THE STATE OF SOUTH CAROLINA
In the Supreme Court

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Kristi Lea Harrington, Circuit Court Judge

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S.C. Supreme Court

Appellate Case No. 2013-001539

Robert Russell,.....Employee/Claimant, Respondent,

v.

Department of Health and Environmental Control, Employer, and
The State Accident Fund, Carrier,.....Petitioners.

APPENDIX

Margaret M. Urbanic
SC Bar No.: 13574
126 Seven Farms Dr.
Charleston, S.C. 29492
(843) 577-2026
Attorney for Petitioners

Ellen Goodwin
SC Bar No.: 16205
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-5000
(803) 896-5800
Attorney for Petitioners

INDEX

Order denying Petition for Rehearing....1

Order of Court of Appeals....3

Petition for Rehearing....6

Reply to Petition for Rehearing....17

Appellants' Brief....27

Respondent's Brief....40

Reply Brief of Appellant....54

Record on Appeal....60

Order of Circuit Court....62

Order of Appellate Panel 1-19-2011....69

Order of Single Commissioner 4-13-2010....76

Order of Appellate Panel 3-27-2009....85

Order of Single Commissioner 8-26-2008....90

Form 50 dated March 25, 2008....99

Form 51 dated April 23, 2008....102

Respondent's Form 58....103

Respondent's APA Submissions....106

Appellants' Form 58....304

Appellants' APA Submissions....306

Appellants' Supplemental APA Submissions....351

Transcript of Hearing....420

Direct of Claimant/Respondent....425

Cross of Claimant/Respondent.....454

Redirect of Claimant/Respondent.....465

Certificate of Appellant.....468

The South Carolina Court of Appeals

Robert Russell, Employee/Claimant, Respondent,

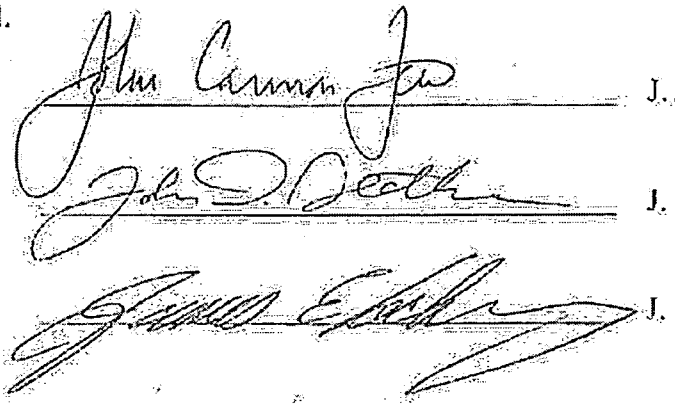
v.

Department of Health and Environmental Control, Employer, and The State Accident Fund, Carrier, Appellants.

Appellate Case No. 2012-211873

ORDER

After careful consideration of the petition for rehearing, the Court is unable to discover that any material fact or principle of law has been either overlooked or disregarded, and hence, there is no basis for granting a rehearing. Accordingly, the petition for rehearing is denied.



J.

J.

J.

Columbia, South Carolina

cc:
Margaret Mary Urbanic
J. David Murrell
Matthew C. Robertson

Ellen H. Goodwin

FILED
June 20, 2013

THIS OPINION HAS NO PRECEDENTIAL VALUE. IT SHOULD NOT BE CITED OR RELIED ON AS PRECEDENT IN ANY PROCEEDING EXCEPT AS PROVIDED BY RULE 268(d)(2), SCACR.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

Robert Russell, Employee/Claimant, Respondent,

v.

Department of Health and Environmental Control, Employer, and The State Accident Fund, Carrier, Appellants.

Appellate Case No. 2012-211873

Appeal From Berkeley County
Kristi Lea Harrington, Circuit Court Judge

Unpublished Opinion No. 2013-UP-183
Heard April 10, 2013 – Filed May 8, 2013

AFFIRMED

Margaret M. Urbanic, of Clawson & Staubes, LLC, of Charleston, and Ellen H. Goodwin, of State Accident Fund, of Columbia, for Appellants.

J. David Murrell, of Murrell Law Firm, LLC, of Charleston, for Respondent.

PER CURIAM: In this workers' compensation action, the Department of Health and Environmental Control (DHEC) and The State Accident Fund (the Fund) (collectively known as Appellants) appeal the circuit court's decision to affirm the South Carolina Workers' Compensation Appellate Panel's (Appellate Panel) finding that Robert Russell was permanently and totally disabled and entitled to compensation pursuant to section 42-9-400 of the South Carolina Code (1985 & Supp. 2005). We affirm pursuant to Rule 220(b), SCACR, and the following authorities:

1. As to whether the circuit court erred, as a matter of law, in affirming the Appellate Panel's finding that Russell was entitled to compensation pursuant to section 42-9-400: § 42-9-400(a) ("If an employee who has a permanent physical impairment from any cause or origin incurs a subsequent disability from injury by accident arising out of and in the course of his employment, resulting in compensation and medical payments liability or either, **for disability that is substantially greater, by reason of the combined effects of the preexisting impairment and subsequent injury** or by reason of the aggravation of the preexisting impairment, than that which would have resulted from the subsequent injury alone, the employer or his insurance carrier shall in the first instance pay all awards of compensation and medical benefits provided by this Title, but such employer or his insurance carrier shall be reimbursed from the Second Injury Fund . . . .") (emphasis added)[1]; *Ellison v. Frigidaire Home Prods.*, 371 S.C. 159, 164, 638 S.E.2d 664, 666 (2006) ("There [was] no requirement that the pre-existing condition aggravated the injury, or that the injury aggravated the pre-existing condition, so long as there [was] a greater disability simply from the 'combined effects' of the injury and the pre-existing condition.").

2. As to whether the circuit court erred in affirming the Appellate Panel's finding that Russell was permanently and totally disabled: S.C. Code Ann. § 1-23-380(5)(d), (e) (Supp. 2012) (stating the appellate court may reverse or modify the

[1] Section 42-9-400(a) was later amended to refer to a "disability that is substantially greater ***and*** is caused by aggravation of the preexisting impairment than that which would have resulted from the subsequent injury alone," and the language regarding "combined effects" was omitted. Act No. 111, Pt. II, § 3, 2007 S.C. Acts 599 (emphasis added). However, this change is applicable only to injuries that occur on or after July 1, 2007, and the parties do not argue the new version applies here.

Appellate Panel's decision only if the claimant's substantial rights have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record); *Bartley v. Allendale Cnty. Sch. Dist.*, 392 S.C. 300, 306, 709 S.E.2d 619, 622 (2011) (stating the Appellate Panel is the ultimate fact finder in workers' compensation cases and as a general rule, this court must affirm the findings of fact made by the Appellate Panel if they are supported by substantial evidence); *id.* ("'Substantial evidence is that evidence which, in considering the record as a whole, would allow reasonable minds to reach the conclusion the [Appellate Panel] reached.'" (quoting *Hill v. Eagle Motor Lines*, 373 S.C. 422, 436, 645 S.E.2d 424, 431 (2007))); *id.* ("The possibility of drawing two inconsistent conclusions from the evidence does not prevent the [Appellate Panel's] finding from being supported by substantial evidence.'" (quoting *Hill*, 373 S.C. at 436, 645 S.E.2d at 431)).

3. As to whether the circuit court erred in affirming the Appellate Panel's finding that Appellants were responsible for medical costs related to Russell's psychological condition: § 42-9-400(a) (stating "the employer or his insurance carrier shall in the first instance pay all awards of compensation and medical benefits provided by this Title; but such employer or his insurance carrier shall be reimbursed from the Second Injury Fund . . . ."); *Ellison*, 371 S.C. at 164, 638 S.E.2d at 666 ("Providing for an employer's reimbursement from the [Second Injury] Fund for the 'combined effects' of a workplace injury and pre-existing conditions would be futile unless a claimant could actually make such a recovery in the first place.").

AFFIRMED.

FEW, C.J., and GEATHERS and LOCKEMY, JJ., concur.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Kristi Lea Harrington, Circuit Court Judge

Appellate Case No.: 2012-211873
Case No. 2011-CP-08-00396

Robert Russell,.....Employee/Claimant, Respondent,

v.

Department of Health and Environmental Control, Employer, and
The State Accident Fund, Carrier,.....Appellants.

PETITION FOR REHEARING

Appellants DHEC and State Accident Fund, petition the South Carolina Court of Appeals pursuant to Rule 221(a) to rehear and vacate the Courts opinion filed May 8, 2013 on the following grounds:

(1) The Court of Appeal erred in finding that the Appellants are responsible for the medical care related to the Respondent's pre existing psychological condition.

The Order finds that the Appellants are responsible for the Respondent's medical care related to his pre existing psychological condition. Respondent was found to be permanently and totally disabled based on a combination of his worker's

compensation injury and his pre existing psychological condition based on Ellison v. Frigidaire Home Products, 371 S.C. 159, 638 S.E.2d 664 (2006). Ellison stands for the proposition that a claimant may recover for a greater disability than that incurred from a single injury to a particular body part if the combination with any pre-existing condition hinders reemployment. There is no requirement that the pre - existing condition aggravate the injury or that the injury aggravate the pre existing condition so as long as there is greater disability simply from the combined effects of the injury and pre existing condition. Ellison is based on S.C. Code § 42-9-400 which is the statute that allows recovery under the Second Injury Fund. Respondent's psychological condition was found not to be aggravated by the back injury.

Section 42-9-400 is the statute that pertains to reimbursement from the Second Injury Fund, it does not create a manner for a Claimant to recover for a non related medical condition that was not aggravated by the work accident. Section 42-9-400 is entitled "[m]anner in which employer or insurance carrier shall be reimbursed from Second Injury Fund when disability results from pre existing impairment and subsequent injury" . The intent of this statute is how carriers get reimbursement from the Second Injury Fund and not with creating additional ways for claimants to recover benefits. The statute provides a mechanism of recovery for medical expenses and disability benefits paid for the compensable injury. Section 42-9-400(a) states that "the employer or his insurance carrier shall in the first instance pay all awards of compensation and medical benefits provided by this Title; but such employer or his insurance carrier shall be reimbursed from the Second Injury Fund ..." The statute is clear that the benefits are worker's compensation benefits paid out under Title 42, there

is no provision for payment for non work related conditions.

Furthermore, section 42-9-400 states that

> If an employee who has a permanent physical impairment from any cause or origin incurs a subsequent disability from injury by accident arising out of and in the course of his employment, resulting in compensation and medical payments liability or either, for disability that is substantially greater and is caused by aggravation of the preexisting impairment than that which would have resulted from the subsequent injury alone, the employer or his insurance carrier shall pay all awards of compensation and medical benefits provided by this title; but such employer or his insurance carrier shall be reimbursed from the Second Injury Fund as created by Section 42-7-310 for compensation and medical benefits in the following manner: ...

This section clearly indicates that the employer/carrier is responsible for medicals related to the compensable injury and payment of a disability award that is greater due to the pre existing condition but it does not create or mandate that the carrier pay for treatment for the preexisting condition. In this case, Respondent had a 5% rating to his back from Dr. Stovall, in all likelihood if Respondent did not have his psychological condition, the award would have been limited to an award under § 42-9-30 and Respondent would not have been found to be permanently and totally disabled. Instead, the Commission found the Respondent was permanently and totally disabled as a result of his psychological condition and the back condition combined and as a result the Appellants will have to pay a substantial greater award and the Appellants then have an opportunity to recoup the increased disability award.

Furthermore, Second Injury Fund only accepted the back. It seems inconsistent that carrier would be held responsible for any psychological treatment but the Second Injury Fund is not required under § 42-9-400 to reimburse the carrier for the psychological treatment. If the Appellants are required to pay for Respondent's

psychological treatment, then the Second Injury Fund should be required to accept the psychological condition and reimburse the carrier.

Section 42-15-60 is the statute that mandates how medical care will be provided. Section 42-15-60 has been modified since 2004 when this claim occurred. In 2004, § 42-15-60 read in part "[m]edical, surgical, hospital and other treatment, including medical and surgical supplies as may reasonably be required, for a period not exceeding ten weeks form the date of an injury to effect a cure or give relief and for such additional time as in the judgment of Commission will tend to lessen the period of disability." As this case involves a 2004 date of loss, the 2004 version of the statute should be controlling. This version states that medical treatment shall be provided as " reasonably required". There is nothing reasonable about requiring the Appellants to provide treatment for a psychological condition that was found not to be aggravated by the Claimant's comp injury and pre existed the comp injury.

The current version of § 42-15-60 states that an "employer shall provide medical, surgical, hospital and other treatment... as reasonably may be required..". The current version added the word "shall" but still uses the phrase "as reasonably may be required." Clearly, under either version of § 42-15-60, employers are required treatment for compensable injuries not for pre existing conditions. The word "shall" does not create an obligation for the employer to pay for unrelated conditions. If the court accepts the Respondent's arguments then employers and carriers would be suddenly be responsible for all sorts of conditions that are not aggravated by the worker's comp injury, this is clearly not the intent of the statute or Title 42.

Claimant's back treatment ended in 2005 when Dr. Stovall rated and released

him on January 13, 2005. Claimant has had hospitalizations for his psychological treatment and is presumably on medications. Finding of Fact 11 finds that the Respondent's psychological condition was already spiraling downward prior to the accident. The Order also found that during hospitalization 6 days after the accident for psychiatric treatment there was no mention of his worker's comp accident. (R. pp. 3-5). Without a doubt, regardless of the worker's compensation injury, Respondent was going to have get treatment for his psychological treatment if the worker's compensation accident never happened. Requiring the carrier to pay for the Respondent's psychological treatment creates windfall for the Respondent that was not intended by the statute.

To hold the Appellants responsible for medical treatment for Respondent's psychological condition is inherently unfair as Respondent's psychological condition is extreme and not aggravated by the job injury. The law of the case is that the psychological condition was not aggravated so logically no future psychological treatment would be considered related to the work injury. Finding of Fact # 7 finds that:

> Six days after the accident, Respondent was hospitalized for psychiatric care including suicidal ideation and "extreme depression". This was Claimant's 2nd hospitalization, the first having occurred about 20 years ago before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffered from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work

accident.[1]

There is no reason for the Appellants to be responsible for medical treatment that would have occurred regardless of the on the job car accident. This finding that was unappealed and is now the law of the case. Furthermore, Finding of Fact # 8 details Respondent's extensive psychological history:

> Claimant has a significant psychological history as documented in the evidence. When Claimant was a child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign.(R.p. 3).

Nothing in Ellison or § 42-9-400 requires or even suggests that a worker's compensation carrier pick up lifetime benefits for a non work related condition. Section 42-9-400 deals with reimbursement from the Second Injury Fund for the medical benefits and compensation related to the compensable injury, this statute does not create a windfall the Claimant that a non work related condition will suddenly be covered. Section 42-9-400 requires that the disability results from a pre existing condition and that as a result of an aggravation or combination of the pre existing condition and work related injury. The order of the lower court repeatedly finds that the psychological condition was not aggravated by the work accident. Furthermore, it is

[1]Neither side appeal this Finding of Fact, the medical record referred to in this finding is actually dated June 18, 2001, three years before the Respondent's work comp accident occurred. (R. p. 248).

extensively documented throughout the medical records that the Respondent's psychological condition long pre-existed this work accident. Moreover, Respondent admits that he missed days from work due to his depression, immediately prior to his work accident. (R. p. 409). In Finding of Fact number 8, the lower court order chronicles how the Respondent had witnessed his father shooting his mother as a child in the eye and was molested by an older brother. (R.p.3). Additionally, while he was in his twenties, he jumped off a bridge while intoxicated. Again, in Finding of Fact number 11, the lower court order notes that there is no aggravation of a psychological condition as it was already spiraling downward at the time of this accident. Regardless of this accident, there is such a long history of psychological problems with the Respondent that clearly he is going to need additional treatment for his psychological condition for the rest of his life. (R.p.4). As there is no finding of aggravation of his psychological condition, the Appellants should not be responsible for such.

(2) The Court of Appeals erred in finding there was substantial evidence to support the finding that the Respondent was permanently and totally disabled. The Respondent suffered a single member injury to his back and was ultimately assigned a five (5%) percent impairment rating by Dr. Stovall back in 2004. Therefore, only a single body part was injured and any recovery should be limited by Singleton v. Young Lumber Company 236 S.C. 454, 114 S.E. 2d 837 (1960). The Order specifically noted that the Respondent's lower extremity complaints were not supported by the medical evidence and that the Claimant's own IME records are devoid of any mention of leg pain or problem (Decision and Order Finding of Fact number 10). Therefore, as the Commission as affirmed by the circuit court only found that the Claimant suffered an

injury to one scheduled member, this case should be limited under Section 42-9-30. Respondent has a four year college degree and in the past has worked sedentary type positions. Dr. Stovall, the authorized treating physician, assigned a twenty pound frequent lifting restriction. Respondent was not a surgical candidate and underwent physical therapy in a work hardening program. Dr. Stovall noted that the Respondent should be able to maintain a reasonable level of activity through working. (R. pp. 48-185) Respondent has not returned to Dr. Stovall since 2004. Respondent had additional treatment through a chiropractor that was not authorized and it was never requested to be authorized by the Respondent. No authorized doctor has ever recommended surgery or additional treatment.

Respondent underwent a psychiatric exam when he applied for disability this report details the Respondent's extensive psychiatric problems that prevent him for working and does not find that the back injury prevents him from working. If Respondent is disabled from his psychiatric condition alone, it appears that he would become disabled regardless of this accident. (R. pp. 259-266).

(3). The Court of Appeals erred in finding that physical injury was aggravated by the psychological injury. The order specifically discounts the affidavits of Dr. Burke who opined that the psychological condition was aggravated. If the psychological condition was not aggravated how could the order then stated the physical injury aggravated the psychological condition which in turn aggravated the physical condition. (Finding of Fact #11)(R.p. 4).

Respectfully submitted,

Margaret M. Urbanic
SC Bar No.: 13574
126 Seven Farms Dr.
Charleston, S.C. 29492
Attorney for Appellants

Ellen Goodwin
SC Bar No.: 16205
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-5000
Attorney for Appellants

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Kristi Lea Harrington, Circuit Court Judge

Appellant Case No. 2012-211873
Case No. 2011-CP-08-00396

Robert Russell,.....Employee/Claimant, Respondent,

v.

Department of Health and Environmental Control, Employer, and
The State Accident Fund, Carrier,.....Appellants.

PROOF OF SERVICE

I certify that I have served the Petition of Rehearing of Appellant on Robert Russell by faxing and depositing a copy of it in the United States Mail, postage prepaid, on May 22, 2013, addressed to his attorney of record, J. David Murrell, 1517 Sam Rittenberg Boulevard, Charleston, SC 29407.

May 22, 2013

Margaret M. Urbanic
SC Bar No.: 13574
126 Seven Farms Dr.

Charleston, S.C. 29492

(843) 577-2026
Attorney for Appellants

Ellen Gopdwin
SC Bar No.: 16205
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-5000
(803) 896-5800
Attorney for Appellants

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Kristi Lea Harrington, Circuit Court Judge

Appellate Case No. 2012-211873
Case No. 2011-CP-08-00396

Robert Russell,.....Employee/Claimant, Respondent,

v.

Department of Health and Environmental Control, Employer, and
The State Accident Fund, Carrier,.....Appellants.

RETURN OF RESPONDENT OPPOSING APPELLANTS' PETITION FOR REHEARING

J. David Murrell
SC Bar No.: 15518
Murrell Law Firm, LLC
1517 Sam Rittenberg Boulevard
Charleston, South Carolina 29407
(843) 720-3740
Attorney for Respondent.

I. THE COURT OF APPEALS DID NOT ERR IN AWARDING PAYMENT FOR ALL PAST AND FUTURE MEDICAL BENEFITS RELATED TO RESPONDENT'S PSYCHOLOGICAL CONDITION

Appellants (hereinafter "the Fund") claim that § 42-9-400 makes no provision for payment of medical care regarding to "non work related" conditions. However, § 42-9-400 provides, in pertinent part, that "If an employee who has a permanent physical impairment from any cause or origin incurs a subsequent disability from injury by accident arising out of and in the course of his employment, resulting in compensation and medical payments liability or either, for disability that is substantially greater, by reason of the **combined effects of the preexisting impairment and subsequent injury** or by reason of the aggravation of the preexisting impairment, than that which would have resulted from the subsequent injury alone, **the employer or his insurance carrier shall in the first instance pay all awards of compensation and medical benefits provided by the Title.**" (Emphasis provided).

This argument totally ignores the fact that § 42-9-400 mandates payment of medical benefits as a result of the combined effects of the preexisting impairment and the subsequent work-injury. In addition, the Fund states repeatedly in its Petition for Rehearing that since the psychological condition of Respondent (hereinafter "Mr. Russell") was not aggravated by the work-injury, § 42-9-400 does not require them to pay for medical benefits for the psychological condition. First, the Fund does not correctly cite § 42-9-400 on page 3 of its Petition and completely omits the "combined effects" language of the statute. Second, while § 42-9-400 does allow for payment of medical benefits for pre-existing conditions that are aggravated by the work-injury, it clearly also provides the same for "the combined effects" of the pre-existing condition and the work-injury. Since the Appellate Panel found the disability of Mr. Russell was substantially greater as a result of the combined effects of his work-injury to his back and his

pre-existing psychological condition, the Court of Appeals correctly ruled that § 42-9-400 states the Fund shall pay for medical benefits for Mr. Russell's psychological condition.

II. THE COURT OF APPEALS DID NOT ERR IN FINDING THAT MR. RUSSELL WAS PERMANENTLY AND TOTALLY DISABLED PURSUANT TO ELLISON.

The Fund argues again that since Mr. Russell injured a single body part, his compensation is limited to an award for the single member under §42-9-30 pursuant to Singleton v. Young Lumber Company, 298 S.C. 454, 114 S.E.2d 837 (1960). The Fund's position is a misinterpretation of Ellison. The Supreme Court in Ellison explained the distinction between the application of Singleton and §42-9-400, the statutory basis of Ellison. The Court held that Singleton "involved a sole injury to a scheduled member – no other condition was claimed to have contributed to disability. The argument was that the injury to the scheduled member, a leg, was itself so disabling that the claimant should be found totally disabled." Ellison p. 665. In the case sub judice, the Hearing Commissioner and the Appellate Panel clearly ruled that Mr. Russell not only had a work-related injury to his back, but that he had a significant pre-existing psychological history that combined with his work-injury to make him permanently and totally disabled. (R. p. 12). (Decision and Order, Finding of Fact No. 23).

Furthermore, the Supreme Court in Ellison stated that Singleton "stands simply for the proposition that impairment involving only a scheduled member is compensated under the scheduled injury statute and not the general disability statute." Ellison p. 666. Since Mr. Russell clearly presented his back injury and his pre-existing psychological condition at the Hearing, the Hearing Commissioner and the Appellate Panel correctly ruled that Ellison, and not Singleton, applied.

Again, the Fund claims that since Mr. Russell's pre-existing psychological condition was not aggravated by his compensable injury to the back, the Hearing Commissioner and the Appellate Panel erred in applying Ellison. The Fund is misinterpreting the holding of Ellison. The statutory foundation of the decision reached in Ellison, which is on-point with Mr. Russell's case, is found in §42-9-400 which provides in pertinent part:

> (a) If an employee who has **a permanent physical impairment from any cause or origin** incurs a subsequent disability from injury by accident arising out of and in the course of his employment, resulting in compensation and medical payments liability or **either,** *for disability that is substantially greater, by reason of the combined effects of the preexisting impairment and subsequent injury or* by reason of the aggravation of the preexisting impairment, than that which would have resulted from the subsequent injury alone, the employer or his insurance carrier shall in the first instance pay all awards of compensation and medical benefits provided by this Title; but such employer or his insurance carrier shall be reimbursed from the Second Injury Fund...
>
> ...
>
> (d) As used in this section, "**permanent physical impairment**" means any permanent condition, *whether congenital or due to injury or disease,* of such seriousness as to constitute a hindrance or obstacle to obtaining employment or to obtaining reemployment if the employee should become unemployed.
>
> (emphasis added). Ellison p. 665.

The Ellison Court held that "[t]here is no requirement that the pre-existing condition aggravated the injury, or that the injury aggravated the pre-existing condition, so long as there is

a greater disability simply for the "combined effects" of the injury and the pre-existing condition." Ellison p. 666.

The key component of Ellison is the combined effects created by the compensable injury and the pre-existing condition. Based on the testimony and medical evidence, the Hearing Commissioner and the Appellate Panel set forth how Mr. Russell's work-injury to his back and his pre-existing psychological condition combine to render him permanently and totally disabled. First, the Hearing Commissioner and the Appellate Panel ruled that Mr. Russell injured his back at work and the treating physician opined he had sustained a disc bulge. (R. pp. 9-10). (Decision and Order, Finding of Fact Nos. 1 and 9 respectively). It was also ruled that the treating physician had assigned Mr. Russell a 5% impairment rating to his back as a result of his work-injury and had placed permanent physical restrictions on him of no lifting of more than 35 pounds occasionally and 20 pounds on a frequent basis and no prolonged periods of climbing, bending and stooping. (R. p. 11). (Decision and Order, Finding of Fact Nos. 16 and 17 respectively).

Secondly, the Hearing Commissioner and the Appellate Panel ruled that six days after his work-injury, Mr. Russell was hospitalized for psychiatric care. (R. p. 10). (Decision and Order, Finding of Fact No. 7). It was ruled that Mr. Russell "has a significant psychological history as documented in the evidence." (R. p. 10). (Decision and Order, Finding of Fact No. 8). Furthermore, the Hearing Commissioner and the Appellate Panel ruled that Mr. Russell was permanently and totally disabled based on the application of the Ellison decision because the "evidence is not just persuasive, but overwhelming." (R. p. 12). (Decision and Order, Finding of Fact No. 19). Lastly, the Hearing Commissioner and the Appellate Panel unequivocally ruled that the decision to find Mr. Russell permanently and totally disabled pursuant to Ellison was

"based upon the substantial evidence" of "the combined effects" of Mr. Russell's work-injury to his back and his pre-existing psychological condition. (R. p. 12). (Decision and Order, Finding of Fact No. 23).

As set forth above, the Hearing Commissioner and the Appellate Panel correctly applied the holding in Ellison to the facts, testimony and medical and documentary evidence presented to determine that Mr. Russell's work-injury to his back combined with his pre-existing psychological condition to render him permanently and totally disabled. Substantial evidence is more than a mere scintilla, but less than a preponderance. Bilton v. Best Western Royal Motor Lodge, 321 S.E.2d 63 (1984).

It is important to note that despite his extensive psychological history, Mr. Russell continued to work for DHEC before his compensable work-related injury occurred. After his back injury occurred at work on June 11, 2004, the Hearing Commissioner and the Appellate Panel found that Mr. Russell was hospitalized for psychiatric care "six days after the accident[.]" (R. p. 10). (Decision and Order, Finding of Fact No. 7 – emphasis in original). Lastly, the Hearing Commissioner and the Appellate Panel ruled that "Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition." (R. pp. 10-11). (Decision and Order, Finding of Fact No. 11). Mr. Russell testified that his back and left hip still hurt and that his depression and bi-polar are worse. (R. p. 392, lines 2-6). (Transcript p. 28, lines 2-6). Mr. Russell also testified that after his work-injury, his pain was so bad he could kill himself, he would cry a lot and was worried, anxious and got depressed. (R. p. 396, lines 6-12). (Transcript p.32, lines 6-12).

Mr. Russell testified that he had bipolar and depression since the early 1980s. (R. p. 402, lines 21-25). (Transcript p. 38, lines 21-25). Mr. Russell testified that after his injury on-the-job,

he was out of work for two days (R. p. 382, lines 13-17) (Transcript p. 18, lines 13-17) and then he returned to work (R. p. 383, line 9—p. 384, line 6) (Transcript p. 19, line 9 to p. 20, line 6). Mr. Russell's work-injury occurred on June 11, 2004 and he testified that he retired from DHEC on July 16, 2005. (R. p. 391, lines 17-23). (Transcript p. 27, lines 17-23). Mr. Russell also testified that he was unable to perform his job with DHEC or any work as a result of his work-injury and his psychological condition. (R. p. 411, lines 3-7). (Transcript p. 47, lines 3-7). The Hearing Commissioner found that:

> Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign. (R. p. 10). (Finding of Fact No. 8).

This finding was accepted by the Appellate Panel and is part of their Decision and Order. It is logical for the [Appellate Panel of the] Full Commission, which did not have the benefit of observing the witness, to give weight to the hearing commissioner's opinion. Green v. Raybestos-Manhattan, 250 S.C. 58, 156 S.E.2d 318 (1967). The Hearing Commissioner and the Appellate Panel clearly stated that Mr. Russell was permanently and totally disabled in light of his testimony and medical evidence based on the application of the Ellison decision.

The Fund also claims that because Finding of Fact No. 11 discounted the opinion of Mr. Russell's psychologist that Mr. Russell's back injury worsened his depression and bi-polar disorder, it was error to find him permanently and totally disabled. This argument is without merit as Ellison clearly holds that "[t]here is no requirement that the pre-existing condition aggravated the injury, or that the injury aggravated the pre-existing condition, so long as there is

a greater disability simply from the 'combined effects' of the injury and the pre-existing condition." Ellison p. 666. In addition, the Hearing Commissioner and the Appellate Panel explained that even though Mr. Russell's psychologist's opinion regarding aggravation of Mr. Russell's psychological conditions was not accepted, the finding that Mr. Russell was permanently and totally disabled was because "[t]he remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole)." (R. p. 12). (Finding of Fact No. 19).

Thus after reviewing the testimony and medical evidence in this case and viewing the Appellate Panel's Decision and Order in its entirety, it was correctly ruled that Mr. Russell's work-injury to his back had combined with his pre-existing psychological condition to render him permanently and totally disabled. (R. p. 12). (Decision and Order, Finding of Fact Nos. 19 and 23 respectively and Conclusion of Law No. 4). Substantial evidence is more than a mere scintilla, but less than a preponderance. Bilton v. Best Western Royal Moter Lodge, 321 S.E.2d 63 (1984). Any reasonable doubts as to construction of the Act should be resolved in favor of coverage. Mauldin v. Dyna-Color/Jack Rabbit, 308 S.C. 18, 461 S.E.2d 639 (1992).

III. THE COURT OF APPEALS DID NOT ERR IN ITS DECISION.

The Fund states in the third argument of its Petition that the Court of Appeals erred in finding that Mr. Russell's physical injury was aggravated by his psychological condition. This argument is incorrect as the Court of Appeals affirmed the ruling of the Hearing Commissioner and the Appellate Panel that Mr. Russell was permanently and totally disabled pursuant to Ellison as it was "based upon the substantial evidence" of "the combined effects" of Mr. Russell's work-injury to his back and his pre-existing psychological condition. (R. p. 12). (Decision and Order, Finding of Fact No. 23).

The Court of Appeals also affirmed the ruling of the Hearing Commissioner and the Appellate Panel that "Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition." (R. pp. 10-11). (Decision and Order, Finding of Fact No. 11). Mr. Russell testified that his back and left hip still hurt and that his depression and bi-polar are worse. (R. p. 392, lines 2-6). (Transcript p. 28, lines 2-6). Mr. Russell also testified that after his work-injury, his pain was so bad he could kill himself, he would cry a lot and was worried, anxious and got depressed. (R. p. 396, lines 6-12). (Transcript p.32, lines 6-12).

Lastly, the Court of Appeals affirmed the ruling of the Hearing Commissioner and the Appellate Panel that even though Mr. Russell's psychologist's opinion regarding aggravation of Mr. Russell's psychological conditions was not accepted, the finding that Mr. Russell was permanently and totally disabled was because "[t]he remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole)." (R. p. 12). (Finding of Fact No. 19).

CONCLUSION

Accordingly, based on the foregoing, Mr. Russell respectfully requests that the Court deny the Fund's Petition for Rehearing.

Respectfully submitted,

MURRELL LAW FIRM, LLC

/s/David Murrell
1517 Sam Rittenberg Boulevard
Charleston, South Carolina 29407
Phone 843-720-3740
Fax 843-225-1788
David@MurrellLawFirm.com

Attorney for Employee/Claimant, Respondent

May 29, 2013
Charleston, SC

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Kristi Lea Harrington, Circuit Court Judge

Appellate Case No. 2012-211873
Case No. 2011-CP-08-00396

Robert Russell,.....Employee/Claimant, Respondent,

v.

Department of Health and Environmental Control, Employer, and
The State Accident Fund, Carrier,.....Appellants.

PROOF OF SERVICE

I certify that I have served the Respondent's Return Opposing Appellants' Petition for Rehearing on Appellants by depositing a copy of the same in the United States Mail, postage prepaid, on May 29, 2013, addressed to their attorneys of record, Margaret M. Urbanic, 126 Seven Farms Drive, Suite 200, Charleston, SC 29492 and Ellen Goodwin, P.O. Box 102100, Columbia, SC 29221-5000.

J. David Murrell
1517 Sam Rittenberg Boulevard
Charleston, South Carolina 29407
Phone 843-720-3740
Fax 843-225-1788

Attorney for Employee/Claimant,
Respondent

May 29, 2013.
Charleston, SC

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Kristi Lea Harrington, Circuit Court Judge

Appellant Case No. 2012-211873
Case No. 2011-CP-08-00396

Robert Russell,.....Employee/Claimant, Respondent,

v.

Department of Health and Environmental Control, Employer, and
The State Accident Fund, Carrier,.....Appellants.

BRIEF OF APPELLANT

Margaret M. Urbanic
SC Bar No.: 13574
126 Seven Farms Dr.
Charleston, S.C. 29492
(843) 577-2026
Attorney for Appellants

Ellen Goodwin
SC Bar No.: 16205
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-5000
(803) 896-5800
Attorney for Appellants

TABLE OF CONTENTS

Table of Authorities.....ii

Statement of Issues on Appeal.....1

Statement of the Case.....1

Statement of the Facts.....2

Arguments

I. THE COURT ERRED IN HOLDING THAT THE APPELLANTS ARE RESPONSIBLE FOR MEDICAL CARE RELATED TO RESPONDENT'S NON WORK RELATED PSYCHOLOGICAL CONDITION.....4

II. THE COURT ERRED IN FINDING THAT THERE IS SUBSTANTIAL EVIDENCE TO SUPPORT THE RULING THAT THE RESPONDENT IS PERMANENTLY AND TOTALLY DISABLED.....8

III. THE COURT ERRED IN FINDING THAT THE PHYSICAL INJURY WAS AGGRAVATED BY THE PSYCHOLOGICAL CONDITION.....9

Conclusion.....10

TABLE OF AUTHORITIES

CASES

Ellison v. Frigidaire Home Products, 371 S.C. 159, 638 S.E.2d 664 (2006) 2,4,7

Jane Doe v. Department of Disabilities and Special Needs, 364 S.C. 411, 613 SE 2nd 785, (Ct. App. 2005). 3

Singleton v. Young Lumber Company 236 S.C. 454, 114 S.E. 2d 837 (1960).....8

STATUTES

S.C. Code § 42-9-400.....4,5,7

STATEMENT OF ISSUES ON APPEAL

I. THE COURT ERRED IN HOLDING THAT THE APPELLANTS ARE RESPONSIBLE FOR MEDICAL CARE RELATED TO RESPONDENT'S NON WORK RELATED PSYCHOLOGICAL CONDITION.

II. THE COURT ERRED IN FINDING THAT THERE IS SUBSTANTIAL EVIDENCE TO SUPPORT THE RULING THAT THE RESPONDENT IS PERMANENTLY AND TOTALLY DISABLED.

III. THE COURT ERRED IN FINDING THAT THE PHYSICAL INJURY WAS AGGRAVATED BY THE PSYCHOLOGICAL CONDITION.

STATEMENT OF THE CASE

This case arises out of worker's compensation accident that occurred on June 11, 2004 while the Respondent was employed with the South Carolina Department of Health and Environmental Control. Respondent was involved in a minor motor vehicle. A Form 50 was filed on March 25, 2008 alleging injury to his back, neck, left arm, headaches, depression and bipolar disorder. (R. p. 38). A Form 51 was filed on April 23, 2008 admitting that an accident occurred but denying the extent of injury and body parts effected. (R. p. 41). A hearing was held on July 1, 2008. As a result of that hearing, the Single Commissioner issued an order dated August 26, 2008 finding that the Respondent was permanently and totally disabled and that the Respondent's pre existing psychological condition alone would have rendered the Respondent disabled. (R. p. 29). This Order was appealed and as a result of that appeal the Full Commission remanded the case back to hearing commissioner to resolve the

conflict as to whether the Respondent was permanently and totally disabled as a result of the injuries sustained in the on the job accident or due to his pre existing psychological condition. In an order dated April 13, 2010, the Single Commissioner found that the Respondent was permanently and totally disabled based on the on Ellison v. Frigidaire Home Products, 371 S.C. 159, 638 S.E.2d 664 (2006) decision. (R. p. 15). The Single Commissioner found that the combined effects of the Respondent's pre existing psychological condition and the back injury made him permanently and totally disabled. This order was appealed and on January 19, 2011, the Full Commission issued an order affirming the order of the Single Commissioner. Appellant then appealed to circuit court. On April 16, 2010, the circuit court issued a ruling affirmed the order of the Full Commission. This appeal then followed.

STATEMENT OF FACTS

Respondent was injured on June 11, 2004 when he was involved in a motor vehicle accident in the course and scope of his employment. EMS was called to the scene and noted that the damage to vehicle was very minor. (R. p. 49). Respondent followed up with his family doctor at Berkeley Family Practice and also sought out chiropractic treatment on his own from Palmetto Spine Center. Respondent's APA Submissions, include some of his psychiatric records. Following the motor vehicle accident of June 11, 2004, Respondent treated with Dr. Stovall of Lowcountry Orthopaedics and Sports Medicine. Respondent was diagnosed with mild degenerative disc disease at L5-S1 with small central disc bulging. (R, p. 175). Respondent underwent two epidural

injections in his back. (R. p. 172). Respondent also underwent a course of physical therapy. No surgery was done and Respondent was released with a 5% impairment rating on January 13, 2005. Dr. Stovall specifically noted that "[h]e should be able to maintain a reasonable level of activity and continue working." (R. p. 178).

Part of Respondent's extensive psychiatric records were made part of the record. In 2001, Respondent was hospitalized for depression and suicidal ideation. The notes also reflect a history of depression, issues with sexual orientation and problems with personal relationships. (R. pp. 248-253). On June 6, 2005, Respondent underwent a psychiatric evaluation for a disability exam and complained of being unable to focus, being indecisive, forgetful and making bad decisions. (R. p. 259). The motor vehicle accident in only mentioned in the past medical history. (R. p. 261).

STANDARD OF REVIEW

In a workers' compensation appeal, no court can substitute its judgment from that of the Commission. The court may reverse or modify the decision of the Commission only if the claimant's substantial rights have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative and substantial evidence. Substantial evidence is not a mere scintilla of evidence nor evidence viewed from one side, but such evidence, when the whole record is considered, as would allow reasonable minds to reach the conclusion reached by the Full Commission. Jane Doe v. Department of Disabilities and Special Needs, 364 S.C. 411, 613 SE 2nd 785, (Ct. App. 2005).

ARGUMENTS

I. THE COURT ERRED IN HOLDING THAT THE APPELLANTS ARE RESPONSIBLE FOR MEDICAL CARE RELATED TO RESPONDENT'S NON WORK RELATED PSYCHOLOGICAL CONDITION.

The order of the circuit court finds that the Appellants are responsible for the Respondent's medical care related to his pre existing psychological condition. Respondent was found to be permanently and totally disabled based on a combination of his worker's compensation injury and his pre existing psychological condition based on Ellison v. Frigidaire Home Products, 371 S.C. 159, 638 S.E.2d 664 (2006). Ellison stands for the proposition that a claimant may recover for a greater disability than that incurred from a single injury to a particular body part if the combination with any pre-existing condition hinders reemployment. There is no requirement that the pre - existing condition aggravate the injury or that the injury aggravate the pre existing condition so as long as there is great disability simply from the combined effects fo the injury and pre existing condition. Ellison is based on S.C. Code § 42-9-400 which is the statute that allows recovery under the Second Injury Fund. Respondent's psychological condition was found not to be aggravated by the back injury.

Section 42-9-400 is entitled "[m]anner in which employer or insurance carrier shall be reimbursed from Second Injury Fund when disability results from pre existing impairment and subsequent injury" . The intent of this statute deals with the carriers recovery from the Second Injury Fund not with creating

additional ways for claimants to recover benefits. The statute provides a mechanism of medical expenses paid for the compensable injury and disability benefits. Section 42-9-400(a) states that "the employer or his insurance carrier shall in the first instance pay all awards of compensation and medical benefits provided by this Title; but such employer or his insurance carrier shall be reimbursed from the Second Injury Fund ..." The statute is clear that the benefits are worker's compensation paid out under Title 42, there is no provision for payment for non work related conditions.

In Finding of Fact number 11, finds that the Respondent's physical injury aggravated the psychological condition of the Respondent, and that Respondent's psychological condition had resulted in the Respondent's perceived worsening of his physical condition. (R. p. 4). Furthermore, Finding of Fact number 13 (which has not been appealed) finds that the Single Commissioner did not give any weight to the opinion of Dr. Burke regarding the aggravation of Respondent's pre-existing psychological condition. (R. p. 4). Dr. Burke is the Respondent's psychologist. In Finding of Fact number 19 (which has not been appealed), the Single Commissioner again stated that she would find the Respondent was permanently and totally disabled even if she completely discounted the opinion of Dr. Burke. (R. p. 5). Furthermore, in Finding of Fact number 11, the Single Commissioner specifically finds there is no aggravation of this pre-existing psychological condition, and at the time of the accident the Respondent's psychological condition was already spiraling downward from sexual issues and harassment at work and death of a close male friend. (R. p.

4).

To hold the Appellants responsible for medical treatment for Respondent's psychological condition is inherently unfair as Respondent's psychological condition is extreme and not aggravated by the job injury. The law of the case is that the psychological condition was not aggravated so logically no future psychological treatment would be considered related to the work injury. Finding of Fact # 7 finds that:

> Six days after the accident, Respondent was hospitalized for psychiatric care including suicidal ideation and "extreme depression". This was Claimant's 2nd hospitalization, the first having occurred about 20 years ago before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffered from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work accident.[1] R. p. 3)

There is no reason for the Appellants to be responsible for medical treatment that would have occurred regardless of the on the job car accident. This finding that was unappealed and is now the law of the case. Furthermore, Finding of Fact # 8 details Respondent's extensive psychological history:

> Claimant has a significant psychological history as documented in the evidence. When Claimant was a

[1]Neither side appeal this Finding of Fact, the medical record referred to in this finding is actually dated June 18, 2001, three years before the Respondent's work comp accident occurred. (R. p. 248).

> child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign. (R. p. 3).

Nothing in Ellison or §42-9-400 requires or even suggests that a worker's compensation carrier pick up lifetime benefits for a non work related condition. Section 42-9-400 deals with reimbursement from the Second Injury Fund for the medical benefits and compensation related to the compensable injury, this statute does not create a windfall the Claimant that a non work related condition will suddenly be covered. Section 42-9-400 requires that the disability results from a pre-existing condition and that as a result of an aggravation or combination of the pre existing condition and work related injury.

The Order repeatedly finds that the psychological condition was not aggravated by the work accident. Furthermore, it is extensively documented throughout the medical records that the Respondent's psychological condition long pre-existed this work accident. Moreover, Respondent admits that he missed days from work due to his depression, immediately prior to his work accident. (R. p. 409). In Finding of Fact number 8, the Order chronicles how the Respondent had witnessed his father shooting his mother as a child in the eye and was molested by an older brother. (R. p. 3). Additionally, while he was in his twenties, he jumped off a bridge while intoxicated. Again, in Finding of Fact

number 11, the Order notes that there is no aggravation of a psychological condition as it was already spiraling downward at the time of this accident. Regardless of this accident, there is such a long history of psychological problems with the Respondent that clearly he is going to need additional treatment for his psychological condition for the rest of his life. (R. p. 4). As there is no finding of aggravation of his psychological condition, the Appellants should not be responsible for such.

II. THE COURT ERRED IN FINDING THAT THERE IS SUBSTANTIAL EVIDENCE TO SUPPORT THE RULING THAT THE RESPONDENT IS PERMANENTLY AND TOTALLY DISABLED.

The circuit court erred in finding that the Respondent was permanently totally disabled. The Respondent suffered a single member injury to his back and was ultimately assigned a five (5%) percent impairment rating by Dr. Stovall back in 2004. Therefore, only a single body part was injured and any recovery should be limited by Singleton v. Young Lumber Company 236 S.C. 454, 114 S.E. 2d 837 (1960). The Order specifically noted that the Respondent's lower extremity complaints were not supported by the medical evidence and that the Claimant's own IME records are devoid of any mention of leg pain or problem. (R. p.4). Therefore, as the Commission, as affirmed by the circuit court, only found that the Claimant suffered an injury to one scheduled member, this case should be limited under Section 42-9-30. Respondent has a four year college degree and in the past has worked sedentary type positions. Dr. Stovall, the authorized treating physician, assigned a twenty pound frequent lifting restriction.

Respondent was not a surgical candidate and underwent physical therapy in a work hardening program. Dr. Stovall noted that the Respondent should be able to maintain a reasonable level of activity through working. (R. pp. 48-185). Respondent has not returned to Dr. Stovall since 2004. Respondent had additional treatment through a chiropractor that was not authorized and it was never requested to be authorized by the Respondent. No authorized doctor has ever recommended surgery or additional treatment.

Respondent underwent a psychiatric exam when he applied for disability this report details the Respondent's extensive psychiatric problems that prevent him for working and does not find that the back injury prevents him from working. If Respondent is disabled from his psychiatric condition alone, it appears that he would become disabled regardless of this accident. (R. pp. 259-266).

At the hearing, Respondent admitted that his prior position at DSS was a sedentary type job and that he was able to sit without any problems, and he had been sitting at the hearing for at least an hour when that question was asked. (R. p. 406.) Respondent admitted he is able to drive a car and use a computer. (R. pp. 405-406.) Clearly, Respondent is not permanently and totally disabled.

III. THE COURT ERRED IN FINDING THAT THE PHYSICAL INJURY WAS AGGRAVATED BY THE PSYCHOLOGICAL CONDITION.

As previously pointed out in this brief, the law of the case is that the psychological condition was not aggravated by the work accident. The order specifically discounts the affidavits of Dr. Burke who opined that the

psychological condition was aggravated. If the psychological condition was not aggravated how could the order then state that the physical injury aggravated the psychological condition which in turn aggravated the physical condition. (Finding of Fact #11). (R. p. 4). Clearly, the order is inconsistent.

CONCLUSION

For all of the foregoing reasons the order of the circuit court should be reversed and remanded.

Respectfully submitted,

Margaret M. Urbanic
SC Bar No.: 13574
126 Seven Farms Dr.
Charleston, S.C. 29492
Attorney for Appellants

Ellen Goodwin
SC Bar No.: 16205
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-5000
Attorney for Appellants

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Kristi Lea Harrington, Circuit Court Judge

Appellate Case No. 2012-211875
Case No.: 2011-CP-08-00896

Robert Russell, ... Employee/Claimant, Respondent,

Department of Health and Environmental Control, Employer, and
The State Accident Fund, Carrier, ... Appellants.

FINAL BRIEF OF RESPONDENT

J. David Murrell
SC Bar No.: 15518
Murrell Law Firm, LLC
1917 Sam Rittenberg Boulevard
Charleston, South Carolina 29407
(843) 720-3740
Attorney for Respondent

TABLE OF CONTENTS

Table of Authorities.....ii

Statement of Issues on Appeal.....1

Statement of the Case.....1

Statement of the Facts.....2

Arguments

I. THE COURT DID NOT ERR IN FINDING THAT MR. RUSSELL WAS PERMANENTLY AND TOTALLY DISABLED PURSUANT TO ELLISON.....4

II. THE COURT DID NOT ERR IN AWARDING PAYMENT FOR ALL PAST AND FUTURE CAUSALLY-RELATED MEDICAL BENEFITS AND MILEAGE REIMBURSEMENT.....10

Conclusion.....11

TABLES OF AUTHORITIES

CASES

Bilton v. Best Western Royal Motor Lodge, 282 S.C. 634, 321 S.E.2d 63 (S.C. App. 1984).....4, 7, 10

Ellison v. Frigidaire Home Products, 371 S.C. 159, 638 S.E.2d 664 (2006).....4, 5, 6, 7, 9

Green v. Raybestos-Manhattan, 250 S.C. 58, 156 S.E.2d 318 (1967).....9

Ham v. Mullins Lumber Co., 193 S.C. 66, 7 S.E.2d 712 (1940).....4

Hill v. Eagle Motor Lines, 373 S.C. 422, 645 S.E.2d 424 (2007).....3

Jordan v. Kelly Co., 381 S.C. 483, 674 S.E.2d 166 (2009).....3

Lark v. Bi-Lo, 276 S.C. 130, 276 S.E.2d 304 (1981).....3

Mauldin v. Dyna-Color/Jack Rabbit, 308 S.C. 18, 461 S.E.2d 639 (1992).....10

Pierre v. Seaside Farms, Inc., 386 S.C. 534, 689 S.E.2d 615 (2010).....3

Singleton v. Young Lumber Company, 298 S.C. 454, 114 S.E.2d 837 (1960).....4, 5

Suburban Propane Gas Co. v. Deschamps, 298 S. C. 230, 379 S.E.2d 301 (S.C. App. 1989).....3

STATUTES

S.C. Code § 42-9-30.....4

S.C. Code § 42-9-400.....4, 5, 10

S.C. Code § 42-15-60.....10

25A S.C. Code Ann.Regs. 67-1601 (1980).....10

STATEMENT OF ISSUES ON APPEAL

I. THE COURT DID NOT ERR IN FINDING THAT MR. RUSSELL WAS PERMANENTLY AND TOTALLY DISABLED PURSUANT TO ELLISON.

II. THE COURT DID NOT ERR IN AWARDING PAYMENT FOR ALL PAST AND FUTURE CAUSALLY-RELATED MEDICAL BENEFITS AND MILEAGE REIMBURSEMENT.

STATEMENT OF THE CASE

This case involves a workers' compensation claim wherein Respondent (hereinafter "Mr. Russell") was injured in the course and scope of his job with the Department of Health and Environmental Control on June 11, 2004. Mr. Russell filed a Form 50 with the South Carolina Workers' Compensation Commission seeking payment of causally-related medical treatment, past temporary total disability benefits, mileage reimbursement and permanent and total disability benefits. A hearing was held and, thereafter, the Hearing Commissioner issued a Decision and Order on August 26, 2008, that held Mr. Russell was totally and permanently disabled pursuant to the Ellison decision and that Appellant (hereinafter "the Fund") must pay all past and future causally-related medical care and mileage reimbursement.

The Fund filed an appeal with the Full Commission on September 8, 2008. The Appellate Panel of the Full Commission ruled on March 27, 2009, to remand the case to the Hearing Commissioner and instructed that a new order be issued resolving the conflict between Finding of Fact No. 18 and Finding of Fact No. 24. On April 13, 2010, the Hearing Commissioner issued a new Decision and Order that again found Mr. Russell totally and permanently disabled; however, Finding of Fact No. 18 from the prior Decision and Order dated August 26, 2008, was deleted thereby resolving the conflict as

ordered by the Appellate Panel. On April 22, 2010, The Fund again appealed the Hearing Commissioner's Decision and Order. The Appellate Panel again ruled on January 19, 2011, to uphold the Hearing Commissioner's Decision and Order that Mr. Russell was totally and permanently disabled pursuant to the Ellison decision and that The Fund must pay all past and future causally-related medical care and mileage reimbursement.

Thereafter, The Fund filed its third appeal of Mr. Russell's award rendered by the Appellate Panel's Decision and Order and submitted a Notice of Intent to Appeal and Petition for Judicial Review with the Berkeley County Court of Common Pleas on February 3, 2011. The Circuit Court ruled on April 16, 2012, and fully affirmed the Appellate Panel's Decision and Order. The Fund then filed its appeal with the South Carolina Court of Appeals on April 27, 2012.

STATEMENT OF FACTS

Mr. Russell began working for the Department of Health and Environmental Control (hereinafter "DHEC") in 1990. (R. p. 376, line 21—p. 377, line 4). (Transcript p. 12, line 21 to p. 13, line 4). He was an environmental health manager and his job duties included drafting paperwork and citations and heavy lifting involved in taking soil borings to determine if a septic tank could be placed on certain parcels of land. (R. p. 377, lines 7-22). (Transcript p. 13, lines 7-22). On June 11, 2004, Mr. Russell was involved in a car wreck while working and injured his back and thereafter filed a workers' compensation claim. (R. p. 379, line 16—p. 381, line 7; R. p. 48; R. pp. 60-61). (Transcript p. 15, line 16 to p. 17, line 7; Claimant's APA Ex. 1, p. 1; Claimant's APA Ex. 4, p. 13; Claimant's APA Ex. 5, p. 14). Mr. Russell also had pre-existing depression, bi-polar disorder and anxiety. (R. p. 396, lines 1-12; R. pp. 105-149; R. p. 213).

(Transcript p. 32, lines 1-12; Claimant's APA Ex. 10, p. 58-102; Claimant's APA Ex. 16, p. 166). Mr. Russell returned to work with DHEC after his injury but missed numerous days as a result of his back pain, depression, bi-polar disorder and medical appointments. (R. p. 384, line 8—p. 389, line 20; R. pp. 218-227; R. pp. 214-215). (Transcript p. 20, line 8 to p. 25, line 20; Claimant's APA Ex. 18, p. 171-180; Claimant's APA Ex. 17, p. 167-168). Eventually, Mr. Russell was forced to retire from DHEC on July 16, 2005, as a result of his back pain, depression and bi-polar disorder. (R. p. 391, lines 7-23; R. p. 216; R. pp. 286-289). (Transcript p. 27, lines 7-23; Claimant's APA Ex. 17, p. 169; Employer/Carrier's APA Ex. 5, p. 266-269).

STANDARD OF REVIEW

The Administrative Procedures Act establishes the standard of judicial review of decisions by the Appellate Panel of the Workers' Compensation Commission. Lark v. Bi-Lo, 276 S.C. 130, 276 S.E.2d 304 (1981). A reviewing court may only reverse or modify a decision of an administrative agency if "such decision is affected by errors of law, characterized by abuse of discretion, or clearly erroneous in view of the reliable, probative and substantial evidence on the whole record." Suburban Propane Gas Co. v. Deschamps, 298 S. C. 230, 379 S.E.2d 301 (S.C. App. 1989). The Appellate Panel is the ultimate fact-finder in workers' compensation cases. Jordan v. Kelly Co., 381 S.C. 483, 674 S.E.2d 166 (2009). As a general rule, this court must affirm the findings of fact made by the Appellate Panel if they are supported by substantial evidence. Pierre v. Seaside Farms, Inc., 386 S.C. 534, 689 S.E.2d 615 (2010). "Substantial evidence is that evidence which, in considering the record as a whole, would allow reasonable minds to reach the conclusion the [Appellate Panel] reached." Hill v. Eagle Motor Lines, 373 S.C.

422, 645 S.E.2d 424 (2007). "The possibility of drawing two inconsistent conclusions from the evidence does not prevent the [Appellate Panel's] finding from being supported by substantial evidence." Id. Substantial evidence is more than a mere scintilla, but less than a preponderance. Bilton v. Best Western Royal Motor Lodge, 282 S.C. 634, 321 S.E.2d 63 (S.C. App. 1984).

ARGUMENTS

I. THE COURT DID NOT ERR IN FINDING THAT MR. RUSSELL WAS PERMANENTLY AND TOTALLY DISABLED PURSUANT TO ELLISON.

Based on the medical, documentary and testimonial evidence, the Hearing Commissioner, the Appellate Panel and the Circuit Court properly ruled as a Finding of Fact and Conclusion of Law that Mr. Russell's work-related back injury combined with his pre-existing psychological condition to make him permanently and totally disabled pursuant to Ellison v. Frigidaire Home Products, 371 S.C. 159, 638 S.E.2d 664 (2006). The Workers' Compensation Act is intended for the benefit of workers and must be liberally construed. Ham v. Mullins Lumber Co., 193 S.C. 66, 7 S.E.2d 712 (1940).

The Fund argues that since Mr. Russell injured a single body part, his compensation is limited to an award for the single member under §42-9-30 pursuant to Singleton v. Young Lumber Company, 298 S.C. 454, 114 S.E.2d 837 (1960). The Fund's position is a misinterpretation of Ellison. The Supreme Court in Ellison explained the distinction between the application of Singleton and §42-9-400, the statutory basis of Ellison. The Court held that Singleton "involved a sole injury to a scheduled member – no other condition was claimed to have contributed to disability. The argument was that the injury to the scheduled member, a leg, was itself so disabling that the claimant should

be found totally disabled." Ellison p. 665. In the case sub judice, the Hearing Commissioner and the Appellate Panel clearly ruled that Mr. Russell not only had a work-related injury to his back, but that he had a significant pre-existing psychological history that combined with his work-injury to make him permanently and totally disabled. (R. p. 12). (Decision and Order, Finding of Fact No. 23).

Furthermore, the Supreme Court in Ellison stated that Singleton "stands simply for the proposition that impairment involving only a scheduled member is compensated under the scheduled injury statute and not the general disability statute." Ellison p. 666. Since Mr. Russell clearly presented his back injury and his pre-existing psychological condition at the Hearing, the Hearing Commissioner and the Appellate Panel correctly ruled that Ellison, and not Singleton, applied.

Secondly, the Fund claims that since Mr. Russell's pre-existing psychological condition was not aggravated by his compensable injury to the back, the Hearing Commissioner and the Appellate Panel erred in applying Ellison. Again, the Fund is misinterpreting the holding of Ellison. The statutory foundation of the decision reached in Ellison, which is on-point with Mr. Russell's case, is found in §42-9-400 which provides in pertinent part:

> (a) If an employee who has a **permanent physical impairment from any cause or origin** incurs a subsequent disability from injury by accident arising out of and in the course of his employment, resulting in compensation and medical payments liability or **either**, *for disability that is substantially greater, by reason of the combined effects of the preexisting impairment and subsequent injury or* by reason of the

aggravation of the preexisting impairment, than that which would have resulted from the subsequent injury alone, the employer or his insurance carrier shall in the first instance pay all awards of compensation and medical benefits provided by this Title; but such employer or his insurance carrier shall be reimbursed from the Second Injury Fund...

...

(d) As used in this section, **"permanent physical impairment"** means any permanent condition, *whether congenital or due to injury or disease,* of such seriousness as to constitute a hindrance or obstacle to obtaining employment or to obtaining reemployment if the employee should become unemployed.

(emphasis added). Ellison p. 665.

The Ellison Court held that "[t]here is no requirement that the pre-existing condition aggravated the injury, or that the injury aggravated the pre-existing condition, so long as there is a greater disability simply for the "combined effects" of the injury and the pre-existing condition." Ellison p. 666.

The key component of Ellison is the combined effects created by the compensable injury and the pre-existing condition. Based on the testimony and medical evidence, the Hearing Commissioner and the Appellate Panel set forth how Mr. Russell's work-injury to his back and his pre-existing psychological condition combine to render him permanently and totally disabled. First, the Hearing Commissioner and the Appellate Panel ruled that Mr. Russell injured his back at work and the treating physician opined he had sustained a disc bulge. (R. pp. 9-10). (Decision and Order, Finding of Fact Nos. 1

and 9 respectively). It was also ruled that the treating physician had assigned Mr. Russell a 5% impairment rating to his back as a result of his work-injury and had placed permanent physical restrictions on him of no lifting of more than 35 pounds occasionally and 20 pounds on a frequent basis and no prolonged periods of climbing, bending and stooping. (R. p. 11). (Decision and Order, Finding of Fact Nos. 16 and 17 respectively).

Secondly, the Hearing Commissioner and the Appellate Panel ruled that six days after his work-injury, Mr. Russell was hospitalized for psychiatric care. (R. p. 10). (Decision and Order, Finding of Fact No. 7). It was ruled that Mr. Russell "has a significant psychological history as documented in the evidence." (R. p. 10). (Decision and Order, Finding of Fact No. 8). Furthermore, the Hearing Commissioner and the Appellate Panel ruled that Mr. Russell was permanently and totally disabled based on the application of the Ellison decision because the "evidence is not just persuasive, but overwhelming." (R. p. 12). (Decision and Order, Finding of Fact No. 19). Lastly, the Hearing Commissioner and the Appellate Panel unequivocally ruled that the decision to find Mr. Russell permanently and totally disabled pursuant to Ellison was "based upon the substantial evidence" of "the combined effects" of Mr. Russell's work-injury to his back and his pre-existing psychological condition. (R. p. 12). (Decision and Order, Finding of Fact No. 23).

As set forth above, the Hearing Commissioner and the Appellate Panel correctly applied the holding in Ellison to the facts, testimony and medical and documentary evidence presented to determine that Mr. Russell's work-injury to his back combined with his pre-existing psychological condition to render him permanently and totally

disabled. Substantial evidence is more than a mere scintilla, but less than a preponderance. Bilton v. Best Western Royal Motor Lodge, 321 S.E.2d 63 (1984).

It is important to note that despite his extensive psychological history, Mr. Russell continued to work for DHEC before his compensable work-related injury occurred. After his back injury occurred at work on June 11, 2004, the Hearing Commissioner and the Appellate Panel found that Mr. Russell was hospitalized for psychiatric care "six days after the accident[.]" (R. p. 10). (Decision and Order, Finding of Fact No. 7 – emphasis in original). Lastly, the Hearing Commissioner and the Appellate Panel ruled that "Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition." (R. pp. 10-11). (Decision and Order, Finding of Fact No. 11). Mr. Russell testified that his back and left hip still hurt and that his depression and bi-polar are worse. (R. p. 392, lines 2-6). (Transcript p. 28, lines 2-6). Mr. Russell also testified that after his work-injury, his pain was so bad he could kill himself, he would cry a lot and was worried, anxious and got depressed. (R. p. 396, lines 6-12). (Transcript p.32, lines 6-12).

Mr. Russell testified that he had bipolar and depression since the early 1980s. (R. p. 402, lines 21-25). (Transcript p. 38, lines 21-25). Mr. Russell testified that after his injury on-the-job, he was out of work for two days (R. p. 382, lines 13-17) (Transcript p. 18, lines 13-17) and then he returned to work (R. p. 383, line 9—p. 384, line 6) (Transcript p. 19, line 9 to p. 20, line 6). Mr. Russell's work-injury occurred on June 11, 2004 and he testified that he retired from DHEC on July 16, 2005. (R. p. 391, lines 17-23). (Transcript p. 27, lines 17-23). Mr. Russell also testified that he was unable to perform his job with DHEC or any work as a result of his work-injury and his

psychological condition. (R. p. 411, lines 3-7). (Transcript p. 47, lines 3-7). The Hearing Commissioner found that:

> Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign. (R. p. 10). (Finding of Fact No. 8).

This finding was accepted by the Appellate Panel and is part of their Decision and Order. It is logical for the [Appellate Panel of the] Full Commission, which did not have the benefit of observing the witness, to give weight to the hearing commissioner's opinion. Green v. Raybestos-Manhattan, 250 S.C. 58, 156 S.E.2d 318 (1967). The Hearing Commissioner and the Appellate Panel clearly stated that Mr. Russell was permanently and totally disabled in light of his testimony and medical evidence based on the application of the Ellison decision.

The Fund also claims that because Finding of Fact No. 11 discounted the opinion of Mr. Russell's psychologist that Mr. Russell's back injury worsened his depression and bi-polar disorder, it was error to find him permanently and totally disabled. This argument is without merit as Ellison clearly holds that "[t]here is no requirement that the pre-existing condition aggravated the injury, or that the injury aggravated the pre-existing condition, so long as there is a greater disability simply from the 'combined effects' of the injury and the pre-existing condition." Ellison p. 666. In addition, the Hearing Commissioner and the Appellate Panel explained that even though Mr. Russell's psychologist's opinion regarding aggravation of Mr. Russell's psychological conditions

was not accepted, the finding that Mr. Russell was permanently and totally disabled was because "[t]he remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole)." (R. p. 12). (Finding of Fact No. 19).

Thus after reviewing the testimony and medical evidence in this case and viewing the Appellate Panel's Decision and Order in its entirety, it was correctly ruled that Mr. Russell's work-injury to his back had combined with his pre-existing psychological condition to render him permanently and totally disabled. (R. p. 12). (Decision and Order, Finding of Fact Nos. 19 and 23 respectively and Conclusion of Law No. 4). Substantial evidence is more than a mere scintilla, but less than a preponderance. Bilton v. Best Western Royal Motor Lodge, 321 S.E.2d 63 (1984). Any reasonable doubts as to construction of the Act should be resolved in favor of coverage. Mauldin v. Dyna-Color/Jack Rabbit, 308 S.C. 18, 461 S.E.2d 639 (1992).

II. THE COURT DID NOT ERR IN AWARDING PAYMENT FOR ALL PAST AND FUTURE CAUSALLY-RELATED MEDICAL BENEFITS AND MILEAGE REIMBURSEMENT.

As set forth above, once the Hearing Commissioner and the Appellate Panel correctly ruled that Mr. Russell was permanently and totally disabled based upon the combined effects of his work-injury to his back and his pre-existing psychological condition, the Fund must provide payment of medical and mileage reimbursement. § 42-9-400 mandates, in pertinent part, that "the employer or his insurance carrier shall... pay all awards of compensation and medical benefits provided by the Title" to an employee who has a "disability that is substantially greater, by reason of the combined effects of the preexisting impairment and subsequent injury." (Emphasis provided).

As past and future lifetime medical payments and travel costs for medical treatment and care are provided for by § 42-15-60 and mileage reimbursement for past and future lifetime medical treatment is provided for by Regulation 67-1601 of the South Carolina Workers' Compensation Commission, there is no error in the order of the Appellate Panel and the Circuit Court that the Fund provide these awards and benefits to Mr. Russell.

CONCLUSION

Accordingly, based on the foregoing, Mr. Russell respectfully requests that the Court affirm the Decision and Order of the Appellate Panel and Circuit Court in full and rule as a Finding of Fact and Conclusion of Law that Mr. Russell is permanently and totally disabled as a result of the combined effects of his work-related back injury and his pre-existing psychological condition; is entitled to 500 weeks of disability benefits; is entitled to payment of all past and future causally-related medical treatment; and is entitled to mileage reimbursement for all past and future causally-related medical treatment.

Respectfully submitted,

MURRELL LAW FIRM, LLC

J. David Murrell
1517 Sam Rittenberg Boulevard
Charleston, South Carolina 29407
Phone 843-720-3740
Fax 843-225-1788
David@MurrellLawFirm.com

Attorney for Employee/Claimant, Respondent

November 1, 2012.
Charleston, SC

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Kristi Lea Harrington, Circuit Court Judge

Appellant Case No. 2012-211873
Case No. 2011-CP-08-00396

Robert Russell,.....Employee/Claimant, Respondent,

v.

Department of Health and Environmental Control, Employer, and
The State Accident Fund, Carrier,.....Appellants.

REPLY BRIEF OF APPELLANT

Margaret M. Urbanic
SC Bar No.: 13574
126 Seven Farms Dr.
Charleston, S.C. 29492
(843) 577-2026
Attorney for Appellants

Ellen Goodwin
SC Bar No.: 16205
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-5000
(803) 896-5800
Attorney for Appellants

TABLE OF CONTENTS

Table of Authorities.....ii

I. THE COURT ERRED IN HOLDING THAT THE APPELLANTS ARE RESPONSIBLE FOR MEDICAL CARE RELATED TO RESPONDENT'S NON WORK RELATED PRE-EXISTING PSYCHOLOGICAL CONDITION.....1

Conclusion.....3

TABLE OF AUTHORITIES

STATUTES

S.C. Code § 42-9-400.....1

S.C. Code § 42-9-30.....1

S.C. Code § 42-15-60 (2004).....2

S.C. Code § 42-15-60 (2007).....2

I. THE COURT ERRED IN HOLDING THAT THE APPELLANTS ARE RESPONSIBLE FOR MEDICAL CARE RELATED TO RESPONDENT'S NON WORK RELATED PRE-EXISTING PSYCHOLOGICAL CONDITION.

As the Respondent's psychological condition pre existed the work injury and was found not have been aggravated by the work injury, Appellants should not be required to provide medical treatment for it. Section 42-9-400 does not mandate that the carrier provide treatment for an unrelated condition. Section 42-9-400 states that

> If an employee who has a permanent physical impairment from any cause or origin incurs a subsequent disability from injury by accident arising out of and in the course of his employment, resulting in compensation and medical payments liability or either, for disability that is substantially greater and is caused by aggravation of the preexisting impairment than that which would have resulted from the subsequent injury alone, the employer or his insurance carrier shall pay all awards of compensation and medical benefits provided by this title; but such employer or his insurance carrier shall be reimbursed from the Second Injury Fund as created by Section 42-7-310 for compensation and medical benefits in the following manner: ...

This section clearly indicates that the employer/carrier is responsible for medicals related to the compensable injury and payment of a disability award that is greater due to the pre existing condition but it does not create or mandate that the carrier pay for treatment for the preexisting condition. In this case, Respondent had a 5% rating to his back from Dr. Stovall, in all likelihood if Respondent did not have his psychological condition, the award would have been limited to an award under § 42-9-30 and Respondent would not have been found to be permanently and totally disabled. Instead, the Commission found the Respondent was permanently and totally disabled as a result of his psychological condition and the back condition combined and as a result the Appellants will have to pay a substantial greater award and the Appellants then have an opportunity to recoup the increased disability award.

Section 42-15-60 is the statute that mandates how medical care will be provided in worker's compensation cases. Section 42-15-60 has been modified since 2004 when this claim occurred. In 2004, § 42-15-60 read in part "[m]edical, surgical, hospital and other treatment, including medical and surgical supplies as may reasonably be required, for a period not exceeding ten weeks form the date of an injury to effect a cure or give relief and for such additional time as in the judgment of Commission will tend to lessen the period of disability." As this case involves a 2004 date of loss, the 2004 version of the statute should be controlling. This version states that medical treatment shall be provided as " reasonably required". As previously argued there is nothing reasonable about required the defendants to provide treatment for a psychological condition that was found not to be aggravated by the Claimant's comp injury and pre existed the injury.

The current version of 42-15-60 states that an "employer shall provide medical, surgical, hospital and other treatment... as reasonably may be required..". The current version added the word "shall" but still uses the phrase "as reasonably may be required." Clearly, under either version 42-15-60, employers are required treatment for compensable injuries not for pre existing conditions. The word "shall" does not create an obligation for the employer to pay for unrelated conditions. If the court accepts the Respondent's arguments then employers and carriers would be suddenly be responsible for all sorts of conditions that are not aggravated by the worker's comp injury, this is clearly not the intent of the statute or Title 42.

In this case, the treatment required for the Claimant's psychological treatment clearly exceeds the treatment required for his back injury. Claimant's back treatment

ended in 2006 when Dr. Stovall ruled and released him on January 13, 2006. Claimant has had hospitalizations for his psychological treatment and is presumably on medications. Furthermore, Finding of Fact 11 finds that the Respondent's psychological condition was already spiraling downward prior to the accident. The Order also found that during hospitalization 6 days after the accident for psychiatric treatment there was no mention of his worker's comp accident. (R. pp. 3-5). Without a doubt, regardless of the worker's compensation injury, Respondent was going to have got treatment for his psychological treatment if the worker's compensation accident never happened. Requiring the carrier to pay for the Respondent's psychological treatment creates windfall for the Respondent that was not intended by the statute.

For all of the foregoing reasons the order of the circuit court should be reversed and remanded.

Respectfully submitted,

Margaret M. Urbanic
SC Bar No.: 13671
128 Seven Farms Dr.
Charleston, S.C. 29492
Attorney for Appellants

Ellen Goodwin
SC Bar No.: 18288
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-6000
Attorney for Appellants

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FOR BERKELEY COUNTY
Court of Common Pleas

The Honorable Kristi Lea Harrington

Case No. 2011-CP-08-00396

Robert Russell.....Employee, Claimant/Respondent,

v.

Department of Health and Environmental Control, Employer, and State Accident Fund, Carrier.....Appellants.

RECORD ON APPEAL

Margaret M. Urbanic
CLAWSON & STAUBES, LLC
126 Seven Farms Drive, Suite 200
Charleston, SC 29492
(843)577-2026
Attorney for Appellants

Other Counsel of Record:
J. David Murrell
MURRELL LAW FIRM
1517 Sam Rittenberg Blvd.
Charleston, SC 29407
(843)720-3740
Attorney for Respondent

INDEX

Order of Circuit Court 1

Order of Appellate Panel dated January 19, 2011 8

Order of Single Commissioner dated April 13, 2010 15

Order of Appellate Panel dated March 27, 2009 24

Order of Single Commissioner dated August 26, 2008 29

Form 50 dated March 25, 2008 38

Form 51 dated April 23, 2008 41

Respondent's Form 58 42

Respondent's APA Submissions 45

Appellants' Form 58 243

Appellants' APA Submissions 245

Appellants' Supplemental APA Submission 290

Transcript of Hearing 365

- Direct of Claimant/Respondent 373
- Cross of Claimant/Respondent 399
- Redirect of Claimant/ Respondent 410

Certificate of Appellant 413

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF BERKELEY	)	CASE NO.: 2011-CP-08-00396
ROBERT RUSSELL,	)	
EMPLOYEE/CLAIMANT, RESPONDENT,	)	
vs.	)	ORDER AFFIRMING THE DECISION AND ORDER OF THE APPELLATE PANEL OF THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
DEPARTMENT OF HEALTH and ENVIRONMENTAL CONTROL,	)	
EMPLOYER,	)	
and	)	
THE STATE ACCIDENT FUND,	)	
CARRIER/APPELLANT.	)	

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APPEARANCES:

Employee/Claimant/Respondent represented by J. David Murrell, Esquire, of Charleston, South Carolina.

Employer/Currier/Appellants represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.

STATEMENT OF THE CASE

Employee/Claimant/Respondent (hereinafter "Claimant") had a hearing before the Single Commissioner of the South Carolina Workers' Compensation Commission on July 1, 2008. The issues presented at the hearing were payment of causally-related medical treatment, past temporary total disability benefits, mileage reimbursement and whether Claimant was permanently and totally disabled. Thereafter, Claimant received a Decision and Order from the Single Commissioner on August 26, 2008, that held he was totally and permanently disabled pursuant to the Ellison decision and Employer/Carrier/Appellant (hereinafter "Carrier") must pay all past and future causally-related medical care and mileage reimbursement.

Carrier appealed the Hearing Commissioner's Decision and Order on September 8, 2008. The Appellate Panel ruled on March 27, 2009, to remand the case back to the Hearing Commissioner and instructed that a new order be issued resolving the conflict between Finding of Fact No. 18 and Finding of Fact No. 24. On April 13, 2010, the Hearing Commissioner issued a new Decision and Order that again found Claimant totally and permanently disabled; however, Finding of Fact No. 18 from the prior Decision and Order dated August 26, 2008, was deleted

4/10/12

thereby resolving the conflict as ordered by the Appellate Panel. On April 22, 2010, Carrier again appealed the Hearing Commissioner's Decision and Order.

The Appellate Panel ruled on January 19, 2011, and again upheld the Single Commissioner's Decision and Order that Claimant was totally and permanently disabled pursuant to the Ellison decision and that Carrier must pay all past and future causally-related medical care and mileage reimbursement. Thereafter, Carrier filed its third appeal of Claimant's award rendered in the Appellate Panel's Decision and Order and filed a Notice of Intent to Appeal and Petition for Judicial Review with the Berkeley County Court of Common Pleas on February 3, 2011.

All proffered testimony has been taken. Such, together with all medical, documentary and testimonial evidence, has been delivered to, and presented by oral argument to, the Court of Common Pleas and has been under study and consideration.

STANDARD OF REVIEW

The Administrative Procedures Act establishes the standard of judicial review of decisions by the Appellate Panel of the Workers' Compensation Commission. Lark v. Bi-Lo, 276 S.C. 130, 276 S.E.2d 304 (1981). A reviewing court may only reverse or modify a decision of an administrative agency if "such decision is affected by errors of law, characterized by abuse of discretion, or clearly erroneous in view of the reliable, probative and substantial evidence on the whole record." Suburban Propane Gas Co. v. Deschamps, 298 S. C. 230, 379 S.E.2d 301 (S.C. App. 1989). The Appellate Panel is the ultimate fact-finder in workers' compensation cases. Jordan v. Kelly Co., 381 S.C. 483, 674 S.E.2d 166 (2009). As a general rule, this court must affirm the findings of fact made by the Appellate Panel if they are supported by substantial evidence. Pierre v. Seaside Farms, Inc., 386 S.C. 534, 689 S.E.2d 615 (2010). "Substantial evidence is that evidence which, in considering the record as a whole, would allow reasonable minds to reach the conclusion the [Appellate Panel] reached." Hill v. Eagle Motor Lines, 373 S.C. 422, 645 S.E.2d 424 (2007). "The possibility of drawing two inconsistent conclusions from the evidence does not prevent the [Appellate Panel's] finding from being supported by substantial evidence." Id. Substantial evidence is more than a mere scintilla, but less than a preponderance. Bilton v. Best Western Royal Motor Lodge, 282 S.C. 634, 321 S.E.2d 63 (S.C. App. 1984).

Based upon a review of the foregoing case, the Court of Common Pleas **FULLY AFFIRMS** the Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission and therefore makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

Based upon the medical, documentary and testimonial evidence received and produced at the hearing, as well as the Single Commissioner's personal observations of Claimant, and the Decision and Order of the Appellate Panel, the following facts are accordingly made based upon the preponderance of the evidence:

4/10/12

1. Claimant injured his back in an admitted accident on June 11, 2004. Claimant alleges that this injury had affected his left hip and lower extremities;

2. Claimant is 51 years of age (testimony of Claimant);

3. Claimant had a 4-year college degree (testimony of Claimant);

4. Claimant's previous jobs include courier, manager of his family's grocery store, application screener with DSS (to determine if applicants met qualifications for services), and promotional coordinator for a drug company (testimony of Claimant);

5. Claimant's job with Employer was Environmental Health Manager. Claimant drew up septic system permits, performed soil boring duties, inspected septic systems after installation, handled complaints, and issued citations. The job required heavy lifting when Claimant had to use an augur in clay soil (testimony of Claimant; Defendants' APA #5, pages 268-269);

6. Claimant had previous back pain from "several weeks" which occasionally flared up prior to the date of the accident (Claimant's APA #7, page 32; testimony of Claimant);

7. Six days after the accident, Claimant was hospitalized for psychiatric care including suicidal ideation and "extreme depression." This was Claimant's 2nd hospitalization, the first having occurred about 20 years before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffer from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work accident (Defendants' APA #1 testimony of Claimant);

8. Claimant has a significant psychological history as documented in the evidence. When Claimant was a child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign (Defendants' APA #1; Defendants' APA #3, page 240; as to tremors, see e.g., Defendants' APA #4, pages 260 and 265; and Claimant's APA #10, page 70);

9. As read by the radiologist, Claimant's MRI shows "mild" degenerative disc disease with a small central herniation. However, Dr. Stovall reads the film as showing a disc bulge with no stenosis or nerve root impingement. There is no pathology to explain Claimant's extremely high pain levels he reports to providers and to the undersigned (Defendants' APA #2 , page 237; Claimant's APA #7,

page 34; Claimant's APA #9, page 57; Claimant's APA #12, pages 120, 128, and 130);

10. Claimant's lower extremity complaints are not supported by the medical evidence (e.g., Claimant's APA #12, pages 118, 122, and 125-126 ("denies lower extremity problems"); Claimant's APA #12, pages 120, 123, and 127, and Claimant's APA #14, pages 150 and 153 (negative straight leg raise). Claimant's own IME's records are devoid of any mention of leg pain/problems; instead, Dr. Forrest actually notes that he finds no definite weakness or other evident neurologic deficit in the lower extremities (Claimant's APA #15, pages 162-163);

11. Physicians disagree as to whether Claimant has Bipolar Disorder. Dr. Rosen believes that Claimant lacks the general pattern of delusional thinking or thought disorder associated with Bipolar Disorder, while Dr. Jenkins thinks that Claimant has Bipolar Disorder. Claimant considers himself to have the disorder. In any event, I find that there was no aggravation of a psychological condition by the date of the accident. Claimant's psychological condition was already spiraling downward (from sexual issues, harassment at work, and death of a close male friend) necessitating the hospitalization. Moreover, the notes from the hospitalization do not mention the work accident, injury, or pain relating thereto. The undersigned actually believes and finds that the reverse had actually occurred: rather than Claimant's physical injury aggravating his psychological condition, Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition. I base this finding on the following: initially, Claimant did not embellish his physical condition—shortly after the accident, Claimant reported that he "does not want to be off work or on sedating meds." He also denied striking his head in the accident even though he had headaches. Later, medical evidence shows that Claimant's depression began playing a role in magnification of his somatic complaints, as documented by the opinion of Dr. Santi (an opinion with which I agree and give great weight to, considering the objective diagnostic testing in this case). The nature of Claimant's physical injury is such that his condition should have gotten better—not worse. However, instead, Claimant's reports to providers that his low back pain has not resolved but has actually "evolved over time" (Defendants' APA #1 in its entirety, including but not limited to pages 229, 232, and 239; Claimant's APA #6, pages 15, 20, and 24; Claimant's APA #7, page 48 Claimant's APA #12, page 130; Claimant's APA #15, page 162);

12. Claimant complains of severe back pain to the undersigned and to providers, but was not compliant with the medication prescribed to him. Further, when Claimant's IME even "started to discuss" the possibility of surgery to alleviate his allegedly severe symptoms, Claimant indicated that he is "definitely not inclined" in that direction (Claimant's APA #7, page 48; Claimant's APA #12, pages 126 and 130; Claimant's APA #15, pages 162-164);

13. Based upon the findings of fact *supra*, I do not give weight to the opinion of Dr. Burke regarding an aggravation of Claimant's pre-existing (and significant) psychological condition (Claimant's APA #10, page 101-102);

11/16/12

14. Claimant is not a surgical candidate, according to the authorized treating physician. Claimant had physical therapy and injections, neither of which he reports as having helped;

15. Claimant reached maximum medical improvement on January 13, 2005 (Claimant's APA #12, page 131);

16. The authorized treating physician assigned a 5% impairment rating (Claimant's APA #12, page 131);

17. The authorized treating physician assigned 20-lb. (frequent) and 35-lb. (occasional) lifting restrictions, as well as prohibitions against long periods of climbing, bending, and stooping (Claimant's APA #12, page 131);

18. Claimant's request for reimbursement for unauthorized chiropractic care (including mileage) is denied. Claimant sought the care on his own without making any request for such to Defendants;

19. Claimant is permanently and totally disabled. I base this finding on the application of the Ellison decision, and reach this decision even if I completely discount the opinion of Dr. Burke. The remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole);

20. Defendants to receive credit for temporary benefits paid to Claimant;

21. I disagree with Dr. Custer's opinion that Claimant is able to manage his own finances (Defendants' APA #3, page 242);

22. Claimant's average weekly wage is $629.67, yielding a compensation rate of $419.80; and

23. Carrier must pay Claimant a permanent and total disability award based upon the substantial evidence that the combined effects of Claimant's work injury to his back on June 11, 2004, and his pre-existing psychological condition make him permanently and totally disabled pursuant to Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006) (the testimony of Claimant and the medical records).

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40 and the South Carolina Rules of Civil Procedure, it is the determination and findings of the Court of Common Pleas:

1. That, pursuant to S.C. Code Ann. § 42-1-160, there is sufficient evidence to prove that Claimant suffered a compensable injury by accident to his back arising out of and in the course of his employment on June 11, 2004;

4/10/12

2. That, pursuant to S.C. Code Ann. § 42-15-60 and § 42-9-400, Carrier must pay for all causally-related medical care for the June 11, 2004 work-injury and for his psychological condition that Claimant receives from the date of the Single Commissioner's order on August 25, 2008 and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That, pursuant to S.C. Code Ann. § 42-1-40, Claimant's compensation rate is $419.80 based on his average weekly wage of $629.67;

4. That, pursuant to S.C. Code Ann. § 42-9-400 and Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006), Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004 work-injury and for his treatment for his psychological condition that Claimant receives from the date of the Single Commissioner's order on August 25, 2008 and continuing for his lifetime; and

7. That, pursuant to S.C. Code Ann. § 42-15-60 and Regulation 67-1302 et seq. of the South Carolina Workers' Compensation Commission, Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement.

ORDER

IT IS, THEREFORE, ORDERED that the Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission dated January 19, 2011 is Fully Affirmed.

IT IS, THEREFORE, FURTHER ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004 work-injury and for his psychological condition that Claimant receives from the date of the Single Commissioner's order on August 25, 2008 and continuing for

4/16/12

his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004 work-injury and for his treatment for his psychological condition that Claimant receives from the date of the Single Commissioner's order on August 25, 2008 and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney, J. David Murrell.

AND IT IS SO ORDERED.

THE COURT OF COMMON PLEAS FOR
THE NINTH JUDICIAL CIRCUIT

The Honorable Kristi Lea Harrington

This 10th day of Dec, 2012.
Moncks Corner, South Carolina

APPELLATE PANEL

DECISION AND ORDER
OF THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NUMBER 0414927

ROBERT RUSSELL,

Employee/Claimant/Respondent,

v.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL,

Employer,

and

STATE ACCIDENT FUND,

Carrier/Defendants/Appellants.

Appellate Panel Review held in Columbia, South Carolina on August 17, 2010 per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed

1-19-11

APPEARANCES:

Claimant/Respondent represented by J. David Murrell, Esquire, of Charleston, South Carolina.

Defendants/Appellants represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.

STATEMENT OF THE CASE

The parties were heard by Commissioner Susan S. Barden on July 1, 2008 in North Charleston, South Carolina. On August 26, 2008, she issued a Decision and Order. Employer/Carrier filed an appeal and after oral argument was held, the Appellate Panel issued a Decision and Order on March 27, 2009 remanding the case to have the Hearing Commissioner resolve a conflict in the August 26, 2008 Decision and Order. On April 13, 2010, Commissioner Barden issued a new order.

Within the statutory period, counsel for Defendants Employer/Carrier filed an Application for Review in the case setting forth her reasons, copies of which were furnished to all interested parties prior to oral argument presented before the Appellate Panel on August 17, 2010. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and since been under study and consideration.

In an Appellate Review, the Panel shall, pursuant to S.C. Code Ann. § 42-17-60 (1985), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make it own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. Based upon a review of the foregoing, the Panel **FULLY AFFIRMS** the Single Commissioner's Decision and Order and therefore makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

Based upon the testimony and evidence received and produced at the hearing, as well as the Commissioner's personal observations of Claimant, the following facts are accordingly made based upon the preponderance of the evidence:

1. Claimant injured his back in an admitted accident on June 11, 2004. Claimant alleges that this injury had affected his left hip and lower extremities;

2. Claimant is 51 years of age (testimony of Claimant);

3. Claimant had a 4-year college degree (testimony of Claimant);

4. Claimant's previous jobs include courier, manager of his family's grocery store, application screener with DSS (to determine if applicants met qualifications for services), and promotional coordinator for a drug company (testimony of Claimant);

5. Claimant's job with Employer was Environmental Health Manager. Claimant drew up septic system permits, performed soil boring duties, inspected septic systems after installation, handled complaints, and issued citations. The job required heavy lifting when Claimant had to use an auger in clay soil (testimony of Claimant; Defendants' APA #5, pages 268-269);

6. Claimant had previous back pain from "several weeks" which occasionally flared up prior to the date of the accident (Claimant's APA #7, page 32; testimony of Claimant);

7. Six days after the accident, Claimant was hospitalized for psychiatric care including suicidal ideation and "extreme depression." This was Claimant's 2nd hospitalization, the first having occurred about 20 years before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffer from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work accident (Defendants' APA #1 testimony of Claimant);

8. Claimant has a significant psychological history as documented in the evidence. When Claimant was a child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign (Defendants' APA #1; Defendants' APA #3, page 240; as to tremors, see e.g., Defendants' APA #4, pages 260 and 265; and Claimant's APA #10, page 70);

9. As read by the radiologist, Claimant's MRI shows "mild" degenerative disc disease with a small central herniation. However, Dr. Stovall reads the film as showing a disc bulge with no stenosis or nerve root impingement. There is no pathology to explain Claimant's extremely high pain levels he reports to providers and to the undersigned (Defendants' APA #2., page 237; Claimant's APA #7, page 34; Claimant's APA #9, page 57; Claimant's APA #12, pages 120, 128, and 130);

10. Claimant's lower extremity complaints are not supported by the medical evidence (e.g., Claimant's APA #12, pages 118, 122, and 125-126 ("denies lower extremity problems"); Claimant's APA #12, pages 120, 123, and 127, and Claimant's APA #14, pages 150 and 153 (negative straight leg raise). Claimant's own IME's records are devoid of any mention of leg pain/problems; instead, Dr. Forrest actually notes that he finds no definite weakness or other evident neurologic deficit in the lower extremities (Claimant's APA #15, pages 162-163);

11. Physicians disagree as to whether Claimant has Bipolar Disorder. Dr. Rosen believes that Claimant lacks the general pattern of delusional thinking or thought disorder associated with Bipolar Disorder, while Dr. Jenkins thinks that Claimant has Bipolar Disorder. Claimant considers himself to have the disorder. In any event, I find that there was no aggravation of a psychological condition by the date of the accident, Claimant's psychological condition was already spiraling downward (from sexual issues, harassment at work, and death of a close male

friend) necessitating the hospitalization. Moreover, the notes from the hospitalization do not mention the work accident, injury, or pain relating thereto. The undersigned actually believes and finds that the reverse had actually occurred: rather than Claimant's physical injury aggravating his psychological condition, Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition. I base this finding on the following: initially, Claimant did not embellish his physical condition--shortly after the accident, Claimant reported that he "does not want to be off work or on sedating meds." He also denied striking his head in the accident even though he had headaches. Later, medical evidence shows that Claimant's depression began playing a role in magnification of his somatic complaints, as documented by the opinion of Dr. Sauil (an opinion with which I agree and give great weight to, considering the objective, diagnostic testing in this case). The nature of Claimant's physical injury is such that his condition should have gotten better—not worse. However, instead, Claimant's reports to providers that his low back pain has not resolved but has actually "evolved over time" (Defendants' APA #1 in its entirety, including but not limited to pages 229, 232, and 239; Claimant's APA #6, pages 15, 20, and 24; Claimant's APA #7, page 48 Claimnat's APA #12, page 130; Claimant's APA #15, page 162);

12. Claimant complains of severe back pain to the undersigned and to providers, but was not compliant with the medication prescribed to him. Further, when Claimant's IME even "started to discuss" the possibility of surgery to alleviate his allegedly severe symptoms, Claimant indicated that he is "definitely not inclined" in that direction Claimant's APA #7, page 48; Claimant's APA #12, pages 126 and 130; Claimant's APA #15, pages 162-164);

13. Based upon the findings of fact *supra*, I do not give weight to the opinion of Dr. Burke regarding an aggravation of Claimant's pre-existing (and significant) psychological condition (Claimant's APA #10, page 101-102);

14. Claimant is not a surgical candidate, according to the authorized treating physician. Claimant had physical therapy and injections, neither of which he reports as having helped;

15. Claimant reached maximum medical improvement on January 13, 2005 (Claimant's APA #12, page 131);

16. The authorized treating physician assigned a 5% impairment rating (Claimant's APA #12, page 131);

17. The authorized treating physician assigned 20-lb. (frequent) and 35-lb. (occasional) lifting restrictions, as well as prohibitions against long periods of climbing, bending, and stooping (Claimant's APA #12, page 131);

18. Claimant's request for reimbursement for unauthorized chiropractic care (including mileage) is denied. Claimant sought the care on his own without making any request for such to Defendants;

19. Claimant is permanently and totally disabled. I base this finding on the application of the Ellison decision, and reach this decision even if I completely discount the opinion of Dr. Burke. The remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole);

20. Defendants to receive credit for temporary benefits paid to Claimant;

21. I disagree with Dr. Custer's opinion that Claimant is able to manage his own finances (Defendants' APA #3, page 242);

22. Claimant's average weekly wage is $629.67, yielding a compensation rate of $419.80; and

23. Carrier must pay Claimant a permanent and total disability award based upon the substantial evidence that the combined effects of Claimant's work injury to his back on June 11, 2004, and his pre-existing psychological condition make him permanently and totally disabled pursuant to Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006) (the testimony of Claimant and the medical records).

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40, it is the determination and findings of this Commissioner:

1. That, pursuant to S.C. Code Ann. § 42-1-160, there is sufficient evidence to prove that Claimant suffered a compensable injury by accident to his back arising out of and in the course of his employment on June 11, 2004;

2. That, pursuant to S.C. Code Ann. § 42-15-60, Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That, pursuant to S.C. Code Ann. § 42-1-40, Claimant's compensation rate is $419.80 based on his average weekly wage of $629.67;

4. That, pursuant to S.C. Code Ann. § 42-9-400 and Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006), Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime; and

7. That, pursuant to S.C. Code Ann. § 42-15-60 and Regulation 67-1302 et seq. of the South Carolina Workers' Compensation Commission, Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement.

ORDER

IT IS, THEREFORE, ORDERED that the Single Commissioner's Decision and Order of April 13, 2010 is Fully Affirmed.

IT IS, THEREFORE, FURTHER ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

THE HONORABLE DERRICK L. WILLIAMS

THE HONORABLE AVERY B. WILLIAMSON, JR.

THE HONORABLE G. BRYAN LYNDON

Certificate of Service

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys of said parties.

This 19 day of January, 2011

By Valerie D. Keller

Administrative Assistant to the Commissioner

J. David Harrell

Margaret M. Usbaine

Cynthia B. Rabb

DECISION AND ORDER
OF THE
SC WORKERS' COMPENSATION COMMISSION

WCC FILE NUMBER 0414927

Robert Russell,
Employee/Claimant,

v.

Department of Health and Environmental Control,
Employer,

and

State Accident Fund,
Carrier/Defendants.

HEARING:	Held in North Charleston, South Carolina, on July 1, 2008, per notices served on all parties of interest.
APPEARANCES:	The Claimant was represented by J. David Murrell, Esquire, of Charleston, South Carolina.
	The Employer and Carrier were represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.
PURPOSE OF HEARING:	To determine issues as set forth on Forms 50 and 51.
DECISION AND ORDER:	The Honorable Susan S. Barden
FILED:	April 13, 2010

APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence.

SUBMISSIONS

APA NO.	Date
CLAIMANT'S SUBMISSIONS:	
1. Wreck Report	06/11/2004
2. Berkeley County EMS	06/11/2004
3. Roper Berkeley	06/11/2004
4. First Report of Injury	06/14/2004
5. Report of Employee Occurrence	06/16/2004
6. Dr. Jeffrey Santi	06/16/04 - 07/07/04
7. Dr. Alan Faulk	06/16/04 - 08/11/06
8. Sports Spine & Industrial	06/17/04 - 07/06/04
9. Chas. Physicians Imaging Ctr.	07/28/2004
10. Dr. William Burke	07/18/04 - 05/07/07
11. Dr. James Jenkins	07/14/04 - 10/03/05
12. Dr. Don Stovall	08/11/04 - 01/13/05
13. HealthSouth Surgical Center	09/01/04 - 10/08/04
14. Sports Plus Physical Therapy	11/03/04 - 12/16/04
15. Dr. Leonard Forrest	11/22/2006
16. Fund Analysis	11/18/2004
17. DHEC Work Status	02/16/05 - 07/16/05
18. DHEC Personnel Leave	06/17/04 - 05/02/05
19. DHEC Employee Performance	08/14/03 - 08/16/04
20. Form 20	N/A

21. Unpaid Medical Expenses	05/11/04 - 08/11/06
22. Mileage Form	05/11/04 - 08/11/06

EMPLOYER'S SUBMISSIONS:

APA NO.	Date
1. Samuel Rosen, MD	6/18/01 – 6/22/01
2. Tricounty Radiology	1/03/05
3. John V. Custer, MD	6/06/05
4. William C. Vanness, MD	10/17/05
5. Exhibit – SC Retirement Systems-Disability Report	7/10/05

STIPULATIONS

It was stipulated that this was an admitted injury and that jurisdiction was proper. It was stipulated that Claimant's average weekly wage was $629.67 and his compensation rate was $419.80. It also stipulated by Carrier that they would pay for all causally related medical treatment rendered by Dr. Stovall, Roper Berkeley, Berkeley County EMS, Roper Radiologist and Roper Berkeley Inc. (RBR) and would pay mileage reimbursement for Claimant's visits to Dr. Stovall.

STATEMENT OF THE CASE

Claimant is a 51 year old man. His work history includes social service specialist for DSS, Geer Drug Company as a promotional coordinator, a courier for First Costal Properties, and managed family's grocery store. Claimant has a four-year degree in Business Administration.

EVIDENCE OF THE CASE

Claimant has worked for DHEC for 15 years with the job title of Environmental Health Manager. Claimant injured his back, left arm, head, neck, and left hip on June 11, 2004. Claimant filed a Form 50 requesting a hearing. Employer/Carrier, by their attorney Peggy Urbanic Esq., filed a Form 51. A hearing was thereafter scheduled for July 1, 2008 to determine all issues as set forth in the Forms 50 and 51.

The hearing proceeded with J. David Murrell, Esq. present for Claimant and proper notice was given to Employer ("DHEC") and the State Accident Fund ("Carrier"). Peggy Urbanic, Esq. appeared on behalf of the Carrier and the Employer.

Claimant testified that he has been working for Defendant, DHEC for 15 years. Claimant testified that in June, 2004 his job title was Environmental Health Manager and his job duties included soil borings to determine whether a lot passed their requirements and could get a septic tank.

Claimant testified that on June 11, 2004 as he was making a right turn, he was rear-ended in his small Ford Ranger work truck. Claimant testified that his back, left arm, head, and neck were hurt. Claimant testified that after the initial injury, his left hip started hurting. Claimant testified that sometimes his legs, back, hip, and neck just ache. Claimant testified that his back, left hip and legs continue to hurt.

Claimant testified that he went to Dr. Stovall, and he was treating him with medication and was referred to physical therapy. Claimant testified that after the physical therapy he was still hurting. Claimant testified that Dr. Stovall prescribed injections but they did not help. Claimant testified that he went to chiropractic treatment and it helped some.

Claimant testified that he went back to work for awhile but he could not do any of the digging at work. Claimant testified that his supervisor would go with him and dig. Claimant testified that his back hurt so bad that he could not get his paper work done. Claimant testified that all dates on page 172 of Claimant's APA Exhibit 18 marked by an asterisk are days he was out of work as a result of his work injuries. Claimant testified that code 01 is vacation time. Claimant testified that page 173 is time spent at doctor appointments. Claimant testified that pages 174, 175, 176, 177 and 178 are dates he was unable to work as a result of his injury on the job. Claimant testified that dates marked through on page 179 are not related to his injury on the job. Claimant testified that two entries on page 180 are related to time missed form work as a result of injury on the job. Claimant testified that if he did not have enough sick leave, then he took annual leave to go to the doctor. Claimant testified that he was allotted so much sick leave every month and if he used it all then he would use annual leave. Claimant testified that he filled out leave slips when he had to take time off. Claimant testified that some of those dates are for doctor's appointments and that some days he stayed out of work the whole day. Claimant testified that either his back was hurting or he was too depressed to get out of the bed and go to work. Claimant testified that there were days he could not get out of bed because of his depression. Claimant testified that some of the visits on the leave slips were for a couple of hours, or an hour or two for doctor's appointments. Claimant testified that he has been an employee of the state for 16 or 17 years. Claimant testified that he had a previous injury to his back and he took a long time off for that. Claimant testified that he had good bit of sick leave accumulated but that he used it because of his previous accident and his depression. Claimant testified that he had depression before his work injury on June 11, 2004. Claimant testified that he is no longer employed at DHEC. Claimant testified that he retired from DHEC. Claimant testified that the retirement took place around July 16, 2005.

Claimant testified that his lower back and left hip still hurt. Claimant testified that his arm, neck, and head do not hurt anymore. Claimant testified that his depression and bipolar disorder is worse as a result of his work injury. Claimant testified that he has constant back pain. Claimant testified that on a bad day his pain is an eight and on a good day it is a five. Claimant testified that he takes Celebrex and Tylenol extra strength for his pain. Claimant testified that the medication helps with the pain in his back. Claimant testified that his left hip hurts when he walks on it. Claimant testified that he can walk halfway around a store like Target before his hip starts hurting. Claimant testified that his legs hurt him 20 to 25 percent of the time. Claimant testified that his leg pain comes and goes.

Claimant testified that his pain was so bad that he could kill himself. Claimant testified that he cries a lot, is worried, is anxious, and gets depressed. Claimant testified that he lives with his mother. Claimant testified his depression became worse because he could not do his work and he felt really bad for his supervisor because he was doing all of his work. Claimant testified that his bipolar disorder got worst after the injury on the job, he was crying, had thoughts of suicide, was more nervous, and was constantly worrying about things. Claimant testified that his medication for depression and bipolar changed after the injury on the job. Claimant testified that his medication dosage increased and he was put on a new drug. Claimant testified that his bipolar and depression make it impossible to work in a

competitive environment. Claimant testified that he gets mad easily, he has problems concentrating and motivating himself, and he can not sit still to read.

Claimant testified that he had back pain from several previous car wrecks which occasionally flared up. Claimant testified that he has not looked for work since he left DHEC. Claimant testified that prior to June 11, 2004 his back problems would aggravate him when he was digging for DHEC. Claimant testified that he would feel back pain every now and then but after two days it would go away. Claimant testified that he believed that he had fully recovered from the prior vehicle accidents because if he had not, he would not have been able to dig in the clay.

Claimant testified that he was diagnosed with depression in the early eighties and was later diagnosed as bipolar. Claimant testified that he had been hospitalized for thoughts of suicide prior to this injury. Claimant testified that he said he was going to commit suicide because he didn't want to go back to work. It was a hostile environment and he was being sexually harassed by his supervisor.

Claimant testified that he had not seen Dr. Faulk prior to his work injury. Claimant testified that he has been to a Chiropractor for his back before. Claimant testified that Dr. Faulk is with Palmetto Spine Center. Claimant testified that he went to Palmetto Spine Center on June 7, 2004 to get a massage but they were closing. He was told to come back but he did not go back until after the work injury.

Claimant testified that he sustained loss of use to his back as a result of the injury on the job. Claimant testified that his back is not 100 percent. Claimant testified that he believes he sustained a loss of 50 percent of use to his back because of the injury on the job. Claimant testified that he is unable to return to work as an environmental specialist and that he is unable to perform any work today.

FINDINGS OF FACT

Based upon the testimony and evidence received and produced at the hearing, as well as the Commissioner's personal observations of Claimant, the following facts are accordingly made based upon the preponderance of the evidence:

1. Claimant injured his back in an admitted accident on June 11, 2004. Claimant alleges that this injury had affected his left hip and lower extremities;

2. Claimant is 51 years of age (testimony of Claimant);

3. Claimant had a 4-year college degree (testimony of Claimant;

4. Claimant's previous jobs include courier, manager of his family's grocery store, application screener with DSS (to determine if applicants met qualifications for services), and promotional coordinator for a drug company (testimony of Claimant);

5. Claimant's job with Employer was Environmental Health Manager. Claimant drew up septic system permits, performed soil boring duties, inspected septic systems after installation, handled complaints, and issued citations. The job required heavy lifting when Claimant had to use an augur in clay soil (testimony of Claimant; Defendants' APA #5, pages 268-269);

6. Claimant had previous back pain from "several wrecks" which occasionally flared up prior to the date of the accident (Claimant's APA #7, page 32; testimony of Claimant);

7. Six days after the accident, Claimant was hospitalized for psychiatric care including suicidal ideation and "extreme depression." This was Claimant's 2nd hospitalization, the first having occurred about 20 years before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffer from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work accident (Defendants' APA #1 testimony of Claimant);

8. Claimant has a significant psychological history as documented in the evidence. When Claimant was a child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign (Defendants' APA #1; Defendants' APA #3, page 240; as to tremors, see e.g., Defendants' APA #4, pages 260 and 265; and Claimant's APA #10, page 70);

9. As read by the radiologist, Claimant's MRI shows "mild" degenerative disc disease with a small central herniation. However, Dr. Stovall reads the film as showing a disc bulge with no stenosis or nerve root impingement. There is no pathology to explain Claimant's extremely high pain levels he reports to providers and to the undersigned (Defendants' APA #2 , page 237; Claimant's APA #7, page 34; Claimant's APA #9, page 57; Claimant's APA #12, pages 120, 128, and 130);

10. Claimant's lower extremity complaints are not supported by the medical evidence (e.g., Claimant's APA #12, pages 116, 122, and 125-126 ("denies lower extremity problems"); Claimant's APA #12, pages 120, 123, and 127, and Claimant's APA #14, pages 150 and 153 (negative straight leg raise). Claimant's own IME's records are devoid of any mention of leg pain/problems; instead, Dr. Forrest actually notes that he finds no definite weakness or other evident neurologic deficit in the lower extremities (Claimant's APA #15, pages 162-163);

11. Physicians disagree as to whether Claimant has Bipolar Disorder. Dr. Rosen believes that Claimant lacks the general pattern of delusional thinking or thought disorder associated with Bipolar Disorder, while Dr. Jenkins thinks that Claimant has Bipolar Disorder. Claimant considers himself to have the disorder. In any event, I find that there was no aggravation of a psychological condition by the date of the accident. Claimant's psychological condition was already spiraling downward (from sexual issues, harassment at work, and death of a close male friend) necessitating the hospitalization. Moreover, the notes from the hospitalization do not mention the work accident, injury, or pain relating thereto. The undersigned actually believes and finds that the reverse had actually occurred: rather than Claimant's physical injury aggravating his psychological condition, Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition. I base this finding on the following: initially, Claimant did not embellish his physical condition--shortly after the accident, Claimant reported that he "does not want to be off work or on sedating meds." He also denied striking his head in the accident even though he had headaches. Later, medical evidence shows that Claimant's depression began playing a role in magnification of his somatic complaints, as documented by the opinion of Dr. Sand (an opinion with which I agree and give great weight to, considering the objective diagnostic testing in this case). The

nature of Claimant's physical injury is such that his condition should have gotten better—not worse. However, instead, Claimant's reports to providers that his low back pain has not resolved but has actually "evolved over time" (Defendants' APA #1 in its entirety, including but not limited to pages 229, 232, and 239; Claimant's APA #6, pages 15, 20, and 24; Claimant's APA #7, page 48 Claimant's APA #12, page 130; Claimant's APA #15, page 162);

12. Claimant complains of severe back pain to the undersigned and to providers, but was not compliant with the medication prescribed to him. Further, when Claimant's IME even "started to discuss" the possibility of surgery to alleviate his allegedly severe symptoms, Claimant indicated that he is "definitely not inclined" in that direction Claimant's APA #7, page 48; Claimant's APA #12, pages 126 and 130; Claimant's APA #15, pages 162-164);

13. Based upon the findings of fact *supra*, I do not give weight to the opinion of Dr. Burke regarding an aggravation of Claimant's pre-existing (and significant) psychological condition (Claimant's APA #10, page 101-102);

14. Claimant is not a surgical candidate, according to the authorized treating physician. Claimant had physical therapy and injections, neither of which he reports as having helped;

15. Claimant reached maximum medical improvement on January 13, 2005 (Claimant's APA #12, page 131);

16. The authorized treating physician assigned a 5% impairment rating (Claimant's APA #12, page 131);

17. The authorized treating physician assigned 20-lb. (frequent) and 35-lb. (occasional) lifting restrictions, as well as prohibitions against long periods of climbing, bending, and stooping (Claimant's APA #12, page 131);

18. Claimant's request for reimbursement for unauthorized chiropractic care (including mileage) is denied. Claimant sought the care on his own without making any request for such to Defendants;

19. Claimant is permanently and totally disabled. I base this finding on the application of the Ellison decision, and reach this decision even if I completely discount the opinion of Dr. Burke. The remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole);

20. Defendants to receive credit for temporary benefits paid to Claimant;

21. I disagree with Dr. Custer's opinion that Claimant is able to manage his own finances (Defendants' APA #3, page 242);

22. Claimant's average weekly wage is $629.67, yielding a compensation rate of $419.80; and

23. Carrier must pay Claimant a permanent and total disability award based upon the substantial evidence that the combined effects of Claimant's work injury to his back on June 11, 2004, and his pre-existing psychological condition make him permanently and

totally disabled pursuant to Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006) (the testimony of Claimant and the medical records).

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40, it is the determination and findings of this Commissioner:

1. That, pursuant to S.C. Code Ann. § 42-1-160, there is sufficient evidence to prove that Claimant suffered a compensable injury by accident to his back arising out of and in the course of his employment on June 11, 2004;

2. That, pursuant to S.C. Code Ann. § 42-15-60, Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That, pursuant to S.C. Code Ann. § 42-1-40, Claimant's compensation rate is $419.80 based on his average weekly wage of $629.67;

4. That, pursuant to S.C. Code Ann. § 42-9-400 and Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006), Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime; and

7. That, pursuant to S.C. Code Ann. § 42-15-60 and Regulation 67-1302 et seq. of the South Carolina Workers' Compensation Commission, Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement.

ORDER AND AWARD

IT IS, THEREFORE, ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney.

AND IT IS SO ORDERED.

SC WORKERS' COMPENSATION COMMISSION

BY: _____
THE HONORABLE SUSAN S. BARDEN

Columbia, South Carolina
This 13th day of April, 2010.

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above captioned case upon all parties to this cause by depositing a copy hereof, postage paid in the United States Mail, addressed to the attorney or attorneys of parties.

This 13th day of April 2010.

By _____
Administrative Assistant to the Commissioner

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 0414927

ROBERT G. RUSSELL, EMPLOYEE, CLAIMANT/APPELLANT,

- V -

S.C. DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL, EMPLOYER,

AND

STATE ACCIDENT FUND, CARRIER, DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia, South Carolina on December 16, 2008 per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed

March 27, 2009.

APPEARANCES:

Claimant/Respondent represented by J. David Murrell, Esquire, of Charleston, South Carolina.

Defendants/Appellants represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.

STATEMENT OF CASE

The parties were heard by Commissioner Susan S. Barden on July 1, 2008 in North Charleston, South Carolina. On August 26, 2008, she issued the following Order.

IT IS, THEREFORE, ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives [sic] from the date of this order and continuing for his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney.

Within the statutory period, counsel for the Defendants filed an Application for Review in the case setting forth her reasons, copies of which were furnished to all interested parties prior to oral argument presented before the Appellate Panel on December 16, 2008. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration.

By appeal, Defendants respectfully submit the following:

1. Whether the single commissioner erred in finding Claimant's physical injury aggravated his psychological condition as it is not supported by substantial evidence.

2. Whether the single commissioner erred in Finding of Fact No. 20 as it is not supported by substantial evidence.

3. Whether the single commissioner erred in Finding of Fact No. 24 as it is not supported by substantial evidence.

4. Whether the single commissioner erred in finding Claimant is permanently and totally disabled as he is disabled for his non-work related psychological condition.

5. Whether the single commissioner erred in Conclusions of Law No. 2 as it is not supported by substantial evidence.

6. Whether the single commissioner erred in Conclusions of Law No. 4 as it is not supported by substantial evidence.

7. Whether the single commissioner erred in Conclusions of Law No. 6 as it is not supported by substantial evidence and the psychological condition is not worked related.

8. Whether the single commissioner erred in Order Numbers 2, 4 and 6 as they are not supported by substantial evidence.

In an Appellate Review, the Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985), review the Award, weigh the evidence as presented at the Initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. Based upon a review of the foregoing, the Panel remands the Order of August 26, 2008 to the Hearing Commissioner for a new Order resolving the conflict between Finding of Fact #18 and Finding of Fact #24.

FINDINGS OF FACT

1. Finding of Fact # 18 is contradictory with Finding of Fact # 24; therefore, the Order is legally erroneous on its face.

2. Finding of Fact # 18 indicates no combination under Ellison as the psychological condition alone disables the Claimant.

Based upon the findings of fact are the following:

CONCLUSIONS OF LAW

1. S.C. Code Ann. §42-17-50 (1985) gives the Commission the power to affirm, amend, or reverse the decision of a Single Commissioner.

ORDER

IT IS, THEREFORE, ORDERED the Decision and Order of the Single Commissioner is hereby remanded to the Hearing Commissioner for a new order resolving the conflict between Finding of Fact No. 18 and Finding of Fact No. 24.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

Andrea C. Roche, Commissioner

REMAND

CONCUR:

David W. Hoffstetter, Commissioner

Avery B. Wilkerson, Jr., Commissioner

(a2014927.opp.ord)

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 27 day of March 2009

By _____

Administrative Assistant to the Commissioner

JDM
mmd

DECISION AND ORDER
OF THE
SC WORKERS' COMPENSATION COMMISSION

WCC FILE NUMBER 0414927

Robert Russell,
Employee/Claimant,

v.

Department of Health and Environmental Control,
Employer,

and

State Accident Fund,
Carrier/Defendants.

HEARING:	Held in North Charleston, South Carolina, on July 1, 2008, per notices served on all parties of interest.
APPEARANCES:	The Claimant was represented by J. David Murrell, Esquire, of Charleston, South Carolina. The Employer and Carrier were represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.
PURPOSE OF HEARING:	To determine issues as set forth on Forms 50 and 51.
DECISION AND ORDER:	The Honorable Susan S. Barden
FILED:	August 20, 2008

APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence.

SUBMISSIONS

APA NO.	Date
CLAIMANT'S SUBMISSIONS:	
1. Wreck Report	06/11/2004
2. Berkeley County EMS	06/11/2004
3. Roper Berkeley	06/11/2004
4. First Report of Injury	06/14/2004
5. Report of Employee Occurrence	06/16/2004
6. Dr. Jeffrey Santi	06/16/04 - 07/07/04
7. Dr. Alan Faulk	06/16/04 - 08/11/06
8. Sports Spine & Industrial	06/17/04 - 07/06/04
9. Chas. Physicians Imaging Ctr.	07/28/2004
10. Dr. William Burke	07/18/04 - 05/07/07
11. Dr. James Jenkins	07/14/04 - 10/03/05
12. Dr. Don Stovall	08/11/04 - 01/13/05
13. HealthSouth Surgical Center	09/01/04 - 10/08/04
14. Sports Plus Physical Therapy	11/03/04 - 12/16/04
15. Dr. Leonard Forrest	11/22/2006
16. Fund Analysis	11/18/2004
17. DHEC Work Status	02/16/05 - 07/16/05
18. DHEC Personnel Leave	06/17/04 - 05/02/05
19. DHEC Employee Performance	08/14/03 - 08/14/04
20. Form 20	N/A

21. Unpaid Medical Expenses	06/11/04 - 08/11/06
22. Mileage Form	06/11/04 - 08/11/06

EMPLOYER'S SUBMISSIONS:

APA NO.	Date
1. Samuel Rosen, MD	6/18/01 – 6/22/01
2. Tricounty Radiology	1/03/05
3. John V. Custer, MD	6/06/05
4. William C. Vanness, MD	10/17/05
5. Exhibit – SC Retirement Systems-Disability Report	7/10/05

STIPULATIONS

It was stipulated that this was an admitted injury and that jurisdiction was proper. It was stipulated that Claimant's average weekly wage was $629.67 and his compensation rate was $419.80. It also stipulated by Carrier that they would pay for all causally related medical treatment rendered by Dr. Stovall, Roper Berkeley, Berkeley County EMS, Roper Radiologist and Roper Berkeley Inc. (RBR) and would pay mileage reimbursement for Claimant's visits to Dr. Stovall.

STATEMENT OF THE CASE

Claimant is a 51 year old man. His work history includes social service specialist for DSS, Geer Drug Company as a promotional coordinator, a courier for First Costal Properties, and managed family's grocery store. Claimant has a four-year degree in Business Administration.

EVIDENCE OF THE CASE

Claimant has worked for DHEC for 15 years with the job title of Environmental Health Manager. Claimant injured his back, left arm, head, neck, and left hip on June 11, 2004. Claimant filed a Form 50 requesting a hearing. Employer/Carrier, by their attorney Peggy Urbanic Esq., filed a Form 51. A hearing was thereafter scheduled for July 1, 2008 to determine all issues as set forth in the Forms 50 and 51.

The hearing proceeded with J. David Murrell, Esq. present for Claimant and proper notice was given to Employer ("DHEC") and the State Accident Fund ("Carrier"). Peggy Urbanic, Esq. appeared on behalf of the Carrier and the Employer.

Claimant testified that he has been working for Defendant, DHEC for 15 years. Claimant testified that in June, 2004 his job title was Environmental Health Manager and his job duties included soil borings to determine whether a lot passed their requirements and could get a septic tank.

Claimant testified that on June 11, 2004 as he was making a right turn, he was rear-ended in his small Ford Ranger work truck. Claimant testified that his back, left arm, head, and neck were hurt. Claimant testified that after the initial injury, his left hip started hurting. Claimant testified that sometimes his legs, back, hip, and neck just ache. Claimant testified that his back, left hip and legs continue to hurt.

Claimant testified that he went to Dr. Stovall, and he was treating him with medication and was referred to physical therapy. Claimant testified that after the physical therapy he was still hurting. Claimant testified that Dr. Stovall prescribed injections but they did not help. Claimant testified that he went to chiropractic treatment and it helped some.

Claimant testified that he went back to work for awhile but he could not do any of the digging at work. Claimant testified that his supervisor would go with him and dig. Claimant testified that his back hurt so bad that he could not get his paper work done. Claimant testified that all dates on page 172 of Claimant's APA Exhibit 18 marked by an asterisk are days he was out of work as a result of his work-injuries. Claimant testified that code 01 is vacation time. Claimant testified that page 173 is time spent at doctor appointments. Claimant testified that pages 174, 175, 176, 177 and 178 are dates he was unable to work as a result of his injury on the job. Claimant testified that dates marked through on page 179 are not related to his injury on the job. Claimant testified that two entries on page 180 are related to time missed form work as a result of injury on the job. Claimant testified that if he did not have enough sick leave, then he took annual leave to go to the doctor. Claimant testified that he was allotted so much sick leave every month, and if he used it all then he would use annual leave. Claimant testified that he filled out leave slips when he had to take time off. Claimant testified that some of those dates are for doctor's appointments and that some days he stayed out of work the whole day. Claimant testified that either his back was hurting or he was too depressed to get out of the bed and go to work. Claimant testified that there were days he could not get out of bed because of his depression. Claimant testified that some of the visits on the leave slips were for a couple of hours, or an hour or two for doctor's appointments. Claimant testified that he has been an employee of the state for 16 or 17 years. Claimant testified that he had a previous injury to his back and he took a long time off for that. Claimant testified that he had good bit of sick leave accumulated but that he used it because of his previous accident and his depression. Claimant testified that he had depression before his work injury on June 11, 2004. Claimant testified that he is no longer employed at DHEC. Claimant testified that he retired from DHEC. Claimant testified that the retirement took place around July 16, 2005.

Claimant testified that his lower back and left hip still hurt. Claimant testified that his arm, neck, and head do not hurt anymore. Claimant testified that his depression and bipolar disorder is worse as a result of his work injury. Claimant testified that he has constant back pain. Claimant testified that on a bad day his pain is an eight and on a good day it is a five. Claimant testified that he takes Celebrex and Tylenol extra strength for his pain. Claimant testified that the medication helps with the pain in his back. Claimant testified that his left hip hurts when he walks on it. Claimant testified that he can walk halfway around a store like Target before his hip starts hurting. Claimant testified that his legs hurt from 20 to 25 percent of the time. Claimant testified that his leg pain comes and goes.

Claimant testified that his pain was so bad that he could kill himself. Claimant testified that he cries a lot, is worried, is anxious, and gets depressed. Claimant testified that he lives with his mother. Claimant testified his depression became worse because he could not do his work and he felt really bad for his supervisor because he was doing all of his work. Claimant testified that his bipolar disorder got worst after the injury on the job, he was crying, had thoughts of suicide, was more nervous, and was constantly worrying about things. Claimant testified that his medication for depression and bipolar changed after the injury on the job. Claimant testified that his medication dosage increased and he was put on a new drug. Claimant testified that his bipolar and depression make it impossible to work in a

competitive environment. Claimant testified that he gets mad easily, he has problems concentrating and motivating himself, and he can not sit still to read.

Claimant testified that he had back pain from several previous car wrecks which occasionally flared up. Claimant testified that he has not looked for work since he left DHEC. Claimant testified that prior to June 11, 2004 his back problems would aggravate him when he was digging for DHEC. Claimant testified that he would feel back pain every now and then but after two days it would go away. Claimant testified that he believed that he had fully recovered from the prior vehicle accidents because if he had not, he would not have been able to dig in the clay.

Claimant testified that he was diagnosed with depression in the early eighties and was later diagnosed as bipolar. Claimant testified that he had been hospitalized for thoughts of suicide prior to this injury. Claimant testified that he said he was going to commit suicide because he didn't want to go back to work. It was a hostile environment and he was being sexually harassed by his supervisor.

Claimant testified that he had not seen Dr. Faulk prior to his work injury. Claimant testified that he has been to a Chiropractor for his back before. Claimant testified that Dr. Faulk is with Palmetto Spine Center. Claimant testified that he went to Palmetto Spine Center on June 7, 2004 to get a massage but they were closing. He was told to come back but he did not go back until after the work injury.

Claimant testified that he sustained loss of use to his back as a result of the injury on the job. Claimant testified that his back is not 100 percent. Claimant testified that he believes he sustained a loss of 50 percent of use to his back because of the injury on the job. Claimant testified that he is unable to return to work as an environmental specialist and that he is unable to perform any work today.

FINDINGS OF FACT

Based upon the testimony and evidence received and produced at the hearing, as well as the Commissioner's personal observations of Claimant, the following facts are accordingly made based upon the preponderance of the evidence:

1. Claimant injured his back in an admitted accident on June 11, 2004. Claimant alleges that this injury had affected his left hip and lower extremities;

2. Claimant is 51 years of age (testimony of Claimant);

3. Claimant had a 4-year college degree (testimony of Claimant;

4. Claimant's previous jobs include courier, manager of his family's grocery store, application screener with DSS (to determine if applicants met qualifications for services), and promotional coordinator for a drug company (testimony of Claimant);

5. Claimant's job with Employer was Environmental Health Manager. Claimant drew up septic system permits, performed soil boring duties, inspected septic systems after installation, handled complaints, and issued citations. The job required heavy lifting when Claimant had to use an augur in clay soil (testimony of Claimant; Defendants' APA #5, pages 268-269);

6. Claimant had previous back pain from "several wrecks" which occasionally flared up prior to the date of the accident (Claimant's APA #7, page 32; testimony of Claimant);

7. Six days after the accident, Claimant was hospitalized for psychiatric care including suicidal ideation and "extreme depression." This was Claimant's 2nd hospitalization, the first having occurred about 20 years before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffer from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work accident (Defendants' APA #1 testimony of Claimant);

8. Claimant has a significant psychological history as documented in the evidence. When Claimant was a child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological conditions would be next to impossible to fake or feign (Defendants' APA #1; Defendants' APA #3, page 240; as to tremors, see e.g., Defendants' APA #4, pages 260 and 265; and Claimant's APA #10, page 70);

9. As read by the radiologist, Claimant's MRI shows "mild" degenerative disc disease with a small central herniation. However, Dr. Stovall reads the film as showing a disc bulge with no stenosis or nerve root impingement. There is no pathology to explain Claimant's extremely high pain levels he reports to providers and to the undersigned (Defendants' APA #2 , page 237; Claimant's APA #7, page 34; Claimant's APA #9, page 57; Claimant's APA #12, pages 120, 128, and 130);

10. Claimant's lower extremity complaints are not supported by the medical evidence (e.g., Claimant's APA #12, pages 118, 122, and 125-126 ("denies lower extremity problems"); Claimant's APA #12, pages 120, 123, and 127, and Claimant's APA #14, pages 150 and 153 (negative straight leg raise). Claimant's own IME's records are devoid of any mention of leg pain/problems; instead, Dr. Forrest actually notes that he finds no definite weakness or other evident neurologic deficit in the lower extremities (Claimant's APA #15, pages 162-163);

11. Physicians disagree as to whether Claimant has Bipolar Disorder. Dr. Rosen believes that Claimant lacks the general pattern of delusional thinking or thought disorder associated with Bipolar Disorder, while Dr. Jenkins thinks that Claimant has Bipolar Disorder. Claimant considers himself to have the disorder. In any event, I find that there was no aggravation of a psychological condition by the date of the accident, Claimant's psychological condition was already spiraling downward (from sexual issues, harassment at work, and death of a close male friend) necessitating the hospitalization. Moreover, the notes from the hospitalization do not mention the work accident, injury or pain relating thereto. The undersigned actually believes and finds that the reverse had actually occurred: rather than Claimant's physical injury aggravating his psychological condition, Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition. I base this finding on the following: initially, Claimant did not embellish his physical condition--shortly after the accident, Claimant reported that he "does not want to be off work or on sedating meds." He also denied striking his head in the accident even though he had headaches. Later, medical evidence shows that Claimant's depression began playing a role in magnification of his somatic complaints, as documented by the opinion of Dr. Santi (an opinion with which I agree and give great weight to, considering the objective, diagnostic testing in this case). The

nature of Claimant's physical injury is such that his condition should have gotten better—not worse. However, instead, Claimant's reports to providers that his low back pain has not resolved but has actually "evolved over time" (Defendants' APA #1 in its entirety, including but not limited to pages 229, 232, and 239; Claimant's APA #6, pages 15, 20, and 24; Claimant's APA #7, page 48; Claimant's APA #12, page 130; Claimant's APA #15, page 162);

12. Claimant complains of severe back pain to the undersigned and to providers, but was not compliant with the medication prescribed to him. Further, when Claimant's IME even "started to discuss" the possibility of surgery to alleviate his allegedly severe symptoms, Claimant indicated that he is "definitely not inclined" in that direction (Claimant's APA #7, page 48; Claimant's APA #12, pages 126 and 130; Claimant's APA #15, pages 162-164);

13. Based upon the findings of fact *supra*, I do not give weight to the opinion of Dr. Burke regarding an aggravation of Claimant's pre-existing (and significant) psychological condition (Claimant's APA #10, page 101-102);

14. Claimant is not a surgical candidate, according to the authorized treating physician. Claimant had physical therapy and injections, neither of which he reports as having helped;

15. Claimant reached maximum medical improvement on January 13, 2005 (Claimant's APA #12, page 131);

16. The authorized treating physician assigned a 5% impairment rating (Claimant's APA #12, page 131);

17. The authorized treating physician assigned 20-lb. (frequent) and 35-lb. (occasional) lifting restrictions, as well as prohibitions against long periods of climbing, bending, and stooping (Claimant's APA #12, page 131);

18. Absent Claimant's psychological condition, Claimant could easily find work as he has a 4-year college degree. However, I find that Claimant's psychological condition alone disables him;

19. Claimant's request for reimbursement for unauthorized chiropractic care (including mileage) is denied. Claimant sought the care on his own without making any request for such to Defendants;

20. Claimant is permanently and totally disabled. I base this finding on the application of the Ellison decision, and reach this decision even if I completely discount the opinion of Dr. Burke. The remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole);

21. Defendants to receive credit for temporary benefits paid to Claimant;

22. I disagree with Dr. Custer's opinion that Claimant is able to manage his own finances (Defendants' APA #3, page 242);

23. Claimant's average weekly wage is $629.67, yielding a compensation rate of $419.80; and

24. Carrier must pay Claimant a permanent and total disability award based upon the substantial evidence that the combined effects of Claimant's work injury to his back on June 11, 2004, and his pre-existing psychological condition make him permanently and totally disabled pursuant to Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006) (the testimony of Claimant and the medical records).

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40, it is the determination and findings of this Commissioner:

1. That, pursuant to S.C. Code Ann. § 42-1-160, there is sufficient evidence to prove that Claimant suffered a compensable injury by accident to his back arising out of and in the course of his employment on June 11, 2004;

2. That, pursuant to S.C. Code Ann. § 42-15-60, Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That, pursuant to S.C. Code Ann. § 42-1-40, Claimant's compensation rate is $419.80 based on his average weekly wage of $629.67;

4. That, pursuant to S.C. Code Ann. § 42-9-400 and Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006), Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime; and

7. That, pursuant to S.C. Code Ann. § 42-15-60 and Regulation 67-1302 et seq. of the South Carolina Workers' Compensation Commission, Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement.

ORDER AND AWARD

IT IS, THEREFORE, ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney.

AND IT IS SO ORDERED.

SC WORKERS' COMPENSATION COMMISSION

BY: _____
THE HONORABLE SUSAN S. BARDEN

Columbia, South Carolina
This 25 day of August, 2008.

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 26 day of August, 2008

By Kim Williams
Administrative Assistant to the Commissioner

DM MW MS

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

WCC File #: 0329059
Carrier File #: 2004-002909
Carrier Code #:
Employer FEIN #:

Claimant's Name: ROBERT G. RUSSELL SSN:
Address:
City: State: Zip:
Home Phone: Work Phone: ( )

Employer's Name: SCDHEC
Address: 109 W. MAIN STREET
City: MONCKS CORNER State: SC Zip: 29461
Insurance Carrier: STATE ACCIDENT FUND

Preparer's Name: J. DAVID MURRELL Law Firm: WIGGER LAW FIRM Preparer's Phone #: (843) 553-9800

Complete each information blank. To request a hearing, check Box 13b., indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma Date of Injury or Illness: 6/11/04

1a. The claimant sustained an accidental injury to Back, neck, head, left arm, headaches, depression and bipolar disorder (Part of Body Hurt) on 6/11/2004 (mm/dd/yyyy). In
1b. Berkeley County, State of South Carolina.
Body part(s) affected are: Back, neck, head, left arm, headaches, depression and bipolar disorder.
Briefly describe how the accident occurred: Claimant involved in a tree work while at work.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 6/11/04 (Month Day Year) in the following manner:
Supervisor: Gene Warner, verbal notification

X 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: ____.
X (b) additional medical examination and treatment for: Back, neck, head, left arm, headaches, depression and bipolar disorder.

☒ 7. Due to injury, the Claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
To Be Determined.

☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
X (1) General Disability: X Total ☐ Partial X (2) Specific Disability: X Total Partial
☐ (3) Wage Loss

9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of

10a. At the time of the injury, the Claimant was paid weekly wages of $____, and demands accounting of days worked and wages earned as provided by law.
10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident:

11a. Further grounds of claim:
The insurance carrier refuses to authorize Claimant to receive medical treatment.
11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident:
See attached list marked "Exhibit A"
11c. To the best of your knowledge, did you have any prior permanent disability? No.
If yes, describe: ____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
☐ 13b. I am requesting a hearing. A $25 fee is required.
14. Estimated time needed for hearing: ½ hour

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature | Attorney for Claimant (Title) | dmurrell@wiggerlawfirm.com (Email) | 3/25/08 (Date)

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50
Revised 9/07

50

Employee's Notice of Claim and/or Request for Hearing

"Exhibit A"

MEDICAL PROVIDERS FOR ROBERT RUSSELL

Berkeley County EMS
c/o Rapid Receivables
PO Box 4374
N. Myrtle Beach, SC 29597

Tricounty Radiology Assoc.
South Carolina Diagnostic Imaging
PO Box 70609
Charleston, SC 29415

Berkeley Family Practice
2061 Highway 52
Moncks Corner, SC 29461

William Burke, M.D.
Summerville Behavioral Health
709 Trolley Rd.
Summerville, SC 29485

Charleston Physicians Imaging Center
4000 Salt Pointe Pkwy.
North Charleston, SC 29405

James E. Jenkins, MD
9217 University Blvd., Bldg. C, Ste. 1-D
North Charelston, SC 29406

Alan Faulk
Palmetto Spine Center
2070 Northbrook Blvd., Ste A-14
N. Charleston, SC 29406

Healthsouth Surgery Center of Charleston
2690 Lake Park Drive
North Charleston, SC 29406

Leonard Forrest, M.D.
Southeastern Spine Institute
900 Bowman Rd., Ste. 300
Mt. Pleasant, SC 29464

Dr. Stovall
Lowcountry Orthopaedics & Sports Medicine
2880 Tricom St.
Charleston, SC 29406

Roper Hospital
316 Calhoun Street
Charleston, SC 29401

Roper Radiologists, PA
3 South Park Circle, Suite 240
Charleston, SC 29407

ER Physician Bill
Roper Berkeley Inc (RBR)
PO Box 751137
Charlotte, NC 28275

Sports Plus Physical Therapy
2880 Tricom St., Ste. B
North Charleston, SC 29406

Coastal Anesthesia
P.O. Box 4862
Archdale, NC 27360

Kerr Drug
1858 Remount Rd
Hanahan, SC 29406

William C. VanNess, III, MD
The Pain & Rehab Institute
128 E. Plaza Drive
Mooresville, NC 28115

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

CERTIFICATE OF SERVICE

The Undersigned assistant to the Attorney for the Claimant, 8086 Rivers Avenue, North Charleston, South Carolina, 29406, does hereby certify that she has served the following named individuals and\or companies with a copy of the pleading indicated below by mailing a copy of same to them in the United States mail, with sufficient postage affixed thereto and return address clearly marked, on the date indicated below:

PARTIES SERVED: **STATE ACCIDENT FUND**
ATTN: Karen Taylor
P.O. BOX 102100
COLUMBIA, SC 29221

PLEADING: RUSSELL vs. SCDHEC
FORM 50 – REQUEST A HEARING

AMY B. LARSEN, PARALEGAL
WIGGER LAW FIRM
8086 Rivers Avenue, Suite A
North Charleston SC 29406
(843) 553-9800

THIS 5th DAY OF March, 2008
CHARLESTON, SOUTH CAROLINA

South Carolina Workers' Compensation Commission
P.O. Box 1715 * 1612 Marion Street
Columbia, South Carolina 29202-1715

WCC File #0414927
Carrier File # 2004-2909
Carrier Code # SF - 500
Employer FEIN

SC Depart. of Health & Environ. Control
2600 Bull Street
Columbia, SC 29201
State Accident Fund

Preparer's Name: Mary Elise Scott, Esq. 803-896-5691

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer-insurance carrier in answer to the claim respectfully shows:

1. It is (denied) that the employee sustained an injury on or about the same date set forth in the application. The reasons for denial are: Admitted accident; however, extent of injury and body parts affected are denied.

2. It is (admitted) that both the employer and employee were subjected to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is (admitted) that the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is (admitted) that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

5. It is (admitted) that notice of injury was given the employer. The reasons for denial are:

6. It is (denied) that the employee (needs) medical care as a result of injury. The reasons for denial are: Claimant was placed at MMI by Don O. Stovall on 01/13/2005.

7. It is (denied) that the employee is entitled to temporary total disability for the period(s) of:

8. It is (denied) that the employee is permanently disabled. The reasons for denial are: Disability, if any, to be determined by the WCC.

9. It is (denied) that the employee has a serious disfigurement.

10. It is contended that an average weekly wage of $529.67 applies, according to attached accounting of employee's earnings as provided by law.

11. Further contentions or grounds of defense are: Any and all defenses available and applicable under the Act, to include, but not limited to, Sections 42-9-10, 42-15-20, 42-15-40, and 42-17-90 of the South Carolina Code of Laws (1976 and Cum. Supp. 2004).

I certify that I have served this document pursuant to R.67-212 by delivering a copy to J. David Murrell, Esquire, 8086 Rivers Avenue, Suite A, North Charleston, SC 29406 and Judicial Department, S.C.W.C.C., P.O. Box 1715, Columbia, SC 29202-1715 on the 23 day of April 2008 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Mary Elise Scott
Preparer's Signature

Staff Attorney

April 23, 2008
Date

Refer to R.67-205 and R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 0325059

Claimant's Name: [redacted]
Address:
City: State: Zip:
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: J. David Mansell, Esq.

Employer's Name: DHEC
Address: 108 W. Main Street
City: Moncks Corner State: SC Zip: 29461
Carrier: The State Accident Fund
Preparer's Phone #: (843) 553-9800

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $ 629.67 2. AWW: $ 419.80 **Date of Injury:** 06/11/2004
3. Type of injury and body part(s): Back, neck, headaches, left arm, depression and bi-polar disorder.
4. Facts in controversy: Is Claimant permanently and totally disabled? How much is Claimant entitled to for PPD benefits? How much is Claimant entitled to for TTD benefits? How much is Claimant entitled to for reimbursement for his payment of medical bills? What medical bills is Carrier responsible to pay? Is Claimant entitled to additional medical treatment to lessen his disability? How much is Claimant entitled to for mileage reimbursement?
5. Legal issues involved: §§ 42-9-10; 42-9-30; 42-15-60; R.67-1601; 42-9-200; Ellison v. Frigidaire and Dodge v. Bruccoli.
6. Unusual aspects:
7. Witnesses (designate if expert):* See attached notice.
8. Exhibits: See attached notice.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See attached notice.
10. Name, address, and specialty, if any, of the treating physician: See attached notice.
11. Impairment rating(s); body part(s); physician and date of opinion: 5% to the back by Dr. Don Stovall on 1/13/05 and 10% to the back by Dr. Leonard Forrest on 11/22/06.
12. I am amending my Form 50/51 in the following manner: Need one hour for hearing instead of 30 min.

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: Email: dmurrell@vaughanlawfirm.com

Date of hearing: July 1, 2008 at 11:30 a.m. Time needed for hearing: 1 hour

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
• Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58
Rev. 9/07

58

PRE-HEARING BRIEF

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

CERTIFICATE OF SERVICE

The Undersigned paralegal to the Attorney for the Claimant, 8086 Rivers Avenue, Suite A, North Charleston, South Carolina 29406, does hereby certify that she has served the following named individuals and/or companies with a copy of the pleading indicated below by mailing a copy of same to them in the United States mail, with sufficient postage affixed thereto and return address clearly marked, on the date indicated below:

PARTIES SERVED: Margaret M. Urbanic, Esquire
Clawson & Staubes, LLC
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-7595

PLEADINGS: Robert G. Russell v. Dept. of Health & Environmental Control
FORM 58 – PRE-HEARING BRIEF
NOTICE OF WITNESSES, WRITTEN
MEDICAL RECORDS AND OTHER
DOCUMENTS TO BE INTRODUCED
AS DIRECT EVIDENCE ON BEHALF
OF CLAIMANT

Amy B. Larsen
Paralegal for J. David Murrell, Esquire
WIGGER LAW FIRM, INC.
8086 Rivers Avenue, Suite A
North Charleston, SC 29406
(843) 553-9800

THIS 16th DAY OF JUNE, 2008
NORTH CHARLESTON, SOUTH CAROLINA

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION

Robert G. Russell, Claimant, vs. Dept. of Health & Environmental Control, Employer/Defendant.	WCC FILE # 0325059 **NOTICE OF WITNESSES, WRITTEN MEDICAL RECORDS AND OTHER DOCUMENTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF CLAIMANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND MARGARET M. URBANIC, ESQ., ATTORNEY FOR DEFENDANT:

YOU ARE HEREBY NOTIFIED, that the Claimant, 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 records, employment records and other related documents, as direct evidence on behalf of the Claimant, to wit:

Name of Document	Date of Record	Page Numbers
1. Wreck Report	06/11/2004	1
2. Berkeley County EMS	06/11/2004	2
3. Roper Berkeley	06/11/2004	3-12
4. First Report of Injury	06/14/2004	13
5. Report of Employee Occurrence	06/16/2004	14
6. Dr. Jeffrey Santi	06/16/04 - 07/07/04	15-26
7. Dr. Alan Faulk	06/16/04 - 08/11/06	27-50
8. Sports Spine & Industrial	06/17/04 - 07/06/04	51-56

Name of Document	Date of Record	Page Numbers
9. Chas. Physicians Imaging Ctr.	07/28/2004	57
10. Dr. William Burke	07/18/04 - 05/07/07	58-102
11. Dr. James Jenkins	07/14/04 - 10/03/05	103-111
12. Dr. Don Stovall	08/11/04 - 01/13/05	112-138
13. HealthSouth Surgical Center	09/01/04 - 10/08/04	139-149
14. Sports Plus Physical Therapy	11/03/04 - 12/16/04	150-161
15. Dr. Leonard Forrest	11/22/2006	162-165
16. Fund Analysis	11/18/2004	166
17. DHEC Work Status	02/16/05 - 07/16/05	167-170
18. DHEC Personnel Leave	06/17/04 - 05/02/05	171-180
19. DHEC Employee Performance	08/14/03 - 08/14/04	181-184
20. Form 20	N/A	185
21. Unpaid Medical Expenses	06/11/04 - 08/11/06	186-217
22. Mileage Form	06/11/04 - 08/11/06	218-227

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 or other persons, 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 evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant:

ROBERT G. RUSSELL, Claimant

J. David Murrell
Wigger Law Firm, Inc.
Attorney for the Claimant
8086 Rivers Avenue, Suite A
Charleston, SC 29406
(843) 553-9800

Charleston, South Carolina
16 day of June 2008

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
FR-10 (REV. 01/01)
NOTICE OF REQUIREMENT

Failure to comply could result in appropriate action under 56-10-270 and 56-10-520 of the 1976 code of laws of S.C. as amended. If vehicle subject to registration in S.C. and upon conviction thereof, the Department must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law.

R-601063

R-601064

R-601065

To be Completed By Insurance Agency, Broker, or Other Company Representative

This information is certified herein to be true and correct upon my knowledge and belief. I am employed by the above insurance company and not a party to this accident. I am duly authorized to make this report on behalf of the above insurance company.

Notice: Failure to have this form completed by your insurance broker, agent or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges.

If any of the below are applicable, disregard the above portion.

Form FR-10 Not Issued: Section 56-10-270 56-10-520

TRIP NO. 09-2436

PATIENT IDENTIFICATION (Items 70-79)

LAST NAME (70): [illegible] FIRST NAME (71-75): [illegible] MI (76):

STREET (77-78): APT #: N/A

CITY (79):

SSN (80-101):

SEX (102) RACE (103) AGE (104-109)

SEX (102): 1 Male, 2 Female, 3 Undetermined

RACE (103): 1 White, 2 Black, 3 (An Indian), 4 Hispanic, 5 Asian, 6 Other

AGE (104-109): CHECK ONE: 1 YRS, 2 MOS, 3 DAYS

DISPOSITION (110)

01 TREATED, TRANS. 02 DOA AT SCENE 03 HOSPITAL ER 04 HOSP. DEC. ADMIT 05 PATIENT'S HOME 06 NURSING HOME 07 DR.'S OFFICE 08 REFUSED TREAT. 10 PT. DEFINED TREAT 11 EMS TRANSFER

TYPE OF INCIDENT

TRAUMA (112): 1 MVA, 2 MC, 3 BIKES, 4 PED, 5 ASSAULT, 6 FALL, 7 FIRE, 8 INTERFAC, 9 OTHER

MEDICAL (113): 1 ENVIRON, 2 BEHAV, 3 OB/GYN, 4 RESP, 5 CARDIAC, 6 INTERFAC, 7 OTHER

TYPE OF PATIENT STATUS

TO SCENE (114): 1 EMERGENT, 2 NONEMERGENT

ON SCENE (115): 1 URGENT, 2 NON URGENT

FROM SCENE (116): 1 URGENT, 2 NON URGENT

CODE: CODE:

INCIDENT LOCATION

ST. OR HWY. NAME OR NO.: Valley Rd

CITY: Mendham Corner

County (117-118): 28 Zip Code (119-123): 07960

SAFETY EQUIP. (124) SITE OF INCIDENT (125)

SAFETY EQUIP. (124): 1 Seatbelt, 2 Helmet, 3 Airbag, 4 Child Seat, 5 None, 6 Unkn

SITE OF INCIDENT (125): 1 HIGHWAY, 2 RESIDENCE, 3 INDUSTRIAL, 4 RECREATIONAL, 5 AGRICULTURAL, 6 OTHER

PRELIMINARY IMPRESSION/MAJOR CLINICAL SYMPTOM (126)

003 Seizure, 004 Diabetic, 011 Abnormal Loc/Confusion, 013 Laceration, 023 Fracture, 024 Med/Psych/Alcohol, 030 Head Injury, 032 Spinal Injury, 034 Stroke, 051 G.I. Problems, 07 Respiratory Distress, 080 Circulatory Problems, 081 Cardiac Arrest

Other: Other:

PRIMARY IMPRESSION (127-140)

099

ADVANCED PROCEDURES (141-154)

01 Dressing Applied, 02 Cervical Collar, 03 Splint Immobilized, 04 Neck Immobilized, 05 OB Assistance, 06 Oral Airway Insert, 07 Oxygen Given, 08 Suction Used, 09 Assisted Ventilation, 10 Airway Maintained, 11 Assisted Ventilation, 12 Arterial Stick, 13 Cardiac Massage, 14 Bleeding Controlled, 15 Cold Application, 16 Patient Restrained, 17 Other (Use Comments), 18 Valsalva

MD # CODE (155)

ADVANCED PROCEDURES (156-228)

1. EKG Monitored — Rhythm: ____ Time: ____
2. First Defib Attempted — Well Sec: ____ Time: ____ Post Defib Rhythm: ____
3. Second Defib Attempted — Well Sec: ____ Time: ____ Post Defib Rhythm: ____
4. Third Defib Attempted — Well Sec: ____ Time: ____ Post Defib Rhythm: ____

INTUBATED: 5. ET Size: ____ Total # Attempts: ____ (224) 15. TBI 16. EMA 17. CPAP

6. EXTERNAL PACING
7. BLOOD DRAWN — DEXTROSE BGL: ____
8. IV STARTED/GAUGE — SOLUTION: ____ RATE: ____ VTBE: ____ IV VOLUME: ____
9. IV STARTED/GAUGE — SOLUTION: ____ RATE: ____ VTBE: ____ IV VOLUME: ____
10. IV ATTEMPTED, Total # ____ (225)
11. ENDOTRACHEAL DECOMPRESSION — Time: ____
12. INTRAOSSEOUS INF.
13. AUTOMATIC DEFIB.
14. PATIENT CONTACT HOURS — Ordering Physician: ____ (Optional)

SITE OF TRAUMA (155)

1 Head, 2 Face, 3 Neck, 4 Chest, 5 Abdomen, 6 Hip/Pelvis, 7 Upper Extr., 8 Lower Extr., 9 Back

EXPOSURE TO PT. BODY FLUIDS? (250): 1 YES 2 NO

1st Responder (257): 1 YES Name: [illegible] 2 NO

DRUGS GIVEN (229-245)

DRUG	DOSE	TIME	ROUTE	ECHO	12 LEAD

REVISED TRAUMA SCORE (246)

GCS: (243) EYES: 4 (244) VERBAL: 5 (245) MOTOR: 6 (245-246) GCS/GOV: 15

(247-249) RSP: 150 (250-252) RR: 150

(253) ANATOMICAL INJ.: 1 YES 2 NO

VITAL SIGNS/OTHER (262-277)

BP	PULSE	RESPIRATIONS	PUPIL	LEVEL OF CONSC	TIME
120/80	(1) REG. (2) IRREG.	PACE 16 (1) REG. (2) IRREG.	(1) E (2) U	A	1400
110/60	(1) REG. (2) IRREG.	14 (1) REG. (2) IRREG.	(1) E (2) U	A	1406
/	(1) REG. (2) IRREG.	(1) REG. (2) IRREG.	(1) E (2) U	A V P U	
/	(1) REG. (2) IRREG.	(1) REG. (2) IRREG.	(1) E (2) U		
/	(1) REG. (2) IRREG.	(1) REG. (2) IRREG.	(1) E (2) U		

COMMENTS (NOTES, ADDITIONAL INFORMATION, NARRATIVE, CONTINUE TO STAT)

Pt found sitting in driver's seat of vehicle involved in rear end collision. Front end damage. Pt c/o SOB, pain to chest, pt states he was restrained. Swelling & discomfort to L eye. Pt placed on O2 via NC @ 2 LPM. Pt transported to ED. Continued care provided & patient left in ED. Report given to ED RN.

Patient Care Form Left in ED: 1 YES 2 NO 3 OTHER — (See Page 2)

UNIT/CREW

RUN DATE (289-296): MONTH 01 DAY 11 YEAR 09

Unit Notified: (297-302)	1315
Unit Dispatched: (303-308)	1414
Departed Base: (309-314)	1421
Arrive Scene: (315-320)	1440
Departed Scene: (321-326)	1449
Arrive Destination: (327-332)	1525

CAUSE OF DELAY:

DISPOSITION (333-360)

333-338: 051003

REC. HOSP. ID/NAME (339-344): 4003

SENDING AGENCY ID (345-350):

PROVIDER TIME (OPTIONAL): 1515

CREW MEMBER ID/NAME (361-386)

PRIMARY ATTENDANT/DRIVER (361-368): [illegible] 85121

2nd ATTENDANT/DRIVER (369-376):

3rd ATTENDANT/DRIVER (377-384):

RECEIVING NURSE OR PHYSICIAN: [illegible]

DHEC 1000 REV. (01/2006) RECEIVER'S COPY REPORT NO. (1-9) 556183

0110

ROPER ST FRANCIS HEALTHCARE

ADMISSION RECORD

ok Cpt 3.5

MED REC #	ADMISSION DATE/TIME	DISCHARGE DATE/TIME		SERVICE	STATION	ROOM/BED	PAT TYPE	F.C.	ACCT #						
000662559	06/11/04 1420	1515		BER	EBA		EBA	PP	04163-00593						
LOCATION		REL	PAT CLA	PRIOR/N	LNG	FLX	RACE	MS	DATE OF BIRTH	AGE					
EBA		PVT		/N	E	(W)	W	S	03/17/57	47Y					

PATIENT

PATIENT NAME AND ADDRESS:
N CHARLESTON, SC 29405

SOC SEC NO:
PATIENT TELEPHONE NO:
(843)810-0468

EMPLOYERS

PATIENT EMPLOYER:
DHEC

TELEPHONE NO:
(843)719-4849

GUARANTOR

GUARANTOR NAME AND ADDRESS:
RUSSELL,ROBERT GENE
N CHARLESTON, SC 29406

SOC SEC NO:
0
TELEPHONE NO:
(843)810-0463
RELATION
SELF

GUARANTOR EMPLOYER:
DHEC

TELEPHONE NO:
(843)719-4849

INSURANCE

INSURANCE 1:
BCBS STATE
PO BOX 100605
COLUMBIA, SC 29260-0605
002032000
ZCS247062960
RUSSELL,ROBERT G

INSURANCE 2:

MISC.

IN CASE OF EMERGENCY NOTIFY
RUSSELL,JOHN BROTHER
HM: (843)687-3047 WK:

SPOUSE
HM: WK:

ARRIVAL MODE: AMBULANC
ADM TYPE/SOURCE: 1/7

ADM DX/PRESENTING COMPLAINT:
MVA

ATTENDING DOCTOR	REFERRING DOCTOR	PRIMARY CARE DOCTOR
GASKINS-MD,JOHN D	GASKINS-MD,JOHN D	PCP,UNKNOWN

ALERTS	PREVIOUS ADM DATE	OPT/OUT	DIR	LNG	MKT	PHN	PRIMARY	ALT	BY
NO NONE	04/23/04	OPT	No	N		PHN MSG			DSS

FOR EMERGENCY DEPARTMENT USE ONLY — BP: TEMP: RESP: PULSE: DIED: TIME: SIGNATURE:

ALLERGIES

PRINCIPAL DIAGNOSIS:

OTHER DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

OTHER OPERATIONS/PROCEDURES:

DRG	CODE(S)
	X81.0
	V47.1
	812.2
	811.9
	812.0
	873.8
	E819.1

☐ OPERATIVE SUMMARY DICTATED ☐ DISCHARGE SUMMARY DICTATED

PHYSICIAN SIGNATURE: _____ DATE: _____

Roper Hospital, 316 Calhoun Street, Charleston, SC 29401 | Roper St Francis Medical Pavilion, 2595 Henry Tecklenburg Drive, Charleston, SC 29414 | Roper Rehabilitation Hospital, 316 Calhoun Street, Charleston, SC 29401 | Roper Berkeley Day Surgery Center, 130 Stony Landing Road, Moncks Corner, SC 29461

– 3 –

CHART COPY

0111

© 2000 T-System, Inc. Circle or check affirmatives, backslash (\) negatives

17

Care Alliance - Berkeley

EMERGENCY PHYSICIAN RECORD

MVA (5)

MR# 00662059 EBA 06/11/04
RU: ELL,ROBERT GEN DO
PHYS: GASKINS-MD,JOHN D
ACCT#:04163-00596 FC: PP

TIME SEEN: 1414 ROOM: 11 EMS Arrival
HISTORIAN: patient spouse paramedics
HX/ EXAM LIMITED BY:

HPI chief complaint: (MVA) injury to neck back

occurred: just PTA

position in vehicle: driver passenger (rear) back

context: car collision overturned vehicle
single-car accident (lost control / fell asleep / unknown cause)

location of pain/injuries:
head face mouth
(neck) chest abdomen
(back) (Upper) (and) (Lower)
radiating to (R/L) thigh / leg

–right–		–left–	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	(c-spine)	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

severity of pain:
(mild)
moderate
severe

associated symptoms:
loss consciousness / cared-
duration:
(lightheadedness)
amnesia coming to hospital
seizure

site of impact:
"P" = primary "S" = secondary

Initial damage to car
force (low) mod high
direct glancing

restraints:
none (lap / shoulder)
doesn't recall
car seat
air bag deployed
thrown from vehicle
ambulated at scene
long extrication

ROS (Unless otherwise noted, pertinent positives and negatives are listed below)
loss from/gait, recent illness
headache
double vision / decreased vision
trouble breathing / chest pain
nausea / vomiting
loss of bladder function
skin lesion / rash
recent fever / illness

SOCIAL HISTORY: seatbelt ETOH smoker / drug abuse

PAST HISTORY negative
Depression, Bipolar

Meds: none / see nurses note
Allergies: NKDA / see nurses note

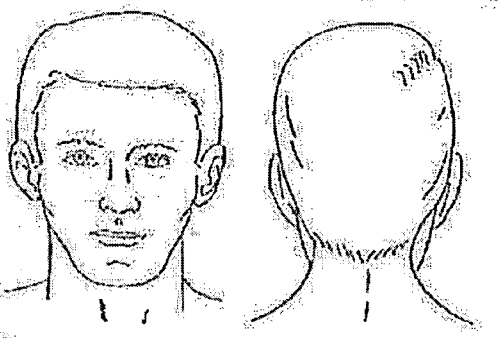
Rev. 06/01

Nurses note reviewed Tetanus immun. UTD Vital signs reviewed

PHYSICAL EXAM alert lethargic anxious
Distress: NAD mild moderate severe
Other: c-collar (PTA / in ED) back board IV splints

HEAD
no evidence of trauma
see diagram
Battle's sign / Raccoon Eyes

NECK
non-tender
painless ROM
trachea midline
see diagram
vertebral point-tenderness
muscle spasm / decreased ROM
pain on movement of neck



EYES
PERRL
EOMI
unequal pupils #- mm /- mm
EOM entrapment / palsy
subconjunctival hemorrhage

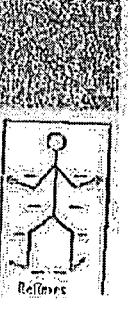
ENT
(wnl) external
(inspection)
no dental injury
hemotympanum
TM obscured by wax
clotted nasal blood
dental injury / malocclusion

RESP & CVS
(chest non-tender)
(breath sounds wnl)
(heart sounds wnl)
see diagram (on reverse)
decreased breath sounds
wheezing / rales
splinting / paradoxical movements

ABDOMEN
(non-tender)
no organomegaly
see diagram (on reverse)
tenderness / guarding / rebound
mass / organomegaly

GENITAL/RECTAL [illegible]

NEURO / PSYCH
(oriented x3)
(mood & affect)
(CN's wnl)
assisted
(ambulation &)
(motor wnl)
confusion / disorientation
EOM palsy / anisocoria
facial asymmetry
unsteady / ataxic gait
sensory / motor deficit


Reflexes

0112

SKIN
- intact
- warm, dry

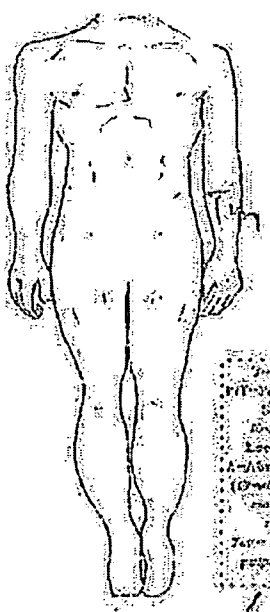
__see diagram
__crepitus / diaphoresis

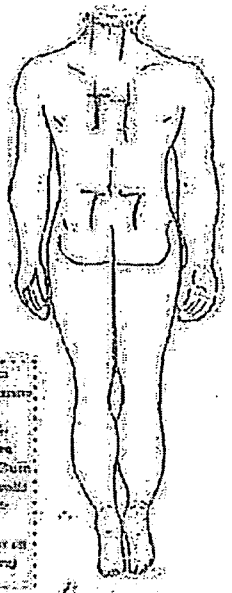
BACK
- no CVA tenderness
- no vertebral tenderness

__see diagram
__vertebral joint-tenderness
__CVA tenderness
__muscle spasm / limited ROM

EXTREMITIES
- symmetric
- pelvis stable
- hips non-tender
- no pedal edema
- full ROM

__see diagram
__bony point-tenderness
__painful / unable to bear weight
__pulse deficit
joint Exam:
__limited ROM / ligaments laxity / joint effusion





PROGRESS:

XRAYS ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/radiologist

C-Spine (D-Spine) (LS-Spine)

- xray / NAD
- no fracture
- anl alignment
- soft tissues nml

__reversal / straightening of cerv. lordosis
__DJD / spondylosis / spurring

CXR
- nml / NAD
- no infiltrates
- nml heart size
- nml mediastinum

__rib fracture
__infiltrate / atelectasis

OTHER ☐ See separate report

CLINICAL IMPRESSION: MVA

contusion				sprain / strain
head		wrist	R / L	neck dorsal lumbar
face		hand	R / L	sacral
chest		hip	R / L	contusion
abdomen		thigh	R / L	with LOC w/o LOC
back		knee	R / L	
shoulder	R / L	leg	R / L	laceration
arm	R / L	ankle	R / L	
elbow	R / L	foot	R / L	
forearm	R / L			

disposition: ☑ home ☐ admitted ☐ transferred
condition: ☐ unchanged ☐ improved ☐ stable

MP/TA

☐ See Dictation Addendum

MVA - 17

ROPER ST FRANCIS HEALTHCARE

MRN: 0000662558 EBA 06/11/04 -
RUSSELL,ROBERT GEN DO

PHYS: GASKINS-MD,JOHN D

ACCT#:04163-00596 FC: PP

Roper Hospital	Roper North
316 Calhoun Street Charleston, SC 29401 Phone: 724-2010	2750 Speissegger Drive N. Charleston, SC 29405 Phone: 745-2787
Roper Northwoods	**Roper Berkeley**
7750 Northwoods Blvd. N. Charleston, SC 29406 Phone: 824-8733	730 Stony Landing Road Moncks Corner, SC 29461 Phone: 1-800-846-7707

Emergency Services Discharge Instructions and Referral Information

Note: The examination and treatment you have received have been rendered on an emergency basis and are not a substitute for complete medical care. It is important that you report any persisting problems to your doctor since it is impossible to recognize and treat all events of a problem in one emergency visit. Follow instructions below as indicated to you:

☐ **Head Injury Precautions**
1. Apply ice to area for 20-30 minutes 4 times per day.
2. Contact the ER for any of the following : severe headache, vomiting, restlessness, convulsions, unsteadiness, paralysis, disorientation, slurred speech, stiff neck, blurred vision, unequal pupils (one large, one small) or difficulty in waking up.
3. Allow patient to sleep but awaken every _____ hours the first day to check for above symptoms.
4. No pain medicines stronger than Tylenol.

☐ **Abdominal Pain**
1. Clear liquid diet for the next 24 hours. Advance as tolerated.
   Clear liquids include: Gatorade, Gingerale, popsicles, jello, and broth etc.
2. Rest as much as possible.
3. Avoid caffeine, nicotine, alcohol and aspirin.
4. Medications as prescribed.
5. If your pain worsens or you develop fever > 101° contact your physician or ER.

☐ **Back and Neck Injuries**
1. Use heat to injured areas.
2. Rest as much as possible.
3. Avoid positions and movements that make pain worse.
4. Gentle but firm massage may increase circulation to the injured area and help relieve pain.
5. Take medication as directed.

☐ **Medicine**
The medication you have been given today may make you sleepy. Do not drive, work around machines or drink alcohol while taking medication.

☐ Take medication as directed.

☐ You have been given a Tetanus/Diphtheria toxoid.

☐ **Sprain/Fracture/Bruise**
1. Elevate injured extremity to lessen swelling.
2. Apply ice packs in the first 48 hours for 30 minutes at a time. (Place ice in a plastic bag and wrap in a cloth).
3. If you have an elastic bandage, rewrap if it becomes too loose or tight.
4. If ankle or foot is involved, used cane or crutches as needed. Limit weight bearing until pain decreases.
5. Warm compresses or soaks after the second day.
6. If injury does not improve, call your doctor or ER.

☐ **Lacerations**
1. Keep wound clean and dry as possible.
2. ☐ Leave dressing intact _____ days then
   ☐ Change dressing daily and clean with soap & water.
3. Contact the ER or your doctor if the wound becomes red, swollen, or shows signs of infection.
4. Return to the ER for a wound check in _____ days.
5. Return for suture removal in _____ days.
6. Protect the healed wound from the sunlight for 1 year with a full sunblock (SPF-15 or higher) to lessen scar.

☐ **Cast/Splint Care**
1. Keep elevated with no weight or pressure on any part of splint or cast for 48 hours. Do not get cast/splint wet.
2. Do not insert anything between your cast/splint and skin.
3. Call your doctor if you feel pressure or tightness in cast/splint area or if exposed fingers/toes are cold, numb blue or painful.

☐ **X-rays**
Your X-rays have been read by an Emergency physician or your doctor. A specialist in X-ray will review your films within 24 hours and if his opinion differs, you will be notified with instructions for follow-up.

Other Instructions: Return if worse.
F/U Neurology + Cardiology

Work/School Excuse:
Light duty _____ days
Return to work/school on _____

The above instructions have been explained to me and I understand them.

Robert Russell
Patient or representative

C-6 Nurse

1515 Time

☐ HOME
☐ STABLE
☐ AMBULATORY

0114

MRN: 00002859 EBA 06/11/04
RUSSI ROBERT GEN DOB

ROPER ST FRANCIS HEALTHCARE Emergency Department Physician's Order Sheet

PHYS: GASKINS-MD, JOHN D

ACCT#:04163-00596 FC: PP

Date/Time	RN Signature	
		DIAGNOSIS:
		HEME PANEL BMP PT PTT ERCP EKG BNP
		CBC CMP HEPATIC FUNCTION
		AMYLASE LIPASE ACCUCHECK
		URINE DIP URINE HCG U/A ABG
		INT IVF:
		PCXR PA/LAT CXR KUB FLAT/UPRIGHT ABD
		O2 SAT: Room Air Single Continuous
		O2 via @ L/min.
		Cardiac Monitor B/P Monitor OLD RECORDS
		AMI: dx on admission
		Heme Panel BMP PT PTT ERCP LDL-c(Lipid Panel) EKG PCXR
		ASA _____ mg po
		☐ ASA taken prior to admission
		☐ Not prescribed: reasons active bleeding, Warfarin/Coumadin used
		Other reasons _____
		Beta Blocker _____
		☐ BetaBlocker not perscribed: allergy, bradycardia, heart failure, BP<90 on arrival
		☐ Other reasons
		Pneumonia: dx on admission: Yes No Pt has DNR: Yes No
		Blood Cultures Chest x-ray Pulse oximetry
		Antibiotic within 4 hours of arrival
		☐ Rocephin 1gm IVPB + Zithromax 500 mg IVPB x 1
		☐ Tequin _____ mg IV x 1
		☐ Other _____
		☐ HX of allergy, intolerance, sensitivity to Pen, beta lactams, ceph
1145		1 Spoon Xrag
		1 Spoon Dxr
		1 Spoon Xr
		Motrin 7.50 po/ 1145
		Naprosyn 500 po/ 1145

PAR#: 0006 9 EBA 06/11/04 -
RUSSELL,ROBERT GEN DO[illegible]7

PHYS: GASKINS-MD,JOHN D

ACCT#:04163-00596 FC: PP

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Care Alliance - Berkeley

EMERGENCY NURSING RECORD

MVC

TRIAGE TIME 1414 emergent urgent non-urgent

NAME: R Russell AGE: 41 (M) F

D.O.B.

HISTORIAN: (patient) paramedics family

ARRIVAL MODE: car (EMS) police M3

PMD: none V. Harvey/Saunders/Jenkins

Tetanus Immunization: current / ^not current / date

Pneumococcal Immunization: current / ^not current / date

Influenza Immunization: current / ^not current / date

LAST TETANUS:

TREATMENT PTA see EMS report c-collar backboard

CHIEF COMPLAINT MVC Per EMS - DW

occurred just PTA rear ended - sped minor damage

chemical exposure

INJURIES

		R			L	
(head)	(neck)	shldr	hip	shldr	hip	
face	(back)	arm	thigh	arm	thigh	
nose	chest	elbow	knee	elbow	knee	
mouth	abdomen	f-arm	leg	(f-arm)	leg	
coccyx		wrist	ankle	wrist	ankle	
		hand	foot	hand	foot	

PAIN LEVEL current ___/10 max ___/10

CRASH

(driver) / passenger from back

(lap belt) / shoulder / car seat

air bag deployed

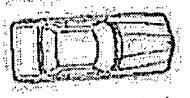
rolling at scene

lost consciousness

thrown from vehicle

long extrication

SITE OF IMPACT "P" = primary "S" = secondary



speed low mod high

direct glancing

VITALS time: BP 146/86 P 92 RR 24 temp 98.1 TM (O) R Ax

Weight 235 #kg Height

O2 Sat% RA / O2 GCS RTS

ALLERGIES (NKDA) PCN / ASA / sulfa / latex

MEDS	DOSE	FREQUENCY	LAST DOSE
Lamictal	200 mg	qd	Sunday
Prozac	20 mg	qd	
Risperdal	2 mg	qhs	

depression / bipolar

PAST HX negative

heart disease / HTN / diabetes: insulin

past surgeries none Appy, heart cath

smoker / drugs / alcohol

^TB exposure / symptoms

^has been physically hurt or threatened by someone close

LNMP [illegible] G P Ab pregnant / postmenopausal

Jennifer Stamaris CNP/RN

TIME TO ROOM: 1414

INITIAL ASSESSMENT TIME: 1414 ROOM: 11

GENERAL APPEARANCE

no acute distress — (c-collar/back board in place) Per EMS

alert — mild / moderate / severe distress

anxious / decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT

appears well nourished — (obese) / malnourished

independent ADL — ^assisted / total care

RESPIRATORY

no resp distress — mild / moderate / severe distress

nml breath sounds — wheezing / crackles / stridor

decreased breath sounds

CVS

regular rate — tachycardia / bradycardia / irreg. rhythm

pulses strong — pulse deficit

skin warm & dry — cool / diaphoretic

pale / cyanotic

NEURO

(oriented x 3) — disoriented to person / place / time

PERRL — confused

pupils unequal

weakness / sensory loss

HEENT

(no evidence of trauma) — scalp tenderness / laceration

nml eye inspection — eye injury

nml ENT inspection — nasal / dental injury

NECK / BACK

(no evidence of trauma) — laceration / abrasion / swelling

(non-tender) — (tenderness)

ABDOMEN

nml inspection — tenderness / guarding / rebound

(non-tender) — blood at urethral meatus

bowel sounds present

EXTREMITIES

(no evidence of trauma) — laceration / abrasion / swelling

(non-tender) — tenderness / swelling

moves all extremities — limited ROM

deformity

ADDITIONAL FINDINGS

Nurse Signature [illegible]

^ personal available

ACTIONS

TIME		INIT
1432	E-collar: back board removed by MD	
	ice pack / elevation: warming measures	
	bandage applied: wet to dry dressing	
	set up suture tray / eye tray	
	O_2 ____ L via	
	pulse oximeter	
	cardiac monitor	
	Accu-Chek	
	TD / TT: 0.5mL IM Lot #:	
	exp. date: manufacturer	
✓	bed low position: side rails up x1 x2	
✓	call light in reach: ✓ head of bed elevated	
✓	ready for Dr eval / notified doctor	
	restraints: see documentation	

IV RECORD Pump used: Yes / No

Time	Solution	Site	Ga	Rate	Amt in	D/C'd	INIT

___IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

Time	Medication	Dose	Rte	Site	INIT
1442	Robaxin	750mg	PO		JH
	Response:				
1442	Nubain	10mg	IM		JH
	Response:				
	Response:				
	Response:				

PROCEDURES

Time		INIT
	laceration repair by:	
	single / multiple layer face hand trunk	
	length after closure:	
	foreign body removed by:	
	splint applied: arm leg short long	
	assessed post-procedure	
	color / sensation / movement	
	cleaned wound applied abx ointment	
	applied dressing / Band-Aid / elastic wrap	
	crutch training: safe operation demonstration	
1442	to Xray / monitor / nurse / O2 / Ecrit C Spine	JH

VITAL SIGNS

C Spine T Spine

Time	BP	P	RR	T	O2sat	Rhythm	INIT

MVC_01

PAIN REASSESSMENT

Time	Description	Level	INIT
		/10	
		/10	
		/10	

ADDITIONAL NOTES

INTAKE / OUTPUT

INTAKE	OUTPUT
IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
Total:	Total:

PROPERTY TO:

___patient ___family ___security ___safe ___see patient belongings list

DISPOSITION

✓ discharged home police nursing home ME funeral home

✓ verbal / written instructions (Rx) given to: (patient) Carolyn Martin

✓ verbalized understanding

___learning barriers addressed

___accompanied by / driver

___pain level at discharge ____/10

___admitted / transferred to

___report to ____ time

___transfer documentation completed

___notified family / police / ME

___left AMA / LWOT signed AMA sheet refused

___physician notified of:

CONDITION

___unchanged ___improved ✓ stable ___other:

Depart Time 1515 Mode (walk) crutches W/C stretcher ambulance

Discharge Nurse Signature M Brooks

SIGNATURE	INITIAL
[signature] RN	JH

* protocol available

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
Ord. Phy.: GASKINS-MD,JOHN D

MR#: A000662559
DOB: [redacted]
Pt. Phone: (843)810-8463
Ord. Phy.#: (843)899-7700
Phy. Fax #: (843)761-7881

GASKINS-MD,JOHN D
730 STONEY LANDING RD

MONCKS CORNE SC 29461

Acct Nbr : A0416300596
Pat_Type : EBA

Chk-in #	Order	Exam	
1049489	0001	30304	BXR SPINE THORACIC

Ord Diag: MVA

THORACIC SPINE: 6/11/04

FINDINGS:

Two views presented. The thoracic vertebral bodies maintain normal height and alignment. Multilevel degenerative changes are present in a mild to moderate degree. The pedicles appear intact.

IMPRESSION:

Degenerative changes, no fraccure or spondylolisthesis.

sdw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

FINAL

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
Ord. Phy.: GASKINS-MD,JOHN D

MR#: A000669559
DOB:
Pt. Phone#. (843)810-8463
Ord. Phy.#: (843)899-7700
Phy. Fax #: (843)761-7881

GASKINS-MD,JOHN D
730 STONEY LANDING RD

MONCKS CORNE SC 29461

Acct Nbr : A0416300596
Pat Type : EBA

Chk-in #	Order	Exam	
1049488	0001	30288	BXR SPINE CERVICAL 4 VIEW MIN

Ord Diag: ;MVA

CERVICAL SPINE: 6/11/04

FINDINGS:

Six films presented.

C1 through T1 display normal vertebral body height and alignment. The prevertebral soft tissues are normal. The predental space and odontoid are normal. Spondylosis is present at C3-4 with mild foraminal narrowing on the right. No fracture or spondylolisthesis.

IMPRESSION:

No fracture or spondylolisthesis. Relatively mild degenerative changes as described above.

sdw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

FINAL

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
Ord. Phy.: GASKINS-MD,JOHN D

MR#: A000662559
DOB:
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)899-7700
Phy. Fax #: (843)761-7881

GASKINS-MD,JOHN D
730 STONEY LANDING RD

MONCKS CORNE SC 29461

Accl Nbr : AC416300596
Pat_Type : EBA

Chk-in #	Order	Exam	
1049490	0001	30294	EXR SPINE LUMBAR 2 OR 3 VIEWS

Ord Diag: ;MVA

LUMBAR SPINE THREE VIEWS: 6/11/04

FINDINGS:

The lumbar vertebral bodies maintain normal height and alignment. Mild disc space narrowing at L5-S1 with facet degeneration. No fracture or spondylolisthesis.

sdw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

SC WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER NAME & ADDRESS (INCL ZIP)

Department of Health & Environmental Control
Berkley County
102 West Main StreetMoncks CornerSC29461

CARRIER/ADMINISTRATOR CLAIM NUMBER | DEPOSIT FUND CODE

JURISDICTION | NAICS (SERVICE/INDUSTRY)

INSURED REPORT NUMBER

WORK/WHERE LOCATION ADDRESS (IF DIFFERENT) | LOCATION #

SIC CODE | EMPLOYER FEIN | PHONE #

CARRIER/CLAIMS ADMINISTRATOR

CARRIER NAME, ADDRESS & PHONE NO.

State Accident Fund of South Carolina
P.O. Box 102100
Columbia, SC 29224-9000
800-521-6575

POLICY PERIOD: TO

CHOICE OF APPOINTMENT: [ ] SELF-INSURED

CLAIMS ADMINISTRATOR/FUND ADMIN'S CONTACT INFO

EMPLOYEE

EMPLOYEE SS# | EMPLOYEE ID/PAYROLL NUMBER | EMPLOYMENT DATE

AGENT NAME & CODE NUMBER

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE) | DATE OF BIRTH | SOCIAL SECURITY NUMBER | HIRE DATE | STATE OF HIRE

Russell, Robert C | 6-17-1957 | 11-2-1990 | SC

ADDRESS (INCL ZIP) | SEX: [X] MALE [ ] FEMALE [ ] UNKNOWN | MARITAL STATUS: [X] MARRIED [ ] SINGLE [ ] DIVORCED | OCCUPATION/TITLE: Environmental Health Manager II

EMPLOYMENT STATUS: Regular Employment

PHONE: (843) 761-8292 | # OF DEPENDENTS: 0 | [ ] CHILDREN | ACCURATE CODE

WAGE: 32,743 per yr | PER: [ ] HOUR [ ] DAY [ ] WEEK [ ] MONTH [ ] OTHER | # DAYS WORKED/WEEK: 0 | FULL PAY FOR DAY OF INJURY? [X] YES [ ] NO | DAILY PAY CONTINUED? [X] YES [ ] NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK: 0930 [X] AM [ ] PM | DATE OF INJURY/ILLNESS: 08/11/2004 | TIME OF OCCURRENCE: 0930 [ ] AM [X] PM | LAST WORK DATE: 08-11-2004 | DATE EMPLOYER NOTIFIED: 08/11/2004 | DATE DISABILITY BEGAN:

CONTACT PERSON'S NAME & PHONE: Gene Warner,Supervisor 843-719-4648

TYPE OF INJURY/ILLNESS: Contusion

PART OF BODY AFFECTED: body

DID EMPLOYEE DIE AS A RESULT OF INJURY/ILLNESS? [ ] YES [X] NO

TYPE OF INJURY/ILLNESS CODE | PART OF BODY AFFECTED CODE

DESCRIBE HOW THE INJURY/ILLNESS OCCURRED: main street

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN INJURY OR ILLNESS EXPOSURE OCCURRED: vehicle

DESCRIBE ACTIVITY EMPLOYEE WAS ENGAGED IN AT THE TIME OF INJURY OR ILLNESS EXPOSURE OCCURRED: driving

WHAT HAPPENED TO CAUSE INJURY OR ILLNESS? DESCRIBE THE SEQUENCE OF EVENTS AND EXPLAIN HOW THE EMPLOYEE WAS INJURED OR EXPOSED TO THE ILLNESS. BE SPECIFIC AND GIVE THE LOCATION OF THE EVENT, IF APPLICABLE.
driving, preparing to turn, rear ended by oncoming car/ unsure if seat belted/ unsure if other driver file/ed

DEATH: DATE OF DEATH | IF FATAL, TIME DATE OF DEATH

VEHICLE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED: [ ] YES [X] NO

VEHICLE IN USE? [ ] YES [X] NO

PHYSICIAN NAME & ADDRESS (IF KNOWN)

HOSPITAL NAME & ADDRESS (IF KNOWN)

INITIAL TREATMENT:
[ ] NO MEDICAL TREATMENT
[ ] DOCTOR'S OFFICE
[ ] HOSPITAL ER
[X] EMERGENCY CARE
[ ] HOSPITALIZED
[ ] OTHER (SPECIFY)

WITNESS NAME & ADDRESS (IF KNOWN): none

DATE REPORT/INVESTIGATION COMPLETED: 08-11-2004 | DATE REPORTED: 08-11-2004 | PREPARER'S NAME & TITLE: Susan Penley | TELEPHONE: (843) 761-8292

SCDL FORM 12-A REV DATE 1/98

D H E C

Report of Employee Occurrence
Office of Personnel Services

Name: Robert Case Rudolf	SS# [illegible]			Date of birth: [illegible]
Address [illegible]	Marital Status: Single	Male ☑ Female ☐	County: Berkeley sdlso 7	Phone Number: (home) 843-225-[illegible] (work) 843-719-4649
	# Dependents: none			
Division: Environmental Health	Job Title: Environmental Health Manager			Date of Hire: 1990
District: Trident	How long in current job? 1st years			
	Salary: 26 000	Supervisor's name & phone #: Ben Mixon		843-719-4649
Date of Occurrence: 6-11-04	Time of Occurrence: ☐am ☒pm 2:00			Time workday began: 8:30 am
Place of Occurrence: (include State & County) W. Main St. Moncks Corner, S.C.	Last work day: 6-16-04	Date employer notified: 6-11-04		Name of person notified: Case Manager
	Date returned to work: 6-14-04	Returned to full or modified duty? modified		Were safeguards provided? ☒ yes ☐ no
☐ Employer's premises				

Type of Injury/Body part affected: Back, neck and head pain

How did injury occur? What object or substance directly harmed the employee? (Give specifications.) moving a night from and someone left me in the park

Witness (name & phone number): Name please at mtg

Contaminated Needlestick? See instruction sheet if you checked, Yes
Yes ____ No ✓

Physician or Hospital (name, address, phone number): Roger Berkeley Occ Health
73 Old Stony Landing Rd.
Moncks Corner, S.C
899-7700

☐ Check if only first aid was given

Has compendium been notified? ☑ yes ☐ no Date and time of notification: 6-11-04 5:00 pm

Who notified compendium? Case manager

Name of compendium nurse consulted: Linda Elmore

Once injury has been reported to CompEndium, the employee is responsible for updating their CompEndium nurse case manager of any changes in medical and/or work status.

Date: 6-16-04 Employee Signature: Robert S. Rudolf

Date: ____ Supervisor Signature: ____

DHEC 2419 (08/2002)

BERKELEY FAMILY PRACTICE

2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8800 Fax # (843)719-2272

CHIEF COMPLAINTS: F/U FROM ER/CAR ACCIDENT ON.

HISTORY OF PRESENT ILLNESS:

On 06/16/2004, Robert Russell, a 47 year old male, presented with:

-- Mr. Russell was in a car accident on June 11, 2004. He was the belted driver of a pickup truck that was struck from behind by another car. He was taken by ambulance to the ED where xrays were done. He brought the reports and they are normal. His main complaints right now include moderately severe back pain and spasms. He has tried muscle relaxers but claims that they over sedate him. He is on vioxx for FMS and that helps somewhat. Feels some shooting sensations to the legs but nothing consistent or constant. Still working and does not want to be off work or on sedating meds. Does have some headaches but denies striking his head in the accident or LOC

MEDICATIONS HISTORY:

Patient is also taking Vioxx 25mg

REVIEW OF SYSTEMS:

GENERAL - Denies fever, or chills
EYES - Denies blurred vision, or change in visual acuity
EARS - Denies ear pain, or difficulty hearing
NOSE - Denies nasal congestion, discharge, or bleeding
MOUTH - Denies sore throat, or difficulty swallowing
RESPIRATORY - Denies shortness of breath, cough, wheezing
MUSCULOSKELETAL - back pain, muscle aches and muscle pain
NEUROLOGICAL - headache(s), Denies localized numbness, weakness and or tingling

PAST HISTORY: Illnesses - bipolar depression, fibromyalgia; Surgeries - appendectomy, finger surgery, heart cath "normal" 2004;

ALLERGIES: NKA

EXAMINATION:

VITAL SIGNS - B/P - 110/74, Pulse - 80, Respiration - 16, Weight - 227.00 lbs

CONSTITUTIONAL - stocky, obese, looks like stated age and in no distress

SKIN - no significant bruising or swelling

HEAD - no trauma, normocephalic

EYE - PERRLA and EOMI with normal external exam

ENT - TM's intact, NP pale, boggy mucosa, OP pink, moist and without exudate

NECK - no nodes and thyroid normal size and texture

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - normal s1, normal s2, no s3, no murmurs and regular rhythm

NEUROLOGICAL - normal gait, normal balance, normal motor, cranial nerves 2-12 intact, no ataxia, sensation intact, DTR equal and symmetrical, alert, oriented and no focal signs

SPINE/RIBS -

CERVICAL SPINE : Inspection/Palpation - normal alignment and no bony tenderness; Range of Motion - full range of motion; Strength/Tone - normal strength and tone;

THORACIC SPINE : Inspection/Palpation - middle paraspinal tenderness bilaterally and no bony tenderness; Range of Motion - normal flexion/extension; Strength/Tone - normal strength and tone;

LUMBOSACRAL SPINE : Inspection/Palpation - normal alignment/posture, no bony tenderness and lower paraspinal tenderness bilaterally; Range of Motion - full range of motion; Strength/Tone - no atrophy, normal strength and tone; Diagnostic Tests - straight leg raise negative sitting/supine bilaterally;

reviewed xray reports of c, L, and t spine from ED - negative except for mild deg changes

ASSESSMENT:

1. Back Pain, New, 2. Spasm Of Muscle and New

plan: recommend try ultracet for pain along with vioxx, ADSE discussed, try PT for modalities, and f/u after PT started for reeval. Since he has good rom and requests no restrictions, none were given

PRESCRIPTIONS:
New and Refilled Medications:
ultracet 37.5 / 325 1-2 tabs po tid prn pain Refills 2

Other Current Medications:

REFERRAL: Refer to PHYSICAL THERAPY

FOLLOWUP: Return visit in 2 Weeks

Electronically signed by JSANTI 06/16/2004

BERKELEY FAMILY PRACTICE

2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8800 Fax #(843)719-2272

****
Reprinted from Electronic Medical Record - Created on 06/17/04 16:11:40
Patient: RUSSELL, ROBERT MR No.: 10974 DOB: [illegible]7
****

ROPER RESPONSE CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/12/04 1400
Ord. Phy.: GASKINS-MD,JOHN D

MRN: A0000642539
DOB: 03/17/57
Pt. Phone#: (843)810-8663
Ord. Phy.#: (843)899-7700
Phy. Fax #: (843)761-7861

GASKINS-MD,JOHN D
738 STONEY LANDING RD

MONCKS CORNER SC 29461

Acct Nbr : A041630059
Pat Type : EMA

Chk-in #	Order	Exam	
1049408	C001	30288	XXR SPINE CERVICAL 4 VIEW MIN

Ord Diag: ;MVA

CERVICAL SPINE: 6/21/04

FINDINGS:

Six films presented.

C1 through T1 display normal vertebral body height and alignment. The prevertebral soft tissues are normal. The predental space and odontoid are normal. Spondylosis is present at C5-6 with mild foraminal narrowing on the right. No fracture or spondylolisthesis.

IMPRESSION:

No fracture or spondylolisthesis. Relatively mild degenerative changes as described above.

edw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

EDW
Approved: 06/13/04 0838

FINAL DUPLICATE Page 1

BERKELEY FAMILY PRACTICE

2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone(843)761-8800 Fax #(843)719-2272

****

Reprinted from Electronic Medical Record - Created on 06/17/04 16:12:09
Patient: RUSSELL, ROBERT MR No.: 10974 DOB: [illegible]

****

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
Ord. Phy.: GASKINS-MD,JOHN D

MRN: A0006625S9
DOB: 05/17/67
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)899-7700
Phy. Fax #: (843)761-7881

GASKINS-MD,JOHN D
720 SYDNEY LANDING RD

MONCKS CORNER SC 29461

Acct Nbr : A0416200996
Pat Type : EMR

Chk-in #	Order	Exam	
1C49490	0001	30294	XRR SPINE LUMBAR 2 OR 3 VIEWS

Ord Diag: /MVA

WC

LUMBAR SPINE THREE VIEWS: 6/11/04

FINDINGS:

The lumbar vertebral bodies maintain normal height and alignment. Mild disc space narrowing at L5-S1 with facet degeneration. No fracture or spondylolisthesis.

sdw

Read By: JOHN C HAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

JM

EMAL DUPLICATE Page 1

30 Stoney Landing Rd, Moncks Corner SC 29461 * (843)899-7700 EXT.5036

I-18-F 1 Created: 06/17/04 16:12:09

0126

BERKELEY FAMILY PRACTICE

2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8808 Fax #(843)719-2272

****

Reprinted from Electronic Medical Record - Created on 06/17/04 16:12:00
Patient: RUSSELL, ROBERT MR No.: 10974 DOB:

****

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT,GENE
Exam Date: 06/11/04 1440
Ord. Phy.: GASKINS-MD,JOHN D

MRN: A00D652558
DOB: 03/17/57
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)829-7700
Phy. Fax #: (843)761-7881

GASKINS-MD, JOHN D
730 STONEY LANDING RD

MONCKS CORNER SC 29461

Acct Nbr : A0415300556
Pat Type : EER

Check-in #	Order	Exam	
1N04469	0001	30304	EXM SPINE THORACIC

Ord Diag: ;MVA

WC

THORACIC SPINE: 6/11/04

FINDINGS:

Two views presented. The thoracic vertebral bodies maintain normal height and alignment. Multilevel degenerative changes are present in a mild to moderate degree. The pedicles appear intact.

IMPRESSION:

Degenerative changes, no fracture or spondylolisthesis.

wdw

Read by: JOHN C RAST-MD
Released by: WESLEY D BROWN-MD

SDW
Approved: 06/13/04 0822

JM

FINAL DUPLICATE Page 1

730 Stoney Landing Rd. Moncks Corner SC 29461 * (843)899-7700 EXT.5036

P-19-11 Created: 06/17/04 16:12:29

0127

BERKELEY FAMILY PRACTICE

2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8800 Fax # (843)719-2272

CHIEF COMPLAINTS: Followup of Back Pain.

HISTORY OF PRESENT ILLNESS:

On 06/30/2004, Robert Russell, a 47 year old male, presented with:

-- F/U back and neck aches and pains. See also prior notes. He states he is really not feeling much better. States he can't take ultracet, it makes him too sleepy. Also can't take muscle relaxers. Seeing PT with modest improvement. Still trying to work, although he did miss yesterday. No new symptoms to report

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:
1. ultracet 37.5 / 325, 1-2 tabs po tid prn pain

Patient is also taking Vioxx 25mg

REVIEW OF SYSTEMS:

GENERAL - Denies fever, or chills
NECK - neck pain and posterior stiffness
MUSCULOSKELETAL - back pain and muscle aches
NEUROLOGICAL - Denies localized numbness, weakness, or tingling and no radicular symptoms

ALLERGIES: NKA

EXAMINATION:

VITAL SIGNS - B/P - 114/60, Pulse - 76, Respiration - 16, Weight - 227.00 lbs

CONSTITUTIONAL - well nourished, well developed, looks like stated age, in no distress

HEAD - no trauma, normocephalic

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - normal s1, normal s2, no s3, no murmurs and regular rhythm

NEUROLOGICAL - normal gait, normal balance, normal motor, cranial nerves 2-12 intact, no ataxia, sensation intact, DTR equal and symmetrical, alert, oriented and no focal signs

SPINE/RIBS -

CERVICAL SPINE : Inspection/Palpation - right paraspinal tenderness C7 and no bony tenderness; Range of Motion - forward flexion 70 degrees, extension 20 degrees, right lateral rotation 50 degrees and left lateral rotation 50 degrees; Strength/Tone - normal strength and tone;

THORACIC SPINE : Inspection/Palpation - normal alignment, no bony tenderness and paraspinal tenderness T4 T5 T6; Range of Motion - normal flexion/extension;

LUMBOSACRAL SPINE : Inspection/Palpation - paraspinal tenderness L3 L4 L5, no bony tenderness and no SI joint tenderness; Range of Motion - forward flexion 80 degrees, extension 20 degrees, left lateral bending 30 degrees and right lateral bending 30 degrees; Strength/Tone - no atrophy, normal strength and tone; Diagnostic Tests - straight leg raise negative sitting/supine bilaterally;

Created: 06/30/04 09:57:39

LOWER EXTREMITIES -

HIPS: Inspection/Palpation - no deformities, no erythema and no tenderness; Range of Motion - full range of motion; Strength/Tone - normal 5/5;

ASSESSMENT:

1. Back Pain, Unchanged, 2. Spasm Of Muscle and Unchanged

plan: I don't have much else to offer him, as most meds seem to sedate him. Continue vioxx, continue PT. Recommended light duty at work for the next 5 days. If still not improving after that time recommend a second opinion

PRESCRIPTIONS:
New and Refilled Medications:

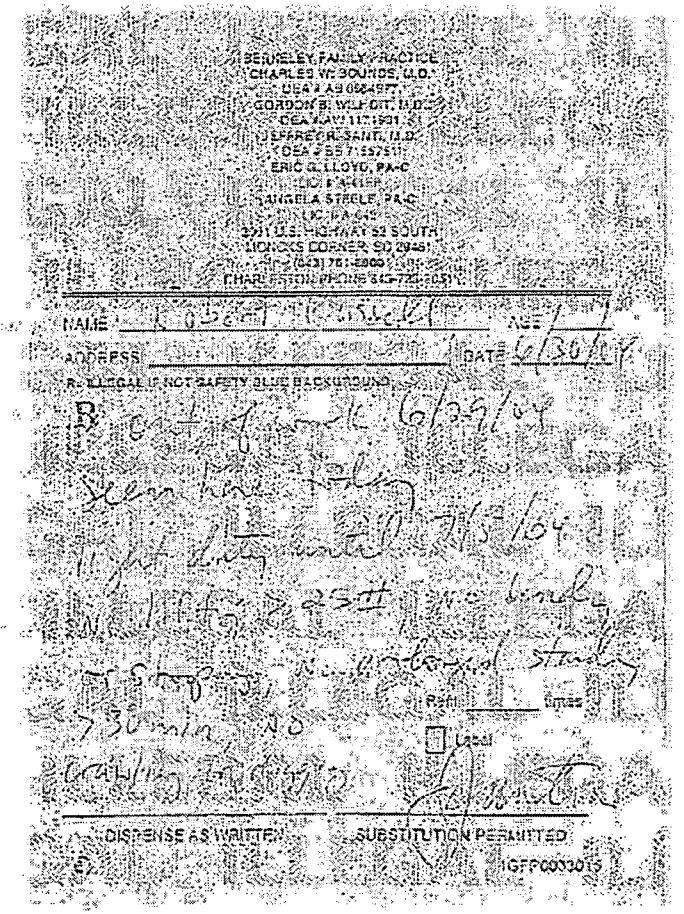
Other Current Medications:
Vioxx 25mg 1 PO daily

PATIENT EDUCATION/COUNSELING: ddx,dx/rx problems,sympt rx.

FOLLOWUP: Return visit in 1 Week

Electronically signed by JSANTI 06/30/2004

Created: 06/30/04 09:57:39



BEAUSLEY FAMILY PRACTICE
CHARLES W. SOUNDS, M.D.
DEA # AS 0664977
GORDON B. WOLFORTH, M.D.
DEA # AW 1117901
JEFFREY R. SAINT, M.D.
DEA # BS 7155751
ERIC G. LLOYD, PA-C
LIC. # A-1151
ANGELA STEELE, PA-C
LIC. # A-1151
3391 U.S. HIGHWAY 52 SOUTH
LIONS CORNER, SC 29486
(843) 761-5800
CHARLESTON PHONE 843-722-1051

NAME [illegible] AGE [illegible]

ADDRESS [illegible] DATE 6/30/04

R. ILLEGAL IF NOT SAFETY BLUE BACKGROUND

Rx [illegible] 6/30/04

[illegible] Refill [illegible] times

[illegible]

DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

GFP0030615

BERKELEY FAMILY PRACTICE
2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8800 Fax # (843)719-2272

CHIEF COMPLAINTS: Followup of Back Pain.

HISTORY OF PRESENT ILLNESS:

On 07/07/2004, Robert Russell, a 47 year old male, presented with:

-- F/U chronic back pain since his accident about 4 weeks ago. Unfortunately he still is not improving. Still c/o widespread low back, thoracic, and posterior neck pain. States meds, rest, and PT are not helping. Additionally the patient has a history of significant depression and is on multiple medications for this, he is followed weekly by a psychologist. He tells me that his pain is so severe now that it is making him more depressed. He denies any other new symptoms

MEDICATIONS HISTORY:

Patient is also taking Vioxx 25mg, prozac, lamictal, wellbutrin

REVIEW OF SYSTEMS:

SKIN - no skin rash in area of discomfort
EYES - Denies blurred vision, or change in visual acuity
NECK - neck pain and posterior stiffness
MUSCULOSKELETAL - back pain unchanged
NEUROLOGICAL - Denies localized numbness, weakness, or tingling

PAST HISTORY: Illnesses - bipolar depression, fibromyalgia; Surgeries - appendectomy, finger surgery, heart cath "normal" 2004;

ALLERGIES: NKA

EXAMINATION:

VITAL SIGNS - B/P - 100/72, Pulse - 72, Respiration - 20, Weight - 225.00 lbs

CONSTITUTIONAL - stocky, obese, moves slowly, in pain and obviously not feeling well

NEUROLOGICAL - normal gait, normal balance, normal motor, cranial nerves 2-12 intact, no Ataxia, sensation intact, DTR equal and symmetrical, alert, oriented and no focal signs

SPINE/RIBS -

CERVICAL SPINE : Inspection/Palpation - paraspinal tenderness C6 C7, trigger/tender points C6 C7, normal alignment and no bony tenderness; Range of Motion - forward flexion 70 degrees, extension 20 degrees, right lateral rotation 50 degrees and left lateral rotation 50 degrees; Strength/Tone - normal strength and tone; Diagnostic Tests - negative Spurlings compression test;

THORACIC SPINE : Inspection/Palpation - paraspinal tenderness T4 T5 T6 and no bony tenderness; Range of Motion - normal flexion/extension; Strength/Tone - normal strength and tone;

LUMBOSACRAL SPINE : Inspection/Palpation - paraspinal tenderness L3 L4 L5, no bony tenderness and no SI joint tenderness; Range of Motion - forward flexion 80 degrees, extension 20 degrees, left lateral bending 20 degrees, right lateral bending 20 degrees, left rotation 40 degrees and right rotation 40 degrees; Strength/Tone - no atrophy, normal strength and tone; Diagnostic Tests - straight leg raise negative sitting/supine bilaterally;

reviewed xray reports from RB - notable for deg changes only

repeated xrays today - same degenerative changes noted, some evidence of muscle spasm, but no other new findings

ASSESSMENT:

1. Back Pain, Unchanged, 2. Spasm Of Muscle, Unchanged, 3. Cervicalgia and Unchanged

plan: He is not having the expected response to treatment for muscle spasm. I am wondering if his depression is playing some role in this with magnification of his somatic complaints. I have recommended to him that he follow up with his psychiatrist, Dr. Jenkins, to discuss this. I will also send a letter with the patient's permission outlining his problems. He needs a second opinion from orthopedics for his back symptoms. Since he actually feels PT is aggravating his symptoms, recommended hold this for now. Recommended continue restrictions at work until seen by orthopedics.

DIAGNOSTIC TESTS: CERVICAL SPINE 2VIEWS, T-SPINE 2 VIEWS LIMITED and L-SPINE 2 VIEW AP/LAT

PRESCRIPTIONS:
New and Refilled Medications:

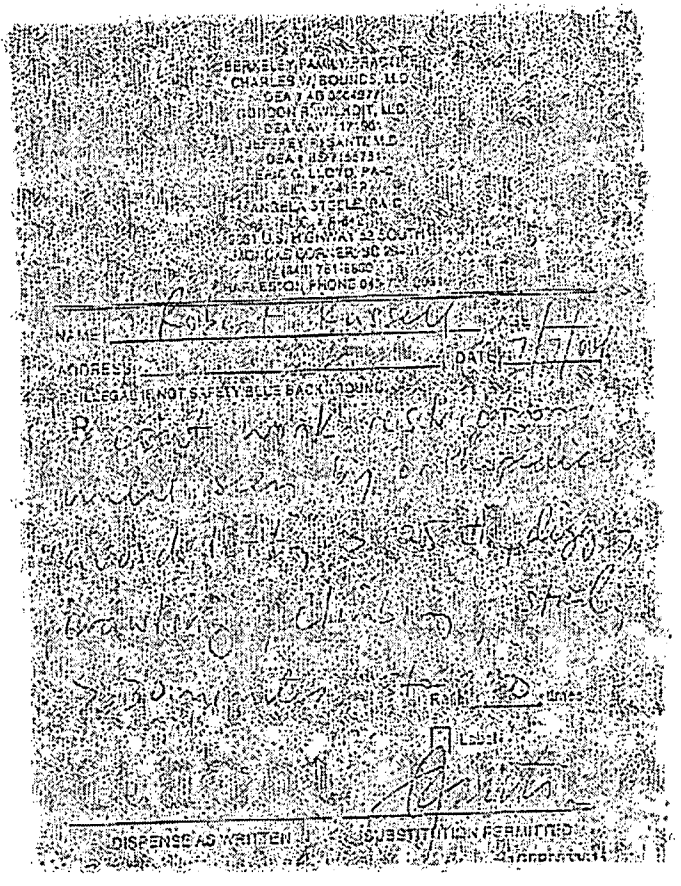
Other Current Medications:
Vioxx 25mg 1 PO daily

REFERRAL: Refer to ORTHOPEDICS-second opinion

FOLLOWUP: Return visit in 1 Week after ortho eval

Electronically signed by JSANTI 07/07/2004

Created: 07/07/04 07:53:41



NAME

DATE

ADDRESS

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Refill

Label

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

BERKELEY FAMILY PRACTICE

PATIENT INFORMATION RECORD

Date Record Printed : 07/13/2004

Patient Name : ROBERT G RUSSELL

Account Number	: 10974WC
Home Phone Number	: 843/810-8463
Work Phone Number	: 843/719-4649
Date of Birth	: 03/17/1957
Social Security	:
Emergency Contact	: MICHEAL RAMSEY
Emergency Phone	:
Patient Type	: WC
REFERRAL	:
ATTORNEY	:
EMPLOYER	:

C	INSURANCE CARRIER	INSURED	INSURED ID
P	STATE ACCIDENT FUND	ROBERT RUSSELL	247062960

MEDICATIONS:
1. Vioxx 25mg, 1 PO daily

PROBLEM LIST:
1. Back Pain
2. Spasm Of Muscle
3. Cervicalgia

PALMETTO SPINE CENTER
2070 Northbrook Blvd Ste A-14
North Charleston, SC 29406
843-764-1993

Dear Mr. Murrell,

Robert Russel first entered my office on 06-07-2004 at which time he stated that he was reffered from one of our other patients. We gave him the welcome sheet for him to take home and bring with him on his next appointment. We scheduled him to come in for his initial exam and x-rays. Mr. Russel missed his appointment. The welcome sheet was dated 6-7-2004 as his initial visit but Mr. Russel did not come in for the initial exam until 06-16-2004. When he came in for his exam, he stated that he had been in an automobile accident on 06-11-2004. His exam sheet shows 06-07-2004, but his initial exam and x-rays were done on the 16th of June 2004. If you leave any questions about this matter, please feel free to contact my office at 843-764-1993.

Sincerely,

Alan Faulk, DC

which is an incorrect date

PALMETTO SPINE CENTER
2070 NORTHBROOK BLVD, STE A-14
NORTH CHARLESTON, SC 29406
(843) 764-1993

Date 04-13-2005

RE: Robert Russell

Patient's DOB:

At your request and with the permission of my patient Robert Russell, I am submitting the following narrative report concerning the status of his health.

HISTORY:

The patient presented himself for examination and treatment at this office on 06-07-04 at which time he stated that he was suffering from neck and mid back pain

PHYSICAL EXAMINATION:

The usual orthopedic, chiropractic, and neurologic tests were performed on 06-07-2004. The patient appeared as a normal male of 47 years, 5'10" tall and approximately 235 pounds. His blood pressure at the time of examination was 135/95. He remained mentally alert and cooperative throughout the examination.

Postural evaluation revealed elevation of the pelvis on the right, head tilt to the right side, and elevation of the shoulder and scapula on the right. A decrease of the cervical curve was also observed.

The following orthopedic tests were positive: Foraminal compression, distraction, Soto-Hall, straight leg raise/Braggard's, and shoulder depressor. The patient ambulated well without assistance. Cervical ranges of motion were limited and painful to the following degrees: flexion 45, extension 30, left lateral flexion 35, right lateral flexion 35, right

rotation 40, and left rotation 40. These ranges of motion produce moderate pain and are quite reduced from normal. Diminished motion indicates injury to the paraspinal musculature. Pain at the extremes of motion indicate injury to the paraspinal ligaments. Deep tendon reflexes were equal and active bilaterally.

Mr. Russell's thoracic paraspinal muscles were hypertonic and tender to digital exam. Digital palpation locates areas of muscular injury. There was posterior joint swelling and pain with percussion over T3-4.

Eye, ear, nose, and throat examination was essentially normal. Heart sounds were within normal limits. Lungs, upon auscultation, were clear. Abdominal palpation revealed no palpable masses. Pinwheel tests on arms and legs revealed no aberration of superficial sensations.

RADIOGRAPHIC EXAMINATION:

Multiple radiographs of the thoracic and lumbar spine were exposed utilizing routine weight bearing spinal projections.

Cervical spine: No evidence of recent fracture or other gross osteopathology was noted. The prevertebral soft tissues are within normal limits. C1 through C7 display normal vertebral body height. The predental space and odontoid are normal. There is a loss of the cervical lordotic curve. Findings were consistent with those of soft tissue injuries.

Thoracic spine: No evidence of recent fracture or other gross osteopathology was noted. There is a normal thoracic spine kyphosis. Findings were consistent with those of soft tissue injuries.

Lumbar spine: No evidence of recent fracture or other gross osteopathology was noted. There is a decrease of the lumbar lordotic curve.

DIAGNOSIS:

It is my impression that based on the above mentioned history, examination and radiographic findings, the patient has received the following diagnosis:

1) Chronic cervicalsegmental dysfunction associated with pain.

2)Chronic thoracic segmental dysfunction associated with pain.

TREATMENT:

Treatment to date has been for the purpose of reducing symptoms, stabilizing and rehabilitating the affected areas, and the prevention of permanent impairment and disability. Treatment has consisted of specific spinal adjustments to restore proper vertebral motion and to reduce irritation in the vicinity of the spinal nerves. Deep muscle therapy is used (ischemic compression of trigger points) within fatigued and strained muscles, thereby improving their functional capacity. Moist heat therapy, cryotherapy and electrotherapy have been implemented to reduce muscle spasm and pain and to improve circulation to the areas of injury. Intersegmental vertebral traction is utilized to accelerate the restoration of proper vertebral motion. Therapeutic exercises were prescribed and are designed to strengthen and to increase the endurance of the specific muscles that have become weakened or injured.

PROGNOSIS:

The normal degenerative changes in the spinal column associated with aging are prematurely accelerated. This has a tendancy to result in localized chronic pain that occurs more prevalently with changes in the weather or at times of stress, fatigue, or exertion. Mr.Russell is predisposed to repeated episodes of nerve root irritation.

It is my opinion that as a result of keeping his appointments and following his treatment plan, he is making improvement, however; needs to continue with conservative modalities. It is also my opinion that the patient is experiencing some bouts of depression

If I can be of any further assistance, please contact this office at 843-764-1993.

Sincerely,

Alan Faulk, BA,MBA,DC

encl

-30-

Patient Name: Robert Rumely #: 735

	L A	L P	R A	R P	L A	L P	R A	R P	L A	L P	R A	R P
576: Plantar												
577: Upper abdoman												
578: Lower abdoman												
579: Intercapular												

	L P	L A	R P	R A	L P	L A	R P	R A	L P	L A	R P	R A
580: Babinski's "(Infant may be Pos)												
581: Oppenheim's												
582: Hoffman's												
583: Ankle clonus												

	L	R	L	R	L	R
584: C5 - Biceps						
585: C6 - Wrist Extension						
586: C7 - Triceps						
587: C8 - Finger Flexion						
588: T1 - Interossei						
589: L4 - Tibialis Anterior						
590: L5 - Ext. Hallucis Longus						
591: S1 - Peroneus Longus/Brevis						
592: Other						
593: Other						

0 = No movement
1 = Trace of movement without joint motion
2 = Movement with no gravity
3 = Movement against full gravity
4 = Movement against gravity & some resistance
5 = Normal

Accident Report (Mark with an "X" in the box(es) that apply to your accident)

Type of accident: ☒ Auto ☐ Work ☐ Other Intersection

Date and time of accident: Fri 11/04 2 ☒ AM ☐ PM

Specific location of accident: Main St. Moncks Corner

How did the accident occur: Rear End

Do you have an attorney for this accident? ☐ Yes ☐ No

Name: _____ Phone: _____

Address: _____

Days lost from work as result of this accident: __/__/__ through __/__/__ ☐ None

Auto Accident Report (Answer only if you were driving or occupied a motor vehicle)

Where were you seated in the car? Driving

Where was your car hit? Left Rear

Speed your car was traveling? 5-10 The other car's speed? 45-50

Number of passengers in your car? 0 Were you wearing a seatbelt? ☒ Yes ☐ No

Did you hit the inside of the car? ☐ Yes ☒ No

If yes explain: _____

SEVERE
PAIN

CHIEF COMPLAINT

What bothers you the most:
1. NECK (middle) Radiation: _____ Onset: s/a _____ Duration: constant / intermittent
Relieves: _____ Aggravates: _____ Description: _____
Next most:
2. SIDES Radiation: _____ Onset: s/a _____ Duration: constant / intermittent
Relieves: _____ Aggravates: _____ Description: _____
Next:
3. BACK Radiation: _____ Onset: s/a _____ Duration: constant / intermittent
Relieves: _____ Aggravates: _____ Description: _____
Next:
4. _____ Radiation: _____ Onset: s/a _____ Duration: constant / intermittent
Relieves: _____ Aggravates: _____ Description: _____

CAUSE OF CONDITION: MVA (liquor)ble _____
Previous Tx for this problem: Hospital / Dr. _____ EMS: Y N
X-Rays taken: Y N area: _____ Treatment given: _____

PAST HISTORY

Previous Injuries/Dates: (Y) N CAR WRECK 10-11-04 SEVERAL WEEKS
Previous Back Pain (Y) N WEEKS
Previous Illnesses: Y N SINUS - MIGRAINE
Surgeries / Dates: (Y) N TONSILS 15 YRS AGO
Fall / Dates: Y N _____ Prev. DC: Y N Dr. _____
Medicines: (none)

	What For?	How Long?
1. LORATAB	HEADACHE	5 YRS
2. ZANTAC		
3. CELEBREX		

VICODIN - PRN - SONATA - SLEEP

INTERNAL DISORDERS

Headaches: OK Daily Weekly Monthly (A-S) PM: _____ Location: Occip. Temp. Orb. Frontal Parietal
Dizziness: (OK) Light-Headed Fainting Off-Balance Blurred Vision Fever
Energy Level: OK Low High
Breathing: OK Painful Fast Difficult Thirst: OK Excessive Poor
Wt. Changes: OK Gained / Lost How Much in the last 6 months? (NC) lbs. Appetite: OK Excessive Poor
Digestion: OK Bloating Pain Gas Loose Constipation Heart-Burn Nausea vomiting
Urination: (OK) Painful Difficult Frequent
Allergies: (OK) Sinus Foods _____ Hay Fever Seasons? _____
Female: OK PMS Irregular periods Infection Pregnant

LIFESTYLE

Missed work: _____ Employer: _____ Occupation: _____
Smoke: Y (N) Packs / Day Brand: _____ Duties: _____
Alcohol: Y (N) Drinks / Day Week Month Coffee: _____ Cups / Day Soda Pops: _____ Cans / Day
Vitamins: Y (N) Exercise: Y (N)
Sleep Well ? Y (N) _____ Diet: (Balanced) Poor Vegetarian Wt. Loss
Notes: _____

FROM : CAROLINA CHIROPRACTIC FAX NO. : 843 5697060 Nov. 21 2005 05:19PM P0

Patient Name: Bobby Russell #: _____

	L	R	L	R	L	R
576: Plantar	A P	A P	A P	A P	A P	A P
577: Upper abdomen	A P	A P	A P	A P	A P	A P
578: Lower abdomen	A P	A P	A P	A P	A P	A P
579: Intercapular	A P	A P	A P	A P	A P	A P

	L	R	L	R	L	R
580: Babinski's (clean may be Pain)	P A	P A	P A	P A	P A	P A
581: Oppenheim's	P A	P A	P A	P A	P A	P A
582: Hoffman's	P A	P A	P A	P A	P A	P A
583: Ankle clonus	P A	P A	P A	P A	P A	P A

	L	R	L	R	L	R
584: C5 - Biceps						
585: C6 - Wrist Extension						
586: C7 - Triceps						
587: C8 - Finger Flexion						
588: T1 - Interossei						
589: L3 - Tibialis Anterior						
590: L5 - Ext. Hallucis Longus						
591: S1 - Peroneus Longus/Brevis						
592: Other:						
593: Other:						

0 = NO movement
1 = Trace of movement without joint motion
2 = Movement with no gravity
3 = Movement against full gravity
4 = Movement against gravity & some resistance
5 = Normal

PHYSICIANS IMAGING CENTER
Charleston Diagnostic Imaging
4000 Salt Pointe Parkway
N. Charleston, SC 29405
843 ▲ 745 ▲ 0100
843 ▲ 745 ▲ 0102 (fax)

Final Report

Name: Russell, Robert [illegible] Sex: M
Admit: DoB: MR#:
Discharge: Order#: Completed: Jul 28,2004 16:16
Referred By: Faulk, Dr. Alan Reason: 66-Lumbar/ LBP

Radiologist: Durochia, Dr. Irene Report Date: Jul 28,2004 20:17:00
Approved by: Durochia, Dr. Irene Approval date: Jul 28,2004 22:01:13

OBSERVATION
Clinical Information: Low back pain.

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE:

SEQUENCES: The lumbar spine was imaged in the axial, sagittal and coronal planes utilizing various standard pulse sequences.

COMMENTS: There is normal stature and alignment of the five lumbar vertebral bodies. Marrow signal appears normal. Cortical margins are intact. The spinal canal is developmentally normal in width. There is no expansion of or focal lesion within the conus which ends at the L1 vertebral body level.

At L5-S1, there is loss of disc height and signal indicating degeneration. A shallow diffuse disc protrusion has a superimposed central nuclear herniation which extends slightly to the right of midline. There is mild bilateral neural foraminal stenosis at this level.

The remainder of the intervertebral discs are normal in height and in signal intensity. No other level of disc protrusion is evident.

IMPRESSION
At L5-S1, there is degenerative disc disease, mild facet arthritis and diffuse disc protrusion with superimposed central/right paracentral disc herniation.

Thank you for the opportunity to examine your patient.

Irene B. Durochia, M.D. ; M.D.

Providing MRI, C.T., X-RAY And Other Imaging Services

Russell, Robert

SOAP NOTES

Exam

6/1/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

6/7/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

6/9/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

6/14/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

6/16/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

6/21/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

6/23/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

6/28/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

7/2/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

7/5/04
S CHIEF COMP: NP MID UP RUEP LUEP RLEP LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRIST
O LEG CHECKS: PALPATION:
A C-C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 RIL LIL SA
P CMT HT CLD MECH EMS MANTH 1234

730

Russell, Robert

SOAP NOTES

Date 9/8/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 9/10/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 9/13/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 9/21/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 9/23/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 9/27/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 10/01/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 10/5/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 10/7/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 10/11/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Date 10/21/04
S CHIEF COMP: NP-5/10 LEP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D/I-D (RCS) (LCS) PALPATION: [FT] [SM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-ILL-SA
P CM-MT-CLD-MECH-EMS-MANTH12H

Robert Russell 730

SOAP NOTES

7/30/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

Date 7/30

S CHIEF COMP:
O LEG CHECKS:
A
P

8/02/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

8/09/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

8/9/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

8/11/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

8/16/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

8/16/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

8/23/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

8/26/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

8/30/04

Date

S CHIEF COMP:
O LEG CHECKS:
A
P

RX - LETTER OF MEDICAL NECESSITY AND PERTINENT DOCTOR NOTES

Patient Name: Robert Russell

Device Prescribed:
☑ TENS/Supplies ☐ Micro Current/Supplies ☐ Galvanic/Supplies
☐ Interferential/Supplies ☐ Muscle Stimulator/Supplies ☐ Other

Prescribed Usage: 3 x Daily: 4 x Per Week Date of Onset: 10/10/04

Diagnosis: lumbar segmental dysfunction

ICD9: 739.3

Subjective: low back pain

Objective Findings: Kemp's positive deer field, RCS

Assessment: C5, T6, SAC

Plan: CMT, Manual Therapy, Traction E-Stim

Previous Treatment Rendered: CMT, Manual Therapy

Area(s) to be Treated: Cerv, Lumbar

I certify that the above prescribed electro medical device, supplies and accessories provided by Analgesic Healthcare are medically necessary as part of my treatment plan for this patient's condition as stated above. I have initiated a trial use of this device in my office and found it effective. This prescription is: 1) valid for one (1) year from the date indicated below unless otherwise noted. 2) According to 42 Code of Federal Regulations 410.38 Intended for exclusive use by Analgesic Healthcare and considered invalid if used otherwise.

Physician's Signature: ✕ [signature] DC ✕ Date 9/22/04

✕ AF Initial I have reviewed the warnings, precautions, contraindications and explained the use of the device described above.

(Please print below)
Physician's Name: Alan Faulk UPIN#:
Address: PALMETTO SPINE CENTER
[illegible]

Telephone: ( ) Fax#: ( )

Russell Robert 730

SOAP NOTES

Date 10/21/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Date 10/28/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH1234

Date 11/4/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Date 11/8/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Date 11/10/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Date 11/15/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Date 11/18/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Date 11/19/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Date 11/22/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Date 11/29/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Date 12/2/05
S CHIEF COMP: NP AMP LEG RUEP LUEP TUEP LUEP PAIN: LST 1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: +/- DTR (RCS) (LCS) PALPATION: (SP) (MM) (SS)
A DC C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-IL-SA
P CMT-HT-CLD-MC-IT-EMS-MANTH123

Russell, Robert

SOAP NOTES

Date 12/9/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Date 12/16/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Date 12/30/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Date 1/6/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Date 1/10/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Date 1/13/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Date 1/17/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Date 1/20/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Date 1/24/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Date 1/27/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+)D (-)D (+)CS (-)CS PALPATION: TP-RSCM-UTRP
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECH-EMS-MANTH1234

Robert Rudolph 730

SOAP NOTES

DATE 3/10/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-LIL-SA
P CMT-HT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 3/11/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-LIL-SA
P CMT-HT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 3/15/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-LIL-SA
P CMT-HT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 3/17/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-LIL-SA
P CMT-HT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 3/23/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-LIL-SA
P CMT-HT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 3/25/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-LIL-SA
P CMT-HT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 3/30/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-LIL-SA
P CMT-HT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE / /
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-LIL-SA
P CMT-HT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE / /
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SI-LIL-SA
P CMT-HT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

Robert Russell #730

SOAP NOTES

Date 2/9/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Date 2/03/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Date 2/1/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Date 1/27/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Date 1/25/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Date 1/24/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Date 1/22/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Date 1/20/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST Exam
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M TP1234

Date 1/18/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Date 3/3/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Date 3/8/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-(+)D-D [RCS] [LCS] PALPATION: [PT] [MG] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 12M

Mitchell, K.

SOAP NOTES

DATE 4/8/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/9/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/12/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/14/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/15/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/18/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/20/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/22/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/25/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/27/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

DATE 4/29/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (FP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-RT – CLD – MECHT – EMS – MANTH 1 2 3 4 – TP 1 2 3 4

Robert Russell #730

SOAP NOTES

Date 2/9/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234

Date 2/10/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234

Date 2/14/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234

Date 2/17/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234

Date 2/21/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234

Date 2/24/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234

Date 2/28/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234 TP1234

Exam

Date 3/2/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234

Date 3/3/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234

Date 3/8/05
S CHIEF COMP: NP-MBP-LB-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [R] [L] PALPATION:
A
P CMT-BT-CLD-MECHT-EMS-MANTH1234

Robert Russell

SOAP NOTES 730

DATE 6/23/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 6/28/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 6/30/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 7/13/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 7/18/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 7/25/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/3/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/8/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/15/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/18/05
S CHIEF COMP: NP-MSP-UP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D)(RCS)(LCS) PALPATION: (UP) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-SAC-IL-SA
P CMT - ET - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

Russell Robert

SOAP NOTES

DATE 8/24/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 8/29/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9/3/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9/7/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9/10/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9/19/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9/21/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9/28/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9/30/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

Robert Russell #1730

SOAP NOTES

DATE 7.22.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

DATE 7.25.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

DATE 7.29.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

DATE 8.01.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

Exam

DATE 8.10.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

DATE 8.12.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

DATE 8.16.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

DATE 8.18.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

DATE 8.22.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

DATE 8.25.05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-ET – CLD – MECHT – EMS - MANTH 1 2 3 4 TP 1 2 3 4

VASCULAR STUDY / UPPER & LOWER

Patient Name: Russell, Robert
DOB: 3/17/57
SS#:

Date: 8/5/04
Referring Physician: Dr. Faulk
Date of Service: 7/30/04

This 5'10", 295 lb., 47 YOM presents with complaints of headaches, concentration loss, depression, fatigue, memory loss, nervousness, sensitivity to light, dizziness, neck pain with restricted motion and shoulder pain. He has additional complaints of radiating back pain with stiffness, bilateral leg pain, numbness and tingling in his legs and feet and leg or foot cramps. The preliminary examination revealed: Weakness of his extremities and limb pain/tenderness. The patient states a history positive for herniated disc, obesity, vision problems and psychiatric care. He states his pain is daily and is a 10 on a scale of 1-10 (10 being the worst). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine and avoids alcohol. Medications: Prozac, Lamictal, Risperdal, Sonata, Wellbutrin, Zantac and Vioxx.

CAROTID STUDIES

Testing modalities used included the following: Bi-directional Doppler studies were performed utilizing both ARCHIE'S and the CAROTID ASYMMETRY INDEX. Both Archie's Index and the Carotid Asymmetry Index read normal verifying each other, indicating that this study is within normal limits.

ARTERIAL STUDIES

Test Modalities used included the following: Ankle-Brachial Indices were measured and calculated; Post Exercise ABI values; Segmental and/or Digital Pressures; Segmental Pneumoplethysmography, using waveform morphology, was performed. RIGHT PT ABI: is normal. LEFT PT ABI: is normal. SEGMENTAL PRESSURES: All segmental pressures are within normal limits. SEGMENTAL PNEUMOPLETHYSMOGRAPHY: Abnormal Pneumo (PVR) waveforms were displayed below the left knee.

VENOUS STUDIES

Testing modalities used included the following: Quantitative pneumoplethysmography for Maximum Venous Outflow. MAXIMUM VENOUS OUTFLOW: the bilateral lower extremities appear normal.

IMPRESSION SUMMARY

Carotid studies are within normal limits at this time. Although the results of the arterial examination are within normal ranges, there is poor quality of the pneumoplethysmography waveforms below the left knee, which could be indicative of small vessel disease, although not suggestive of major arterial obstruction. The results of the venous exam are within normal limits.

RECOMMENDATIONS

Recommend dietary changes (high fiber, low fat/cholesterol), routine cardiovascular exercise and lipid profile evaluation. Consider repeating study in 1 year for progression of vascular disease. Based on the patient's history and subjective complaints, a lower extremities electrodiagnostic study should be considered. WCV/tsy

William C. VanNess, III, MD

diversified medical

VASCULAR STUDY / UPPER AND LOWER EXTREMITIES

Patient Name: Russell, Robert	Date: 10/18/05
DOB:	Referring Physician Dr. Neville
3391	Date of Service: 10/17/05

This 5'10", 210 lb., 48 YOM presents with complaints of headaches with sensitivity to light and difficulty turning his neck, concentration loss, memory loss, neck pain, and numbness and tingling in his right fingers. He has additional complaints of middle and lower back pain. The patient notes a history positive for depression, psychiatric care, overweight, herniated disc, MRI/CT scan, motor vehicle accident, traumatic injury, or workers compensation, and family history of cardiovascular disease. He states his pain is daily and is 10 on a scale of 1-10 (10 being the worst). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine, and avoids alcohol. Medications: Prozac, Ambien, Wellbutrin, and Lorabitol.

DOPPLER STUDIES

Technical difficulties (electrical interference, artifact, etc) were encountered during the recording of bilateral Doppler studies.

ARTERIAL STUDIES

Test Modalities used included the following: Ankle-Brachial Indices were measured and calculated; Post Exercise ABI values; Segmental and/or Digital Pressures; Segmental Pneumoplethysmography, using waveform morphology, was performed. RIGHT PT ABI: is normal (0-10%) obstruction/peripheral arterial disease. LEFT PT ABI: is normal (0-10%) obstruction/peripheral arterial disease. SEGMENTAL PNEUMOPLETHYSMOGRAPHY/PRESSURES: Abnormal Pneuma (PVR) waveforms/ pressures were displayed at the left ankle.

VENOUS STUDIES

Testing modalities used included the following: Quantitative pneumoplethysmography for Maximum Venous Outflow. MAXIMUM VENOUS OUTFLOW: The bilateral lower extremities appear normal.

CAROTID ARTERY STUDY

Technical difficulties (electrical interference, artifact, etc) were encountered during the recording of the carotid studies. Although the results of the arterial examination are within normal ranges, there is poor quality of the pneumoplethysmography waveforms at the left ankle, which could be indicative of small vessel disease, although not suggestive of major arterial obstruction. The results of the venous exam are within normal limits.

RECOMMENDATIONS

Mild obstruction or small vessel disease. Recommended dietary changes (high fiber, low fat/cholesterol), routine cardiovascular exercise (upon approval of treating physician), and lipid profile evaluation. Consider repeating study in 1 year to evaluate for progression of vascular disease. Technical difficulties were encountered with the carotid consider repeating study if indicated. Review previously performed upper testing. WQV/chp

William C. Vonlesen, II, MD
Physiatrist/Neuromusculoskeletal Medicine
dictated but not read

Diversified Medical

ELECTRODIAGNOSTIC STUDIES/UPPER EXTREMITIES

Patient Name: Russell, Robert
DOB:
SS#:

Date: 10/18/05
REFERRING PHYSICIAN: Dr. Faulk
Date of Service: 10/17/05

This 6'10", 240 lb., 48 YOM presents with complaints of headaches with sensitivity to light and difficulty turning his neck, concentration loss, memory loss, neck pain, and numbness and tingling in his right fingers. He has additional complaints of middle and lower back pain. The patient states a history positive for depression, psychiatric care, overweight, herniated disc, MRI/CT scan, motor vehicle accident, traumatic injury, or workers compensation, and family history of cardiovascular disease. He states his pain is daily and is an a scale of 1-10 (10 being the worse). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine, and avoids alcohol. Medications: Prozac, Ambien, Wellbutrin, and Lamictal.

Motor Nerve Conduction Studies
Motor nerve conduction studies of the median, ulnar and musculocutaneous nerves were performed on the upper extremities. F waves were performed on the bilateral ulnar and median nerves. No evidence of abnormalities was observed on the bilateral ulnar or musculocutaneous nerves. Prolongations of the distal motor latencies were observed on the bilateral median nerves with normal amplitudes. Bilateral F waves of the ulnar and median nerves were variable with latencies and amplitudes within normal limits.

Sensory Nerve Conduction Studies
Prolongations of the peak sensory latencies were observed on the bilateral median nerves with low amplitudes.

Somatosensory Evoked Potentials
Somatosensory evoked potentials were studied bilaterally with stimulation of the median nerves and recordings made over Erb's point, cervical spine and the contralateral somatosensory cortex. The latency values were prolonged on the right side.

Dermatomal Evoked Potentials
The C5, C6, C7 dermatomes were stimulated bilaterally with normal responses obtained for each level. Duplicate runs were performed at each level. The central latencies of the right C7 dermatomal stimulations were prolonged.

Impression
Findings are suggestive of right cervical radiculopathy at the right C7 level. Findings are suggestive of mild-moderate bilateral Carpal Tunnel Syndrome.

Recommendations
Continue with conservative treatment. If no significant improvement in the patient's symptomatology and/or clinical presentation, a MRI of the cervical spine and/or needle EMG is recommended. Conservative treatment is recommended at this time. Recommend wearing neutral wrist splint at night and exercises of the wrist. A follow up limited nerve conduction study is recommended in 6 months to evaluate for progression of neuropathy. If symptoms do not correlate with CTS, then right hand symptoms may solely be due to right C7 radiculopathy. Clinical correlation is recommended. Review previously performed vascular testing. WCV/nbp

William C. VanNess, III, MD
Physiatrist/Electrodiagnostic Medicine
dictated but not read

2004-2909

attn: Rose 11 pgs

w/c claim:

SSI

Sports Spine & Industrial
Physical Therapy and
Performance Training Center

MONCKS CORNER
2061 Hwy 52 South • Moncks Corner, SC 29461
(Inside Berkeley Family Practice)
(843) 761-4622 • Fax (843) 761-4625

Name: Poisson, Missy Date: 6/17/04

Diagnosis: Back Pain

Evaluate and Treat

THERAPEUTIC EXERCISE
- ☐ PROM/AROM/AAROM
- ☑ Progressive Resistive Exercise
- ☐ Home Program
- ☐ Stabilization Program
- ☐ Endurance Training
- ☐ Gait Training
- ☐ Plyometrics

TRACTION
- ☐ Cervical
- ☐ Manual

INDUSTRIAL REHABILITATION
- ☐ Functional Capacity Evaluation
- ☐ Work Conditioning
- ☐ Back School

AQUATIC THERAPY
- ☐ Pool Rehab

THERAPEUTIC MODALITIES
- ☐ Ultrasound / Phonophoresis
- ☐ Electrical Stimulation
- ☐ Iontophoresis
- ☐ Home TENS Unit
- ☐ Moist Heat / Ice
- ☐ Interferential Composition

MANUAL THERAPY
- ☑ Soft Tissue Massage
- ☐ Manual Stretching
- ☐ Joint Mobilization
- ☐ Myofascial Release
- ☐ Trigger Point Massage

BRACING
- ☐ Custom Knee Brace
- ☐ Ankle Brace
- ☑ Prophylactic Taping
- ☐ Bracing By Others
- ☐ Night Splints

Special Instructions:

FREQUENCY:
1 2 3 4 5 Times / Week 1 2 3 4 5 6 7 8 Weeks

Does this patient require the services of a social worker? ☐ Yes ☑ No

I hereby certify that these services are medically necessary for the patient's plan of care.

Physician's Signature

06/24/2004 13:25 8437624625 SSI PHYSICAL THERAPY PAGE 01

SSI

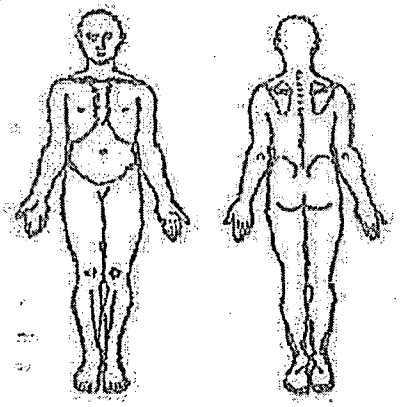
Lumbar / Lower Quarter Evaluation

Patient: Robert Russell DOF _____ Date: JUN 2 1 2004

SSN / HICN: _____ Physician: Dr. Santi

DX: Low Back Pain Onset Date: June 13, 2004 SX Date: N/A

TX DX: _____ Psychological Intervention: (N/A) Under TX Referred Behavioral Health



SUBJECTIVE:

HX of present episode: (Gradual Onset / Injury / MVA)

Pt was doing activities of daily living at home and felt a sharp pain across the low back + bilateral lumbar pain in the low back + bilateral groin pain + bilateral pain into the anterior thigh.

Pain Description / Chief Complaints:

Constant / Intermittent / Episodic _____

Pain Rating: 6/10

Strange Sensations: Pain / Numbness / Tingling / Burning / Aching

Location: _____

Cough / Sneeze / Strain: + (-) Gait / Bladder Disturbance: + (-)

Functional Abilities / Limitations: Difficulty with ADL's, community amb

Activities / Positions that increase pain: Bending, lifting, Prolonged sitting, esp on concrete floors

Activities / Positions that decrease pain: Position changes

Diagnostic Tests: X-rays - lumbar spine

Occupation / Activities / Sports: OT - DHEC / Church / Homemaker / Gardening

(Full Duty / Light Duty / Out of Work) Last Work Day: 06-21-04

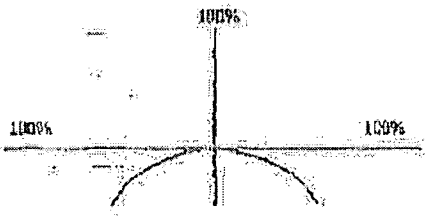
PMH: See Chart

Medications: See Chart

OBJECTIVE:

Posture / Appearance: Tender (C-T) lumbar with guarding & lumbar flexion pain with extension

Lumbar AROM:	Normal	Limited	Pain
Flexion			75%
Extension			25%
Right Side Bend			75%
Left Side Bend			75%
Right Rotation			90%
Left Rotation			90%
Repeated Flexion			
Repeated Extension			



06/24/2004 13:25 8437514625 SSI PHYSICAL THERAPY PAGE 02

Mobility:	Right	Left
Thoracic	—	—
Chest	—	—
Hamstring	WNL	WNL
Psoas	WNL	WNL
Hip IR	WNL	WNL
Hip ER	WNL	WNL
Quads	—	—
Psoas	—	—

Strength:		Right	Left
Hip Extension	(L_4 – S_2)	5/5	5/5
Hip Flexion	(L_1 – L_3)		
Hip Abduction	(L_4 – S_1)		
Hip Adduction	(L_2 – L_4)		
Knee Extension	(L_3 – L_4)		
Knee Flexion	(L_5 – S_1)		
Dorsiflexion	(L_4 – S_1)		
Plantarflexion	(L_5 – S_1)		
Ankle Eversion	(L_4 – S_1)		
Ankle Inversion	(L_4 – S_1)		
Hallux Extension	(L_5)		

Reflexes: 0 = Absent 1+ = Depressed 2+ = Intact 3+ = Hyperactive (Symmetrical)

Patellar: Right 2+ Left 2+ Achilles: Right 2+ Left 2+

Decreased Sensation: L2 – Ant Thigh L3 – Ant Knee L4 – Medial Calf L5 – Lat Calf S1 – Lat Foot 0

Respiratory Findings: Rate WNL, L5 > L5 > (R) Rhonchi

Special Tests:	Right	Left		Right	Left
Heel Walking	—	—	SI Compression	—	—
Toe Walking	—	—	SI Distraction	—	—
SLR Sitting	—	—	FABER	—	—
SLR Supine	—	—	Leg Length	—	—
Slump Test	—	—			

ASSESSMENT: Pt is a (D)ra male who presents to Lee Lee A with c/o Lumbar pain s/p MVA on 8/28/04. Pt will benefit from skilled PT services to address ROM + Pain, Flexibility, Posture, and HEP to address these deficits.

Rehab Potential: Poor Fair (Good) Excellent

Treatment: Per Plan of Care

Goals as discussed and agreed upon with the patient are as follows:

Short Term Goals: (2 Weeks)

1. Pt. HEP
2. Address ROM deficits, Pain
3. Decrease Lumbar + RLE pain
4. Improve Gait pattern
5. _____

Long Term Goals: (4 Weeks)

1. Reduce 9-10/10 Lumbar pain to 3/10
2. Improve ROM, flexibility, Posture 50%
3. Pt. to perform 3-4 Rx Lumbar Exercises w/ Pt
4. Pain in LE's from entire Rehab
5. Pt. to perform functionally Pain Free

PLAN: Frequency: 2-3 x / Week Duration: 4 Weeks

- ✓ Therapeutic Exercises
- ✓ Manual Techniques
- ✓ Postural Education
- ✓ HEP
- ✓ Functional Activities
- ✓ Pt/Home Education
- ✓ Modalities (Hot/Cold, E-stim, Ultrasound)

David Anderson, MPT — 4796 — 08-21-04 — _____ to _____

Therapist's Signature — License # — Date — Medicare Certification Dates

I agree with the above treatment plan:

_____ _____

Physician's Signature — Date

08/24/2004 13:35 8437614625 SSI PHYSICAL THERAPY PAGE 03

2004-2909

SSI
Sports Science & Industrial
Physical Therapy and
Performance Training Center

DAILY NOTE

PATIENT: Robert Bussell

DATE: JAN 21 2004
VISIT # 1 OF 9

SUBJECTIVE: Pain Level (0 – 10) ____ ☐Increased Pain ☐Decreased Pain ☐No Change in Pain/Function
☐Patient Reports:
1st Eval

SERVICES PROVIDED:
3 Supervised therex per flow sheet 12 min
___ Manual PROM ____ min
___ Manual Stretching ____ min
___ PNF - Shoulder Scapula
___ MRE
___ Functional Training
___ Manual Traction

___ Joint Mobs (see notes)
___ Soft Tissue Mobilization
___ Ice Pack / Compression ____ min
1 Moist / Hot Pack 15 min
1 E-stim Type Premod 15 min
1 US / Phonophoresis: Continuous / Pulse 45
2 cm² 1.5 W/cm² X 5 min
___ Iontophoresis ____ mA/min ____

☐ Patient understands and verbally agrees to treatment
Notes:

OBJECTIVE: (Data Progress / Changes)
1st Eval

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☐ Fair ☐ Poor*
Compliance: ☐ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☐ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which one?) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing*

COMMENTS: (* requires explanation)
1st Eval

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ Newly revised home program
☐ Other: PT per POC

Therapist Signature: David Ackerman, MPT
License #: 4197

SSI
Sports Science & Industrial
Physical Therapy and
Performance Training Center

DAILY NOTE

PATIENT: _____

DATE: JAN 24 2004
VISIT # 2 OF 9

SUBJECTIVE: Pain Level (0 – 10) ____ ☐Increased Pain ☐Decreased Pain ☐No Change in Pain/Function
☐Patient Reports:
"Sore with last activity"

SERVICES PROVIDED:
1 Supervised therex per flow sheet 35 min
___ Manual PROM ____ min
1 Manual Stretching 10 min
Hamstrings
___ PNF - Shoulder Scapula
___ MRE
___ Functional Training
___ Manual Traction

4 Joint Mobs (see notes) - (R) and L inversion
___ Soft Tissue Mobilization
2 Ice Pack / Compression 15 min
1 Moist / Hot Pack ____ min
2 E-stim Type Premod 15 min
___ US / Phonophoresis: Continuous / Pulse ____
____ W/cm² X ____ min
___ Iontophoresis ____ mA/min ____

☐ Patient understands and verbally agrees to treatment
Notes:

OBJECTIVE: (Data Progress / Changes)
L pain w/ activity

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which one?) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing*

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ Newly revised home program
☐ Other:

Therapist Signature: David Ackerman MPT
License #: 4197

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0162

SSI
Sports Safety Institute
Physical Therapy and Performance Training Center

DAILY NOTE

PATIENT: Robert Russell

DATE: JUN 2 8 2005
VISIT # 2 OF 9

SUBJECTIVE: Pain Level (0 – 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
Patient Reports: "My back still hurts but the pain is not as bad."

SERVICES PROVIDED:
1 Supervised therex per flow sheet 43 min
___ Manual PROM ___ min
2 Manual Stretching 10 min
Hamstrings
___ PNF - Shoulder Scapula
___ MFR
___ Functional Training
___ Manual Traction
3 Joint Mobs (see note) - Post emphasis
___ Soft Tissue Mobilization
1 Ice Pack / Compression 15 min
___ Moist / Hot Pack ___ min
4 E-stim Type Pulse ; 15 min
___ US / Phonophoresis / Continuous / Pulse ___ W/cm² X ___ min
___ Iontophoresis ___ mA/mls ___

☐ Patient understands and verbally agrees to treatment

Notes:

OBJECTIVE: (Data Progress / Changes)
Pain is not as severe as last visit

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor
Compliance: ☑ Good ☐ Fair ☐ Poor
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor
Any goals met/revised this visit: ☐ Yes (Which one?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing

COMMENTS: (If requires explanation)

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ Add/revised home program
☐ Other

Therapist Signature: David Anderson, MPT
License #: 5076

SSI
Sports Safety Institute
Physical Therapy and Performance Training Center

DAILY NOTE

PATIENT: _____

DATE: JUN 30 2005
VISIT # 4 OF 9

SUBJECTIVE: Pain Level (0 – 10) ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
Patient Reports: "Back was stiff when I got out of bed but I'm sure it will loosen up as the day goes on."
Pain isn't worse than it was last visit.

SERVICES PROVIDED:
1 Supervised therex per flow sheet 20 min
___ Manual PROM ___ min
___ Manual Stretching ___ min
___ PNF - Shoulder Scapula
___ MFR
___ Functional Training
___ Manual Traction
___ Joint Mobs (see note)
___ Soft Tissue Mobilization
1 Ice Pack / Compression 12 min - 4 @ 3:11
___ Moist / Hot Pack ___ min
1 E-stim Type ISOM 1 12 min - 4 @ 3:11
2 US / Phonophoresis / Continuous / Pulse 1:1 W/cm² X 7 min @ 3:11
2 Iontophoresis Yo mA/mls Dexa
Pulse

☐ Patient understands and verbally agrees to treatment

Notes:

OBJECTIVE: (Data Progress / Changes)
Less TTP/tenderness/spasm c/o 4/5 c/o Dexa

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☐ Fair ☑ Poor
Compliance: ☐ Good ☑ Fair ☐ Poor
Comprehension of program/exercises: ☐ Good ☑ Fair ☐ Poor
Any goals met/revised this visit: ☐ Yes (Which one?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing

COMMENTS: (If requires explanation)
See Objective - Pain Changes made

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ Add/revised home program
☐ Other

Therapist Signature: David Anderson, MPT
License #: 5076

07/06/2005 09:39 9403764628 SSI PHYSICAL THERAPY PAGE 06

2004-2909 IC

DOI 6-11-04

SSI

DAILY NOTE

PATIENT: Robert Russell

DATE: JUL 01 2004
VISIT # 2 OF 4

SUBJECTIVE: Pain Level (0 - 10) ___ ☐Increased Pain ☐Decreased Pain ☐No Change in Pain/Function
Patient Reports: [illegible]

SERVICES PROVIDED:
___ Supervised ther ex per flow sheet ___ min
___ Manual PROM ___ min
___ Manual Stretching ___ min
___ PNF - Shoulder Scapula
___ MRE
___ Functional Training
___ Manual Traction

___ Joint Mob: (see notes)
___ Soft Tissue Mobilization
___ Ice Pack / Compression ___ min
___ Moist / Hot Pack ___ min
___ E-stim Type ___ ___ min
___ US / Phonophoresis Continuous / Pulse ___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___

☐ Patient understands and verbally agrees to treatment
Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☐ Fair ☐ Poor*
Compliance: ☐ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☐ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which one(s)) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing*

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other

Therapist Signature: David Anderson, MPT
License #: [illegible]

SSI

DAILY NOTE

PATIENT: ___

DATE: JUL 06 2004
VISIT # 3 OF 4

SUBJECTIVE: Pain Level (0 - 10) ___ ☐Increased Pain ☐Decreased Pain ☐No Change in Pain/Function
Patient Reports: Some better but still really hurts in LB & up into [illegible]

SERVICES PROVIDED:
✓ Supervised ther ex per flow sheet 15 min
___ Manual PROM ___ min
___ Manual Stretching ___ min
___ PNF - Shoulder Scapula
___ MRE
___ Functional Training
___ Manual Traction

✓ Joint Mob: (see notes) - Lumbar PAIs
✓ Soft Tissue Mobilization Pectoralis
___ Ice Pack / Compression ___ min
✓ Moist / Hot Pack 15 min
✓ E-stim Type IFC 4 - 1X min
✓ (US) Phonophoresis Continuous / Pulse 1 MHz
1.5 W/cm² X 8 min
___ Iontophoresis ___ mA/min ___

☐ Patient understands and verbally agrees to treatment
Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☑ Fair ☐ Poor*
Compliance: ☐ Good ☑ Fair ☐ Poor*
Comprehension of program/exercises: ☐ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which one(s)) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing*

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other: Cont

Therapist Signature: [signature]
License #: SC1729

09 30VA ADDRESS: PHYSICAL ISB 8437614626 ST:09 PAGE/BB/2004

PHYSICIANS IMAGING CENTER

Charleston Physicians Imaging Center
4900 Salt Pointe Parkway
N. Charleston, SC 29405
843 ▵ 745 ▵ 0100
843 ▵ 745 ▵ 0102 (fax)

Final Report

Name: Russell, Robert ID: / Sex: M
Admit: DoB: 7 MR#:
Discharge: Order#: Completed: Jul 28,2004 16:16
Referred By: Faulk, Dr. Alan Reason: 66-Lumbar/ LBP

Radiologist: Darocha, Dr. Irene Report Date: Jul 28,2004 20:17:00
Approved By: Darocha, Dr. Irene Approval date: Jul 28,2004 22:01:13

OBSERVATION
Clinical Information: Low back pain.

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE:

SEQUENCES: The lumbar spine was imaged in the axial, sagittal and coronal planes utilizing various standard pulse sequences.

COMMENTS: There is normal stature and alignment of the five lumbar vertebral bodies. Marrow signal appears normal. Cortical margins are intact. The spinal canal is developmentally normal in width. There is no expansion of or focal lesion within the conus which ends at the L1 vertebral body level.

At L5-S1, there is loss of disc height and signal indicating degeneration. A shallow diffuse disc protrusion has a superimposed central nuclear herniation which extends slightly to the right of midline. There is mild bilateral neural foraminal stenosis at this level.

The remainder of the intervertebral discs are normal in height and in signal intensity. No other level of disc protrusion is evident.

IMPRESSION
At L5-S1, there is degenerative disc disease, mild facet arthritis and diffuse disc protrusion with superimposed central/right paracentral disc herniation.

Thank you for the opportunity to examine your patient.

Irene B. Darocha, M.D.

Providing MRI, C.T., X-RAY And Other Imaging Services

CLINICIAN
PROGRESS NOTES

NAME Robert Riddell

DATE 7-8-04	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

"I am in a lot of pain from my legs up to my groin Could - Dr. requested to do

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

DATE 7-15-04	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Missed one day of work Dr. notified

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME [illegible]

DATE	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

[illegible]

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 6-15-04	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Pt. describes his a "sand-like feeling" in his back. "It hurts on my buttock + down my right leg." Pt has been exhibiting [illegible] pain [illegible] + pressure

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 8-25-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

Pt. in chronic pain & back. Very unhappy
feeling "worthless & useless". Provided support &
Dental ETH education

Plans/Goals

Current GAF:

Clinician's Signature: William Burleigh	Date: 8-25-	Date of Next Session:

DATE 9-15-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

Very depressed "I have nothing to live for
my death." Pt. totally C going on disability.
Continued support & support.

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

Robert Russell ind Dc
9-22-04
" I'm very depressed — I don't want to
work I'm too nervous, edgy in pain
all the time " Denied 5/H exclusion

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 9-29-04	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

In a lot of back pain + financial issues, Afraid of being fired. Denied SI/HI today

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 10-6-04	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Pt. missed work last week due to back pain. Missed 2 days total. Encouraged him to not quit work.

Plans/Goals:

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME: Robert Russell

DATE 10-13-04	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)
"I thought about killing myself because the pain from cancer so much" Contract for safety.

Plans/Goals: _____ Current GAF: _____

Clinician's Signature:	Date:	Date of Next Session:

DATE 10-20-04	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)
Beck Hopelessness Scale. Ordered 7th Edition

Plans/Goals: _____ Current GAF: _____

Clinician's Signature:	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Rebecca Russell

DATE 11-18-04	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)
Pt. reports that he is generally has been taking meds like prescribed.

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 11-30-04	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)
Denied SI/HI/Delusions Denied A/V hallucinations.
Pt. stated he is lonely

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 12-8-04	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Pt. continues to have severe back pain. Continues to begin about get done his essential exercises. Discussed PMR relaxation. Practiced PMR instructions

Plans/Goals: _____ Current GAF: _____

Clinician's Signature:	Date:	Date of Next Session:

DATE 12-21-04	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Pt. continues to have pain — chronically hurts. "Worth it or not relaxing." Having difficulty sleeping due to back pain. Motivated to practice PMR. Discussed intent.

Plans/Goals: _____ Current GAF: _____

Clinician's Signature	Date: 12-28-04	Date of Next Session:

Robert Russell 1-11-05

"I have missed the last 2 days of work – I am depressed." Attempted to encourage pt to return to work. Remaining calm but seemed calmed on her visit. "I'm ashamed to go back + feel I would rather die." Conducted Low Suicide

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 1-20-05	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Feeling better now he has accepted
he is on disability. Pt. continues
to struggle to find down for anxiety
work "I can't work — to much
pain — my depression, A & grief
about [illegible] accidents
Continues to [illegible]

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 1-26-05	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

"I have no intention of going back to work —
I can't do it." Cannot sustain effort
"I just can't concentrate" [illegible]
can't [illegible] for long [illegible]
can't [illegible] & pain activities
should [illegible]. Worked on [illegible]

Plans/Goals Thanks already [illegible]
he has agreed for meds

Clinician's Signature:	Date:	Date of Next Session:

CLINICIAL
PROGRESS NOTES

NAME Robert Russell

DATE 2-4-05	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)
"My Dad & Kathy are mad at me." Invited Pt. to contact Dad re: Pt. during offer to go into hospital. "I will only owe more money." Flashbacks about hot guitar shooting for mother. Thoughts about shooting himself.

Plans/Goals Current GAF: 32

Clinician's Signature:	Date:	Date of Next Session:

DATE 2/10/05	VISIT#	CODE	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)
Pt. reviews the week. Denied S/H ideation. Endorsed some back pain + can update to focus on Pain. Tearful + Sleeping. Denied A/D use. Denied anxiety + triggers.

Plans/Goals Current GAF: 40

Clinician's Signature:	Date: 2/10/05	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 2/16-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Very depressed, suicidal thoughts contracted for safety. May need to be hospitalized. Spoke to Dr. re meds to express feelings. Will follow up. Pt. agreed. Pt. will call if suicidal thoughts increase.

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

DATE 2-23-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Sleep is poor. "I've used all my Ambien." Sleeping @ night + day. Will see Dr. Justus today — called to have meds changed. Suicidal thoughts. Remains at risk. Hopelessness + agreed to keep safe. Reports pt. unwilling to stay overnight. Reports Shane took pain.

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 3-2-05	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Pt's wife has moved in & has been more Pt
stress. Pt's mother visited. Rec'd in poor
Quart SH identified. Discussed SH identified
Choices both pros & cons to each choice
Agreed to Cx decision regarding SH
will see Dr Jenby 4/6 to discuss Pt.
very remorseful

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

DATE 3-9-05	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Pt. having difficulty setting his daily
responsibilities aside. Was nervous today
when I was standing. Observed adjust fly
for awhile & went other guild friends
about him. Feeling guilt that he
cannot return to work. Discussed
SH identified. Reminded safety agreement

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 3-21-05	VISIT#	CODE 90805	SESSION LENGTH 50

NOTES (Progress/Observations/Goals addressed)
Pt. required C his mother's health. Pt. was
to meet Dr. Q & Theo. Pt. stated although
he did not want them there he did.
Pt. also noted aggression was evident
Multiple times during day.
Contract for safety should be worked on
during upcoming sessions.
Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 4-5-05	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)
Pt very depressed. Wonders should
should getting disabled. Quest's if Edulo
"I get guilty not using — my emotions
have to come out, but I know I
can't react." Contract for safety. Pt. reports
that he can't stop + maintains contract
Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Richard Russell

DATE 4-13-05	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Richard called his mom to find out if she
could help him with some
responsibility for elderly daily Dinner
[illegible]

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:
[signature]		

DATE 4-26-05	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Neice died of cancer. Distraught over
this. Survivor guilt. Can be very often
Pt was such a [illegible] person.
Focused this.

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:
[signature]		

CLINICIAN
PROGRESS NOTES

NAME

DATE	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 5-11-05	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Pt. appeared inebriated about 3 hours prior to session as he needed to consult about some personal concerns + important events. Spent the 45 minutes + more. Pt. did not appear to be suicidal, thoughts contained to

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

Robert Fussell 5-17-05
90866
Pt. discharged — wounded. "Eva Gun
injury — my injured wrist 3 Bs of
fractures - Removed Via Dorsal. Continued
Gun safety. Counseled & Dr. Julien
offered — did not have Cards.
Emergency plan — explained.

CLINICIAN
PROGRESS NOTES

NAME Robert Burnett

DATE 5-25-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)
Pt. is very depressed — I am trying all I do to exit + try to stay compatible. Doesn't want to get out of bed. Stands Thoughts look dismal + have plan / method on how to commit suicide. Contracted for safety.

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 6-7-06	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)
Pt. got prescription letter from Dr. and mailed out. Doesn't like the idea from dentist. Denies SI/HI/plan Chronic pain & possible hypothyroidism. 2 hrs sleep/day. Pt. to see Dr. Julius later today. Denies SI/HI/plan.

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell 761-6577

DATE 7-1-05	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)
"I can't sleep — I'm worrying about Bill has chest pain. Drinking OK no vomit out, eating. Planning @ Bday supper — upset by Laura wants don't go picnic without Dave 5/11 intervention.

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

DATE 7-7-05	VISIT#	CODE 90805	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)
"I went on a date w/ Bill, he's 58 — we ate at Sunset Grill, I had a Jim Beam + Diet + I drank he used to live here — I don't think he could for me." Complicated emotions Self doubting. Thought to a drink. Overall 5/11 intervention

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 7-18-05	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Pt was seen. Clinical medication management. PHQ9 scored at 0 no longer being suicidal or homicidal. Pt to return in 3/4 weeks.

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 7-25-05	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Maintaining stable focus

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 8-8-05	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Pans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 8-17-05	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Pans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 8-29-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Upset about not being able to
drink beer

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 9-6-05	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Pt. upset about being unable to drink beer, has
Completed one morning Check off sheet

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Rund

DATE 9/15/04	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed) Worrying excessively re Disability Survey
a lot of time on mind

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

DATE	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME: Robert Russell

DATE 9-27-05	VISIT#	CODE 90804	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Pt. depressed - tearful during session. Denies SI/HI/Psychosis. Reports not using drugs/alcohol since out of jail 2 days

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

Robert Russell 10/4/05

"I'm not doing well mentally
developing DEP. Need help
by an Angel 8.

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 10-18-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 10-27-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Brand

DATE 11-9-05	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

"I am discharged today"
No Charge Dual Diagnosis

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE ~~11-6-05~~	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

11/21/05

Robert Rundell

[illegible]

David Murrell, Attorney
Wiggall, Dutton, & Rundell

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 12-7-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed) "Mom is irritating to me, I can't get anything done around the house." Daniel J Murphy

Plans/Goals Daniel J Murphy Current GAF:

Clinician's Signature	Date:	Date of Next Session:

DATE 12-14-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed) Not sleeping well. The Hartford Insurance denied her disability claim. "I'm hyper + depressed @ the same time."

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 12-28-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)
Pt a lot of work stress. Ruminating about
Grandkids upcoming + unresolved feelings.
Denies SI/HI; Client AX

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 1-5-06	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)
Pt upset that a Clinical Record Show him on a Gay
web site so much. Pt appeared distressed
& sleep deprived. Hesitant to pay bank a lot of
money by SC Request + Standard Invoice.
Denies SI/HI; Client AX

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 1-17-06	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)
I last met w/ pt 1-10th he writes me to arrange

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 2-2-06	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)
not staying visible. Has greatly reduced his online use. Encouraged him to have an exercise plan. Ended SW telling

Plans/Goals Current GAF:

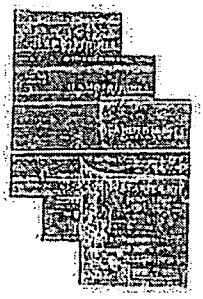
Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME:

DATE	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)



Starter Kits available by prescription

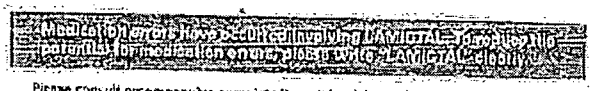
Plans/Goals

Clinician's Signatur

DATE

Notes (Progress/O

Need Notes
2/15
2/22
3/2
3/21



Please consult accompanying complete Prescribing Information for appropriate use of Starter Kits based on concurrent medications and indications.

Plans/Goals:

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 5-10-06	VISIT#	CODE 90806	SESSION LENGTH 50 min

NOTES (Progress/Observations/Goals addressed)
PT. States "I'm in pain a lot, my Psychiatrist and Psych." "I've been enabled to get out of bed,

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 5-16-06	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME

DATE	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 4-18-06	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

"I depend, stroll, amuse, & pacify others."
Endorsed suicidal thoughts — Check intent
for plans."

Plans/Goals

Current GAF:

Clinician's Signature	Date	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 5-3-06	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)
Saw Dr. Jones last week & he prescribed on meds, medication Trial - Legacy Olanzapine 5mg, Risperdal 1mg & Haldol 5mg. Directions

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 5-7-06	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)
Pt. doing well. Will continue to follow up on Sat. Pt's mom met on brief

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Cunell

DATE 6/21/06	VISIT#	CODE 90802	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Pt. doing well. Mattress dysmorphia

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 7-6-06	VISIT#	CODE 90832	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Dual D/A, Alcohol, Legal & grandkids

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 7-13-06	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Weight loss clinic
Dual D/A, Alcohol

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME R Rem

DATE 7-20-08	VISIT#	CODE	SESSION LENGTH: 53

NOTES (Progress/Observations/Goals addressed)

Pt. called cingulectomy 50 & 5 mgs

Plans/Goals Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 7-26-08	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

BUSS refused 5/H; declin

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 8-3-06	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

Money issued pursuant to

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 8-10-06	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

"My computer might blown — very frustrated
Complained about
Court Sit + Clerks

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME: Robert Russell

DATE 8-6-07	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 8-24-06	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 8-31-06	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Plans/Goals Current GAF:

Clinician's Signature:	Date: 8-31-06	Date of Next Session:

DATE 9-7-06	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Stable – continue to meet meds on hx

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 7-14-00	VISIT#	CODE	SESSION LENGTH 50 min

NOTES (Progress/Observations/Goals addressed)

Pt. [illegible] of 16 pds. No [illegible]
Stated activity Appears to feel
better. Oriented x 3/3. Attentive

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

Robert Russell,

Claimant,

vs.

SCDHEC,

Employer.

Affidavit of

WILLIAM BURKE, Ph.D.

Based on my education, training, experience and treatment of Robert Russell, it is my opinion based on a reasonable degree of medical certainty that the combined effects of Mr. Russell's back injury he sustained in the car wreck on June 11, 2004, and his depression and bi-polar disorder, make him totally and permanently disabled.

WILLIAM BURKE, Ph.D.

On this 7th day of May, 2007.

Robert Russell,

Claimant,

vs.

SCDHEC,

Employer.

Affidavit of

WILLIAM BURKE, Ph.D.

Based on my education, training, experience and treatment of Robert Russell, it is my opinion based on a reasonable degree of medical certainty that the back injury he sustained in the car wreck on June 11, 2004, made Mr. Russell's Depression worse.

✓
YES

_____
NO

WILLIAM BURKE, Ph.D.

On this 7th day of May 2007.

Robert Russell,

Claimant,

vs.

SCDHEC,

Employer.

Affidavit of

WILLIAM BURKE, Ph.D.

Based on my education, training, experience and treatment of Robert Russell, it is my opinion based on a reasonable degree of medical certainty that the back injury he sustained in the car wreck on June 11, 2004, made Mr. Russell's bi-polar disorder worse.

✓
YES

NO

William Burke PhD
WILLIAM BURKE, Ph.D.

On this 7th day of May, 2007.

PHYSICIAN
PROGRESS NOTES

NAME [illegible]

DATE	VISIT #	CODE	SESSION LENGTH
[illegible]	[illegible]		

Medications Prescribed This Visit: Current other Meds/Substances:

Repatha .75 2½ 45 d ± BID

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc
___Obsessing
___Anxiety

PLAN/GOALS: Current GAF: ____

Physician's Signature: Date: Date of Next Session:

DATE	VISIT #	CODE	SESSION LENGTH
[illegible]			

Medications Prescribed This Visit: Other Current Meds/Substances:

Repatha .75 2½ 45 d BID

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc
___Obsessing
___Anxiety

PLAN/GOALS: Current GAF: ____

Physician's Signature: Date: Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME: Robert Russell

DATE 9/10/14	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

D/C Neurontin
Wellbutrin
Lamictal

Current other Meds/Substances

Vraylar 3mg
XR Seroquel 300mg qhs
100mg 1 qd
Seroquel 25 2 1/2 tabs qhs
Trazodone 50mg
Trial Seroquel 100 PRN 2hs

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

PLAN/GOALS

Current GAF:_____

Physician's Signature: Date: Date of Next Session:

DATE	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Other Current Meds/Substances

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

Trdepression & anxiety

PLAN/GOALS

Current GAF:_____

Physician's Signature: Date: Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME: Robert Russell

DATE 12/20/04 VISIT # CODE SESSION LENGTH

Medications Prescribed This Visit

Current other Meds/Substances

Notes (Progress/Observations/Goals addressed)

__Sleep
__Energy
__Appetite
__Mem/Conc.
__Obsessing
__Anxiety

PLAN/GOALS

Current GAF:

Physician's Signature: Date: Date of Next Session:

DATE 1/4/05 VISIT # CODE SESSION LENGTH

Medications Prescribed This Visit

Other Current Meds/Substances

Notes (Progress/Observations/Goals addressed)

__Sleep
__Energy
__Appetite
__Mem/Conc.
__Obsessing
__Anxiety

PLAN/GOALS

Current GAF:

Physician's Signature: Date: Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 1/19/07	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Current other Meds/Substances

V Wellbutrin, 150 2qam
Ambien 10 PRN

Notes (Progress/Observations/Goals addressed)

__Sleep
__Energy
__Appetite
__Mem/Conc.
__Obsessing
__Anxiety

Better
Unable to function
Rec. long term disability

PLAN/GOALS

Current GAF: 0

Physician's Signature:

Date:

Date of Next Session:

DATE 3/1/07	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Other Current Meds/Substances

Wellbutrin XL 150 1 po qam
Trazodone 100 1 po qhs
Lamictal 100 2 po bid

Notes (Progress/Observations/Goals addressed)

V Wellbutrin XL 150

__Sleep
__Energy
__Appetite
__Mem/Conc.
__Obsessing
__Anxiety

Improving
T Rush 1 mg 1 po qhs

PLAN/GOALS

V sleep

Current GAF:

Physician's Signature:

Date:

Date of Next Session:

Clinician
Progress Notes

Name: Robert Russell

Date: [illegible] Visit # Code Session length

NOTES (Progress/Observations/Goals addressed)

Carbamazepine 200 2 qAM

RTC 2

PLAN/GOALS Current GAF

Clinician's Sig. Date Date next session:

Date 3/2/10 Visit # Code Session length

Notes (Progress/Observations/Goals Addressed)

PIC carbamazepine - feels worse
↑ lamotrigine 200 2 q day
↓ melatonin to 3 mg
↓ prozac 20 2 qAM

7 days

PLAN/GOALS Current GAF

Clinician's Sig. Date Date next session:

PHYSICIAN
PROGRESS NOTES

NAME: Robert Russell

DATE 4/15/04	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit: Current other Meds/Substances

T Bupropion 1mg 1 TS 1/2 BID PRN

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

T Prozac 20 3 Tabs
Lamictal 200 BID

PLAN/GOALS Keep Busy

Current GAF: _____

Physician's Signature:	Date:	Date of Next Session:

DATE 4/28/04	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit: Other Current Meds/Substances

Lamictal 2mg 1 PRN Ativan

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

Continues

PLAN/GOALS

Current GAF: _____

Physician's Signature:	Date:	Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME: Robert Russell

DATE: 5/12/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit: Risperdal 1 mg 1/5 | 0 ½ BID

Current other Meds/Substances

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Cmic
___Obsessing
___Anxiety

PLAN/GOALS

Current GAF:

Physician's Signature: [signature] Date: Date of Next Session:

DATE 6/8/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Other Current Meds/Substances

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Cmic
___Obsessing
___Anxiety

Patient admit SSI [illegible]

PLAN/GOALS

Current GAF:

Physician's Signature: [signature] Date: Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME Robert Russell

DATE	VISIT #	CODE	SESSION LENGTH
6/22/05			

Medications Prescribed This Visit

Risperdal 2.0 3 q day
Prozac 20 1 q day

Current other Meds/Substances

Ambien 10

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc
___Obsessing
___Anxiety

not sleeping
depressed
no energy

PLAN/GOALS

Current GAF_____

Physician's Signature:

Date:

Date of Next Session:

DATE	VISIT #	CODE	SESSION LENGTH
7/7/05			

Medications Prescribed This Visit

LAMICTAL 200 BID
PROZAC 20 1 q day

Other Current Meds/Substances

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc
___Obsessing
___Anxiety

The same

PLAN/GOALS

Current GAF_____

Physician's Signature:

Date:

Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME: Robert Russell

DATE 9/15/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit: Current other Meds/Substances

Prompt for DNA

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

numbness in fingers
Back pain
Sleep

PLAN/GOALS Current GAF:

Physician's Signature: Date: Date of Next Session:

DATE 10/13/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit: Other Current Meds/Substances:

Notes: (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

Denied for disability
Stressed out

PLAN/GOALS Current GAF:

Physician's Signature: Date: Date of Next Session:

LOWCOUNTRY ORTHOPAEDICS & SPORTS MEDICINE

CHECK NAME OF DOCTOR YOU ARE SCHEDULED TO SEE

PATIENT INFORMATION FORM

☐ Joel R. Cox, MD
☐ James J. McCoy, MD
☐ James D. Spearman, MD
☑ Don O. Stovall, Jr., MD

DATE 8-11-04

☐ Richard H. Zimlich, MD
☐ George F. Warren, MD
☐ David H. Jaskwhich, MD
☐ Timothy G. Allen, MD

Pt. Full Name: Robert Gene Russell Marital Status S Age 47 Date of Birth [illegible] M F

Mailing Address [illegible] City [illegible] State [illegible] Zip [illegible]

Street Address [illegible] City [illegible] State [illegible] Zip [illegible]

Home Phone Number 810-2463 Business Phone # 919-4649 Occupation Environmental Health manager

Employed By SC DHEC SS#

Name of Spouse (if appl.) [illegible] Date of Birth [illegible] SS# [illegible]

Employed By [illegible] Employer Phone # [illegible]

Primary Physician/Family Internist Dr. Santi Family Doctor Virgil Harvey

IF THE PATIENT IS A CHILD OR FULL TIME STUDENT, PLEASE COMPLETE THIS SECTION:

Mothers Name [illegible] SS# [illegible] Date of Birth [illegible]

Employed By [illegible] Phone # [illegible]

Fathers Name [illegible] SS# [illegible] Date of Birth [illegible]

Employed By [illegible] Phone # [illegible]

MEDICAL INFORMATION

Complaint or Symptoms: Low back pain, upper back, hip and left pain ☐ Right ☑ Left

Were you injured at ☐ school ☑ work ☐ auto accident ☐ other [illegible]

If injury was work related was a report filed ☑ yes ☐ no

Date of onset/injury 6-11-04 How injury occurred rear ended Auto accident

Have X-Rays been taken for this problem? yes Where? Carolina Imaging (MRI) Dr. Santi Report

BILLING INFORMATION

Name of person responsible for this patient's bill self w/c
(NOTE: this must be self, mother, father or spouse)

Attorney Involved? yes If yes, Name: David Meeroff

In case of emergency, person to contact Michael Ramey Phone # 860-2126

INSURANCE INFORMATION

Primary Insurance Company workmen comp

Secondary Insurance Company Blue Cross Blue Shield

FINANCIAL POLICY

I, the undersigned patient or guarantor, hereby authorize my physician and whomever he/she may designate as his/her assistant to render medical treatment to me.
I, the undersigned patient or guarantor, hereby authorize my physician and whomever he/she may designate as his/her assistant to release any medical information accumulated in the course of my examination and treatment to any other doctor, hospital, or other party assisting in my medical care.
I, the undersigned patient or guarantor, hereby request payment of benefits to this physician's practice when this practice accepts assignment.
I authorize use of Photostat copies of this assignment in lieu of the original when necessary.
I understand that I am responsible for any amount not covered by insurance/ deductible/ co-payment. Regardless of insurance coverage, insurance claims, which are not paid in full within thirty (30) days, will be my personal obligation.

Patient/Parent, Guardian Signature [illegible] Date 8-11-04

PLEASE PROVIDE INSURANCE CARD AND PICTURE I.D.

-112-

0220

Medical History

Name Robert G. Russell Date 8-11-04

MR# Date of Birth

Chief Complaint

Why are you seeing the doctor today? herniated disk

Is this a work-related injury? yes

Review of Systems - mark yes or no and explain "yes" answers.

General	YES	NO	Respiratory	YES	NO	Gastrointestinal	YES	NO	Neurological	YES	NO
Weight change	✓		Wheezing		✓	Nausea		✓	Seizures		✓
Fever		✓	Cough		✓	Vomiting		✓	Paralysis		✓
Weakness	✓		Bloody sputum		✓	Vomiting blood		✓	Tremors		✓
Chills		✓	Asthma		✓	Rectal bleeding		✓	**Endocrine**		
Sweats		✓	Bronchitis		✓	Diarrhea		✓	Goiter		✓
Integumentary			Emphysema		✓	Constipation		✓	Thyroid problems		✓
Skin		✓	Pneumonia		✓	Jaundice		✓	Diabetes		✓
Rash		✓	Tuberculosis		✓	Hepatitis		✓	**Hematologic/Lymphatic**		
Hair/nail changes		✓	**Cardiovascular**			Ulcers		✓	Swollen glands		✓
HEENT			Rheumatic fever		✓	**Urinary**			Bleeding disorder		✓
Headaches	✓		High blood pressure		✓	Frequent urination		✓	Easy bruising		✓
Glasses	✓		Stroke		✓	Painful urination		✓	Easy bleeding		✓
Contact lenses		✓	Chest pain		✓	Bloody urine		✓	Sickle cell		✓
Visual changes		✓	High cholesterol		✓	Incontinence		✓	Anemia		✓
Glaucoma		✓	Varicose veins		✓	Urinary infections		✓	Past transfusions		✓
Cataracts		✓	Blood clots		✓	**Musculoskeletal**			**Psychiatric**		
Ringing in ears		✓	Heart murmur		✓	Joint stiffness	✓		Depression	✓	
Hearing Loss		✓	Palpitations		✓	Arthritis	✓		Insomnia	✓	
Dizziness		✓	Sleep apnea		✓	Gout		✓	Other illnesses		✓
Sinus pain	✓		Ankle swelling		✓	Joint swelling		✓	**Allergic/Immunologic**		
Hoarseness		✓			✓	Lupus		✓	Cancer		✓
Difficulty swallowing		✓			✓	Osteoporosis		✓	Enzyme deficiency		✓
									Immune disorder		✓

Explanations:

OVER

Family History: Please mark those illnesses for which blood relatives have been treated

Bleeding problems	
Osteoporosis	
Rheumatoid arthritis	
Lupus	
Heart Disease	
Stroke	
High Blood Pressure	✓
Cancer	✓
Diabetes	✓

Social History:

Marital status: single

Occupation: Environmental Health Manager

Tobacco use: NO

Alcohol use: NO

Special Diet: NO

Past Medical History

Medical Problems/Illnesses

back pain
chest pain (past)
sinus
depression
bipolar

Past Surgical History

Surgery	Date
Appendix removed	1962

Medications

List all medications and doses

Prozac 20mg (2)
Wellbutrin
Risperdal
Lamictal
Ambien
Zantac
Lipitor 20mg QD d/c

Allergies and Type of Reaction

None

Are you allergic to latex? NO

If yes, what type of reaction? _____

Reviewed by _____ MD

Date 8/1/04

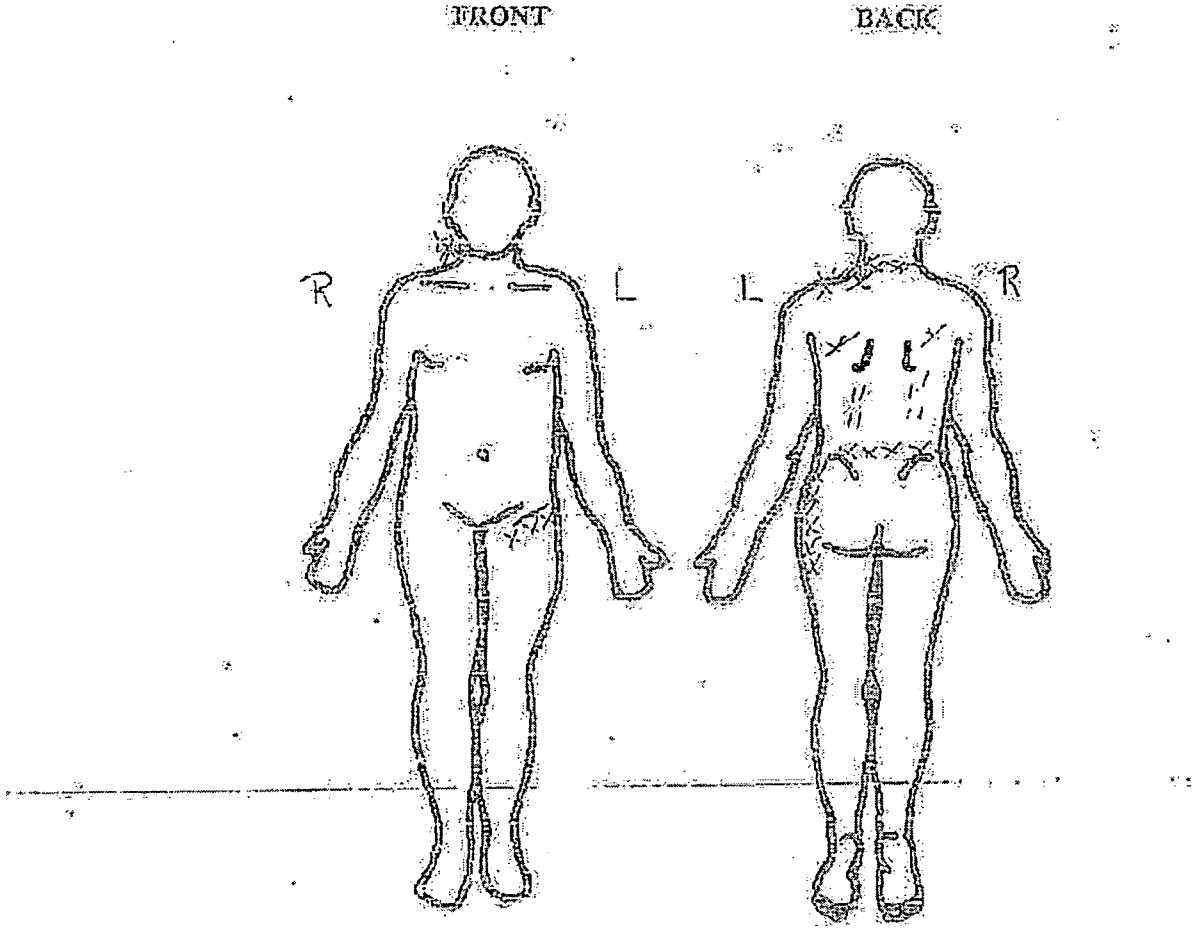
Visual Pain Scale

Robert Russell

(Make an x along the Scale)

Severe [X] None

Pain Drawing:



Instructions: Show areas of pain in or around the body using the following symbols.

Type of Pain:

Aching	xxxxx
Burning	11111
Stabbing	====
Numbing	ooooo
Pins and Needles	////////

To assist our office in this process, please complete the following:

1. Can messages or appointment reminders be left on your

* Voice mail	✓ yes	___ no	___ none
* Answering machine	✓ yes	___ no	___ none
* With family members	✓ yes	___ no	___ none
* E-mail	___ yes	✓ no	___ none

2. Can you be contacted at your place of employment?
   ✓ yes ___ no ___ not employed

3. Can a postcard as an appointment reminder be mailed to your home address? ✓ yes ___ no

Lowcountry Orthopaedics and Sports Medicine Associates is required by law to abide by the terms outlined in this notice. However, Lowcountry Orthopaedics reserves the right to change the terms of this Privacy Notice and make the new provisions effective for all protected health information that we maintain. Any revisions of this notice will be posted and distributed during office appointments.

The contact person for additional information or to report a problem is Martha Faulkner, Medical Records Administrator. Phone number (843) 797-5050.

If you need help reading or understanding this form please tell the Receptionist!

Patient Name: Robert G. Russell Chart Number: _____

Robert G. Russell
Patient/Guardian Signature

8-11-04
Date

Witness

8-11-04
Date

** Copy available upon request **

Lowcountry Orthopaedics & Sports Medicine

JOEL R. COX, JR., MD
JAMES J. MCCOY, JR., MD
JAMES D. SPEARMAN, MD
DON O. STOVALL, JR., MD
RICHARD H. ZIMLICH, MD
GEORGE P. WARREN, MD
DAVID B. JASPERICH, MD
TIMOTHY C. ALLEN, MD
CYNTHIA HOOD, RN, MSN, CFNP
JASON TRIGIANI, PA-C
TIFFANY THOMPSON, PA-C
PATRICIA L. SANDOKHAN, PA-C

EFFECTIVE, COMPREHENSIVE CARE FOR:

- Back & neck pain
- Arthritic conditions
- Foot & ankle pain
- Knee, shoulder & hip pain
- Joint replacement
- Sports injuries
- Work injuries
- Elbow & hand conditions
- Adult & pediatric spinal disorders
- Fractures

FOR YOUR CONVENIENCE:

- Emergencies seen immediately
- Bon Secours Physician's Assistant
- Full service physical therapy facilities
- Thorough evaluations & specific therapy
- Insurance filing assistance
- Morning hours

ON STAFF AT:

- Trident Medical Center
- Summerville Medical Center
- Trident Surgery Center
- Roper CareAlliance
- Roper Rehab Center
- Bon Secours-St. Francis Xavier Hospital
- Rehabilitation Hospital
- Rehabilitation Surgery Center

August 11, 2004

Charles Bounds, M.D.
2061 Highway 52
Moncks Corner, SC 29461

RE: Robert Russell
Our Chart No.: 9949
DOB

Dear Dr. Bounds:

Thank you for your request for a consultation on Robert Russell. Enclosed is a copy of our notes from his recent office visit.

If you have any questions or if we can be of any further assistance, please do not hesitate to contact our office.

Sincerely,

Don O. Stovall, Jr., M.D.

DOSjr/tg

Enclosure

COPY

(843) 797-5050

2500 Bacons Bridge Road • N. Charleston, SC 29405
Other convenient locations in Moncks Corner, Summerville & Goose Creek
Internet address: lowcountryortho.com Fax 843-797-5033

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

PATIENT: Robert Russell
CHART NO: 99449
DOB: [redacted]

PAGE: One

3/11/04: Worker's Compensation - DOI: 6/11/04

CHIEF COMPLAINT: Low back pain

HISTORY OF PRESENT ILLNESS: The patient is a 47 YOM who presents with complaints of low back pain that started on 6/11/04. The patient is employed by SC DHEC and was involved in an MVA where he was a restrained driver who was rear ended. The patient reports there was minimal damage done to his bumper. The truck was drivable after the accident. Since that time, he has been seen at Berkeley Family Practice, treated with physical therapy which actually made his pain increase. He was on Ultracet, which he was unable to take. He is currently taking Vioxx. He reports no benefit from this. The patient did have neck pain at the initial injury; however, he reports this has "almost resolved" and he only has occasional neck pain. His main complaint is his low back pain. He describes this as an achy pain which is severe. He rates it as a 10 on the pain scale. He does report radiation of pain from his low back up into his thoracic region occasionally, but can recall nothing that brings on this pain. He also reports radiation of pain into his left groin and buttocks region. He reports working, sitting and driving seems to make his pain worse. Nothing seems to make it better. The patient does report approximately three years ago he was seen by a chiropractor for low back pain. He reports this seemed to resolve his pain. Currently, the patient denies any radiation of pain into his lower extremities, upper extremity symptoms, bowel or bladder dysfunction, trouble walking or symptom aggravation with cough, sneeze or strain. The patient does report he has intermittent pins and needles into his thoracic region with some mild pain into his left trapezius. MRI has been completed and he is here for review today.

REVIEW OF SYSTEMS/PAST MEDICAL HISTORY/PAST SURGICAL HISTORY/FAMILY HISTORY/SOCIAL HISTORY/ALLERGIES/MEDICATIONS: Documented, reviewed and signed in the chart.

PHYSICAL EXAMINATION:

Vital signs:
Height 5'10"
Weight 230 lbs
Pulse 80

8/11/04 (Continued):

General: He is a well developed, well nourished male in no acute distress. He is alert and oriented x3, cooperative with the exam.

Cervical spine: Inspection shows normal cervical lordosis without deformity. Skin shows no changes, masses or swelling. Palpation reveals no tenderness in the midline or paraspinal muscles. ROM is full without pain, limitation or crepitation. There is no evidence of instability on flexion and extension. Muscle strength and tone are normal. Negative Spurling's maneuver, negative L'hermitte's sign.

Cervical lymphatic exam: There is no palpable lymphadenopathy within the neck.

Right upper extremity: Inspection reveals no edema, atrophy or skin changes. Palpation reveals no tenderness or masses. Full ROM of the shoulder, elbow and wrist without pain or crepitation. Joint stability is adequate without subluxation or laxity. Muscle strength and tone are normal in the muscle groups of the right upper extremity.

Left upper extremity: Inspection reveals no edema, atrophy or skin changes. There is some tenderness to palpation of the left trapezius. Full ROM of the shoulder, elbow and wrist without pain or crepitation. Joint stability is adequate without subluxation or laxity. Muscle strength and tone are normal in the muscle groups of the left upper extremity.

Neurologic: (Upper extremity) The patient has good balance and coordination. DTRs are normal at the biceps, triceps and brachioradialis. Sensation is intact in the upper extremities. Negative Hoffmann's sign bilaterally.

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and slightly flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes, hairy patches or nevi in the lumbar region. Palpation reveals some diffuse tenderness in the lower lumbar region. ROM reveals pain on forward flexion and extension. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

Lumbar lymphatic exam: There is no palpable groin lymphadenopathy.

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

8/11/04 (Continued):

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. Range of motion of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. Range of motion of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact in both lower extremities. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

RADIOGRAPHIC REVIEW: MRI of the lumbar spine was brought in and reviewed. There are degenerative changes noted to L5-S1 with a central disc bulge. There is no evidence of foraminal narrowing. The remainder of the discs are normal.

ASSESSMENT: L5-S1 DDD with left radiculopathy

PLAN: I discussed the diagnosis with the patient. We went over his MRI. At this time, the patient has had physical therapy and anti-inflammatory medications, with which he has seen no improvement. We will follow through with an LESI to see if the patient receives any benefit from this. We discussed this with the patient and he was in agreement. The patient will return to the office post injection. He will continue on his Vioxx as prescribed. Work note was given. CH/tg (8/17)

9/8/04: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: L5-S1 DDD with left radiculopathy

The patient returns today for follow up. He was last seen by Dr. Stovall on 8/11/04. He underwent an injection on 8/1/04. The patient reports he saw no benefit from this injection. He continues to have pain to his low back which radiates into the left buttocks and thigh region. He denies any pain into his thoracic region at today's visit. He continues to report working, sitting and driving make his pain worse. Nothing seems to make it better. He denies any numbness or tingling into his upper or lower extremities. He denies any bowel or bladder dysfunction. There are no other changes in history.

PHYSICAL EXAMINATION:

General: He is a well developed, well nourished male in no acute distress. He is alert and oriented x3, cooperative with the exam.

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes, hairy patches or nevi in the lumbar region. There is some diffuse tenderness in the lower lumbar region with no trigger points noted. ROM continues to reveal pain on forward flexion and extension. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

9/8/04 (Continued):

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact in both lower extremities. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

ASSESSMENT: L5-S1 DDD with left radiculopathy

PLAN: I discussed the diagnosis with the patient. At this time, we will try an L5-S1 facet or transforaminal injection to see if the patient benefits from this. The patient will return two weeks post injection. If the patient sees no benefit, we will start physical therapy, increasing to a work conditioning program. I did discuss this with him; he is in agreement. We will see him back post injection. Work note was given. CH/lg (9/10)

10/22/04: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: L5-S1 DDD with left radiculopathy

The patient returns today for follow up. He underwent L5-S1 transforaminal on the left on 10/8/04. This is his 2nd epidural. The patient reports he saw no benefit from the injection. He continues to report low back pain which radiates into his left buttocks, but nothing down his leg. He denies any pain into his right buttocks or leg. He does report some pain that radiates into his paraspinals and thoracic region; however, nothing significant. He rates his overall pain as a 5 on the pain scale. He denies any bowel or bladder dysfunction. He has not taken the Bextra that was prescribed for him on 10/8/04. He continues to report working, sitting and driving makes the pain worse; nothing seems to make it better. He has had physical therapy in the past and has seen no benefit; however, he has no therapy recently. He denies any bowel or bladder dysfunction. There are no other changes in history.

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

10/22/04 (Continued):

PHYSICAL EXAMINATION:

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes, hairy patches or nevi in the lumbar region. He continues with some diffuse tenderness in the lower lumbar region. ROM reveals pain on forward flexion. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact in both lower extremities. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

ASSESSMENT: L5-S1 DDD with left radiculopathy

PLAN: I discussed the diagnosis with the patient. At this time, the patient needs to start taking his Bextra. I would place him in physical therapy and will increase his work conditioning program. Work note was given to the patient. We will see him back in a month. CH/tg (10/26)

11-9-04 DOI

LOWCOUNTRY ORTHOPAEDICS & SPORTS MEDICINE

SPINE CENTER
2880 TRICOM STREET
N. CHARLESTON, SC 29406
(843) 797-5050

PHYSICAL THERAPY REFERRAL

NAME Robert Russell FILE# _____ DATE 10/22/04

DIAGNOSIS L5 S1 DDD

INITIAL TREATMENT DATE _____

TREATMENT SCHEDULE 2-10 2x

PROCEDURES:

		SI JOINT _____	THORACIC _____
MODALITIES _____		CERVICAL _____	LUMBAR ✓
HOT PACKS		_____	ROM, MOBILIZATION
ICE		_____	ISOMETRICS
ULTRASOUND		_____	MANUAL TX
PHONOPHORESIS		_____	TRACTION
ELECTRICAL STIM		_____	STABILIZATION
DEEP TISSUE MASSAGE		_____	EXTENSION EXERCISES
ADL'S: WORK _____		_____	FLEXION EXERCISES
HOME _____		_____	STRETCHING

PROTOCOLS _____ EQUIPMENT _____

_____ CERVICAL FUSION	_____ HOME CERVICAL TRACTION UNIT
_____ LUMBAR FUSION	_____ TENS UNIT
_____ LUMBAR DISCECTOMY	_____ CERVICAL PILLOW
_____ IDET PROCEDURE	_____ LUMBAR SUPPORT
_____ SACRAL	_____ WALKER
	_____ CRUTCHES
	_____ CANE

PHYSICIAN'S SIGNATURE: Cynthia R Wood M.D.

COMMENTS: _____

11/19/04: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: L5-S1 DDD with left radiculopathy

The patient returns today for follow up. He is now five months post injury. He underwent two epidural injections with which he saw no relief. At his last visit, he was continued in physical therapy and increased to a work conditioning program, but the patient has tolerated physical therapy poorly per physical therapy notes. He continues to report pain to his low back that radiates at times into his thoracic region. He rates his overall pain as a 5 on the pain scale. He denies any bowel or bladder dysfunction. He denies any radicular symptoms. It is noted that he called in requesting something for pain and was given Lortab by Dr. Stovall. The patient reports instead of taking one every four hours, he has increased this, now taking two every four hours. He continues to report everything seems to make his pain worse, nothing seems to make his pain better. He has seen no improvement with physical therapy. He does report at today's visit that this is making him somewhat depressed. There are no other changes in history.

PHYSICAL EXAMINATION:

General: He is a well developed, well nourished male in no acute distress. He is alert and oriented x3, cooperative with the exam.

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes; hairy patches or nevi in the lumbar region. There is diffuse tenderness in the lower lumbar region. ROM produces pain in all planes. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the knee and ankle is good without pain or crepitation. ROM of the hip produces back pain. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

11/19/04 (Continued):

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the knee and ankle is good without pain or crepitation. ROM of the hip produces back pain. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

ASSESSMENT: L5-S1 DDD with left radiculopathy, radiculopathy resolved

PLAN: I discussed this with the patient. At this time, the patient has not continued on the Bextra as previously prescribed. He has had two epidurals without any relief. He continues to have back pain and reports he has seen no improvement from physical therapy. I will have him continue with physical therapy and increase him to a work conditioning program. Possible FCE will be considered. CH/tg (11/29)

12/16/04: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: L5-S1 DDD, lumbar injury

The patient returns today for follow up. He is now six months post injury. He has been going to physical therapy and note accompanies him. The patient continues to report pain to his low back. At times, this will radiate into his thoracic region. He denies any radicular symptoms, but does report some pain into his left buttocks region. He denies any numbness or tingling. The patient states that his pain is an achy, constant pain and rates it as a 10 on the pain scale. He has gotten no relief with epidurals, therapy or

12/16/04 (Continued):
medications. He denies any bowel or bladder dysfunction. He reports everything seems to make his pain worse, whereas he finds nothing that seems to make it better. He is having difficulty working because of his pain.

PHYSICAL EXAMINATION:

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes, hairy patches or nevi in the lumbar region. There continues to be some diffuse tenderness to the lower lumbar region. ROM produces pain on forward flexion, extension and right and left bending. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the knee and ankle is good without pain or crepitation. ROM of the hip continues to produce back pain. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the knee and ankle is good without pain or crepitation. ROM of the hip continues to produce back pain. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact in both lower extremities. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

ASSESSMENT: L5-S1 DDD

Tricounty RADIOLOGY ASSOCIATES
Specialists In Outpatient Imaging

Robert M. Steinberg, M.D.
Marilyn R. Hendrix, M.D.
James A. Thesing, D.O.
John J. Murphy, M.D.

99449

Don Stovall, MD
2270 Ashley Crossing Drive
Charleston, SC 29414

PATIENT: Russell, Robert
Phone #:
ID Number: 539348
Birthdate:

MRI LUMBAR SPINE

EXAM DATE: 1/3/2005

COMPARISON: None available

CLINICAL HISTORY: Low back and left hip pain. Lumbar degenerative disc disease. Lumbar injury.

TECHNIQUE: Routine MRI of the lumbar spine was performed at the Tricom 1.5 Tesla Siemens MRI utilizing sagittal T1 and T2 with axial T1 and T2 sequences.

The patient was given 10 mg of Valium orally for claustrophobia and dismissed to home into the care of Jennifer Russell Hunter. The patient was instructed regarding no driving or activities requiring mental alertness for the remainder of the day.

FINDINGS: The conus medullaris terminates normally at the superior L2 level. Vertebral body alignment, vertebral body marrow signal, intervertebral disc heights, and disc signal, as well as disc contour are normal through the L4-L5 level.

At L5-S1, there is moderate disc desiccation present with mild loss of disc height. There is a mild diffuse degenerative disc bulge present with a very small central disc extrusion with slight cranial migration of disc material. There is an associated annular tear. This appears to contact but not otherwise deform the ventral thecal sac with no direct nerve root effacement.

The neural foramina are widely patent throughout the lumbar spine.

IMPRESSION: MILD DEGENERATIVE DISC DISEASE AT L5-S1 WITH SMALL CENTRAL DISC HERNIATION.

James A. Thesing, D.O. /mfl
Dictated on 01/03/05

P.O. BOX 70609 • CHARLESTON, SC 29415 • (843) 529-0600 / Fax (843) 747-0565
Ashley Crossing East Cooper North Charleston West Ashley

Tricounty RADIOLOGY ASSOCIATES
Specialists in Outpatient Imaging

Robert M. Steinberg, M.D.
Marilyn R. Henderson, M.D.
James A. Thesing, D.O.
John J. Murphy, M.D.

Russell, Robert ID#: 339348

cc: OneCall Medical

Job # 1807821

This document has been electronically reviewed and signed.

P.O. BOX 70309 • CHARLESTON, SC 29415 • (843) 529-0600 / Fax (843) 747-6565
Ashley Crossing East Cooper North Charleston West Ashley

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

12/16/04 (Continued):

PLAN: I discussed this with the patient. At this time, the patient has seen no improvement with his symptoms. We will repeat his MRI since previous exam was done on 7/28/04. We will see him back post MRI. This was discussed with Dr. Stovall and he was in agreement. FCE will be considered if MRI is essentially unchanged. CH/tg (12/17)

1/6/05: Rescheduled to 1/13/05. AKH/tg (1/17)

1/13/05: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: Lumbar DDD

The patient comes in today for follow up. He has had his MRI since his last visit. He continues to complain of low back pain and some left posterior hip pain. He has no pain radiating to the lower extremities, no numbness, tingling or burning in the lower extremities. He is still somewhat limited in his activity level. He is doing his home exercise program.

I had a discussion with him concerning his previous treatment. He states that the epidural injections have not helped. His therapy has helped somewhat. His symptoms have essentially remained the same over the past several months. There are no other changes in history.

RADIOGRAPHIC REVIEW: MRI scan of the lumbar spine reveals mild degenerative disc disease at L5-S1. There is no evidence of significant lateralizing disc herniation, spinal canal stenosis or nerve root impingement.

ASSESSMENT: Mild lumbar DDD, chronic lower back pain

RECOMMENDATIONS: I discussed the diagnosis with the patient. I recommended getting a brace for his lower back. The patient is not a surgical candidate and has exhausted conservative treatment; therefore, I would place the patient at MMI. I do not

1/13/05 (Continued):
think any further aggressive treatment will make an impact on his symptoms. The patient will have a 5% impairment of the whole person for the injury sustained. His permanent work restrictions would include lifting no more than 35 lbs on an occasional basis and no more than 20 lbs on a frequent basis. He would be restricted from long periods of climbing, bending and stooping. He should be able to maintain a reasonable level of activity and continue working. The patient is currently being discharged from care. DOSjr/tg (1/17)

To: _____

Fax: _____

Date: _____

Lowcountry Orthopaedics and Sports Medicine
Phone (843) 797-5050 Fax (843) 797-3633

99449

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: _____

Injury Date: _____ Next Appointment: _____

_____ Initial Treatment _____ Work Related Diagnosis: _____

_____ Follow up visit _____ Not work related _____

Treatments

_____ Wound Care

_____ Suture Removal

_____ X-rays

_____ Lab Work

_____ Meds. Prescribed

_____ Other _____

Work Status

_____ Return to regular duty on:
date _____

✓ Return to modified duty on:
date 8/11/04

_____ Unable to work until:
date _____

_____ Discharged from current care on:
date _____

_____ Return for follow-up with
Dr. _____

Physical Ability

✓ Restricted standing, walking

✓ Restricted climbing, bending, stooping

_____ Limited use of ___R ___L hand/arm

_____ No working around moving machinery

_____ Driving __yes __no

_____ Alternate position (sit, stand, walk)

✓ Weight lifting restrictions
R___0#___1-15#___16-35#___36-50#
L___0#___1-15#___16-35#___36-50#

_____ No overhead work

_____ Keep dressing clean & dry

_____ Other _____

Instructions, Limitations, Recommendations: Epidural

Patients ___ has ✓ has not reached MMI. Expected MMI date _____

Physicians Signature _____ Date 8/11/04

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: _____ Date _____

To: _____

Fax: _____

Date: _____

Lowcountry Orthopaedics and Sports Medicine
Phone (843) 797-5050 Fax (843) 797-3633

RETURN TO WORK RECOMMENDATIONS #99449

Employee: Robert Russell SSN#: _____

Injury Date: _____ Next Appointment: _____

_____ Initial Treatment ✓ Work Related Diagnosis: _____

_____ Follow up visit _____ Not work related _____

Treatments

_____ Wound Care

_____ Suture Removal

_____ X-rays

_____ Lab Work

_____ Meds. Prescribed

_____ Other _____

Work Status

_____ Return to regular duty on:
date _____

✓ Return to modified duty on:
date 9/8/04

_____ Unable to work until:
date _____

_____ Discharged from current care on:
date _____

_____ Return for follow-up with
Dr. _____

Physical Ability

✓ Restricted standing, walking

✓ Restricted climbing, bending, stooping

_____ Limited use of ___R ___L hand/arm

_____ No working around moving machinery

_____ Driving ___yes ___no

_____ Alternate position (sit, stand, walk)

✓ Weight lifting restrictions

R___0#___ 1-15#___16-35#___36-50#

L___0#___ 1-15#___16-35#___36-50#

_____ No overhead work

_____ Keep dressing clean & dry

_____ Other _____

Instructions, Limitations, Recommendations: Epidural

Patients ___ has ✓ has not reached MMI. Expected MMI date _____

Physicians Signature Orthopaedic Associates Date 9/8/04

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: _____ - 133 - _____ Date _____

To: _____

Fax: _____

Date: _____

Lowcountry Orthopaedics and Sports Medicine

Phone (843) 797-5050 Fax (843) 797-3633

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: _____

Injury Date: _____ Next Appointment: _____

_____ Initial Treatment _____ Work Related Diagnosis: _____

_____ Follow up visit _____ Not work related _____

Treatments

_____ Wound Care

_____ Suture Removal

_____ X-rays

_____ Lab Work

_____ Meds. Prescribed

_____ Other _____

Work Status

_____ Return to regular duty on:
date _____

✓ Return to modified duty on:
date 10-12-04

✓ Unable to work until:
date 10-8-04 – 10-11-04

_____ Discharged from current care on:
date _____

_____ Return for follow-up with
Dr. _____

Physical Ability

✓ Restricted standing, walking

✓ Restricted climbing, bending, stooping

_____ Limited use of ___R ___L hand/arm

_____ No working around moving machinery

_____ Driving __yes __ no

_____ Alternate position (sit, stand, walk)

✓ Weight lifting restrictions
R__0#__ 1-15#__16-35#__36-50#
L__0#__ 1-15#__16-35#__36-50#

_____ No overhead work

_____ Keep dressing clean & dry

_____ Other: _____

Instructions, Limitations, Recommendations: _____

Patients ___ has___has not reached MMI. Expected MMI date _____

Physicians Signature: _____ Date _____

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: _____ Date _____

To: _____

Fax: _____

Date: _____

Lowcountry Orthopaedics and Sports Medicine
Phone (843) 797-5050 Fax (843) 797-3633

99449

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: _____

Injury Date: _____ Next Appointment: _____

___ Initial Treatment ✓ Work Related Diagnosis: _____

✓ Follow up visit ___ Not work related _____

Treatments

___ Wound Care

___ Suture Removal

___ X-rays

___ Lab Work

___ Meds. Prescribed

___ Other _____

Work Status

___ Return to regular duty on:
date _____

✓ Return to modified duty on:
date 10/22/04

___ Unable to work until:
date _____

___ Discharged from current care on:
date _____

___ Return for follow-up with
Dr. _____

Physical Ability

✓ Restricted standing, walking

✓ Restricted climbing, bending, stooping

___ Limited use of ___R ___L hand/arm

___ No working around moving machinery

___ Driving ___yes ___no

___ Alternate position (sit, stand, walk)

✓ Weight lifting restrictions
R ___ Occ ✓ 1-15# ___ 16-35# ___ 36-50#
L ___ Occ ✓ 1-15# ___ 16-35# ___ 36-50#

___ No overhead work

___ Keep dressing clean & dry

___ Other _____

Instructions, Limitations, Recommendations: DC

Patients ___ has ✓ has not reached MMI Expected MMI date _____

Physicians Signature Cynthia Hall Date 10/22/04

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: _____ -135- _____ Date _____

To: _____

Fax: _____

Date: _____

Lowcountry Orthopaedics and Sports Medicine
Phone (843) 797-5050 Fax (843) 797-3633

RETURN TO WORK RECOMMENDATIONS

90419

Employee: Robert Russell SSN#: _____

Injury Date: ✓ Next Appointment: _____

___ Initial Treatment ___ Work Related Diagnosis: _____

✓ Follow up visit ___ Not work related _____

Treatments

___ Wound Care

___ Suture Removal

___ X-rays

___ Lab Work

___ Meds. Prescribed

___ Other: _____

Work Status

___ Return to regular duty on:
date ✓

___ Return to modified duty on:
date 11/19/04

___ Unable to work until:
date _____

___ Discharged from current care on:
date _____

___ Return for follow-up with
Dr. _____

Physical Ability

✓ Restricted standing, walking

✓ Restricted climbing, bending, stooping

___ Limited use of ___R ___L hand/arm

___ No working around moving machinery

___ Driving ___yes ___ no

___ Alternate position (sit, stand, walk)

✓ Weight lifting restrictions
R ___0# ___1-15# ___16-35# ___36-50#
L ___0# ✓ 1-15# ___16-35# ___36-50#

___ No overhead work

___ Keep dressing clean & dry

___ Other _____

Instructions, Limitations, Recommendations: _____

Patients ___ has ✓ has not reached MMI. Expected MMI date _____

Physicians Signature Cynthia R. Russell MD Date 11/19/04

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: _____ Date _____

To: _____

Fax: _____

Date: _____

Lowcountry Orthopaedics and Sports Medicine
Phone (843) 797-5050 Fax (843) 797-3633

RETURN TO WORK RECOMMENDATIONS

94449

Employee: Robert Russell SSN#: _____

Injury Date: _____ Next Appointment: _____

___ Initial Treatment ✓ Work Related Diagnosis: Lumbar DDD, Lumbar Injury

___ Follow up visit ___ Not work related

Treatments

___ Wound Care

___ Suture Removal

___ X-rays

___ Lab Work

___ Meds. Prescribed

___ Other _____

Work Status

___ Return to regular duty on:
date _____

✓ Return to modified duty on:
date 12/16/04

___ Unable to work until:
date _____

___ Discharged from current care on:
date _____

___ Return for follow-up with
Dr. _____

Physical Ability

✓ Restricted standing, walking

✓ Restricted climbing, bending, stooping

___ Limited use of ___R ___L hand/arm

___ No working around moving machinery

___ Driving ___yes ___no

___ Alternate position (sit, stand, ✓ walk)

___ Weight lifting restrictions

R ___0# ✓ 1-15# ___16-35# ___36-50#

L ___0# ✓ 1-15# ___16-35# ___36-50#

___ No overhead work

___ Keep dressing clean & dry

___ Other _____

Instructions, Limitations, Recommendations: MRI

Patients ___ has ✓ has not reached MMI Expected MMI date _____

Physicians Signature Cynthia D Cox Date 12/16/04

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: _____ Date _____

To: _____

Fax: _____

Date: _____

Lowcountry Orthopaedics and Sports Medicine

Phone (843) 797-3050 Fax (843) 797-3633

RETURN TO WORK RECOMMENDATIONS 99449

Employee: Robert Russell SSN#: _____

Injury Date: _____ Next Appointment: _____

_____ Initial Treatment _____ Work Related Diagnosis: Lumbar DDD

✓ Follow up visit _____ Not work related

Treatments

_____ Wound Care

_____ Suture Removal

_____ X-rays

_____ Lab Work

_____ Meds. Prescribed

_____ Other _____

Work Status

_____ Return to regular duty on:
date _____

✓ Return to modified duty on:
date 1/14/05

_____ Unable to work until:
date _____

_____ Discharged from current care on:
date _____

_____ Return for follow-up with
Dr. _____

Physical Ability

_____ Restricted standing, walking

✓ Restricted climbing, bending, stooping

_____ Limited use of ___R ___L hand/arm

_____ No working around moving machinery

_____ Driving __yes __ no

_____ Alternate position (sit, stand, walk)

✓ Weight lifting restrictions

R __0# __1-15# ✓16-35# __36-50#

L __0# __1-15# ✓16-35# __36-50#

_____ No overhead work

_____ Keep dressing clean & dry

_____ Other _____

Instructions, Limitations, Recommendations: Rest

Patients: ✓ has ___ has not reached MMI Expected MMI date: _____

Physicians Signature: [signature] Date 1/13/05

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: _____ Date _____

HEALTHSOUTH SURGERY CENTER OF CHARLESTON
OPERATIVE REPORT

PATIENT: RUSSELL, ROBERT
MR#: 12618
DATE: 09/01/2004

SURGEON:	GEORGE F. WARREN, M.D.
PREOPERATIVE DIAGNOSIS:	LEFT SCIATICA.
POSTOPERATIVE DIAGNOSIS:	LEFT SCIATICA.
OPERATION:	LUMBAR EPIDURAL STEROID INJECTION, L5-S1, LEFT.

DESCRIPTION OF PROCEDURE: The patient was placed prone on the imaging table. He was given 2 mg of IV Versed conscious sedation. The L5-S1 interlaminar space was identified and marked correspondingly on the skin. After preparation and draping, an 18-gauge 3-1/2-inch Tuohy needle was placed down to the ligament. Using loss-of-resistance technique, the epidural space was entered. Aspiration was negative. Injection of contrast showed epidural flow. The site was injected with 4 ml of normal saline and 160 mg of Depo-Medrol. Needle was withdrawn, and the patient was discharged to the recovery area for observation.

GEORGE F. WARREN, M.D.

284/OTI:CHA/087/92237
D: 09/08/2004 1220
T: 09/09/2004 1113

CONSENT TO OPERATION, ADMINISTATION OF ANESTHETICS AND RENDERING OF OTHER MEDICAL SERVICES

Patient's Name Robert Russell

1. I hereby authorize and direct Dr Warren and/associates or assistants of his/her choice to perform the following operation on me. (My child or ward)
Lumbar Epidural Steroid Injection

2. I hereby authorize and direct the above named surgeon to arrange for such additional services for me, as he/she may deem necessary or advisable, including but not limited to the administration and maintenance of anesthesia and the performance of services involving pathology and radiology; and I hereby consent thereto.

3. I hereby authorize a pathologist to use his/her discretion in the disposal of any severed tissue or member, except _____

4. I am aware that my physician may have an ownership interest in the facility, and I acknowledge that I have a right to have the procedure performed elsewhere.

5. I/We hereby authorize all doctors, pharmacists, HEALTHSOUTH SURGERY CENTER or other institutions rendering care and treatment to furnish the responsible parties and/or insurance companies with full information regarding treatment rendered. (Including copies of their records).

6. I ACKNOWLEDGE that I have been advised by HEALTHSOUTH SURGERY CENTER personnel that I should not drive until the effects of the anesthetic medication have worn off. This means I understand I should not drive until the day after my operation, at the earliest.

7. I consent to testing for Hepatitis B and HIV per HEALTHSOUTH SURGERY CENTER protocol in the event that medical personnel involved in my care are exposed to my blood or body fluids. Disclosure or results will be determined by standard federal and state regulations.

8. I consent to the use of videotaping and/or photography of my surgery at my surgeon's discretion and release HEALTHSOUTH SURGERY CENTER from all liability from claims of any kind for the taking and use of these photographs or tapes.

9. I understand that if I am pregnant or if there is any possibility that I may be pregnant, I must inform HEALTHSOUTH SURGERY CENTER personnel immediately due to concerns regarding how anesthesia and/or specific procedures might affect my pregnancy.

10. a. I understand that any operation or procedure involves risks and hazards including but not limited to infection, bleeding, blood clots, heart attack, stroke, allergic reactions and pneumonia. These risks can be serious and possibly fatal.

b. Risks associated with anesthesia and pain management may include but are not limited to: adverse drug reaction, brain damage, death, nerve injury, damage to teeth or dental work, respiratory problems, minor pain and discomfort, headaches, backaches or worsening of pre-existing diseases.

11. I understand the overall risk to me associated with the planned anesthesia services as related to my preoperative medical condition, the magnitude of the operative procedure and the complexity of the anesthesia services. The risk of rejecting the recommended anesthesia services have also been explained to me.

I HAVE READ AND I UNDERSTAND THE MEANING OF PARAGRAPHS ONE THROUGH ELEVEN ABOVE. I ACCEPT ON BEHALF OF MYSELF AND/OR THIS PATIENT ALL OF THE ITEMS LISTED IN THESE PARAGRAPHS.

The necessity for an operation, alternative methods of treatment, and the potential risks of the operation, and possibility of complications have been explained to me and no warranty or guarantee has been made as the result of cure.

Time 1305

Patient's Signature [signature] (Parent or legal guardian if patient is a minor or unable to sign.)

Date: 9/1/04

Witness of Signature [signature]

☐ MD ☐ DPM ☐ DMD ☐ DSS

Surgeon Sig. - 140 - [signature]

PROCEDURE LESI

TYPE ANESTHESIA local

PRE-OP

PRE OP PHONE CALL DATE 9/1/04 TIME 1352

RUSSELL, ROBERT
ID: 12610 # 1 PHONE: 843-744-3282
AGE: 47 SEX: M
DOB DOS: 09/01/04
SSN
DR: WARREN, MD, GEORGE

INSTRUCTIONS REVIEWED

ARRIVAL TIME

- [x] NPO AFTER MN
- [ ] CLEAR LIQUID AFTER MN UNTIL
- [ ] RESPONSIBLE ADULT TO TRANSPORT AND STAY WITH PT NIGHT
- [ ] HSSC LOCATION
- [ ] NO MAKE-UP, NAIL POLISH, JEWELRY, VALUABLES, OR ALCOHOL BEVERAGES X 24 HRS. PRE-OP
- [ ] CLOTHING (ACCORDING TO SURGERY)
- [ ] EXPECTED LENGTH OF STAY
- [ ] CONTACT LENSES (REMOVE OR BRING CASE AND SOLUTION)

MEDICAL HISTORY

YES	NO		YES	NO	
[ ]	[x]	CANCER	[ ]	[x]	HIV, AIDS, OR ANY INFECTIOUS DISEASES
[ ]	[x]	STROKE	[ ]	[x]	SKIN PROBLEMS
[ ]	[x]	SEIZURE / EPILEPSY	[ ]	[x]	ARTHRITIS
[ ]	[x]	PASSING OUT SPELLS	[ ]	[x]	GLAUCOMA
[x]	[ ]	HEADACHES	[ ]	[x]	SMOKER ____ PPD ____ YRS
[ ]	[x]	CARDIAC PROBLEMS	[ ]	[x]	ALCOHOL ____ DRINKS / PER ____
[ ]	[x]	HYPERTENSION	[ ]	[x]	ASPIRIN USAGE
[ ]	[x]	ASTHMA/ COPD / SLEEP APNEA	[ ]	[x]	DIET DRUGS
[ ]	[x]	RECENT COLD / BRONCHITIS	[ ]	[x]	DISABILITIES / LIMITATIONS
[ ]	[x]	DIABETES	[ ]	[x]	CULTURAL/SPIRITUAL BELIEFS
[ ]	[x]	HEPATITIS	[ ]	[x]	LANGUAGE/EDUCATIONAL BARRIERS
[ ]	[x]	STOMACH TROUBLE/HIATAL HERNIA	[ ]	[x]	TESTD POSITIVE FOR TB
[ ]	[x]	KIDNEY PROBLEMS	[ ]	[x]	EXPOSED MEASLES/MUMPS/CHICKEN POX (14 DAYS)
[ ]	[x]	THYROID PROBLEMS	[ ]	[x]	PRIOR ANESTHESIA PROBLEMS
[ ]	[x]	ANEMIA	[ ]	[x]	LIVING WILL
[ ]	[x]	BLEEDING DISORDERS	[ ]	[x]	(FEMALES) PREGNANT? ____ LMP
[ ]	[x]	TRANSFUSION REACTIONS	[ ]	[x]	(PEDIATRICS) FULL TERM BABY
			[ ]	[x]	(PEDIATRICS) UP TO DATE ON IMMUNIZATIONS

CURRENT MEDICATIONS (WILL TAKE)
Zantac Soriata
Wellbutrin Risperdal
Lisinopril Norvasc Lamictal

PRIOR SURGERIES
Appy

ALLERGIES/REACTION
Bactrim

PRE-OP LABS DONE?

TEST	Y/N	WHERE/WHEN
EKG		
CXR		
BLOOD		

COMMENTS: No pre-op
X Shallenberger

PATIENT ARRIVAL

MODE OF ADMISSION: [ ] AMB [ ] W/C [ ] STRETCHER [ ] STEADY GAIT [x] OTHER

[ ] SITE VERIFIED
[ ] SURGEON, PROCEDURE VERIFIED

DATE ____ TIME ____ ACCOMPANIED BY ____

PRE-OPERATIVE ASSESSMENT CHECKLIST

MENTAL STATUS
[x] ALERT [x] ANXIETY [ ] MILD [ ] MOD [x] SEVERE [x] CALM [ ] LETHARGIC [ ] COMBATIVE
[ ] CONFUSED [ ] DISORIENTED [ ] OTHER

SKIN INTEGRITY
COLOR: [ ] PINK [ ] PALE [ ] CYANOTIC [ ] JAUNDICE [ ] OTHER
TEMP: [ ] WARM [ ] COOL
TEXTURE: [ ] DRY [x] MOIST

OXYGENATION CIRCULATION
[ ] REGULAR [ ] IRREGULAR [ ] DIAPHORESIS [ ] CYANOTIC

VITAL SIGNS
B.P. ____
TEMP ____
PULSE ____
RESP ____
S.O.2 % ____
HEIGHT ____
WEIGHT ____
LNP ____

	YES	NO	N/A
NPO @ ____	[ ]	[ ]	[ ]
H&P/OFFICE NOTES	[x]		
SURG. CONSENT SIGNED	[x]		
SURG. ATTIRE	[x]		
I.D. BAND	[x]		
X-PAYS ON STRETCHER	[ ]	[ ]	[ ]
VOIDED	[x]	[ ]	[ ]
NURSING HISTORY DONE	[x]		
ANESTHESIA INTERVIEW	[ ]	[ ]	
CIRCULATOR INTERVIEW	[x]		

[ ] SAFETY PRECAUTIONS PER STANDARDS OF CARE

PRE-OP I.V. & MEDICATION

TIME	SOLN/MED	WAIT LOC	WAIT RATE	CHECKED BY	RESPONSE	SAO2	PULSE

TEST RESULTS

TEST	RESULTS OR ORDER
H&P	
EKG	
CHEST X-RAY	
OTHER	

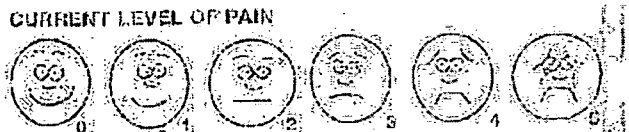
SAFETY & SECURITY

ITEMS REMOVED	NONE	PAT	LOCK	COMMENTS
CONTACTS				
EARRINGS				
PIERCINGS/RINGS				
DENTURES				
JEWELRY/WATCH				
NAIL POLISH				
W/C, CANES ETC.				
UNDERWEAR				
WALLET/PURSE				

MEDICATIONS TAKEN D.O.S.

COMMENTS

CURRENT LEVEL OF PAIN



X ____ SIGNATURE

INIT. ____ DATE ____

HEALTHSOUTH

HEALTHSOUTH
Surgery Center of Charleston
843-764-0992

RUSSELL, ROBERT
ID: 12618 PHONE: 843-744-5582
DOB SEX: M
SS# AI
DR: WARREN, MD, GEORGE DOS: 09/01/04

POST OPERATIVE INSTRUCTION

YOU ARE URGED TO FOLLOW CAREFULLY THE FOLLOWING INSTRUCTIONS:

_____ Make an appointment to see your physician in / on _____

_____ Observe the operative areas for signs of excessive bleeding. (Slow general oozing that saturates the dressing completely or frank bright red bleeding.) In either case, apply pressure to the area, elevate it if possible and contact your physician at once! **Some drainage is normal and to be expected.**

_____ Observe the affected extremity for circulation impairment

Change in color	Coldness
Numbness or tingling	Increased pain

If any of these signs or symptoms are present, call your physician at once!

_____ Observe the operative areas for signs of infection:

Increased pain	Swelling
Redness	Foul odor

Elevated temperature greater than 100°

These signs and symptoms usually become apparent in 36 to 48 hours. If present, contact your physician.

_____ Keep the operative areas clean and dry. Do not remove the dressing unless instructed to do so by your physician.

_____ Keep the operative site elevated for the next 48 to 72 hours.

_____ Apply ice to the operative site as directed

_____ Avoid stress to the suture line such as pulling, pushing, heavy lifting, etc.

_____ May change the nasal tip dressing as needed and as demonstrated.

_____ Avoid sneezing or blowing the nose.

_____ Keep water out of the ears.

_____ Do not use heating pads.

_____ Drink plenty of fluids.

_____ Take tylenol for pain, no aspirin products.

_____ No tampons, douches, intercourse or soapy tub baths until cleared by physician.

_____ May shower tomorrow and remove dressing.

_____ Some shoulder, neck and upper chest pain may be expected for 48 - 72 hours after any laparoscopic surgery.

_____ See Dr. _____'s instruction sheet.

REGARDING ANESTHESIA:

If you had general anesthesia or local anesthesia with sedation, please pay particular attention of the following instructions:

1. Do not drink alcoholic beverages including beer for 24 hours. Alcohol enhances the effects of anesthesia and sedation.
2. Do not drive a motor vehicle, operate machinery or power tools for 24 hours. If a child, no bicycle riding, skateboards, gym sets, etc., for 24 hours.
3. Do not make any important decisions or sign legal documents for 24 hours.
4. You may experience lightheadedness, dizziness and sleepiness following surgery. Please **DO NOT STAY ALONE.** A responsible adult should be with you for this 24 hour period.
5. Rest at home with moderate activity as tolerated. It may not be necessary to go to bed; however, it is important to rest for 24 hours following general anesthesia, but you do need to get up and walk, sit in a chair, etc.
6. You may resume eating just as you did before surgery. If you are feeling nauseated, start with liquids such as soft drinks, soup or jello gradually working up to solid foods.
7. Do not climb ladders or stairs without assistance for the first 24 hours.
8. If you haven't urinated within 6 - 8 hours on arriving home, call your physician.
9. Check with physician regarding medications which you were taking prior to surgery.

POSTOPERATIVE TELEPHONE CALL: A representative from the HealthSouth Surgery Center may call you by telephone a few days after surgery. Do not be alarmed. This is a routine call to find out how you are progressing after your surgery.

Physician's Phone #: 797-5050

Prescriptions: _____

If you should experience difficulty in breathing, bleeding that you feel is excessive, persistent nausea or vomiting, any pain that is unusual, swelling or fever, please call you physician. If you find that you cannot contact your physician but feel that your signs and symptoms warrant a physician's attention, go to an Emergency Room that is closest to you.

I here accept, understand, and can verbalize these instructions:

Witness: _____ Patient or Guardian: _____

Date: 9/1/04 – 143 – ionship to Patient: _____

RUSSELL, ROBERT
ID: [illegible] PHONE: 843-744-3282
DOB: [illegible]
SSN: [illegible] SEX: M
DR: WARREN, MD; GEORGE DOS: 09/01/04

HEALTHSOUTH
Surgery Center of Charleston

Pain Block Documentation

ADMISSION

Admission Time: 1305 Procedure: LESI

Accompanied By: mother Wareprint Allergies: Percocet

Permit Signed: Yes ☑ H&P: Yes ☑ ID Band: Yes ☑ Patient Understands Procedure: Yes ☑ Procedure Verified: Yes ☑

Current Medication: Zyrtec Soma Vicodin Ibuprofen Percocet 10 Motrin

Current Level of Pain: 1 2 3 4 (5) Location of Pain: See Back Diagrams ☑

Pre-Op Dx: back pain Post-Op Dx: same

Referring Physician: Solis I.V. Site (R) AC #24 gauge

ADMISSION VITAL SIGNS

Time:	1305	B/P:	150/74
Ht:	5'10"	Pulse:	96
Wt:	230	Resp:	20
Temp:	97.1	O2 Sat:	93

INTRA PROCEDURE

Procedure verified by OR team: KS RN Initials

Procedure Start: 1350 Patient Position: Sitting ☐ Prone ☑ Supine ☐ Left Side ☐ Right Side ☐

Procedure Stop: 1402 Fluoroscopy: Yes ☑ No ☐ O2 ☐ IV/C ☐ Time On: N/A Time Off:

MEDICATION ADMINISTRATION

Time	Medication	Dose	Route
1351	Versed 2mg IVP		
	meds added to epidural tray		
	Lidocaine 1% 10ml		
	Depomedrol 1.60x2.5		
	Versed 1mg IVP		

RN Signature: Smith

INTRA PROCEDURE VITAL SIGNS

TIME	B/P	PULSE	RESP	O2 SAT
1350	127/82	95	20	95%

Nursing Diagnosis & Care Plan

1. Potential for anxiety related to knowledge deficit
GOAL: Patient demonstrates lower anxiety
- Give clear explanations ☑
- Convey supportive attitude ☑
- Remain with patient during procedure ☑
- Communicates patient concerns to team members ☑

EVALUATION: Patient verbalizes understanding ☑

2. Potential for injury
GOAL: Patient will remain injury free
- Nurse will stay with patient during procedure ☑
- Side rails up post-procedure ☐

EVALUATION: Patient discharged post-procedure with no apparent injury ☐

Scrub Tech: K Gilbertson CST

OR Nurse: Smith

POST PROCEDURE RECOVERY

Recovery Admission Time: 1405 Adm. Temp: 96.6 Discharge Temp: 97

Report from: OR Nurse P Smith RN

Anesthesia:

☐ Mod Sedation ☐ MAC ☑ Local ☐ General

Pain Level on Adm: (0-5) 5 Site: lower back

to PACU Quality: sharp

☑ IV Site (R) A Catheter #24 Fluid LTC

B/S redness or swelling

☐ D5LR ☐ LR INT/IV Out @ 1425 Total Amt Infused

☐ 1000ml ☐ 500 ml Other:

☐ Glucose Accucheck for diabetics n/a

Patient position on admission:

RX GIVEN TO PT./FAMILY

Med: Dose: Freq: #

Med: Dose: Freq: #

Med: Dose: Freq: #

VITAL SIGNS

Time	B/P	Pulse	Resp	O2 Sat	Pain Level
1405	114/68	91	18	95	5
1410	112/69	85	18	94	5
1415	124/81	85	18	95	4
1420	117/77	84	18	94	4
1425	113/73	80	16	96	4
1430	121/78	81	18	98	4

MEDICATIONS

Time	Drug	Dose	Route	Response	Initials

RN SIGNATURE: SHollenkamp RN SIGNATURE:

RN SIGNATURE: Smith RN SIGNATURE:

RN SIGNATURE: Cindy Williamson RN SIGNATURE:

142

FP-8475 (M/04) FORMS PLUS INC (800)441-7656

HEALTHSOUTH SURGERY CENTER OF CHARLESTON
OPERATIVE REPORT

RECEIVED
OCT 19 2004
99449 WC

PATIENT: RUSSELL, ROBERT
MR#: 12618
DATE: 10/08/2004

SURGEON:	GEORGE F. WARREN, M.D.
ANESTHESIA:	IV SEDATION.
PREOPERATIVE DIAGNOSIS:	RIGHT SCIATICA.
POSTOPERATIVE DIAGNOSIS:	RIGHT SCIATICA.
OPERATION:	LUMBAR EPIDURAL STEROID INJECTION, L5-S1 RIGHT.

DESCRIPTION OF PROCEDURE: The patient was placed prone on the imaging table. He was given 2 mg of IV Versed for conscious sedation. The L5-S1 interlaminar space was identified and marked correspondingly on the skin. After prep and drape, an 18-gauge Crawford needle was placed down to the ligament. Using loss-of-resistance technique, the epidural space was entered. Aspiration was negative. Injection of contrast showed epidural flow. To this site was injected 4 cc of 1% Xylocaine and 160 mg of Depo-Medrol. The needle was withdrawn.

The patient was discharged to the recovery area for observation.

GEORGE F. WARREN, M.D.

284/OTI:CHA/100/122852
D: 10/09/2004 0909
T: 10/11/2004 1013

CONSENT TO OPERATION, ADMINISTATION OF ANESTHETICS AND RENDERING OF OTHER MEDICAL SERVICES

Patient's Name: Robert Russell

1. I hereby authorize and direct Dr Weaver and/associates or assistants of his/her choice to perform the following operation on me: (My child or ward)

Lumbar Steroid Epidural Injection

2. I hereby authorize and direct the above named surgeon to arrange for such additional services for me, as he/she may deem necessary or advisable, including but not limited to the administration and maintenance of anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.

3. I hereby authorize a pathologist to use his/her discretion in the disposal of any severed tissue or member, except _____

4. I am aware that my physician may have an ownership interest in the facility, and I acknowledge that I have a right to have the procedure performed elsewhere.

5. I/We hereby authorize all doctors, pharmacists, HEALTHSOUTH SURGERY CENTER or other institutions rendering care and treatment to furnish the responsible parties and/or insurance companies with full information regarding treatment rendered. (Including copies of their records).

6. I ACKNOWLEDGE that I have been advised by HEALTHSOUTH SURGERY CENTER personnel that I should not drive until the effects of the anesthetic medication have worn off. This means I understand I should not drive until the day after my operation, at the earliest.

7. I consent to testing for Hepatitis B and HIV per HEALTHSOUTH SURGERY CENTER protocol in the event that medical personnel involved in my care are exposed to my blood or body fluids. Disclosure or results will be determined by standard federal and state regulations.

8. I consent to the use of videotaping and/or photography of my surgery at my surgeon's discretion and release HEALTHSOUTH SURGERY CENTER from all liability from claims of any kind for the taking and use of these photographs or tapes.

9. I understand that if I am pregnant, or if there is any possibility that I may be pregnant, I must inform HEALTHSOUTH SURGERY CENTER personnel immediately due to concerns regarding how anesthesia and/or specific procedures might affect my pregnancy.

10. a. I understand that any operation or procedure involves risks and hazards including but not limited to: infection, bleeding, blood clots, heart attack, stroke, allergic reactions and pneumonia. These risks can be serious and possibly fatal.

b. Risks associated with anesthesia and pain management may include but are not limited to: adverse drug reaction, brain damage; death, nerve injury, damage to teeth or dental work, respiratory problems, minor pain and discomfort, headaches, backaches or worsening of pre-existing diseases.

11. I understand the overall risk to me associated with the planned anesthesia services as related to my preoperative medical condition, the magnitude of the operative procedure and the complexity of the anesthesia services. The risk of rejecting the recommended anesthesia services have also been explained to me.

I HAVE READ AND I UNDERSTAND THE MEANING OF PARAGRAPHS ONE THROUGH ELEVEN ABOVE. I ACCEPT ON BEHALF OF MYSELF AND/OR THIS PATIENT ALL OF THE ITEMS LISTED IN THESE PARAGRAPHS.

The necessity for an operation, alternative methods of treatment, and the potential risks of the operation, and possibility of complications have been explained to me and no warranty or guarantee has been made as the result of cure.

Time: 0800

Patient's Signature: X _____
(Parent or legal guardian if patient is a minor or unable to sign.)

Date: 10/8/04

Witness of Signature: S Bragg MD

☐ MD ☐ DPM ☐ DRD ☐ DSS

Surgeon's _____

PROCEDURE LEST

TYPE ANESTHESIA Local

PRE-OP

Visit at Russell

RUSSELL, ROBERT
ID: 12618 -- 2 PHONE: 843-744-3282
DOB: / / AGE: 7 SEX: M
SSN: DOS: 10/08/04
DR: WARREN, MD, GEORGE

PRE OP PHONE CALL	DATE 10/7/04
	TIME 854

INSTRUCTIONS REVIEWED

ARRIVAL TIME 800

- [x] NPO AFTER MN
- [ ] CLEAR LIQUID AFTER MN UNTIL _____
- [ ] RESPONSIBLE ADULT TO TRANSPORT AND STAY WITH PATIENT
- [x] RSSC LOCATION
- [ ] NO MAKE-UP, NAIL POLISH, JEWELRY, VALUABLES, OR ALCOHOL BEVERAGES X 24 HRS. PRE-OP
- [x] CLOTHING (ACCORDING TO SURGERY)
- [ ] EXPECTED LENGTH OF STAY
- [x] CONTACT LENSES (REMOVE OR BRING CASE AND SOLUTION) Corrected

CURRENT MEDICATIONS "WILL TAKE"

Bextra Soma
Vicodin Synthroid
Nitrostat Lasix Aspirin

ALLERGIES/REACTION

Percocet

	YES	NO
CANCER		X
STROKE		X
SEIZURE / EPILEPSY		X
PASSING OUT SPELLS		X
HEADACHES		X
CARDIAC PROBLEMS		X
HYPERTENSION		X
ASTHMA / COPD / SLEEP APNEA		X
RECENT COLD / BRONCHITIS		X
DIABETES		X
HEPATITIS		X
STOMACH TROUBLE / H. HERNIA		X
KIDNEY PROBLEMS		X
THYROID PROBLEMS		X
ANEMIA		X
BLEEDING DISORDERS		X
TRANSFUSION REACTIONS		X

	YES	NO
HIV, AIDS, OR ANY INFECTIOUS DISEASES		X
SKIN PROBLEMS		X
ARTHRITIS		X
GLAUCOMA		X
SMOKER ____ PPD ____ YRS		X
ALCOHOL ____ DRINKS / PER ____		X
ASPIRIN USAGE		X
DIET DRUGS		X
DISABILITIES / LIMITATIONS		X
CULTURAL/SPIRITUAL BELIEFS		X
LANGUAGE/EDUCATIONAL BARRIERS		X
TEST'D POSITIVE FOR TB		X
EXPOSED MEASLES/MUMPS/CHICKEN POX (14 DAYS)		X
PRIOR ANESTHESIA PROBLEMS		X
LIVING WILL		X
(FEMALES) PREGNANT? ____ LMP		X
(PEDIATRICS) FULL TERM BABY		X
(PEDIATRICS) UP TO DATE ON IMMUNIZATIONS		X

PRIOR SURGERIES

Tonsillectomy Breast Biopsy Ortho

PRE-OP LABS DONE?			COMMENTS
TEST	Y/N	WHERE/WHEN	
EKG	Y		
CXR			
BLOOD			

Dr Baloye

PRE-OPERATIVE ASSESSMENT CHECKLIST

PATIENT ARRIVAL MODE OF ADMISSION: ☐ AMB ☐ W/C ☐ STRETCHER ☐ STEADY GAIT ☐ OTHER _____

DATE 1 TIME _____ ACCOMPANIED BY _____

☐ SITE VERIFIED
☐ SURGEON, PROCEDURE VERIFIED

MENTAL STATUS: ☐ ALERT ☐ ANXIETY ☐ WLB ☐ CONFUSED ☐ MOD. ☐ SEVERE ☐ COMATOSE ☐ CRYING ☐ OTHER ☐ DEPRESSED ☐ COMBATIVE

SKIN INTEGRITY: COLOR ☐ PINK ☐ PALE ☐ CYANOTIC ☐ JAUNDICE ☐ OTHER _____ TEMP ☐ WARM ☐ COOL TEXTURE ☐ DRY ☐ MOIST

OXYGENATION CIRCULATION: ☐ REGULAR ☐ LABORED ☐ OXYGEN ☐ OTHER _____

VITAL SIGNS: B/P, TEMP, PULSE, RESP, SpO2%, HEIGHT, WEIGHT, LMP / /

	YES	NO	N/A
NPO @ _____	☐	☐	☐
H&P/OFFICE NOTES	☐		
SURG. CONSENT SIGNED	☐		
SURG. ATTIRE	☐		
I.D. BAND	☐		
X-RAYS ON STRETCHER	☐		☐
VOIDED	☐	☐	☐
NURSING HISTORY DONE	☐		
ANESTHESIA INTERVIEW	☐		☐
CIRCULATION INTERVIEW	☐		

☐ SAFETY PRECAUTIONS PER STANDARDS OF CARE

PRE-OP I.V. & MEDICATION

TIME	SOLN/MED	AMT/RATE	SITE/ROUTE	CATHETER	BY	RESPONSE	SpO2	PULSE

TEST RESULTS

TEST	RESULTS ON RECORD
CBC/DIFF	
EKG	
CHEST X-RAY	
OTHER	

SAFETY & SECURITY

ITEMS RETAINED	NONE	N/A	LOCK	COMMENTS
DENTURES/PARTIALS				
PROSTHESIS				
HEARING AIDS				
JEWELRY/PIERCINGS				
NAIL POLISH				
W.C. CANES, ETC.				
CONTACTS/EYEWEAR				
VALUABLES				

MEDICATIONS TAKEN D.O.S.

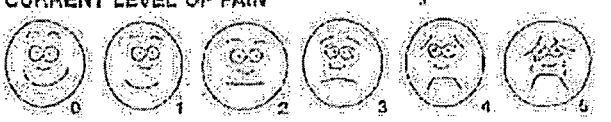
COMMENTS

X _____
SIGNATURE

INIT. _____ DATE _____

HEALTHSOUTH

CURRENT LEVEL OF PAIN



0254

HEALTHSOUTH
Surgery Center of Charleston

Pain Block Documentation

RUSSELL, ROBERT
ID: 12818 Z-2 PHONE: 843-744-3282
DOB: AGE SEX: M
SSN: DOS: 10/08/04
DR: WARREN, MD, GEORGE

ADMISSION

Admission Time: 0800 Procedure: L-ESI
Accompanied By: Sister-Rose Allergies: Penicillin
Permit Signed: Yes ☑ H&P: Yes ☑ ID Band: Yes ☑ Patient Understands Procedure: Yes ☑ Procedure Verified: Yes ☑
Current Medication: Zyrtec, Singulair, Ventolin, Risperdal, Flonase, Vioxx
Current Level of Pain: 1 2 3 4 (5) Location of Pain: See Back Diagrams ☑
Pre-Op Dx: Radiculopathy Post-Op Dx: Same
Referring Physician: Strauer IV Site: #24 @ AC - 8:15 gauge

ADMISSION VITAL SIGNS

Time: 0800	B/P: 134/96		
Ht: 5'10"	Pulse: 75		
Wt: 232#	Resp: 16		
Temp: 97	O2 Sat: 97		

INTRA PROCEDURE

Procedure verified by OR team: TM RN Initials
Procedure Start: 0835 Patient Position: Sitting ☐ Prone ☑ Supine ☐ Left Side ☐ Right Side ☐
Procedure Stop: 0850 Fluoroscopy: Yes ☑ No ☐ O2 ☐ N/C ☐ Time On: _____ Time Off: _____

MEDICATION ADMINISTRATION

Time	Medication	Dose	Route
0846	Versed	2mg	IV
0850	Depomedrol	160mg	IM
0850	Isovue dye		

RN Signature: T. Mead RN

INTRA PROCEDURE VITAL SIGNS

TIME	B/P	PULSE	RESP.	O2 SAT
0835	145/86	74	14	98%

Nursing Diagnosis & Care Plan

1. Potential for anxiety related to knowledge deficit
GOAL: Patient demonstrates lower anxiety
- Give clear explanations ☑
- Convey supportive attitude ☑
- Remain with patient during procedure ☑
- Communicates patient concerns to team members ☑

EVALUATION: Patient verbalizes understanding ☑

2. Potential for injury
GOAL: Patient will remain injury free
- Nurse will stay with patient during procedure ☑
- Side rails up post-procedure ☑

EVALUATION: Patient tolerated procedure with no apparent injury ☑

Scrub Tech: L. Alston
OR Nurse: T. Mead RN

POST PROCEDURE RECOVERY

Recovery Admission Time: 0850 Adm. Temp: 97% Discharge Temp: 97.8
Report from: OR Nurse T. Mead RN RN
Anesthesia: Versed 2mg
☐ Mod Sedation ☐ MAC ☐ Local ☐ General
Pain Level on Adm: (0-5) _____ Site: Lumbar
to PACU Quality
IV Site: WNL Catheter: 24 Fluid I.T.O: 0
☑ Signs/s/s of swelling
☐ DSLR ☐ LR INT/V Out @ _____ Total Amt Infused: _____
☐ 1000ml ☐ 500 ml Other: N/A
☐ Glucose Accucheck for diabetics _____
Patient position on admission: Supine

VITAL SIGNS

Time	B/P	Pulse	Resp.	O2 Sat	Pain Level
0850	137/83	72	20	98%	3
0855	137/86	70	20	98	3
0900	143/88	75	20	97	3
0905	139/83	74	20	98	3
0910	134/85	71	20	98	3

RX GIVEN TO PT/FAMILY

Med: Bextra	Dose: 20mg	Freq: QD	# 40	
Med: _____	Dose: _____	Freq: _____	# _____	
Med: _____	Dose: _____	Freq: _____	# _____	

MEDICATIONS

Time	Drug	Dose	Route	Response	Initials

RN SIGNATURE: Gracie Williams RN SIGNATURE: _____
RN SIGNATURE: T. Mead RN RN SIGNATURE: _____
RN SIGNATURE: NURSE ANESTHETIST PHYSICIAN: _____

FP-0147B (4/04) Form Pain, Injection/Block

HEALTHSOUTH
Surgery Center of Charleston
843-764-0992

POST OPERATIVE INSTRUCTION

SELL, ROBERT
ID: 12618 - 2 PHONE: 843-744-3282
DOB: AGE: SEX: M
SSN ?
DR: WARREN, MD, GEORGE DOS: 10/08/04

YOU ARE URGED TO FOLLOW CAREFULLY THE FOLLOWING INSTRUCTIONS:

___ Make an appointment to see your physician in / on _____

___ Observe the operative areas for signs of excessive bleeding. (Slow general oozing that saturates the dressing completely or frank bright red bleeding.) In either case, apply pressure to the area, elevate it if possible and contact your physician at once! **Some drainage is normal and to be expected.**

___ Observe the affected extremity for circulation impairment

Change in color	Coldness
Numbness or tingling	Increased pain

If any of these signs or symptoms are present, call your physician at once!

___ Observe the operative areas for signs of infection:

Increased pain	Swelling
Redness	Foul odor

Elevated temperature greater than 100°

These signs and symptoms usually become apparent in 36 to 48 hours. If present, contact your physician.

___ Keep the operative areas clean and dry. Do not remove the dressing unless instructed to do so by your physician.

___ Keep the operative site elevated for the next 48 to 72 hours.

___ Apply ice to the operative site as directed

___ Avoid stress to the suture line such as pulling, pushing, heavy lifting, etc.

___ May change the nasal tip dressing as needed and as demonstrated.

___ Avoid sneezing or blowing the nose.

___ Keep water out of the ears.

___ Do not use heating pads.

___ Drink plenty of fluids.

___ Take tylenol for pain, no aspirin products.

___ No tampons, douches, intercourse or soupy tub baths until cleared by physician.

___ May shower tomorrow and remove dressing.

___ Some shoulder, neck and upper chest pain may be expected for 48 - 72 hours after any laparoscopic surgery.

___ See Dr. _____'s instruction sheet.

REGARDING ANESTHESIA:

If you had general anesthesia or local anesthesia with sedation, please pay particular attention of the following instructions:

1. Do not drink alcoholic beverages including beer for 24 hours. Alcohol enhances the effects of anesthesia and sedation.
2. Do not drive a motor vehicle, operate machinery or power tools for 24 hours. If a child, no bicycle riding, skateboards, gym sets, etc., for 24 hours.
3. Do not make any important decisions or sign legal documents for 24 hours.
4. You may experience lightheadedness, dizziness and sleepiness following surgery. Please **DO NOT STAY ALONE.** A responsible adult should be with you for this 24 hour period.
5. Rest at home with moderate activity as tolerated. It may not be necessary to go to bed; however, it is important to rest for 24 hours following general anesthesia, but you do need to get up and walk, sit in a chair, etc.
6. You may resume eating just as you did before surgery. If you are feeling nauseated, start with liquids such as soft drinks, soup or jello gradually working up to solid foods.
7. Do not climb ladders or stairs without assistance for the first 24 hours.
8. If you haven't urinated within 6 - 8 hours on arriving home, call your physician.
9. Check with physician regarding medications which you were taking prior to surgery.

POSTOPERATIVE TELEPHONE CALL: A representative from the HealthSouth Surgery Center may call you by telephone a few days after surgery. Do not be alarmed. This is a routine call to find our how you are progressing after your surgery.

Physician's Phone #: 797-9858

Prescriptions Bextra 20mg 1 qd (10-4-10)

If you should experience difficulty in breathing, bleeding that you feel is excessive, persistent nausea or vomiting, any pain that is unusual, swelling or fever, please call you physician. If you find that you cannot contact your physician but feel that your signs and symptoms warrant a physician's attention, go to an Emergency Room that is closest to you.

I here accept, understand, and can verbalize these instructions:

Witness: B Broadaway Patient or Guardian: X [signature]

Date: 10/8/04 Relationship to Patient: _____

0256

HEALTHSOUTH SURGERY CENTER OF CHARLESTON
OPERATIVE REPORT

PATIENT: RUSSELL, ROBERT
MR#: 12618
DATE: 10/08/2004

SURGEON:	GEORGE F. WARREN, M.D.
ANESTHESIA:	IV SEDATION.
PREOPERATIVE DIAGNOSIS:	RIGHT SCIATICA.
POSTOPERATIVE DIAGNOSIS:	RIGHT SCIATICA.
OPERATION:	LUMBAR EPIDURAL STEROID INJECTION, L5-S1 RIGHT.

DESCRIPTION OF PROCEDURE: The patient was placed prone on the imaging table. He was given 2 mg of IV Versed for conscious sedation. The L5-S1 interlaminar space was identified and marked correspondingly on the skin. After prep and drape, an 18-gauge Crawford needle was placed down to the ligament. Using loss-of-resistance technique, the epidural space was entered. Aspiration was negative. Injection of contrast showed epidural flow. To this site was injected 4 cc of 1% Xylocaine and 160 mg of Depo-Medrol. The needle was withdrawn.

The patient was discharged to the recovery area for observation.

GEORGE F. WARREN, M.D.

284/OTI:CHA/100/122852
D: 10/09/2004 0909
T: 10/11/2004 1013

SPORTS PLUS +®
PHYSICAL THERAPY SERVICES

INITIAL EVALUATION

PATIENT: Robert Russell
REFERRING PHYSICIAN: Dr. Stovall
DIAGNOSIS: Lumbar L5-S1 DDD
DATE OF SERVICE: 11/3/04

SUBJECTIVE: The patient reports on June 11th he had a MVA. Since that time he indicates he has had pain in his low back on a constant basis. His major complaints are LBP in sitting, standing, and walking. There is no position of relief at this point. He says any position after 20 to 30 minutes intensifies his pain. He is not able to walk over ¼ mile or sit more than 20 min. He is not able to sleep through the night secondary to back pain. Medication is inclusive for antidepressants, heart medication, as well as 2 epidurals, Ultracet, and Vioxx. He is currently on light duty, and unable to use an auger at work. Diagnostic tests are inclusive for MRI and x-ray which indicates DDD.

OBJECTIVE: This 47 YO overweight male presents today with a moderate increase in lordosis from L1-L4 with mild atrophy along the paraspinals bilaterally. ROM was noted to be full with mild pain upon extension. SLR and slump test were both (-). He did have decrease flexibility in both his hip flexors, hamstring, and piriformis musculature. Strength was grossly tested at 5-/5 of the LE. Upon palpation, he was hypomobile along the facets of the right paraspinals, and mildly hyper along on the left side of the facets. He had irritated bursae along both PSIS's with tenderness and swelling noted. Mild atrophy was noted along the gluteal muscles, gluteal medius.

ASSESSMENT: DDD with postural deficits along with mild trauma. Patient is a good candidate for rehab for dynamic lumbar strengthening as well as anti-inflammatory modalities.

GOALS: STG (Two weeks): 1) Tolerate any position for 30 min. w/o an increase in LBP. 2) Pain rated at 2-3/10 for 5/7 days. LTG (Four weeks): 1) RTW full duty, including auger use. 2) Independent with HEP for spine stabilization.

PLAN: The patient will be seen approximately twice a week for 4 – 6 weeks focusing on dynamic lumbar stabilization stretching and strengthening, modalities as indicated, along with MT.

Thank you again for this referral.

Laura Christiansen, MS PT

SPORTS PLUS +

Physical Therapy
History & Interview Form

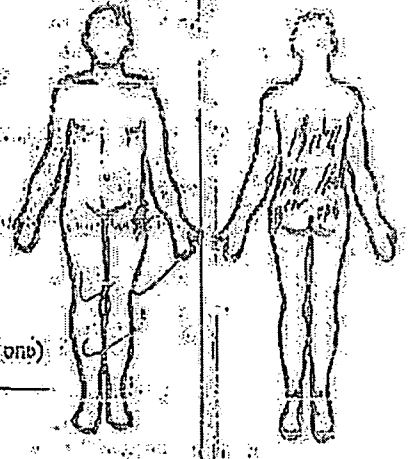
Patient Name: Robert Gene Russell

Please briefly describe your problem that brings you for therapy:
Bulging Disk - Back pain
Constant Aggravated

When did it occur and how?
Called Auto Accident

Indicate where your pain is located and what type of pain you feel at the present time. Use the symbols below to describe your pain. Do not indicate areas of pain which are not related to your present injury or condition.

For stabbing or sharp pain...use /// on the diagram.
For burning pain...use XXX on the diagram.
For pains like pins and needles...use OOO on the diagram.
For feelings of numbness...use = = = on the diagram.



What eases your pain? Massage
What makes your pain worse? Driving long distances
Is your pain increasing with frequency? (Yes) or No (circle one)
Is your pain increasing with severity? (Yes) or No (circle one)
Do you have any sleep disturbance? (Yes) or No (circle one)
Do you have any numbness in your genital area? Yes or (No) (circle one)
Do you have any problems with your bladder or bowels? Yes or (No) (circle one)
If Yes, please describe: _____

How do you feel in the morning?
Stiff Hurts

Once you start moving around does your condition improve? Yes or (No) (circle one)

Have you experienced (circle all that apply) dizziness, double vision, or fainting spells?
What is the usual cause of your dizziness, double vision or fainting spell? No

Have you ever been hospitalized? If Yes, for what and when?
Appendix removed (1962) heart catheterization (March 2004)

Have you ever had any surgery? If yes, for what and when?
Appendix removed (1962), micro surgery for disk 1984

Have you had an MRI, x-rays, EMG or any other tests? If yes, which test and when?
X-rays (6-11-04) MRI (6-28-04)

Do you have (circle those that apply) Rheumatoid arthritis Osteoporosis Diabetes
Cancer
Heart Problems High Blood Pressure Other Problems

If you circled any of the above, please provide information concerning your particular condition below.
Bulging Disk, depression

UC
11/03

LOWCOUNTRY ORTHOPAEDICS & SPORTS MEDICINE

SPINE CENTER
2080 TRICOM STREET
N. CHARLESTON, SC 29406
(843) 797-5050

PHYSICAL THERAPY REFERRAL

NAME Robert Russell Home FILE# _____ DATE 10/22/04

DIAGNOSIS M45-54.00

INITIAL TREATMENT DATE _____

TREATMENT SCHEDULE 8-10 tx

PROCEDURES:

SI JOINT _____ THORACIC _____

MODALITIES _____ CERVICAL ✓ LUMBAR ✓

HOT PACKS _____ ROM, MOBILIZATION

ICE _____ ISOMETRICS

ULTRASOUND ✓ MANUAL TX

PHONOPHORESIS _____ TRACTION

ELECTRICAL STIM ✓ STABILIZATION

DEEP TISSUE MASSAGE _____ EXTENSION EXERCISES

ADL'S: WORK _____ ✓ FLEXION EXERCISES

HOME _____ ✓ STRETCHING

PROTOCOLS

_____ CERVICAL FUSION

_____ LUMBAR FUSION

_____ LUMBAR DISCECTOMY

_____ IDET PROCEDURE

_____ SACRAL

EQUIPMENT

_____ HOME CERVICAL TRACTION UNIT

_____ TENS UNIT

_____ CERVICAL PILLOW

_____ LUMBAR SUPPORT

_____ WALKER

_____ CRUTCHES

_____ CANE

PHYSICIAN'S SIGNATURE: Cathleen R. Wendell 5-60 vgll

COMMENTS: _____

EVALUATION WORKSHEET

_____See attached addendum

2004-2709 (M)

SUBJECTIVE:
General History / Mechanism: MVA Dec 11 (F) from then on

Date: Russell, Robert
Pediatric:
Physiatrist:
Diagnostic:
Frequency:
Next MD appointment:

Previous History / Surgery:

Pain Rating
1-2-3-4-5-6-7-8-9-10

Major Complaints: LB pain sit → stand ~~spasm~~ aching 8-10 → sore ~~not~~ much

Asst. Devices / Bells / Braces: sleep - gets to sleep

Medications: 2 Percocets

Occupation / Hobbies: working - sporting / driving

Diagnostic Tests: none x-rays
CT scan

OBJECTIVE:
Posture / Gait: Lordosis L1-4

ROM: full WNL @ ext

Special Tests: SLR (-) tight hams

Strength: grossly 5/5 LE

Neurological: DTR 2+

Palpation: Hypo (-) / hyper (-) facets - irritated (B) bursae

Edema / Circulation:

Modalities:

PROGRESS NOTE

PATIENT Robert Russell DOCTOR Stowell

DIAGNOSIS NEXT MD APPT

Date 11-3-04 If Rx alters must re-eval Rx remaining 10

SUBJECTIVE LBP constant - no relief

OBJECTIVE

Initial min MMT min CTX/PTX Abn pain/palpation (1) Observe

Exam min (2) Joint motion (3) Rest no per flow sheet 15 min

(4) ROM (5) other min UE coordination min Move

(1) Observe (2) Manual ↔ (3) Passive tests & facts

Lumbar gait + ROM (4) Pelvic tilt c ASIS x 2,

Hip, platform step (5) Core

ASSESSMENT: Response to treatment / Goal Status STG 2 wks (1) Decreased

30 min day position & use (2) Pain 2-3/10 5/7 days

(3) 4 wks (4) return to work full duty (5) c ↓ SP 50 - 60%

PLAN: add OLS system marching / ½ Bridging / Modified

hip stretching, Pelvic tilt

Therapist Signature Leann Christian

Date 11-4-04 If Rx plans must re-eval Rx remaining 9

SUBJECTIVE Sore, Not sure if exercises correctly

OBJECTIVE

Initial min MMT min CTX/PTX Abn pain/palpation Assist

Exam min (2) Joint motion 15 (1) Observe per flow sheet 20 min Passive

(3) ROM min other min UE coordination min Move

(1) Observe, relieve hip distraction & have pt lie on back, hip hand position (2) Manual (3) S/L ↔ to

Rotate hips, have pt cross over knee to opposite side (3) Core strengthening

ASSESSMENT: Response to treatment / Goal Status

Very uncoordinated & pelvic tilt - needs cues to

do correctly during ex's

PLAN: Continue add modified + standing hip

Leann

PROGRESS NOTES

PATIENT Robert Russell DOCTOR Small

DIAGNOSIS LBP NEXT MD APPT

Date 11-9-04 # Rx since last re-eval Rx remaining 8

SUBJECTIVE Very sore Friday. LB @ went to Chiro Sat.

OBJECTIVE

Intelect ___ min ___ MH ___ min ___ CTX/PTX ___ #lbs in/ultra ___ Iontho ___ min

E-stim ___ min ___ joint mobs ___ ther ex per flow sheet 30 min ___ paraffin

CP ___ min ___ other ___ min ___ US cont/pulse ___ min ___ ionto ___ mA/min

Re education on the use of ice & Ibuprofen - Therapeutic heat against wall standing hip add/abd ex 10 each, multifidi block x10 each

ASSESSMENT: Response to treatment / Goal Status Very poor concept of therapy exercises

PLAN: Add quadruped

Therapist Signature: Karen Chrisman PTA

Date 11-16-04 # Rx since last re-eval Rx remaining 7

SUBJECTIVE Still Sore. took 2 extra Flex relaxers no change

OBJECTIVE

Intelect ___ min ___ MH ___ min ___ CTX/PTX ___ #lbs in/ultra ___ Iontho ___ min

E-stim ___ min ___ joint mobs ___ ther ex per flow sheet ___ min ___ paraffin

CP ___ min ___ other ___ min ___ US cont/pulse ___ min ___ ionto ___ mA/min

(1) - therex x 6 min c emphasis on posture - Cat/Camel each (2) TFC x 15 then MS stim x 15' LB

ASSESSMENT: Response to treatment / Goal Status Cont to need 1-1 for positive body mech

PLAN: Re-eval next MD 11-19-04

Therapist Signature: Karen Chrisman

PROGRESS NOTES

PATIENT: Robert Russell DOCTOR: Sherry

DIAGNOSIS: LBP NEXT MD APPT: 11-19-04

Date: 11-18-04 # Rx since last re-eval: ____ Rx remaining: ____

SUBJECTIVE: Sore & IFC (UNES

OBJECTIVE

____ Intert ____ min | (2) MH 8 min | ____ CTX/PTX ____ #lbs Intratape ____ | ____ fluido ____ min

____ E-stim ____ min | ____ joint mobs ____ | (1) liter ex per flow sheet 40 min | ____ paraffin

____ OP ____ min | ____ other ____ min | ____ US cont/pulse ____ min | ____ ionto ____ mA/min

(1) Therex per flow sheet to be unable to maintain a pelvic tilt. (2) MH x 8' to LB

ASSESSMENT: Response to treatment / Goal Status: Most therapy sessions pt is unable to perform UE for IFC/TD - needed cues

PLAN: to MD 11/19/04 - Vicodin Soft

Therapist Signature: Teresa Chastain

Date: 11-30-04 # Rx since last re-eval: ____ New orders for work conditioning Rx remaining: ____

SUBJECTIVE: Sore LB - had a massage which helps

OBJECTIVE

____ Intert ____ min | ____ MH ____ min | ____ CTX/PTX ____ #lbs Intratape ____ | ____ fluido ____ min

____ E-stim ____ min | ____ joint mobs ____ | (1) liter ex per flow sheet 60 min | ____ paraffin

____ OP ____ min | ____ other ____ min | ____ US cont/pulse ____ min | ____ ionto ____ mA/min

(1) Therex per plan & Tes

ASSESSMENT: Response to treatment / Goal Status: Discussed importance of abdominal control

PLAN: New orders for work conditioning

Therapist Signature: [signature]

11-19-09
16th visit

SPORTS PLUS +,
Physical Therapy Services

2880 Tricom Street
Suite B
N. Charleston, SC 29406
Phone: (843) 553-6343
Fax: (843) 553-6404

2271 Ashley Crossing Dr.
Suite 190
Charleston, SC 29414
Phone: (843) 553-6343
Fax: (843) 553-6404

Patient Robert Russell Chart No. 99449

Appt. Date 11-19-09 Dr. Shuall Report Date 11-18-09

Mr Russell has been seen for 5 visits since 11-3-09. Therapy has focused on spine stab @ level I, flexibility training, re-education of posture & body mech.

Posture exhibits significant lordosis & excess abdominal tender over (L) gr. trochs.

He responds poorly to all manual + anti-inflam modalities. Exercises at basic level are also poorly tolerated. No changes in objective status.

P To MD - therapy not progressing

Physician's Response
( ) Continue With Change As Suggested Above
( ) Continue As Before
( ) Changes As Follows

Continue PT (2x/wk) for NC evaluation program

11/19/09
Date

Physician's Signature

PROGRESS NOTES

PATIENT Robert Russell DOCTOR S. Stovall

DIAGNOSIS LBP NEXT MD APPT

Date 12-6-07 # Rx since last re-eval Rx remaining

SUBJECTIVE No Change Cont c spasms

OBJECTIVE

Ther/f. rstm MH min CTX/PTX fibs inv/stim fluido min

E-stim min joint mobs ther ex per flow sheet 48 min paraffin

(2) CP 10 min other min US cont/pulse min lordo mV/min

(2) Ther ex per flow sheet x 48' - (2) CPX 10'

ASSESSMENT: Response to treatment / Goal Status Needs lots of L-L flex pelvic control

PLAN: Cont Rec plan

Therapist Signature: Lauren Chrestman, LSA

Date 12-8-07 # Rx since last re-eval Rx remaining

SUBJECTIVE Maybe sore better

OBJECTIVE

Ther/f. min MH min CTX/PTX fibs inv/stim fluido min

E-stim min joint mobs ther ex per flow sheet min paraffin

CP min other min US cont/pulse min lordo mV/min

(1) Ther ex per flow sheet x 55' (2) Reeval

ASSESSMENT: Response to treatment / Goal Status Reeval - RM fair flexibility LSB MMT 5/5 L&S - Abds. 5-/5 Rec 2+ LE's SLS positive - 30 min max in any position

PLAN: Cont Rec plan ↑ 0.5 mph

Therapist Signature: Lauren Chrestman, LSA

SPORTS PLUS +.
Physical Therapy Services

2880 Dicom Street
Suite B
N. Charleston, SC 29406
Phone: (843) 553-6343
Fax: (843) 553-6404

2271 Ashley Crossing Dr.
Suite 190
Charleston, SC 29418
Phone: (843) 553-6343
Fax: (843) 553-6404

Patient Robert Russell Chart No.
Appt. Date 12-16-04 Dr. Small Report Date 12-14-04

Robert Russell is cont c his neck cond. having
Physician Rehab 50th, Cat 50th, abdominal hernia
is expec. to unchanged

S: Cont c neck pain
O: No evidence of Rad. Pain @ home for HEP
ROM: Cont full c mild %@
MMT: Cont full 5/5
Palpation: Cont c mild achy lower paraspinals
Plan: Cont X2 weeks + recert. Laura Cl

Physician's Response
( ) Continue With Change As Suggested Above
( ) Continue As Before
( ) Changes As Follows

Hold on PT, ordering repeat MRI

12/16/04
Date

Physician's Signature

PROGRESS NOTES

PATIENT Robert Russell DOCTOR Stovall

DIAGNOSIS LBP NEXT MD APPT 12-16-04

Date 12-14-04 # Rx since last re-eval ____ Rx remaining ____

SUBJECTIVE had a massage yesterday

OBJECTIVE

____ Interf. ____ min ____ MH ____ min ____ GTX/PTX ____ lbs Initial/static ____ ____ fluids ____ min

____ E-stim ____ min ____ joint mobs ____ (1) ther ex per flow sheet 45 min ____ paraffin

____ CP ____ min ____ other ____ min ____ US cont/pulse ____ w/cm² ____ iontо ____ mA/min

(1) therex per flow sheet c 1-1 contact

ASSESSMENT: Response to treatment / Goal Status Goals: 2) min in position. Subjective 40 cont. Pain 2-3/10 → 5/10 RLE still tight. Legs 1:1 for HEP

PLAN: PD PO 12-16-04

Therapist Signature: [signature]

Date 12-16-04 # Rx since last re-eval ____ Rx remaining ____

SUBJECTIVE sore LB

OBJECTIVE

____ Interf. ____ min ____ MH ____ min ____ GTX/PTX ____ lbs Initial/static ____ (2) manual c-c cont

(3) CP 10 min ____ E-stim ____ min ____ joint mobs ____ (1) ther ex per flow sheet 45 min ____ paraffin

____ other ____ min ____ US cont/pulse ____ w/cm² ____ iontо ____ mA/min

(1) therex c grid c 1-1 contact (2) manual (3) CPxs

ASSESSMENT: Response to treatment / Goal Status good tol of new exercise

PLAN: cont tx to PD areas

Therapist Signature: [signature]

SPORTS PLUS PHYSICAL THERAPY

DISCHARGE SUMMARY

DATE: 1/18/05 Date of patient's last visit: 12/16/04

Robert Russell was referred by Dr. Sidwell with a diagnosis of:

- ☑ Pain: knee/ shoulder/ hip/ ankle/ cervical/ (lumbar)/ _____
- ☐ Strain/Sprain: knee / shoulder/ cervical/ lumbar/ _____
- ☐ DDD/ DJD: knee/ shoulder/ cervical/ lumbar/ _____
- ☐ Tendonitis / Bursitis: knee/ shoulder / _____
- ☐ S/P Arthroscopy: knee/ shoulder
- ☐ Radiculopathy: cervical/ lumbar/ _____
- ☐ S/P Fracture humeral/ femur/ ab-fib/ compression/ _____
- ☐ S/P Discectomy
- ☐ Impingement Syndrome
- ☐ SI Joint Dysfunction
- ☐ Vestibular/ Balance Rehab
- ☐ S/P TKA/THA/TSR
- ☐ Rotator cuff repair
- ☐ Lateral/medial epicondylitis
- ☐ Osteoporosis
- ☐ Other: _____

(He/She) was initially evaluated on 11/3/04 and was seen for a total of 10 treatments. The patient received the following PT / OT treatments:

- ☑ Therapeutic Exercises
- ☐ Neuromuscular Reeducation
- ☐ Gait Training
- ☐ Functional Therapeutic Activity
- ☐ Work Conditioning
- ☒ Manual Therapy
- ☐ Orthotic Fitting
- ☐ FCE
- ☐ Biodex Test
- ☐ Vestibular Rehabilitation
- ☐ Other: _____
- ☑ Electrical Stimulation
- ☐ Iontophoresis
- ☐ Ultrasound / Phonophoresis
- ☒ Moist Heat
- ☐ Paraffin
- ☒ Cryotherapy
- ☐ Cervical / Pelvic Traction
- ☐ Whirlpool
- ☐ TENS Fitting
- ☐ Physical Performance Test: _____

Patient status upon discharge: significant / moderate / minimal improvement/ unchanged / worse / unknown / not applicable

Reason for discharge:

- ☒ patient not returning after MD appointment
- ☐ patient not returning for unknown reasons
- ☐ D/C to HEP
- ☐ Other: _____

Goal Status:

- ☐ goals met
- ☒ goals partially met
- ☐ goals not met

Compliance:

- ☐ compliant
- ☒ partially compliant
- ☐ non-compliant
- ☐ Other: _____

Physical Therapist: Rebecca Davis

SOUTHEASTERN SPINE INSTITUTE

SPINAL SURGERY
David R. Johnson, II, MD
Steven C. Felton, MD
Danny Bailes, PA-C

CONSERVATIVE SPINE CARE
Leonard E. Tolliver, MD
John E Johnson, MD
G. Lebon Richardson II, MD

MAIN OFFICE
530 Bowman Rd., #300
Mt. Pleasant, SC 29464
(843) 849-1551
Fax 884-0629
1-800-432-0274

1941 Savage Rd., Ste. 100E
Charleston, SC 29407
(843) 763-2720

November 22, 2006

J. David Murrell, Esquire
8086 Rivers Avenue
North Charleston, SC 29406

RE: Robert Russell, Patient #122051

Dear Attorney Murrell:

Today I had an opportunity to evaluate Mr. Robert Russell. As you know, Mr. Russell is a 49-years-old individual who has low back pain and pain into the right buttock and he also has some pain from the low back up toward the mid back.

Mr. Russell relates the onset of his symptoms to a work related motor vehicle accident that occurred 06/11/04. He was the driver of a Ford Ranger work vehicle as he describes it to me. He indicates having his seat belt on. He was making a right turn and so he was slowing down to make that turn when he was hit from behind by another vehicle. Questioning Mr. Russell about the amount of damage to the vehicle, he indicates that it was a relatively mild amount of damage. He indicates that there wks some bumper damage, but that was about all. Nevertheless, Mr. Russell indicates that he had back pain and he also had some other symptoms including dizziness and headache and some left arm pain following the injury. He relates being evaluated at Roper in Moncks Corner. Ultimately his dizziness and headache and left arm symptoms resolved. However, the low back pain has not resolved and actually it has evolved over time. He had initial treatment through the Family Medicine Group in Moncks Corner. He was then referred to Dr. Stovall where he was prescribed a course of physical therapy and also he had two injections which were done by Dr. Warren. I have a note from Dr. Stovall that is dated 01/13/05 wherein Dr. Stovall ascribes a 5% impairment rating and he also defines work restrictions which would be lifting up to 30 pounds on an occasional basis and 20 pounds on a frequent basis. There are further restrictions regarding long periods of climbing, bending, and stooping noted.

Mr. Russell indicates that he has not returned to work. In fact, he retired on disability in June of 2005. Mr. Russell indicates that the disability was partly related to his back and partly related to his bipolar condition.

Mr. Russell indicates that he has continued with chiropractic treatment since that time. He goes for chiropractic treatment twice a week, he tells me.

Mr. Russell credits the chiropractor with at least keeping him as well as he is doing.

Questioning Mr. Russell regarding his activity levels during a given day, it seems to be very limited. He notes that some days are better and some days are worse. He is able to do more on a better day and much less on a bad day. He relates that he will typically lay down for periods of time during the day. He lays down to get off his back and that tends to calm down his symptoms.

Mr. Russell has the bipolar and he has the back problem. Other than that, he considers himself to be healthy. He does note that he additionally takes medication for high cholesterol.

On physical examination, Mr. Russell is pleasant and cooperative. He is generally healthy appearing. Examination reveals some tenderness over the low back although the tenderness is fairly mild. Low back flexibility is mildly limited. I am not finding any definite weakness or other evident neurologic deficit in the lower extremities.

The scan that is available for my review was done 07/28/04. There was a subsequent study done in January of 2005, I understand. That study is not available although I do have the report from that study. On review of the July 2004 study, it is a study done at an open scanner, it appears. As such, the quality is limited. The study shows the abnormality of significance to be at the L5-S1 level. There is a degenerative disc with a superimposed disc contained herniation with annular tear.

Mr. Russell has significant back pain symptoms with radiation into the buttock and also up into the mid back area. It probably is entirely related to that L5-S1 level. The quality of the study is not great, but even with this level of quality, he does have significant abnormality there. I would say the degenerative disc change predated the accident. However, without any reason to suspect otherwise, based on the history it would be my opinion that the tear and contained herniation occurred as a result of that June 2004 accident. This type of abnormality would be very reasonable as to causing Mr. Russell's ongoing significant symptoms.

Mr. Russell did not have any significant lasting improvement with physical therapy or with the injections that were done for him in 2004. While we would definitely try to treat such a problem initially with injections and therapy, the abnormality as defined even by this two and a half year old scan is such that it is reasonable that the therapy and injections alone did not effect any significant improvement. This is the type of a problem for which a more advanced procedure such as an annuloplasty procedure or even disc replacement or fusion is sometimes needed. The ongoing nature of Mr. Russell's problem would place him in that category, I believe.

Having said that, when I started to discuss with Mr. Russell regarding having a further procedure done, and particularly when I brought up the surgery, Mr. Russell indicates that he is definitely not inclined in that direction.

With regard to Mr. Russell having an annuloplasty or a surgical procedure done, I certainly would not be able to guarantee that he would have improvement. As with any procedure he could have complications and he could do worse. As such, I would certainly not be willing to state that these are procedures that "should" be done. Rather, I would view this as Mr. Russell's choice and he is definitely opting to not proceed in a surgical direction.

A new MRI scan could be obtained. This new scan could be done with and without contrast. We would be able to define the problem better and he may well have a worsening of the condition. Having said that, if Mr. Russell already is not inclined in a direction of a more advanced procedure, getting the new scan would be for academic purposes only. At some point Mr. Russell may choose to have further evaluation and treatment done. If and when he does, at that time a new scan with and without contrast would be more reasonable.

With regard to an impairment rating for Mr. Russell, I recognize the reason for which Dr. Stovall had ascribed a 5% permanent impairment rating. This is a single level disc disruption. With a straightforward single level disc disruption, such as a disc bulge, I will personally always ascribe a 5% permanent impairment rating. In Mr. Russell's case, the disc situation is obviously more complex than that. Using the AMA Guides as they are intended to be (guides), for such abnormalities I ascribe a 10% permanent impairment rating. That is what I would ascribe in Mr. Russell's case.

With regard to work activities, it is my understanding is that Mr. Russell has retired on disability and it seems appropriate in this case. My understanding from him is that it is a combination of his back problems as well as his bipolar. I would further note that at the present time, Mr. Russell's current activity status is fairly low and includes his needing to lay down during the day on occasions and also inability to do much on a bad day. Part of that is a function of chronic pain situation that has occurred here because Mr. Russell has had pain going on for a long time now. In any event, I don't see Mr. Russell effectively getting back to work even though it is not strictly on the basis of his back injury and L5-S1 disc specifically. Further, while surgery theoretically could improve his situation to the point of him being able to function better (including work), it is definitely not necessarily the case that it would.

Thank you for referring Mr. Robert Russell for this independent medical evaluation.

If I can be of further assistance or if you have any questions or comments, please do not hesitate to call or write.

Sincerely,

Leonard E. Forrest, M.D.
LEF/awc

Dictated but not read:
T:12/06/06

FUND ANALYSIS

Client: State Accident Fund **Adjuster:** Ruth Bell

Carrier: State Accident Fund **Carrier File #:** 2004-2909 **CC#:** 500

Case: Robert G. Russell -VS- Dept of Health & Environmental

SSN: **D/A:** 6/11/2004 **WCCNum:** 0325059

Fund on Notice? : No **(If yes) Fund #:** **Date Filed:**

Medical to Date: $3,896.00

Indemnity to Date: $0.00 **TT Weeks:** 0

Avg Weekly Wage: $629.67 **Date of Disability:** **Comp. Rate:** $419.80

Description of Accident MVA

Accident Location: Moncks Corner

Age: 47 **Sex:** M **Length of Emp:** **Job:**

Employer Contact: **Title:** **Phone:**

Prior medical condition(s): degenerative disc disease, bipolar disorder, prior back injury

Diagnosis of subsequent injury: low back strain

Current medical status:

Current work status: **RTW Date:**

Is Claimant Represented?: Yes **Attorney's Name:** Davidson & Bennett **Phone:**

Is Claim Settled? : No **(If yes) Amt:** $0.00 **Date settled:**

In Litigation? : No **Date:**

Case Disposition

Create ☐ **Potential** ☑ **No Fund Potential** ☐ **Close** ☐

Status: H2 Potential SIF - File remains premature to write the doctor.

Comments:

47 YO male involved in a MVA. He had a prior back claim in 3/04. MRI showed some mild degenerative changes that the doctor refers to as DDD. He also has bipolar disorder and is going to weekly sessions with a psychologist. Doctors believe that the depression is being aggravated by this injury. We will place SIF on notice and review again in 4 months to see how the depression is affecting this claim.

Lori G. Colley

Lori G. Colley, Claims Examiner

11/10/2004

Date

Reimbursement Consultants, Inc.
231 Columbia Avenue * Chapin, SC 29036 * (803) 345-5716 * FAX (803) 345-0876

DHEC
PROMOTE PROTECT PROSPER

SCDHEC - REQUEST FOR CHANGE IN PERSONNEL STATUS
BUREAU OF PERSONNEL SERVICES
DHEC 301 Rev(08/03)

Work Status: PERM Action Status: INITIATED

RECEIVED
FEB 22 2005
PERSONNEL

Type of Action: Document ID#: 73957
020 GOING ON LWOP (S) - FAMILY MEDICAL LEAVE ACT(FMLA)

Name: ROBERT G RUSSELL SSN: _____

Address:
SC 00000 29456

Class: JB50 ENVIRONMENTAL/HEALTH MGR II Slot: 0306 Band: 06 Pos#: 00043993

Effective Date: 02/16/2005 09:45 AM Review Date: 08/17/2004

Old Base Pay:	33,725	Old Ann Equiv:	33,725		
Pct of Time:	100.00%	Increase:	0.00%		
Lngvty Amt:	0	Adtnl Bfts:	0		
New Base Pay:	0	New Ann Equiv:	0	Total Pay Out:	33,725

Budget	Fund	Percent	Amount
2RY20	A100C	88.74	29,928
2RY21	A100C	11.26	3,797

Justification/Comments
employee on LWOP FMLA

Gender:	MALE	Check Code:	008
Race:	WHITE	# of hours:	37.5
DOB:		Prior State Emp:	No
Marital:	SINGLE	Highest Edu Level:	17
Phone:	(	Last Date Worked:	01/14/2005
EPMS Rating:	MEETS REQ	Sick Hrs:	0
Bur/Dist:	N/A - Central Office	Annual Hrs:	0

Date	Route	Status	Routing Message
02/22/2005	LOWE, DONNA	INITIATED	
02/22/2005	WIGGINS, MARIANNE	APPROVED	
02/22/2005	KENNEDY, VARONICA	FORWARDED	Insurance - Elaine

Printed By: KENNEDY, VARONICA Document ID#: 73957 SSN:

SCDHEC - REQUEST FOR CHANGE IN PERSONNEL STATUS
BUREAU OF PERSONNEL SERVICES
DHEC 301 Rev(08/03)

Work Status: PERM Action Status: COMPLETED - CORRECTION

Type of Action: Document ID#: 73957

020 GOING ON LWOP (S) - FAMILY MEDICAL LEAVE ACT(FMLA)

RECEIVED
MAY 16 2005
PERSONNEL

Name: ROBERT G RUSSELL SSN

Address:

SC 00000

Class: J850 ENVIRONMENTAL/HEALTH MGR II Slot: 0306 Band: 06 Pos#: 00043993

Effective Date: 04/05/2005 10:00 AM Review Date: 08/17/2004

Old Base Pay:	33,725	Old Ann Equiv:	33,725		
Pct of Time:	100.00%	Increase:	0.00%		
Lngvty Amt:	0	Adtnl Bfts:	0		
New Base Pay:	0	New Ann Equiv:	0	Total Pay Out:	33,725

Budget	Fund	Percent	Amount
2RY20	A100C	88.74	29,928
2RY21	A100C	11.26	3,797

Justification/Comments
employee on LWOP FMLA

Gender:	MALE	Check Code:	008
Race:	WHITE	# of hours:	37.5
DOB:		Prior State Emp:	No
Marital:	SINGLE	Highest Edu Level:	17
Phone:	5	Last Date Worked:	01/14/2005
EPMS Rating:	MEETS REQ	Sick Hrs:	0
Bur/Dist:	N/A - Central Office	Annual Hrs:	0

Date	Route	Status	Routing Message
02/22/2005	LOWE, DONNA	INITIATED	
02/22/2005	WIGGINS, MARIANNE	APPROVED	
02/22/2005	KENNEDY, VARONICA	FORWARDED	Insurance - Elaine
02/23/2005	PENLEY, SUSAN	COMPLETED	leave ok
05/05/2005	GARDNER, TINA	DATA CORRECTED BY IS STAFF	change effective date to 4/5/05 at 10:00

Printed By: CERISLEY, DONNA Document ID#: 73957 SSN: 247-06-2960

D H E C

PROMOTE PROTECT PROSPER

SCDHEC - REQUEST FOR CHANGE IN PERSONNEL STATUS
BUREAU OF PERSONNEL SERVICES
DHEC 301 Rev(08/03)

Work Status: PERM Action Status: COMPLETED - CORRECTION

Type of Action: Document ID#: 85835

R07 TERMINATE /RESIGNATION (S) - DIDNT RETURN FROM LEAVE W/O PAY

Name: ROBERT G RUSSELL SSN:

Address:

Class: JB50 ENVIRONMENTAL/HEALTH ENGR II Slot: 0306 Band: 06 Pos#: 00004993

Effective Date: 07/16/2005 05:00 PM Review Date: 08/17/2004

Old Base Pay:	33,725	Old Ann Equiv:	33,725		
Pct of Time:	100.00%	Increase:	0.00		
Lngvty Amt:	0	Adtnl Effe:	0		
New Base Pay:	0	New Ann Equiv:	0	Total Pay Out:	33,725

Budget	Fund	Percent	Amount
2RY20	A100C	88.74	29,928
2RY21	A100C	11.26	3,797

Justification/Comments

Gender:	MALE	Check Code:	008
Race:	WHITE	# of hours:	37.5
DOB:		Prior State Emp:	NO
Marital:	SINGLE	Highest Edu Level:	17
Phone:		Last Date Worked:	07/16/2005
ERMS Rating:	MEETS REQ	Sick Hrs:	0.129
Bur/Region:	N/A - Central Office	Annual Hrs:	0.155

Date	Route	Status	Routing Message
07/20/2005	PETERS, FRANKYE	INITIATED	REMOVE FROM FTE POSITION
07/20/2005	WIGGINS, MARIANNE	APPROVED	
07/21/2005	KENNEDY, VARONICA	FORWARDED	
07/21/2005	PENLEY, SUSAN	FORWARDED	leave ok, AL=.155 hrs and SL=.129 hrs. Please complete and I will correct pais.
07/21/2005	KENNEDY, VARONICA	COMPLETED	
07/21/2005	PENLEY, SUSAN	DATA CORRECTED BY IS STAFF	OLD ANNUAL LEAVE BALANCE: 0 OLD SICK LEAVE BALANCE:

			0 leave balances match leave system
07/22/2005	CHRISLEY, DONNA	DATA CORRECTED BY IS STAFF	changed effective date per conv between P. Peters and B Oswalt Changed APP_ACTION_DATE_EF FROM 7/18/2005 TO 7/17/2005
07/22/2005	CHRISLEY, DONNA	DATA CORRECTED BY IS STAFF	Changed APP_ACTION_DATE_EF FROM 7/17/2005 TO 7/16/2005
07/29/2005	CHRISLEY, DONNA	DATA CORRECTED BY IS STAFF	corrected time Changed P_TIME_LAST_WORK FROM 08:30 AM TO 05:00 PM

Printed By: KENNEDY, VARONICA **Document ID#:** 85835 **SSN:** 247-06-2960

Leave Record

```
P751060P  P751061M     PUSGP     S C O R E C     P7501          04/04/08     2:48 PM
                          PERSONNEL LEAVE SYSTEM
                        - BROWSE LEAVE TRANSACTIONS -

                                                                    SSN:
ROBERT G. RUSSELL

                                                        Leave          Lv Appl = 1
Begin Date  Begin Time    End Date    End Time    Hours  Type   FMLA Lv Corr = 2
 01/05/04     08:30 AM    01/06/04    05:00 PM   15.00   02              1
 02/02/04     08:30 AM    02/03/04    05:00 PM   15.00   02              1
 02/19/04     08:30 AM    02/19/04    09:15 AM    0.75   01              1
 02/26/04     08:30 AM    02/26/04    11:45 AM    3.25   01              1
 03/03/04     08:30 AM    03/08/04    05:00 PM   30.00   02              1
 03/18/04     08:30 AM    03/18/04    05:00 PM    7.50   02              1
 03/22/04     08:30 AM    03/22/04    01:00 PM    4.50   02              1
 03/22/04     02:00 PM    03/22/04    05:00 PM    3.00   01              1
 03/30/04     03:30 PM    03/30/04    05:00 PM    1.50   01              1
 04/06/04     08:30 AM    04/07/04    11:30 AM   10.50   01              1
 05/14/04     08:30 AM    05/14/04    08:45 AM    1.25   01              1
 05/19/04     02:30 PM    05/19/04    05:00 PM    2.50   01              1
 05/20/04     04:00 PM    05/20/04    05:00 PM    1.00   01              3
                  *** POSITION CURSOR TO DISPLAY DETAIL ***
-PF1----PF2----PF3----PF4----PF5----PF6----PF7----PF8----PF9----PF10---PF11---PF12
      return   main inquire  F311   F302   bkward frwrd logon                quit
```

Leave Type

01 = Annual Leave

02 = Sick Leave

09 = Leave without pay

03 = Medical Leave without pay

```
P7510602  P7510GIR   PMSGP    S C D H E C    T7501    04/04/08    2:46 PM
                        PERSONNEL LEAVE SYSTEM
                     - BROWSE LEAVE TRANSACTIONS -
                                                              SSN:

ROBERT G. RUSSELL

                                                    Leave          Lv Appl = 1
Begin Date  Begin Time    End Date    End Time    Hours   Type   FMLA Lv Corr = 2
 05/25/04    08:30 AM     05/25/04    05:00 PM     7.50    02              1
 06/07/04    08:30 AM     06/07/04    10:45 AM     2.25    02              1
 06/17/04    08:30 AM     06/18/04    05:00 PM    15.00    02              1
 06/21/04    04:00 PM     06/21/04    05:00 PM     1.00    02              1
 06/29/04    08:30 AM     06/29/04    05:00 PM     7.50    01              1
 07/01/04    04:00 PM     07/01/04    05:00 PM     1.00    01              1
 07/02/04    08:30 AM     07/02/04    05:00 PM     7.50    01              1
 07/06/04    04:15 PM     07/06/04    05:00 PM     0.75    01              1
 07/07/04    08:30 AM     07/07/04    10:30 AM     2.00    01              1
 07/13/04    08:30 AM     07/14/04    05:00 PM    15.00    01              1
 07/16/04    04:00 PM     07/16/04    05:00 PM     1.00    01              1
 07/19/04    04:30 PM     07/19/04    05:00 PM     0.50    01              1
 07/21/04    08:30 AM     07/21/04    09:30 AM     1.00    01              1
            *** POSITION CURSOR TO DISPLAY DETAIL ***
-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12
       retrn   main inquire  F511   F509   bkward frwrd logon              quit
```

```
F751060P  F751061W     PRSGP     S C D H R C     F7501        04/04/00     2:48 PM
                          PERSONNEL LEAVE SYSTEM
                        - BROWSE LEAVE TRANSACTIONS -

                                                                        USER:
ROBERT G. RUSSELL

                                                          Leave          Lv Appl = 1
Begin Date  Begin Time   End Date    End Time    Hours    Type    FMLA  Lv Corr = 2
 07/23/04     05:00 PM    07/23/04    05:00 PM    1.00     01              1
 07/29/04     08:30 AM    07/29/04    09:30 AM    1.00     01              1
 07/29/04     04:00 PM    07/29/04    05:00 PM    1.00     01              1
 07/30/04     03:30 PM    07/30/04    05:00 PM    1.50     01              1
 08/04/04     04:00 PM    08/04/04    05:00 PM    1.00     01              1
 08/05/04     08:30 AM    08/05/04    09:30 AM    1.00     02              1
 08/10/04     04:00 PM    08/10/04    05:00 PM    1.00     01              1
 08/11/04     02:00 PM    08/11/04    05:00 PM    3.00     02              1
 08/12/04     08:30 AM    08/12/04    09:30 AM    1.00     02              1
 08/13/04     06:30 AM    08/13/04    10:45 AM    2.25     01              1
 08/17/04     08:30 AM    08/17/04    09:30 AM    1.00     01              1
 08/18/04     04:00 PM    08/18/04    05:00 PM    1.00     01              1
 08/19/04     08:30 AM    08/19/04    09:30 AM    1.00     01              1
              *** POSITION CURSOR TO DISPLAY DETAIL ***
-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12
       retrn   main inquire  F311   F303   bkurd frwrd logon                quit
```

```
F751060P  F751061M     PRSGP     S C D H E C     F7501          04/04/08     3:48 PM
                              PERSONNEL LEAVE SYSTEM
                          - BROWSE LEAVE TRANSACTIONS -

                                                                        SSN:
ROBERT G. RUSSELL

                                                                 Leave          Lv Appl = 1
Begin Date  Begin Time    End Date    End Time    Hours          Type    FMLA Lv Corr = 2
 08/23/04     03:30 PM    08/23/04    05:00 PM      1.50         01              1
 08/24/04     08:30 AM    08/24/04    11:30 AM      3.00         02              1
 08/25/04     08:30 AM    08/25/04    05:00 PM      7.50         01              1
 08/26/04     08:30 AM    08/26/04    10:30 AM      2.00         01              1
 08/30/04     04:30 PM    08/30/04    05:00 PM      0.50         01              1
 09/01/04     08:30 AM    09/03/04    05:00 PM     22.50         01              1
 09/08/04     02:00 PM    09/08/04    05:00 PM      3.00         01              1
 09/10/04     04:30 PM    09/10/04    05:00 PM      0.50         01              1
 09/13/04     04:15 PM    09/13/04    05:00 PM      0.75         01              1
 09/15/04     04:00 PM    09/15/04    05:00 PM      1.00         01              1
 09/16/04     08:30 AM    09/16/04    09:30 AM      1.00         01              1
 09/20/04     03:00 PM    09/20/04    05:00 PM      2.00         01              1
 09/22/04     03:30 PM    09/22/04    05:00 PM      1.50         01              1
              *** POSITION CURSOR TO DISPLAY DETAIL ***
PF1----PF2----PF3----PF4----PF5----PF6----PF7----PF8----PF9----PF10---PF11---PF12
      retrn   main inquire  F911   F903   bkwrd frwrd logon                  quit
```

F7510SCP F7510S1M PNSCP S C O R E C F7501 04/04/08 2:40 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN:

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2	
09/23/04	08:30 AM	09/23/04	09:30 AM	1.00	01		1	
09/24/04	08:30 AM	09/24/04	12:00 PM	3.50	01		1	
09/27/04	04:15 PM	09/27/04	05:00 PM	0.75	01		1	
09/29/04	04:00 PM	09/29/04	05:00 PM	1.00	01		1	
~~09/30/04~~	~~08:30 AM~~	~~09/30/04~~	~~09:30 AM~~	~~1.00~~	~~01~~		~~1~~	
09/30/04	08:30 AM	09/30/04	05:00 PM	7.50	02		1	void
~~09/30/04~~	~~08:30 AM~~	~~09/30/04~~	~~09:30 AM~~	~~1.00~~	~~01~~		~~2~~	
10/01/04	08:30 AM	10/01/04	05:00 PM	7.50	02		1	
10/08/04	08:30 AM	10/08/04	05:00 PM	7.50	02		1	
10/11/04	08:30 AM	10/11/04	05:00 PM	7.50	02		1	
10/13/04	04:00 PM	10/13/04	05:00 PM	1.00	01		1	
10/22/04	08:30 AM	10/22/04	10:00 AM	1.50	01		1	
10/26/04	06:30 AM	10/26/04	10:15 AM	1.75	01		1	

*** POSITION CURSOR TO DISPLAY DETAIL ***

PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12

return main inquire F311 F303 bkwrd frwrd logon quit

```
F7510060P  F7512061M     PKSGP     S C O M E C     F7501          04/04/00     2:46 PM
                              PERSONNEL LEAVE SYSTEM
                          - BROWSE LEAVE TRANSACTIONS -

                                                                        SSN:
ROBERT G. RUSSELL

                                                                Leave          Lv Appl 0 1
Begin Date   Begin Time     End Date     End Time     Hours     Type    TMLA Lv Corr - 2
 11/03/04     03:00 PM      11/03/04     05:00 PM     2.00      01             1
 11/04/04     08:30 AM      11/04/04     08:40 AM     0.25      01             1
 11/08/04     08:30 AM      11/08/04     05:00 PM     7.50      01             1
 11/09/04     08:30 AM      11/09/04     09:00 AM     0.50      01             1
 11/12/04     08:30 AM      11/12/04     10:10 AM     1.75      01             1
 11/15/04     04:30 PM      11/15/04     05:00 PM     0.50      01             1
 11/16/04     08:30 AM      11/16/04     09:15 AM     0.75      01             1
 11/18/04     08:30 AM      11/18/04     08:45 AM     0.25      01             1
 11/19/04     08:30 AM      11/19/04     10:45 AM     2.25      01             1
 11/23/04     04:15 PM      11/23/04     05:00 PM     0.75      01             1
 11/30/04     08:30 AM      11/30/04     09:00 AM     0.50      01             1
 12/02/04     08:30 AM      12/02/04     09:15 AM     0.75      01             1
 12/06/04     08:30 AM      12/06/04     09:45 AM     1.25      01             1
                  *** POSITION CURSOR TO DISPLAY DETAIL ***
-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12
       retrn   main inquire  F511   F383   bkwrd frwrd logon                 quit
```

F7510608 F751051M PB88P S C D H E C F7581 04/04/00 2:48 PM

PERSONNEL LEAVE SYSTEM
- BROWSE LEAVE TRANSACTIONS -

SSN:

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	PHIA	Lv Appl = 1 Lv Corr = 2
12/08/04	08:30 AM	12/08/04	11:00 AM	2.50	01		1
12/13/04	08:30 AM	12/13/04	05:00 PM	7.50	01		1
12/14/04	08:30 AM	12/14/04	09:55 AM	1.25	01		1
12/16/04	08:30 AM	12/16/04	10:00 AM	1.50	01		1
12/21/04	04:00 PM	12/21/04	05:00 PM	1.00	01		1
12/28/04	04:00 PM	12/28/04	05:00 PM	1.00	C1		1
12/29/04	08:30 AM	12/29/04	09:30 AM	1.00	C1		1

*** END OF DATA - POSITION CURSOR TO DISPLAY DETAIL ***

-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12
retrn main inquire F301 F303 bkwrd frwrd logon quit

```
P751060P  PT51061M    DENGP    S C D H S C    P7501        04/04/08    2:49 PM
                          PERSONNEL LEAVE SYSTEM
                        - BROWSE LEAVE TRANSACTIONS -
                                                                  SSN

ROBERT G. RUSSELL                                                 Lv Appl = 1
                                                        Leave
Begin Date   Begin Time    End Date    End Time   Hours  Type   FMLA Lv Corr = 2
 01/04/05     08:30 AM     01/04/05    05:00 PM    7.50  01              1
 01/10/05     08:30 AM     01/12/05    05:00 PM   22.50  02              1
 01/13/05     08:30 AM     01/13/05    10:30 AM    2.00  02              1
 01/13/05     03:00 PM     01/13/05    05:00 PM    2.00  02              1
 01/18/05     08:30 AM     01/20/05    05:00 PM   22.50  02    *         1
 01/21/05     08:30 AM     01/21/05    02:00 PM    5.50  02    *         1
 01/21/05     02:00 PM     01/21/05    05:00 PM    2.00  01    *         1
 01/24/05     08:30 AM     01/28/05    05:00 PM   37.50  01    *         1
 01/31/05     08:30 AM     01/31/05    05:00 PM    7.50  01    *         1
 02/01/05     08:30 AM     02/04/05    05:00 PM   30.00  01    *         1
 02/07/05     08:30 AM     02/15/05    05:00 PM   82.50  01    *         1
 02/16/05     08:30 AM     02/16/05    09:45 AM    1.25  01    *         1
 02/16/05     09:45 AM     02/28/05    05:00 PM   67.25  01    *         1
                *** POSITION CURSOR TO DISPLAY DETAIL ***
-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12
       retrn   main inquire  F311   F303   bkwrd fwrd logon              quit
```

F7510608 F7510618 PNSGP S C O H E C F7501 04/04/08 2:49 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN:

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2	
02/16/05	10:55 AM	02/28/05	05:00 PM	50.75	02	*	1	
~~02/16/05~~	~~10:55 AM~~	~~02/28/05~~	~~05:00 PM~~	~~50.75~~	~~02~~	~~*~~	~~2~~	void
~~03/01/05~~	~~08:30 AM~~	~~03/31/05~~	~~05:00 PM~~	~~172.50~~	~~02~~	~~*~~	~~1~~	
03/01/05	08:30 AM	03/31/05	05:00 PM	172.50	02	*	1	void
~~03/01/05~~	~~08:30 AM~~	~~03/31/05~~	~~05:00 PM~~	~~172.50~~	~~02~~	~~*~~	~~2~~	
04/01/05	08:30 AM	04/01/05	11:30 AM	3.00	02	*	1	
~~04/01/05~~	~~12:30 PM~~	~~04/03/05~~	~~10:00 AM~~	~~14.00~~	~~01~~	~~*~~	~~1~~	
04/01/05	12:30 PM	04/05/05	10:00 AM	14.00	01	*	1	void
~~04/01/05~~	~~12:30 PM~~	~~04/05/05~~	~~10:00 AM~~	~~14.00~~	~~01~~	~~*~~	~~2~~	
04/05/05	11:00 AM	04/12/05	05:00 PM	43.00	03	*	1	
04/13/05	08:30 AM	04/29/05	05:00 PM	97.50	03		1	
05/02/05	08:30 AM	05/31/05	05:00 PM	165.00	03		1	
05/05/05					(99)			- correction - no leave take for 99.

*** POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12

retrn main inquire F311 F303 bkwrd frwrd logon quit

```
P7510602  P7510615    PMSCP    S C O H E C    P7503          04/04/05    2:45 PM
                          PERSONNEL LEAVE SYSTEM
                        - BROWSE LEAVE TRANSACTIONS -
                                                                    SSN:
ROBERT C. RUSSELL

                                                          Leave                 Lv Appl = 1
Begin Date  Begin Time  End Date    End Time    Hours     Type    ENLA Lv Corr = 2
 06/01/05    08:30 AM   06/30/05    05:00 PM   165.00     03                    1
 07/01/05    08:30 AM   07/18/05    05:00 PM    90.00     03                    1


                  *** END OF DATA - POSITION CURSOR TO DISPLAY DETAIL ***
-PF1----PF2-----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12
       return   main inquire  P311   P303   leave award logon                 quit
```

D H E C

EMPLOYEE PERFORMANCE MANAGEMENT SYSTEM

NAME Robert G. Russell **SOCIAL SECURITY #** ___

DISTRICT/CENTRAL OFFICE LOCATION: TRIDENT HEALTH DISTRICT/ BERKELEY COUNTY ENV HEALTH

POSITION CLASSIFICATION Environmental Health Manager II

DATE ASSIGNED TO CURRENT POSITION September 17, 1997

PERFORMANCE REVIEW FROM August 14, 2003 TO August 14, 2004

TYPE OF APPRAISAL: ( ) Probational (X) Annual ( ) Special ( ) Trial

Planning Stage Acknowledgement

Rating Officer: _____ Date: _____

Reviewed By: _____ Date: _____

Employee: _____ Date: _____

Evaluation Stage Acknowledgement

Rating Officer: Robert Russell Date: 8/11/03

Reviewed by: Benjamin Milligan Date: 8/14/03

Reviewing Officer Comments:

I agree with this evaluation strongly.

EMPLOYEE: Robert G. Russell Date: 8/14/03

(My signature indicates that I was given the opportunity to discuss the official performance with my supervisor - not that I agree.)

EMPLOYEE COMMENTS

Robert G. Russell JOB DUTIES

PERFORMANCE LEVEL

1. **Job Duty:** Monitors and evaluates the sanitation level of assigned programs, gives input into program planning, schedules and implements activities accordingly. Meets

Standard: Provides input into preparation of annual plan, schedule activities and monitor activities to ensure that DEH, District and County standards and objectives are met. 15

Comment: Mr. Russell has started taking an active role in the scheduling + implementing of programs and is doing a very good job.

2. **Job Duty:** Implements on-site wastewater disposal program in accordance with Reg. 61-56. Meets (+)

Standard: In accordance with DEH and district standards and memorandums, evaluates soil and issues or denies on-site wastewater disposal system installations; evaluates the efficiency and effectiveness of the on-site wastewater program; provides consultation and technical assistance as necessary; performs follow-up inspections; submits accurate, legible and complete documentation of field work.

Comment: Mr. Russell is currently doing a very good job in this area. He makes very few mistakes and is committed to performing his job in a timely + professional manner. 75

3. **Job Duty:** Implement the Department's Cultural Competence vision. Meets

Standard: In accordance with the Agency's Strategic Plan assures that cultural diversity concerns are acknowledged and respected when serving all customers.

Comment: Mr. Russell treats all customers with the respect that they deserve. 5%

OBJECTIVES

1. Objectives:

Standard:

Actual Performance:

Robert G. Russell

PERFORMANCE CHARACTERISTICS

Acceptable/ Unacceptable

1. Characteristic: Judgement

   Definition: Quality of work related decisions made by employee. — A

2. Characteristic: Promotes customer service — A+

   Definition: The extent to which the employee demonstrates positive customer service on the job.

3. Characteristic: Supports Participatory Management — A

   Definition: The degree of effort demonstrated by the employee in promoting and encouraging participatory management.

4. Characteristic: Favorable Job Attitude — A+

   Definition: The extent to which employee displays interest and enthusiasm for work and takes pride in a job well done.

5. Characteristic: Cooperation — A+

   Definition: Extent to which employee cooperates with supervisors, co-workers and customers.

6. Characteristic: Accuracy — A

   Definition: Degree to which employee makes mistakes / errors requiring correction.

SUMMARY AND IMPROVEMENT PLAN

Identify the employee's ma jor accomplishments, areas needing improvement, aud steps to improve present and future performance. (Use attachment if necessary.)

Within the past year, Mr. Russell has committed himself to improving his efficiency and accuracy at work. His attitude has been excellent. For the past year + a half, Mr. Russell has had to help pick up the workload from a vacant position. He has never complained about this and is always willing to help out. Mr. Russell has become a valuable asset to our agency + is a pleasure to work with.

I would like to see Mr. Russell take some supervisory courses in the upcoming year.

APPRAISAL RESULTS

- Substantially Exceeds ___ Exceeds ___ Strong Meets * ___ Below

*Requires prior approval.

South Carolina Workers' Compensation Commission
P.O. Box 1715 ◆ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0414927
Carrier File # 2004-002909
Carrier Code # 500 - SF
Employer FEIN 570000104

Robert Russell

DEPT OF HEALTH & ENVIRONMENTAL CONTROL
2600 Bull St, Columbia, SC 29201

(home) (work)

Preparer's name: Margie Miller (803) 896-5925 State Accident Fund, Insurance Carrier

A. Total Wages Paid — Date of Injury: 06/11/2004

1. Check Applicable Method:
( ) Report of earnings of injured employee based on four completed quarters.
( ) Report of earnings of injured employee who did not complete four quarters based on actual time worked.
( ) Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: 11/02/1990.
( ) Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid			
1st	03/16/2004	8185.74			
2nd	12/16/2003	8185.74			
3rd	09/16/2003	8185.74			
4th	06/16/2003	8185.74	Total Paid	2	32742.96

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3.

4. Add lines 2 and 3 — TOTAL WAGES PAID: 4. 32742.96

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52.00

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
AVERAGE WEEKLY WAGE: 6. 629.67

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. 419.80

8. The compensation rate is as follows (choose one):
(*) When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.

( ) When the estimate compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.

( ) When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

( ) Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8:

( ) The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 419.80

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC FORM # 20 REV. DATE 3/97 **20** STATEMENT OF EARNINGS OF INJURED EMPLOYEE

MILEAGE REIMBURSEMENT FORM
W.C.C. REG. 67-1601

Claimant: Robert Russell W.C.C.# 0325059

Employer: DHEC Carrier: State Accident Fund

*Note: Mileage more than five miles from home reimbursed at state employee rate. Subsistence, lodging or public convenience at actual cost.

DATE	TO Dr. Faulk	FROM Home	MILES
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1/13/05	Dr. Don Stovall 2880 Tricom St N. Charleston, SC 29406		18.1

TOTAL MILES 2116.50 x .345 (mileage rate)

TOTAL AMOUNT DUE = $ 730.19

WCC MILEAGE RATES

7/1/98 – 3/31/99	.325/mile
4/1/99 – 12/31/99	.31/mile
1/1/00 – 12/31/00	.325/mile
1/1/01 – 2006	.345/mile

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #	0414927
Carrier File #	2004-2909
Carrier Code #	SF-500
Employer FEIN	570000J04

Robert Russell — SSN
Claimant's Name

Address — City State Zip

Home Phone # — Work Phone #

DHEC
Employer's Name

2600 Bull Street — Columbia, SC 29201
Address — City, State Zip

State Accident Fund
Insurance Carrier

Margaret M. Urbanic — (843) 577-2026
Preparer's Name — Phone #

A claim for workers' compensation benefits is made based on the follow grounds:.

✓ Injury ___ Illness ___ Repetitive Trauma

1. Compensation Rate: $419.80 2. AWW: $629.67 Date of Injury: 6/11/04
3. Type of Injury and body part(s): back
4. Facts in Controversy: Whether the claimant sustained injuries to any other part of his body besides his back; Whether claimant is entitled to additional treatment; Whether the claimant suffered a permanency.
5. Legal Issues involved:
6. Unusual problems:
7. Witnesses (designate if expert)*: Employer Representative
8. Exhibits: Form 12 A First Report of Injury, Employee File, and Exhibit-SC Retirement Systems-Disability Report
9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance)
   See Attached APA submissions
10. Name, address, and specialty, if any, of the treating physician: Dr. Don Stovall, Jr., MD
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant was placed at MMI by Don Stovall, MD on 1/13/05 with a 5% Whole Person Impairment
12. I am amending my Form 50/51 in the follow manner:

I verify the contents of this form are accurate and true to the best of my knowledge.

SIGNATURE — Email: purbanic@clawsonandstaubes.com

Date of hearing: 7/01/08 Time needed for hearing: 30 minutes
On Behalf of: [ ] Claimant [X] Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
*Commissioners reserve the right to admit expert witnesses at hearings.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing pleading has been served upon opposing counsel by mailing a copy properly addressed with sufficient postage affixed thereto this 16 day of June, 2008.

30

Jan Hoel

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
*Commissioners reserve the right to admit expert witnesses at hearings.

COUNTY OF BERKELEY

STATE OF SOUTH CAROLINA

Robert Russell,

Claimant,

v.

DHEC,

Employer,

State Accident Fund,

Carrier.

BEFORE THE
SOUTH CAROLINA WORKERS'
STATE OF SOUTH CAROLINA
COMPENSATION COMMISSION

W.C.C. FILE NO. 0414927

NOTICE OF EVIDENCE TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DHEC/STATE ACCIDENT FUND

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND J. DAVID MURRELL, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE (PROPONENT), pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1985), Employer, DHEC, and Carrier, State Accident Fund, herewith submits the following reports/physicians or other evidence on behalf of the Employer, DHEC, and Carrier, State Accident Fund:

PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
1. Samuel Rosen, MD	Palmetto Lowcountry Behavioral Health	6/18/01 - 6/22/01	228-236
2.	Tricounty Radiology	1/03/05	237-238
3.	John V. Custer, MD	6/06/05	239-242
4. William C. Vanness, MD	Pain & Rehab Institute	10/17/05	243-265
5. EXHIBIT-SC Retirement Systems-Disability Report		7/10/05	266-269

YOU ARE FURTHER HEREBY NOTIFIED you have the right to cross-examination, and, should you desire to exercise that right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s) 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, will be submitted at the Hearing before the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employer/Carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employer/Carrier:

1. Employer/Representative.

CLAWSON & STAUBES, LLC

Margaret M. Urbanic
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-8144
(843) 577-2026
Attorneys for Employer, DHEC, and Carrier,
State Accident Fund.

Charleston, South Carolina
June 18, 2008.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing pleading has been served upon opposing counsel by mailing a copy properly addressed with sufficient postage affixed thereto this June 18, 2008

J. David Murrell, Esquire
Wigger Law Firm
8086 Rivers Avenue, Suite A
North Charleston, SC 29406

PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH
PSYCHIATRIC EVALUATION

PATIENT NAME: RUSSELL, ROBERT
PATIENT RECORD NO. 3001232
PHYSICIAN: SAMUEL ROSEN, M.D.
DATE OF ADMISSION: 06/17/01
UNIT:
DATE OF EVALUATION: 05/18/01

IDENTIFYING INFORMATION/JUSTIFICATION FOR ADMISSION AND CARE:

This is a 44-year-old Caucasian single male who was admitted with extreme depression, feelings of hopelessness and some suicidal ideation. He has had recent psychiatric care, and admission was recommended by his treating psychiatrist, Dr. Devonzo, and psychologist Dr. William Burke.

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

This is the second psychiatric hospitalization. His first psychiatric contact and hospitalization was about 20 years ago. He was under the care of Dr. Gunther and treated with depression and psychotherapy. There was no suicide attempt at that time. There was certainly during that time however considerable problems in his life within personal relationships and excessive use of alcohol. Probably during that time, he had his maximum use of alcohol and feels that he had built tolerance (up to 22 beers per day), blackouts, perhaps morning shakes. He had one arrest for DUI but that was dropped but certainly feels that the alcohol was playing a serious role in disturbing his life. He has been essentially totally abstinent of alcohol for 1½ years. Twenty years ago, he was admitted to the Trident Pavilion for only one to two days.

He functioned at his usual level for many years, but in the past several years has become increasingly more depressed. It seems that the current major depressive episode began about 1½ years ago. Many situational stressors were occurring at the time. For one thing, a close relationship with a male friend ended abruptly when the male friend began to accuse him of acting "as if I was gay". He denies any sexual approach to this friend but was quite hurt by this behavior. He was also harassed at work by his supervisor who sent "anonymous" memos around claiming that he was gay. This supervisor does deny that he ever did this, but the patient feels that there is no question about it. With increasing depression at

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that time, he saw Dr. Jenkins. He had been treated by Dr. Fink (Rheumatology) with Prozac up to 40 mg a day for fibromyalgia. Dr. Jenkins apparently thought that he had Bipolar Disorder and prescribed Lithium (caused tremor) then Risperdal, Lamictal, Wellbutrin and Prozac. He took this combination of medicine for over a year, though he did not feel that it helped him very much other than to subdue some of the agitation. On the other hand, he had more problems concentrating, more problems at work, decrease in his level of energy, and his family felt that he was taking too much medicine. This eventually led to his decision to change doctors four to five weeks ago to Dr. Devonzo. He also discontinued medications at that time except for Wellbutrin. He saw Dr. Devonzo only two times, the Wellbutrin seemed not to be holding his depression, and he became even more depressed than he had been. Risperdel was then added back at 1 mg tablets two at bedtime. He had also been seeing Dr. Burke (Psychology) during this time.

The patient cannot give a history to me that is at all convincing of hypomania or mania. He denies periods of increased energy, decreased sleep, increased rate of thinking, pressured speech or increased rate of speech. He denies any of the general pattern associated with delusional thinking or thought disorder that might be associated with Bipolar Disorder. He further denies any type of psychosis whatsoever (hallucinations, delusions, thought disorder, etc.). By far, he seems to think depression is his biggest problem as well as problems in social circumstances with increasing anxiety. He does not have a history of panic attacks or anxiety attacks but is anxious at times in social circumstances. Perhaps more importantly he has difficulty managing social connections, finds it very difficult to make friends and once friends are made he has been hurt badly by disruption in those relationships (see above). In the past year, he had made a close friend through the church (male) and this was not sexual but nevertheless he felt quite close to this man. He died suddenly of pneumonia (?). This was a devastating change. Further stress in recent weeks is his inability to maintain his job performance, job reviews, etc., many of them that may relate to his medications and depression. He now fears for his job having been unable to go to work for almost a week during the most severe part of his depression, recently leading up this hospital stay. It is the feeling of being so overwhelmed that led to the suicidal thinking, though he now contracts for safety.

PAST PSYCHIATRIC/SUBSTANCE ABUSE HISTORY:

Alcohol is as noted above. He did have some history of abuse of

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drugs in college. This was on an experimental basis including marijuana and quaaludes. No other abuse of medication. There is no history as mentioned above of psychiatric disorder. No history of anti-social personality disorder or any specific personality disorder.

PAST MEDICAL HISTORY:

He has no allergies to medication. He has had no surgery and no medical problems. He has not had an HIV test in many years but has not been sexually active. He did have some homosexual activities in college (this may relate to successive drinking), but he has had neither sexual relationships in the past ten years.

SOCIAL HISTORY:

He was born and raised in Moncks Corner. He graduated from the College of Charleston. He worked as a waiter, a manager of a cloth store, two years with DSS and for the past ten years or so with DHEC testing soil samples, water levels, etc. He feels the job may be in some jeopardy. He has had some interest in massage therapy and has been taking some courses in that area.

He has never been married. His father died at the age of 52 of cancer and had his own problems including a bad temper and alcohol abuse and on one occasion when the patient was approximately 12 years old he shot his mother in the patient's presence. Apparently he was "crazy jealous". His mother did not press charges at the time, but they eventually did get divorced. His mother is 70. He is the fifth of five children.

FAMILY PSYCHIATRIC HISTORY:

Positive for a maternal grandfather with alcoholism and a brother and sister both alcoholics.

MENTAL STATUS EXAM:

He is alert, cooperative and pleasant. Sensorium is clear. He is well-oriented. His memory is intact for recent and long term events. His speech is normal. His affect is quite severely depressed, though he does contract for safety. He is nearly tearful several times during the interview, though this was appropriate to the conversation. There is no thought disorder, no psychosis. Insight and judgement are [illegible]

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STRENGTHS AND WEAKNESSES:

Strengths: Patient is honest, open, has good insight and seems compliant with treatment.

Weaknesses: Chronicity of illness and the multiple problems.

DIAGNOSTIC IMPRESSION:

Axis I:	Major depression, recurrent, severe, non-psychotic. Alcohol abuse by history. He has been sober for 1 ½ years.
Axis II:	Personality Disorder, not specified.
Axis III:	None.
Axis IV:	Severe.
Axis V:	Current GAF - 40.

ESTIMATED LENGTH OF STAY:

INITIAL TREATMENT PLAN:

Prozac had been reasonably helpful but not entirely so, and we will try Paxil, especially given the social issues involved (20 mg per day). He will continue on Ambien to help with initial insomnia, though his depression seems to be characterized by sleeping too much or at least staying in bed if given the chance. This may be tapered and discontinued over the next couple of weeks. We will otherwise limit psychotropic medication and support intensive psychotherapy, perhaps to follow the in-patient stay with day program.

SAMUEL ROSEN, M.D.
Attending Physician

ddm - 06/19/01

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231

PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH

DISCHARGE SUMMARY (ADDENDUM)

PATIENT NAME: RUSSELL, ROBERT
MEDICAL RECORD NO.: 3001232
ATTENDING PHYSICIAN: SAMUEL ROSEN, M.D.
DATE OF ADMISSION: 06/17/01
DATE OF DISCHARGE: 06/20/01

PRESENTING PROBLEM:

This is a 44-year-old Caucasian male admitted with increasing feelings of depression. He has been under the care of Dr. Devanzo and psychologist, Dr. William Burke.

He has had long-standing problems with depression complicated in the past by excessive use of alcohol. This has not been a problem recently. However, he has had increasing problems with stress especially at work which have led to marked worsening in mood. He had some suicidal thinking and though without actual plan or intent he did feel overwhelmed and extremely depressed and was admitted for evaluation and stabilization.

SIGNIFICANT PSYCHIATRIC FINDINGS:

SIGNIFICANT PHYSICAL FINDINGS:

LABORATORY FINDINGS:

Chem profile was normal. TSH 2.69, T4 8.9, T3 uptake 31%, Free thyroxin index 2.7. RPR was non-reactive. Hematocrit 44.5, hemoglobin 15.3, white blood cell 6,800.

HOSPITAL COURSE:

The patient was seen regularly. Prior medications were discontinued. The patient had complained of feeling "over-medicated". There did not seem to be any convincing bipolar history or any true psychotic symptoms. He was placed on Paxil and further observed. He contracted readily for safety and denied suicidal ideations during the remainder of his time in the hospital. His mood improved somewhat. His sleep was still somewhat restless partly related to the ward activity. Further intensive counseling is certainly recommended as he has significant

232

problems in interpersonal relationships and self-image, and he was encouraged to take part in PHP which he readily agreed to. In addition, he will continue with psychologist, Dr. William Burke, and continue under my care for medication management.

AFTERCARE AND RECOMMENDATIONS FOR FURTHER TREATMENT:

Discharge Medications: Paxil 20 mg #30 with one refill to take one daily and Ambien 10 mg tablets (has supply) to take one at bedtime.

Discharge Follow-up: As above.

PROGNOSIS:

FINAL DIAGNOSES:

Axis I: Major depression, recurrent, severe, non-psychotic.
Axis II: Personality Disorder, not specified.
Axis III: None.
Axis IV: Moderately severe.
Axis V: GAF on discharge - 50.

ADDENDUM: PHP from 06/21/01 through 09/10/01

PHP HOSPITAL COURSE:

The patient took an active role in groups. He gained insight and interacted well.

AFTERCARE AND RECOMMENDATIONS FOR FURTHER TREATMENT:

Discharge Follow-up: With Dr. Rosen.

Discharge Medications: Paxil 20 mg one daily, Ambien 10 mg at bedtime.

FINAL DIAGNOSES:

Axis I: Major Depression.
Axis II: None.
Axis III: None.
Axis IV: Moderate.

Axis V: GAF on discharge - 55.

SAMUEL ROSEN, M.D.
Attending Physician

ddm - 06/25/01/03/18/02

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PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH
PSYCHIATRIC EVALUATION

PATIENT NAME:	RUSSELL, ROBERT
PATIENT RECORD NO.	600220
PHYSICIAN:	SAMUEL ROSEN, M.D.
DATE OF ADMISSION:	06/22/01
UNIT:	PHP
DATE OF EVALUATION:	06/22/01

IDENTIFYING INFORMATION/JUSTIFICATION FOR ADMISSION AND CARE:

The patient has been extremely depressed and was admitted to the in-patient unit for a three day hospital stay. Stabilizing suicidal issues led to discharge to the out-patient program where he will continue for counseling. Please see the hospital records for details.

He has a full history of endogenous depressive symptoms which hinder sleep, appetite, energy and concentration.

He will be seeing Dr. Burke, psychologist.

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PAST PSYCHIATRIC/SUBSTANCE ABUSE HISTORY:

PAST MEDICAL HISTORY:

Is generally benign. He is not allergic to any medications. Current medications are Paxil 20 mg a day, Ambien 10 mg at bedtime.

SOCIAL HISTORY:

FAMILY PSYCHIATRIC HISTORY:

See records. His sister and mother suffer from depression.

MENTAL STATUS EXAM:

He is alert, cooperative, pleasant. Sensorium is clear. He is well-oriented. His memory is intact for recent and long-term

235

events. His mood is still quite depressed. He has vague thoughts of hopelessness but no suicidal plan or intent and does contract for safety. There is no psychosis. Insight and judgement are intact.

STRENGTHS AND WEAKNESSES:

Strengths: health

Weaknesses: chronic

DIAGNOSTIC IMPRESSION:

Axis I: Major depression, recurrent, severe, non-psychotic.
Axis II: None.
Axis III: None.
Axis IV: Moderately severe.
Axis V: Current GAF - 55.

ESTIMATED LENGTH OF STAY: 6-10

INITIAL TREATMENT PLAN:

SAMUEL ROSEN, M.D.
Attending Physician

ddm - 07/09/01

236

Tricounty RADIOLOGY ASSOCIATES
Specialists in Outpatient Imaging

Robert M. Steinberg, M.D.
Marilyn R. Hendrix, M.D.
James A. Thesing, D.O.
John J. Murphy, M.D.

99449

Don Stovall, MD
2270 Ashley Crossing Drive
Charleston, SC 29414

PATIENT: Russell, Robert
Phone #: 843-810-8463
ID Number: 339348
Birthdate:

MRI LUMBAR SPINE

EXAM DATE: 1/3/2005

COMPARISON: None available

CLINICAL HISTORY: Low back and left hip pain. Lumbar degenerative disc disease. Lumbar injury.

TECHNIQUE: Routine MRI of the lumbar spine was performed at the Tricom 1.5 Tesla Siemens MRI utilizing sagittal T1 and T2 with axial T1 and T2 sequences.

The patient was given 10 mg of Valium orally for claustrophobia and dismissed to home into the care of Jennifer Russell Hunter. The patient was instructed regarding no driving or activities requiring mental alertness for the remainder of the day.

FINDINGS: The conus medullaris terminates normally at the superior L2 level. Vertebral body alignment, vertebral body marrow signal, intervertebral disc heights, and disc signal, as well as disc contour are normal through the L4-L5 level.

At L5-S1, there is moderate disc desiccation present with mild loss of disc height. There is a mild diffuse degenerative disc bulge present with a very small central disc extrusion with slight cranial migration of disc material. There is an associated annular tear. This appears to contact but not otherwise deform the ventral thecal sac with no direct nerve root effacement.

The neural foramina are widely patent throughout the lumbar spine.

IMPRESSION: MILD DEGENERATIVE DISC DISEASE AT L5-S1 WITH SMALL CENTRAL DISC HERNIATION.

James A. Thesing, D.O. /mfl
Dictated on 01/03/05

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Ashley Crossing East Cooper North Charleston West Ashley

237

Tricounty
RADIOLOGY ASSOCIATES
Specialists in Outpatient Imaging

Robert M. Steinberg, M.D.
Marilyn R. Hendrix, M.D.
James A. Thesing, D.O.
John J. Murphy, M.D.

Russell, Robert ID#: 339348

cc: OneCall Medical

Job # 1607821

This document has been electronically reviewed and signed.

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238

JOHN V. CUSTER, M.D.
1 POSTON RD., SUITE 145
CHARLESTON, SC 29407

CLAIMANT: Robert G. Russell

SSN: [redacted]

DISABILITY EXAMINER: Richard Dealon

DATE OF EXAMINATION: June 8, 2005

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PSYCHIATRIC EVALUATION

IDENTIFYING DATA: The claimant is a 48-year-old, single, white male who drove himself to the examination. He was calm and cooperative with the proceedings.

CHIEF COMPLAINT: "I applied for disability. They sent me here."

HISTORY OF PRESENT ILLNESS: The claimant states that he has applied for disability due to depression, "constant worry," and panic attacks. In addition, his psychiatrist, Dr. James Jenkins, has diagnosed him as being bipolar. He is not currently working. He did previously work for DHEC. He was an environmental specialist, and his duties included inspecting and testing soil and giving permits for septic tanks and such. The claimant says that about eight months ago he had problems with being unable to focus, being indecisive, forgetful, and making bad decisions. He says that he could not get out of bed because he was depressed, and he missed a lot of work. He is currently out on the Family Medical Leave Act.

When asked when his problem started, he replied, "My childhood." He says that his father shot his mother in front of him at the age of 12. She lived, but she lost an eye. He sometimes blames himself and thinks that he should have jumped in, but he knows that that is not right. He denies any other stressors or precipitants to his problems. He had great difficulty explaining why he could previously work, but now is unable to work. He went on to discuss a form of healing medicine known as "Reiki." This involves passing energy from your hands to the client and vice versa. He learned it at a weekend seminar in Hilton Head. He says that he did it to others, and he feels as though he has bad luck because he did it to some guy and now that guy is getting divorced. Then, some guy did it to the claimant and that guy got beat up that weekend. The claimant thought that he was spreading evil spirits around. He still does believe that; however, he only

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believes it if he performs the Reiki. He reports that he feels "paranoid." By this he means that he feels people can read his mind. Sometimes he feels like someone is after him. He feels like the end of the world is coming soon or that something bad is going to happen. This is especially worse at night. He has trouble sleeping. On the job, he felt like the district supervisor was picking on him. That is because he kept finding things the claimant did wrong; however, it seemed to get better after a while.

As far as his panic attacks, he says that he had those starting in college. It started when he was unable to write a term paper and kept delaying it. He says that he just could not do it.

As far as mania, the claimant described that as being angry and hostile. He says he is very passive most of the time unless something happens, for instance, someone butting in line in front of him. He might pick a fight with that person. He says he only does this if somebody else starts it. He did get into a lot of fights when he was younger, in his 20s and early 30s. He denies having any anger issues on the job except being irritated with people who would call him and were very nasty to him with all of their complaints about DHEC. He says that he has had times when he felt very good and would spend lots of money. He would eat out a lot or buy clothes that he really did not need. He denies having a decreased need for sleep. He says that he has had insomnia for many years, so it is hard to tell whether he actually needs less sleep. As far as being hypersexual, the claimant says that an older brother molested him around the age of 12. He never had sex again until he was a senior in college. After that, he became promiscuous with gay sex. Then he became afraid of AIDS and he stopped having sex, and he says that at this time he has not had sex in 15 years. He does look at pornography on the Internet. Sometimes he might clean a lot at night if he is feeling good.

As far as his current symptoms, he says that he is depressed and worries a lot. He did not know what he worries about. Then he said that he worried about his nephew whose wife died, and his mother who has health problems. He has had suicidal thoughts off and on for years. He says that at one point, when he was in his 20s, he jumped off of a bridge while intoxicated. He ended up walking home that night. His appetite is normal. His concentration level is low. He maintains interest in going to church. However, he says he stopped going to church recently because the last time he went he felt like he was going to get up and shout something.

PAST PSYCHIATRIC HISTORY: The claimant says that he was hospitalized when he was in his 20s by Dr. Braverman who hospitalized him and diagnosed

him with schizophrenia. He did not have another hospitalization until about four years ago at Palmetto Behavioral Health, and that was due to suicidal thoughts. He has been seeing Dr. James Jenkins and a therapist, Bill Burke, for ten years.

CURRENT MEDICATIONS:

1. Lamictal, 400 mg q. h.s.
2. Prozac, 60 mg a day.
3. Wellbutrin, 450 mg a day.
4. Risperdal, 1 mg q. h.s.
5. Ambien, 10 mg q. h.s.

He has had no recent medicine changes.

PAST MEDICAL HISTORY: The claimant reports that he has a bulging disk in his lower back and that causes pain. He takes Tylenol p.r.n., which is somewhat helpful.

SOCIAL HISTORY: The claimant graduated from the College of Charleston with a degree in business administration. After that, he went to the Citadel for graduate school and took a few psychology courses. He initially wanted to be a psychologist. He quit because he was unmotivated and becoming more anxious. He has never been married. He considers himself bisexual. He reports that he used to abuse a lot of alcohol, but he denies any alcohol abuse for three or four years. He denies any drug use except for smoking marijuana in college. He does not smoke cigarettes. He has lived with his mother most of his life.

DAILY ACTIVITIES: The claimant states that he goes to a massage therapist, a chiropractor, and various doctors' appointments.

MENTAL STATUS EXAMINATION: This was a white male who appeared to be his stated age. He was casually dressed. His posture and gait were normal, and there were no involuntary movements. He was able to answer questions in a somewhat goal-directed manner, although his description of actual symptomatology was rather vague. His affect would be described as distressed or anxious. There was no evidence of any overt psychosis, although he did report some subtle paranoia. He denied any current suicidal thoughts.

COGNITIVE EXAMINATION: The claimant was alert and fully oriented. He was able to name the current president and the past president back to Bush, Sr. He was familiar with current events. His attention and concentration were fair. He was able to spell the word "world" both forwards and backwards without any problem. He was able to understand the directions for serial seven subtractions,

and he made two errors out of five. When asked the proverb "don't cry over spilled milk," he said it meant, "Don't worry about it. Buy some more." He was unable to say what he would like to do in the future. His level of insight was poor.

DIAGNOSES:

Axis I	Generalized anxiety disorder. Major depressive disorder, possibly with psychotic features. History of alcohol abuse in sustained remission.
Axis II	Possible paranoid personality traits. Possible personality disorder, NOS (inadequate personality disorder).
Axis III	Chronic lower back pain.

PROGNOSIS: It is difficult to give an exact diagnosis and prognosis on this particular claimant since there were no medical records in his file and his reporting of symptomatology was rather vague. It is not at all clear why he had to stop working. With continued psychiatric treatment, it is likely that his symptoms could improve. I would say that he is able to manage his own finances.

John V. Custer, M.D.

JVC/mj

This is to certify that the above was transcribed from the recorded voice of John V. Custer, M.D., on June 16, 2005.

LS SERVICES/357CUSTER142078/6772

10/17/2005
Patient Name: ROBERT RUSSELL
Patient ID:

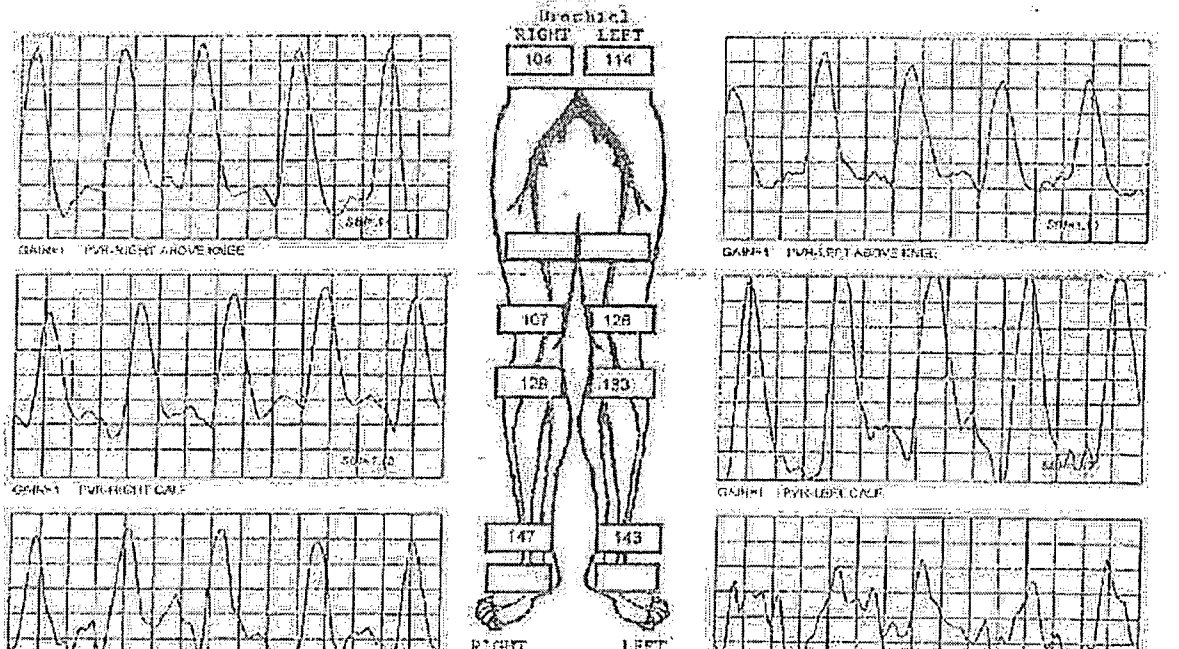
Lower Extremity Arterial-PVR

__CPT-93922 SINGLE __CPT-93923-MULTIPLE

BioMedix PVL
VASCULAR LABORATORY SYSTEMS

LEFT

SEGMENTAL PRESSURE STUDY



ICD-9 DIAGNOSTIC CODES: 440.2___ 443.1___ 447.1___ OTHER___

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243

10/17/2005

Patient Name: ROBERT RUSSELL

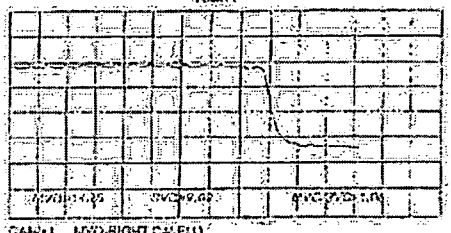
Patient ID

Lower Extremity Venous Outflow

BioMedix PVL

CPT-93965

RIGHT



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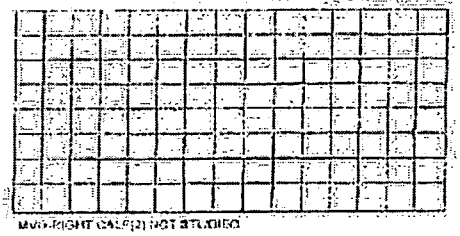

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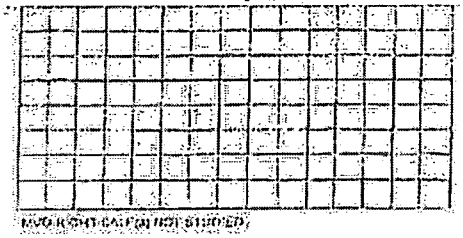

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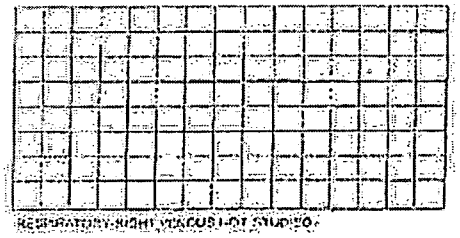

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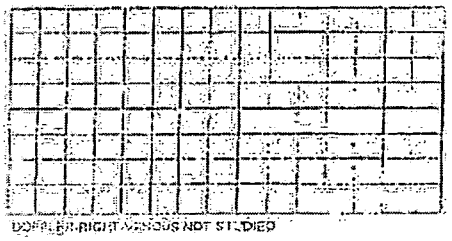
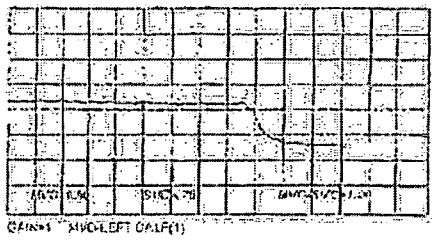


DOPPLER-RIGHT VENOUS NOT STUDIED

LEFT



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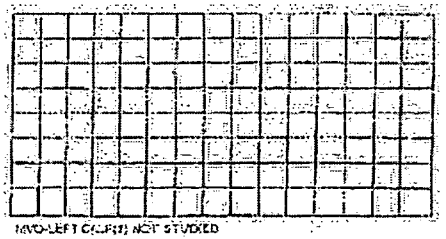

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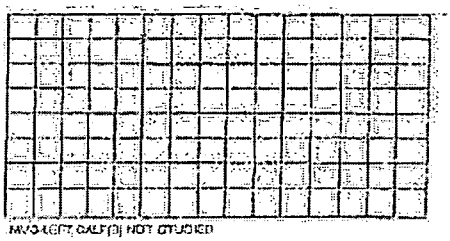

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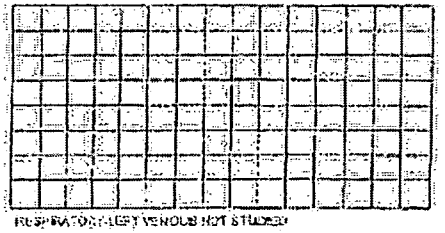
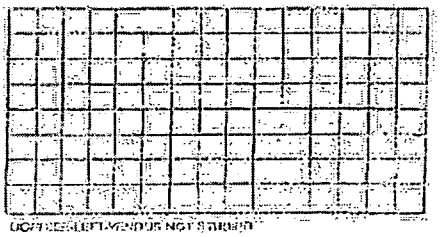


RESPIRATORY-LEFT VENOUS NOT STUDIED



DOPPLER-LEFT VENOUS NOT STUDIED

REMARKS/CODES: AT:___ AT:___ REM:___ OTHER:___

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2-4

Segmental Pressure Summary

BioMedix PVL

10/17/2006
Patient Name: ROBERT RUSSELL
Patient ID:

Right Brachial Pressure= 104	Left Brachial Pressure= 114

Lower Extremity Pressures

Right Upper Thigh= N/A	SBI= N/A	Left Upper Thigh= N/A	SBI= N/A
Right Above Knee= 107	SBI= .94	Left Above Knee= 126	SBI= 1.11
Right Calf= 128	SBI= 1.13	Left Calf= 139	SBI= 1.17
Right Ankle(Dor Ped)= N/A	SBI= N/A	Left Ankle(Dor Ped)= N/A	SBI= N/A
Right Ankle(Post Tib)= 147	SBI= 1.29	Left Ankle(Post Tib)= 149	SBI= 1.25
Right 1st Toe= N/A	TBI= N/A	Left 1st Toe= N/A	TBI= N/A
Right 2nd Toe= N/A	TBI= N/A	Left 2nd Toe= N/A	TBI= N/A
Right 3rd Toe= N/A	TBI= N/A	Left 3rd Toe= N/A	TBI= N/A
Right 4th Toe= N/A	TBI= N/A	Left 4th Toe= N/A	TBI= N/A
Right 5th Toe= N/A	TBI= N/A	Left 5th Toe= N/A	TBI= N/A

Upper Extremity Pressures

Right Upper Arm= 104	SBI= .91	Left Upper Arm= 114	SBI= 1.00
Right Forearm= N/A	SBI= N/A	Left Forearm= N/A	SBI= N/A
Right Wrist (Radial Art)= 115	SBI= 1.01	Left Wrist (Radial Art)= 105	SBI= .96
Right Wrist (Ulnar Art)= 114	SBI= 1.00	Left Wrist (Ulnar Art)= 129	SBI= 1.13
Right Brachial(Post Exercise)= N/A		Left Brachial(Post Exercise)= N/A	
Right 1st Finger= N/A	FBI= N/A	Left 1st Finger= N/A	FBI= N/A
Right 2nd Finger= N/A	FBI= N/A	Left 2nd Finger= N/A	FBI= N/A
Right 3rd Finger= N/A	FBI= N/A	Left 3rd Finger= N/A	FBI= N/A
Right 4th Finger= N/A	FBI= N/A	Left 4th Finger= N/A	FBI= N/A
Right 5th Finger= N/A	FBI= N/A	Left 5th Finger= N/A	FBI= N/A

Post Exercise Pressures

Brachial(1)= N/A	Right Ankle(1)= 151	Right ABI= N/A	Left Ankle(1)= 139	Left ABI= N/A
Brachial(2)= N/A	Right Ankle(2)= N/A	Right ABI= N/A	Left Ankle(2)= N/A	Left ABI= N/A
Brachial(3)= N/A	Right Ankle(3)= N/A	Right ABI= N/A	Left Ankle(3)= N/A	Left ABI= N/A
Brachial(4)= N/A	Right Ankle(4)= N/A	Right ABI= N/A	Left Ankle(4)= N/A	Left ABI= N/A
Brachial(5)= N/A	Right Ankle(5)= N/A	Right ABI= N/A	Left Ankle(5)= N/A	Left ABI= N/A

Post Procedure Pressures

Brachial(1)= N/A	Right Ankle(1)= N/A	Right ABI= N/A	Left Ankle(1)= N/A	Left ABI= N/A
Brachial(2)= N/A	Right Ankle(2)= N/A	Right ABI= N/A	Left Ankle(2)= N/A	Left ABI= N/A
Brachial(3)= N/A	Right Ankle(3)= N/A	Right ABI= N/A	Left Ankle(3)= N/A	Left ABI= N/A
Brachial(4)= N/A	Right Ankle(4)= N/A	Right ABI= N/A	Left Ankle(4)= N/A	Left ABI= N/A
Brachial(5)= N/A	Right Ankle(5)= N/A	Right ABI= N/A	Left Ankle(5)= N/A	Left ABI= N/A

Thoracic Outlet Syndrome Pressures

Location	Position 1	Position 2	Position 3	Position 4	Position 5
Right Upper Arm	N/A	N/A	N/A	N/A	N/A
Left Upper Arm	N/A	N/A	N/A	N/A	N/A
Right Forearm	N/A	N/A	N/A	N/A	N/A
Left Forearm	N/A	N/A	N/A	N/A	N/A
Right Digit	N/A	N/A	N/A	N/A	N/A
Left Digit	N/A	N/A	N/A	N/A	N/A

* All Pressures in mm Hg ** N/A= Not Available *** UTC= Unable to Compress

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245

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ELECTRODIAGNOSTIC STUDIES/UPPER EXTREMITIES

Patient Name: Russell, Robert
DOB:
SS#:

Date: 10/18/05
REFERRING PHYSICIAN: Dr. Faulk
Date of Service: 10/17/05

This 5'10", 210 lb, 48 YOM presents with complaints of headaches with sensitivity to light and difficulty turning his neck; concentration loss, memory loss, neck pain, and numbness and tingling in his right fingers. He has additional complaints of middle and lower back pain. The patient states a history positive for depression, psychiatric care, overweight, herniated disc, MRI/CT scan, motor vehicle accident, traumatic injury, or worker's compensation, and family history of cardiovascular disease. He states his pain is daily and is 10 on a scale of 1-10. (10 being the worse). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine, and avoids alcohol. Medications: Prozac, Ambien, Wellbutrin, and Lamictal.

Motor Nerve Conduction Studies
Motor nerve conduction studies of the median, ulnar and musculocutaneous nerves were performed on the upper extremities. F waves were performed on the bilateral ulnar and median nerves. No evidence of abnormalities was observed on the bilateral ulnar or musculocutaneous nerves. Prolongations of the distal motor latencies were observed on the bilateral median nerves with normal amplitudes. Bilateral F waves of the ulnar and median nerves were variable with latencies and amplitudes within normal limits.

Sensory Nerve Conduction Studies
Prolongations of the peak sensory latencies were observed on the bilateral median nerves with low amplitudes.

Somatosensory Evoked Potentials
Somatosensory evoked potentials were studied bilaterally with stimulation of the median nerves and recordings made over Erb's point, cervical spine and the contralateral somatosensory cortex. The latency values were prolonged on the right side.

Dermatomal Evoked Potentials
The C_5, C6, C7 dermatomes were stimulated bilaterally with cortical responses obtained for each level. Duplicate runs were performed at each level. The cortical latencies of the right C7 dermatomal stimulations were prolonged.

Impression
Findings are suggestive of right cervical radiculopathy at the right C7 level. Findings are suggestive of mild-moderate bilateral Carpal Tunnel Syndrome.

Recommendations
Continue with conservative treatment. If no significant improvement in the patient's symptomatology and/or clinical presentation, a MRI of the cervical spine and/or needle EMG is recommended. Conservative treatment is recommended at this time. Recommend wearing neutral wrist splint at night and exercises of the wrist. A follow up limited nerve conduction study is recommended in 6 months to evaluate for progression of neuropathy. If symptoms do not correlate with CTS, then right hand symptoms may solely be due to right C7 radiculopathy. Clinical correlation is recommended. Review previously performed vascular testing. WCV/alp

William C. VanNess, III, MD
Physiatrist/Electrodiagnostic Medicine

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2 of 6

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VASCULAR STUDY / UPPER AND LOWER EXTREMITIES

Patient Name: Russell, Robert	Date: 10/18/05
DOB:	Referring Physician: Dr. Faulk
SS#:	Date of Service: 10/17/05

This 5'10", 210 lb., 48 YOM presents with complaints of headaches with sensitivity to light and difficulty turning his neck, concentration loss, memory loss, neck pain, and numbness and tingling in his right fingers. He has additional complaints of middle and lower back pain. The patient states a history positive for depression, psychiatric care, overweight, herniated disc, MRI/CT scan, motor vehicle accident, traumatic injury, or workers compensation, and family history of cardiovascular disease. He states his pain is daily and is 10 on a scale of 1-10 (10 being the worse). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine, and avoids alcohol. Medications: Prozac, Ambien, Wellbutrin, and Lamictal.

CAROTID STUDIES

Technical difficulties (electrical interference, artifact, etc) were encountered during the recording of bilateral Doppler studies.

ARTERIAL STUDIES

Test Modalities used included the following: Ankle-Brachial Indices were measured and calculated; Post Exercise ABI values; Segmental and/or Digital Pressures; Segmental Pneumoplethysmography, using waveform morphology, was performed. RIGHT PT ABI: is normal (0-10%) obstruction/peripheral arterial disease. LEFT PT ABI: is normal (0-10%) obstruction/peripheral arterial disease. SEGMENTAL PNEUMOPLETHYSMOGRAPHY/PRESSURES: Abnormal Pneumo (PVR) waveform/ pressures were displayed at the left ankle.

VENOUS STUDIES

Testing modalities used included the following: Quantitative pneumoplethysmography for Maximum Venous Outflow. MAXIMUM VENOUS OUTFLOW: The bilateral lower extremities appear normal.

IMPRESSION SUMMARY

Technical difficulties (electrical interference, artifact, etc) were encountered during the recording of the carotid studies. Although the results of the arterial examination are within normal ranges, there is poor quality of the pneumoplethysmography waveforms at the left ankle, which could be indicative of small vessel disease, although not suggestive of major arterial obstruction. The results of the venous exam are within normal limits.

RECOMMENDATIONS

Mild obstruction or small vessel disease: Recommend dietary changes (high fiber, low fat/cholesterol), routine cardiovascular exercise (upon approval of treating physician), and lipid profile evaluation. Consider repeating study in 1 year to evaluate for progression of vascular disease. Technical difficulties were encountered with the carotid consider repeating study if indicated. Review previously performed upper testing. WCV/abp

William C. VanNess, III, MD
Physiatrist/Electrodiagnostic Medicine

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247

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Charge Slip

Patient: **Robert Russell**

Referring Dr. **Faulk**

Date: 10-17-05

UPPER		Rt	Left
95900	*M/Musculocutaneous*	☒	☒
95903	*M/ Median Wrist F wave*	☒	☒
	M/Ulnar, Wrist F wave	☒	☒
	M/Median (Elbow&Wrist)	☒	☒
	M/Ulnar (Elbow&Wrist)	☒	☒
95904	*S/Median*	☒	☒
	S/Ulnar	☒	☒
	S/Radial	☒	☒
95925	*DEP-Forarm-C5*	☒	☒
	DEP-Tumb-C6	☒	☒
	DEP-Fingers2&3-C7	☒	☒
95927	*SSEP-Wrist-C5-T1*	☒	☒

LOWER		Rt.	Left
95900	*M/Plantar nerve*	☐	☐
95903	*M/Tibial, Foot F wave*	☐	☐
	M/Peroneal, Ankle F wave	☐	☐
	M/Tibial, (Foot&Knee)	☐	☐
	M/Peronea,(Ankle & Knee)	☐	☐
95904	*S/Sural*	☐	☐
	S/Superfical Peroneal	☐	☐
95926	*DEP-Ankle-L4*	☐	☐
	DEP-Ankle-L5	☐	☐
	DEP-Foot-S1	☐	☐
95927	*SSEP-Ankle-L4-S1*	☐	☐
95934	*H Reflex Gastroc/Soleus*	☐	☐

BAER/VEP		Rt	Left
92585	*Auditory*	☐	☐
95930	*Visual*	☐	☐

VASCULAR		
95875	*Carotid*	☐
93923	*Arterial*	☒
93965	*Venous*	☒
	TOS	☐

Technician: Gahagan

NOTES:

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FROM:THE PAIN AND HEAD INSTITUTE 10:18582227[illegible] 10/17/2005 14:52 #888 P.001/002

Diversified Medical
18121 West Catawba Ave
Cornellus, NC 28031
704-895-8297

Patient:	Robert Russell	Address:	
Sex:		Address:	
Age:		City:	
Height:	inches	State:	
Weight:	lbs	ZIP:	
I.D.#:		Phone:	
Ref. M.D.:		Physician:	
		Test Date:	10/17/05

Motor Nerve Study

Median Nerve													
Rec Site: APB	Lat (ms)		Dur (ms)		Amp (mV)		Area (mVms)		Dist (mm)		C.V. (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R	L	R
Wrist	4.3	4.0	19.3	19.1	5.6	5.7	62.1	46.5	70	70		
B.Elbow	8.3	10.7	20.7	17.0	5.9	6.0	29.5	47.3	260	270	52.9	47.0

Ulnar Nerve													
Rec Site: ADM	Lat (ms)		Dur (ms)		Amp (mV)		Area (mVms)		Dist (mm)		C.V. (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R	L	R
Wrist	3.0	2.7	16.3	14.1	4.6	4.0	28.5	17.1	70	70		
B.Elbow	6.3	7.3	16.4	12.7	5.2	3.9	21.6	16.4	210	210	60.4	46.0

Musculocut. Nerve													
Rec Site: Biceps	Lat (ms)		Dur (ms)		Amp (mV)		Area (mVms)		Dist (mm)		C.V. (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R	L	R
Erb's	3.9	5.6	40.6	25.8	12.0	2.0	191.4	24.5	0	0		

Sensory Nerve Study

Median Nerve										
Rec Site: Wrist	Lat (ms)		Pk Lat (ms)		Amp (uV)		Dist (mm)		C.V. (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R
Index	3.2	4.0	4.2	5.8	14.3	13.7	140	140	43.8	35.4
Index	3.3		4.1		11.7		140		41.5	
	3.5	4.1	4.3	5.0	14.7	10.3	140	140	39.6	34.4

NOTES:
Left side:
Right side interference

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249

Patient: Robert Russell page 2
I.D.#: 10/17/05

Sensory Nerve Study

Ulnar Nerve

Rec Site: Stimdig	Lat (ms)		Pk Lat (ms)		Amp (uV)		Dist (mm)		C.V. (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R
Wrist	2.8	2.9	3.8	3.6	27.3	10.3	140	140	50.0	48.3
Wrist	2.8	2.8	3.7	3.7	23.0	10.0	145	140?	50.9	49.7

Radial Nerve

Rec Site: Wrist	Lat (ms)		Pk Lat (ms)		Amp (uV)		Dist (mm)		C.V. (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R
Forearm	1.7	1.8	2.4	2.3	34.3	24.7	100	100	59.4	56.1
	1.7	1.7	2.3	2.2	23.9	31.7	100	100	58.3	55.0
	1.6		2.3		23.3		100		60.6	

F-Wave Study

Median Nerve
Rec Site: APB
Stim Site: Wrist

	Latency ms	
	L	R
M wave	4.67	3.67
F wave	28.25	25.50
F-M	23.58	22.83

Right Ulnar Nerve
Rec Site: ADM
Stim Site: Wrist

	Latency ms
M wave	6.58
F wave	29.58
F-M	23.00

4 Channel Evoked Potential Study

Left Median Nerve

SET	SWEEPS	Lat2 ms N13	Lat4 ms N20	Lat5 ms P28
	37		18.9	21.0
	27	9.6		

SET	SWEEPS	Amp1 uV N20-P28	Amp2 uV -N13	IPI1 ms -N20	IPI2 ms
	37				
	27	2.1			

Right Median Nerve

SET	SWEEPS	Lat2 ms N13	Lat4 ms N20	Lat5 ms P28
	27	10.0	23.9	27.4

SET	SWEEPS	Amp1 uV N20-P28	Amp2 uV -N13	IPI1 ms -N20	IPI2 ms
	27	2.3			

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250

Patient: Robert Russell 10/17/05 page 3
I.D.#:

4 Channel Evoked Potential Study

Left Dep C5 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	21	20.4	24.2

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-P1	IPI2 ms N1-N1
	21	0.0	0.0	3.8	0.0

Right Dep C5 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	8	21.0	25.9

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-P1	IPI2 ms N1-N1
	8	0.0	0.0	4.9	0.0

Left Dep C6 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	28	19.6	25.0

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-N1	IPI2 ms N1-N1
	28	0.0	0.0	0.0	0.0

Right Dep C6 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	19	20.9	26.7

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-N1	IPI2 ms N1-N1
	19	0.0	0.0	0.0	0.0

Left Dep C7 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	16	20.4	25.8

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-N1
	16	0.0	0.0	0.0

Right Dep C7 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	89	23.6	29.7

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-N1
	89	0.0	0.0	0.0

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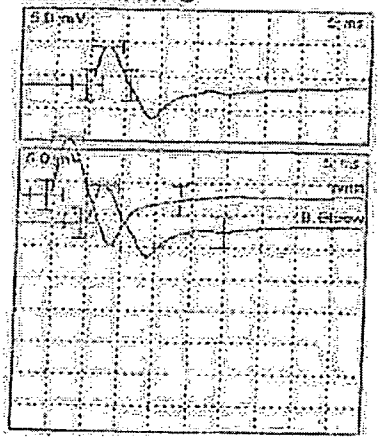
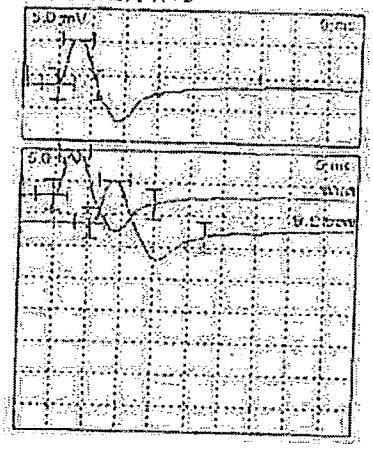
251

Patient: Robert Russell
I.D.#: 10/17/05

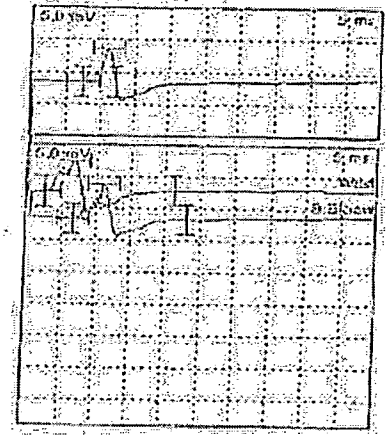
L. Median MNC



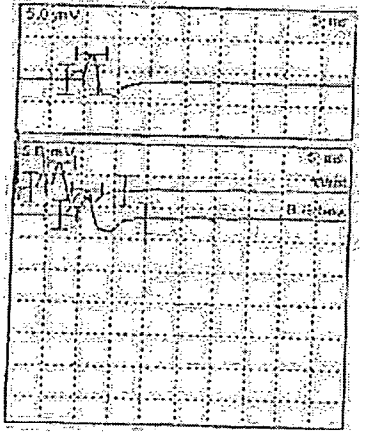
R. Median MNC



L. Ulnar MNC



R. Ulnar MNC



L. Musculocut. MNC

R. Musculocut. MNC

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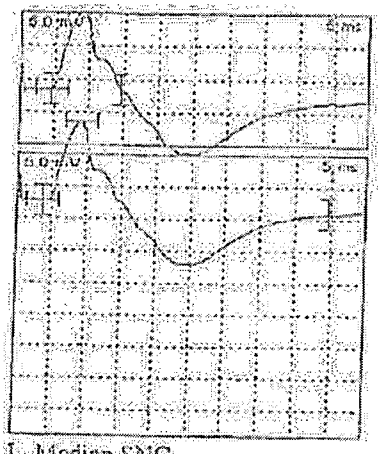
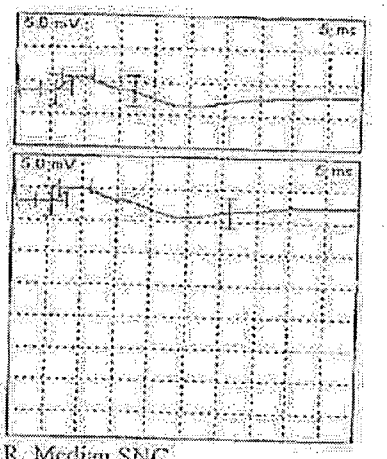
252

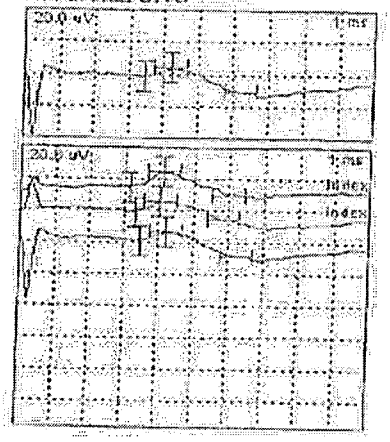
Patient: Robert Russell 10/17/05
I.D.#:



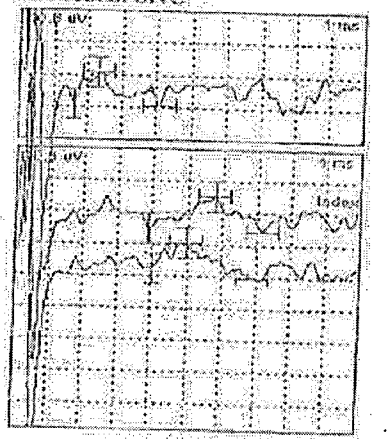
L. Median SNC



R. Median SNC



L. Ulnar SNC



R. Ulnar SNC

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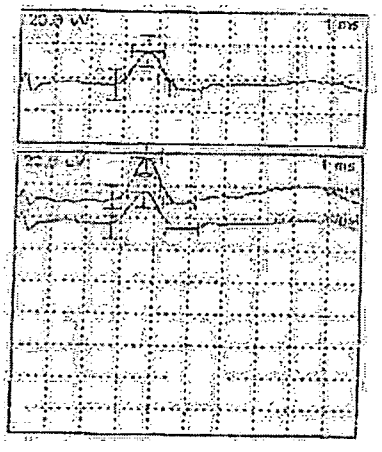
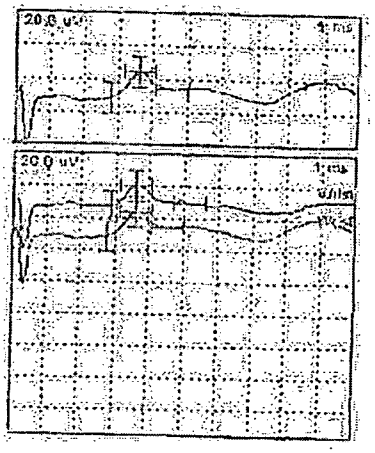
253

Patient: Robert Russell
I.D.#:

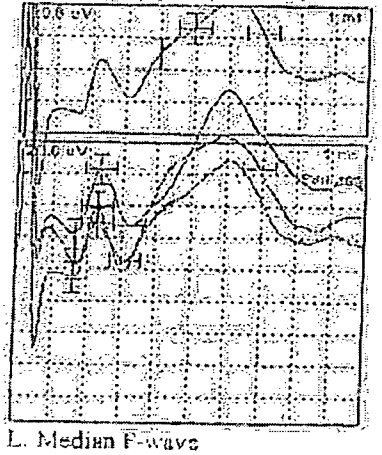
10/17/05



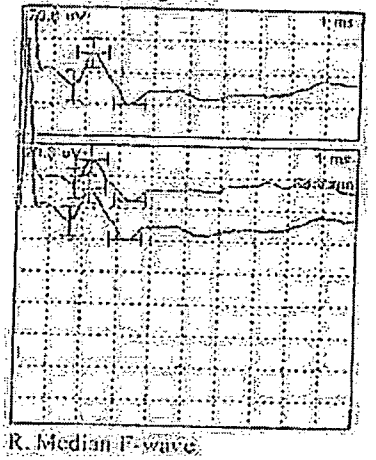
L. Radial SNC



R. Radial SNC



L. Median F-wave



R. Median F-wave

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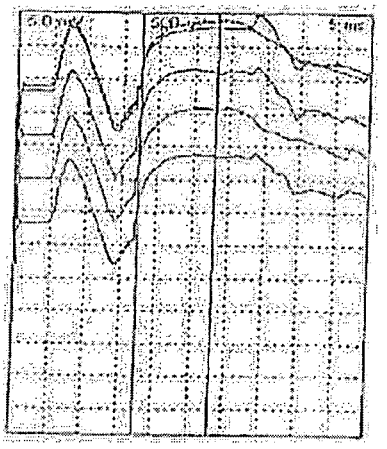
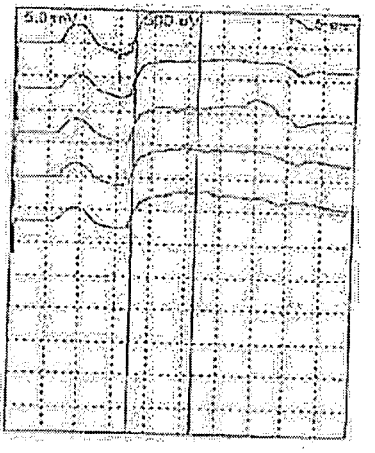
254

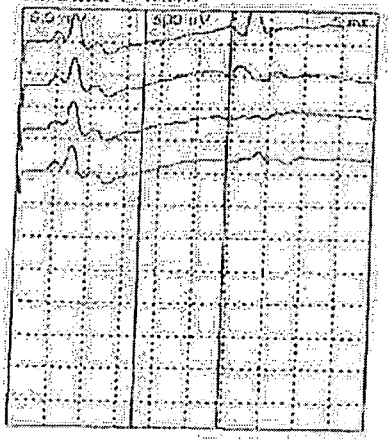
Patient: Robert [illegible] 10/17/05 page 7
I.D.#:



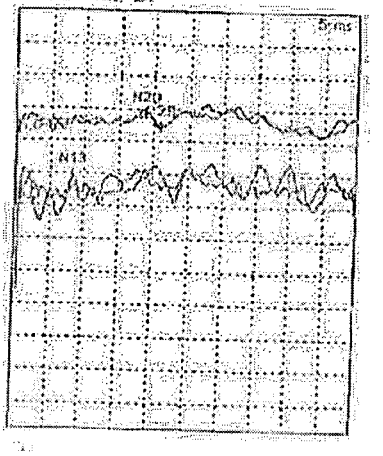
R. Ulnar F-wave



L. Median EP



R. Median EP



L. Dep C5 EP

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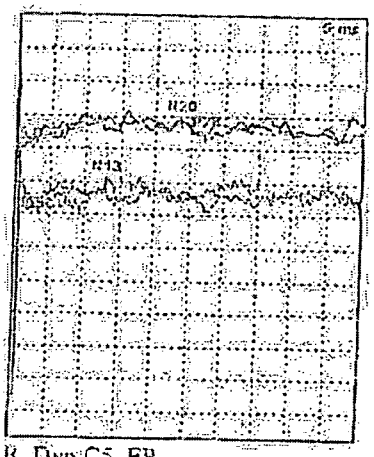
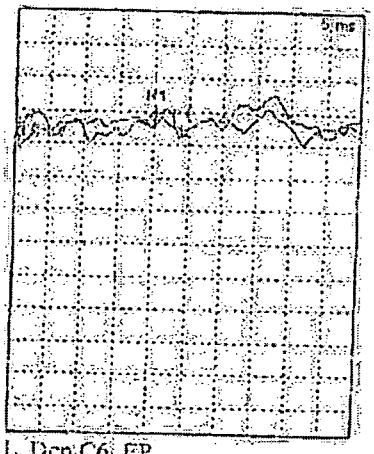
255

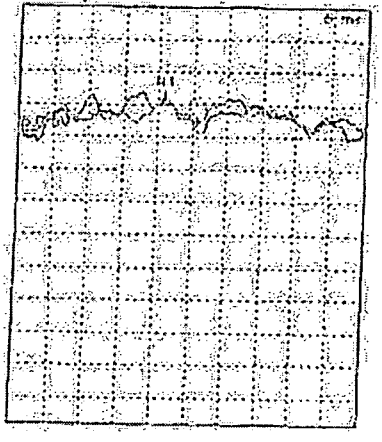
Patient: Robert Russell 10/17/05 page 8
I.D.#:



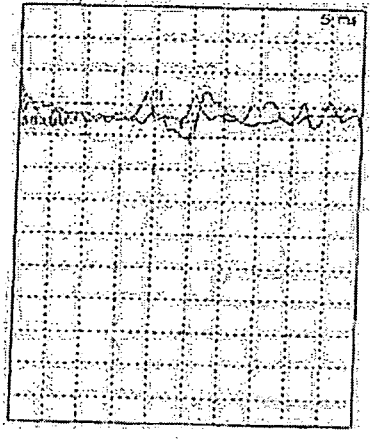
R. Dep C5 EP



L. Dep C6 EP



R. Dep C6 EP



L. Dep C7 EP

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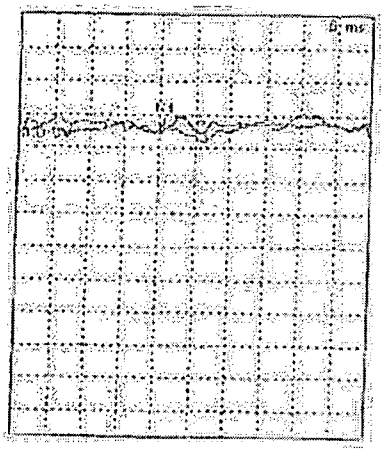
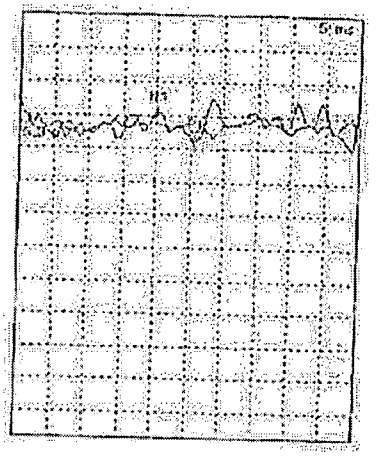
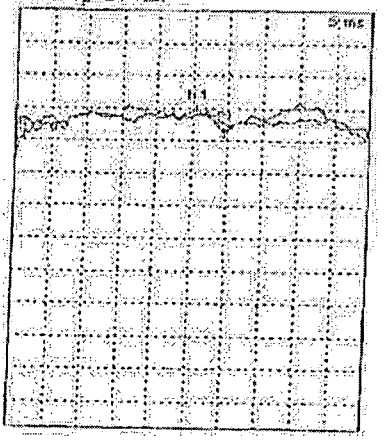
25b

Patient: Robert Russell 10/17/05 page 9
I.D.#:





R. Dep C7 EP



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257

Diversified Medical

Patient: Robert Russell

Charge Slip

Referring Dr. Fanik

Date: 10-17-05

UPPER		Rt	Left
95900	M/Musculocutaneous	☒	☒
95903	M/ Median-Wrist-F wave	☒	☒
	M/Ulnar, Wrist-F wave	☒	☒
	S/Median (Elbow&Wrist)	☒	☒
	M/Ulnar (Elbow&Wrist)	☒	☒
95904	S/Median	☒	☒
	S/Ulnar	☒	☒
	S/Radial	☒	☒
95925	DEP-Forarm-C5	☒	☒
	DEP-Thumb-C6	☒	☒
	DEP-Fingers2&3-C7	☒	☒
95927	SSEP-Wrist-C5-T1	☒	☒

BAER/VEP		Rt	Left
92585	Auditory	☐	☐
95930	Visual	☐	☐

VASCULAR			
93875	Carotid	☐	
93923	Arterial	☒	
93965	Venous	☒	
	TOS	☐	

Technician: Gahagan

NOTES:

LOWER		Rt.	Left
95900	M/Plantar nerve	☐	☐
95903	M/Tibial, Foot-F wave	☐	☐
	M/Peroneal, Ankle-F wave	☐	☐
	M/Tibial (Ankle&Knee)	☐	☐
	M/Peroneal (Ankle&Knee)	☐	☐
95904	S/Sural	☐	☐
	S/Superficial Peroneal	☐	☐
95926	DEP-Ankle-L4	☐	☐
	DEP-Ankle-L5	☐	☐
	DEP-Foot-S1	☐	☐
95927	SSEP-Ankle-L4-S1	☐	☐
95934	H. Reflex Gastroc/Soleus	☐	☐

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diversified medical

PATIENT HISTORY

Date: _____ S.S.#: ___ ___ ____

Patient Name: Robert Russell Referring Physician: Falk

Patient Medical History (to be filled out by patient)

Sex: Male / Female Height: 5'10" Weight: 210 DOB: 6 ___ (RIGHT) or LEFT handed?

Medications: Prozac, Ambien, Wellbutrin, Lipitor Birth Control Rx: Yes No

Do you drink caffeine? Yes No How much? 5 Cups a day
Do you drink alcohol? Yes (No) How much? _____
Do you smoke? Yes (No) How much? _____

PATIENT'S SUBJECTIVE COMPLAINTS

Please circle all conditions that are applicable:

AIDS/HIV
Alcoholism
Allergies
Arteriosclerosis
Arthritis
Arm Pain, R/L/I
Asthma
Back Pain/Stiffness
Blood Clots
Broken Bones
Bowel / Bladder problems
Cardiovascular Disease
Carpal Tunnel R/L/I
Chest Pain / Angina
Cold Hands/Feet
Concussion/Head Injury
Depression
Diabetes
Dizziness
Encephalitis
Emphysema
Fainting
Fatigue
Glaucoma
Headaches
Heart Palpitations
Heavy Feeling of Head
Herniated Disc
Hernia
High Cholesterol
High Blood Pressure/Hypertension
Hepatitis
Impotency
Jaw Pain
Kidney Disease
Liver Disease
Leg Pain, R/L/I
Loss of Balance
Loss of Consciousness
Loss of Sight/Taste
Memory Loss
Multiple Sclerosis
Muscle Weakness
location _____
Nausea
Numbness & Tingling
location Fingers
Neuropathy
Neck Pain
Poor Motion Restriction
R/L/I Drop Down
Overweight
Psychiatric Care
Pinched Nerve
location _____
Prostate Problems
Pacemaker
Pins & Needles, Arms/Legs
Raynaud's Disease
Reading Pain (Legs)
Ringing in Ears
Shoulder Pain, R/L/I
Sensitivity to Light
Stroke / TIA
Tuberculosis
Vision Problems
Varicose Veins
Other _____

Patient Medical History

Hx of Anemia:	Yes	No
Hx of Bleeding Disorders:	Yes	No
Hx of Cancer:	Yes	No
Hx of Cardiovascular Disease:	Yes	No
Hx of Family Cardiovascular Disease:	(Yes)	No
Hx of Motor Vehicle Accident, Traumatic Injury or Workers Compensation Injury:	(Yes)	No
Hx of Neurological Condition:	Yes	No

Are you currently anemic? Yes or (No)
Describe: _____
Type: _____ When: _____
Describe: _____
Describe: _____
Describe: _____
Describe: _____

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259

Hx of Seizures: Yes No When:
Hx of Stroke / TIA: Yes No When:
Hx of Herniated Disc: Yes No Date of Injury: Level:
Hx of Spine Sx: Yes No When: Level:
Hx of MRI / CT Scan: Yes No Area of Scan:
Results (per patient):
Report available: Yes or No

Are you currently under a physician's care for any medical condition? Yes No
Describe:

Do your symptoms occur on the: ☐Right ☐Left ☒Both sides of your body?
On a scale of 1-10, How bad is the pain you experience?
How often do you experience this pain?
Onset of symptoms?
Are your symptoms the result of an auto accident or workers compensation injury? Yes No
If yes, explain

Do you experience headaches? Describe:

Do you experience any of the following with these headaches?
☒ Sensitivity to light
☐ Nausea
☐ Dizziness
☐ Ringing in your ears
☒ Difficulty in turning your neck

Do your symptoms and pain interfere with your activities of daily living? Yes No
If yes, explain

Patient Signature: Date: 10-17-05

Patient's Subjective Complaints/Accident Information (to be filled out by Technologist)
Special Consideration / Comments:

Technologist Signature: Date: 10-17-05

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260

IRREVOCABLE ASSIGNMENT, LIEN AND AUTHORIZATION INSURANCE BENEFITS

TO WHOM IT MAY CONCERN:

I hereby authorize and direct you, my insurance carrier, to pay directly to Diversified Medical, PLLC such sums as may be due and owing this office for services rendered me, both by reason of accident or illness and by reason of any other bills that are due this office and withhold such sums from any disability benefits, medical payment benefits, no-fault benefits, health and accident, Workers' Compensation benefits, or any other insurance benefits obligated to reimburse me from any settlement, judgment or verdict on my behalf as may be necessary to adequately protect Diversified Medical, PLLC I hereby further give lien to said office against any and all insurance benefits named herein and any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been treated for by Diversified Medical, PLLC. This is to act as an assignment of my rights and benefits to the extent of the office's services provided.

I understand that I remain personally responsible for the total amounts due the office for services rendered. I further understand and agree that this Assignment, Lien and Authorization does not constitute any consideration for the office to await payments, and they may demand payments from me immediately upon rendering services at their option.

I authorize the office to release any information pertinent to my case to any insurance carrier or adjuster to facilitate collection under this Assignment, Lien and Authorization and authorize and direct Diversified Medical, PLLC to appeal denials or payments at all levels on my behalf.

I agree never to rescind this document and that a rescission will not be honored by my insurance company. I hereby instruct that in the event another insurance company is substituted in this matter, the new insurance company will honor this agreement as inherent to the settlement and enforceable on the case as if it were executed by the company.

Patient Signature (SEAL)

10-17-05
Date

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261

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Disclosure of Fees/Payment Policy		6/2/2004
Procedure	Description	Charge
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	$460.00
93875	Non-invasive physiologic studies of extracranial arteries, complete bilateral study	$380.00
93923	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study	$530.00
93965	Non-invasive physiologic studies of extremity veins, complete bilateral study	$427.00
95900	Nerve Conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	$215.00
95903	Nerve Conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	$207.50
95904	Nerve Conduction, amplitude and latency/velocity study, each nerve; sensory or mixed	$175.00
95925	Short latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	$415.00
95926	Short latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	$415.00
95927	Short latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	$415.00
95930	Visual evoked potential (VEP) testing central nervous system, checker board or flash	$289.00
95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	$215.00
A4556	Disposible Electrodes	$15.00

I have read the above codes and fees and understand the cost of my care with my treating doctor. I understand that if my treatment is associated with a personal injury or accident claim, all medical bills will be paid at 100% of the above fee schedule regardless of the outcome of my case.

I further understand that if my insurance company declines payment, I authorize Diversified Medical to file small claims on my behalf against my insurance company as a method of collection. I further understand that I will be present at the court date if needed.

I have read and fully understand the above financial terms and prices.

Signed _____ Date 1-17-05

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262

diversified
medical
19121 West Catawba Avenue, Cornelius, NC 28031
Ph 1-704-895-8252 Fx 704-895-7483

10/12/05

To: Robert Russell
From: Diversified Medical, PLLC

I, Robert Russell agree to sign over and forward the check(s) from BCBS State which are payment(s) for my diagnostic testing performed in Dr. Faulk's office to Diversified Medical, PLLC at the above address.

Robert A. Russell
Patient Signature

Date: 10-14-2005

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263

FROM : CAROLINA CHIROPRACTIC FAX NO. : 843 5997050 Oct. 12 2005 02:08PM P5

Scanned 10/12/2005

Diversified Medical, PLLC
Phone: 1-866-434-8633
Fax: 704-895-7483

Patient Processing and Release Form

To provide testing services, the following must be completely filled out and signed.

☒ Insurance ☐ Auto/Insurance ☐ WC ☐ Attorney Lien

Referring Physician: Alan Faulk, DC Clinic Name: Palmetto Spine Center

Patient Name: Robert Brasseale SS #: _____

Address: _____

Street / City / State / Zip: _____

Home Phone: 843 810 8463 Work Phone: _____

DOB: 54 Sex: ☒M ☐F Marital Status: ☒S ☐M ☐D ☐W

Employer: Retired

Address: _____

Street / City / State / Zip: _____

Fax: _____

Primary Insurance: BCBS of SC - State Choice

Insured Name (if not patient): _____ SS#: _____

Insured's DOB: _____

Insurance Mailing Address: PO Box 100265, Columbia SC 29260-0265

Telephone: 1-800-868-2520

Policy: ZCS 247102960 Group #: _____

Date of Accident: _____ Claim#: _____

Secondary Insurance: _____

Mailing Address: _____

Telephone: _____

Policy: _____ Group #: _____

Test(s) Ordered:

☐ Neurological

- ☐ Upper Profile — Allow 1.0 hour for test
- ☒ Lower Profile — Allow 1.0 hour for test
- ☐ Intracranial / Headache Profile — Allow 30-45 minutes for test

☒ Vascular Profile — Allow 1.0 hour for test

I authorize the following for all medical services rendered to me:

1. Processing of all insurance forms by Diversified Medical, PLLC.
2. Release of all necessary information by Diversified Medical, PLLC for such processing.
3. Payment of all medical benefits directly to Diversified Medical, PLLC or their agents.
4. Appeal of insurance payments/denials at all levels.
5. A photocopy of this form may be used instead of the original.

Patient Signature: Signature on File Date: 10-10-05

NOTE: Your health information will be kept strictly confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

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264

DIVERSIFIED MEDICAL, PLLC
PHYSICIAN'S TEST ORDER FORM – MRI / NEUROLOGICAL/VASCULAR
(Please provide as much detail as possible)

Patient: Robert Russell DOB: 3-17-1959 Weight: 210
Referring Dr: Faulks, Alan Clinic Name: Palmetto Spine Center
Neurological Diagnosis Codes (provide as many as needed): 723.3 780.4 729.5
Vascular Diagnosis Codes (provide as many as needed): 723.3
Rule Out:

PATIENT ENTERED THE OFFICE COMPLAINING OF:

VASCULAR
- ☐ Memory Loss
- ☐ Breathing Difficulty
- ☐ Syncope / Fainting
- ☐ Double Vision / Loss of Vision
- ☑ Resting Pain / Claudication
- ☐ Edema / Limb Swelling
- ☑ Motor Deficiency

NEUROLOGICAL
- ☐ Ringing in Ears
- ☑ Fatigue
- ☐ Hair Disturbance
- ☑ Neck Pain Radiating to Upper Ext.
- ☑ Low Back Pain
- ☑ Back Pain Radiating to Gluteal Area
- ☑ Low Back Pain Radiating to Lower Ext.

NEUROLOGICAL & VASCULAR
- ☐ Headaches
- ☑ Dizziness/Vertigo
- ☐ Hand Pain
- ☐ Cold: ☐ Hands ☐ Feet
- ☐ Weakness: ☐ Upper Extremity ☐ Lower Extremity
- ☑ Numbness & Tingling in: ☐ arms ☐ legs ☑ hands ☑ feet
- ☐ Pins & Needles in: ☐ arms ☐ legs ☐ hands ☐ feet
- ☑ Other: Loss Sleep, Memory
- ☑ Weakness in Hands
- ☑ Upper Extremity Pain
- ☑ Neck Pain
- ☐ Lower Extremity Pain
- ☐ Foot Pain
- ☑ Leg or Foot Cramps

SIGNIFICANT LABORATORY AND/OR IMAGING FINDINGS:

VASCULAR
- ☐ Emphysema
- ☐ Carotid Stenosis
- ☐ Pulmonary Embolism
- ☐ TIA
- ☐ Varicose Veins
- ☐ Chest Pain
- ☐ Smoker
- ☐ Stroke History
- ☐ Peripheral Vascular Disease
- ☐ Peripheral Arterial Disease
- ☐ Edema
- ☐ Hyperlipidemia
- ☐ Hypercholesterolemia
- ☐ Thoracic Outlet Syndrome
- ☐ Arterio Sclerotic Heart Disease
- ☐ Hypertension/High Blood Pressure

NEUROLOGICAL
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Lumbar Disc Degeneration
- ☐ Cervical Disc Degeneration
- ☐ Lumbar Stenosis
- ☐ Spondylolisthesis
- ☑ Cervical Stenosis
- ☑ Disc Herniation ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Tendon Tear
- ☐ Heel Spur/ Plantar Fascitis
- ☐ Meniscus Tear

NEUROLOGICAL & VASCULAR
- ☐ Diabetes
- ☑ Neurological Disease: Explain: Sciatica
- ☑ Significant X-ray/MRI findings: Sciatica
- ☐ Other
- ☐ Arthritis
- ☐ Thyroid Disease

PATIENT REFERRED FOR:
- ☒ Full Vascular Testing
  - ☐ Upper Arterial Testing Only
  - ☐ Lower Arterial Testing Only
  - ☐ Venous Testing Only
  - ☐ Carotid Testing Only
- ☐ Intracranial/Headache Testing (Not Covered)
- ☒ Full Lower Extremities Testing (NCV/EMG/Evoked Potentials (SSEP/VEP))
- ☐ Full Upper Extremities Testing (NCV/EMG/Evoked Potentials (SSEP/VEP))
- ☐ Limited Testing
- ☐ MRI
- ☐ CT Scan
  - ☐ L-Spine ☐ Other _____
  - ☐ w/ contrast
  - ☐ w/o contrast
  - ☐ w/ contrast & w/o contrast

Based on this patient's history, examination and differential diagnosis, I have requested these neurological testings/tests. I hereby certify that the tests ordered are medically necessary for appropriate diagnosis and treatment.

Physician's Signature: _____ Date: 10-12-05

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265

Form 6261
Revised 08/16/2002
Print or type in black ink

Page 1

BUDGET & CONTROL BOARD
South Carolina Retirement Systems
Disability Report

(please complete all sections)

To be completed by member or legal representative

Section I — PERSONAL INFORMATION

1. Last Name & Suffix	2. First/Middle	3. Social Security Number
Russell	Robert / Gene	

4. Date of Birth (MM-DD-YR) 11

5. Address

6. Phone 843-810-2403

7. City

8. State

9. Zip

Section II

a) Describe your disability? Bipolar mixed, generalized anxiety Disorder, chronic back pain

b) When did your disability prevent you from working? Month 01 Day 13 Year 05

c) Explain why you stopped working: I cannot concentrate, have anxiety, suicidal thoughts, loss of motivation, poor memory. Also, chronic back pain. Can't sit or stand for

d) Have you returned to work? yes ○ no ● If yes, when

e) Have you applied for Social Security Disability benefits? yes ○ no ● If yes, when

f) Has your disability resulted from an on the job injury? yes ● no ○ If yes, when Back pain since Bipolar MD

g) Have you filed a Workers Compensation claim? yes ● no ○ If yes, when Workers comp # 032605

Section III

A) Please list the names, addresses, and telephone numbers of physicians who have your current medical records. Or, submit any current medical records you have with this Disability Report. If further medical evidence develops while your claim is being evaluated, please forward the documentation to the SCRS Medical Board.

1. Physician's name: James Tonkin, M.D.
   Address: 9225 University Blvd. Bldg E Ste 2C Nichs, SC 29406
   Telephone: Area Code 843 Number 572-0900
   How often did you see this physician? Weekly
   Date first seen: 1999 Date last seen: 2/4/05
   Treatment Received: medication management

2. Physician's name: Virginia Burke, Ph.D.
   Address: 709 Trolley Rd. Summerville, S.C. 29485
   Telephone: Area Code 843 Number 821-2485
   How often did you see this physician? Weekly
   Date first seen: 11-5-99 Date last seen: 2/10/05
   Treatment Received: Psychotherapy

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266

A. Physician's name: Allen Fauld
Address: 2070 Northwest Blvd. Ste. A-14 N. Chas SC 29406
Telephone: Area code 843 Number: 744-1993
How often did you see this physician? 2/week
Date first seen: June 2004 Date last seen: present
Treatment Received: chiropractic

B) Have you been treated at a hospital or clinic for your disability? yes ☒ no ☐ If yes, complete the following:

1) Name and Address: James Jenkins MD
7225 Univerk Blvd. Bldg E Ste 2C
Inpatient: ☒ If yes, give dates of admission and dates of discharge. N. Chas SC 29406
Outpatient: ☒ If yes, give date of admission
6-17-01 to 6-25-01 inpatient
11-99 to 2-4-05 outpatient
Reason for admission: suicidal
Type of treatment received: medication mgt w/ psychotherapy

2) Name and Address: Trident Medical
709 Tanner Ferry Rd Charleston SC 29407
Inpatient: ☐ If yes, give dates of admission and dates of discharge.
Outpatient: ☒ If yes, give date of admission
11-99 to present outpatient
_____ to _____
Reason for admission: Bipolar NOS CAD
Type of treatment received: psychotherapy

3) Name and Address: Allen Fauld
2070 Northwest Blvd. Ste. A-14
Inpatient: ☐ If yes, give dates of admission and dates of discharge.
Outpatient: ☒ If yes, give date of admission
_____ to _____
June 2004 to present outpatient
Reason for admission: auto accident
Type of treatment received: chiropractic

4) Name and Address: Donald Stovall
2880 Tucson St. N. Chas SC 29406
Inpatient: ☐ If yes, give dates of admission and dates of discharge.
Outpatient: ☒ If yes, give date of admission
_____ to _____
Aug. 2004 to Jan. 2005
Reason for admission: Lumbar sprain
Type of treatment received: injection in back
physical therapy

C) Have you been evaluated by other agencies for your disability? yes ○ no ☒ (for example, Veterans Administration, Workers Compensation, Vocational Rehabilitation, Social Security Administration)
If yes, name of agency: _____
Address: _____
Your claim number with this Agency: _____
Dates of visits: _____
Type of treatment or examinations received: _____

D) If you have additional medical information to support your disability, please attach a separate sheet listing information required above.

267

Section IV

Has your doctor restricted your work activities in any way? yes (✓) no ( )

If yes, which doctor? Pamela Tinkler

State what the physician told you not to do: unable to return to work - severe disability

Section V

Has your disability restricted your activities of daily living such as: home duties, social activities, or your ability to care for your personal needs? yes (✓) no ( )

If yes, please describe your limitations: Generally unable to focus and concentrate. Do not want to be around people. Quit going to church, social activities, quit going out, being able to remember things, unable to read, prepare meals, desire to do anything, have panic attacks, short temper, crying, and sleeping 2-3 hours per night.

Section VI

a) What was your most recent job(s) before you stopped working? If you have more than one job, please list separately.

Job Title: Environmental Health Manager II Employer: SC DHEC

From: Jan 1990 to present

b) In this job did you:

1. Use machines, tools, or equipment of any kind? yes (✓) no ( )

If yes describe type of tools/equipment used: Computer

2. Use technical knowledge or skills? yes ( ) no (✓)

If yes, describe technical knowledge or skills:

3. Do any writing, complete reports, or perform similar duties? yes (✓) no ( )

If yes, please describe: Research permits for water systems

4. Have supervisory responsibility? yes ( ) no (✓)

If yes, please indicate the number of employees supervised and the extent of your supervision:

c) Please describe your essential job duties:

Give help with power to determine suitability of soils for septic tank. Inspected septic tanks after contractor installed - went on complaints called in by public.

168

Describe the amount of physical activity your job involves during a typical work day.

WALKING (check number of hours a day) 0 1 2 3 4 5 ✓6 7 8

STANDING (check number of hours a day) 0 1 2 3 4 5 ✓6 7 8

SITTING (check number of hours a day) 0 ✓1 2 3 4 5 6 7 8

BENDING / STOOPING (check number of hours per day) 0 1 2 3 ✓4 5 6 7 8

CLIMBING (check number of hours per day) ✓0 1 2 3 4 5 6 7 8

RUNNING (check number of hours per day) ✓0 1 2 3 4 5 6 7 8

LIFTING AND CARRYING:

Occasionally (up to 1/3 of 8 hr. day) lifts &/or carries:

- ✓ less than 10lbs. Kinds of objects lifted: Safety instruments to inspect septic tank
- ___ 10 lbs. Kinds of objects lifted:
- ___ 20 lbs. Kinds of objects lifted:
- ___ 50 lbs. Kinds of objects lifted:
- ___ 100 lbs. or more Kinds of objects lifted:

Frequently (1/3 to 2/3 of 8 hr. day) lifts &/or carries:

- ___ less than 10lbs. Kinds of objects lifted:
- ___ 10 lbs. Kinds of objects lifted:
- ___ 25 lbs. Kinds of objects lifted:
- ✓ 50 lbs. or more Kinds of objects lifted: pulling heavy clay out of ditch (forces)

Section VII

Remarks: This section may be used for additional information that will be helpful to make a decision about your disability claim:

I have always worked hard my entire adult life my entire career. I was 12 years old when I went pleading brain dead. I have coped with it the best I could but as I get older my depression gets worst

The information I have provided is correct to the best of my knowledge.

Signature of Applicant: Patti B. Rowell Date: 7/19/05

(If signed by other than the applicant, a copy of the Power of Attorney for the person signing must be attached)

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FEB 15 2006
POSTAL CENTER

Return to:
SCRS Medical Department
P.O. Box 11960
Columbia, South Carolina 29211-1960

CLAWSON & STAUBES, LLC
ATTORNEYS AT LAW

MARGARET M. URBANIC
murbanic@clawsonandstaubes.com

June 26, 2008

Reply to Charleston Office
File No.: 2008-0548 mmu

Commissioner Susan S. Barden
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Robert Russell v. DHEC
WCC File No.: 0414927
Carrier File No.: 2004-2909
Carrier Code No.: SF-500
Employer FEIN: 570000J04
Date of Injury: 6/11/04

Dear Commissioner Barden:

Enclosed please find the following Supplemental APA to be submitted on behalf of the Defendant with regard to the above-named matter.

PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
6.	Roper Hospital	10/20/04 - 4/23/04	270 - 341

By Proof of Service to the Claimant's attorney, J. David Murrell, I am notifying him of the Supplemental APA and providing him with a copy of the medical note which will be submitted at the time of the hearing to be made a part of the record in the case under the Administrative Procedures Act.

Very truly yours,

CLAWSON & STAUBES, LLC

Margaret M. Urbanic

MMU/jjm

cc: J. David Murrell, Esquire

bcc: Mr. Matt Hansford (w/ enc.)
State Accident Fund
File No.: 2004-2909

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing Supplemental Pleading has been served upon opposing counsel by mailing a copy properly addressed with the sufficient postage affixed thereto this 26 day of June, 2008.

J. David Murrell, Esquire
8086 Rivers Avenue, Suite A
North Charleston, SC 29406

Yoni Neal

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 10/20/00 1040
Ord. Phy.: KAPLAN-MD,RAYMOND S

MR#: A000652559
DOB: 03/17/57
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)958-8877
Phy. Fax #: (843)958-8878

KAPLAN-MD,RAYMOND S
** 125 DOUGHTY STREET
SUITE 440
CHARLESTON SC 29403

Acct Nbr : A0029400362
Pat Type : DMA

Chk-in #	Order	Exam	
331339	00011	35168	BCT SINUS LIMITED W/O CONTRAST

Ord Diag: RHINOSINUSITIS

LIMITED CT OF THE SINUSES: 10/20/00

INDICATION: 42-year-old male with rhinorrhea and sinusitis.

TECHNICAL: Six direct coronal images of the sinuses were obtained without contrast infusion.

FINDINGS: The paranasal sinuses are well-developed and clear. There is deviation of the nasal septum to the right. The osteomeatal complexes are patent. There is no evidence of acute or chronic sinusitis.

CONCLUSION:

The nasal septum is deviated to the right otherwise negative limited CT of the sinus as described.

sdw

Read By: DAVID J SKINNER-MD
Released By: JOHN C RAND-MD

SW
Approved: 10/20/00 1621
FINAL DUPLICATE

730 Stoney Landing Rd. Moncks Corner SC 29461 * (843)899-7700 EXT.5036

ROPER ST FRANCIS HEALTHCARE

Ct 2 # 32841

ADMISSION RECORD

MED. REC. #	ADMISSION DATE/TIME	DISCHARGE DATE/TIME		SERVICE	STATION	ROOM NO.	PAT. TYPE	P.C.	SOURCE #
00062559	03/02/04 1018	15		BER	EGA	-	EGA	PP	04062-00417

PATIENT

LOCATION(S)	SEC	PAT. CLA	PUBLICITY	SOC	SEX	RACE	MS	DATE OF BIRTH	AGE
EGA			/ N	E	M	W	S	7	46Y

PATIENT NAME AND ADDRESS: RUSSELL,ROBERT GENE
59'

SOC SEC NO: 226-1622 184

PATIENT EMPLOYER: DHEC

TELEPHONE NO: (843)719-4649

GUARANTOR

GUARANTOR NAME AND ADDRESS: RUSSELL,ROBERT GENE

SOC SEC NO: 184 282

RELATION: SELF

EMPLOYERS

GUARANTOR EMPLOYER: DHEC

TELEPHONE NO: (843)719-4649

INSURANCE

INSURANCE 1:
BCBS STATE
PO BOX 100605 800 /4444311
COLUMBIA, SC 29260-0605
STATE BCBS
ZCS2470520860
RUSSELL,ROBERT,GENE

INSURANCE 2:

MISC.

IN CASE OF EMERGENCY NOTIFY:
RUSSELL,JOHN BROTHER
HM: WK:

SPOUSE
HM: WK:

ADM DIAGNOSIS/TRUNCATED COMPLAINT	ARRIVAL MODE	ADM TYPE/SOURCE
CHEST PAINS	WALK/A	3 / 1

ADMITTING DOCTOR	ATTENDING DOCTOR	REFERRING DOCTOR	PRIMARY CARE DOCTOR
FEINGOLD-MD,STEVEN	FEINGOLD-MD,STEVEN	FEINGOLD-MD,STEVEN	PCP,UNKNOWN

ALERTS	PREVIOUS ADM DATE	OPT OUT	DIR	FRD	MKT	PHN	PHYSART	ALT		BY
NO NOKE	10/20/00		No			MSG				DSS

FIRST EMERGENCY DEPARTMENT USE ONLY

ALLERGIES	UNIV	TEMP	RESP	PULSE	BP	TIME	SIGNATURE

PRINCIPAL DIAGNOSIS: DRG:

OTHER DIAGNOSES: CODES: 7 7

PRINCIPAL OPERATION/PROCEDURE:

OTHER SIGNIFICANT OPERATION/PROCEDURE:

☐ OPERATIVE SUMMARY DICTATED ☐ DISCHARGE SUMMARY DICTATED PHYSICIAN SIGNATURE: _____ DATE: _____

CHART COPY

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33

Care Alliance - Berkeley

EMERGENCY PHYSICIAN RECORD
Chest Pain (5)

MRN: C00062353 EBA
RUSSELL,ROBERT GEN DC 7/57
PHYS: FEINGOLD-MD,STEVEN
ACCT#:04062.00417 FC: PP

TIME SEEN: 10 AE ROOM: 4 EMS Arrival

HISTORIAN: (patient) spouse paramedic:

HX / EXAM LIMITED BY:

HPI

chief complaint: (chest pain / discomfort)

started: Last night - spread

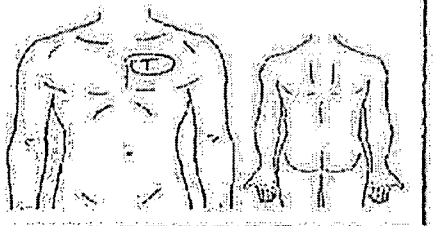
Relieved c 3 GA

time course:
- still present (better)
- gone now
- lasted
- resolved on arrival to E.D.

(constant) waxing & waning
intermittent (episodic) [illegible]
worse / persistent since

quality:
- pressure
- tightness
- indigestion
- burning
- dull ache
- (sharp)
- stabbing
- "pain"
- "numbness"
- "like prior MI"

Location of pain:



radiation: (none) as mentioned above

associated symptoms:
- "nausea"
- vomiting
- "shortness of breath"
- sweating

worsened by:
- change in position
- deep breaths / turning
- exercise
- (nothing)

relieved by: (NTG (1) 2 3) (aspirin) (GI cocktail) (nitro spray) (Oxygen) Nap ?

onset during:
- sleep
- rest (few days ago)
- mod / heavy exertion
- emotional / grief
- cannot recall

severity:
- maximum (1-10)
- now (awareness severity)
- when seen in ED (1-10)
- gone / tolerable pain / mild / moderate / severe
- resolved spontaneously in ED (1-10)

Similar symptoms previously

Recently seen / treated by [illegible]

Rev. 06/01

ROS

CHEST/CONST
- fever
- chills
- cough
- sputum
- ankle swelling
- calf / leg pain

FEMALE/REPRODUCTIVE
- LMP
- vaginal discharge
- abnormal bleeding

NEURO
- dizziness
- blackouts

EYES/ENT
- blurred vision
- sore throat

GI and GU
- abdominal pain
- black / bloody stool
- problem urinating

SKIN/EXTREMITIES
- no rash / swelling
- joint pain
- (all systems reviewed except as noted)

PAST HISTORY (negative)
- high blood pressure
- diabetes - insulin / oral / diet
- (high cholesterol)
- heart disease
  - heart attack (MI)
  - angina / heart failure
- DVT / PE / risk factors
- other problems

All risk factors
- emphysema / COPD
- collapsed lung
- stroke
- peptic ulcer
- pacemaker yes no
- gall stones

Surgeries / Procedures (none) non-contributory
- cardiac bypass
- cardiac cath
- angioplasty
- thrombolytics
- pacemaker
- tonsillectomy
- cholecystectomy
- appendectomy
- hysterectomy

Medications (none) ASA NSAID
- pain/inflammation
- BCP
- see nurses note

Allergies (NKDA)
- see nurses note

SOCIAL HX
- smoke
- drugs
- alcohol (never / heavy / occasional)

FAMILY HX (CAD? <50 yo? >50 yo)

Nursing Assessment Reviewed Allergies/Rx/Hx reviewed

PHYSICAL EXAM Alert Anxious IV

Distress: NAD mild moderate severe

HEENT
- ENT: nml inspection
- pharynx: nml

NECK
- nml inspection

RESPIRATORY
- no resp. distress
- Chest: non-tender
- nml breath sounds

CVS
- regular rate, rhythm
- no murmur
- no gallop
- no friction rub

ABDOMEN
- non-tender
- no organomegaly

RECTAL
- non-tender

SKIN
- Color: nml, no rash
- warm, dry

EXTREMITIES
- non-tender
- normal ROM
- no pedal edema
- no calf tenderness

NEURO / PSYCH
- oriented x3
- mood/affect: nml
- CN's: nml as tested
- motor / sensory: nml

scleral icterus / pale conjunctivae

pharyngeal erythema

dental TM / hearing deficit

thyromegaly

lymphadenopathy (R / L)

see diagram

respiratory distress

manifest distinct paradox movement of (R / L) side of trunk

splinting / dorsal air movement

rales

rhonchi

wheezing

irregularly irregular rhythm

murmur: grade /6 sys / dias

tachycardia / brisk pedal pulses

PMI displaced laterally

JVD present

murmur: grade /6 sys / dias

click / mid to decrease / decrease

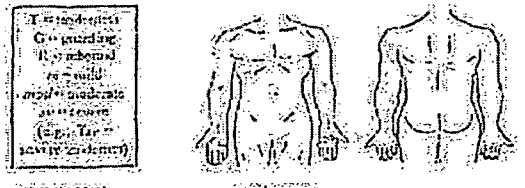
gallop (S3 / S4)

friction rub

decreased pulse(s)

R: carotid fem dors ped

L: carotid fem dors ped



bowel nois

guarding

rebound

abnml bowel sounds

hepatomegaly / splenomegaly / mass

back: (-) bony tenderness

tenderness

hemoccult stool

cyanosis / diaphoresis / pallor

skin rash

pedal edema

calf tenderness

clubbing

disoriented to person / place / time

depressed affect

facial droop / EOM palsy / aphasia

weakness / sensory loss

MRN: 008882659 EMR: 03/02/04

RUSSELL,ROBERT GEN DOB: 03/17/57

PHYS: REINGOLD-MD,STEVEN

ACCT#:04082-00417 PC: PP

Chest Pain-33

EKG, LABS, and XRAYS

EKG MONITOR STRIP: NSR

EKG: NML Interp by me Reviewed by me Data

NSR anml intervals nml axis nml QRS nml ST/T

not changed from

Report: Elec: unchanged

CXR: Reviewed by me Data

clear (-VD) no infiltrates no lung mass nml mediastinum

not changed from

CBC Chemistries UA

normal except normal except normal except

WBC Na CK WBC

Hgb K CK-MB RBC

Hct Cl Troponin bacteria

Platelets CO2 dip

Glucose BUN Creat PT lymphs mono Neuts PTT

Pulse Ox % on (RA) VS at (time)

Time unchanged improved stable

Discussed with Dr. CRIT CARE min

minutes by me in office / ED / hospital min min

Discussed patient & family regarding Consent obtained

Admit to Anticipate discharge Additional history from

Admit with diagnosis Family contacted / arranged

CLINICAL IMPRESSION:

- Chest Pain - Acute, prescordial
- Chest Wall Pain - acute
- Dyspnea - acute
- Costochondritis - acute
- Hyperventilation Syndrome - acute
- Viral Syndrome - acute
- Bronchitis - acute
- Viral Pleuritis (Pleurisy)
- Abnormal EKG
- Acute MI
- Unstable Angina
- Pericarditis - acute
- Acute Aortic Dissection
- Pulmonary Embolism
- Acute Pulmonary Edema / CHF
- Atrial Fibrillation - new / rapid ventricular response / controlled / uncontrolled / recurrent / chronic
- Pneumonia
- Pneumothorax

Disposition: home admitted transferred

Condition: unchanged improved stable

See Discharge Addendum

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12 Care Alliance - Berkeley

EMERGENCY NURSING RECORD
General Medicine Complaints

BIRTH: 00/00/2000 EMA 03/02/04
RUSSELL,ROBERT GEN DOC
PHYS: FEINGOLD-MD,STEVEN
ACCT#: 04062400417 FC: PP

TRIAGE TIME: emergent urgent non-urgent

NAME: [illegible]
D.O.B. [illegible] AGE: 46 M F
HISTORIAN: patient / paramedic / family
ARRIVAL MODE: car / EMS / police
PMD: none HORAK
Tetanus immunization: current / not current / date
Pneumococcal immunization: current / not current / date
Influenza immunization: current / not current / date
TREATMENT PTA: see EMS report IV O2
CHIEF COMPLAINT: CHEST PAIN SHORTNESS OF BREATH
started hrs / days ago

- shortness of breath
- cough / sputum
- chest pain
- nausea / vomiting x
- abdominal pain
- chemical exposure
- fever / chills
- problems chinating
- back pain
- diarrhea
- headache

PAIN LEVEL: current /10 maximum /10

VITALS: time
BP P RR temp T/M O-R Ax
Height Weight kg
O_2 Sat% RA / O_1

ALLERGIES: NKDA / PCN / ASA / sulfa / latex

MEDS	DOSE	FREQUENCY	LAST DOSE
ASPIRIN			
[illegible]			
[illegible]			
[illegible]			

PAST HX: negative
heart disease / HTN / diabetes insulin
past surgeries none
smoker / drugs / alcohol
TB exposure / symptoms
Has been physically hurt or threatened by someone close

LNMP G P Ab pregnant / postmenopausal

[illegible] MD

TIME TO ROOM:
INITIAL ASSESSMENT TIME: ROOM:

GENERAL APPEARANCE
no acute distress / alert
mild / moderate / severe distress
anxious / decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT
appears well nourished / independent ADL
obese / malnourished
assisted / total care

RESPIRATORY
no resp distress / nml breath snds
mild / moderate / severe distress
wheezing / crackles / stridor
decreased breath sounds

CVS
regular rate
pulses strong
skin warm & dry
tachycardia / bradycardia / irreg. rhythm
pulse deficit
cool / diaphoretic
pale / cyanotic

NEURO
oriented x3
PERRL
disoriented to person / place / time
confused
pupils unequal
weakness / sensory loss

EENT
nml eye inspection
nml ENT inspection
sclera icterus / pale / red conjunctivae
nasal drainage
epistaxis

ABDOMEN
nml inspection
soft-tender
bowel sounds present
tenderness / guarding / rebound
hypoactive / hyperactive bowel snds

EXTREMITIES
pain-sudden
pulses all extremities
no pedal edema
calf tenderness
limited ROM / contractures
pedal edema

ADDITIONAL FINDINGS

Nurse Signature
*record available

MRN: 000082569 EBA: 03/02/04 -
RUSSELL,ROBERT GEN DOF

PHYS: FEINGOLD,MD,STEVEN

ACCT#:04062-00417 FC: PP

ACTIONS

TIME		INIT
	O_2 ____ L via:	
1030	pulse oximeter	PT
1035	cardiac monitor	
1030	Accu-Chek:	
1050	bed low position ___ side rails up: x1 x2	
	call light in reach ___ head of bed elevated	
1055	ready for Dr eval. / notified doctor	
	restraints: see documentation	

IV RECORD Pump used: Yes / No

Time	Solution	Site / Ga	Rate	Amt In	Out	INIT
1030	NS	LHC 20				

___IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

Time	Medication	Dose	Rte	Site	INIT
1105	[illegible]				
	Response:				
	Response:				
	Response:				
	Response:				
	Response:				

PROCEDURES

Time		INIT
1012	12 lead EKG performed	
	notified	
	Foley fr ml return	
	NG fr ml return	
	to suction cont / intermittent	
1040	lab drawn / sent [illegible]	
	results back	
	awaiting physician review	
1100	to Xray w/ monitor / nurse / O_2 / tech [illegible]	

VITAL SIGNS

Time	BP	P	RR	T	O_2sat	Rhythm	INIT

PAIN REASSESSMENT

Time	Description	Level	INIT
		/10	
		/10	
		/10	

ADDITIONAL NOTE

INTAKE		OUTPUT	
IV:		Urine:	
PO:		Emesis:	
Other:		Blood/Aspirate:	
Total:		Total:	

PROPERTY TO:

___patient ___family ___security ___safe ___see patient belongings list

DISPOSITION

___discharged home police nursing home ME funeral home

___verbal / written instructions / Rx given to: patient _____

___verbalized understanding

___learning barriers addressed _____

___accompanied by / driven: _____

___pain level at discharge ____ / 10

___admitted / transferred to _____

___report to _____ time _____

___transfer documentation completed

___notified family / police / NE _____

___left AMA / LWOT signed AMA sheet refused _____

___physician notified of: _____

CONDITION

___unchanged ___improved ___stable ___other _____

Depart Time 1155 Mode: walk / wheelchair / stretcher / ambulance

Discharge Nurse Signature [illegible]

SIGNATURE	INITIAL
[illegible]	

* protocol modified

ROPER ST FRANCIS HEALTHCARE

Roper Hospital 316 Calhoun Street Charleston, SC 29401 Phone: 724-2010	**Roper North** 2750 Speissegger Drive N. Charleston, SC 29405 Phone: 745-2767
Roper Northwoods 7750 Northwoods Blvd. N. Charleston, SC 29406 Phone: 824-6733	**Roper Berkeley** 730 Stony Landing Road Moncks Corner, SC 29461 Phone: 1-800-846-7707

MRN: 00062859 EBA 03/2[illegible]
RUSSELL,ROBERT GEN [illegible]

PHYS: FERNGOLD-MD,STEVEN

ACCT#:04062-00417 FC: PP

Emergency Services Discharge Instructions and Referral Information

Note: The examination and treatment you have received have been rendered on an emergency basis and are not a substitute for complete medical care. It is important that you report any persisting problems to your doctor since it is impossible to recognize and treat all events of a problem in one emergency visit. Follow instructions below as indicated to you:

☐ **Head Injury Precautions**
1. Apply ice to area for 20-30 minutes 4 times per day.
2. Contact the ER for any of the following: severe headache, vomiting, restlessness, convulsions, unsteadiness, paralysis, disorientation, slurred speech, stiff neck, blurred vision, unequal pupils (one large, one small) or difficulty in waking up.
3. Allow patient to sleep but awaken every_____ hours the first day to check for above symptoms.
4. No pain medicines stronger than Tylenol.

☐ **Abdominal Pain**
1. Clear liquid diet for the next 24 hours. Advance as tolerated.
   Clear liquids include: Gatorade, Gingerale, popsicles, jello, and broth etc.
2. Rest as much as possible.
3. Avoid caffeine, nicotine, alcohol and aspirin.
4. Medications as prescribed.
5. If your pain worsens or you develop fever > 101° contact your physician or ER.

☐ **Back and Neck Injuries**
1. Use heat to injured areas.
2. Rest as much as possible.
3. Avoid positions and movements that make pain worse.
4. Gentle but firm massage may increase circulation to the injured area and help relieve pain.
5. Take medication as directed.

☐ **Medicine**
The medication you have been given today may make you sleepy. Do not drive, work around machines or drink alcohol while taking medication.

☐ Take medication as directed.

☐ You have been given a Tetanus/Diphtheria toxoid.

☐ **Sprain/Fracture/Bruise**
1. Elevate injured extremity to lessen swelling.
2. Apply ice packs in the first 48 hours for 30 minutes at a time. (Place ice in a plastic bag and wrap in a cloth).
3. If you have an elastic bandage, rewrap if it becomes too loose or tight.
4. If ankle or foot is involved, used cane or crutches as needed. Limit weight bearing until pain decreases.
5. Warm compresses or soaks after the second day.
6. If injury does not improve, call your doctor or ER.

☐ **Lacerations**
1. Keep wound clean and dry as possible.
2. ☐ Leave dressing intact_____ days then
   ☐ Change dressing daily and clean with soap & water.
3. Contact the ER or your doctor if the wound becomes red, swollen, or shows signs of infection.
4. Return to the ER for a wound check in_____ days.
5. Return for suture removal in_____ days.
6. Protect the healed wound from the sunlight for 1 year with a full sunblock (SPF-15 or higher) to lessen scar.

☐ **Cast/Splint Care**
1. Keep elevated with no weight or pressure on any part of splint or cast for 48 hours. Do not get cast/splint wet.
2. Do not insert anything between your cast/splint and skin.
3. Call your doctor if you feel pressure or tightness in cast/splint area or if exposed fingers/toes are cold, numb, blue or painful.

☐ **X-rays**
Your X-rays have been read by an Emergency physician or your doctor. A specialist in X-ray will review your films within 24 hours and if his opinion differs, you will be notified with instructions for follow-up.

Other Instructions: [illegible]

Work/School Excuse:
Light duty_____days
Return to work/school on_____

The above instructions have been explained to me and I understand them.

Patient or representative [illegible] Nurse [illegible] Time [illegible]

☐ WORD ☐ STABLE ☐ AMBULATORY ☐ WHEELCHAIR

MR#: 009662559 EBA 03/02/04 -
RUSSELL,ROBERT GEN DC
PHYS: FEINGOLD-MD,STEVEN
ADST#-040621-00417 PD: PP

Physician's Order Sheet
Emergency Services

EKG Done plotted on Computer	Heme Panel CBC
Cardiac Monitor BP	BMP To Lab Now
Pulse Ox	CMP
	CPK
INT	ENP
IV Fluids: @ rate	Amylase Lipase
	Hepatic Function Panel
O2 via @ L/min	PT PTT
O2 @ %	ABG on RA on O2
Peak Flow	
Orthostatic Vital Signs	UA Urine Dip
	Clean Catch Cath
X - Rays	ETOH UDS
CXR PA & Lat Portable	Urine HCG
C-Spine T/S Spine	Serum Quantitative
ABD Flat / Upright KUB	Serum Qualitative
	GC Chlamydia
Old Records	WP KOH
Suture Tray % Lidocaine	
Suture	
Additional Orders	Additional Orders
ECHA Tetanus PO	
EDC	

Chm-03

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 03/02/04 1036
Ord. Phy.: FEINGOLD-MD,STEVEN A

MR#: A000662559
DOB: 03/17/57
Pt. Phone#: (843)225-1022
Ord. Phy.#: (843)402-1037
Phy. Fax #: (843)402-1295

FEINGOLD-MD,STEVEN A
2095 HENRY TECKLENBURG DR

CHARLESTON SC 29414

Acct Nbr : A0406200417
Pat Type : EBA

Chk-In #	Order	Exam	
986687	0003	30144	EXR CHEST 1 VIEW PA/AP

Ord Diag: 786.50-CHEST PAIN NOS

AP PORTABLE UPRIGHT CHEST AT 1045 HOURS: 03/02/04

The soft tissues and bony thorax are unremarkable. For a portable chest, there are no cardiac or pulmonary abnormalities.

IMPRESSION:

Normal portable chest radiograph.

sak

Read By: PAMELA COYLE-MD
Released By: PAMELA COYLE-MD

SAK
Approved: 03/02/04 1348

FINAL

730 Stoney Landing Rd, Moncks Corner SC 29461 * (843)899-7700 EXT.5036

[redacted] BERKELEY MEDICAL CENTER
[redacted] OF LABORATORY MEDICINE
[redacted] AVENUE, [redacted] CAROLINA

03/03/04
0830
PAGE 1

[redacted]
Admission Date: 03/03/04
Doctor: PETROVA, DENVER A

SEX: M RACE: W

CHEMISTRY

SPECIMEN DATE	03/03/04
SPECIMEN TIME	1041
SPECIMEN	SER

------METABOLIC PANEL/CHEMISTRY------			
NA @	137	MEQ/L	135-145
K @	4.3	MEQ/L	3.6-5.3
CL @	98	MEQ/L	98-108
CO2 @	27	MEQ/L	21-28
ANION GAP (CALC) @	12	MEQ/L	2-17
GLUC (CALC) @	272 L	MG/DL	200-500
CALCIUM @	92	MG/DL	70-220
BUN @	16	MG/DL	4-23
CREATININE @	1.6 H	MG/DL	0.5-1.3
B/C RATIO @	11.4		6.0-17.0
CALCIUM @	9.8	MG/DL	8.5-10.5

Footnotes
L = Low, H = High
@ - NA, K, CL, CO2, ANION GAP(CALC), GLUC (CALC), CALCIUM, BUN, CREATININE, B/C RATIO, CALCIUM performed at: [redacted]

[redacted] DOCTOR: PETROVA, DENVER A
Report Date/Time 03/03/04 0830

Pt. Acct: [redacted]
MR: [redacted]

PAGE 1

0363

[redacted] MEDICAL CENTER
DEPARTMENT OF LABORATORY MEDICINE
MORGAN COUNTY, SOUTH CAROLINA

[redacted]

Name: RUSSELL, ROBERT CRAIG — MRN (000000)0000[redacted] — Birth Date: [redacted]
Admission Date: 03/02/04 — Status of Examination: [redacted]
Doctor: HEDGOLD, STEVEN A — Room #: — Bed #: — Dept:

CARDIAC MARKERS

SPECIMEN DATE 03/02/04
SPECIMEN TIME 1041
WORKFORK ZVH

----- CARDIAC INJURY PROFILE -----			
TROPONIN I @	NONE DET		NG/ML .00-1.50
TROPONIN T			

REFERENCE RANGES

MARKER LEVEL		INTERPRETATION	MY.MYOCARDIAL ACCESS
<0.1	NG/ML	NORMAL	<0.05 NG/ML
0.1-0.4	NG/ML	EQUIVOCAL FOR MYOCARDIAL INJURY	N.A.
0.4-1.5	NG/ML	AT RISK FOR MYOCARDIAL INJURY	0.05-0.50 NG/ML
1.5	NG/ML	DIAGNOSTIC OF MYOCARDIAL INJURY	>0.50 NG/ML

Note: These are reference ranges established by the manufacturer and literature based on this analyte's performance in clinical settings. Interpretation requires clinical correlation as false negative and false positive results may occur.

CPK @	144	IU/L	33-232
CK INDEX(CALC) @	NOT E		< 5.0
CPK(MASS) @	0.0	NG/ML	0.0-3.9

PROCESSING
E = POSITIVE
@ = TROPONIN I, CPK, CK INDEX(CALC), CPK(MASS) performed at: [redacted]
CK INDEX(CALC). 03/02/04 1041 DUE TO LOW CPK, CK INDEX NOT CALCULATED.

Physician: HEDGOLD, STEVEN A — Pt. Name: RUSSELL, ROBERT CRAIG
Report Date/Time: 03/03/04 0036 — MRN (000000)0[redacted] Continued...
Page 2

Name: ROSSELL, ROBERT [redacted] MRN (0P000)0000[redacted] Home Site: UNKNOWN SI
Admission Date: 02/02/04 Age: 39 Sex: M Ward:
Doctor: FEINGOLD, STEVEN A Loc: M Room: M

HEMATOLOGY

SPECIMEN DATE:	03/02/04
SPECIMEN TIME:	1042
SPECIMEN:	TPE

----WHITE BLOOD CELL----			
WBC #	9.9		
RBC #	4.91 L		
HGB #	14.8		
HCT #	42.4		
MCV #	92.1		
MCH #	32.1 H		
MCHC #	34.8		
RDW #	11.7		
PLATELET #	162		
MPV #	9.2		

#/CUMM	4.0-10.5
M/CUMM	4.70-6.10
G/DL	14.0-18.0
%	42.0-52.0
FL	78.0-97.0
PG	27.0-31.0
%	32.0-36.0
%	11.5-14.5
K/CUMM	140-440
FL	6.3-11.2

0366

ROBERT RUSSELL GENE 2 MAR 2004 10:13:56 D00662559

47 yrs Male
46

HR 105 (NSR). Normal sinus rhythm, rate 80
QRSD 88 (CLRE). Consider left atrial enlargement
QT 332 - OTHERWISE NORMAL ECG -
QTc 383

--AXES--
P 41
QRS 37
T 36

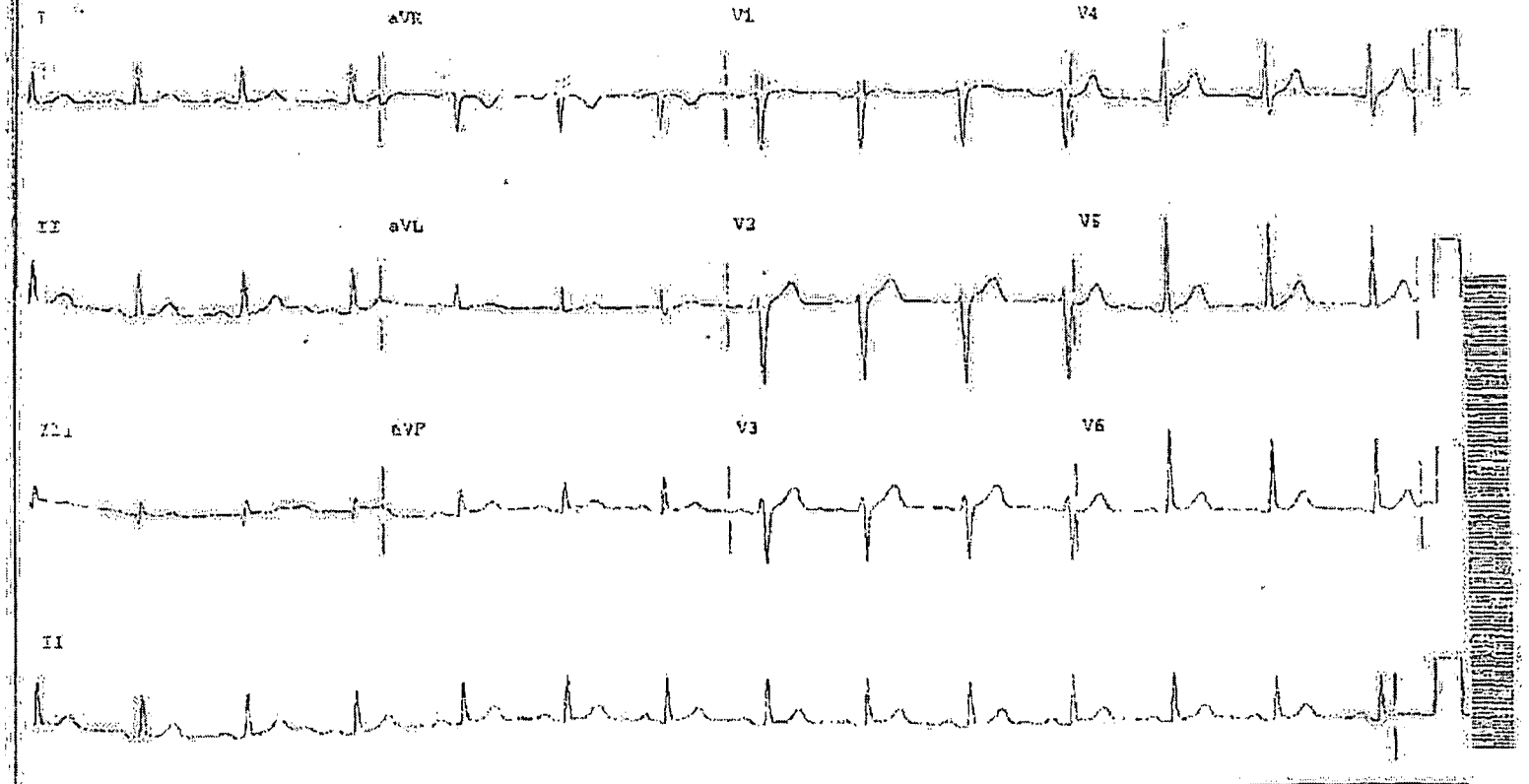
DOB: 3-17-57
AD INFO: 04062-0037

Requested by
PHYSICIAN:
Tech: AC
Room ER1

C-UP708

ROPER ST. FRANCIS HEALTHCARE - Berkeley ER

PRELIMINARY - MD MUST REVIEW



Lead 10004

25 mm/sec 10.0 mm/mV F ~ W 0.50-40

(Patient label's here applicable)
MR#: 000662555 EBA 03/02/04 -
RUSSELL,ROBERT GEN DOT

☐ Roper Hospital

☐ Bon Secours St. Francis Hospital

PHYS: FEINGOLD-MD,STEVEN

To the Patient [or parent, guardian, or legal representative] (YOU) _____ ACCT#:04062-00417 FC: PP ____
Please print patient's name above if necessary

Before Roper Hospital and/or Bon Secours St. Francis Hospital and any of its departments (the **HOSPITAL**) may provide you inpatient or outpatient services **YOU** must know what services **YOU** will receive, consent to them, agree to how to pay for them, and accept how the **HOSPITAL** will use your medical record. The **HOSPITAL** requests your consent to TWO (2) different parts of this form. Please carefully read Part I on treatment and other important matters **AND** Part II on the use of your patient information. **YOU** may request that this form be read to **YOU**. Be sure to ask any questions **YOU** may have about it. When **YOU** fully understand the form's content, please sign it in the place indicated on the back of the form. In advance, **THANK YOU** very much for your cooperation in meeting the **HOSPITAL'S** responsibility to **YOU** and to the community it serves.

PART I

CONSENT TO TREATMENT

YOU authorize your physician or a designated qualified assistant to provide **YOU** medical treatment. **YOU** consent to all **HOSPITAL** medical or diagnostic care ordered for **YOU** during this visit as an outpatient or stay in the **HOSPITAL**. This consent includes testing for infections such as hepatitis B and HIV and providing blood or body fluids for such tests in order to protect **YOU** and/or those who provide **YOU** services.

PAYMENT FOR SERVICES AND INSURANCE

YOU are directly responsible for paying for all provided services. The **HOSPITAL** will accept assignment of your payment responsibility to others. This includes health insurers, Medicare, Medicaid, workers' comp, and different types of liability, accident, and disability insurance policies. **YOU** agree that the assigned payment responsibility is covered by current, valid and in effect insurance arrangements and that **YOU** will promptly pay any required co-pay amounts and unpaid deductibles. If **YOU** are receiving Medicare benefits for the services provided, an assignment of benefits includes those for physician services that were part of the **HOSPITAL'S** services to **YOU**.

YOU (patient or agent accepting financial responsibility) *guarantee payment* to the **HOSPITAL** for **ALL NONCOVERED SERVICES** and any unpaid, billed amounts not covered by insurance if the applicable benefit plan allows collection of the unpaid balance. **YOU** understand and accept that your physician's orders may include services not paid by benefit plans but will be provided to you by the **HOSPITAL**. Also, **YOU** accept that benefit plans may deny payment for what **YOU** believed were covered services resulting in your responsibility for paying for these services. **YOU** may be billed for the professional component of any hospital services, such as the professional component for clinical laboratory tests.

VALUABLES

YOU accept full responsibility for your valuables especially money or jewelry. The **HOSPITAL** does not accept any liability for your valuables. The **HOSPITAL** expects **YOU** will entrust any valuables to family or friends for safekeeping or deposit them in the **HOSPITAL** safe provided for that purpose. This is especially important when you are an inpatient, but this responsibility also extends to when **YOU** are an outpatient and must change into a **HOSPITAL** gown, remove jewelry or be sedated for a procedure.

SPECIAL NOTE FOR MEDICARE OR CHAMPUS PATIENTS

YOU acknowledge and certify by your signature that all your information provided to the **HOSPITAL** for Medicare or Champus benefits is correct and **YOU** agree to allow the **HOSPITAL OR OTHERS** that have information on your Medicare or Champus benefits claim to provide the information to Medicare, Champus, or their agents in order for them to determine your eligibility for benefits. To carry out this activity, the **HOSPITAL** may use a copy rather than the original of this consent form. **YOU** also, acknowledge receipt of the "Important Message from Medicare" or "Important Message from Champus" forms, which does not waive any of your rights for a review or make **YOU** liable for any payment.

PART II

Consent to the Use and Disclosure of Protected Health Information

YOU agree to honestly, completely, and correctly provide all requested information and permit the HOSPITAL to share your medical record as applicable under the law with your physician, your insurers, Medicare, Medicaid or their designated agents. They may review your record, copy it in full or in part in order to obtain billing and payment information and for insurers (private or government) to determine whether your services are covered by them. YOU agree to allow the HOSPITAL to use your record made during this visit at this time or later to meet its required reporting duties regarding your care and to collect payment for the services YOU received. YOU agree for your doctor to direct copies of your medical records to other physicians, hospitals, and other healthcare facilities as they deem necessary for continuity of care. YOU also agree to have your name posted on scheduling boards and outside your hospital room.

Specific uses of your protected information

The HOSPITAL originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among the many health professionals who contribute to your care (this includes posting your name on scheduling boards or outside your patient room)
- A source of information for applying diagnosis and surgical information to your bill
- A means by which a third-party payor (usually your insurance company or the government) can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

Your signature below acknowledges that YOU received the Notice of Information Practices that provides a description of information uses and disclosure practices. YOU accept and understand that YOU:

- Have the right to review the NOTICE prior to signing this consent.
- Accept that the HOSPITAL reserves the right to change the NOTICE and its information practices, for past, current, or future information. The new notice will contain the effective date on its first page and be made available on our Web site.
- Have the right to object to the use of your health information for the HOSPITAL's patient directory.
- Have the right to request restrictions on the use or disclosure of your health information to carry out treatment, payment, or healthcare operations and to correct error(s) in your record. The HOSPITAL, however, is not required to agree to the restrictions requested.

_____

_____

- May revoke this consent in writing that YOU provide to the HOSPITAL. The revocation does not apply to any uses of your information made by the HOSPITAL in reliance upon this consent form and on the belief that your consent was still effective.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) PART I AND PART II AND FULLY UNDERSTAND AND AGREE TO THE CONTENT.

Patient/Agent: _____ Date: 3/2/04

If agent, what is relationship to patient? _____
Parent, guardian, legal representative

_____ Date _____
Witness (when form is accepted verbally, by telephone or by electronic means)

(3)0041 (12-02)

ROPER ST FRANCIS HEALTHCARE

RCA ADMISSION RECORD

MED. REC. #	ADMISSION DATE/TIME	DISCHARGE DATE/TIME		SERVICE	STATION	ROOM NO.	PAT. TYPE	F.C.	ACCT #
000662559	03/03/04 1321			MED	A6W	0639-01	[redacted]	PP	04063-00556

PATIENT

LOCATION	REL	PAT. CLA	PUB/PVL	LNG	SEX	RACE	MS	DATE OF BIRTH	AGE
BED	PVT		/ N	E	M	W	S		46Y

PATIENT NAME AND ADDRESS	SUBSCRIBER NO	PATIENT EMPLOYER	TELEPHONE NO.
RUSSELL,ROBERT GENE	PR TELEPHONE NO. (84[redacted]2	DHEC	(843)719-4649

GUARANTOR

GUARANTOR NAME AND ADDRESS	SUBSCRIBER NO	GUARANTOR EMPLOYER	TELEPHONE NO.
RUSSELL,ROBERT GENE	TELEPHONE NO (843)[redacted]2 RELATION SELF	DHEC	(843)719-4649

COVERS

INSURANCE

INSURANCE 1	INSURANCE 2
BCBS STATE PO BOX 100605 BDD /444311 COLUMBIA, SC 29260-0605 STATE BCBS ZCS247062960 RUSSELL,ROBERT;GENE	

MISC.

IN CASE OF EMERGENCY NOTIFY	SPOUSE
RUSSELL,JOHN BROTHER HM: (843)567-3847 WK:	HM: WK:

ADM DX/PRESENTING COMPLAINT	ARRIVAL MODE	ADM FROM/SOURCE
ACTIVE CHESTPAIN 786.50	AMBULANC	1 / 6

ADMITTING DOCTOR	ATTENDING DOCTOR	REFERRING DOCTOR	PRIMARY CARE DOCTOR
SAUNDERS-MD,DONALD	SAUNDERS-MD,DONALD	SAUNDERS-MD,DONALD	PCP,UNKNOWN

ALERTS	PREVIOUS ADM DATE	OPT OUT	DIR	END	MKT	PHN	PRIMARY	ALT.		BY
NO NONE	03/02/04	OPT OUT	No	N		MSG				RMP

FOR EMERGENCY DEPARTMENT USE ONLY

ALLERGIES	TEMP	RESP	PULSE	BP	TIME	SIGNATURE

PRINCIPAL DIAGNOSIS: DRG

OTHER DIAGNOSES: SOURCE

786.50

PRINCIPAL OPERATION/PROCEDURE:

37.23
88.72
88.56

OTHER OPERATION/PROCEDURES:

☐ OPERATIVE SUMMARY DICTATED ☐ DISCHARGE SUMMARY DICTATED PHYSICIAN SIGNATURE _____ DATE: _____

Roper Hospital, 316 Calhoun Street, Charleston, SC 29401 | Roper St. Francis Hospital, 2095 Henry Tecklenburg Drive, Charleston, SC 29414 | Roper Rehabilitation Hospital, 316 Calhoun Street, Charleston, SC 29401 | Roper Berkeley Day Hospital, 700 Stony Landing Road, Moncks Corner, SC 29461

CHART COPY

QMH: 2003 T-System, Inc. Circle or check affirmative / blank if negative

MRN: 8007 '8 ERC 03/03/04
RUSSELL, ROBERT GEN POP
PHYS: SAUNDERS-MCDONALD
FC: PP
ACCT#:04063-00226

IR Care Alliance - Bon Secours St. Francis
EMERGENCY NURSING RECORD
Chest-Pain Complaints

TRIAGE TIME 1050 emergent urgent non-urgent

NAME: Robert Russell
D.O.B. _____ AGE _____ (M) / F
HISTORIAN: patient paramedics family _____
ARRIVAL MODE: car EMS police _____
PMD: none Saunders
Tetanus Immunizations: current / not current / date _____
Pneumococcal Immunization: current / not current / date _____
Influenza Immunization: current / not current / date _____

TREATMENT PTA see EMS report IV O2 _____

CHIEF COMPLAINT Chest pain, SOB
started ____ min / hrs ago Last pain 2 hrs ago
Hx initiation of pain: pain @ rest
Provoked by: Deep Breath

nausea / vomiting _____ shortness of breath _____
chemical exposure _____ diaphoresis _____

quality: pressure, tightness, indigestion, burning, dull / aching, sharp / stabbing pain, numbness, like prior MI

location of pain:

radiation (show radiation)

PAIN LEVEL current 0 /10 maximum ____ /10

VITALS time: 1050
BP 137 / 75 P 81 RR 20 temp 97.7 T/O R A
Height 5'10" Weight 236 lb kg
O2 Sat% 97% RA / O2 _____

ALLERGIES NKDA / PCN / ASA / sulfa / latex:
Percocet Rash

MEDS	DOSE	FREQUENCY	LAST DOSE
Prevacid	40 mg	QD	
Levothyroxine	?		
Risperidone			

PAST HX negative
heart disease / HTN / diabetes / stroke Depression
family history of heart disease Grandfather MI @ 65yrs
past surgeries none Surgery - Appendectomy
smoker / Nicotine / alcohol
TB exposure / symptoms
has been physically hurt or threatened by someone close

LNMP N/A G ____ P ____ Ab ____ pregnant / postmenopausal

Wellington Clinic

TIME TO ROOM: 1050
INITIAL ASSESSMENT TIME 1050 ROOM C1

GENERAL APPEARANCE
no acute distress mild / moderate / severe distress _____
alert anxious / decreased LOC Anxious

FUNCTIONAL / NUTRITIONAL ASSESSMENT
appears well nourished obese / malnourished _____
independent ADL assisted / total care _____

RESPIRATORY
no resp distress mild / moderate / severe distress _____
clear breath sounds wheezing / crackles / stridor _____
decreased breath sounds _____
retractions / accessory muscles _____

CVS
regular rate tachycardia / bradycardia / irregularity _____
pulses strong / equal pulse deficit _____
skin warm & dry cool / diaphoretic _____
pale / cyanotic _____

ABDOMEN
oral inspection tenderness / guarding / rebound _____
non-tender bowel sounds hyperactive / hypoactive _____
bowel sounds present

NEURO
oriented x3 disoriented to person / place / time _____
moves all extremities confused _____
weakness / sensory loss _____

ADDITIONAL FINDINGS

Nurse Signature Jennifer Magee RN
*protocol available

0371

ACTIONS

TIME		INIT
1017	O2 2 L via NC	KM
1020	pulse oximeter	
1020	cardiac monitor	
1025	Accu-Chek	
1030	bed low position — side rails up x1	
1032	call light in reach — head of bed elevated	
1037	ready for Dr eval. / notified doctor	
	restraints - see documentation	

IV RECORD Pump used: (Yes) / No

Time	Solution	Site	Ga	Rate	Amt in	Dc'd	INIT
1052	NS	RH	22				
1053	NS	LAC	20				
1115	NS @ KVO			500cc bolus			KM

__IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

Time	Medication	Dose	Rte	Site	INIT
1055	Morphine	5mg	IV	R AC	KM
1101	Response: Q adverse				
1110	Zofran 4mg IVP	4mg	IV	R AC	KM
10	Response: Q adverse / Stretcher				
1103	Ketorolac 30mg IVP	30mg	IV	R AC	KM
1110	Response: Q adverse / VSS				
	Response:				

PROCEDURES

Time		INIT
1044	12 lead EKG performed	KM
1044	Results: NSR, rate 72, no acute changes	KM
1115	2 Hr dose Chart	KM
	VIQ Notified	
	duplex U/S	
	echocardiogram	
	Bronchodilator treatment - albuterol - nebulizer	
	chest tube inserted	
	external pacer applied	
	Foley fr. ml. reagan	
1105	Consent signed	KM
1050	Vials drawn / sent	KM
	results back	
	awaiting physician review	
1058	CXray w manitez / nurse / O2 / meds	KM

VITAL SIGNS

Time	BP	P	RR	T	O2sat	Rhythm	INIT
1047	112/78	97	18		99	NSR	KM
1102	94/60	50	20		94		KM
1115	80/60	80	18		100		KM
1120	90/60	80	18		100		KM

Chest Pain Complaints - 18

PAIN REASSESSMENT

Time	Description	Level	INIT
1120	denies	0 /10	KM
		/10	
		/10	

ADDITIONAL NOTE

DH - pt placed on cardiac monitor, VSS, 12 lead EKG done & reviewed by MD, pt denies pain, pt medicated per standing orders, pt tolerated well, pt remains pain free, VSS, pt transported to ED on cart accompanied by RN, report given to ED RN, all belongings with pt.

INTAKE / OUTPUT

INTAKE		OUTPUT	
IV:		Urine:	
PO:		Emesis:	
Other:		Blood-Approx:	
Total:		Total:	

PROPERTY TO:

__patient __family __security __safe __sign patient belongings list

DISPOSITION

__discharged home police nursing home ME funeral home

__verbal / written instructions / Rx given to: patient ____

__verbalized understanding

__learning barriers addressed: ____

__accompanied by / driven by: ____

__pain level at discharge 0 /10

__admitted (transferred) to ED via Stretcher Cart

__response: ____ date ____

__transfer documentation completed

__notified family / police / ME

__left AMA / LWOT signed AMA sheet refused

__physician notified of: Dr. [illegible] Verbal order see

CONDITION

__unchanged __improved __stable __other ____

Depart Time 1120 Mode: walk W/C stretcher ambulance

Discharge Nurse Signature [signature]

SIGNATURE	INITIAL
[signature]	
[signature]	

*preprinted on chart

Carotid Pathway

Expected LOS: Ca... Day Post-Procedure
Interventional 2 Days Post-procedure

This document should be considered a Guideline. Outcomes will vary depending on the patient's severity of illness and other factors/conditions which affect or alter expected outcomes.

MRN: 000682558 A 02/03/04 0639-01
RUSSELL,ROBERT GEN DOB:
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 PC: PP

Key: Fill in appropriate location for nursing unit. Initial completed intermediate and discharge outcomes. Circle any variances and document on variance log. Once variance is resolved, date and initial on clinical pathway.

Expected Discharge Outcomes	Day of Procedure (Pre-Procedure) Post procedure Date: 2/3/04	Day 1 Post-Cath Discharge Outcomes Date: 2/4/04
	Nursing Unit: Cath	Nursing Unit: Tele
Neurological Neurological signs intact		Neurological signs intact MM
Musculoskeletal Patient able to resume pre-admission ADLs and mobility		Patient able to resume pre-admission ADLs and mobility MM
Cardiovascular Peripheral pulses return to pre-procedure assessment Chest pain controlled or absent Arrhythmia controlled or absent Hemodynamically stable	Checking Pedal Pulses MM	Peripheral pulses return to pre-procedure assessment MM Chest pain controlled or absent MM Arrhythmia controlled or absent MM Hemodynamically stable MM
Respiratory Chest clear to auscultation bilaterally or within pre-admission parameters		Chest clear to auscultation bilaterally or within pre-admission parameters MM
Genitourinary Patient able to void without discomfort (except dialysis patient) Urine output adequate (except dialysis patient)		Patient able to void without discomfort (except dialysis patient) MM Urine output adequate (except dialysis patient) MM
Integumentary Puncture site sealed		Puncture site sealed MM
Psychosocial Patient/family able to identify resources for coping Patient/family able to verbalize thoughts/feelings about treatment	Patient/family able to verbalize thoughts/feelings of planned procedure MM	Patient/family able to identify resources for coping MM Patient/family able to verbalize thoughts/feelings about treatment MM
Education Patient/family able to verbalize understanding of disease process and interventions Patient/family able to identify problems which require immediate medical attention Patient/family able to verbalize understanding of care needs (activity, meds, treatments, nutrition, etc. per PEARLS)	Patient/family able to verbalize understanding of planned procedure MM Path patient pathway reviewed with patient/family MM	Patient/family able to verbalize understanding of disease process and interventions MM Patient/family able to identify problems which require immediate medical attention MM Patient/family able to verbalize understanding of care needs (activity, meds, treatments, nutrition, etc. per PEARLS) MM
Discharge Planning Patient/family able to verbalize support system(s) for home care and/or support system for home care established Patient/family able to manage continuing care needs Patient discharged		Patient/family able to verbalize support system(s) for home care and/or support system for home care established MM Patient/family able to manage continuing care needs MM Patient discharged MM

Signature Key

Date	Initial	Signature	Date	Initial	Signature	Date	Initial	Signature
2/3/04	MM	[illegible]						

Initial Discharge Outcomes in CORE

ST FRANCIS HEALTHCARE

Heparin Order Form

MRN: 00065255 ERC 03/03/04 -
RUSSELL,ROBERT GEN DOF
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00226 FC: PP

Regular Unfractionated Heparin for Adults

Diagnosis: Chest Pain
Allergies: Penicillin
Total Body Weight: 230 lbs. = 106 Kg.

Warning: Due to an increased risk of serious bleeding, patients should not be receiving both regular heparin and a Low-Molecular Weight Heparin.

Patients should also be evaluated for continuance of other medications such as aspirin, clopidogrel, and NSAID therapy.

1. Baseline PTT, PT / INR, Home Panel

2. Check the appropriate Bolus regimen according to Diagnosis / Disease
   a. No Initial Bolus
   b. Acute Coronary Syndrome - Heparin Bolus 75 units / Kg = 8,000 units IV (round to the nearest 1000 units) Maximum bolus = 10,000 units.
   c. *In Combination with Thrombolytic Therapy for Acute MI (TNKase, Retavase, TPA)*
      5,000 units bolus if 65 Kg or greater
      4,000 unit bolus if less than 65 Kg.
      See Dosing Chart on Back
   d. Treatment of DVT / PE - Heparin Bolus 80 units / Kg = _____ units IV (round to the nearest 1000 units) Maximum Bolus = 10,000 units.

3. Following bolus, begin IV Heparin infusion : (Check the appropriate regimen)
   - **Premixed IV bag contains Heparin 25,000 units in 250 ml of D5W (100 units / ml)**
   - **Maximum initial infusion rate not to exceed 2000 units / hr.** 1700 Dr
   - All Cardiology Regimens : 16 units / Kg / hr = 17 mls / hr 6th
     See Dosing Chart on Back
   - Treatment of DVT or PE : 18 units / Kg / hr = _____ mls / hr

4. PTT 6 hours after initiation of Heparin infusion or any dosage change.

5. Adjust Heparin based on guidelines below (Therapeutic range corresponds to a heparin anti - Xa range of 0.3 – 0.7 units)
   (Document all changes on MAR and Physician's order sheet)

PTT (seconds)	Bolus Dose	Rate Changes	Repeat PTT (After each dosage change)
PTT < 49	Bolus 4,000 units	Increase rate 200 units / hr	6 hrs
PTT 49 – 58	Bolus 3,000 units	Increase rate 200 units / hr	6 hrs
PTT 59 – 86	No Bolus	No rate change	Next am
PTT 87 – 100	No Bolus	Decrease rate 100 units / hr	6 hrs
PTT 101 – 110	No Bolus	Hold infusion 1 hr, then decrease rate by 200 units / hr	6 hrs
PTT > 110	No Bolus	Hold infusion 1 hr, then decrease rate by 300 units / hr	6 hrs

6. Daily PTT and Home Panel QAM (while on Heparin Protocol).

7. Check stools daily for occult blood & notify physician if positive.

8. Notify physician for bleeding, hematoma, or HR > 120 bpm.

7/30/04 1410
Physician Signature: _____ Date / Time: _____ RN Sign off: [signature] Time 0305

ROPER ST FRANCIS HEALTHCARE

MR#: 0006[illegible] ERC 03/03/04 -
RUSSELL,ROBERT GEN DOI

PHYS: SAUNDERS,MD,DONALD

ACCT#:04063-00226 FC: PP

PHYSICIAN'S ORDER SHEET

DR. DONALD SAUNDERS' ADMIT ORDERS

Date	Admit Tele Room for Dr. Donald Saunders	Nurse's Signature
3/3/04	Dx: Chest Pain	
	Condition: Guarded	
1050	VS-Routine	
	Allergies: PCN Percocet – Rash	
	BR with BRP:	
	Diet: NPO	
	Labs: BMP, CBC, PT, PTT – Rpt. STAT	
	CIP q 8 hours x 3	
	Chest PA & lateral	
	EKG now and in a.m.	
	Meds as at home:	
	NTG 1mg q 6h Start Tecnf	
	Ecotrin 1 po every day if not allergic to aspirin	
	INT with flush q 8 h and prn	
	PRN List	
	Tylenol 1-2 tabs q 3 hours prn for pain or increased temperature	
	MOM 30 cc prn for constipation	
	Mylanta 30 cc prn for heartburn	
	Ambien 5 mg po q hs prn. If greater than 60 years old, 2.5 mg po q hs prn	
	NTG 1/150 sl q 5 minutes x 3 prn for chest pain or angina symptoms	
	Phenergan 12.5 mg IV q 6 hours prn for nausea/vomiting	
	Have pt sign consent for ① heart cath/PTCA/stent	
	Shave + Prep ② groin	
	Start IV NS @ 75 cc/hr	
	Start Hep gtt – check nomogram	
	① Protonix ② Lanoxin ③ Ranexa ④ Lasix ⑤ Zyrtec ⑥ Solu-Medrol ⑦ Vioxx	
	– Christine NP	

ROPER ST FRANCIS HEALTHCARE

TRANSFER FORM

Roper BSSF Northwoods Roper Berkeley Roper Mt. Pleasant

Pmt: 000002555 ERC 03/03/04
RUSSELL,ROBERT GEN DO[illegible]
PHYS: SAUNDERS-MD,DONALD

I. MEDICAL CONDITION: Diagnosis- [illegible] ACCT#:04063-00226 FC: IP

PHYSICIAN

Emergency Medical Condition (EMC) Identified: (Check one of the following) *(Mark appropriate box, then go to Section II)*

- ☐ No Emergency Medical Condition Identified: This patient has been examined and an EMC has not been identified
- ☑ Patient Stable – The patient has been examined, an EMC has been identified and stabilized such that, within reasonable clinical confidence, no material deterioration of this patient's condition is likely to result from or occur during transfer.
- ☐ Patient Unstable – The patient has been examined, an EMC has been identified and patient is not stable, but the transfer is medically indicated and in the best interest of the patient.

I have examined this patient and based upon the reasonable risks and benefits as verified above and upon the information available to me, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to this patient's medical condition that may result from effecting this transfer.

- ☐ Other: _____

II. CERTIFICATION OF NEED FOR TRANSFER:

Medical Benefits:	Medical Risks:
[illegible]	
☐ Obtain level of care not available at this facility.	☑ Worsening of condition or death if you stay here. ☑ Traffic delays resulting in deterioration of condition.

Date/Time 3/3/04 per Dr. [illegible] by _____ Qualified Medical Personnel

Certifying Physician Signature [illegible] Date/Time 3/3/04 1010

NURSING

III. Receiving Facility and Individual: The receiving facility has the capability for the treatment of this patient and has agreed to accept the transfer and provide appropriate medical treatment.

Name of receiving individual: [illegible] Time: 1100

Name of Receiving Facility: Roper Mt Pleas Report given to (Person/title): _____

IV. Mode/Support/Treatment During Transfer As Determined by Physician– (Complete Applicable Items):

Mode of transportation for transfer: ☐ BLS Ambulance ☑ ALS Ambulance ☐ Helicopter ☐ Private Car
☐ Other: _____

Support/Treatment during transfer: ☑ Cardiac Monitor ☐ Oxygen – (Liters): 3 ☑ Pulse Oximeter
☑ IV Pump ☑ IV Fluid: LR 200cc Rate: TKO/minimum ☐ Restraints – Type:
☐ None ☐ Other: ATC Supervisor Dr. Saunders Dr. Rose ASO Officer

Name/Title of any accompanying hospital personnel: Mr. RN Roper Security EMT Paramedic

Radio on-line medical direction control exercised by (if necessary) ☐ Transfer Hospital ☐ Destination Hospital ☐ Other _____

Vital Signs Just Prior to Transfer: 97 T 116/64 BP 90 Pulse 20 Respiration at 110 cm/pm

V. ACCOMPANYING DOCUMENTATION– sent via: ☐ Patient/Responsible Party ☐ Fax ☑ Transporter
☑ Copy of Pertinent Medical Record ☐ Lab/ EKG/ XRay ☐ Copy of Transfer Form ☐ Court Order ☐ Advanced Directive
☐ Other _____

VI. Time of Transfer: _____ Date: 3/3/04 Nurse Signature: _____
☐ Patient/accompanying party instructed to go directly to accepting facility.

PATIENT

VII. ☑ I hereby CONSENT TO TRANSFER to another facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits upon which this transfer is being made.

☐ I hereby REQUEST TRANSFER to _____. I understand and have considered the hospital's responsibilities, the risks and benefits of transfer, and the physician's recommendation. I make this request upon my own suggestion and not that of the hospital, physician, or anyone associated the hospital.

The reason I request transfer is: _____

☐ I hereby REFUSE transfer to another facility. The probable risks of such REFUSAL have been explained to me.

Signature of ☐ Patient ☐ Responsible Person [illegible] Relationship _____

2100476 Witness: [illegible]

Original-Received; Copy-to receiving facility; Copy-OA/IP

0376

RUSSELL, ROBERT
000562559
Donald E. Saunders, MD
Page 1

ROPER HOSPITAL

ADMISSION HISTORY AND PHYSICAL EXAMINATION
03/03/2004

This is a corrected report.

HISTORY OF PRESENT ILLNESS: This is a 46-year-old male who is admitted with chest pain. The patient has had intermittent chest pain for the past week. His chest pain was described as midsternal chest tightening without associated symptoms. The pain is slightly exacerbated with manual pressure of the chest region. The pain occurs intermittently and may last 30-60 minutes at a time.

CURRENT MEDICATIONS:
1. Prozac
2. Risperdal
3. Zantac
4. Vioxx
5. Sonata

ALLERGIES: No known drug allergies.

PAST MEDICAL HISTORY: Noncontributory.

SOCIAL HISTORY: He denies a smoking history of alcohol abuse. He is not married. He is employed. His family history is negative for coronary disease.

REVIEW OF SYSTEMS: Cardiac review of systems is as noted in history of present illness and past medical history. HEENT, GI, GU, hematologic, lymphangitic, psychiatric and other review of systems are negative.

PHYSICAL EXAMINATION: Vital signs – blood pressure 104/70, pulse 76, respirations 16. In general, he is a pleasant white male who appears his stated age. He is alert and oriented x 3 in no acute distress. HEENT is normocephalic and atraumatic. Neck is supple and nontender. Sclerae are clear. Extraocular movements appear to be intact. Cardiovascular exam shows the PMI located on the midclavicular axis. Regular rate and rhythm, no murmur, gallop or rub. Carotid arteries are 2/2 without bruit. The radial arteries and dorsalis pedis arteries are palpable. No significant edema is noted. Lungs are clear to auscultation and percussion. There is no use of any intercostal retractions or accessory muscles noted. Abdomen has bowel sounds present, is nontender. No hepatosplenomegaly. No masses. Skin exam is unremarkable. Psychiatric examination shows an appropriate affect. The patient was oriented to person, time and place. Neurological exam revealed cranial nerves II-XII to be grossly intact. Motor and sensory exam appeared to be grossly intact.

DIAGNOSTIC STUDIES: EKG is pending.

ADMISSION HISTORY AND PHYSICAL EXAMINATION
03/03/2004

ASSESSMENT AND PLAN: A 46-year-old male who presents with chest pain. The patient will be admitted to telemetry and placed on Nitro paste and aspirin. Serial cardiac enzymes and EKG will be obtained. I do believe he will benefit from either a nuclear stress test or a regular treadmill, depending on his EKG and the results of his cardiac enzymes.

ADDENDUM

The patient had an EKG. On the EKG, he appeared to have slight ST-segment elevation in the inferior leads as well as V_6. It is difficult to determine whether the elevations are secondary to repolarization abnormalities or chest pain.

At this time, treatment will be initiated at St. Francis Hospital emergency room. I would like to start him on intravenous nitroglycerin, heparin, aspirin and oxygen. I would like to transfer him urgently to Roper Hospital and proceed with cardiac catheterization and possible coronary intervention.

I have explained the risks, benefits and alternatives of the procedures planned. The patient agrees to proceed.

Donald E. Saunders, MD

TR: cnb OD: 03/03/2004 TD: 03/03/2004 12:21 P JOB#: 00301608S DOC#: 1059185

cc: Donald E. Saunders, MD

RUSSELL, ROBERT GENE
000552559
Donald E. Saunders, MD
Page 1

ROPER HOSPITAL

DISCHARGE SUMMARY
ADMISSION: 03/03/2004
DISCHARGE: 03/04/2004

Dictated by Chris Champion, NP for Donald Saunders, MD.

HISTORY OF PRESENT ILLNESS: The patient was seen in the emergency room at Roper Berkeley for complaint of chest pain. He was then sent to see Dr. Saunders in the office clinic yesterday. He was noted by EKG to appear to be having an acute myocardial infarction. He was having midsternal chest discomfort that relieved with nitroglycerin. It was decided to admit the patient.

HOSPITAL COURSE: The patient was transferred to Roper Hospital from St. Francis Hospital. He underwent emergent cardiac catheterization.

At this time, he will be discharged.

Pertinent laboratory data revealed basic metabolic panel on March 3, 2004 with sodium 143, potassium 4.4, BUN 14 and creatinine 1.3. CBC revealed WBC at 6.3, RBC at 4.90, hemoglobin 15.3 and hematocrit 43.8. Platelet count was 199,000.

Cardiac catheterization on March 3, 2004 by Dr. Saunders revealed no significant coronary artery disease and good left ventricular function. Ejection fraction was estimated to be greater than 60%.

There will be no changes in medications.

DISCHARGE MEDICATIONS:
1. Fluoxetine 40 mg 1 p.o. daily.
2. Zantac 150 mg 1 p.o. b.i.d.
3. Lamictal 250 mg 1 p.o. nightly.
4. Vioxx 25 mg 1 p.o. daily.
5. Sonata 20 mg 1 p.o. nightly.
6. Enteric-coated aspirin 81 mg 1 p.o. daily.
7. Wellbutrin SR 150 mg 1 p.o. b.i.d.
8. Risperdal 1 p.o. b.i.d.
9. Zyrtec 10 mg 1 p.o. daily.

DISCHARGE DISPOSITION: The patient was asked to consume a low-fat, low-cholesterol diet. He is to engage in low level of activity for 5 days and then as tolerated. He is to keep the right groin clean and dry for 5 days. He is to not lift objects greater than 10 pounds for 5 days and not strain. He is to follow up with his primary care physician, Dr. Virgil Harvey, in 5 to 7 days for noncardiac cause of chest pain workup. He is to follow up with Dr. Saunders in 2-3 weeks for routine followup. I will keep him out of work on Monday, March 8, 2004.

Donald E. Saunders, MD

TR: lab DD: 03/04/2004 TD: 03/09/2004 6:08 A JOB#: 000016950 DOC#: 1070736

cc: Virgil Harvey, MD
Donald E. Saunders, MD

CareAlliance
Health Services

MRN: 000002599 ENC: 05703104
RUSSELL,ROBERT GEN DOB:
PHYS: SAUNDERS MD,DONALD
AGCY#:04003-00228 FC: PP
04003-00446

Informed Consent for Operation/Procedure/ Anesthesia *INCLUDING* Blood and Blood Products

1. I give my permission to Dr(s) Saunders to perform the following procedure(s) Left Heart Cath PTCA/Stent on Robert Russell (patient's name).
2. I understand that during the procedure(s) new findings or conditions may appear and require an additional procedure(s) for proper care.
3. My doctor has discussed with me the items listed below:
   (a) the nature of my condition;
   (b) the nature and purpose of the procedure(s) that I am now authorizing;
   (c) the possible complications and side effects that may result, problems which may be experienced during recuperation, and the likelihood of success;
   (d) the benefits to be reasonably expected from the procedure(s);
   (e) the likely result of no treatment; and
   (f) the available alternatives, including the risks and benefits.
   (g) My physician has also explained that, in addition to the specific risks involved in the procedure(s), there are other possible risks that accompany any surgical and diagnostic procedure. I acknowledge that neither my physician nor anyone else involved in my care has made any guarantees or assurances to me as to the result of the procedure(s) that I am now authorizing.
4. I know that other clinical staff may help my doctor during the procedure(s).
5. I understand that the procedure(s) may require that I undergo some form of anesthesia, which may have its own risks. My doctor or a representative from the department of anesthesiology, has informed me of the course of anesthesia that is recommended (if any) along with its possible risks and alternatives.
6. Any tissue or specimens taken from my body as a result of the procedure(s) may be examined and disposed of, retained, preserved, or used for medical, scientific, or teaching purposes by the hospital.
7. I understand that my procedure(s) may be photographed or videotaped and that observers may be present in the room for the purpose of advancing medical care and education.
8. I understand that, during or after the procedure(s) my doctor may feel it necessary to give me a transfusion of blood or blood products. My doctor has discussed with me the alternatives to, and possible risks of transfusion.
9. I understand what my doctor has explained to me and have had all my questions fully answered.

Having talked with my doctor and having the opportunity to read this form, my signature below acknowledges my consent to the performance of the procedure(s) described above.

Signature of Patient or Legal Representative X Robert Russell Date 3/3/04 Time 11:05 AM
If Legal Representative, Relationship to Patient _____

Witness Marion Durham

Verbal or Telephone Consent
Name of Legal Representative _____ Relationship to Patient _____ Date _____ Time _____

Witness _____ Witness _____

I have explained the risks, benefits, potential complications, and alternatives of the treatment to the patient and have answered all questions to the patient's satisfaction, and he/she has granted consent to proceed.

Physician's Signature _____ Date _____

Rev1

RUSSELL, ROBERT GENE
000862559
Donald E. Saunders, MD
Page 1

ROPER HOSPITAL

CARDIAC CATHETERIZATION REPORT
03/03/2004

Procedure Performed:
1. Right and left coronary angiography.
2. Left ventriculography.
3. Radiologic interpretation.

Medications: Versed 2 mg.

Contrast: Isovue 85 cc.

Indications: This is a white male who presented for urgent cardiac catheterization. The patient has chest pain with EKG changes suspicious for acute injury. The patient had ST segment elevation in the inferior leads. The patient was transferred urgently from St. Francis emergency room on nitroglycerin, heparin, aspirin, oxygen for cardiac catheterization and possibly coronary intervention. I examined the risks, benefits, alternatives of the procedure and plan and the patient agreed to proceed. He understands the minor risks of bleeding, infection, formation of an arterial renal fistula or renal failure. These occur in less than 10% of cases. Major complications include myocardial infarction, stroke or death. These occur in less than 1% of the cases.

Procedure in Detail: The patient was brought to the cardiac catheterization laboratory urgently. The right groin was prepped and draped in the usual sterile fashion. A 6 French sheath was placed in the right femoral artery under the usual modified Seldinger technique.

Under fluoroscopic guidance, a 6 French JL4 and a 6 French JR4 coronary catheter were advanced over a 0.38 J-tipped wire into the left and right coronary artery system. Selective left to right coronary angiography was then performed via left anterior oblique and right anterior oblique view using craniocaudal angulation. Contrast used is Isovue. Catheters were then removed from the right femoral arterial sheath.

At this time a left ventriculography was performed in the right anterior oblique projection using 12 cc of contrast.

The patient tolerated the procedure well and suffered no major complications.

Results:
- Pressures: The aortic pressure was 130/80. Left ventricle pressure was 130/10.
- Coronary Anatomy:
- Left main coronary artery is large vessel with no significant disease.
- Left anterior descending is a large vessel with two medium to small diagonal arteries. The remainder of the diagonal arteries are small vessels. No significant disease noted _____.
- Circumflex coronary artery is a large codominant vessel with a large LPL branch. There is no significant disease noted in the circumflex coronary system.
- Right coronary artery is a medium to large vessel with a medium to small PDA. There is no significant disease noted in the right coronary system.
- Left ventriculography reveals a left ventricular ejection fraction of greater than 60% with no significant wall motion abnormalities.

ROPER HOSPITAL

CARDIAC CATHETERIZATION REPORT
03/03/2004

Impression: No significant coronary artery disease. Good left ventricular function.

Plan: The patient will be transferred back to the medical floor in stable condition. Noncardiac workup would be pursued.

Donald E. Saunders, MD

TR: ctl DD: 03/03/2004 TD: 03/03/2004 12:45 P JOB#: 000016296 DOC#: 1098117

cc: Virgil Harvey, MD
Donald E. Saunders, MD

Date: 03/03/04 Roper Hospital Page 1

COMPLETE PATIENT REPORT

Patient : RUSSELL, ROBERT
Patient #: 29810

Procedure Date: 03/03/04
Cath Case # : 1-13908

Sex : M
Date of Birth: 03/17/1957
Age : 46 yrs

Height : 70.00 In
Weight : 230.00 Lb
BSA : 2.21 M2

Diagnosis
*CHEST PAIN.

Procedures
.EC

Physicians
1. SAUNDERS

Lab Personnel
1 PARSONS---SCRUB
2 FITZGERALD---CIRCULATE

M. HENDERSON---NON FOR

.ANCILLARY LABORATORY VALUES

RBC Indices

RBC = 05.30
HCT = 43.80

Hematologic Studies

Platelet Count = 250,000

.PRESSURES (cmHg)

Site ROOM AIR, RLSJ

Site				
A	96/10,15	CS/BD,ED) 74 bpm	03/03/04 12:19	18
A	101/20,16	CS/BD,ED) 75 bpm	03/03/04 12:19	20
V	100/12,14	CS/BD,ED) 75 bpm	03/03/04 12:19	58
bA	100/32,51	CS/D,ED) 75 bpm	03/03/04 12:19	58
V	110/19,15	CS/BD,ED) 75 bpm	03/03/04 12:20	17
V	100/28,14	CS/BD,ED) 74 bpm	03/03/04 12:20	20
bA	94/55,76	CS/D,ED) 74 bpm	03/03/04 12:20	20

COMPLETE PATIENT REPORT

Patient : RUSSELL, ROBERT
Patient #: 29810

Procedure Date: 03/03/04
QCath Case # : 1-13908

VENTRICULAR FUNCTION

Site 03/03/04 12:19:18 ROOM AIR, REST

LV	Systolic	=	99	P at peak dp/dt	=	68
	End diastolic	=	15	Peak (neg) dp/dt	=	-2200
	Begin Diastolic	=	18	P at peak (neg) dp/dt	=	57
	VMAX	=	1.59	Peak dp/dt/p	=	37.05
	Peak dp/dt	=	1668	P at peak dp/dt/p	=	28

Site 03/03/04 12:19:26 ROOM AIR, REST

LV	Systolic	=	101	P at peak dp/dt	=	66
	End diastolic	=	16	Peak (neg) dp/dt	=	-2253
	Begin Diastolic	=	20	P at peak (neg) dp/dt	=	51
	VMAX	=	1.61	Peak dp/dt/p	=	37.00
	Peak dp/dt	=	1663	P at peak dp/dt/p	=	30

Site 03/03/04 12:19:56 ROOM AIR, REST

LV	Systolic	=	104	P at peak dp/dt	=	70
	End diastolic	=	11	Peak (neg) dp/dt	=	-1965
	Begin Diastolic	=	12	P at peak (neg) dp/dt	=	44
	VMAX	=	0.98	Peak dp/dt/p	=	34.00
	Peak dp/dt	=	2310	P at peak dp/dt/p	=	26
	Sep per beat	=	328	LVET	=	328
	SEP per minute	=	25	QS2	=	112
				PEP	=	60
				PEP / LVET	=	0.50

Site 03/03/04 12:20:17 ROOM AIR, REST

LV	Systolic	=	100	P at peak dp/dt	=	65
	End diastolic	=	15	Peak (neg) dp/dt	=	-1078
	Begin Diastolic	=	19	P at peak (neg) dp/dt	=	52
	VMAX	=	3.23	Peak dp/dt/p	=	12.31
	Peak dp/dt	=	2310	P at peak dp/dt/p	=	35

COMPLETE PATIENT REPORT

Patient : RUSSELL, ROBERT
Patient #: 29816

Procedure Date: 03/03/04
QCath Case # : 1-13408

VENTRICULAR FUNCTION

Site 03/03/04 12:20:26 ROOM AIR REST

LV	Systolic	=	100	P at peak dp/dt	=	75
	End diastolic	=	13	Peak (neg) dp/dt	=	-1,109
	Begin Diastolic	=	8	P at peak (neg) dp/dt	=	54
	VMAX	=	1.42	Peak dp/dt/p	=	37.53
	Peak dp/dt	=	1298	P at peak dp/dt/p	=	26
	sep per beat	=	256	LVET	=	256
	SEP per minute	=	19	QS2	=	304
				PEP	=	128
				PEP / LVET	=	0.50

VALVE PARAMETERS

ROOM AIR, REST

Valve	Type	Values		
AOR	C	Mean Gradient (mmHg)	=	3
		Systolic Gradient (mmHg)	=	0
		Peak Inst Gradient (mmHg)	=	23

PROCEDURE LOG REPORT

Entry Number	Entry Date	Time	Procedure Log Entry
1	03/03/04	11:50:02	PT ARRIVES IN FASTING STATE IN SINGLE PLANE LAB# 1
2	03/03/04	11:50:02	H & P ON CHART
3	03/03/04	11:50:02	SIGNED CONSENT ON CHART
4	03/03/04	11:50:02	ALLERGIES: NKDA
5	03/03/04	11:50:02	PAIN ASSESSMENT: 0 ON 0-10 SCALE
6	03/03/04	11:50:02	IVF: HEP@17 .45NS@50
7	03/03/04	11:50:02	PEDAL PULSES: +2DILAT
8	03/03/04	11:50:02	PT VERIFIES NAME/DOB AND THIS MATCHES WRISTBAND
9	03/03/04	11:50:02	PT IDENTIFIES TYPE OF PROCEDURE
10	03/03/04	11:50:02	INTENDED ACCESS SITE IDENTIFIED & VALIDATED W/ PT
11	03/03/04	11:50:02	R GROIN PREPPED AND DRAPED
12	03/03/04	11:50:02	PHYSICIAN PAGED WITH READY STATUS .

COMPLETE PATIENT REPORT

Patient : RUSSELL, ROBERT Procedure Date: 03/03/04
Patient #: 24016 QCath Case # : 1-13080

PROCEDURE LOG REPORT

Entry Number	Entry Date	Time	Procedure Log Entry
1	03/03/04	11:58:51	HR: 66 SpO2: 98 NIBP: 120/ 66
2	03/03/04	12:03:46	PHYSICIAN PRESENT IN LAB.
3	03/03/04	12:03:48	ATTENDING VERIFICATION OF PT PROCEDURE, SITE
4	03/03/04	12:05:53	HR: 64 SpO2: 99 NIBP: 127/ 67
5	03/03/04	12:07:54	CASE STARTED: ROOM AIR, REST
6	03/03/04	12:08:46	2000 IU XYLOCAINE INFILTRATED Via R GROIN
7	03/03/04	12:08:46	R FEMORAL ARTERY CANNULATED
8	03/03/04	12:08:46	6FR SHEATH INTRODUCED INTO R FEMORAL ARTERY
9	03/03/04	12:08:52	HR: 63 SpO2: 99 NIBP: 126/ 67
10	03/03/04	12:09:26	VERBAL ORDER REPEATED AND VERIFIED
11	03/03/04	12:10:43	2MG VERSED IN BY PITZ Via SAUNDERS ANKLE IV
12	03/03/04	12:13:11	VERBAL ORDER REPEATED AND VERIFIED
13	03/03/04	12:13:16	HEPARIN DRIP
14	03/03/04	12:13:28	6FR JL4 INTRO
15	03/03/04	12:13:30	LCA INJ.
16	03/03/04	12:13:51	HR: 71 SpO2: 99 NIBP: 123/ 63
17	03/03/04	12:15:20	CATH EXCHANGE: 6FR JR4 INTRO
18	03/03/04	12:15:28	RCA INJ.
19	03/03/04	12:17:47	CATH EXCHANGE: 6FR PIGTAIL INTRO
20	03/03/04	12:18:57	HR: 84 SpO2: 99 NIBP: 122/ 46
21	03/03/04	12:19:25	SAMPLE: 1 = LV 90/10, 15
22	03/03/04	12:19:33	SAMPLE: 2 = LV 101/20, 19
23	03/03/04	12:19:37	HAND INJ. 12CC LV GAM
24	03/03/04	12:20:12	PULLBACK: 3 = LV 104/12, 17 Ao 100/52, 81
25	03/03/04	12:20:23	SAMPLE: 4 = LV 100/9, 15
26	03/03/04	12:20:39	PULLBACK: 5 = LV 100/8, 14 Ao 94/35, 70
27	03/03/04	12:20:47	PIGTAIL REMOVED
28	03/03/04	12:21:01	6FR SHEATH SLEN IN PLACE
29	03/03/04	12:21:03	CASE STOPPED
30	03/03/04	12:21:14	ISOVUE: 85 CC USED
31	03/03/04	12:21:15	FLOURO TIME: 1.5 MIN 11 CINE RUNS
32	03/03/04	12:21:19	REPORT CALLED TO: DR RAGOZA.
33	03/03/04	12:21:05	PHYSICIAN SIGNATURE . SAUNDERS ...
34	03/03/04	12:21:19	CATH TECH SIGNATURE. HENDERSON ...
35	03/03/04	12:23:53	HR: 73 SpO2: 99 NIBP: 114/ 61

ROPER ST FRANCIS HEALTHCARE

PROGRESS RECORD

STARTUP DATE

MRN: 0[illegible]659 IPA 03/03/04 0839-01
RUSSELL,ROBERT GEN DOE

PHYS: SAUNDERS-MD,DONALD

ACCT#:04063-00556 FC: PP

3/3/04 (CN)
1240

No Sig CBM

3/4/04 - 0800 - Cardiology
(S) A&Ox3
(O) VS 130/64, 73, 20, 98.8 W/o = 1560/2835 Tele: None
Card RRR
Pulm - CTA
ABD - BS(+)
Ext (2+) pulses 5 minutes / trace edema
L&G Node
(A&P) CP - with S/S showed no sig Dz - D/C to home today
& F/u two 1°MD for non cardiac causes of chest pain

— Chris Clyatt NP

ROPER ST FRANCIS HEALTHCARE

MRN: 01[illegible] IPA 03/03/04 0839-01
RUSSELL,ROBERT GEN DOB:
PHYS: SAUNDERS-MD,DONALD
ACCT#: 04063-00556 FC: PP

PHYSICIAN'S ORDER SHEET

DRUG ALLERGIES: Percocet

DATE & TIME	RN SIGNATURE	BEGIN HERE: POST CARDIAC CATHETERIZATION ORDERS
		Indicate your orders by marking the appropriate box
		1) Admit to: ☐ Outpatient (6W)
		☐ Inpatient (Intermediate telemetry, CICU, other)
		2) Telemetry ☐ Yes ☐ No
		3) Vital signs q 15 min X 4, q 30 X 2, q 1 hr X 4, then per unit routine.
		4) Activity: Bedrest for 6 hours, then progress activity as tolerated.
		HOB 20 degrees.
		5) Sandbag to ☐ Right ☐ Left groin for 6 hours. Replace if oozing occurs.
		6) Diet: [illegible] Encourage P.O. fluids.
		7) IV Orders: [illegible] @ [illegible] cc/hr for 6 hours, then convert to INT.
		8) Give [illegible] prn for pain.
		9) Pulling sheath: (if applicable)
		☐ PTT in [illegible] hours. If PTT < 50, pull sheath. If PTT > 50, check PTT Q 1 hour until < 50, then pull sheath. Apply sandbag for [illegible] hours.
	OR	☐ ACT in [illegible] hours. If ACT < 140, pull sheath. If ACT > 140, check ACT Q 1 hour until < 140, then pull sheath. Apply sandbag for [illegible] hours.
	OR	☐ Pull sheath in [illegible] hours. Apply sandbag for [illegible] hours.
		10. ☐ Apply FemoStop per policy to groin prior to sheath removal. Remove FemoStop when bleeding has ceased. Apply sandbag for [illegible] hours.
		11. For outpatient caths only: Check affected groin site at [illegible] AM/PM. If no bleeding, ambulate patient for 30 minutes and recheck groin site. If no change, patient may be discharged at [illegible] AM/PM.
		12. Previous orders and medications reviewed, please renew.
		Changes:
		[illegible]
		[illegible]
3/3/04	[illegible]	[illegible]
3/3/04	[illegible]	[illegible]
		Thank you, [illegible] M.D.

Origin 2/95
Revised 1/99, 11/99, 7/03

ROPER ST FRANCIS HEALTHCARE

PHYSICIAN'S ORDER SHEET

MRN: 000062599 IPA 03/03/04 0625
RUSSELL,ROBERT GEN DOB:
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

DRUG ALLERGIES:
Penicillin

DATE & TIME	RN SIGNATURE	DR. HANGER'S ROUTINE PRN ORDERS
3/3/04 2230		1. EKG with chest pain
		2. NTG 1/150 gr SL every 5 minutes for a total of 3 doses prn chest pain
		3. MOM 30 cc po QD prn constipation
		4. Tylenol 2 tabs every 4 hours po prn pain
		5. Benadryl 25 mg po every HS prn sleep
		6. Ambien 5mg QHS prn insomnia
		7. Phenergan 12.5 mg IV every 6 hours prn nausea/vomiting
		8. Darvocet N-100 1 to 2 tabs prn pain
		9. Mylanta 30cc po prn indigestion
		10. Call for: Systolic BP > 220, < 80 Temp > 102 orally HR > 120 or < 40
		11. Do not treat PVC's unless sustained V-Tach > 30 seconds
		KENNETH K. HANGER, MD
2230	3/3/04	Natalie Mallo Schofield

C:\Windows\TEMP\Hanger Routine PRN Orders.doc
OOD 3/4

Verified 2-11-7 Natalie Schofield

ROPER ST. FRANCIS HEALTHCARE

PHYSICIAN'S ORDER SHEET

MRN: 00062[illegible] IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB:
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

DRUG ALLERGIES: Penicillin

DATE & TIME	RN SIGNATURE	BEGIN HERE
3/4/04 0830		D/C to Home [illegible]
3/4/04		[illegible] 0900 [illegible]

(08352 7/00)

ROPER ST FRANCIS HEALTHCARE

( ) ROPER HOSPITAL
( ) ST. FRANCIS HOSPITAL

MR#: 000502559 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: [redacted]

PHYS: SAUNDERS-MD,DONALD

ACCT#:04063-00556 FC: PP

ADMISSION HOME MEDICATION ORDERS
INCLUDE
PRESCRIPTION
OVER THE COUNTER &
VITAMINS & HERBAL PREPARATIONS

? symbol = patient or significant other cannot provide information.

DRUG ALLERGIES: Percocet

ASSESSMENT					ORDERS	
DRUG	DOSE	FREQ	ROUTE	LAST DOSE TAKEN DATE & TIME	CONTINUE	DISCONTINUE
Fluoxetine	20mg	q AM	PO	3/3/04 1330	✓	
Ranitidine	150mg	BID	PO	3/3/04 1330	✓	
Lamictal	250mg	q HS	PO	3/2/04 2200	✓	
Wellbutrin	25mg	q D	PO	3/3/04 1330	✓	
Soma	200mg	q HS	PO	3/2/04 2200	✓	
ASA	81mg	q D	PO	3/3/04 1330	✓	
Lopressor SR	150mg	BID	PO	3/3/04 1330	✓	
Ropinirole	0.5mg	BID	PO	3/3/04 1330	✓	
Ex Zantac	150mg	q HS	PO	3/2/04 2200	✓	

[redacted] 3/3/04 1300
ADMISSION RN SIGNATURE - DATE/TIME

Also by Saunders / PRS: Physicians ord
PHYSICIAN SIGNATURE

[redacted] RN
RN SIGNATURE - DATE/TIME
(TAKING OFF ORDERS)

DO NOT SEND

OVERNIGHT

2101351 (05/03)

ROPER ST FRANCIS HEALTHCARE

( ) ROPER HOSPITAL
( ) ST. FRANCIS HOSPITAL

DISCHARGE MEDICATION ORDERS

MR#: 00002559 DOA: 03/03/04 0039-01
RUSSELL,ROBERT GEN DOB:
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 PC: PP

Symbol = patient or significant other cannot provide information

DRUG ALLERGIES:

DRUG	DOSE	FREQ.	ROUTE	CONTINUE	DISCONTINUE	PRESCRIPTION GIVEN
Finasteride	5mg	q.a.m	PO	✓		
Ranitidine	150mg	B.i.D.	PO	✓		
Lamictal	25mg	q.h.s.	PO	✓		
Wellbutrin SR	150mg	B.i.D.	PO	✓		
Risperdal	0.5mg	B.i.D.	PO	✓		
Zyprexa	10mg	q.h.s.	PO	✓		

Brian H. Myers 3/3/04 1300
ADMISSION RN SIGNATURE - DATE/TIME

DATE & TIME		
	2. DIET: Low fat - low cholesterol diet	
	3. ACTIVITY: Pain level at activity X 5 days - then as tolerated	
3/9/04	4. FOLLOW-UP APPOINTMENT: LAB X-RAY:	
0730	M.D. ① Dr. DMD in 5-7 days - for concordine causes of chest pain	
	5. WOUND CARE: Keep (R) groin clean, dry X 5 days	
	6. SPECIAL INSTRUCTIONS: No Heavy lifting or Heavy lifting > 10 pounds X 5 days	
	7. REFERRAL / HOME HEALTH:	
	② F/U Dr. Sanders in 2-3 weeks - 853-0250	
	Out of work until 3/7/04	

FAXED

Brian H. Myers 3/4/04 0910
DISCHARGE RN SIGNATURE - DATE/TIME

John Chen, NP
PHYSICIAN SIGNATURE

ROPER ST FRANCIS HEALTHCARE

MRN: 000062559 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB:

PHYS: SAUNDERS-MD,DONALD

ACCT#:04063-00556 FC: PP

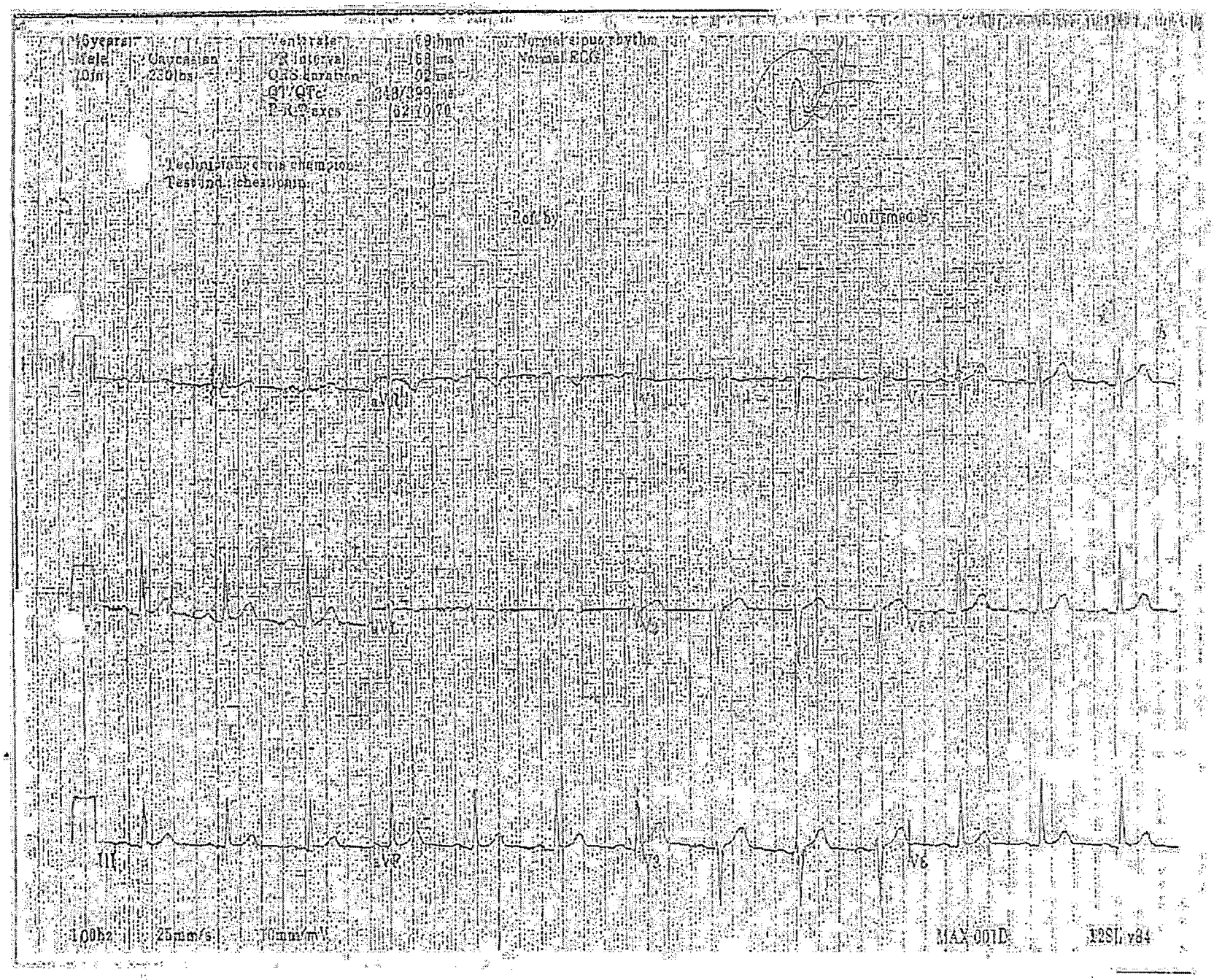
ARRHYTHMIA FLOW SHEET

DATE	TIME	RHYTHM	ATRIAL RATE	VENT RATE	P-R INT	QRS INT	LEAD	MEDICATION	NURSE
3/3/04	1320	SR	77	77	.20	.10			

Admit/Post cath

DATE	TIME	RHYTHM	ATRIAL RATE	VENT RATE	P-R INT	QRS INT	LEAD	MEDICATION	NURSE
3/3/04	1457	SR	74	74	.20	.08	II		

DATE	TIME	RHYTHM	ATRIAL RATE	VENT RATE	P-R INT	QRS INT	LEAD	MEDICATION	NURSE


Male
Unknown
Ventricular rate 69 bpm
PR interval 168 ms
QRS duration 92 ms
QT/QTc 348/399 ms
P-R-T axes 62 10 70
Normal sinus rhythm
Normal ECG
Confirmed by
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
100b2
25mm/s
10mm/mV
MAX 001D
12SL v84

RUSSELL 03/03/2004 11:21:20 ST. FRANCIS HOSPITAL

Oper:

Rate	70
PR	138
QRSD	94
QT	394
QTc	371

. Normal sinus rhythm, rate 70
. Borderline ST elevation, inferior leads

DOB:

AD. INFO:

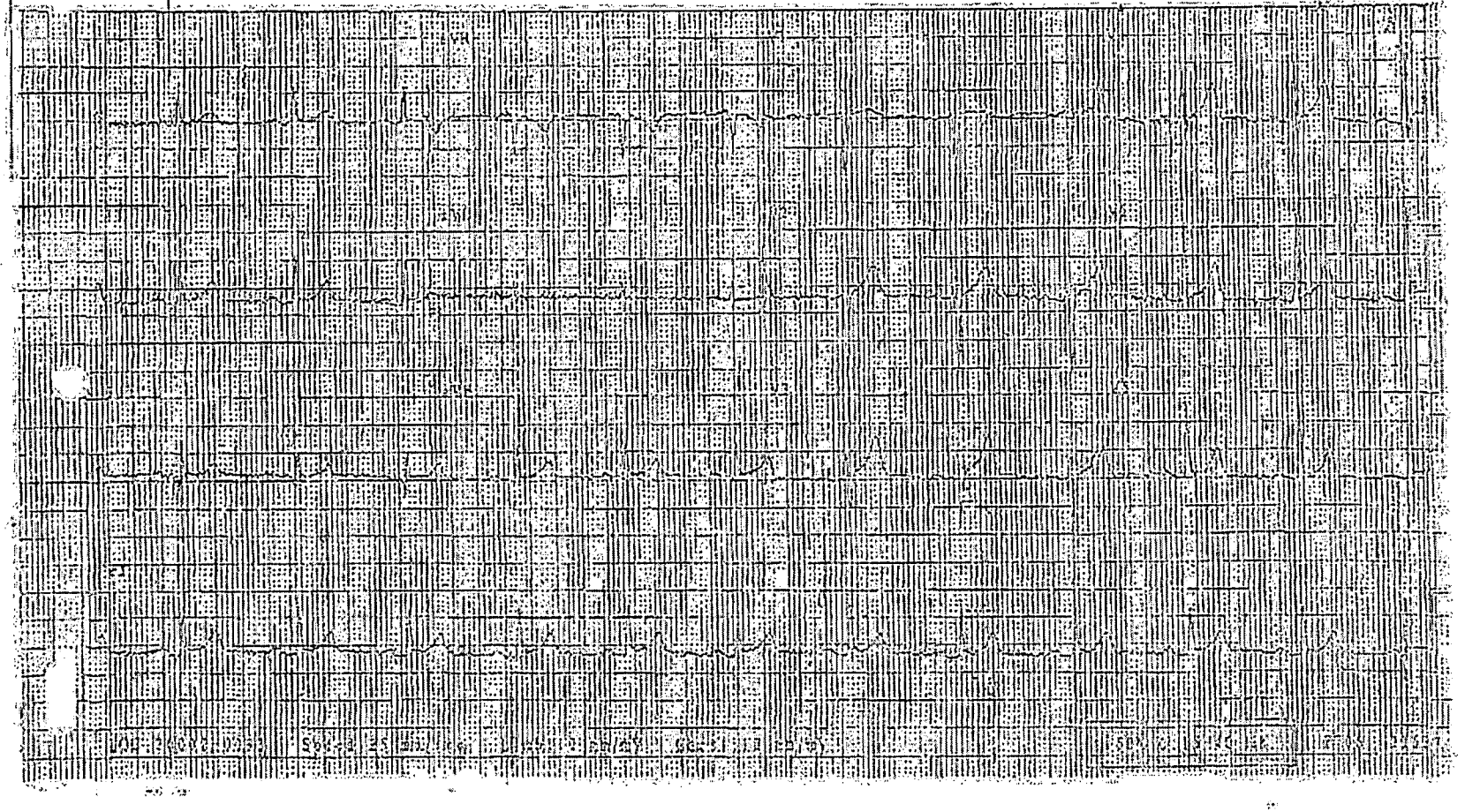
Requested by:

--AXIS--

P	40
QRS	43
T	54

-- BORDERLINE ECG --

PRELIMINARY-MD MUST REVIEW



000662559 05/03/2004 11:14:55a RUSSELL,ROBERT G ST. FRANCIS HOSPITAL
46 years Male

Oper: AR

Rate	53	- Normal sinus rhythm, rate 53
PR	181	- QT interval short for rate
QRSD	86	
QT	366	
QTc	343	

--AXIS--
P 45
QRS 36
T 60

MRN: 000662559 ERC 03/03/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57

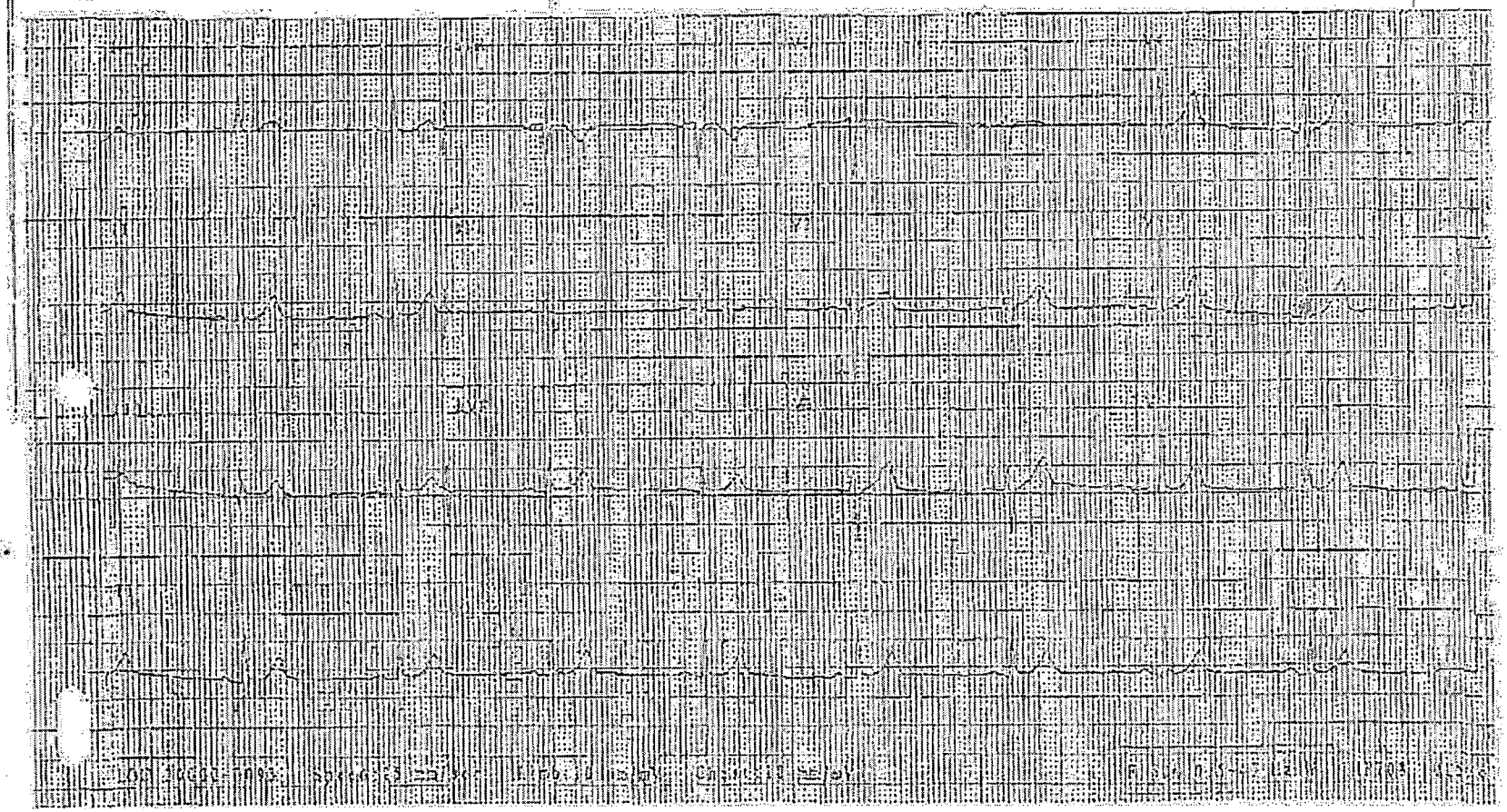
PHYS: SAUNDERS-MCDONALD

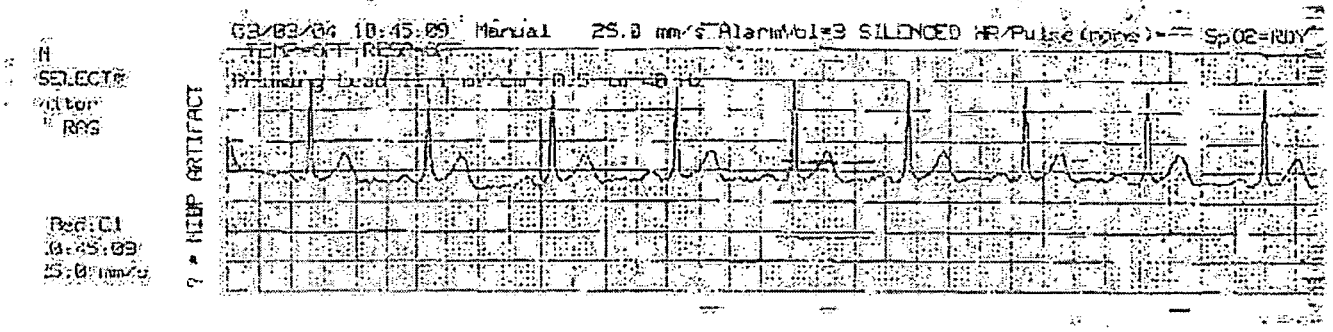
ACCT#:04063-00226 FC: PP

DOB:
AD
Requested by:

- BORDERLINE ECG -

PRELIMINARY-MD MUST REVIEW





MRN: 000582593 ERC 03/03/04 -
RUSSELL,ROBERT GEN DOB:

PHYS: SAUNDERS-MD,DONALD

ACCT#:04063-00226 FC: PP

ROPER ST FRANCIS HEALTHCARE

☐ RH ☐ RBDH ☐ RNW ☐ RMP ☐ BSSF

NURSING INITIAL ASSESSMENT

MR#: 00066255 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP
Name

BASELINE INFORMATION

ER Only | Category # | DATE: 3/3/04 | TIME: 1245 | AGE: 24 | ARRIVED: AMB WC STRETCHER EMS CARRIED OTHER | SEEN | Primary MD

Initial/Chief Complaint/History of Present Illness: Pain Knee

T: 97.2 | P: 79 | R: 18 | BP: RT LT 124/68 | @ O_2 Sat: % | Sex: M F | Ht: S ID | Wt: Actual: Stated: 230 lbs

Tetanus / Immunizations: | Pneumococcal Vaccine? ☐ No ☑ Yes Most Recent Date:

Pregnant ☑ No ☐ Yes LNMP: | Influenza Vaccine? ☐ No ☑ Yes Most Recent Date:

ALLERGIES: ☐ NONE ☑ MEDICATIONS ☐ LATEX ☐ FOOD ☐ ANESTHESIA ☐ OTHER

List Names & Reactions: Penicillin

TB ASSESSMENT - Initiate Airborne Isolation if 4 or greater criteria checked Yes

Persistent cough >2 weeks	☑ No ☐ Yes	Abnormal Chest X-Ray	☑ No ☐ Yes	Respiratory Isolation Ordered	☑ No ☐ Yes
Fever >100.4 (night sweats)	☑ No ☐ Yes	Physician order for AFB (smear/culture)	☑ No ☐ Yes		
Unexplained weight loss	☑ No ☐ Yes	Recent exposure to person with Suspected TB or + PPD	☑ No ☐ Yes		

RN / LPN Signature: [signature]

MEDICATION / OVER THE COUNTER / HERBAL HISTORY

☑ See Home Medication Orders ☐ Investigation drugs/devices

MEDICATION	DOSE	FREQUENCY	LAST DOSE	MEDICATION	DOSE	FREQUENCY	LAST DOSE

Hospitalizations / Surgery:

MEDICAL HISTORY

Neurological	☑ No ☐ Yes		Sensory Impairment	☐ No ☑ Yes	glasses
Cardiovascular	☑ No ☐ Yes		Endocrine	☑ No ☐ Yes	
Hypertension	☑ No ☐ Yes		Blood Disorder	☑ No ☐ Yes	
Respiratory	☑ No ☐ Yes		Cancer	☑ No ☐ Yes	
Gastrointestinal	☑ No ☐ Yes		Psychosocial	☐ No ☑ Yes	[illegible]
Renal / Urological	☑ No ☐ Yes		Tobacco Use	☑ No ☐ Yes	
Gynecological	☑ No ☐ Yes	LMP [illegible]	Alcohol / Drug Use	☑ No ☐ Yes	
Musculoskeletal	☑ No ☐ Yes		Infectious Disease	☑ No ☐ Yes	
Integumentary	☑ No ☐ Yes		Cough/Cold Past 2 Wks	☑ No ☐ Yes	
ENT	☑ No ☐ Yes		Anesthesia	☑ No ☐ Yes	

Source of Information: ☑ Patient ☐ Family ☐ Unable to obtain ☐ Other | Home Medications sent home with:

Arrival Date	Arrival Time	T: PO R IM	P:	R:	BP: Rt Lt	O_2 Sat: RA

RN Initials: [illegible] RN Signature: [signature] Date: 3/3/04 Time: 1245 Unit: Emerg

RN Initials: RN Signature: Date: Time: Unit:

GB0018 Nursing Assessment/P 1 of 2 2100441

ROPER ST FRANCIS HEALTHCARE

PATIENT COPY

MRN: 000062559 IPA 03/03/04 0839-01
RUSSELL,ROBERT GEN DOB
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00656 PC: PP

Pearls for Progress ®

Cardiac Catheterization/Interventional Procedure Discharge Instructions

This is a guide following your Cardiac Catheterization. If you have additional questions, ask your doctor or nurse.

DIET low fat, low cholesterol
Resume your normal diet.

MEDICATIONS Continue all medications as before
Take your medicine exactly as instructed. If taking pain pills, take with food and *do not* drink alcohol or engage in activities that require mental alertness.

Name/Dosage	How Often	☐	Name/Dosage	How Often	☐

Managing Your Meds discussed (Pharm. if Med Card given/discussed):
NO straining or heavy lifting greater than 10 pounds for 5 days

ACTIVITY low level of activity for 5 days then as tolerated

- Limit your activity for ~~24~~ hours. Remain quiet for the remainder of the day.
- Avoid heavy lifting or strenous activity for 48 hours, gradually resume your normal activity.
- **DONOT** sit up or stand up quickly since dizziness may occur. Walk with assistance if needed.

WOUNDCARE Keep Right groin Clean and dry for 5 days
Keep the wound clean and dry. Usually a shower is allowed when you feel able. Check the site frequently. If you notice bleeding, apply firm pressure with your fingers over the dressing or bandage. Call your doctor at once. A small bruise or lump at the site is normal. **DONOT** rub. The bruise will slowly disappear.

SIGNSTOREPORT
Callyourdoctorimmediatelyifyoudevelopanyofthesesymptoms:

- Pain or discomfort in chest area.
- Any bleeding or drainage from your site. Apply pressure over bandage and call your doctor.
- Swelling, bruising or pain at the site which increases instead of decreases overtime.
- Fever of 101 or greater.
- Any problems or significant changes at catheter site or in the leg.

Please do not hesitate to call Dr. Saunders, phone # 853-0250, if you have questions or if any problems develop.

ADDITIONALINSTRUCTIONS: Follow up with primary doctor in 5-7 days for Non-cardiac
Coronary Artery Disease. Follow up with Dr Saunders in 2-3 weeks.
OV or Doppler done 3/7/04

I have read (or had read to me) and fully understand the above instructions.

Patient or Responsible Person — Registered Nurse — Date/Time: 3/4/04 0915

Site Codes: A - L Upper Arm, B - R Upper Arm, C - L Hip, D - R Hip, E - L Thigh, F - R Thigh, G - Abd, H - Chest
IV Site Codes: 1-L Extremity, 2-R Extremity, 3-Central Line, 4-Other
Doses Not Given: N-NPO, P-On Pass, T-Testing, R-Refused, S-Sleeping, O-Other

Allergies: Percocet

MRN: 52589 LPA 03/03/04 0639-01
RUSS, ROBERT GEN DOT
PHYS: SAUNDERS-MD,DONALD
ACCT#: 04063-00556 FC: PP

Drug/Dose/Route, Comments	Drug	Freq	Sched	Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
Scheduled								
0.9NS @ 150cc/hr for 6d	QAL					12-1:55pm	D/C @ 1715 2250 MS	
Stop HUTA	QAL					stopped 2/4 chart hold		
Stop Heparin	QAL					stopped 2/4 chart hold		
Prozac 40mg po	QAL QD					at home		
Lamictal 250mg po	QAL QHS						2200	
Risperdal 0.25mg po	QAL TID					at home	2200	
Zantac 150mg po	QAL BID					at home	2200	
Sonata 20mg po	QAL QHS						2200	
Vioxx 25mg po	QAL QD					at home		

Stat/Date/Time Medications	Time	Site	Initials	Stat/Date/Time Medications	Time	Site	Initials

Init	Signature	Init	Signature	Init	Signature
CH	Charlotte Hillier	JS	Jessica Schofield	HM	Heidi Mingle

3/3/04 - 3/4/04

MEDICATION ADMINISTRATION RECORD

2400430

Site Codes: A - L Upper Arm, B - R Upper Arm, C - L Hip, D - R Hip, E - L Thigh, F - R Thigh, G - Abd, H - Chest

IV Site Codes: 1-L Extremity, 2-R Extremity, 3-Central Line, 4-Other

Boxes Not Given: N-Not Due, P-On Pass, T-Testing, R-Refused, S-Sleeping, O-Other

MRN: 862559 PA 03/03/04 0639-01

RUSSELL,ROBERT GEN: DOB:

PHYS: SAUNDERS-MD,DONALD

ACCT#:04063-00556 FC: PP

Allergies:

Drug/Dose Route, Comments	Order	Freq	Sched	Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
Aldactone								
ASA 81mg po		QD				Diane		
Wellbutrin SR 150mg po		BID				Diane	2200	
Zyetec 10mg po		QHS					2200	

Stat/One-Time Notifications	Time	Site	Initials	Stat/One-Time Notifications	Time	Site	Initials

Init	Signature	Init	Signature	Init	Signature
		MS	MS-DOC Schedule		

3/3/04 - 3/4/04

MEDICATION ADMINISTRATION RECORD

2400430

Site Codes: R - R Upper Arm, L - L Upper Arm, RF - R Forearm, LF - L Forearm, RH - R Hand, LH - L Hand, RC - R Chest, LC - L Chest
IV Site Codes: LL-Extremity, CR-Extremity, S-Central Line, A-Other

MRN: 000662559 IPA 03/03/04 0639-01
NU 4L ROBERT GEN DOI
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

Drug/Dose Route, Comments	Oref	Freq	Start/Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
non scheduled							
MTG 1/150 gr SL every 5 minutes for a total of 3 doses prn chest pain	MS						
mom 30cc po QD prn constipation	MS						
Tylenol 2 tabs every 4 hours po prn pain	MS						
Benadryl 25mg po every HS prn sleep	MS						
Ambien 5mg QHS prn insomnia	MS						
Phenergan 12.5mg IV every 6 hours prn nausea/vomiting	MS						
Darvocet N-100 1 to 1 1/2 tabs prn pain	MS					2 tabs 2230 MS	
Mylanta 30cc po prn indigestion	MS						

Stat/One-Time Medications	Time	Initials	Stat/One-Time Medications	Time	Initials

Init	Signature	Init	Signature	Init	Signature
		MS	Linda Schaefer		

3/3 = 3/4

Roger 6300085

MEDICATION ADMINISTRATION RECORD

RUSSELL,ROBERT GENE
DOB: 01 Sex: M
Age: 66Y Height: 177.8cm
Adm: 03/02/04 LOC:
Dx: ACUTE CHEST PAIN
Allergy: percocet

ADMD662559

Drug/Dose Route Comments	Orig	Freq	Sched	Start	Stop	0701 - 1900	1901 - 2300	2301 - 0700
**** NON-SCHEDULED ORDERS ****								
A PATIENT SPECIFIC MEDICATI 1 EACH EAC (A PATIENT SPECIFIC MEDICATION) Dose: 1 EACH/1 EACH (MISC) #001	MS	PRN	PRN	03/03 2300				
This code gives you access to patient specific meds in your Pyxis Machine								
**** AND/OR ****								
A PATIENT SPECIFIC REFRIG H 1 EACH EAC (A PATIENT SPECIFIC REFRIG (CD) Dose: 1 EACH/1 EACH (MISC) #003	PTN	PRN	PRN	03/03 2300				
This code gives you access to patient specific refrigerated meds in your Pyxis machine								
NITROGLYCERIN 0.4 MG TAB (NITROSTAT) Dose: 0.4 MG/1 TABLET SUBL (SL) #012	MS	PRN	PRN	03/02 2300				
This is a patient specific medication in your pyxis machine								
MAGNESIUM HYDROXIDE SUS (MOM) Dose: 30 ML [ORAL] #013	MS	PRN	PRN	03/03 2300				
ACETAMINOPHEN 325 MG T/O (TYLENOL) Dose: 650 MG/2 TABLET [ORAL] #014	MS	04HP	PRN	03/03 2300				
DIPHENHYDRAMINE HCL 25 MG CAP (BENADRYL) Dose: 25 MG/1 CAPSULE [ORAL] #015	MS	QHSP	PRN	03/03 2200				

Start/Time Stop Medications	Type	Site/Initials	Start/Time Stop Medications	Type	Site	Initials

Init Signature	Init Signature	Init Signature

Covers: Doses from 03/04/04 0701 to 03/05/04 0700.

Page: 3 (more pages follow...)

MEDICATION ADMINISTRATION RECORD

Roper (R)(I)

Site Codes: A - L Upper Arm F - R Hip L - L Thigh G - Arm
B - R Upper Arm G - R Hip J - R Thigh H - Chest

RUSSELL,ROBERT GENE A000662559
8635-2 Sex: M
Age: Ht: Weight: 172.8cm Weight: 185.3(72.20KG) BSA: 2.225c
Adm: 03/03/04 DOB: 12 Dx: 17245 SAN DIEGO,CA
Dx: ACUTE CHOLECYSTITIS
Alg: percocet

Site Codes: 1-L Deltoid 2-R Deltoid 3-L Ventral Lmn 4-R Ventral Lmn
Bowel and Bladder: N-NPO P-On Pass *-Positive R-Refused S-Sleeping O-Other

Drug/Dose Route,Comments	Ord#	Freq	Sched Start Stop	0700 - 1500	1501 - 2300	2301 - 0700
**** NON-SCHEDULED ORDERS (cont) ****						
ZOLPIDEM TARTRATE 5 MG TAB (AMBIEN) Dose: 5 MG/1 TABLET [ORAL] INSOMNIA	#016	QHSP	PRN			03/03 2200 03/11 0700
PROMETHAZINE HCL 25 MG [IM] (PHENERGAN) Dose: 12.5 MG/0.5 ML [IV] ** SPECIFY ROUTE OF INJECTION **	#017	Q6HP	PRN			03/03 2300
ALUM-MAG HYDROXIDE SUS (MAALOX) Dose: 30 ML [ORAL] FOR INDIGESTION	#018	Q3HP	PRN			03/03 2300

Scat/One-Time Medications (***)	Dose	Site	Initials	Stat/One-Time Medications	Dose	Site	Initials

Init	Signature	Init	Signature	Init	Signature
		AS	Nelle Schofield RN	WM	Daniel H Mac

Covers Doses from 03/04/04 0701 to 03/05/04 0700 Page: 4 (End of MAR)

Paper Hsfrn

MEDICATION ADMINISTRATION RECORD

Site Codes: A - L Upper Arm, C - L Hip, E - L Thigh, G - Abd
B - R Upper Arm, D - R Hip, F - R Thigh, H - Other

R - Refused, N-A - Not Available, S-E - Externally, U-Other, O - Other

Doses Not Given: M-ARD, P-Not Pass, T-Testing, R-Refused, S-Sleeping, O-Other

RUSSELL,ROBERT C [illegible] M00866550
0539-51 Sex: M
Age: 46Y Weight: 177.0lbs Metabolic: [illegible]
Adm: 02/02/04 DOS
Dx: ACTIVE CHEST PAIN
Alg: percocet

Drug/Dose Route,Comments	Ord	Freq	Sched Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
**** SCHEDULED ORDERS ****							
FLUOXETINE HCL 20 MG CAP (PROZAC) Dose: 40 MG/2 CAPSULE [ORAL]	MS QAM #002	DA	03/03 1000		1000 o'clock am pt's own med		
RANITIDINE HCL 150 MG TAB Dose: 150 MG/1 TABLET [ORAL]	MS BID #003	DA	03/03 1800		1800 o'clock pm pt's own med	1800	
LAMOTRIGINE 150 MG TAB (LAMICTAL) Dose: 250 MG/2.5 TABLET [ORAL]	MS QHS #004	DA	03/03 2200			2200	
ROFECOXIB 25 MG TAB (VIOXX) Dose: 25 MG/1 TABLET [ORAL]	MS QD #005		03/03 1000		1000 o'clock am pt's own med		
ZALEPLON 5 MG CAP (SONATA) Dose: 20 MG/4 CAPSULE [ORAL]	MS QHS #006	DA	03/03 2200			2200	
ASPIRIN CHEWABLE 81 MG TAB (BABY ASPIRIN) Dose: 81 MG/1 TABLET CHEW [ORAL]	MS QD #007		03/03 1000		1000 o'clock am pt's own med		
BUPROPION HCL SR 150 MG TAB (WELLBUTRIN SR) Dose: 150 MG/1 TABLET SR [ORAL] **** DO NOT CRUSH ****	MS BID #008	DA	03/03 1800		1800 o'clock pm pt's own med	1800	
RISPERIDONE 1 MG TAB (RISPERDAL) Dose: 0.25 MG/0.25 TABLET [ORAL]	MS BID #009	DA	03/03 1800		1800 o'clock pm pt's own med	1800	
CETIRIZINE HCL 10 MG TAB (ZYRTEC) Dose: 10 MG/1 TABLET [ORAL]	MS QHS #010	DA	03/03 2200			2200	

Stat/One Time Medications	Time	Sign	Initials	PRN/One Time Medications	Time	Sign	Initials

Initial Signature	Sign	Signature	Initials	Signature
	MS	Mary Sullivan RN		

Covers: Doses from 02/04/04 0701 to 03/25/04 0700 Page: 1 (more medic follow...)

Roper Hosp

MEDICATION ADMINISTRATION RECORD

R0.9

RUSSELL, ROBERT G
Royal Saint Francis Healthcare
OP Pre_Post Procdrs(op_pre_post)
ROOM: 0639-01 ADM: 03/03/04 13:21
AGE: 48Y SEX: M Cardiology BARNIERS-RI WD: DORNL
DOB: ID: 0406300556 MR: 000652659
REG: 03/03/04 03:28
Page: 1

FLOWSHEET	03/03				
Post-Procedure	12:45	13:49	14:30	15:30	16:30
POST PROC VITALS					
L.O.C.	2=awake orientX3 GGM1				
BP					103/60 DLC1
Pulse					66 DLC1
Respirations					20 DLC1
Pain level	0(0-10) GGM1				0(0-10) DLC1
Peripheral pulse	2(0-4) GGM1				2(0-4) DLC1
Site check	WNL GGM1				WNL DLC1
Procedure Type	GGM1				
Procedure Date	03/03/2004 GGM1				
Time on unit	12:45 GGM1				
Arrived via:	bed GGM1				
L.O.C.	alert oriented GGM1				
Oxygen	room air GGM1				
Resp quality	regular GGM1				
Breath sounds	clear all fields GGM1				
Cardiac	regular GGM1			regular DLC1	
GI					
Bowel sound	GGM1				
Abdomen	GGM1				
Skin color	GGM1				
Skin condition	warm dry GGM1				
Circ ck op extrm	pink warm GGM1				

CLARK, DEANNE L(DLC1)RN MYERS, GISELLE G(GGM1)RN

FLOWSHEET	09/03					
Post-Procedure Cont.	12:15	13:49	14:30	15:50	16:30	
Peripheral pulse						
R radial	2+ GGM1					
L radial	2+ GGM1					
R pedal	2+ GGM1					
L pedal	2+ GGM1					
IV #1						
Fluid	.9 NS GGM1			.9 NS DLC1		
Site	L hand GGM1			L arm DLC1		
Rate	150cc/hr GGM1			150cc/hr DLC1		
Condition	no red/swel/drng GGM1			no red/swel/drng DLC1		
PAIN MGMT						
Pain scale	0(0-10) GGM1					
PUNCT/DRSG/OP						
Location	R groin no hematoma no bleeding no thrill no bruit sheath sutured GGM1			R groin dreg dry/intact no hematoma no bleeding sheath sutured DLC1		
SHEATH REMOVAL						
Removl date/time					09/03/2004 16:30 DLC1	
Assessmt unchngd					yes DLC1	
Vibiz undst rmvl					yes DLC1	
POST REMOVAL						
Site ck post rmv					bandbag intact no hematoma no pain DLC1	
PLAN OF CARE						
Clin Path Cont	yes GGM1					

CLARK, DEANNE L(DLC1)RN MYERS, GISELLE G(GGM1)RN

RUSSELL, ROBERT G
Room Site: French Hallway
OP Pre_Post Procdr(op_pre_post)

ROOM: [illegible] ADM: (3)0304 19:21
AGE: [illegible] SEX: M Cardiology BAUMGERTNER MD, DONN
DX: [illegible] MR: [illegible]
REQUISITION#: 0328

Page 1

FLOWSHEET	03/03				
Post-Procedure-ContL	12:45	13:49	14:30	16:30	16:30
IV Site Checks	no red/swel/drng L hand GGHI			no red/swel/drng dry/intact L arm DLC1	
DAILY CARE RECRD					
Daily Shift Care	bedrest R leg straight GGM1			bedrest R leg straight DLC1	
Type of diet	calo:lo cardd GGM1				
Amount eaten	100% GGM1				
Supp Nsg Notes 1	GGM1 s				

03/03/04 12:45 L.O.C.(GGM1): see frequent vs charting for post op vs.
03/03/04 12:45 Procedure Type(GGM1): heart cath
03/03/04 12:45 Bowel sound(GGM1): present & wnl x4 quads
03/03/04 12:45 Abdomen(GGM1): soft, nontender
03/03/04 12:45 Skin color(GGM1): wnl
03/03/04 12:45 Supp Nsg Notes 1(GGM1): rcvd from cath lab, alert, oriented x3, respirations even & unlabored, right groin free of obvious s/s of complications, verbally denies c/o pain or needs with no obvious s/s of distress observed at this time.
03/03/04 15:30 Cardiac(DLC1): SR
03/03/04 15:30 Location(DLC1): #6 french arterial sheath
03/03/04 16:30 Removl date&time(DLC1): #6 french arterial sheath removed per policy, VSS.

P/P Freq Vitals	12:45	13:49	14:30	16:30	16:30
SET 1					
Time		12:45 AM7			
BP		095/63 AM7			
Pulse		78 AM7			
Respirations		20 AM7			
Peripheral pulse		2(0-4) AM7			
Site Check		WNL AM7			
SET 2					
Time		13:00 AM7			
BP		102/59 AM7			

CLARK, DEANNE L(DLC1)RN MARTIN, ANNETTE(AM7)PCA MYERS, GISELLE G(GGM1)RN

CONTINUED

FLOWSHEET	03/03				
P/P Freq Vitals-Cont.	12:45	13:49	14:30	15:30	16:30
Pulse		68 AM7			
Respirations		20 AM7			
Peripheral pulse		2(0-4) AM7			
Site Check		WNL AM7			
SET 3					
Time		13:15 AM7			
BP		111/64 AM7			
Pulse		76 AM7			
Respirations		20 AM7			
Peripheral pulse		2(0-4) AM7			
Site Check		WNL AM7			
SET 4					
Time		13:30 AM7			
BP		104/60 AM7			
Pulse		72 AM7			
Respirations		20 AM7			
Peripheral pulse		2(0-4) AM7			
Site Check		WNL AM7			
SET 1					
Time		14:30 AM7			
BP		109/60 AM7			
Pulse		79 AM7			
Respirations		20 AM7			

MARTIN, ANNETTE(AM7)PCA

CONTINUED

RUSSELL, ROBERT G
Room: San Francis Mainhouse
OP Pre_Post Procdu(op_pre_post)

Page: 5

FLOWSHEET	03/03				
P/P Freq Vitals-Cont.	12:45	13:49	14:30	15:30	16:30
Peripheral pulse		2(0-4) AM7			
Site check		WNL AM7			
SET 2					
Time			14:30 DLC1		
BP			107/63 DLC1		
Pulse			79 DLC1		
Respirations			18 DLC1		
Pain Level			0(0-10) DLC1		
Peripheral pulse			2(0-4) DLC1		
Site check			WNL DLC1		
SET 1					
Time				15:30 DLC1	
BP				99/62 DLC1	
Pulse				75 DLC1	
Respirations				18 DLC1	
Pain level				0(0-10) DLC1	
Peripheral pulse				2(0-4) DLC1	
Site check				WNL DLC1	

CLARK, DEANNE L(DLC1)RN MARTIN, ANNETTE(AM7)PCA

CONTINUED

FLOWSHEET	03/03				
Post-Procedure	17:52	18:36	20:39	22:03	22:55
L.O.C. Oxygen Resp quality Breath sounds Cardiac					
GI					
Bowel sound					
Abdomen					
Skin color					
Skin condition					
Circ ck op extrm					
Peripheral pulse					
R radial					
L radial					
R pedal					
L pedal					
PAIN MGMT					
Pain scale					
PUNCT/DRSG/OP					
Location					
PLAN OF CARE					
Clin Path Cont					
IV Site Checks					
DAILY CARE RECRD					
Daily Shift Care					
Type of diet					
Amount eaten					
Supp'ntng Notes 1					
P/P Freq Vitals	17:52	18:36	20:39	22:03	22:55
SET 1					
Time	18:45 RB2				
BP	100/62 RB2				
Pulse	58 RB2				
Respirations	20 RB2				
Peripheral pulse	2(0-4) RB2				
Site Check	WNL RB2				

BARNWELL, RAUSHANNAH(RB2)ACT

CONTINUED

FLOWSHEET	03/03				
P/P Preq Vitals-Cont	17:52	18:36	20:39	22:03	22:50
SET 2					
Time	17:00 RB2				
BP	101/61 RB2				
Pulse	67 RB2				
Respirations	20 RB2				
Peripheral pulse	2(0-4) RB2				
Site Check	WNL RB2				
SET 3					
Time	17:15 RB2				
BP	107/68 RB2				
Pulse	83 RB2				
Respirations	20 RB2				
Peripheral pulse	2(0-4) RB2				
Site Check	WNL RB2				
SET 4					
Time		17:30 RB2			
BP		117/69 RB2			
Pulse		75 RB2			
Respirations		20 RB2			
Peripheral pulse		2(0-4) RB2			
Site Check		WNL RB2			
SET 1					
Time		18:00 RB2			
BP		99/65 RB2			

BARNWELL, RAUSHANNAH(RB2)ACT

CONTINUED

FLOWSHEET	03/04			03/05
Vital Signs	05:18	24-HR	09:00	24-HR
TEMP			98.4F AM7	
PULSE			70 AM7	
RESPIRATIONS			16 AM7	
BP#1			106/69 AM7	
BP Equipment			dynamap AM7	
INTAKE	05:18	24-HR	09:00	24-HR
Oral	0 SHS 0	1560		
Intake Total	0 0	1560		
OUTPUT	05:18	24-HR	09:00	24-HR
Urine	300 SHS 300	2625		
Stool (O)		0		
Output Total	300 300	2625		
I&O SUMMARY	05:18	24-HR	09:00	24-HR
Intake Total	0 0	1560		
Output Total	300 300	2625		
NET	-300 -300	-1065		

HEYWARD, SHERYL(SHS)PCA MARTIN, ANNETTE(AM7)PCA

MR#: 038662559 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 7

☐ Roper Hospital

☐ Bon Secours St. Francis Hospital

PHYS: SAUNDERS-MD,DONALD

To the Patient [or parent, guardian, or legal representative] (YOU) _____ ACCT#:04063-00556 FC: PP

Please print patient's name above if an label is not used.

Before Roper Hospital and/or Bon Secours St. Francis Hospital and any of its departments (the HOSPITAL) may provide you inpatient or outpatient services YOU must know what services YOU will receive, consent to them, agree to how to pay for them, and accept how the HOSPITAL will use your medical record. The HOSPITAL requests your consent in TWO (2) different parts of this form. Please carefully read Part I on treatment and other important matters AND Part II on the use of your patient information. YOU may request that this form be read to YOU. Be sure to ask any questions YOU may have about it. When YOU fully understand the form's content, please sign it in the place indicated on the back of the form. In advance, THANK YOU very much for your cooperation in meeting the HOSPITAL'S responsibility to YOU and to the community it serves.

PART I

CONSENT TO TREATMENT

YOU authorize your physician or a designated qualified assistant to provide YOU medical treatment. YOU consent to all HOSPITAL medical or diagnostic care ordered for YOU during this visit as an outpatient or stay in the HOSPITAL. This consent includes testing for infections such as hepatitis B and HIV and providing blood or body fluids for such tests in order to protect YOU and/or those who provide YOU services.

PAYMENT FOR SERVICES AND INSURANCE

YOU are directly responsible for paying for all provided services. The HOSPITAL will accept assignment of your payment responsibility to others. This includes health insurers, Medicare, Medicaid, workers' comp, and different types of liability, accident, and disability insurance policies. YOU agree that the assigned payment responsibility is covered by current, valid and in effect insurance arrangements and that YOU will promptly pay any required co-pay amounts and unpaid deductibles. If YOU are receiving Medicare benefits for the services provided, an assignment of benefits includes those for physician services that were part of the HOSPITAL's services to YOU.

YOU (patient or agent accepting financial responsibility) *guarantee payment* to the HOSPITAL for ALL NONCOVERED SERVICES and any unpaid, billed amounts not covered by insurance if the applicable benefit plan allows collection of the unpaid balance. YOU understand and accept that your physician's orders may include services not paid by benefit plans but will be provided to you by the HOSPITAL. Also, YOU accept that benefit plans may deny payment for what YOU believed were covered services resulting in your responsibility for paying for these services. YOU may be billed for the professional component of any hospital services, such as the professional component for clinical laboratory tests.

VALUABLES

YOU accept full responsibility for your valuables especially money or jewelry. The HOSPITAL does not accept any liability for your valuables. The HOSPITAL expects YOU will entrust any valuables to family or friends for safekeeping or deposit them in the HOSPITAL safe provided for that purpose. This is especially important when you are an inpatient, but this responsibility also extends to when YOU are an outpatient and must change into a HOSPITAL gown, remove jewelry or be sedated for a procedure.

SPECIAL NOTE FOR MEDICARE OR CHAMPUS PATIENTS

YOU acknowledge and certify by your signature that all your information provided to the HOSPITAL for Medicare or Champus benefits is correct and YOU agree to allow the HOSPITAL OR OTHERS that have information on your Medicare or Champus benefits claim to provide the information to Medicare, Champus, or their agents in order for them to determine your eligibility for benefits. To carry out this activity, the HOSPITAL may use a copy rather than the original of this consent form. YOU also, acknowledge receipt of the "Important Message from Medicare" "Important Message from Champus" forms, which does not waive any [illegible] or rights for a review or make YOU liable for [illegible] payment.

PART II

Consent to the Use and Disclosure of Protected Health Information

YOU agree to honestly, completely, and correctly provide all requested information and permit the HOSPITAL to share your medical record as applicable under the law with your physician, your insurers, Medicare, Medicaid or their designated agents. They may review your record, copy it in full or in part in order to obtain billing and payment information and for insurers (private or government) to determine whether your services are covered by them. YOU agree to allow the HOSPITAL to use your record made during this visit at this time or later to meet its required reporting duties regarding your care and to collect payment for the services YOU received. YOU agree for your doctor to direct copies of your medical records to other physicians, hospitals, and other healthcare facilities, as they deem necessary for continuity of care. YOU also agree to have your name posted on scheduling boards and outside your hospital room.

Specific uses of your protected information

The HOSPITAL originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among the many health professionals who contribute to your care (this includes posting your name on scheduling boards outside your patient room)
- A source of information for applying diagnosis and surgical information to your bill
- A means by which a third-party payer (usually your insurance company or the government) can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

Your signature below acknowledges that YOU received the Notice of Information Practices that provides a description of information uses and disclosure practices. YOU accept and understand that YOU:

- Have the right to review the NOTICE prior to signing this consent.
- Accept that the HOSPITAL reserves the right to change the NOTICE and its information practices, for past, current, or future information. The new notice will contain the effective date on its first page and be made available on our Web site.
- Have the right to object to the use of your health information for the HOSPITAL's patient directory.
- Have the right to request restrictions on the use or disclosure of your health information to carry out treatment, payment, or healthcare operations and to correct error(s) in your record. The HOSPITAL, however, is not required to agree to the restrictions requested.

_____

_____

- May revoke this consent in writing that YOU provide to the HOSPITAL. The revocation does not apply to any uses of your information made by the HOSPITAL in reliance upon this consent form and on the belief that your consent was still effective.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) PART I AND PART II AND FULLY UNDERSTAND AND AGREE TO THE CONTENT.

Patient/Agent _____ Date _____

If agent, what is relationship to patient? _____
Parent, guardian, legal representative

_____ Date _____
Witness (when form is accepted verbally, by telephone or by electronic means)

G9008-1142-02

South Carolina Department of Health and Environmental Control

DHEC PATIENT CARE FORM

CA NO.

TRIP NO.

PATIENT IDENTIFICATION (PLEASE PRINT) | TYPE OF INCIDENT | DISPOSITION | PATIENT STATUS

LAST NAME (10-25) | FIRST NAME (26-45) | MI (46)

SSN (95-103)

SEX (106) | RACE (105) | AGE (107-108)

TRANSPORTING TRANS | TRAUMA (112) MEDICAL (113)

TO SCENE (114) | ON SCENE (115) | FROM SCENE (116)

INCIDENT LOCATION

ST. ADDRESS / RAMP ADDRESS

CITY

County (117-118) | Zip Code (119-123)

SAFETY DEVICE (124) | SITE OF INCIDENT (125)

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN TWO) (126-127) | PRIORITY IMPRESSION (128-129)

TREATMENT PROCEDURES (130-147)

DRUGS USED (148-151)

E-CODES (172-179)

ADVANCED PROCEDURES (152-159)

SITE OF TRAUMA (160-169)

REVISED TRAUMA SCORE

VITAL SIGNS

BP	PULSE	RESPIRATIONS	PUPIL	LEVEL OF CONSCIOUSNESS	TIME
120/60	RATE 72 REG	RATE 18 REG			1125
110/56	74 REG	16 REG		A	1132
140/90	72 REG	20 REG		V	1135
130/80	80 REG	18 REG		P	1146
130/60	76 REG	16 REG		U	1148

NARRATIVE

Patient Chart Form Left In: (538) 1. NO 2. YES 3. OTHER

TRANSPORTING SERVICE / PERSONNEL | DISPOSITION | AUTHORIZATION

RUN DATE (200-209) MONTH 03 DAY 04 YEAR 04

Unit Notified (227-230)	1	0	3	5
Unit Responded (271-274)	1	0	5	7
Departed (place) (275-278)	1	0	5	7
Arrive Scene (279-282)	1	1	0	1
Departed Scene (283-286)	1	1	5	2
Arrive Destination (287-290)	1	1	5	5

CAUSE OF DELAY

DISPOSITION (200-201) 1 0 4

DESTINATION CODE (PLACE) (202-205) 7 0 1 5

TIME PATIENT LEFT SCENE (206-209) 4 0 1 6

PROVIDER TIME (OPTIONAL)

PATIENT'S NAME

2ND ATTENDANT / DRIVER

3RD ATTENDANT / DRIVER

SIGNATURE OF PHYSICIAN

DHEC 1608, REV. 01/2003 | RECEIVER'S COPY | REPORT NO. (1-9) 200700

0418

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 04/23/04 1536
Ord. Phy.: SAUNDERS-MD,DONALD E

MR#: A000662559
DOB:
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)853-8250
Phy. Fax #: 8438530210

SAUNDERS-MD,DONALD E
4969 CENTRE POINT DRIVE
SUITE 100
N CHARLESTON SC 29418

Acct Nbr : A0411400639
Pat Type : OPA

Chk-In #	Order	Exam	
1020278	0001	30146	BXR CHEST PA & LAT TWO VIEWS

Ord Diag: CHEST PAIN

Two views of the chest, 4/23/04.

COMPARISON: 3/2/04.

PA and lateral projections of the chest are submitted. The cardiac silhouette is normal in size. The pulmonary vasculature is upper limits of normal. Lungs are clear. Costophrenic angles are sharp.

IMPRESSION:

No evidence of acute intrathoracic disease.

gcd

Read By: AMY M BETHEA-MD
Released By: AMY M BETHEA-MD

GCD
Approved: 04/24/04 1432

FINAL DUPLICATE Page 1

STATE OF SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
CASE NUMBER - 0414927

ROBERT GENE RUSSELL, CLAIMANT, VS. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL, EMPLOYER, STATE ACCIDENT FUND, CARRIER, DEFENDANTS.	SINGLE COMMISSION HEARING BEFORE COMMISSIONER SUSAN S. BARDEN

COPY

WORKERS' COMPENSATION COMMISSION HEARING TAKEN BEFORE SARA L. QUATTLEBAUM, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 12:16 PM ON TUESDAY, JULY 1, 2008, PERIMETER CENTER, 4050 BRIDGEVIEW DRIVE, NORTH CHARLESTON, SOUTH CAROLINA.

SARA QUATTLEBAUM, Independent Court Reporter
100 OLD CHEROKEE ROAD, PMB 148
LEXINGTON, SC 29072
(803)808-0394

APPEARANCES

FOR THE CLAIMANT
J. DAVID MURRELL, ESQUIRE
WIGGER LAW
8086 RIVERS AVENUE
NORTH CHARLESTON, SOUTH CAROLINA 29406
(843)553-9800

FOR THE DEFENDANT
MARGARET M. URBANIC, ESQUIRE
CLAUSEN & STAUBS, LLC
126 SEVEN FARMS DRIVE
CHARLESTON, SOUTH CAROLINA 29492
(843)577-2026

SARA L. QUATTLEBAUM
Independent Court Reporter
100 Old Cherokee Road, PMB 148
LEXINGTON, SOUTH CAROLINA 29072
(803)808-0394

INDEX

WITNESS TUPPER GLENN
DIRECT EXAMINATION BY MR. MURRELL..... 9
CROSS EXAMINATION BY MR. URBANIC..... 35
REDIRECT EXAMINATION BY MR. MURRELL..... 46
CERTIFICATE 48

THE COURT: Today's date is July 1, 2008. This is South Carolina Workers' Compensation Commission File No. 0414927.

This is the case of the Claimant, Mr. Robert Russell, who is present today and represented by Attorney David Murrell, versus the Employer, DHEC and its Carrier, the State Accident Fund, both of which are represented by Attorney Peggy Urbanic.

The purpose of today's hearing is to determine issues raised in Forms 50 and 51.

The parties agree and stipulate that Mr. Russell's average weekly wage is $629.67 yielding a compensation rate of $419.80.

The date of this admitted accident was June 11, 2004. Let me preempt Ms. Urbanic here. She objects to Page 100 of the Claimant's APA submissions. And that occurs in Tab No. 10, Page 100 which is the opinion of Dr. Burke who appears to be a psychologist who states that based upon the injuries and the depression and bipolar disorder that the Claimant is permanently and totally disabled.

Ms. Urbanic raises the objection that Dr. Burke is not qualified to make a determination and that I am and that's why we are here. I'm the person that's supposed to make that determination. I do agree with

her. I thought this was a physician we were talking about. I didn't see the Ph.D. after it. I think he is entitled to his opinion, but obviously he is not sitting in this chair to make that decision.

So while I am going to overrule your objection and allow this into evidence, I will give his opinion the weight I think it should be accorded or afforded, and that will be based on my review of all the evidence and not just that one piece of paper. But it will stay in evidence. And it is just one of many pieces of evidence.

Are there any further objections to APAs or any objections to jurisdiction, venue or any other items?

MR. MURRELL: None from the Claimant.

MS. URBANIC: None, Your Honor.

THE COURT: Thank you both.

Without objection, the Commission File becomes a part of the record with the exception of self-serving declarations and unstipulated medical reports.

Ms. Urbanic does have a running objection to that document and any testimony relating thereto.

It is the Claimant's position that not only did he injure his back in this accident, and the back is the admitted body part and the only admitted body part in this accident, but that he also aggravated his

preexisting depression and bipolar disorder, such that he is permanently and totally disabled pursuant to Section 42-9-10 and entitled to receive lifetime causally-related medicals pursuant to that statutory theory; also, alternatively under 42-9-30, Item 19, in that he has sustained a 50 percent or greater loss of use of his back. He is not currently working and is unable to work, unable to sustain any gainful employment.

Conversely, it is the position of the Defendants that while the Defendants do acknowledge that there may be some permanency with regard to the Claimant's back, the only admitted body part, the Defendants would point to my attention the impairment rating of Dr. Stovall who assigned a 5 percent impairment rating and no surgery was performed. I believe it was conservative treatment only with some injections.

It would be the Claimant's position that I should look more to the impairment rating of Dr. Forest who assigned a 10 percent impairment rating. But it would be the Defendants' position that the disability in this case would be something less than total and the award would be made pursuant to Section 42-9-30, Item 19 and certainly less than 50 percent loss of use of the back.

Is that a fair summary of your positions before we hear from Mr. Russell?

MR. MURRELL: Yes, Commissioner.

MS. URBANIC: Yes.

THE COURT: Thank you very much.

ROBERT RUSSELL,

having been first duly sworn, testified as follows:

THE COURT: Please state your full name for the record.

THE WITNESS: Robert Gene Russell.

THE COURT: Is Gene, is that G-E-N-E?

THE WITNESS: G-E-N-E.

THE COURT: Okay. All right. Thank you. Please answer any questions Mr. Murrell has. I'm going to ask that you direct your responses as best you can my way. The questions will be coming from him, like you are telling me the answers. Do the best you can.

THE WITNESS: Can I say something first or do I wait for him to ask me?

MR. MURRELL: I will ask you questions.

THE COURT: You will have a chance to confer with him if you feel like there's something that he might not have covered, and then he can ask you about it. Okay. Go ahead, Mr. Murrell.

MR. MURRELL: Thank you, Commissioner. Just

before I start my questioning, I wanted to point out a couple of other issues that we will be seeking some reimbursement on. There were some medical bills that Mr. Russell had that were not paid.

THE COURT: Okay.

MR. MURRELL: And they are listed on Item 21.

THE COURT: Let's go off the record.

(OFF THE RECORD)

THE COURT: The Claimant also requests reimbursement for several things. One is some visits to a chiropractor which were unauthorized visits and the mileage relating thereto. He also seeks reimbursement for the expenses that he has incurred or had to pay co-pays for the emergency room, the ambulance, and this is on the date of the accident or shortly thereafter, the physician's bill and x-rays.

The Defendants concede that if it is either an expense from Dr. Stovall, whether that's mileage or modalities that they will pay for that. And they will also pay for the expenses of the ER and the ambulance including the physician's bills and any diagnostic testing from that emergency room visit and the ambulance ride on the way.

So the only thing that the Defendants, as far as these reimbursements, are denying would be the

unauthorized chiropractic visits and any mileage relating thereto.

The Claimant has also raised an issue that he is entitled to receive some temporary total disability benefits which he was not paid for, that he used some short-term disability and long-term disability which he is going to repay. There are some issues with that. I don't know how much sick leave and annual leave is interwoven in this, but the testimony will develop that I assume.

Mr. Murrell has pointed to my attention Tab 18, and of course just having been handed these documents by the attorneys, which of course is the normal course of events for a hearing, I haven't reviewed anything yet. So I don't know exactly what dates are requested. But that will be developed, and of course it's in Tab 18. And we'll just kind of do the best we can with that issue.

Is there anything else that either of you would like to add before we hear from Mr. Russell?

MR. MURRELL: The only thing I would add to this is the body parts are the back and both legs.

THE COURT: Back, both legs - and you are right, an aggravation of depression and preexisting bipolar. Okay.

And you have already stated your name and I have already sworn you in. If you will answer any questions your lawyer has. But again, as best you can, I know it's awkward, he is asking the questions but just as best you can direct them my way. Thanks. Go ahead.

MR. MURRELL: Thanks, Commissioner.

DIRECT EXAMINATION

BY MR. MURRELL:

Q Mr. Russell, how old are you?

A 51.

Q What's your date of birth?

A March 17, '57.

Q And how tall are you?

A 5'10".

Q And how much do you weight?

A 240.

Q And are you married?

A No.

Q And can you tell the Commissioner what types of jobs you've had in the past, what sort of job titles prior to working with DHEC?

A Prior to - I was a social service specialist.

THE COURT: Is that for DSS?

THE WITNESS: DSS.

THE COURT: Tell me what you did as a social service specialist.

THE WITNESS: I took applications and reviewed the applications and determined whether they qualified or if they did not.

THE COURT: And what type, for services with you all?

THE WITNESS: Ma'am?

THE COURT: You were determining whether they qualified for services with you all?

THE WITNESS: Yes, ma'am.

THE COURT: Okay. And how long did you do that for?

THE WITNESS: Two years.

THE COURT: Two years. And then what did you do? Is that when you went to DHEC after that?

THE WITNESS: Yes. I went to DHEC after that.

THE COURT: Let's go backwards. What did you do before DSS?

THE WITNESS: I worked for Geer Drug Company, G-E-E-R.

THE COURT: And what did you do for Geer Drug Company?

THE WITNESS: I was a promotional coordinator.

THE COURT: Okay. And what did that involve?

Like if you went to work one day as a promotional coordinator, educate me and tell me what you did.

THE WITNESS: To me, it was an overstated title because what I did was I did the forms and did costing to see, figuring what the markup should be for the items and then I had to do the - there was a lot of math work. Then I would take the figures and give that to someone to type in on the computer. She would do the typing. I did all the figuring.

THE COURT: Okay.

BY MR. MURRELL:

Q And prior to that what other job titles?

A I worked as a courier for First Coastal Properties.

THE COURT: And what did you do, like on a day, deliver -

THE WITNESS: They sent me to the bank, made deposits, and I went to pick up like the real estate if one of the agents had some paperwork that needed to go somewhere. I delivered that.

THE COURT: How long did you do that for?

THE WITNESS: Maybe a year.

THE COURT: A year, how long were you at Geer Drug doing that job?

THE WITNESS: Two years.

THE COURT: Okay. All right. How about before

your courier job? What did you do?

THE WITNESS: Courier job, let's see, we had owned this family grocery store out in the country and I managed the store.

THE COURT: You managed the store for your family's grocery store?

THE WITNESS: Yes, ma'am.

THE COURT: Okay. All right. And how long did you do that?

THE WITNESS: For just a couple of years.

BY MR. MURRELL:

Q How far did you go in school?

A Four years.

THE COURT: Is that a college?

THE WITNESS: Yes.

THE COURT: Okay. Four year degree, and what is your degree in in college?

THE WITNESS: Business administration.

THE COURT: All right. Okay.

BY MR. MURRELL:

Q How long - when did you begin working at DHEC?

A I've got 16 or 17 years with the state, so I guess subtract two from let's say 17, so 15 years.

THE COURT: And you've had two with DSS.

THE WITNESS: Yes.

THE COURT: And how many - 15 with it?

THE WITNESS: I believe it was around 15 or 16.

THE COURT: 15 with DHEC?

THE WITNESS: Yes.

THE COURT: All right.

BY MR. MURRELL:

Q And then in June, 2004 what was your job title with DHEC?

A Environmental health manager.

THE COURT: And what did you do on a daily basis as an environmental health manager?

THE WITNESS: I did soil borings to determine whether a lot passed to get a septic tank.

THE COURT: Okay.

THE WITNESS: If it did pass, I drew up the permits, you know, so the subcontractor would know how to install it. And after the contractor installed the system I went to inspect it to make sure it was installed correctly.

THE COURT: You were indoors and outdoors with that job?

THE WITNESS: Yes.

THE COURT: Okay.

THE WITNESS: Sometimes we had to go on complaints, you know, the people complained about

their neighbor's septic tank not working or, you know, we had to go there and issue a citation that they needed to get it repaired.

THE COURT: So did you issue those citations?

THE WITNESS: Yes, ma'am.

THE COURT: And the violations?

THE WITNESS: Yes, ma'am.

THE COURT: Okay.

THE WITNESS: And also some times not - well, in the beginning we had to do like dog bites, we had to go put the dog in quarantine, and then they got someone else at the end that that's all they did. So we didn't really have to fool with those anymore. At the beginning we did those. That's all they did.

BY MR. MURRELL:

Q How would you classify your job at DHEC in the June, 2004 time frame as far as the physical requirements? Would you say it was a light, medium or heavy physical type of job?

A It was heavy physically. When I had to dig in clay, which the area I worked in had a lot of clay. If it was a large - a really large lot, if it didn't pass, I would dig up all over the lot.

THE COURT: Trying to find a place where it would perk? Is that the -

THE WITNESS: Yes, ma'am. We would go down three feet into the ground and turn the auger, and you had to pull that auger out and then you would have to push the clay out and look at it, the color of it and all. And if it was like sand, it was a lot easier.

THE COURT: Okay.

BY MR. MURRELL:

Q How many hours a day were you drilling versus doing paperwork?

A We had to do paperwork. That took like three hours I guess usually a day doing paperwork.

THE COURT: And the rest was outside?

THE WITNESS: Yes, ma'am.

THE COURT: All right.

BY MR. MURRELL:

Q Can you tell the Commissioner how you were injured on June 11, 2004?

THE COURT: This is an admitted claim, so you are not here to prove you got hurt on the job. You are just here so I have an idea. Because they know how you got hurt and I don't.

THE WITNESS: Okay.

THE COURT: Just tell me what happened.

THE WITNESS: I was making a right turn. As I was slowly turning somebody came out and -

THE COURT: You got rear ended?

THE WITNESS: Yes, ma'am.

THE COURT: In a motor vehicle accident? Were you in a truck?

THE WITNESS: I was in one of those small Ford Rangers.

THE COURT: Okay.

BY MR. MURRELL:

Q And can you tell the Commissioner what parts of your body were injured when the wreck happened on your job?

A Well, my back hurt. And then I felt my left arm was hurting and also my head was hurting me and my neck and I believe that's all.

Q Did you have other problems after the initial injury, other parts of your body start bothering you after that?

A Well, my hip, you know, after the accident. It wasn't just my low back. It was my hip hurting the most.

THE COURT: You are indicating your left hip?

THE WITNESS: Yes, ma'am.

THE COURT: Okay.

BY MR. MURRELL:

Q And did the problems ever go further down your body later on?

A No, no. Sometimes now recently my legs hurt me. I

don't know. Sometimes it's just like I just ache all over, my legs and my back and my hip, my neck, and my arms doesn't hurt anymore.

Q So today, you have problems with your back and the left hip and the legs; is that correct?

A Yes, just sometimes. Like they hurt right now, not all the time.

Q Can you tell the Commissioner what type of medical care you got as a result of your injury on the job?

A I went to Dr. Stovall, and he was treating me with medication and he sent me to physical therapy. And I was still hurting so that didn't help. So he sent me to -

THE COURT: You had some injections?

THE WITNESS: No, Dr. Santi treated me first and then he sent me to Dr. Stovall. Dr. Santi, did I say, what did I say?

THE COURT: It's okay, because I'm going to read the records. You don't need to get into that. You are fine. Go ahead.

BY MR. MURRELL:

Q Did you have some injections?

A Yes. Dr. Stovall, he prescribed me some injections. They didn't help.

THE COURT: Didn't help?

THE WITNESS: No.

BY MR. MURRELL:

Q And what about the chiropractic treatment? Why did you decide to seek care there?

A Because in the previous accident, I had been to a chiropractor and it did help me going to a chiropractor. I was just hurting so bad. I just said I have got to get some kind of relief. I wasn't going to Dr. Stovall and doing the physical therapy just wasn't - I don't think so. I went to a chiropractor.

Q Did the chiropractic treatment help some?

A It helped some, yes.

Q Now, can you tell the Commissioner when you started missing time from work as a result of your injuries on the job?

A I missed, to start off with, it was - I went two days. I talked to Dr. Santi, he was like -

MS. URBANIC: I object to hearsay.

THE COURT: He can tell what he told.

MS. URBANIC: I mean what Dr. Santi said.

THE WITNESS: It's what I told Dr. Santi.

THE COURT: I think he - he is probably going to get to the point where you are going to object. I don't think he's quite reached there. You told Dr. Santi what?

THE WITNESS: That he said -

THE COURT: No. You can't tell what he said. You can tell what you told him. And the reason for that, let me just explain to you because she is going to keep objecting, the reason is that that doctor is not here for her to ask questions of.

THE WITNESS: I understand.

THE COURT: Okay. Go ahead.

THE WITNESS: That I could not take much time off from work, that I had a lot of work, paperwork piled on my desk. I felt really bad staying out because my supervisor, I was really close friends with him. I felt bad because he was going to get dumped with all my work. I really did. I felt really bad. So I said, I've got to go. I can't stay out. I need to go to work. So he said - well, I can't say he said, but -

THE COURT: You went back to work for awhile?

THE WITNESS: Yes. I went back to work. But I could not - do you want me to -

MR. MURRELL: Go ahead.

THE WITNESS: I couldn't do any of the digging at work. And so my supervisor, he would have to go with me and do my digging. And then the paperwork, I had to sit there and not get it done. My back was

hurting. I just let it sit there. He would come, my supervisor would come up and say, just do one folder at a time. I would just do that one folder. I would just sit there and couldn't concentrate, you know. I don't know what was wrong with me. I could not do it, and so -

BY MR. MURRELL:

Q Now, we submitted as one of our exhibits your personnel leave form. I want to get you to look at this, Mr. Russell, and I'm going to take it apart here. If you could tell the Commissioner -

THE COURT: Is this Tab 18 we're talking about?

MR. MURRELL: Yes, Commissioner. I'm sorry. Tab 18.

BY MR. MURRELL:

Q If you could tell the Commissioner, of these dates on here that began on Page 172, I submitted the entire exhibit, but 172, there's an asterisk, and this is after his injury. I believe Page 171 showed some time prior to his injury that he was out of work.

THE COURT: 171 is prior to the injury.

MR. MURRELL: That would not be related to his injury on the job, but it was just submitted so it would be a full exhibit.

THE COURT: Okay.

BY MR. MURRELL:

Q Can you tell us these dates here that begin with the asterisk on Page 172, are those dates absences that are related to your injury on the job?

A Let's see, the first one, yes.

THE COURT: What is the date?

THE WITNESS: 6/17.

THE COURT: Is related?

THE WITNESS: Yes, ma'am. 6/21.

THE COURT: Is related?

THE WITNESS: Yes. I had to go to the doctor.

THE COURT: Okay.

THE WITNESS: 29.

THE COURT: Is 6/29 related?

THE WITNESS: Let me look. Yes, I stayed home because my back was hurting too bad to go to work.

BY MR. MURRELL:

Q It may be easier if you could look this over if you see one that's not related, can you tell us about that? And if it's all related you could just say Page 172, all related.

A Okay. Yes, it's all related.

THE COURT: 172 is all related?

THE WITNESS: Yes, ma'am.

THE COURT: All right.

BY MR. MURRELL:

Q And now on Page 173, if you can look at those pages. Are all of those related?

MR. MURRELL: And let me say this, Commissioner, 171 has some codes on here.

THE COURT: Oh, okay.

MR. MURRELL: And that again is why I left it on here.

THE COURT: Okay.

MR. MURRELL: And it says leave type, 01, 02, 09, 03 are codes on there. And if you can tell us, the 01 says annual leave. What is annual leave?

THE WITNESS: That's her time that - vacation, vacation time.

THE COURT: I know what that is. What I need to know is would you take annual leave or sick leave for, let's start with the ones on 172. Is that what you would do?

THE WITNESS: If I didn't have enough sick leave then I took my annual leave and go to the doctor. I took annual leave to go to the doctor if I'd run out of sick leave.

THE COURT: Okay.

BY MR. MURRELL:

Q And every month, were you allotted so much sick leave?

A Yes.
Q if you used up all the sick leave time, you would then use annual leave?
A Yes.

THE COURT: Now, you've been an employee of the state for some, you have what like 16 or 17 years?

THE WITNESS: Yes, ma'am.

THE COURT: And you had a good bit of sick leave accumulated. Did you use up all your sick leave on this accident or for some other illnesses?

THE WITNESS: I had a previous accident. I hurt my back. I had to take a long time off with that.

THE COURT: I was just thinking you have a pretty good account balance.

THE WITNESS: Yes, for sick leave. Right. But I was out sick a lot like, especially like on Mondays, it was like during the weekend I'd get depressed and it was hard to get up.

THE COURT: This was before the accident?

THE WITNESS: Yes, ma'am. Yes, ma'am.

BY MR. MURRELL:

Q So there were other times prior to the accident that you were using a lot of sick leave?
A Yes.
Q And then after the accident at work, if you had sick

leave, would you use that?

A Yes.

THE COURT: But if not you used annual leave.

THE WITNESS: Yes, ma'am.

THE COURT: Okay. Now, what about 173, let's move on.

THE WITNESS: Yes, this is like hour periods I would go to the doctor. Yes, all of that was -

BY MR. MURRELL:

Q That was related?

A That was related.

Q Let's turn to Page 174. Let's do the same thing. If you can tell us are those related to - absences related to your injury on the job?

A Yes.

Q Page 175, could you look at that?

A Yes.

Q Okay. 175?

A Yes.

Q Page 177?

A Yes.

Q Page 178?

A Yes, right.

Q Page 179?

A You've got these crossed out, so we're not counting

those, right?

Q That's how we received it from DHEC. It's not my marking.

A Yes. Okay. They said it was not and it wasn't.

Q Some of these do have lines through them. You would agree that's not related to your time off work because of your accident?

A Yes. They said it was. Yes.

THE COURT: And that goes for all pages. If there is a line through it, that's not related to this accident?

THE WITNESS: Yes, ma'am.

THE COURT: All right.

BY MR. MURRELL:

Q So now looking at Page 179, other than the ones that are marked through, do those relate to time missed from work as a result of your injury on the job?

A Yes.

Q There are two entries on Page 180. Do those relate?

A Yes.

Q Thank you. Now, Page 180 shows two dates in 2005. Can you tell the Commissioner when was it that you stopped working at DHEC entirely?

A I'm not sure, some time in January, I believe.

THE COURT: Of this year?

THE WITNESS: No.

THE COURT: 2007?

THE WITNESS: Right after. When was the wreck?

THE COURT: Excuse me, this was 2004.

MR. MURRELL: The wreck is in June 11, 2004. So when was it that you stopped working and never returned to DHEC?

THE WITNESS: It was in January.

THE COURT: In 2005?

THE WITNESS: You say the wreck was in 2004?

THE COURT: Yes.

THE WITNESS: And what month was it in?

THE COURT: I'm going to let your attorney answer that.

MR. MURRELL: June 11, 2004 is when the wreck occurred.

THE COURT: All right. When did he stop working? I've got ancther hearing.

MR. MURRELL: If we could just -

THE WITNESS: My memory is rally bad.

MR. MURRELL: So, January 14, 2005.

THE COURT: All right.

MR. MURRELL: And then there's a 7/16/2005, so I believe that the two times he had been out of work and then came back.

THE COURT: The absolute last time was -

MR. MURRELL: 7/16/2005.

THE COURT: Got it. Thank you.

MR. MURRELL: That's Tab 17.

THE COURT: All right. Thank you. All right.

BY MR. MURRELL:

Q Now, Mr. Russell, do you still work at DHEC now?

A No.

Q And how was it that you left your job? How did you do that?

A My psychiatrist, Dr. James Jenkins, he decided that it was -

MS. URBANIC: I object if he were about to say what he said, hearsay.

THE WITNESS: It was -

BY MR. MURRELL:

Q Did you retire?

A Did I retire?

Q From DHEC?

A Yes, I did.

Q Okay. And that would have been in the July 16, 2005 time frame; is that correct?

A Yes, sir.

Q Now, can you tell the Commissioner, are you continuing having problems from your injuries today that you had

on the job in June, 2004?

A Yes. My lower back hurts and my hip, left hip still hurts. And my left arm, it stopped and the middle of my neck doesn't, my head doesn't. My back and also my depression, I still have depression worse and my bipolar is worse, too.

Q Now, I want to ask you some questions about each of those individually. Okay. Can you tell the Commissioner what problem you continue to have with your back?

A What -

Q Do you have pain? Do you have numbness? Can you explain to her what the problem has been?

A It's pain. It's like constant and there's -

THE COURT: On a scale of one to ten, of one not being much, being minimal, and ten being you are ready to go to the emergency room, what would it be generally?

THE WITNESS: Maybe an eight.

THE COURT: An eight?

THE WITNESS: Yes, ma'am.

THE COURT: On a constant basis? Or is that on a bad day.

THE WITNESS: On a bad day, yeah.

THE COURT: Or is that a bad day?

THE WITNESS: On a bad day. Yes.

THE COURT: What's a good day? Give me a good day.

THE WITNESS: A five, a five.

THE COURT: Do you take any prescription medication for it?

THE WITNESS: Yes, ma'am.

THE COURT: What do you take?

THE WITNESS: I take Celebrex and I take Tylenol, too, Tylenol extra strength.

THE COURT: All right.

THE WITNESS: I take two of those in the morning and two at night. I take Celebrex, one in the morning and one at night.

THE COURT: Does the medication help?

THE WITNESS: Yes, ma'am.

THE COURT: All right. What about your left hip? Tell me about how that is.

THE WITNESS: It hurts. If I walk too much it just starts hurting. I can't walk, continue to walk. I have to stop. Then the Celebrex and the Tylenol help that, too.

THE COURT: How far can you walk before it really hurts?

THE WITNESS: I can walk like -

THE COURT: Is it a block or -

THE WITNESS: No, further than that. Say if I was inside a store I could walk maybe half around the store and then it starts hurting. Like, say Target or something, walk halfway through there.

THE COURT: All right.

BY MR. MURRELL:

Q You also mentioned earlier your legs.

THE COURT: Not this last time he didn't. You asked him what was wrong. He said his low back and left hip still hurt and his depression and his bipolar.

THE WITNESS: I didn't say that because in her deposition I didn't bring it up. But afterwards I thought about it and I told David, I said -

THE COURT: How about now? Because when he asked you what your problems were you said your low back and your left hip.

THE WITNESS: Yes. Right now my legs are hurting. Yes. But I didn't want to bring it up because I didn't say it in my deposition. I forgot about that.

BY MR. MURRELL:

Q How often, on an average, you know, how often do the legs bother you?

A I don't know. Maybe 20, 25 percent out of 100. I'd say out of 100 percent, do you want it that way or how, on a daily basis?

THE COURT: Do your legs hurt every day?

THE WITNESS: No, they don't.

THE COURT: All right.

BY MR. MORRELL:

Q How many days a week or a month do your legs bother you?

THE COURT: Once a week? Twice a week? Three times a week? Once or twice a week?

THE WITNESS: It's not every week.

THE COURT: Okay.

THE WITNESS: Sometimes it don't.

THE COURT: So it's intermittent. It comes and goes.

THE WITNESS: Right. Yes, ma'am.

THE COURT: So some weeks it doesn't bother you?

THE WITNESS: Yes.

THE COURT: All right.

THE WITNESS: And some weeks it's just --

THE COURT: It bothers you.

THE WITNESS: It bothers me a lot.

THE COURT: All right.

BY MR. MURRELL:

Q Can you tell the Commissioner more about your depression and bipolar? Can you explain to her -

THE COURT: How has that gotten worse?

MR. MURRELL: Where you were earlier and where you are now.

THE WITNESS: When I got hurt, my pain was really bad. I stated to two different doctors, I said, Sometimes I hurt so bad I'd think I could kill myself. I was really, really in pain. I said there's no way I can continue to live in this pain. It's really bad. It hurts. I would cry a lot. I was worried - I just worried and was anxious and got depressed and -

THE COURT: Do you live by yourself?

THE WITNESS: No. My mother lives with me.

THE COURT: All right.

BY MR. MURRELL:

Q How did your depression change after your injury on the job in June, 2004?

A I got more depressed.

Q You said the pain caused you a lot of problems. Were there other problems or things that made you more depressed at work, I believe you said you'd worry about your supervisor having to do your job?

A Yes. I got depressed because I couldn't do my work and I felt really bad for my supervisor. I felt like

I was depressed if I couldn't do my work, and I felt really depressed because he was having to do my work. He was telling me don't worry about it but I did worry and I got depressed. He's a really great person and I didn't want to dump all my work on him. He's a really good person.

Q Now, did you have depression prior to your injury at the job?

A Yes, I did.

Q Did you have bipolar disorder prior to your injury on the job?

A Yes, right, I did.

Q Can you tell the Commissioner how your bipolar changed? How did that get worse after the injury on the job?

A I thought I answered that when I said the crying and thinking of suicide and more nervous and constantly worrying and getting agitated. I just couldn't stop worrying about stuff.

Q Did your medications that you were taking for depression and bipolar change after your injury on the job in June of '04?

A Yes. It changed.

Q Explain how that changed.

THE COURT: Did the physician increase dosages or

change?

THE WITNESS: Increased dosages and added new drugs. Sometimes quit with another drug.

THE COURT: I got you. That's good enough. Go ahead, Mr. Murrell.

BY MR. MURRELL:

Q Now, can you tell the Commissioner what problems you have with your depression and your bipolar? How does it affect you and your ability to work?

A Well, my bipolar and depression, I can't work in a competitive environment. I'm just - I don't know. I get mad easy. There is like a lot of times I just flare up and get mad and, you know, it's like so I go to the store or something. I just get really mad at the cashier or like my mom's in the hospital right now.

THE COURT: I'm sorry to hear that.

THE WITNESS: Thank you. Hopefully she will be better. I had to - I just jumped all over the nurse because I think she needed to be, but I didn't handle it very calm.

THE COURT: I understand.

THE WITNESS: Okay.

BY MR. MURRELL:

Q Do you have any problems concentrating?

A Yes, I do.
Q Do you have problems motivating yourself to do some things?
A Yes, sometimes.
Q What about reading?
A I don't read, not even the newspaper. I used to like to stay up on current events and stuff. But, you know, reading, I don't do that no more. Sitting there, I just can't sit there and concentrate and sit still.

THE COURT: All right. Mr. Murrell, I'm going to have to ask you to wrap things up, because Ms. Urbanic hasn't had an opportunity. Are you about done?

MR. MURRELL: Yes, ma'am.

THE COURT: Please answer any questions Ms. Urbanic has. You can look at her. You don't need to look at me.

CROSS EXAMINATION

BY MS. URBANIC:

Q Mr. Russell, I know there is a hearing behind us. Try to focus on my questions. We can hopefully move through this quickly. You have not looked for work anywhere since you left DHEC; is that right?
A No, - well, you don't want to know anything?
Q Try to keep it short. I don't want to interfere with

your testimony, but -

A Okay.

Q And prior to this accident on June 11, 2004, you've been in several other motor vehicle accidents, right?

A Right.

Q Okay. And the first accident you were in, was it the truck versus 18 wheeler; does that sound right?

A The first one for DHEC. I was in another one before that. It wasn't DHEC.

Q Before you worked at DHEC, you were in a motor vehicle accident.

A Yes.

Q And you were rear ended?

A Yes.

Q And you injured your back?

A Right.

Q And you got $3000 to $4000 out of that settlement?

A Yes. I think that's right. Yes.

Q Then when you went to work for DHEC, you were in one with an 18 wheeler?

A Right.

Q You injured your back in that accident?

A Yes.

Q And there was a suit filed in that accident?

A Yes.

Q And you got $25 hundred K - 25,000.
A Yes, that's right.
Q $2500, sorry. I can't read my own handwriting. Was there another motor vehicle accident after that one with DHEC?
A Yes.
Q And you injured your back in that one?
A The one, we mentioned the one where the 18 wheeler hit me. That one's been mentioned. There was another one where a girl, I was waiting for a light to change. A girl came across the road and rear ended me.
Q I guess my point is that you've been in at least three other motor vehicle accidents where you've injured your back.
A Yes.
Q Does that sound right?
A Right.
Q And prior to June 11, 2004, you told me your back problems would aggravate when you were doing the digging that you had to do for DHEC?
A Right.
Q It would flare up every now and then?
A Yes.
Q You never fully recovered from those prior motor vehicle accidents?

A I believe I did because if I hadn't, I wouldn't have been able to dig in all the clay that I had to dig in.
Q But you would feel back pain every now and then?
A Yes. But after two days it would go away.
Q And at this car accident on June 11, 2004, you were in a Ford Ranger truck, pick-up truck?
A Right. This current one you are talking about?
Q Yes.
A Yes.
Q The one we are here about today.
A Yes.
Q You were wearing your seatbelt?
A Yes.
Q No bruises from the seat belt?
A No.
Q And it was very minor damage to your car?
A Right.
Q Your car was able to be driven from the scene? You didn't have to get a tow truck?
A It probably was.
Q Now, your bipolar and depression, you've had this since the early eighties, diagnosed with it?
A Depression, yes.
Q Was the bipolar diagnosed later?
A I want to say yes.

Q You've been hospitalized for suicide prior to this accident?
A Yes. No, I didn't commit suicide. I told them I was thinking about suicide.
Q We understand you didn't commit it or you wouldn't be with us here today. But you've had suicidal thoughts prior to this injury; is that right?
A I said that because I didn't want to go back to work. I was like in a real hostile environment at work. I had been sexually harassed by my supervisor. And I was really - the guy that worked my office with me, he was just real unfriendly to me and to me it was really hostile there. I didn't want to go to work. I said that in order to get into the hospital. I felt that it was necessary to say that.
Q This was in 2001 when Dr. Rosen put you in the hospital?
A I don't think he was the one that put me in there.

MS. URBANIC: This is Page 228 of the APA submissions, Commissioner. She will read the record.

THE WITNESS: I started going to him afterwards.

THE COURT: That's fine. I will read them all.

BY MS. URBANIC:

Q Do you recall telling your disability examiner, Richard Beaten, about an incident in your twenties

when you tried to jump off a bridge while intoxicated, on Page 240?

A I told him that I jumped off the bridge.

THE COURT: If you don't remember, that's fine. I'll read it.

THE WITNESS: Yes. I don't remember what exactly.

THE COURT: You don't dispute the record. It's just you don't -

THE WITNESS: I don't remember. Yes.

THE COURT: That's fine.

BY MS. URBANIC:

Q This chiropractor you went to for treatment, did you see him prior to the accident?

A Which one?

Q Dr. Faust, is that how you say that?

A No, I hadn't.

Q Had you been to other chiropractors?

A Yes, I had.

Q And that was for your back that you went to the chiropractor before?

A Yes.

Q Dr. Faust, he's with the Palmetto Spine Center? Does that sound right?

A Right.

MS. URBANIC: This is Page 27 of the Claimant's APA submissions, Commissioner.

BY MS. URBANIC:

Q Did you first see him on June 7, 2004, approximately four days before this accident?

A I went inside and I was having pain. I was inquiring about getting a massage. I had already signed in. It was on a Friday. He was closing already. He told me to come back, which I didn't come back until after the accident.

Q Okay. Since this motor vehicle accident, did your niece pass away from cancer?

A Yes.

Q And that caused you some depression?

A I was sad about it, but I wasn't - she was a really good person. Yes, it was sad.

Q Do you recall telling Dr. Burke about that making you depressed?

A Yes.

Q Okay. You are able to drive a car; is that right?

A Now?

Q Yes.

A Yes.

Q You know how to use a computer?

A Yes. I know how to go on sites, and I don't know how

to do any - I know how to play on one.
Q You know how to get the internet and search for whatever it is you want to search for?
A Right.
Q Your position at DSS was a sedentary type job; is that right?
A Right.
Q Mainly sat behind a desk doing paperwork?
A Right.
Q And you are able to sit down. You've been sitting here for at least an hour?
A Yes, right.
Q And I know you said your mom is in the hospital. Normally you drive her around to her doctors' appointments and help her with her medication; is that right?
A I drive her to the doctor and she had psoriasis really bad so I helped her with that and then sometimes she gets confused about what she's taking so I have to help her. She can't - she's 76 and she gets real confused. Sometimes she can do it on her own. I have to oversee it and make sure she's taking it right.
Q Part of your therapy - I know I'm jumping around a little bit. I apologize. Part of your therapy with your psychologist and psychiatrist is they want you

out and interacting with people in the community; is that right?

A Yes, right.

Q That's supposed to help you?

A Yes, ma'am.

Q Your state disability retirement, is that being reconsidered in August?

A Yes. It's up for review. Yes.

THE COURT: What do you mean, reconsidered? Was it denied or - I mean, I'm not sure.

MS. URBANIC: It's currently up for reviewing it in August.

THE WITNESS: It was good for three years. They have to do a review every three years.

THE COURT: I see. Thank you.

BY MS. URBANIC:

Q The time you testified to for being out of work, when you worked at DHEC, if you were going to take time off, did you have to fill out leave slips, let your supervisor know?

A Yes.

Q Do you have any of those slips here with you today?

A No. I didn't know I would need them.

Q I think we all know annual and sick leave time, that's time you get paid for when you are not at work; is

that right?
A Right.
Q So the times you testify when you went through three or four pages at work, you took annual sick leave time; is that right?
A Right.
Q You received money, your regular paycheck?
A Right.
Q And is it your - I know you looked at these sheets and say these times look accurate as to when you missed following this accident.
A Right.
Q Is it your contention you missed various dates because of doctor's appointments?
A Some were doctor's appointments. Some days I stayed out a complete day. It was either my back was hurting or I was too depressed to get out of the bed and go to work. Some days it was both. I just couldn't go.

MS. URBANIC: And I don't want to spend too much time, but when I looked through the records I couldn't find doctor's appointments matching some of these dates. I don't know how you want me to try to -

THE COURT: You said some of them he was home, but you can ask about any dates you want to ask about.

MS. URBANIC: I don't want to make this unduly

lengthy.

THE COURT: Well, it's your right to do that. I don't know exactly without those slips or I don't know how he's going to remember all of those, frankly. I know that's kind of your point. But -

MS. URBANIC: Let me see if there's a way I can narrow it down without -

THE COURT: You are very efficient. I'm sure you will figure out a way.

BY MS. URBANIC:

Q Mr. Russell, you testified before this accident you had missed time form work.

A Yes.

Q I think you even said there were days when you had depression and couldn't get out of bed?

A Right.

Q Would that have been in 2004 when you had some of those days with depression?

A Yes.

Q And I think you testified on direct as well that the visit or on the leave slips it was just a couple of hours, or an hour or two hours, you thought that was doctor's appointments?

A Yes. That's what I thought.

Q Is it possible that some of those might be -

A Yes. I might have had to get off work early or either was running late. That's possible.

THE COURT: I think since - I don't know that you need to pursue that.

MS. URBANIC: I would let the record reflect it. If I have to write a brief -

THE COURT: I understand it. But you don't have documents to match up with those dates. He has conceded that maybe a few of them at least might not have been related to the -

MS. URBANIC: Okay. Give me one second. I believe that's all the questions I have.

THE COURT: Mr. Murrell, do you have any questions?

MR. MURRELL: Very briefly, Commissioner.

REDIRECT EXAMINATION

BY MR. MURRELL:

Q Mr. Russell, have you sustained any loss of use to your back as a result of your injury on the job?

A Yes.

Q If your back was 100 percent, is it 100 percent now?

A No.

Q Can you tell the Commissioner what percentage you believe you sustained of loss as a result of your injury on the job?

A 50 percent, just, you know, I think that's right. Around 50 percent.

Q Now, are you able to return to work as an environmental specialist?

A No.

Q Are you able to perform any work today?

A No.

Q Are you currently receiving retirement from the state; is that correct?

A That's correct.

MR. MURRELL: Those are all the questions I have.

THE COURT: Ms. Urbanic, do you have anything?

MS. URBANIC: No.

THE COURT: That concludes this proceeding.

(The hearing concluded at 1:14 PM)

STATE OF SOUTH CAROLINA)
) CERTIFICATE
COUNTY OF LEXINGTON)

BE IT KNOWN THAT I TOOK THE FOREGOING WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

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 NOT RELATED TO NOR AN EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 25TH DAY OF JULY, 2008.

SARA L. QUATTLEBAUM
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES JULY 12, 2012

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FOR BERKELEY COUNTY
Court of Common Pleas

The Honorable Kristi Lea Harrington, Circuit Court Judge

Case No. 2011-CP-08-00398

Robert Russell.....Employee, Claimant/Respondent,

v.

Department of Health and Environmental Control, Employer, and State Accident Fund, Carrier.....Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

October 14, 2012

Margaret M. Urbanic
CLAWSON & STAUBES, LLC
126 Seven Farms Drive, Suite 200
Charleston, SC 29492
(843)577-2026
Attorney for Appellants