacy and safety of 12 Weeks of PROVIGIL@ (Modafinil) Therapy at a Dose of 200 mg as Treatment for Adults With Excessive Sleepiness Associated With Chronic Shift Work Sleep Disorder, Followed by a 12-Month Open-Label Extension Period
8. A Double-Blind, Placebo-Controlled, Multi-Center, Randomized, Parallel-Group Study of the Effect of four weeks of PROMGIL@ (Modafinil) Treatment on Excessive Daytime Sleepiness in Obstructive Sleep Apnea Patients Treated with Nasal Continuous Positive Airway Pressure, Followed by a Twelve-Week Open-Label Extension
9. A prospective randomized, two-arm controlled, double-blind, multicenter trial to evaluate whether PFO closure (with the Premere™ PFO Closure System) is safe and effective in reducing migraine frequency.
10. A Phase II, *Proof-Of-Concept*, Randomized, Double-Blind, Parallel-Group, Placebo-Controlled, Multicenter Study to Evaluate the Safety and Efficacy of Rituximab (MabThera®/Rituxan®) in Adults with Relapsing-Remitting Multiple
11. A 12-Week, Multi-Center, Double-Blind, Placebo-Controlled, Parallel Group, Flexible Dose Polysomnography Study of Ropinirole Controlled Release for Restless Legs Syndrome (RLS) in RLS Patients with Sleep Disturbance and Periodic Limb Movements (PLM) During Sleep
12. A Randomized, Double-Blind, Crossover, Placebo-Controlled Study Comparing Circadex™ to Placebo in Patients with Age-Related Insomnia/Sleep Disturbances
13. A Multicenter, Randomized, Double-Blind (With In-House Blinding), Placebo-Controlled, Parallel-Group Trial to Evaluate the Safety and Efficacy of MK-0249 for the Symptomatic Treatment of Alzheimer's Disease.
14. TEVA-PM028 — A Randomized, Controlled, Open-Label Parallel Group Study to Evaluate the Effect of Regularly Scheduled Neutralizing Antibody Testing on Treatment Patterns versus Usual Care in High-Dose Interferon Treated Subjects
15. A Phase III, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Multicenter Study to Assess the Efficacy and Safety of a Modified Release Formulation ofNBI-34060 in Elderly Primary Insomnia Patients with Sleep Maintenance Difficulties
16. A Multicenter, Randomized, Double-Blind, Placebo-Controlled Study of Subcutaneous Tovaxin™ in Subjects with Clinically Isolated Syndrome or Relapsing-Remitting Multiple Sclerosis
17. Ovation 1003 Safety and Efficacy of Melperone in the Treatment of Patients with Psychosis Associated with Parkinson's Disease

Areas of Clinical Research Experience cont'd:

18. Ovation 1005 Safety and Effectiveness of Open-Label Melperone in the Treatment of Patients with Psychosis Associated with Parkinson's Disease
19. A Randomized, Double-blind, Placebo Controlled Parallel-group Fixed and Flexible SLV308 Dose Arm Study to Assess Efficacy and Safety of SLV308 Monotherapy in the Treatment of Patients with Early Stage Parkinson 's Disease
20. An extension of the Rembrandt study: An Open label SLV308 safety extension to study S308.3.001 in early PD Patients
21. A phase III, randomized, double-blind, 3-arm, placebo-controlled, multi-center study to evaluate the safety and efficacy of oral cladribine in subjects with relapsing remitting multiple sclerosis (RRMS)
22. Comparison of efficacy and safety of zolpidem-MR 12.5 mg and placebo in patients with primary insomnia. A double-blind, randomized, placebo-controlled, parallel-group study.
23. A Multicenter Randomized, Double-Blind, Parallel Group Placebo and Pramipexole Controlled Study to Assess Efficacy and Safety of SLV308 Monotherapy in the Treatment of Patients with Early Stage Parkinson 's Disease (never open to enrollment)
24. An Open Label Extension to Study LS006-002 in Patients with Age-Related Insomnia/Sleep Disturbances LS006003
25. A Randomized, Double-blind, Parallel-group, Multicenter Study to Evaluate the Retention Rate, Efficacy, Safety, and Tolerability of Carisbamate, Topiramate and Levetiracetam as Adjunctive Therapy in Subjects with Partial Onset Seizures
26. A twelve-month, US prospective, observational, open-label, single-arm, multicenter outcomes study of Interferon β-l b (Betaseron) given every other day for relapsing forms of multiple sclerosis.
27. A Randomized, Double-blind, Double-dummy, Placebo-controlled, Crossover Study to Evaluate the Efficacy of TREXIMA (Sumatriptan + Naproxen Sodium) versus Butalbital-containing Combination Medications (BCM) for the Acute Treatment of Migraine when Administered During the Moderate-Severe Pain Phase of the Migraine (Study 1 of 2)
28. Compassionate Use of3,4 Diaminopyridine in Lambert Eaton Myasthenic Syndrome (LEMS)
29. A Double-Blind, Placebo-Controlled, Enriched-Enrollment, Randomized Withdrawal Study to Evaluate an Optimal methodology for Conducting Proof of Concepts Trials in Patients with Chronic Neuropathic Pain Syndromes Using Pregabalin as a Test Drug
30. A Multicenter, Randomized Double-Blind, Placebo- and Active-Controlled, Crossover Study to Evaluate the Safety and Efficacy ofMK-0974 in the Treatment of Acute Migraine in Patients with Stable Vascular Disease
31. An efficacy and safety study of XP 13512 compared with a concurrent placebo control in subjects with neuropathic pain associated with post-herpetic neuralgia (PHN)
32. An Open-Label Extension Study to Evaluate the Safety, Tolerability and Efficacy of Subcutaneous Tovaxin® in Subjects Previously Treated in the XXXX Study
33. A Phase III, multicenter, randomized, double-blind, parallel-group, placebo and Pramipexole controlled study to assess efficacy and safety of SLV308 as adjunct therapy to L-dopa in patients with Parkinson 's Disease experiencing motor fluctuations.
34. An Open Label SLV308 Safety Extension to XXXX study in patients with Parkinson's Disease Experiencing Motor Fluctuations
35. A Multi-Center, Placebo-Controlled, Double-Blind Trial to Examine the Safety and Efficacy of ACP-103 in the Treatment of Psychosis in Parkinson 's Disease
36. A Multi-center double-blind parallel-group placebo-controlled study of the efficacy and safety of teriflunomide in patients with relapsing multiple sclerosis using interferon-beta la (Rebif®) as an open-label rater-blind calibrator

Areas of Clinical Research Experience cont'd:

37. An international, double-blind, randomized, multi-center, parallel group, historical-control conversion to monotherapy study to evaluate the efficacy and safety of brivaracetam in subjects (≥ 16 to 75 years old) with partial onset seizures with or without secondary generalization.
38. An international, multi-center, randomized, double-blind, placebo-controlled, parallel group study to evaluate the efficacy and safety of two-year treatment with teriflunomide 7 mg once daily and 14 mg once daily versus placebo in patients with a first clinical episode suggestive of multiple sclerosis.
39. A Multi-Center, Open-Label Extension Study to Examine the Safety and Tolerability of ACP-103 in the Treatment of Psychosis in Parkinson 's Disease
40. An Open-label, multinational, multicenter, follow-up study to evaluate the long-term safety and efficacy of brivaracetam, used at a flexible dose up to a maximum of 150 mg/day, in subjects aged 16 years or older suffering from epilepsy.
41. A Randomized, Multicenter, Double-Blind, Placebo-Controlled, Dose-Comparison Study to Determine the Efficacy and Safety of BG00012 in Subjects with Relapsing-Remitting Multiple Sclerosis
42. Phase II, multicenter, randomized, parallel-group, assessor and partially blinded, placebo and Avonex controlled dose finding study to evaluate the efficacy, as measured by brain MRI lesions, and safety of 2 dose regimens of ocrelizumab in patients with relapsing-remitting multiple sclerosis
43. A multicenter, multiple dose, double-blind, randomized, placebo-controlled, parallel group study of the safety and efficacy of AGN 203818 in female patients with fibromyalgia syndrome
44. A Multicenter, Randomized, Double-Blind Study to Evaluate the Efficacy of DR-105 Compared to Placebo for the Management of Menstrual-Related Migraine Headaches
45. A Phase 2, 26-Week, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group Study to Evaluate the Efficacy and Safety of PRX-03140 in Subjects with Alzheimer's Disease Receiving a Stable Dose of Donepezil
46. A Phase 2, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group Study to Evaluate the Efficacy and Safety of PRX-03140 as Monotherapy in Subjects with Alzheimer's Disease
47. TYGRIS: TYSABRI® Global Observational Program in safety
48. A Dose-Blind, Multicenter, Extension Study to Determine the Long-Term Safety and Efficacy of Two Doses of BG00012 Monotherapy in Subjects with Relapsing-Remitting Multiple Sclerosis
49. Prospective observational long-term safety registry of Multiple Sclerosis patients who have participated in cladribine clinical trials
50. A double-blind, Placebo-Controlled Study of the Safety and Efficacy of ONO-4641 in patients with Relapsing Remitting Multiple Sclerosis
51. A Multi-Center Double-Blind, Randomized, Placebo-Controlled, Parallel-Group, Parallel-Group Induction-Design Study to Assess the Clinical Effect of Droxidopa in Subjects with Primary Autonomic Failure, Dopamine Beta Hydroxylase Deficiency or Non-Diabetic Neuropathy and Symptomatic Neurogenic Orthostatic Hypotension.
52. A Multi-Center, Open-Label Study to Assess the Long-Term Safety of Droxidopa in Subjects with Primary Autonomic Failure, Dopamine Beta Hydroxylase Deficiency or Non-Diabetic Neuropathy and Symptomatic Neurogenic Orthostatic Hypotension.
53. Efficacy and safety of eslicarbazepine acetate (BIA 2-093) as adjunctive therapy for refractory partial seizures in a double-blind, randomized, placebo-controlled, parallel-group, multicenter clinical trial
54. A phase III, double-blind, placebo-controlled randomized trial to determine the efficacy and safety of a low (50 mg/day) and high (100 mg/day) dose of safinamide, as add-on therapy, in subjects with early idiopathic Parkinson 's Disease treated with a stable dose of a single dopamine agonist.

Areas of Clinical Research Experience cont'd:

55. A phase III, double-blind, placebo-controlled, randomized trial to determine the efficacy and safety of a dose range of 50 to 100 mg/day of safinamide, as add-on therapy, in subjects with idiopathic Parkinson's Disease with motor fluctuations, treated with a stable dose of levodopa and who may be receiving concomitant treatment with stable doses of a dopamine agonist, an anticholinergic and/or amantadine.
56. A Multicenter, Randomized, Rater-Blind, Parallel-Group, Active Controlled Study to Evaluate the Benefits of Switching Therapy (Glatiramer Acetate or Interferon ß 1a) to Natalizumab in Subjects with Relapsing Remitting Multiple Sclerosis.
57. A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Dose-Ranging Study to Evaluate the Efficacy, Safety, and Tolerability of JNJ-42160443 in Subjects with Postherpetic Neuralgia and Post-Traumatic Neuralgia, Followed by a Double-Blind Safety Extension and an Open-Label Safety Extension
58. A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group Study to Evaluate the Safety and Efficacy of MK-4305 in Patients with Primary Insomnia - Study B
59. JCV Antibody Program in Patients with Relapsing Multiple Sclerosis Receiving or Considering Treatment with Tysabri®
60. A Phase 3, 12-Week, Double-Blind, Placebo- and Active-Controlled Efficacy and Safety Study of Preladenant in Subjects with Moderate to Severe Parkinson's Disease
61. A Phase 3, Double-Blind, Placebo- and Active-Controlled Dose-Range-Finding Efficacy and Safety Study of Preladenant in Subjects with Early Parkinson's Disease
62. A Phase 3, 40-Week, Active-Controlled, Double-Blind Extension Study of Preladenant in Subjects with Moderate to Severe Parkinson 's Disease.
63. A Safety and Efficacy Extension Study of ONO-4641 in Patients with Relapsing-Remitting Multiple Sclerosis
64. A multi-center double-blind parallel-group placebo-controlled study of the efficacy and safety of teriflunomide in patients with relapsing multiple sclerosis who are treated with interferon-beta.
65. A 6-month, Randomized, Active Comparator, Open-label, Multi- Center Study to Evaluate Patient OutComes, Safety and Tolerability of Fingolimod 0.5 mg/day in Patients with Relapsing Forms of Multiple Sclerosis who are candidates for MS therapy change from Previous Disease Modifying Therapy
66. Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate the Safety and Efficacy of Two Doses of Oral Dalfampridine Extended Release Tablets (5 mg and 10 mg twice daily) in Patients with Multiple Sclerosis
67. A Randomized, Double-Blind, Double-Dummy, Parallel-Group Study To Evaluate The Efficacy And Safety Of Ocrelizumab In Comparison To Interferon Beta-1a (Rebif®) In Patients With Relapsing Multiple Sclerosis
68. Long-term, prospective, observational, multinational, parallel-cohort study monitoring safety in patients with MS newly started with fingolimod once daily or treated with another approved disease-modifying therapy
69. A multinational, multicenter, randomized, double-blind, parallel-group, placebo-controlled study of the effect on cognitive performance, safety, and tolerability of SAR110894D at the doses of 0.5 mg, 2 mg, and 5 mg/day for 24 weeks in patients with mild to moderate Alzheimer's Disease on stable donepezil therapy
70. A 12-month, randomized, rater- and dose-blinded study to compare the efficacy and safety of fingolimod 0.25 mg and 0.5 mg administered orally once daily with glatiramer acetate 20 mg administered subcutaneously once daily in patients with relapsing-remitting multiple sclerosis

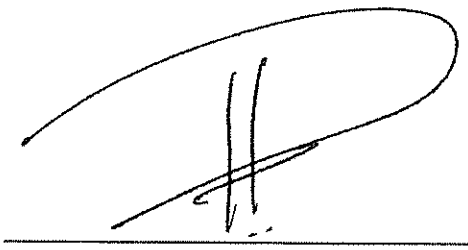
Areas of Clinical Research Experience cont'd:

71. A multinational, multicenter, randomized, parallel group, double blind, placebo controlled study performed in subjects with Relapsing-Remitting Multiple Sclerosis to assess the efficacy, safety and tolerability of Glatiramer Acetate 20 mg/0.5 ml new formulation administered daily by subcutaneous injection
72. A Phase IIa, Multicenter, Double-Blind, Placebo-Controlled, Parallel-Group Clinical Trial to Evaluate the Safety and Efficacy of MK-6096 in Patients with Painful Diabetic Neuropathy
73. A Multi-Center, Double-Blind Parallel-Group, Placebo-Controlled Study to Assess the Clinical Effect of Droxidopa in the Treatment of Symptomatic Neurogenic Orthostatic Hypotension in Patients with Parkinson's Disease
74. A Phase 3, 12-Week, Double-Blind, Placebo-Controlled Efficacy and Safety Study of Preladenant in Subjects with Moderate to Severe Parkinson 's Disease.
75. Randomized, multicenter, double-blind, placebo-controlled, parallel-group phase III study to investigate the efficacy, safety, and tolerability of 2 different doses of IgPr020 (subcutaneous immunoglobulin) for the treatment of chronic inflammatory demyelinating polyneuropathy (CIDP)
76. A 12-month, Prospective, Randomized, active-controlled, open-label study to Evaluate the patient retention of Fingolimod vs. approved first-line disease modifying therapies in adults who are in Early stages of treatment for Relapsing remitting multiple sclerosis
77. A Phase 2/3, Multi-center, Randomized, Double-Blind, Placebo-controlled (Part A) and Double-Blind, Double-Dummy, Active-Controlled (Part B), Parallel Group Study to Evaluate the Efficacy and Safety of RPC1063 Administered Orally to Relapsing Multiple Sclerosis Patients
78. Double-Blind, Randomized, Historical Control Study of the Safety and Efficacy of Eslicarbazepine Acetate Monotherapy in Subjects with Partial Epilepsy Not Well Controlled By Current Antiepileptic Drugs.
79. Long-Term Eslicarbazepine Acetate Extension Study.
80. A Phase I, Multicenter, Randomized, Double-Blind, Placebo Controlled, Ascending Single Dose Study of the Safety, Tolerability, and Pharmacokinetics of Intravenous VX15/2503 in Patients with Multiple Sclerosis
81. A Phase 2b, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Dose-Ranging Study to Evaluate the Efficacy and Safety of VX-765 in Subjects with Treatment-Resistant Partial Epilepsy
82. Compassionate Use of Droxidopa in Subjects with Symptomatic Neurogenic Orthostatic Hypotension . Expanded Access Protocol
83. A Randomized, Double-Blind, Parallel Group Study to Compare the Safety and Efficacy of Increasing Doses of Arbaclofen Extended Release Tablets to Placebo and Baclofen Tablets, USP for the Treatment of Spasticity in Patients with Multiple Sclerosis
84. A Multicenter, Multinational, Double-Blind, Placebo-Controlled, Three-Arm, Phase 4 Study to Evaluate the Efficacy of Rotigotine On Parkinson's Disease Associated Apathy, Motor Symptoms and Mood
85. A Phase 2, Randomized, Double-blind, Placebo- and Active controlled, Parallel-group, Multicenter Study Evaluating the Analgesic Efficacy and Safety of V116517 in Subjects with Moderate to Severe Chronic Pain Due to Postherpetic Neuralgia (PHN)
86. A Multicenter, Open-Label, Single-Arm Study of Gastrointestinal Tolerability in Patients with Relapsing Forms of Multiple Sclerosis Receiving Tecfidera™ (dimethyl fumarate) delayed-release capsules
87. A Phase 2 Double-Blind, Placebo Controlled Multi-Center Study to Evaluate the Efficacy and Safety of Tcelna ™ in Subjects with Secondary Progressive Multiple Sclerosis (Abili-T Study)
88. A Multicenter, Double-Blind, Randomized, Placebo-Controlled, Dose-Response Trial of YKP3089 as Adjunctive Therapy in Subjects with Partial Onset Seizures, with Optional Open-Label Extension

Areas of Clinical Research Experience cont'd:

89. A prospective, single-arm, clinical-setting study to describe efficacy, tolerability and convenience of teriflunomide treatment using PROs in RMS patients
90. Multicenter, open-label extension study to investigate the long-term safety and efficacy of IgPr020 in maintenance treatment of chronic inflammatory demyelinating polyneuropathy (CIDP) in subjects completing study IgPr020_3003
91. A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study to Evaluate the Efficacy and Safety of SA237 as Monotherapy in Patients with Neuromyelitis Optica (NMO) and NMO Spectrum Disorder (NMOSD)
92. A clinical study of Patients with symptomatic neurogenic orthostatic Hypotension to assess sustained effects of droxidopa therapy
93. A randomized, partially blind, placebo-controlled, proof-of-concept study to assess the effect of a single infusion of VAY736 on disease activity as measured by brain MRI scans in patients with relapsing-remitting multiple sclerosis
94. A Double-Blind, Randomized, Placebo-Controlled, Parallel Group Trial to Evaluate the Duration of Action of Baclofen ER Capsules (GRS) in Subjects with Spasticity due to Multiple Sclerosis (MS)
95. A Randomized, double-blind, double-dummy, parallel-group study comparing the efficacy and safety of ofatumumab versus teriflunomide in patients with relapsing multiple sclerosis
96. Multicenter, randomized, double-blind, parallel-group, active-controlled, superiority study to compare the efficacy and safety of ponesimod to teriflunomide in subjects with relapsing multiple sclerosis (RIMS)
97. Efficacy and Safety of Eslicarbazepine Acetate as First Add-on to Levetiracetam or Lamotrigine Monotherapy or as Later Adjunctive Treatment for Subjects with Uncontrolled Partial-onset Seizures: A Multicenter, Open label, Non-randomized Trial
98. A Phase 2a, Double-Blind, Placebo-Controlled, Two-Part Study to Investigate the Safety and Efficacy of Increasing Doses of DNS-7801 in Parkinson's Disease (PD) Subjects with Motor Fluctuations
99. RESTORE: A clinical study of patients with symptomatic neuRogenic orthostatic hypotEnsion to assess Sustained effecTs Of dRoxidopa thErapy
100. Randomized, double-blind, placebo-controlled trial investigating the efficacy and safety of intravenous neridronic acid in subjects with complex regional pain syndrome (CRPS)
101. A Phase 2A, multicenter, randomized, subject-blind, investigator-blind, placebo-controlled, parallel-group study evaluating the efficacy, safety, and tolerability of rozanolixizumab in subjects with demyelinating polyradiculoneuropathy (CIDP)
102. An open-label, single-arm, multi-center extension study evaluating long-term safety, tolerability and effectiveness of ofatumumab in subjects with relapsing multiple sclerosis
103. An open-label extension study to investigate the long-term safety, tolerability, and efficacy of rozanolixizumab in subjects with chronic inflammatory demyelinating polyradiculopathy (CIDP)

My signature verifies that the information on this CV is accurate and shall be updated annually.



T. Hemanth Rao, MD

26 DEC 2019

Date