

In The Court of Appeals

APPEAL FROM RICHLANDCOUNTY  
Court of Common Pleas

Casey Manning, Circuit Court Judge

RECEIVED

JUL 17 2013

Case No. 2008-CP-400-2813

SC Court of Appeals

Linda Burris,

.....Appellant,

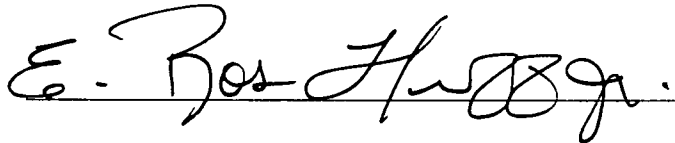
v.

Lexington/Richland School District 5, Employer,

And South Carolina School Board Insurance Trust, Carrier.....Respondents

RECORD ON APPEAL

July 17, 2013



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STATE OF SOUTH CAROLINA )

COUNTY OF RICHLAND )

Linda Burris, )

Appellant/Claimant, )

vs. )

Lexington/Richland School District 5, )

Employer, )

and )

South Carolina School Board Insurance Trust, )

Carrier, )

Respondents. )

BEFORE THE  
SOUTH CAROLINA  
CIRCUIT COURT

DOCKET NUMBER  
2008-CP-40-2813

ORDER

RICHLAND COUNTY  
FILED  
2012 OCT 22 AM 11:59  
JEANETTE W. McBRIDE  
C.C.P. & G.S.

This is an appeal from the Workers Compensation Commission of a unanimous order of the Full Commission affirming the order of the single commissioner denying the compensability of the claim filed by Claimant. It involves questions of fact. Therefore, in accordance with well established law of the State of South Carolina and under the South Carolina Administrative Procedures Act that in cases involving questions of fact:

The Circuit Court may not substitute its judgment for that of the Commission as to the weight of the evidence on questions of fact. Gibson v. Spartanburg School Dist. No. 3, 338 S.C. 510, 526 S.E.2d 725 (Ct.App.2000); Hamilton v. Bob Bennett Ford, 336 S.C. 72, 518 S.E.2d 599 (Ct.App.1999). The findings of the Commission are presumed correct and will be set aside only if unsupported by substantial evidence. Hicks v. Piedmont Cold Storage, 335 S.C. 46, 515 S.E.2d 532 (1999); Broughton v. South of the Border, 336 S.C. 488, 520 S.E.2d 634 (Ct.App.1999). The Administrative Procedures Act restricts a Court from substituting its

SCANNED

judgment for the judgment of the Commission as to the weight of the evidence on questions of fact.

Otherwise, stated by our Courts:

A decision of the Workers' Compensation Commission will not be overturned by the Circuit Court or the Supreme Court unless clearly erroneous in view of the substantial evidence. Mitchell v. Fiske-Carter Construction Company, 278 S.C. 180, 293 S.E.2d 701 (1982); Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 301 (1981); Massey v. W.R. Grace & Company, 286 S.C. 434, 334 S.E.2d 122 (1985). The only issue in this appeal is whether the decision of the Full Commission is supported by substantial evidence. The Commission, not this Court, is the fact-finder. Hunter v. Patrick Construction Company, 289 S.C. 46, 344 S.E.2d 613 (1986). The Full Commission makes the final determination of witness credibility and the weight to be given to the evidence. Further, a reviewing court may not substitute its judgment for that of the Commission as to the weight of the evidence on any questions of fact. These factual findings are to be set aside only if unsupported by substantial evidence. Armstrong v. Union Carbide, 417 S.E.2d 597 (1992).

Substantial evidence has been defined as something less than the weight of the evidence, but such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. Ellis v. Spartan Mills, 276 S.C. 216, 277 S.E.2d 590 (1981). The possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence. Id.

In this claim, the Claimant/Appellant, who is presently 68 years old, sought compensation for a back injury that allegedly arose out of her duties as a teacher's aide for employer Lexington/Richland School District 5. She was 58 years old at the time of the claimed injury. Claimant/Appellant carried the burden of proof to show that an injury by accident or repetitive trauma caused her alleged injury. Respondents contend that both the Single Commissioner and the unanimous Full Commission correctly decided that Claimant/Appellant failed to meet her burden of proof. While the Claimant/Appellant argues the validity of the Commissioner's factual findings, the record established clearly supports the single and full commission's decision. More importantly, the evidence in the

record overwhelming meets the appeal criteria that, unless the ruling is not supported by substantial evidence, the Order denying compensability of the claim must be affirmed. I find that that is in fact the case and affirm the order of the Full Commission denying compensability of the claim.

Reviewing the facts in the case, the medical records and the Claimant/Appellant's testimony clearly establish the factual finding that her back condition and problems existed before she returned to work in August 2001. (T. p. 32, line 7 - p. 33, line 2). Claimant/Appellant's doctor diagnosed this preexisting condition as spondylolisthesis, and gave her a nine percent impairment rating. *Id.* The Claimant/Appellant has never argued, nor does there exist any medical evidence in the record, that this preexisting condition was linked in any way to her employment. Furthermore, there is no medical evidence whatsoever in the record that this condition worsened past the nine percent impairment to the back that pre-existed. The Order of the single commissioner and the full commission of the South Carolina Workers Compensation Commission clearly shows that the preexisting condition did not result from her work or a work-related accident. (Single Commissioner Order page 5). It is worth repeating that Claimant/Appellant was 58 years old at the time of the alleged injury and is 68 years old now.

Claimant/Appellant had announced her retirement in June 2001. In August 2001, Claimant/Appellant elected to end her retirement and return to work under the TERJ program. While the Claimant/Appellant never pinpointed a specific accident that could have caused the alleged injury, she purported that the duties of her job, beginning in August 2001, caused repeated traumas warranting compensation.

The Commission correctly assessed Claimant/Appellant's routine work tasks as symptomatic activities to her preexisting condition. Any symptoms or temporary exacerbations that caused Claimant/Appellant discomfort did not result in permanent injury. *Hargrove v. Titan Textile Co.* notes that an exacerbation of pre-existing disease or injury arising out of or in the course of employment may be compensable. 360 S.C. 276, 295, 599 S.E.2d 604, 614. However, the court qualifies this assertion: "The right of a claimant to compensation for aggravation of a preexisting condition arises only where there is a dormant condition which has produced no disability but which becomes disabling by reason of the aggravating injury." *Id.* In this case, the Claimant/Appellant never presented medical evidence showing a worsened spondylolisthesis condition; she never sought medical assistance for back discomfort from 2003-2007; she admitted to engaging in rigorous and continuous physical activity without any back discomfort through the time of the hearing. From a medical standpoint and according to the Claimant/Appellant's own admissions, Claimant/Appellant did not suffer any new, permanent, or compensable injury to her back as a result of her employment from August 2001 through June 2003.

The Claimant/Appellant pointed to laminating, copying, refilling cartridges, placing mail into boxes, lifting boxes, standing on pavement for extended periods and shutting car doors as "awkward" activities that caused trauma to her back when repeated. Yet, the record clearly shows that Claimant/Appellant continued to engage in rigorous recreational activity such as walking between two and three miles several times a week and participating in line dancing classes multiple times per week through the time of the hearing. Furthermore, the Commission correctly assessed Claimant/Appellant's alleged repeated traumas as "a variety of activities which essentially constitute working." (Single

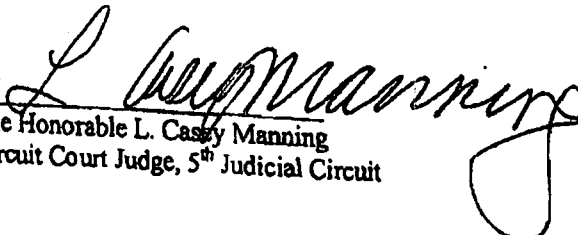
Commissioner Order Finding of Fact #4, p. 6 affirmed by the Full Commission). "Physical activity of any kind can cause a preexisting degenerative back to be more symptomatic." (Single Commissioner Order Finding of Fact #6, p. 7). "Compensation requires *injury* by an accident or repetitive trauma rather than a temporary exacerbation."

Claimant/Appellant's temporary exacerbations clearly distinguish this case from that of *White v. Medical University of South Carolina*. 335 S.C. 560, 586 S.E.2d 157 (Ct. App. 2003). Claimant/Appellant aimed to construe the facts of these two cases as synonymous (Appellant's Brief page 10-11). The Commission easily recognized a separate set of facts. While the *White* claimant repetitively transported a 1500 pound "big boy" bed, Claimant Burriss suggests that cutting construction paper and reloading lamination cartridges are equally as traumatic. *Id.* at 158. The reasonable observer realizes that moving a 1.5 ton bed constitutes a repetitive trauma or "mini accident" while Claimant Burriss's self-proclaimed "awkward" activities would not meet the *White* threshold. *Id.* at 160. The repetitive trauma in *White* actually worsened Claimant/Appellant's condition manifesting into a disc herniation. *Id.* Permanent disrepair from repetitive trauma differs from a temporary exacerbation. The Claimant/Appellant's condition in the present case did not permanently worsen as a result of her work-related activities. She did not visit a doctor for back-pain related injuries between 2003 and 2007. There was absolutely no medical testimony that her preexisting spondylolisthesis degenerated beyond the pre-existing nine percent impairment. Her continuous and rigorous activity gave credence to this assertion. "A condition is compensable *unless* it is due solely to the natural progression of a preexisting condition." *Mullinax v. Winn-Dixie Stores*, 318 S.C. 431, 437, 458 S.E.2d 76, 80 (Ct. App. 1995) (emphasis added). In addition to the Claimant/Appellant's failure to show a permanent

injury, there was no evidence that her preexisting condition worsened in the slightest from the activities alleged in her claim. The Commission correctly made a finding of fact that Claimant/Appellant did not experience a repetitive trauma.

S.C. Code Ann. Section 42-1-160 requires proof an injury by accident, repeated trauma, or occupational disease. The Commission correctly concluded that this case did not qualify as an occupational disease; furthermore, the Claimant/Appellant did not suggest that a specific accident at a certain place and time caused her injury. Rather, the Claimant/Appellant alleged some type of repeated trauma. As the Commission noted, pain from a symptomatic activity attributable to a preexisting injury does not rise to the level of a compensable injury. The Claimant/Appellant failed to meet the burden of proving injury under Section 42-1-160 of a compensable injury by accident, and clearly, there is substantial evidence to support this finding of the South Carolina Workers Compensation Commission.

Therefore, the Appeal of the Claimant/Appellant is denied in its entirety.

  
The Honorable L. Casey Manning  
Circuit Court Judge, 5<sup>th</sup> Judicial Circuit

Columbia, South Carolina

Oct 22, 2012

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NUMBER 0216855

Linda Burris,

Employee/Claimant,

vs.

Lexington/Richland School District 5,

Employer,

and

South Carolina School Board Insurance Trust,

Carrier,

Defendants.

FULL COMMISSION ORDER

FULL COMMISSION HEARING:

Held in Columbia, South Carolina on  
February 28, 2008.

APPEARANCES:

Claimant represented by Patrick M. Teague  
and E. Ros Huff, Jr., Esquires.

Defendants represented by Ernest G.  
Lawhorne, Esquire.

PURPOSE OF HEARING:

Claimant's appeal of Single  
Commissioner Hearing.

AWARD:

By Appellate Panel

FILED:

March 20, 2008.

Notice of Appeal due  
4-17-08  
(AW)

On February 28, 2008, this Appellate Panel heard the Appeal filed by the Claimant/Appellant to the underlying Order denying her claim. Claimant's Counsel submitted an appeal Brief and a second Brief in reply to the Defendant/Respondent's reply Brief. Furthermore, oral arguments were heard on February 28, 2008 from counsel for the Claimant/Appellant and Defendant/Respondent.

After review of all Briefs and hearing the oral arguments of the attorneys, the underlying Order denying the claim of the Claimant/Appellant is hereby affirmed in its entirety and the Order of the underlying Commissioner incorporated herein by reference, with the following amendment.

Finding of Fact No. 5 is amended to say, "Facts do not support an injury by repetitive trauma or occupational disease."

Otherwise, the Order of the Single Commissioner is affirmed by unanimous vote denying compensability of this claim in its entirety.

**AND IT IS SO ORDERED.**

**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 heretofore, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 20 day of March, 2008

By Kim Williams  
Administrative Assistant to the Commissioner

**SOUTH CAROLINA WORKERS'  
COMPENSATION COMMISSION**

Susan S. Barden, Commissioner

George N. Funderburk, Commissioner

Derrick Williams, Commissioner

Columbia, South Carolina

\_\_\_\_\_, 2008

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NUMBER 0216855

Linda Burris,

Employee/Claimant,

vs.

Lexington/Richland School District 5,

Employer,

and

South Carolina School Board Insurance Trust,

Carrier,

Defendants.

**ORDER**

**HEARING:**

Held in Columbia, South Carolina on  
September 4, 2007.

**APPEARANCES:**

Claimant represented by Patrick M. Teague  
and E. Ros Huff, Jr., Esquires.

Defendants represented by Ernest G.  
Lawhorne, Esquire.

**PURPOSE OF HEARING:**

To determine the issues as set forth on Forms  
50 and 51.

**AWARD:**

By the Honorable David W. Huffstetler,  
Commissioner.

**FILED:**

October 5, 2007.

Fam 3004e  
10-17-07  
(aw)

## APA SUBMISSIONS

### Claimant's Submissions:

1. Lexington Open MRI, 02/15/02, 1 Page;
2. Columbia Neurosurgical Medical Records, 09/19/02, 2 Pages;
3. South Carolina Internal Medicine Associates and Rehabilitation, 02/04/02 – 06/04/07, 135 Pages;
4. Eva Rawl, M.D., 02/19/07, 2 Pages;
5. Palmetto Imaging, 02/02/07, 1 Page.

### Defendants' Submissions:

1. Beaver, M.D., 10/09/01, 1 Page;
2. Lexington Medical Center, 10/09/01, 2 Pages;
3. South Carolina Internal Medicine Associates and Rehabilitation, 02/11/02 – 09/19/02, 2 Pages;
4. Lexington Open MRI, 02/15/02, 1 Page;
5. SCIMAR, 03/22/02, 1 Page;
6. Benjamin Levinson, M.D., 02/04/02 – 02/03/03, 100 Pages;
7. Physical Medicine and Rehabilitation, 02/20/02, 5 Pages;
8. William Rambo, M.D., 09/19/02, 2 Pages;

### Defendants' Exhibits:

- A. Form 20.

## STIPULATIONS

The parties stipulated at the hearing to the following:

1. The purpose of the hearing is to determine the issues as set forth on Forms

50 and 51;

2. Notice of the hearing was timely and properly served upon all parties of interest;

3. Jurisdiction and venue set in Richland County is proper, as agreed to by all parties;

4. The Claimant's average weekly wage is Two Hundred Ninety-Five and 93/100 (\$295.93) Dollars with a compensation rate of One Hundred Ninety-Seven and 30/100 (\$197.30) Dollars.

5. The South Carolina Workers' Compensation Commission file and the Commissioner's notes are made a part of the record.

#### STATEMENT OF THE CASE

This claim arises from an alleged injury by accident to the Claimant's lower back, hips and legs on August 8, 2002. The Claimant argues her injury is the result of awkward bending and twisting in her employment as a teacher's aide. She seeks payment of all casually related medical treatment to date, an award of compensation for temporary total disability from May 30, 2003 to the present, and additional medical treatment. The Claimant also contests the degree of her permanent disability. Defendants contend the Claimant's alleged injury is not compensable as the Claimant fails to demonstrate the alleged injury is the result of an accident arising out of or in the course of her employment. Alternatively, Defendants contend the Claimant may have suffered a temporary exacerbation of a pre-existing condition as the medical evidence demonstrates a history of complaints relating to the Claimant's lower back and hip areas, but not a new compensable injury by accident with permanent disability resulting from it.

## CLAIMANT BIOGRAPHY

Age: 64 years

Marital Status: Married, 2 kids.

Employment: The Claimant has been a grammar school teacher's aide for 30 years. The Claimant retired from her position as a teacher's aide with School District 5 for the first time in 2001. She returned to work in August of 2001 to benefit from the TERI Plan, but retired for the second time from School District 5 on June 1, 2003 at the age of 59.

## EVIDENCE OF THE CASE

### Linda Burriess, Direct Examination by Patrick M. Teague

The Claimant testified that she worked at H.E. Corley Elementary School for the last thirteen years. Her job duties at Corley Elementary included laminating and Xeroxing materials, compiling school packets at the beginning of the year, reading to students, placing mail in teachers' boxes, and car rider or bus duty several times a week. She testified that picking up and loading the heavy laminating film boxes and Xeroxing paper boxes as many as four times a day at the beginning of the school year caused her "excruciating pains at times." The Claimant testified that when she read to students, she had to sit in small chairs which were not made for adults or had to sit on the floor. She also stated that she had to lift heavy boxes of mail and insert magazines into teachers' mailboxes. The Claimant testified to putting school packets together which included cutting thick stacks of construction paper. She also did car rider duty two to three times a week, which included opening and closing car doors.

Regarding her alleged injury to the back, the Claimant testified that she had an

MRI performed on her back in 2002, sought therapy for about a year between 2002 and 2003 and chose to see a neurosurgeon to be sure her therapy was what she needed for her back pain. The Claimant testified on direct examination that she can no longer do a number of activities which she could do before her back began hurting her. In the Claimant's opinion, her alleged back injury has rendered her fifty (50%) percent disabled. The Claimant remembers telling the secretary at the elementary school "in passing" that her back was hurting her because of work. She believes she completed a form reporting the injury in 2001. (T. p. 22, line 21 – p. 23, line 22; p. 33, lines 17 - 21).

Linda Burriss, Cross-Examination by Mr. Ernest G. Lawhorne

On cross-examination, the Claimant testified that she retired for the first time in June of 2001 and first experienced back pain in August of 2001, after having been retired for two months. She chose to come back to work and out of retirement in August of 2001 after noticing her back pain.

The Claimant testified that she is presently very active and has been taking line-dancing classes twice a week for the past two years and is able to take two-and-a-half mile walks several times a week. She testified that her back pain actually worsened while she was out of work. (T. p. 29, lines 4 – 19).

The Claimant is collecting Social Security and to date her only out of pocket medical expense has been her medical insurance deductible. (T. p. 30, line 3 – p. 31, line 8). The Claimant did not seek medical treatment for her back for a three-and-a-half year period between 2003 and 2007. When she presented in 2007, her doctor allotted her a nine (9%) impairment rating due to spondylolisthesis that pre-existed the alleged accident date (T. p. 32, line 7 – p. 33, line 2), and not due to her work or a work-related

injury/aggravation to her back.

Patricia Stump, Direct Examination by Mr. Patrick M. Teague

Ms. Stump was a co-worker of the Claimant's and worked in the same classroom as the Claimant for thirteen years. Ms. Stump testified that she witnessed the Claimant in discomfort and heard the Claimant complain about back pain. She corroborated the Claimant's testimony concerning lifting the laminator film and refilling the laminating machine.

**FINDINGS OF FACT**

Upon careful review and consideration of all the evidence presented, the preponderance of the evidence supports the following Findings of Fact:

1. The Claimant's back pain began after she retired from School District 5 the first time in 2001.
2. When she returned to work later in 2001, her work duties, including loading the laminating machine, lifting boxes, and putting student packages together, aggravated her symptoms.
3. The medical evidence reveals she suffered from spondylolisthesis, a degenerative condition, in her back that long pre-existed the alleged date of accident in 2001.
4. This case centers on how injury by accident is defined. The Claimant fails to describe a specific event which caused her alleged back injury. The Claimant describes a variety of activities which essentially constitute working. She does not describe a particular trauma and this is not an occupational disease case.
5. Claimant does not claim and facts do not support an injury by repetitive

trauma or occupational disease.

6. Working, in itself, is not a hazard and is not harmful. Some physical activity is good for one's health. However, if a person has a degenerative back, then physical activity of any kind can cause it to be more symptomatic.

7. The Claimant presented medical evidence from a chiropractor. Chiropractors are not medical doctors and their opinions are below the standard required for supporting an injury to the back and are insufficient to support a finding of causation.

8. Dr. Rambo's medical reports state that the work aggravated the back pain but did not say the work caused or changed the underlying condition.

9. The activities at the Claimant's work caused her condition to be symptomatic, but did not result in an injury. There is a difference between pain and an injury and compensation is not available for the former.

#### CONCLUSIONS OF LAW

Under the foregoing Findings of Fact and the Code of Laws of South Carolina, it is concluded that:

1. This case is distinguishable from *White v. Medical University of South Carolina*, 355 S.C. 560, 586 S.E.2d 157 (Ct. App. 2003) in that no specific exposure or repeated activity exists in this case. In *White*, the employee was exposed to repeatedly lifting patients and heavy equipment, and pushing the 1500-pound "big boy" bed. Unlike the Claimant's in this case, White's back pain worsened with work and the medical evidence demonstrated that his job duties were such that they could have to a reasonable degree of medical certainty aggravated his pre-existing chronic back pain to his eventual diagnosis of a disc herniation. *White*, 586 S.E.2d at 160-61.

2. *McLeod v. Piggly Wiggly Carolina Company*, 280 S.C. 466, 471 - 72, 313 S.E.2d 38, 40 - 41 (Ct. App. 1984) defines the back as a complicated area of the body which requires medical evidence to support an award of compensation. A chiropractor's opinion is below the standard of medical evidence and is not sufficient to support a finding of causation. Additionally, the Claimant's lay testimony, unsupported by medical evidence, is insufficient to support a finding of causation to a scientifically and medically complex condition.

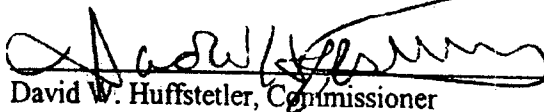
3. In accordance with Section 42-1-160, the Claimant failed to carry the burden of proof of an injury by accident, repeated trauma, or occupational disease.

#### ORDER

IT IS THEREFORE ORDERED that the Claimant's claim for benefits in her Form 50 be dismissed with prejudice.

AND IT IS SO ORDERED.

#### SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

  
David W. Huffstetler, Commissioner

Columbia, South Carolina

October 5, 2007

#### 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 herof, postage paid in the United States, a mail addressed to the attorney or agent in charge of the parties.

This 5 day of October, 2007  
By Kellie Lindler  
Administrative Assistant to the Commissioner

PT  
EL

South Carolina Workers' Compensation Commission  
P.O. Box 1715 • 1612 Marion Street  
Columbia, South Carolina 29202-1715  
(803) 737-5700

WCC # 0216855  
Carrier file # WC050766  
Carrier Code # 00926  
Employer FEIN 570671609

L. Burriss 251-68-7055  
Claimant's Name SSN  
230 Valley Vine Court Irmo SC 29063  
Address City State Zip  
803-781-1551  
Home Phone Work Phone

School District 5 of Lexington & Richland Counties  
Employer's Name  
PO Box 938 Ballentine, SC 29002  
Address City State Zip  
S.C. School Board Self Insurance Trust Fund  
Insurance Carrier

E. Ros Huff, Jr., Esquire (803) 252-2232  
Preparer's Name Phone #

Request for Commission Review by ☒ claimant ☐ employer (check one) Date of injury: 08/08/02 (cumulative)

The undersigned makes application for review of the findings of the Commissioner in the above captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages, if necessary).

See Attached Addendum.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Ernest Lawhorne, Esquire  
Name

Ellis, Lawhorne & Sims, P.A. PO Box 2285, Columbia, SC 29202 and S.C. Workers' Compensation Commission, PO Box 1715, Columbia, SC 29201-1715

Address  
on the 19 day of October, 2007 by ☒ first class mail; ☐ personal service; ☐ certified mail.

E. Ros Huff, Jr. Attorney for the Claimant  
Preparer's Signature Title  
October 19, 2007  
Date

Check this box if you are not represented by an attorney. ☐

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701 B. Otherwise, file the original and 4 copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

**Linda Burriss v. South Carolina School District 5**  
**WCC File No. 0216855**

**Form 30 Addendum**

1. Did the Single Commissioner err when he misapprehended the facts by finding that the only medical evidence submitted was that of a chiropractor?
2. Did the Single Commissioner err in finding as a fact that when the claimant returned to work later in 2001 her works duties, including loading the laminating machine, lifting boxes, and putting student packages together aggravated her symptoms and not as a result of an injury?
3. Did the Single Commissioner err as a matter of law in his definition of an accident in that the Single Commissioner required that the claimant prove that a specific event caused her back injury when the nexus of the claimant's claim was that this was a repetitive trauma injury pursuant to White v. MUSC?
4. Did the Single Commissioner err in his finding of fact that the claimant does not claim and facts do not support an injury by repetitive trauma or occupational disease when in fact pursuant to the claimant's Form 50, she did claim a repetitive trauma injury?
5. Did the Single Commissioner err when he found as a fact that the claimant presented medical evidence from a chiropractor. Chiropractors are not medical doctors and their opinions are below the standard required for supporting an injury to the back and are insufficient in supporting a finding of causation, the error being that the opinions of chiropractors have been accepted in the courts of South Carolina as competent evidence to establish causation.
6. Did the Single Commissioner err when he found as a fact that the claimant presented medical evidence from a chiropractor and chiropractors are not medical doctors and their opinions are below the standard required for supporting an injury to the back and are insufficient in support of finding a causation, the error being that no chiropractor reports were submitted and the medical opinion of Dr. Levinson is from a board certified internist?
7. Did the Single Commissioner err in finding as a fact that Dr. Rambo's medical report states that the work aggravated the back pain but did not say the work caused or changed the underlying condition, the error being that the Single Commissioner has misapprehended the factual opinion of Dr. Rambo?

8. Did the Single Commissioner err in concluding that the claimant did not sustain an injury by accident pursuant to §42-1-160 and White v. MUSC?
9. Did the Single Commissioner err in relying upon McLeod v. Piggly Wiggly Carolina Company regarding the extent of evidence required to establish causation?
10. Did the Single Commissioner err in concluding as a matter of law that the claimant's lay testimony unsupported by medical evidence is insufficient to support a finding of causation to scientifically and medically complex condition, the error being that lay testimony unsupported by medical evidence can support causation and the claimant's condition is not that medically and scientifically complex?

|                         |   |                                     |
|-------------------------|---|-------------------------------------|
| STATE OF SOUTH CAROLINA | ) | IN THE COURT OF COMMON PLEAS        |
|                         | ) | FOR THE FIFTH JUDICIAL CIRCUIT      |
| COUNTY OF RICHLAND      | ) |                                     |
| LINDA BURRIS,           | ) |                                     |
|                         | ) |                                     |
| EMPLOYEE/CLAIMANT,      | ) | W.C.C. FILE NO. 0216855             |
|                         | ) |                                     |
| vs                      | ) |                                     |
|                         | ) |                                     |
| LEXINGTON/RICHLAND      | ) |                                     |
| SCHOOL DISTRICT FIVE,   | ) | <b>PETITION FOR JUDICIAL REVIEW</b> |
|                         | ) |                                     |
| EMPLOYER,               | ) |                                     |
|                         | ) |                                     |
| AND                     | ) |                                     |
|                         | ) |                                     |
| SOUTH CAROLINA BOARD    | ) |                                     |
| INSURANCE TRUST         | ) |                                     |
|                         | ) |                                     |
| CARRIER/DEFENDANTS      | ) |                                     |
|                         | ) |                                     |

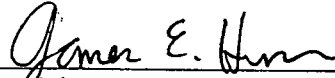
The Appellant, Linda Burriss, hereby appeal the Decision and Order of the South Carolina Workers' Compensation Commission (hereinafter referred to as the "Commission") filed on March 20, 2008 pursuant to § 1-23-380 and § 42-17-60 of the Code of Laws of South Carolina (1976, as amended). The grounds for this appeal are as follows:

1. The Worker's Compensation Commission (hereafter 'Commission') committed an error of law in Finding of Fact # 5, by finding that the facts do not support an injury by repetitive trauma or occupational disease. Said error being that the Commission's finding of fact is not supported by substantial evidence in the record, and in fact, the overwhelming evidence in the record as a whole supports the conclusion that Mrs. Burriss suffered an injury by accident due to repetitive trauma on the job as defined by our law.

2. The Commission erred when it dismissed the Claimant's medical evidence as incompetent, and insufficient to support a finding of causation for the reason that is came from a chiropractor. Said error being that this conclusion completely ignores the medical evidence and opinions presented by the Claimant from her treating physician, Benjamin Levinson, M.D., an independent report by William Rambo, M.D. and various radiological reports, all from 'licensed medical providers; this conclusion also ignores the law which recognizes chiropractors as "licensed medical providers".
3. The Commission's Finding of Fact # 4 constitutes an error of law in that it implies that Mrs. Burris' evidence fails to meet the definition of "injury by accident" because she does not "*... describe a specific event which caused her alleged back injury. The Claimant describes a variety of activities which essentially constitute working. She does not describe a particular trauma and this is not an occupational disease case.*" Said error being that the requirement of a "specific event" or a "particular trauma" is not nor has it ever been part of the legal definition of "repetitive trauma" under the law of this state.
4. The Commission erred in Finding of Fact # 9 by finding that Mrs. Burris' work activities caused an underlying, pre-existing condition (spondylolisthesis) to become symptomatic, ( i.e. painful and debilitating), yet did not result in an injury. Said error being that where an underlying, pre-existing condition, infirmity or disease is aggravated or accelerated by a work-related accident, (or repetitive trauma), it constitutes a compensable injury under the law of this state.

5. The Commission's Conclusion of Law # 1 which attempts to distinguish White v. Medical University of S.C. by stating "No specific exposure or repeated activity exists in this case." (Whereas such does presumably exist in White), constitutes error in that the evidence in the record contains numerous references to and proof of constant exposure to specific repetitive work activities which resulted in pain and eventual disability, all of which is supported by medical evidence.
6. The Commission's Conclusion of Law # 2 constitutes error in that it is founded upon presumed facts which are simply incorrect; in that the actual substantial evidence in the record contains opinions on causation by medical doctors, and such opinions completely support Mrs. Burris' lay testimony as to both causation and extent of disability.
7. The Commission's Conclusion of Law # 3 constitutes error in that Section 42-1-160 defines "Injury and "Personal Injury" simply as: "... only injury by accident arising out of and in the course of the employment. . ."; and the record contains overwhelming evidence of Mrs. Burris having suffered a "repetitive trauma" injury by accident while at work, thereby carrying her burden of proof.
8. The Commission's Finding of Fact # 8 is simply an incorrect representation of the facts, and as such it cannot support their decision to deny benefits to Mrs. Burris. Dr. Rambo did, in fact, describe the "gradual" development of a 'new' condition in her back which did not exist before repeated trauma to her low back.

Respectfully Submitted,



Patrick Teague., Esquire

for HUFF LAW FIRM, LLC

Post Office Box 1935

Irmo, South Carolina 29063

(803) 252-2232

Attorney for the Claimant

April 16, 2008  
Irmo, South Carolina

South Carolina Workers' Compensation  
P.O. Box 1715 • 1612 Marion Street  
Columbia, South Carolina 29202-1715  
(803) 737-5700

CC File # 0216855  
Carrier File # WC050766  
Carrier Code # 00926  
Employer FEIN 570671609

Linda Burris 251-68-7055  
Claimant's Name SSN

230 Valley Vine Court Irmo SC 29063  
Address City State Zip

803-781-1551  
Home Phone

Work Phone

Patrick M. Teague  
Preparer's Name

School District 5 of Lexington & Richland Counties

Employer's Name

PO Box 938 Ballentine SC 29002  
Address City State Zip

S.C. School Board Self Insurance Trust Fund

Insurance Carrier

803-252-2232

Phone #

Complete each information blank. To request a hearing, check box 13 b., 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 worker's compensation benefits is made based on the following grounds:

1. a. The claimant sustained an accidental injury to Lower back, hips and legs on Cumulative/repetitive trauma over course of employment in part of body hurt month day year
1. b. Describe briefly how the accident occurred Lexington County, State of South Carolina  
Claimant's work duties over her period of employment resulted in cumulative repetitive trauma resulting in injuries to her back, hips and legs.
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 August 12, 2002 in the following manner:  
H.E. Corley Elementary School Secretary completed accident report. Multiple notice to supervisor over course of employment.
- ☒ 6. Due to injury, the claimant is in need of (check one):  
☒ (a) medical examination and treatment for Back, hips and legs  
☒ (b) additional medical examination and treatment for Back, hips and legs
- ☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work  
And wages for the period of: May 30, 2003 and continuing
- ☒ 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)  
☒ (1) General Disability: ☒ Total ☒ (2) Specific Disability: ☒ Total  
☒ Partial ☒ Partial  
Body part(s) affected are: Back, hips and legs
- ☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of \_\_\_\_\_
10. a. At the time of injury, the claimant was paid weekly wages of \$ 295.93; and demands accounting of \_\_\_\_\_ days worked and wages earned as provided by law.
10. b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.  
Same employer-School District 5 of Lexington & Richland Counties. Had to retire effective 5/30/03 due to injuries.
11. a. Further grounds of claim: \_\_\_\_\_
11. b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: Dr. G. Michael Beaver, Lexington Family Practice, 7037 St. Andrews Road, Columbia, SC 29212; Dr. Ben Levinson and Rick Sanford, DO 7021 St. Andrews Road, Columbia, SC 29212; Dr. William M. Rambo, Jr., 2728 Sunset Blvd., Ste. 308, West Columbia, SC 29169
11. c. 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.
- ☐ 13. a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13. b. I am requesting a hearing.

Patrick M. Teague, Esquire  
Signature of Claimant/Representative

01/15/07  
Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

# SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

P.O. Box 1715 \* 1612 Marion Street  
Columbia, South Carolina 29202-1715

WCC File #: 0216855

Carrier #:

Carrier Code #:

Employer FEIN:

Linda Burriess 251-68-7055

Claimant's Name SSN

230 Valley Vine Ct, Irmo, SC 29063

Address

781-1551 732-8175

Home Phone # Work Phone #

Lexington/Richland School 5

Employer's Name

P.O. Box 938, Ballentine, SC 29002

Address

SC School Boards Insurance Fund

Insurance Carrier

Ernest G. Lawhorne (803) 254-4190

Preparer's Name Phone #

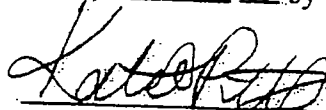
*Then from 51  
dated 2/07/07  
admits  
the accident  
was  
reported*

Complete each information blank. Specify clearly when contentions are admitted in part & 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 date set forth in the application. The reasons for denial are: Deny the compensable injury to the low back occurred. Claim of injury was not timely reported and medical records show pre-existing complaints of low back and hip.
2. It is denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1.
3. It is denied that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1.
4. It is denied 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: See No. 1.
5. It is denied that notice of injury was given the employer. The reasons for denial are: See No. 1.
6. It is denied that the employee needs/is entitled to additional medical care as a result of injury. The reasons for denial are: See No. 1.
7. It is denied that the employee is entitled to temporary total disability for the period(s) of: See No. 1.
8. It is denied that the employee is permanently disabled. The reasons for denial are: See No. 1.
9. It is denied that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$295.93 and compensation rate of \$197.30 applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: All affirmative and specific defenses (see Reg. 67-603) including but not limited to Sections 42-9-60, 42-15-20, 42-15-40, 42-17-90, and Cooper v. McDevitt & Street; pre-existing disability to allegedly injured members; election of remedies; intervening trauma; no compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury speculative; claimant's problems personal in nature and not work related; defendant pleads the doctrine of laches; and failure to prosecute claim in a timely manner; defendant reserves right to amend this Answer and plead additional defenses.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to E. Ros Huff, Jr. 240 Stoneridge Drive, Suite 401, P.O. Box 21644 Columbia, SC 29221-1644 X by first class mail, and to Andra High, SCWCC, 1612 Marion Street, Columbia, SC 29201 X by certified mail on the 26th day of February, 2007.

  
Attorney for Employer/Carrier

  
Certifier's Signature

2/26/07

Date

Refer to R.67-205 and R.67-601 through 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.

1 STATE OF SOUTH CAROLINA ) IN COMMONS PLEAS COURT

2 COUNTY OF RICHLAND )

3 LINDA BURISS, )  
4 PLAINTIFF. )

5 -V- )

6 LEXINGTON RICHLAND ) TRANSCRIPT OF RECORD

7 SCHOOL DISTRICT FIVE, ) 2008-CP-40-02813  
8 DEFENDANT. )

9 FEBRUARY 6, 2012

10 RICHLAND, SOUTH CAROLINA

11 B-E-F-O-R-E:

12 HONORABLE CAYCE L. MANNING, JUDGE;

13 A-P-P-E-A-R-A-N-C-E-S:

14 FOR THE PLAINTIFF:

15 MR. HUFF, ESQ.

16 FOR THE DEFENDANT:

17 MR. LAWHORNE, ESQ.  
18  
19  
20  
21  
22  
23  
24  
25

## I-N-D-E-X

MOTIONS: 5

CERTIFICATE OF REPORTER: 26

(REPORTER'S NOTE: THERE WERE NO EXHIBITS ENTERED.)

1 (The following proceedings were held on  
2 February 6, 2012.)

3 THE COURT: All right. Who's, who's,  
4 appealing?

5 MR. HUFF: I'm the appealing party.

6 THE COURT: All right.

7 MR. HUFF: Not saying that Ernie's not an  
8 appealing person but?

9 MR. LAWHORNE: There you go.

10 THE COURT: That's something y'all can discuss  
11 later.

12 MR. HUFF: I will not argue with that.

13 Just give me one second, Your Honor.

14 THE COURT: Take your time.

15 MR. HUFF: I want to hand up to you --

16 MR. LAWHORNE: I don't know what the record,  
17 but this is an older case from two thousand --

18 THE COURT: Why don't y'all settle it then?  
19 Why won't you settle it?

20 MR. HUFF: Well, I'm, I'm, I think every case  
21 has a value, but Ernie's client doesn't want to  
22 settle.

23 MR. LAWHORNE: We couldn't find -- well --

24 THE COURT: Well --

25 MR. LAWHORNE: Judge, it was denied and I'm

1           sorry.

2           THE COURT:   THE COURT: All right.

3           MR. LAWHORNE:   I'm a settler, I'm a lover, not  
4           a fighter.

5           MR. HUFF:   Well, I understand his point. You  
6           know, he's won it all the way up until now.

7           MR. LAWHORNE:   I -- I don't get to make every  
8           decision. That's for darn sure.

9           THE COURT:   How long you been married? You  
10          was once --

11          MR. LAWHORNE:   Oh, no. I'm single.

12          THE COURT:   You were once married, right?

13          MR. LAWHORNE:   No.

14          THE COURT:   You never were?

15          MR. LAWHORNE:   I'm a bachelor.

16          THE COURT:   Well, what's the definition of a  
17          bachelor? A guy that never makes the same mistake  
18          once.

19          (Laughter.)

20          THE COURT:   Okay, ladies. I'm kidding.

21          MR. HUFF:   May I approach, Your Honor?

22  
23          THE COURT:   Yes, sir.

24  
25          MR. HUFF:   What I have here today is a

1 proposed order.

2 THE COURT: Yes, sir.

3 MR. HUFF: I'm going to hand Ernie a copy of  
4 the proposed order.

5 I've also attached the document in the order I  
6 cite certain pages of the testimony and mental  
7 evidence, and I then handed up to you a copy of the  
8 cites. And I also -- just bear with me as I pull  
9 this a part here.

10 MR. LAWHORNE: While he's looking, Your Honor,  
11 I don't have a propose order for you. What I you  
12 gave you is a brief.

13 THE COURT: That's fine.

14 MR. HUFF: Did I give a proposed order, Ernie?

15 MR. LAWHORNE: You just did.

16 MR. HUFF: All right. And I gave you a copy  
17 of that?

18 MR. LAWHORNE: I mean just now.

19 MR. HUFF: And these -- the fact -- okay, I  
20 just want to make sure.

21

22 THE COURT: THE COURT: So, Mr. Huff, you were  
23 the prevailing party I guess?

24 MR. HUFF: No, sir, I haven't won yet.

25 THE COURT: Who did the full commission rule

1 for?

2  
3 MR. HUFF: All right. The single commission  
4 ruled in favor denying the claim, and then the full  
5 commission affirmed with a slight modification.

6 And I'll discuss that in --

7 THE COURT: All right. That's fine.

8 MR. HUFF: -- just one -- one second.

9 THE COURT: We just have the rest of the year  
10 to get on with this.

11 (Laughter)

12 MR. HUFF: Well, I'm going to -- I'm trying to  
13 find you a copy of the record on appeal that you  
14 may need. Here's a copy right here. Okay. Do you  
15 have a copy -- a extra copy?

16 MR. LAWHORNE: I've got, I've got, a single  
17 commission. I don't have a full commission  
18 transcript.

19 MR. HUFF: Here's the transcript of record.

20 THE COURT: All right. Thank you, sir.

21  
22 MR. HUFF: You're welcome, Your Honor.  
23 And I'll begin if you would like me to.

24 THE COURT: Yes, sir. Go ahead, Mr. Huff.

25 MR. HUFF: Thank you very much.

1 Let me, if I could, give you the facts of the case.

2 THE COURT: Yes, sir.

3 MR. HUFF: And hope that I can be rather brief  
4 on this. The situation is that my client --

5 THE COURT: Is she a school teacher?

6 MR. HUFF: She was a school teacher assistant.

7 THE COURT: Okay.

8 MR. HUFF: She worked for the school district  
9 for 28 years as an assistant. She went out work  
10 because she was having some problems with her back  
11 and her leg, got treatment, everything was okay,  
12 and she returned to work on the TERI Plan,  
13 five-year plan.

14 THE COURT: Uh-huh.

15 MR. HUFF: And while back at work, the first  
16 week back in August of the school -- in 2002, her  
17 condition worsened and was aggravated on the job  
18 doing her job duties. And she finally had to quit  
19 working. That's basically the facts.

20 THE COURT: All right.

21 MR. HUFF: Now, as to what happened. What she  
22 did is that she had to lift boxes of Xerox paper.

23 Now, this is an elderly woman, and these boxes --

24 THE COURT: What do you mean by "elderly"?  
25 How old do you mean?

1 MR. HUFF: She -- I think she's in her 60's.

2 THE COURT: I wouldn't necessarily consider  
3 that elderly, not anymore. But you go ahead.

4 MR. HUFF: Well, I'm in my 60's. I don't  
5 think it's --

6 THE COURT: Well, you should know better.

7 MR. HUFF: Yes, sir. And the reason I  
8 represent her is I happened to go to -- did go to  
9 church with her.

10 THE COURT: All right. I understand.

11 MR. HUFF: I'm a defense attorney now. I --  
12 I'm normally on his side. What happened, she picks  
13 up heavy boxes of Xerox paper. She said they  
14 weighed 25 to 30 pounds. She picks up boxes that  
15 have two rolls of a laminating paper. The paper is  
16 36 inches long, and is very awkward to lift and  
17 then it's very awkward to load it into the machine.  
18 She says, I have to twist my body in an awkward  
19 fashion of bending to load it.

20 THE COURT: THE COURT: All right.

21  
22 MR. HUFF: MR. HUFF: So she's lifting those  
23 boxes of laminating paper. She is lifting boxes of  
24 Xerox paper. She's doing Xeroxing. She's bending,  
25 stooping, and twisting. Also in her job, she has

1 the sit in tiny chairs like in the elementary  
2 school, not an adult chair, which hurts her back  
3 causes pain down her leg. She teach -- she's out  
4 at the school bus, has stand out there for hours  
5 opening the door. That bothers her. Now, that's  
6 the facts in the case.

7 Now, here's what the whole thing is about.  
8 You should have copy in that material I gave you a  
9 copy of the single commission order and the full  
10 commission order. The single commissioner's order,  
11 and I do want to hand up to you also, if I could,  
12 Your Honor, a copy of our brief that we wrote.

13 THE COURT: All right.

14 MR. HUFF: Let me get my hands on it right  
15 here, sir. I'll find it in a minute. I just want  
16 to keep -- keep going.

17 If would you look at -- do you have in front  
18 out of, Your Honor, the -- the August 5th, order,  
19 2007 of the Commissioner -- Commissioner --

20 THE COURT: I don't have it right in front of  
21 me. Just -- do you have the file? It's not in the  
22 file. But go ahead, go ahead.

23 MR. HUFF: No. I'm going to hand it up. I've  
24 got it here, Your Honor, and I made several copies  
25 of it.

1 THE COURT: All right.

2 MR. HUFF: I'm going to hand you a copy and  
3 one for your law clerk if I may, sir? There you  
4 go, sir. And here's the other one.

5 THE COURT: THE COURT: Yes, sir.

6 MR. HUFF: MR. HUFF: This is the order of --

7 THE COURT: October 5th, 2007, yes, sir.

8 MR. HUFF: This is the order of Commissioner  
9 Hubstedar. This order has errors of law. I know  
10 that Your Honor has sat on the bench for many years  
11 and you're very familiar --

12 THE COURT: And I'm old too, but go ahead.

13 MR. HUFF: Yes, sir. But you still are a very  
14 good looking man --

15 THE COURT: Thank you.

16 MR. HUFF: -- for your age.

17 (Laughter.)

18 THE COURT: Go ahead, Mr. Huff.

19 MR. HUFF: But, but, you do know that if  
20 there's evidence to support a finding of fact,  
21 you're bound by it, and I agree with that. But if  
22 it's an error of law, you can make the decision.  
23 What we have here is that in the order, the  
24 Commissioner -- and realize the only evidence,  
25 medical evidence, we put it in. Doctor Ben

1       Levison, a board certified internist, M.D, medical  
2       doctor; Dr. Rambo, board certified neurosurgeon;  
3       Dr. Rick Samford, a chiropractor.

4       THE COURT: I know Dr. Samford. He owns  
5       property out in Denver, but that's neither here nor  
6       there.

7       MR. LAWHORNE: Yes, he did.

8       MR. HUFF: MR. HUFF: Yes.

9       THE COURT: I'm sorry.

10       MR. HUFF: Now, basically what happened is  
11       that the single commissioner, which is Commissioner  
12       Hubstadar, and the only reason that I'm not going  
13       to quote the order of the single commissioner is  
14       because the appellate -- order, and I'm going to  
15       hand that up to you, Your Honor.

16       THE COURT: All right.

17       MR. HUFF: Two copies again, Your Honor.  
18       It -- it affirms in toto, with the exception of a  
19       small modification of Finding of Fact Number 5 that  
20       I'm not talking about at this time. All right.  
21       Now, what the single commissioner ruled -- and on  
22       his order, it's going to be on Page 6 -- he says in  
23       Finding of Fact Number 4, this case centers on how  
24       injury by accident is defined. The Claimant fails  
25       to describe a specific event which caused her

1       alleged back injury. The Claimant describes a  
2       variety of activities which essentially constitutes  
3       working. She does not describe a particular trauma  
4       and this is not an occupational disease case. He  
5       says under Finding of Fact Number 5, Claimant does  
6       not claim in -- claim and facts do not support an  
7       injury by repetitive trauma.

8               Now and I'm going to approach again, if I may,  
9       Your Honor. There is two copies. That is our Form  
10      50 at the Work Comp Commission, and as you're  
11      aware, you file by way of a form.

12             THE COURT:   Yes, sir.

13             MR. HUFF:   Here's the Form 58, our prehearing  
14      brief. If you will note in the Form 50, the  
15      Claimant sustained an actual injury to the lower  
16      back, hips, and legs only. Cumulative repetitive  
17      trauma. We alleged that on the Form 50 that  
18      started the hearing. That's the complaint, summons  
19      and complaint. On the 58, our prehearing brief  
20      that we handed up to the commissioner, date of  
21      accident, 8/08/02, cumulative. So we know right  
22      off the bat we've got a finding of fact by the  
23      commissioner that is totally in error when he says  
24      we did not raise issue of a repetitive trauma.

25             Now, I've also got the case law. Before I

1 leave, I'll hand it up to you, but there's the  
2 Landry case, the Pee case. In my brief, I cite all  
3 the things on repetitive trauma you do not have to  
4 show a specific event. The Landry case just came  
5 out in November of this past year, and I'm proud to  
6 say I think my brother was one of the attorney --  
7 judges that, that, gave that. I'm going to hand it  
8 up to you right now --

9 THE COURT: I don't know how proud he is of  
10 if. You think your brother's happy?

11 MR. HUFF: I'm always happy with my brother.  
12 Let me hand it up to you, Your Honor. And again,  
13 not being comical, but I'm going to hand you two  
14 copies.

15 THE COURT: No, no, no. You don't to have  
16 try.

17 MR. HUFF: Two copies. Is that two or one?

18 THE COURT: That's two.

19 MR. HUFF: That's the Landry case --

20 THE COURT: THE COURT: Yes, sir.

21 MR. HUFF: -- that says you don't have to show  
22 injury by accident with a specific event.

23 THE COURT: Not if it's cumulative repetitive  
24 trauma how can you -- specific event --

25 MR. HUFF: Right. And we are raise -- and we

1 raised as cumulative repetitive trauma.

2 THE COURT: Okay.

3 MR. HUFF: And we've got evidence to that  
4 that's in there.

5 Now, so one error of law is that he thinks I  
6 need to and I did not show a particular specific  
7 event. Repetitive trauma? I don't have to.  
8 That's a clear error of law.

9 Now, there's another glaring error of law, and  
10 that is on Finding of Fact Number 7. The Claimant  
11 presented medical evidence from a chiropractor.  
12 Chiropractors are not medical doctors, and they've  
13 opinions are below the standards required for  
14 supporting an injury to the back and are  
15 insufficient to support a finding of causation.  
16 I'm going the hand up to Your Honor, again two  
17 copies, of the Daniels case, bodes for the  
18 proposition that chiropractor's testimony is  
19 competent medical evidence. You'll find that on  
20 Page 3 of the opinion. No cases are to be found in  
21 South Carolina which have discussed the competency  
22 of chiropractors who testify as expert on -- or  
23 medical witnesses. We recognize in State v. Barnes  
24 a chiropractor is a field of medicine. We held, by  
25 way of analogy, that a duly licensed chiropractor

1 stands for all purposes in the position of --  
2 possession to the extent that he limits his  
3 activities to the scope of his profession. A  
4 chiropractor is competent to express his opinion as  
5 to the nature and extent of injuries to portions of  
6 the human body to which the chiropractic segment of  
7 medical science relates, as to probable cause of an  
8 injury to or the physical condition.

9 This commissioner, the opinion adopted in toto  
10 says chiropractors can't give opinions. That's an  
11 error of law.

12 Now, what we have here is a lady with some  
13 preexisting conditions. One of them is  
14 spondylolisthesis, a congenital defect. Case law  
15 states the following: In Workers' Compensation  
16 action, a work-related accident which aggravates or  
17 accelerates a preexisting condition, infirmity, or  
18 disease is also compensable. Mullen v. Winn Dixie,  
19 I gave you a copy of that in that handout.

20 THE COURT: THE COURT: All right, sir.

21 MR. HUFF: Where a previously existing  
22 condition or disease is aggravated by injury or  
23 accident arising out of the course of employment  
24 and this results in disability, as in this case,  
25 the woman had to quit working and the doctor told

1 her to quit working, there is a compensable injury.

2 And I could go on and on.

3 THE COURT: But you don't need to.

4 MR. HUFF: Don't need to. It's the old saying  
5 I had a judge tell me one time, and it was Judge  
6 Rodney Peeples. Well, the rocket said something to  
7 me. He said, Ross, sometimes you can't see the  
8 forest for the trees. You need to take the time to  
9 look. So I did on this case. I noticed something  
10 while sitting out here this afternoon. I'm going  
11 have you look, if would you, please, Your Honor, at  
12 Finding of Fact Number 2. Now, this finding of  
13 fact is unappealed from. It is the law of the  
14 case. When she returned to work later in 2001, her  
15 work duties, including loading the laminating  
16 machine, lifting boxes, and putting student  
17 packages together aggravated it.

18 THE COURT: All right.

19 MR. HUFF: That's the law. We've got  
20 aggravation by the commissioner.

21 Then over on Number 9 he states, the  
22 activities at that the Claimant's work caused her  
23 condition to be symptomatic. She had the  
24 preexisting condition. She was asymptomatic. He  
25 has found as a fact that her job duties of heavy

1 lifting, twisting, and turning made the  
2 asymptomatic condition to become symptomatic, thus  
3 causing disability. Under 42-1-120, when the  
4 disability is defined and the incapacity to earn  
5 the wages you were earning before accident in the  
6 same or other suitable employment. His order says  
7 that.

8 What she said in her testimony, what I gave  
9 you in this package here showing her testimony, she  
10 was picking up and loading laminating equipment,  
11 heavy lamination -- laminating film, picking up and  
12 loading boxes of Xerox paper, standing doing that,  
13 sitting in small chairs. She had to lift heavy  
14 boxes that weighed between 15 and 25 pounds of mail  
15 and then distribute the mail. This activity is  
16 very much the same as in the case of White. And in  
17 my brief, you can read that. It sets it forth.

18 What did White do? White came to work already  
19 having back pain, already having a problem that  
20 day. But he lifted patients from the bed to the  
21 gurney, went to the CT or x-ray, lifted them off  
22 the gurney, and put them on -- on the machine,  
23 removed them and put them back. He emptied trash.  
24 He did lifting and twisting and turning. One case  
25 that I did not hand up that I would like to hand up

1 to you that I think is very much on point is Ellis  
2 versus Spartan Hills. I'll hand you two copies  
3 that case, Your Honor.

4 THE COURT: All right, sir.

5 MR. HUFF: Thank you, sir.

6 This the what the Court said in Ellis, our  
7 Supreme Court. The record shows -- this is Page 3  
8 of the opinion -- shows that Ellis appeared at work  
9 at the mill on the date of the accident suffering  
10 some discomfort from an undiagnosed source.  
11 Nonetheless, she performed her work satisfactory  
12 during the morning, and had just been assigned to a  
13 new station to start. Ellis testified that a  
14 thread had run off the machine and was lying on  
15 floor. Now, look what she did. A lot less than  
16 what White did at MUSC or what Ms. Buriss did. She  
17 bent forward to her right, twisting (indicating),  
18 and hurt herself. Didn't pick up anything other  
19 than a thread.

20 THE COURT: Well, I remember the case of --  
21 Ados --

22 MR. HUFF: I --

23 THE COURT: Okay. Go ahead.

24 MR. HUFF: I handled his Work Comp case.

25 THE COURT: Well, go ahead. He's reaching for

1 a file and hurt his back. He got \$57,000. But go  
2 ahead. I think it was \$57,000. Who was it?

3 MR. HUFF: I was the attorney that did the  
4 case.

5 THE COURT: Well, you got \$57,000.

6 MR. HUFF: 57,000.

7 THE COURT: That's what I said.

8 MR. HUFF: While playing golf?

9 THE COURT: No, no. He was just reaching --  
10 he was reaching for a file in his office is what it  
11 was.

12 MR. HUFF: Yeah.

13 THE COURT: But go ahead.

14 MR. HUFF: But he was on TV playing golf on  
15 WISTV.

16 THE COURT: I know, I know, I know.

17 MR. HUFF: I think I -- I would -- I'd be more  
18 than happy --

19 THE COURT: No, no. I think you covered  
20 everything.

21 MR. HUFF: Yeah. I think -- I'll answer any  
22 questions, but I think we've shown error of law.

23 THE COURT: Thank you.

24 Mr. Lawhorne.

25 MR. LAWHORNE: Your Honor, I'm going to try to

1 be as quick as I can, but the full commission  
2 corrected the idea that the occupational repetitive  
3 trauma was a problem in the underlying order  
4 that -- said finding of fact and then it said fact  
5 not supported in repetitive or occupational  
6 disease. I don't think we to have worry about --  
7 about that. This case is all intertwined with  
8 questions of which -- what evidence the  
9 commissioner chose to believe and not when he,  
10 maybe, this is. Sure, we have question of law  
11 about whether it's an injury, but it's all fact  
12 driven. So I -- I really think this is a factual  
13 question that you can't reverse unless you think  
14 there's --

15 THE COURT: -- an error law.

16 MR. LAWHORNE: -- clearly erroneous In view of  
17 the substantial evidence.

18 All right. So let's -- let's look at what the  
19 evidence was. This lady is now 68. She was 58 at  
20 the time she is alleging that these activities of  
21 her work caused her problem. She had worked 30  
22 years doing the same job. She retired back in  
23 2001. This accident happen in 2002. She came back  
24 under the TERI Program. She was a teacher's aide.  
25 The key -- here's where we get to the thing that

1 really matter. She had a preexisting condition  
2 called spondylolisthesis, which I'm -- you're  
3 probably familiar with, but it's where the spine,  
4 over age, will get out of align like this and it  
5 will pinch on the nerves and cause pain. The  
6 activities of her normal work would -- would make  
7 that become painful. The chiropractor treatment --  
8 I'm -- excuse me. All right. So -- so we've got  
9 all those duties where she read to students, she  
10 had bus duty, she Xeroxed and the laminator, she  
11 made packets, and the mail. We've got -- we've got  
12 Rambo saying she had the preexisting  
13 spondylolisthesis and he said she already had a 9  
14 percent impairment to her back before she's  
15 alleging anything happened on this new injury in  
16 2002. There's not one single doctor that says the  
17 underlying spondylolisthesis was either caused by  
18 work or physically changed by work --

19 THE COURT: It was aggravated by work.

20 MR. LAWHORNE: Well, yeah. But she had  
21 sporadic increase in pain that was helped by  
22 physical therapy. After this accident, she's  
23 alleged that she retired. We took her deposition.  
24 She's walking two to three miles a day two and  
25 three times a week.

1 THE COURT: But she's not playing golf.

2 MR. LAWHORNE: She might be, but she only  
3 admitted to walking two or three miles a day twice  
4 a week, doing line dancing, and things like that.  
5 From 2003 until 2007, she had no medical treatment  
6 to her back whatsoever. She -- the White case he  
7 talked to you about is a guy that lifted patients,  
8 moved heavy equipment, moved a 1500-pound bed, had  
9 a underlying condition that was changed and  
10 required -- required surgery for a herniated disk.  
11 None of that exists here. We don't have a doctor  
12 that says her preexisting spondylolisthesis is now  
13 different or it's worse. She just -- it does hurt  
14 to do those things. The activities of life make  
15 that kind of thing be sporadically painful. But  
16 there's no permeant injury. There's no -- there's  
17 nothing that is anything other than a temporary  
18 exacerbation of pain and that's what the  
19 commissioner --

20 THE COURT: Okay.

21 MR. LAWHORNE: -- that's how he decided it.  
22 Work tasks causing symptoms to temporarily  
23 exacerbate don't result in a permanent injury. And  
24 that's what they said here. There was no medical  
25 evidence to show a permanent injury. She's on

1 Social Security now. She's got medical coverage.

2 I think you have to have some --

3 THE COURT: The -- accept here the ever  
4 loving --

5 (Laughter.)

6 MR. LAWHORNE: I think you have to have  
7 medical evidence showing that the underlying  
8 spondylolisthesis was either caused or changed or  
9 somewhere physically by the work and there's no  
10 evidence of that.

11 THE COURT: All right. Thank you, Mr.  
12 Lawhorne.

13 Mr. Huff, be brief. Okay?

14 MR. HUFF: MR. HUFF: I'll be very brief.

15 THE COURT: Okay.

16 MR. HUFF: I like Mr. Lawhorne. I like --

17 THE COURT: I like Mr. Lawhorne but go ahead  
18 Huff.

19 MR. LAWHORNE: When they start with that.

20 MR. HUFF: Many, many years.

21 THE COURT: I miss your father, by the way. I  
22 used to see him at breakfast.

23 MR. LAWHORNE: Thank you, Your Honor.

24 THE COURT: But go ahead, Mr. Huff.

25 MR. HUFF: He's making these arguments saying

1 he doesn't think that you got to show that it  
2 aggravates the underlying condition. He quotes you  
3 no law on that. Then he's making no legal  
4 argument. I'm handing you the law and saying what  
5 the law is. Number one, we're not here on  
6 permanency. She had no treatment for three and  
7 half years. You doggone right she didn't. They  
8 denied her claim and won't give her medical  
9 treatment to help her. So we are here not today  
10 asking you to total this woman.

11 THE COURT: Mr. Huff, you have passion.

12 MR. HUFF: I do. I have passion.

13 THE COURT: Go ahead.

14 MR. HUFF: They denied the claim. The denied  
15 the meds.

16 THE COURT: Relax. I'm going to read  
17 everything. And I'll let you know my decision in  
18 due course.

19 MR. HUFF: Yes, sir.

20 THE COURT: Go ahead. Finish, finish, finish.

21 MR. HUFF: Under the White case, it doesn't  
22 say in White that there was a --

23 THE COURT: What if I'm inclined to rule for  
24 and you talk me out of it, you ever thought about  
25 that?

1 MR. HUFF: Well, Rodney Peeples told me  
2 something else, sit down and shut up.

3 THE COURT: Stop listening to Rodney Peeples.  
4 Anything else, gentleman?

5 MR. HUFF: I have nothing else.

6 THE COURT: I'm going to read this stuff.  
7 I'll let you now my decision in due course. Thank  
8 you both.

9 END OF PROCEEDINGS  
10  
11  
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25

1 COUNTY OF RICHLAND )

2 CERTIFICATE OF REPORTER

3 I, Crystal Holmes, hereby certify that I reported the  
4 preceding case entitled Linda Buriss V. Lexington  
5 Richland School District Five No. 2008-CP-40-02813, at  
6 the Richland County Courthouse, February 6, 2012.

7 I FURTHER CERTIFY that the foregoing pages 1 through 26  
8 constitute a true, accurate and full transcript of said  
9 hearing.

10 I FURTHER CERTIFY that I am not employed by any of the  
11 parties hereto and I have no financial interest in the  
12 outcome of said case.

13 IN WITNESS WHEREOF, I have heretofore set my hand and  
14 seal at Richland County on this 20th day of February,  
15 2013.

16 \_\_\_\_\_  
17 Crystal Holmes, Court Reporter  
18 and Notary Public for the  
19 State of South Carolina my  
20 Commission Expires: April 21 2014  
21  
22  
23  
24  
25

BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

LINDA BURRISS, EMPLOYEE, )  
 )  
CLAIMANT, )  
 )  
VS. )  
 )  
LEXINGTON RICHLAND DISTRICT 5, )  
EMPLOYER, AND )  
SC SCHOOL BOARD SELF-INSURED )  
TRUST FUND, CARRIER, )  
 )  
DEFENDANTS. )  
----- )

WCC #: 0216855

**COPY**

HEARING WAS HELD ON SEPTEMBER 4, 2007, IN  
COLUMBIA, SOUTH CAROLINA, COMMENCING AT 11:05 A.M.  
BEFORE COMMISSIONER DAVID W. HUFFSTETLER.

APPEARANCES

FOR THE CLAIMANT: PATRICK M. TEAGUE, ESQUIRE  
E. ROS HUFF, JR. ESQUIRE  
IRMO, SOUTH CAROLINA

FOR THE DEFENDANTS: ERNEST G. LAWHORNE, ESQUIRE  
COLUMBIA, SOUTH CAROLINA

SUBJECT OF HEARING

TO DETERMINE ISSUES AS SET FORTH ON FORMS 50 AND 51.

SKYLET A. KEAN  
532 MEADOWBROOK DRIVE  
COLUMBIA, SOUTH CAROLINA 29223  
(803) 462-0074

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## FOR THE CLAIMANT:

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LINDA BURRISS

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## EXHIBITS

(NONE)

## PROCEEDINGS

THE COURT: THIS IS WORKERS' COMPENSATION  
FILE NUMBER 0216855, THE CASE OF THE CLAIMANT, LINDA  
BURRISS, VERSUS THE EMPLOYER, LEXINGTON RICHLAND  
DISTRICT 5, AND THE CARRIER IS THE SOUTH CAROLINA  
SCHOOL BOARD SELF-INSURED TRUST FUND. THE CLAIMANT  
IS PRESENT. SHE'S REPRESENTED BY ATTORNEY PATRICK M.  
TEAGUE AND E. ROS HUFF, JR. THE EMPLOYER/CARRIER IS  
REPRESENTED BY ATTORNEY ERNEST G. LAWHORNE. THIS  
CASE IS SET TO CONSIDER ISSUES OUTLINED IN FORMS 50  
AND 51. THE AVERAGE WEEKLY AGE IS \$295.93 WITH A  
COMPENSATION RATE OF \$197.30. THE DATE OF THE  
ACCIDENT IS AUGUST 8TH, 2002.

ANY OBJECTION OF THOSE ITEMS, JURISDICTION,  
VENUE OR ANY OF THE APA SUBMISSIONS?

MR. LAWHORNE: NO, SIR.

MR. TEAGUE: NO.

THE COURT: WITHOUT OBJECTION THE  
COMMISSION FILE BECOMES A PART OF THE RECORD WITH THE  
EXCEPTION OF SELF-SERVING DECLARATIONS AND  
UNSTIPULATED MEDICAL REPORTS.

APPEARS THIS CASE WAS SET TO BE HEARD BY  
COMMISSIONER MARTSCHINK ON AUGUST 18TH, 2003. THE  
REQUEST FOR HEARING WAS WITHDRAWN. IT WAS SET AGAIN

1 TO BE HEARD BY COMMISSIONER ROCHE ON MAY 17TH OF THIS  
2 YEAR AND SHE RECUSED HERSELF FROM THE CASE.

3 THE CLAIMANT TAKES THE POSITION SHE SUFFERED AN  
4 INJURY TO HER BACK, BOTH HIPS AND LEGS. SHE'S  
5 SEEKING PAYMENT OF ALL CASUALLY RELATED MEDICAL  
6 TREATMENT RECEIVED TO DATE. SHE SEEKS AN AWARD OF  
7 COMPENSATION FOR TEMPORARY TOTAL DISABILITY FROM  
8 MAY 30TH, 2003 FORWARD. AND SHE SEEKS ADDITIONAL  
9 MEDICAL TREATMENT TO HER BACK, HIPS AND LEGS THROUGH  
10 DR. LEVINSON.

11 THE DEFENSE TAKES THE POSITION THE CLAIMANT WAS  
12 NOT INJURED BY AN ACCIDENT ARISING OUT OF/IN THE  
13 COURSE OF HER EMPLOYMENT. THEY TAKE AN ALTERNATE  
14 POSITION THAT SHE MAY HAVE SUFFERED A TEMPORARY  
15 EXACERBATION OF A PREEXISTING CONDITION. IS THAT  
16 CORRECT?

17 MR. LAWHORNE: YES, SIR.

18 MR. TEAGUE: THAT'S RIGHT, YOUR HONOR.

19 THE COURT: MA'AM, WILL YOU RAISE YOUR  
20 RIGHT HAND.

21 LINDA BURRISS,  
22 HAVING BEEN FIRST DULY SWORN, TESTIFIED AS FOLLOWS:

23 THE COURT: STATE YOUR NAME, PLEASE.

24 THE WITNESS: LINDA BURRISS.

25 THE COURT: THANK YOU, MA'AM. MR. TEAGUE.

1 MR. TEAGUE: THANK YOU, COMMISSIONER.

2 DIRECT EXAMINATION

3 BY MR. TEAGUE:

4 Q. MRS. BURRISS, IF YOU WOULD TELL US BRIEFLY  
5 WHERE YOU LIVE AND YOUR AGE.

6 A. I LIVE AT 230 VALLEY VINE COURT, IRMO, SC,  
7 AND MY AGE IS 64.

8 Q. AND HOW OLD WERE YOU WHEN YOU RETIRED FROM  
9 SCHOOL DISTRICT 5?

10 A. I WOULD HAVE BEEN SIXTY ON JULY 23RD.

11 Q. AND YOU RETIRED ON WHAT DATE?

12 A. I BELIEVE THE DATE AS LIKE JUNE THE 1ST,  
13 2003.

14 Q. NOW, WAS THAT YOUR SECOND RETIREMENT FROM  
15 THE SCHOOL DISTRICT?

16 A. YES. I HAD RETIRED AFTER 28 YEARS AND  
17 DECIDED THAT I WOULD TAKE THE TERI PLAN AND WORK THE  
18 FIVE MORE YEARS TO GET ANOTHER LITTLE NEST EGG IF  
19 POSSIBLE.

20 Q. WHEN DID YOU RETIRE FOR THE FIRST TIME?

21 A. THE FIRST TIME WAS IN 2001. TWO. WELL,  
22 ONE. 2001.

23 Q. HOW LONG WERE YOU ABLE TO WORK ON TERI?

24 A. JUST TWO YEARS.

25 Q. NOW, TELL US, MRS. BURRISS, HOW LONG DID

1 YOU WORK FOR THE SCHOOL DISTRICT?

2 A. TWENTY-EIGHT YEARS.

3 Q. AND DURING THE LAST 13 YEARS OR SO, WHAT  
4 SCHOOL DID YOU WORK AT?

5 A. H.E. CORLEY ELEMENTARY SCHOOL.

6 Q. AND WHAT WERE YOUR JOB DUTIES AT H.E.  
7 CORLEY ELEMENTARY SCHOOL?

8 A. MY JOB DUTIES THERE WERE TO DO THE  
9 LAMINATING, DO XEROXING WHERE I PICKED UP HEAVY BOXES  
10 OF LAMINATING MATERIALS. I HAD TO LOAD THE LAMINATOR  
11 FILM WHICH WAS HEAVY AWKWARD BECAUSE THE LENGTH OF  
12 THE FILM WAS LIKE ABOUT 36 INCHES. I ALSO HAD TO  
13 LIFT BOXES OF LAM--- OF XEROX PAPER. AND DOING THE  
14 STOOPING AND THE BENDING I HAD EXCRUCIATING PAINS AT  
15 TIMES. I ALSO USED THE PAPER CUTTER WHICH WAS NOT ON  
16 COUNTER LEVEL. IT WAS JUST REGULAR TABLE LEVEL WHICH  
17 PUT MY BACK IN AN AWKWARD POSITION AND THAT CAUSED ME  
18 TO HAVE A LOT OF PAIN THERE.

19 ALSO, WHEN I WORKED WITH THE CHILDREN I SAT ON  
20 LITTLE CHAIRS THAT WERE NOT MADE FOR ADULTS TO READ  
21 WITH THEM OR DO -- YOU KNOW, HELP THEM WITH THEIR  
22 MATH. SOMETIMES WE SAT ON THE FLOOR TO WORK WITH  
23 SMALL GROUPS. OTHER THINGS I HAD TO DO WAS BULLETIN  
24 BOARDS AND WHICH CAUSED ME TO HAVE TO STAND ON CHAIRS  
25 OR SOMETHING TO GET UP TO THE WALLS AND DO HOT AIR

1 GLUING THEM TO THE WALLS AND STAPLING TO THE WALLS  
2 AND THAT SORT OF THING. I HAD TO DO A LOT OF  
3 STOOPING AND BENDING TO LOAD THE XEROX MACHINE  
4 BECAUSE OF THE AWKWARD POSITION OF THE WAY YOU LOADED  
5 THE PAPER OR YOU PICKED UP THE PAPER FROM. ALSO, WE  
6 HAD -- I BELIEVE THE MAILBOXES THAT THEY BROUGHT THE  
7 MAIL THAT WE HAD TO STICK THE MAIL FOR THE TEACHERS  
8 AND STUFF WHICH INCLUDED A LOT OF HEAVY MAGAZINES  
9 THAT THE TEACHERS ORDERED FROM. I THINK THOSE BOXES  
10 COULD WEIGH AS MUCH AS 50 POUNDS SOME OF THEM WITH  
11 THE MAGAZINES. BOX OF MAIL.

12 Q. EXCUSE ME FOR INTERRUPTING. THERE WAS A  
13 BOX OF MAIL?

14 A. BOXES OF MAIL, YES.

15 Q. I'M SORRY. CONTINUE.

16 A. AND WE HAD TO STICK THE MAIL, YOU KNOW,  
17 FOR LIKE ABOUT 60 TEACHERS IN THE LITTLE SLOTS. I  
18 ALSO -- LET'S SEE. BUT IT WAS MOSTLY THE PUTTING THE  
19 PACKETS TOGETHER AT THE BEGINNING OF SCHOOL AND ALSO  
20 PUTTING BOOKLETS TOGETHER FOR FIRST GRADERS. WE HAD  
21 TO DO A LOT OF THAT. BECAUSE WE DID A LOT OF  
22 MATERIALS THEY COULD TAKE HOME AND USE AT HOME. BUT  
23 THAT INVOLVED PUTTING THE PACKETS TOGETHER WHICH WERE  
24 ON TABLE. AND WE'D GO THROUGH PICKING UP THE PAPERS  
25 AND PUTTING THOSE PACKETS TOGETHER.

1 Q. NOW, WAS THIS JUST FOR FIRST GRADERS OR  
2 DID YOU HAVE TO DO THIS FOR ALL THE TEACHERS?

3 A. OH. WE HAD TO DO IT FOR ALL THE TEACHERS,  
4 BUT THE MAJORITY OF IT CAME WITH FIRST GRADE BECAUSE  
5 THEY NEEDED MORE OF THAT TYPE THING.

6 Q. NOW, DID YOU EVER HAVE TO DO ANY OTHER  
7 TYPE OF DUTIES?

8 A. OH. I HAD CAR RIDER DUTY WHICH I HAD TO  
9 STAND OUT ON THE PAVEMENT AND OPEN AND CLOSE THE  
10 DOORS FOR THE STUDENTS TO GET IN AND OUT OF THE CAR.  
11 I HAD DUTY BUSES. NOW, THIS WAS NOT EVERY DAY. THIS  
12 WAS TWICE OR THREE TIMES A WEEK DEPENDING ON THE  
13 NEED. BUT AT LEAST TWICE A WEEK I HAD TO DO THAT.  
14 AND I DID BUS DUTY AT TIMES AND DAYCARE DUTY AT  
15 TIMES. THAT'S WHERE --

16 Q. WHAT'S DAYCARE DUTY?

17 A. DAYCARE DUTY IS WHERE THE DAYCARES DO NOT  
18 PICK THE CHILDREN UP ON TIME. AND WE HAVE TO KEEP  
19 THEM IN AN AREA UNTIL THEY'RE CALLED, UNTIL THEIR  
20 DAYCARE IS CALLED TO BE PICKED UP.

21 Q. NOW, THIS CAR RIDER DUTY, HOW LONG WOULD  
22 THAT LAST?

23 A. THAT LASTED ANYWHERE FROM PROBABLY 40 TO  
24 50 MINUTES.

25 Q. AND THAT WAS TWO OR THREE TIMES A WEEK?

1 A. TWO OR THREE TIMES A WEEK.

2 Q. HOW ABOUT THE BUS DUTY? THE SAME THING?

3 A. THE SAME THING. WE ROTATED. WE EITHER  
4 HAD CAR DUTY OR BUS DUTY. AND EACH YEAR THEY  
5 ASSIGNED US AT THE BEGINNING OF SCHOOL CERTAIN DUTIES  
6 OTHER THAN OUR REGULAR DUTIES.

7 Q. AND LET ME GO BACK REAL QUICKLY JUST TO  
8 RECAP A COUPLE OF THESE THINGS. YOU MENTIONED THE  
9 LAMINATE AREA. THE LAMINATING CARTRIDGES OR WHATEVER  
10 WERE 36 INCHES. NOW, WAS THAT WIDE OR LONG?

11 A. WIDE. WIDE. OH, BUT THEY COULD WEIGH  
12 PROBABLY 10 TO 15 POUNDS EACH. BUT IT WAS THE  
13 AWKWARD WAY THAT YOU HAD TO REFILL THE LAMINATOR WHEN  
14 IT GAVE OUT THAT PUT THE PRESSURE ON MY BACK AND  
15 CAUSED ME PROBLEMS THERE. AND SO --

16 Q. WHAT DO YOU MEAN AWKWARD? YOU HAD TO BEND  
17 OR TWIST A CERTAIN WAY?

18 A. WELL, YOU HAVE TO BEND TO PICK IT UP. BUT  
19 THEY COME IN TWO -- TWO ROLLS PER BOX. AND YOU HAVE  
20 TO PICK THE BOX UP AND MOVE IT, YOU KNOW, TO WHERE  
21 YOU'RE GOING TO LOAD IT. SO THEN YOU HAVE TO TAKE  
22 THE LAMINATING FILM OUT OF THE BOX TO LOAD IT. AND  
23 LIKE I SAID, I BELIEVE IT WAS 36 INCHES WIDE WHICH  
24 MADE IT REAL AWKWARD TO -- YOU STOOD IN FRONT OF THE  
25 MACHINE TO LOAD IT. FROM THE TOP PART AND THE BOTTOM

1 PART YOU WENT TO THE OTHER SIDE. BUT IT WAS JUST  
2 AWKWARD THE WAY YOU HAD TO STAND TO LOAD THAT. AND  
3 THAT PUT PRESSURE ON MY BACK, LOWER BACK AND MADE IT  
4 HURT MORE.

5 Q. HOW OFTEN DID YOU HAVE TO DO THAT?

6 A. AT THE BEGINNING OF SCHOOL IT WASN'T  
7 UNCOMMON FOR ME TO LOAD IT PROBABLY FOUR TIMES.  
8 BECAUSE AT THE BEGINNING OF SCHOOL WE HAD A LOT MORE  
9 LAMINATING TO DO.

10 Q. FOUR TIMES?

11 A. A DAY.

12 Q. A DAY?

13 A. A DAY. BUT AS THE SCHOOL WENT ON IT KIND  
14 OF CALMED DOWN AND IT -- YOU KNOW, I MIGHT LOAD IT  
15 LIKE ONCE A DAY OR ONCE EVERY OTHER DAY, THAT SORT OF  
16 THING.

17 Q. WHAT ABOUT THE PAPER CUTTING AND PUTTING  
18 TOGETHER THE BOOKLETS? HOW OFTEN DID YOU HAVE TO DO  
19 THAT?

20 A. THAT WAS ALMOST EVERY DAY THAT WE DID  
21 THAT. BECAUSE DIFFERENT TEACHERS WOULD ASK DIFFERENT  
22 THINGS.

23 Q. AND HOW MUCH PAPER WOULD YOU HAVE TO CUT.  
24 WOULD YOU SAY IN A DAY?

25 A. WELL, WE CUT A LOT OF -- I CAN'T THINK OF

1 WHAT IT'S CALLED -- CONSTRUCTION PAPER. BECAUSE A  
2 LOT OF IT TO GET IT CHEAPER THEY BOUGHT THE BIGGER  
3 PACKETS. THE SHEETS WERE BIGGER AND SO WE WOULD CUT  
4 THEM. WE'D SOMETIMES HAVE TO CUT THEM FOUR TIMES  
5 EACH SHEET, BUT YOU CUT A STACK AT A TIME. BUT THAT  
6 WAS TO SAVE THE SCHOOL DISTRICT MONEY, I THINK.

7 Q. NOW, THAT REQUIRED WHAT PART OF YOUR BODY  
8 TO -- HOW DID YOU HAVE TO -- TELL US AGAIN HOW YOU  
9 HAD TO DO THAT. WHAT WAS INVOLVED IN THAT?

10 A. THE CUTTER WAS NOT ON COUNTER LEVEL. IT  
11 WAS ON JUST A REGULAR TABLE. AND YOU HAD TO BEND  
12 FORWARD TO USE THE PAPER CUTTER TO GET THE FORCE OF  
13 IT DOWN ON THE PAPER TO CUT. SO THAT PUT PRESSURE ON  
14 MY BACK.

15 Q. HOW MANY OF THESE THINGS WOULD YOU HAVE TO  
16 CUT? COULD YOU ESTIMATE IT?

17 A. IT PROBABLY WOULDN'T BE UNCOMMON TO CUT  
18 PROBABLY 100 OF THE BIG SHEETS WHICH, YOU KNOW, YOU  
19 WOULD CUT DOWN TO LIKE INTO EIGHT BY TEN SQUARE.

20 Q. AND THOSE YOU WOULD CUT WITH HOW MANY AT A  
21 TIME?

22 A. YOU CAN CUT MORE THAN FIVE AT A TIME.

23 Q. AND THE PAPER AND WHATNOT, DID YOU HAVE TO  
24 LIFT THAT, THE PAPER BOXES OR ANYTHING?

25 A. YES.

1 Q. SHEETS OF PAPER?

2 A. WE LIFTED THE BOSSES OF THE XEROX PAPER.

3 Q. HOW MUCH DO THOSE WEIGH DO YOU THINK?

4 A. PROBABLY AT LEAST 25 POUNDS BECAUSE  
5 THERE'S 24 REAMS OF PAPER, I BELIEVE, IN A BOX,  
6 SOMEWHERE ALONG IN THERE.

7 Q. NOW, WHEN YOU DID FIRST NOTICE ANY  
8 PROBLEMS WITH YOUR BACK --

9 A. TWO THOUSAND --

10 Q. -- DURING THIS PERIOD?

11 A. 2001 IT ACTUALLY STARTED. BUT I DIDN'T  
12 REALIZE THE PROBLEM WAS THE BACK UNTIL I SOUGHT -- I  
13 WENT BACK TO THE DOCTOR AND THEY HAD ME DO AN MRI AND  
14 THEY DECIDED THAT IT WAS COMING FROM MY BACK.

15 Q. WELL, NOW, WHEN DID YOU GO HAVE THAT DONE?

16 A. THE MRI WAS DONE IN FEBRUARY THE 15TH,  
17 2002.

18 Q. 2002. AND WHAT PROMPTED YOU TO GO TO THE  
19 DOCTOR?

20 A. WELL, IT JUST WOULDN'T GET -- GO AWAY.  
21 THE FIRST TIME I WENT THEY THOUGHT IT WAS A PINCHED  
22 NERVE. I MEAN --

23 MR. LAWHORNE: YOUR HONOR, AT THE RISK I  
24 DON'T WANT TO INTERRUPT CONSTANTLY. BUT I'M GOING TO  
25 OBJECT TO ANYTHING THEY MIGHT HAVE TOLD HER AS

1 HEARSAY.

2 THE WITNESS: OKAY. THAT'S FINE.

3 BY MR. TEAGUE:

4 Q. AT FIRST YOU WENT TO DR. BEAVER?

5 A. YES.

6 Q. AND HOW LONG DID YOU GO SEE HIM ON THIS?

7 HOW MANY TIMES?

8 A. I THINK IT WAS JUST ONCE. BECAUSE I  
9 THOUGHT THAT IT WAS A PULLED MUSCLE. AND I THOUGHT,  
10 WELL, IT'LL WORK ITSELF OUT. BUT BY CHRISTMAS IT WAS  
11 NOT GETTING ANY BETTER. SO MY FAMILY INSISTED THAT I  
12 GO TO ANOTHER DOCTOR. SO I DID. I WENT TO  
13 DR. LEVINSON AND HE RECOMMENDED THAT I GET AN MRI  
14 DONE.

15 Q. AND YOU DID?

16 A. I HAD THE MRI DONE. AND THE REASON I KNOW  
17 THE DATE, MY FATHER-IN-LAW DIED ON THE 14TH OF  
18 FEBRUARY AND WE HAD TO COME BACK HOME SO I COULD HAVE  
19 MY MRI ON THE 15TH. EXCUSE ME.

20 Q. DID YOU SEE DR. LEVINSON AGAIN THEN AFTER  
21 THAT?

22 A. YES. AND THAT'S WHEN THEY TOLD ME --

23 MR. LAWHORNE: OBJECT TO WHAT HAD BEEN  
24 TOLD.

25 BY MR. TEAGUE:

1 Q. HOW MANY TIMES DID YOU SEE DR. LEVINSON  
2 APPROXIMATELY?

3 A. THAT FIRST YEAR I'M NOT SURE BECAUSE HE  
4 SENT ME TO THERAPY. AND I WAS IN THERAPY FROM --  
5 WELL, REALLY FROM THE TIME I SAW HIM I HAD -- I THINK  
6 THAT MIGHT HAVE BEEN IN JANUARY BECAUSE IT TOOK ME A  
7 WHILE TO GET THE MRI SCHEDULED. BUT THEN HE HAD ME  
8 GOING FOR PHYSICAL THERAPY AND CHIROPRACTIC STUFF.

9 Q. WHERE WAS THAT?

10 A. THAT WAS OF RICK SANFORD'S OFFICE. AND I  
11 CONTINUED WITH HIM UNTIL I THINK IT WAS THE END OF  
12 JUNE OF THAT YEAR. I'M NOT SURE ABOUT THE DATE  
13 THERE. BECAUSE I HAD GOTTEN TO WHERE I COULDN'T  
14 WALK. THE PAIN WAS SO BAD I WAS JUST -- I JUST  
15 DIDN'T FEEL LIKE I COULD GO ON WITHOUT SOME SORT OF  
16 TREATMENT. SO THEY HAD ME IN TREATMENT REALLY FROM  
17 ABOUT FEBRUARY TO JUNE OR JULY AND I GOT BETTER. AND  
18 THEN I STARTED BACK TO SCHOOL IN AUGUST AND I HADN'T  
19 BEEN THERE TWO DAYS. PROBABLY JUST ONE DAY. BECAUSE  
20 LIKE I SAY, WE HAD TO DO A LOT OF STOOPING AND THE  
21 BENDING AND THE TWISTING AND THE CUTTING AND THE  
22 LAMINATING AND ALL OF THAT. I WAS ON MY FEET NONSTOP  
23 EXCEPT FOR A LUNCH BREAK UNTIL LIKE ABOUT 7:00  
24 O'CLOCK AT NIGHT THOSE FIRST FEW DAYS OF SCHOOL. AND  
25 SO THE PAIN STARTED SHOOTING DOWN THE OTHER LEG. SO

1 I WENT BACK TO DR. SANFORD AND THEY STARTED ME ON  
2 TREATMENT AGAIN. AND I WAS IN THERE CLOSE TO A YEAR  
3 WITH THERAPY.

4 Q. NOW, WHAT YEAR WOULD THIS HAVE BEEN?  
5 AUGUST OF?

6 A. THAT WOULD HAVE BEEN 2002. BECAUSE 2003 I  
7 JUST -- I COULD NOT TAKE IT ANY LONGER. I'D TRIED TO  
8 GET UP AND -- I WENT TO SCHOOL BUT I DID NOT FEEL  
9 LIKE GOING. BUT I STILL WENT TO FINISH OUT THE YEAR.  
10 AND BECAUSE I HAD INTENDED TO WORK THE FIVE YEARS ON  
11 TERI BUT I JUST -- I COULD NOT MAKE IT.

12 Q. YOU SAID YOU CONTINUED TO WORK. DID YOU  
13 HAVE ANY TIME OFF AT ALL?

14 A. I MISSED I THINK THREE DAYS OF SCHOOL AT  
15 THE BEGINNING BECAUSE I WAS IN SUCH PAIN. BUT ONCE I  
16 STARTED PHYSICAL THERAPY AGAIN AND CHIROPRACTIC IT  
17 GOT BETTER. BUT NOT TO WHERE I WAS BEFORE I WENT  
18 BACK TO WORK.

19 Q. SO THE THERAPY HELPED?

20 A. THERAPY HELPS.

21 Q. DID YOU SEE ANY OTHER DOCTORS AT ALL  
22 DURING THIS TIME?

23 A. YES. TO MAKE SURE I WAS ON THE RIGHT  
24 COURSE OF MEDICAL TREATMENT -- I WASN'T GOING TO JUST  
25 STICK WITH THEM -- I DECIDED I WANTED TO SEE A

1 NEUROSURGEON BECAUSE I HAD -- THAT WAS WHAT I THOUGHT  
2 WOULD BE THE BEST THING FOR ME TO DO AT THAT TIME TO  
3 MAKE SURE I WAS BEING TREATED WITH THE APPROPRIATE  
4 MEDICAL.

5 Q. WHO WAS THAT?

6 A. DR. RAMBO.

7 Q. AND HOW MANY TIMES DID YOU SEE DR. RAMBO?

8 A. I SAW HIM THE ONE TIME BECAUSE HE TOLD  
9 ME -- WELL, THAT'S HEARSAY AGAIN. BUT ANYWAY, THE  
10 TEST SHOWED THE SAME THING --

11 MR. LAWHORNE: YOUR HONOR, I STILL GOT TO  
12 OBJECT. ACTUALLY, RAMBO'S RECORDS, I DON'T THINK WE  
13 HAVE THEM. BUT SHE SAW HIM ONE TIME AND I OBJECT TO  
14 HER TELLING US WHAT TESTS SHOWED.

15 MR. TEAGUE: WELL, THEY'RE IN THE RECORD.  
16 I MEAN.

17 MR. LAWHORNE: ARE THEY?

18 MR. HUFF: THEY'RE PAGE 110 AND 111. YES,  
19 110 AND 111.

20 MR. LAWHORNE: OKAY. THE RECORDS SPEAK  
21 FOR THEMSELVES.

22 BY MR. TEAGUE:

23 Q. LET ME ASK YOU THIS. DID YOU EVER HAVE  
24 SURGERY AS A RESULT OF THESE PROBLEMS?

25 A. NO. I'M TRYING TO AVOID SURGERY, BUT THAT

1 IS PROBABLY DOWN THE ROAD.

2 Q. WHY DID YOU NOT HAVE SURGERY? WAS IT  
3 OFFERED TO YOU BY ANYONE? LET ME ASK YOU THAT. OR  
4 DID A DOCTOR RECOMMEND IT?

5 A. YES.

6 Q. AND WHY DIDN'T YOU HAVE IT?

7 A. BECAUSE I'VE JUST SEEN SO MANY PEOPLE THAT  
8 AFTER HAVING BACK SURGERY SOMETIMES THEY'RE IN WORSE  
9 SHAPE. AND I JUST FELT LIKE IF I COULD JUST FIX IT  
10 WITH THERAPY THAT I WOULD JUST CONTINUE MY THERAPY.

11 Q. NOW, AFTER YOU SAW DR. RAMBO AND DR.  
12 LEVINSON AND DR. SANFORD AND YOU HAD RESIGNED, I  
13 GUESS RETIRED AGAIN FROM YOUR JOB, WHAT KIND OF  
14 MEDICAL CARE DID YOU GET AFTER THAT FOR THESE  
15 PROBLEMS?

16 A. I GOT TO FEELING BETTER AFTER I HAD THE  
17 SUMMER OFF. I DIDN'T HAVE THE STOOPING AND THE  
18 BENDING AND TWISTING AND GETTING DOWN ON THE FLOOR.  
19 I TRIED TO -- WHEN I DID DO LIKE HOUSEWORK AND STUFF,  
20 I TRIED TO DO LITTLE BITS AND PIECES AT A TIME. AND  
21 IF IT GOT TO BOTHERING ME TOO BAD, I WOULD JUST QUIT.

22 Q. WERE YOU ON ANY MEDICATIONS?

23 A. I'VE TRIED CELEBREX, BEXTRA AND VIOXX AND  
24 NONE OF IT AGREED WITH MY STOMACH. TRIED IBUPROFEN  
25 AND MOTRIN AND HAD BLEEDING FROM THAT. SO DR.

1 LEVINSON TOOK ME OFF OF THAT FOR A WEEK AND HE SAID  
2 JUST TRY TO TAKE IT AS NEEDED. AND SO I WAIT UNTIL I  
3 JUST CAN'T STAND IT AND I'LL TAKE THAT. IBUPROFEN.

4 Q. WHAT CAN YOU DO? WHAT CAN'T YOU DO THAT  
5 YOU USED TO BE ABLE TO DO BEFORE YOU LEFT AND THESE  
6 PROBLEMS CAME UP AND YOU HAD TO RETIRE?

7 A. I USED TO WALK TWO-AND-A-HALF MILES EVERY  
8 DAY WITH MY HUSBAND. AND I USED TO ALWAYS DO SOME  
9 OTHER FORM OF EXERCISE. BUT I CAN'T DO ALL OF THOSE  
10 THINGS I USED TO DO AND I CAN'T DO MY HOUSEWORK LIKE  
11 I USED TO DO. I USED TO PAINT A ROOM AND NOT THINK  
12 ANYTHING ABOUT IT. I'D GET UP EARLY IN THE MORNING,  
13 PAINT HALF A ROOM, TAKE ME A LITTLE LUNCH BREAK AND  
14 PAINT THE REST OF IT. I CAN'T DO ANY OF THAT  
15 ANYMORE.

16 Q. DID ANY OF THE DOCTORS -- YOU KNOW, THIS  
17 WALKING, WAS THAT PART OF THEIR THERAPY?

18 A. WELL, I COULDN'T WALK FOR SO LONG BECAUSE  
19 OF THE SCIATIC NERVE. THE PAIN WAS RUNNING, YOU  
20 KNOW, ON THE SCIATIC NERVE, SO I COULDN'T DO ANY OF  
21 THAT FOR A LONG TIME. BUT THEY -- DR. SAN--- WELL,  
22 THAT'S HEARSAY. BUT I'M TOLD -- IS THAT ALL RIGHT?

23 MR. LAWHORNE: YOU CAN TESTIFY. I'LL  
24 OBJECT. GO AHEAD. DON'T.

25 THE WITNESS: THAT IF I DON'T KEEP MOVING

1 I'LL GET TO WHERE I CAN'T MOVE. AND SO THAT'S WHY I  
2 KEEP TRYING TO KEEP ACTIVE A LITTLE BIT.

3 BY MR. TEAGUE:

4 Q. AND HAVE YOU HAD ANY OTHER TYPE OF JOBS OR  
5 WORKED SINCE YOU LEFT THE SCHOOL DISTRICT?

6 A. NO.

7 Q. HAVE YOU HAD ANY PREVIOUS, YOU KNOW, OLD  
8 LIKE INJURIES OR BACK PROBLEMS?

9 A. NO. NOT TO MY KNOWLEDGE. I'VE NEVER --  
10 NEVER HAD -- I HAVE NOT SUFFERED ANY PAIN UNTIL THIS.

11 Q. DID YOU HAVE CHIROPRACTOR TREATMENT AT ALL  
12 PRIOR TO THIS?

13 A. NO.

14 Q. I GUESS YOU'RE SAYING OCTOBER OR SO OF  
15 2001 YOUR -- HOW DID YOUR BACK FEEL?

16 A. WELL, THAT'S WHEN I STARTED HAVING  
17 PROBLEMS WITH IT AND -- WELL, IT REALLY STARTED A  
18 LITTLE BIT BEFORE THAT. BUT I DIDN'T GO TO THE  
19 DOCTOR UNTIL ABOUT OCTOBER IS WHEN, YOU KNOW, IT JUST  
20 GOT WORSE AND WORSE. I'M NOT A PERSON THIS RUNS TO  
21 THE DOCTOR AND THAT'S MAYBE MY DOWNFALL.

22 Q. DO YOU THINK YOU'RE CAPABLE OF WORKING  
23 NOW?

24 A. NO.

25 Q. WHY NOT?

1           A.     BECAUSE I HAVE TROUBLE.  WHEN I GET UP  
2 FIRST THING IN THE MORNING, I HAVE TO TRY TO THROW MY  
3 LEGS OUT OF THE BED TO SIT UP AND THEN GET OFF THE  
4 BED AND THEN I HAVE TROUBLE WALKING.  WHEN I FIRST  
5 GET UP IN THE MORNING I'M REAL STIFF.  AND THAT'S THE  
6 WAY IT IS.  AT NIGHT I HAVE TO SLEEP WITH THE PILLOW  
7 BETWEEN MY KNEES AND MY KNEES PULLED UP.  WHEN I GO  
8 TO ROLL OVER IN BED THE PAIN SHOOTS THROUGH MY BACK.

9           Q.     ARE YOU UNDERGOING ANY KIND OF THERAPY  
10 NOW?

11          A.     I JUST FINISHED UP SOME BACK IN FEBRUARY.

12          Q.     AND WHAT WAS THAT?

13          A.     PHYSICAL THERAPY THROUGH MOORE CLINIC.  I  
14 TRIED --

15          Q.     DID THAT HELP?

16          A.     YES.  YES.  AND THEY GIVE US -- GAVE ME  
17 EXERCISES TO DO AT HOME.

18          Q.     NOW, THESE TREATMENTS AND THERAPIES AND SO  
19 ON, WHO HAS PAID FOR ALL THAT?

20          A.     RIGHT NOW MY INSURANCE HAS.

21          Q.     DURING THE PERIOD FROM WHEN YOU -- WELL,  
22 LET ME ASK YOU THIS.  WHEN DID YOU LAST SEE DR. RICK  
23 SANFORD?

24          A.     IT'S BEEN A WHILE SINCE I'VE SEEN HIM.  
25 I'M NOT SURE ON THAT DATE.

1 Q. NOW, DID HE MOVE TO A DIFFERENT LOCATION?

2 A. YES. HE MOVED TO A DIFFERENT LOCATION.

3 Q. HE WAS WITH DR. LEVINSON, WASN'T HE?

4 A. UH-HUH.

5 Q. AND THEN HE MOVED?

6 A. YES.

7 Q. AND WHEN IS THE LAST TIME YOU SAW DR.

8 LEVINSON?

9 A. I BELIEVE MAY.

10 Q. DID YOU SEE DR. LEVINSON AT ALL BETWEEN  
11 MAY? WHEN WAS THE LAST TIME YOU SAW HIM BEFORE THAT?

12 A. IT COULD HAVE BEEN FEBRUARY OR MARCH. I'M  
13 NOT SURE ON THOSE DATES.

14 Q. OF WHAT YEAR?

15 A. OF THIS YEAR 2007.

16 Q. HAVE YOU ANY FURTHER FOLLOWUP?

17 A. I'VE GOTTEN -- I'M SUPPOSED TO GO BACK TO  
18 DR. LEVINSON THIS MONTH. SEPTEMBER.

19 Q. NOW, DO YOU FEEL THAT YOU HAVE A  
20 DISABILITY AS A RESULT OF YOUR BACK TRAUMAS?

21 A. YES, I DO. BECAUSE I'M NOT -- I'M IN  
22 CONTINUOUS PAIN ALL -- YOU KNOW. BUT I CAN'T DO THE  
23 THINGS THAT I HAD DONE UP UNTIL I HURT MY BACK.

24 Q. DID YOU WANT TO KEEP WORKING?

25 A. I WANTED TO WORK THOSE THREE MORE YEARS.

1 Q. NOW, WHAT WOULD BE IN YOUR ESTIMATION OF  
2 YOUR OWN PHYSICAL DISABILITY, YOUR OWN BACK  
3 DISABILITY OR YOUR BODY DISABILITY? HOWEVER YOU WANT  
4 TO PUT IT, WHAT WOULD BE YOUR OWN OPINION OF THAT?

5 A. IT'S PROBABLY ABOUT 50 PERCENT BECAUSE I  
6 JUST CANNOT DO ANY -- WELL, LIKE GOING SHOPPING. I  
7 CAN'T EVEN SHOP FOR PROBABLY MORE THAN AN HOUR  
8 WITHOUT COMING HOME. I JUST -- AND TRY TO GROCERY  
9 SHOP AND DO SOMETHING ELSE, I CAN'T DO. I HAVE TO --  
10 ANYTHING THAT HAS ME ON CONCRETE FLOORS ANY LENGTH OF  
11 TIME IT JUST -- IT GETS TO HURTING SO BAD I JUST HAVE  
12 TO COME HOME.

13 Q. YOU DID BASICALLY THOSE SAME DUTIES FOR  
14 HOW MANY YEARS?

15 A. ABOUT 13 YEARS.

16 Q. WAS IT IN 2001 IN OCTOBER OR BEFORE  
17 OCTOBER OR SOMETHING WHEN YOU STARTED TO --

18 A. HAVING THE PROBLEM.

19 Q. -- NOTICE THAT IT WAS BECOMING A PROBLEM?

20 A. YES.

21 Q. AND DID YOU ADVISE ANYONE AT YOUR WORK  
22 ABOUT THIS?

23 A. YOU HAVE TO REPORT ANYTIME YOU GET HURT OR  
24 ANYTHING TO THE SECRETARY AND SHE FILLS OUT A FORM.

25 Q. WHO IS THAT?

1 A. THAT WAS CHARLOTTE RUDISILL.

2 Q. AND DID YOU DO THAT?

3 A. YES, I DID.

4 Q. DID YOU DO THAT ON MORE THAN ONE OCCASION?

5 A. NOW, I'M NOT SURE THAT I WENT AND FILLED  
6 OUT ANOTHER FORM OR ANYTHING. I TOLD THEM THAT MY  
7 BACK --

8 Q. WHEN WAS THAT? WHEN DID YOU TELL THEM?

9 A. WELL --

10 Q. APPROXIMATELY.

11 A. WHEN I GOT -- STARTED HAVING TROUBLE THE  
12 SECOND YEAR THAT I WENT BACK TO SCHOOL IN 2002. JUST  
13 IN PASSING I TOLD THEM, YOU KNOW, I WAS STILL HAVING  
14 TROUBLE WITH MY BACK WHEN I WAS OUT FOR THREE DAYS  
15 AND THAT IT WAS DUE TO COMING BACK TO WORK. BUT I  
16 DID NOT FILL OUT A FORM OR ANYTHING I DON'T BELIEVE.

17 Q. OKAY. YOU DON'T REMEMBER. NOW, IT'S  
18 POSSIBLE THAT YOU DID FILL OUT A FORM, THOUGH, ISN'T  
19 IT?

20 A. I COULD HAVE.

21 Q. OR SOMEBODY DID?

22 A. YES. BUT I'M JUST NOT SURE ON THAT.

23 Q. NOW, COULD YOU PLEASE DESCRIBE AGAIN JUST  
24 AS BRIEFLY AS YOU CAN BUT ACCURATELY, WHAT ARE YOUR  
25 SYMPTOMS THAT WOULD LEAD YOU TO SUPPORT THIS OPINION

1 THAT YOU HAVE, YOU KNOW, LOST 50 PERCENT OF YOUR  
2 ABILITY TO USE YOUR BACK AND YOUR LEGS?

3 MR. LAWHORNE: YOUR HONOR, I THINK SHE'S  
4 TESTIFIED TO THESE THINGS. I GUESS THAT'S NOT A  
5 LEGAL OBJECTION BUT. NEVER MIND. IT'S THEIR CHOICE  
6 IF YOU ALLOW IT.

7 MR. TEAGUE: IT WILL BE FAST.

8 BY MR. TEAGUE:

9 Q. CAN YOU JUST LIST PHYSICALLY NOW IF YOU  
10 COULD.

11 A. WHEN I SIT TOO LONG OR IF I STAND TOO  
12 LONG, IF I TRY TO GET UP AND DOWN, STOOP AND BEND,  
13 TWIST, TURN, LIFT HEAVY STUFF I HAVE EXCRUCIATING  
14 PAIN. AND AS LONG AS I DON'T DO THAT I CAN MANAGE  
15 THE PAIN. IT'S NOT SOMETHING I'M RID OF. SO THAT'S  
16 WHY I JUST DON'T FEEL LIKE I COULD EVER DO ANY OF  
17 THAT TYPE WORK ANYMORE.

18 Q. AND HOW ABOUT RIDING? CAN YOU DO THAT IN  
19 A CAR?

20 A. I HAVE TO GET OUT. I CAN'T RIDE TOO LONG.  
21 I HAVE TO GET OUT.

22 Q. I NOTICE THAT YOU HAVE A BRACE ON. WHAT  
23 IS THAT AND WHERE DID YOU GET IT?

24 A. DR. LEVINSON HAD ASKED ME EARLIER TO GET  
25 ONE. AND I TOLD HIM I HAD ONE THAT THEY USE AT HOME

1 DEPOT AND LOWE'S AND THAT SORT OF PLACE. AND I SAID  
2 I CAN'T SEE A NEED OF BUYING ANOTHER ONE IF THIS ONE  
3 DOES. AND HE SAID -- WELL, IS THAT HEARSAY?

4 Q. JUST GO AHEAD.

5 A. THEN THIS YEAR AFTER HE CHECKED THE MRI I  
6 HAD ANOTHER MRI DONE IN JANUARY OR FEBRUARY. AND HE  
7 JUST TOLD ME HE FELT LIKE THIS TYPE BRACE WOULD  
8 HELP --

9 MR. LAWHORNE: YOUR HONOR. OKAY. IT'S  
10 JUST ABOUT THE BRACE. I'LL STIPULATE SHE'S WEARING A  
11 BRACE AND THE DOCTOR THINKS THAT'S A GOOD IDEA.

12 THE WITNESS: BUT I DON'T HAVE TO WEAR IT  
13 ALL DAY LONG. HE SAID WHEN I'M DOING HEAVY WORK, YOU  
14 KNOW, HOUSEWORK AND STUFF TO KEEP IT ON AND WEAR IT.  
15 BECAUSE IT DOES HELP MY BACK FEEL BETTER. BECAUSE I  
16 HAD GOTTEN TO THE POINT WHERE WHEN I'D SIT AND BEND I  
17 COULD HEAR IT POP LIKE. AND THAT'S...

18 MR. TEAGUE: I THINK THAT'S ALL I HAVE.

19 THE COURT: MR. TEAGUE, DO YOU HAVE A  
20 PARTICULAR MEDICAL REPORT UPON WHICH YOU RELY FOR  
21 MEDICAL CAUSATION?

22 MR. TEAGUE: YES. WE HAVE --

23 THE COURT: JUST GIVE ME THE PAGE NUMBER.

24 MR. TEAGUE: YEAH. THEY'RE TABBED I  
25 BELIEVE ON YOUR APA ON -- THEY'RE AT PAGE 83 OF DR.

1 SANFORD AND LEVINSON'S. IT'S A REPORT DATED NOVEMBER  
2 THE 20---

3 THE COURT: PAGE 83 AND PAGE 138?

4 MR. TEAGUE: YEAH. AND 138. AND ALSO  
5 THERE'S ANOTHER ONE ON PAGE 54 RICK SANFORD'S  
6 STATEMENT THERE OR AT LEAST IN REFERENCE TO IT ON  
7 AUGUST THE 21ST OF '02. AND OF COURSE, ALSO, I WOULD  
8 DIRECT YOUR ATTENTION TO DR. RAMBO'S STATEMENT ON --  
9 LET'S SEE. WHAT PAGE WAS HE ON?

10 MR. HUFF: AT THE CLAIMANT'S PAGE 110 AND  
11 111.

12 MR. TEAGUE: OKAY. CLAIMANT'S 110 AND 111  
13 WOULD BE DR. RAMBO'S ABOUT A PAGE AND A HALF REPORT.

14 THE COURT: OKAY. THANK YOU. MA'AM, I'M  
15 JUST CURIOUS. THIS IS A DATE OF INJURY FROM BACK IN  
16 2002. IT WAS ACTUALLY SET FOR A HEARING IN AUGUST OF  
17 2003. AND YOU'VE GOT THE RIGHT TO WITHDRAW YOUR  
18 REQUEST FOR A HEARING WHICH YOU DID. WHY HAVE YOU  
19 WAITED SO LONG TO COME TO A HEARING? IT'S BEEN FOUR  
20 YEARS SINCE THAT ONE WAS CANCELED.

21 THE WITNESS: I WAS WAITING FOR THE COURTS  
22 OR WHOEVER TO NOTIFY ME OF ANOTHER HEARING. I  
23 THOUGHT THEY WOULD DO IT.

24 THE COURT: WE SET HEARINGS IN ABOUT  
25 THREE-AND-A-HALF MONTHS.

1 THE WITNESS: NOW I DON'T KNOW.

2 THE COURT: THANK YOU. MR. LAWHORNE, DO  
3 YOU HAVE QUESTIONS?

4 MR. LAWHORNE: YES, SIR. JUST A FEW.

5 C R O S S - E X A M I N A T I O N

6 BY MR. LAWHORNE:

7 Q. MS. BURRISS, YOU REMEMBER I'VE TAKEN YOUR  
8 DEPOSITION TWICE?

9 A. TWICE.

10 Q. I'M GOING TO GO THROUGH REAL QUICK SOME OF  
11 THE THINGS YOU TESTIFIED TO IN THE DEPOSITION THAT  
12 YOU DIDN'T TESTIFY TO TODAY VERY BRIEFLY. BUT YOU  
13 HAVE TAUGHT ALL YOUR LIFE? 30 YEARS; RIGHT?

14 A. THIRTY YEARS, YES.

15 Q. YOU'RE 64 YEARS OLD NOW?

16 A. UH-HUH. YES.

17 Q. YOU RETIRED ACTUALLY IN JUNE OF 2001 AND  
18 THE FIRST TIME YOU SAID YOU HAD ANY COMPLAINTS ABOUT  
19 YOUR BACK BOTHERING YOU WAS IN AUGUST OF 2001 AFTER  
20 YOU HAD ALREADY RETIRED FROM THE SCHOOL DISTRICT?

21 A. THAT'S CORRECT.

22 Q. AND THEN YOU CAME BACK TO WORK AND WORKED  
23 TWO YEARS UNDER THE TERI PROGRAM?

24 A. YES.

25 Q. AND WERE PAID 17,000 A YEAR WAS YOUR

1 SALARY?

2 A. YES.

3 Q. NOW, WE TALKED A LOT ABOUT THE ACTIVITIES  
4 THAT YOU WERE INVOLVED IN. I DEPOSED YOU AND THE  
5 LAST TIME WAS IN I THINK NOVEMBER OF 2005.

6 A. TWO THOUSAND...

7 Q. AND WE LAUGHED AND TALKED A LITTLE BIT  
8 ABOUT YOU WERE DOING LINE DANCING CLASSES?

9 A. YES.

10 Q. AT LEAST TWO NIGHTS A WEEK?

11 A. TWO DAYS A WEEK. THAT'S CORRECT.

12 Q. AND YOU WERE WALKING TWO-AND-A-HALF MILES  
13 A DAY?

14 A. YES.

15 Q. NOT EVERY DAY?

16 A. NO.

17 Q. BUT SEVERAL TIMES A WEEK?

18 A. UH-HUH.

19 Q. YOU SAID YOU STAY REAL BUSY. BAKING, THE  
20 CHURCH, READ, ALL THOSE -- YOU'RE REAL BUSY WITH  
21 THOSE ACTIVITIES?

22 A. YES.

23 Q. IS THAT STILL THE CASE?

24 A. TRYING TO, YES.

25 Q. YOU STILL DO THE LINE DANCING?

1 A. YES.

2 Q. AND THAT'S STILL TWICE A WEEK?

3 A. TWICE A WEEK.

4 Q. YOU SAID WHEN I DEPOSED YOU IN NOVEMBER OF  
5 2005 THE PAIN AT THAT TIME WAS THE SAME AS IT WAS IN  
6 JUNE OF 2004. IT HAD WORSENERD A LITTLE BIT AT ONE  
7 TIME --

8 A. YES.

9 Q. -- BUT IT HAD GOTTEN BETTER?

10 A. YES.

11 Q. IT ACTUALLY HAD WORSENERD WHILE YOU WEREN'T  
12 WORKING; RIGHT? YOU HAD ALREADY RETIRED IN JUNE OF  
13 2003; RIGHT? YOUR SECOND RETIREMENT WAS IN JUNE OF  
14 2003?

15 A. YES. YES.

16 Q. AND AFTER THAT YOUR BACK GOT WORSE. EVEN  
17 THOUGH YOU WEREN'T ENGAGED IN WORK ACTIVITIES, YOU  
18 SAID IT GOT A LITTLE WORSE?

19 A. YES.

20 Q. YOU WENT BACK FOR THERAPY, SORT OF  
21 MAINTENANCE KIND OF STUFF; IS THAT RIGHT?

22 A. THAT'S RIGHT. MAINTENANCE.

23 Q. AND IT GOT BETTER?

24 A. YES.

25 Q. AND YOU ARE STAYING JUST AS ACTIVE YOU

1 CAN; RIGHT?

2 A. YES.

3 Q. YOU'RE ON SOCIAL SECURITY RETIREMENT?

4 A. YES.

5 Q. AND YOU'RE ON MEDICARE NOW?

6 A. NO.

7 Q. NO. SOON?

8 A. I'M 64. I JUST TURNED 64.

9 Q. I'M BAD. WHEN DO YOU QUALIFY FOR  
10 MEDICARE?

11 A. NEXT YEAR.

12 Q. NEXT YEAR?

13 A. BECAUSE I JUST TURNED 64 IN JULY.

14 Q. WHEN I DEPOSED YOU BEFORE YOU HAD HEALTH  
15 INSURANCE COVERAGE THAT YOU HAD MAINTAINED THROUGH  
16 THE SCHOOL DISTRICT?

17 A. YES.

18 Q. AND YOUR HUSBAND HAD HIS THAT HE HAD  
19 MAINTAINED AT THAT TIME?

20 A. AT THAT TIME. BUT HE HAS SINCE DROPPED ME  
21 FROM --

22 Q. HIS?

23 A. -- HIS BECAUSE --

24 Q. WELL, THAT'S ALL RIGHT. YOU DON'T HAVE TO  
25 GO INTO THAT.

1 A. OKAY.

2 Q. YOU DIDN'T HAVE ANY OUT-OF-POCKET MEDICAL  
3 COST? ALL YOUR MEDICALS HAVE BEEN PAID WHEN I  
4 DEPOSED YOU?

5 A. I FORGET I HAVE A DEDUCTIBLE. AND I DON'T  
6 KNOW IF I MENTIONED THAT. SO I -- YOU KNOW, I HAVE  
7 TO PAY THE DEDUCTIBLE. AND SOMETIMES I HAVE TO PAY  
8 THE DIFFERENCE, YOU KNOW, IN MEDICINE.

9 Q. THE PAIN YOU TOLD ME WAS RIGHT IN THE  
10 WAIST AREA OF YOUR BACK?

11 A. L5 AND S1.

12 Q. EVERY NOW AND THEN IT WOULD GO DOWN YOUR  
13 LEGS?

14 A. YES.

15 Q. IT HAD GOTTEN BETTER AND YOU SAID WAS JUST  
16 IN YOUR BACK WHEN I LAST DEPOSED YOU?

17 A. YES.

18 Q. THAT'S STILL THE CASE?

19 A. WELL, I'VE BEEN HAVING A LITTLE NUMBNESS  
20 AT NIGHT IN MY RIGHT LEG.

21 Q. BUT NOTHING LIKE IT WAS BEFORE WHEN YOU  
22 SAID --

23 A. NO. NO.

24 Q. AT ONE POINT WAS REAL BAD BUT GOT BETTER?

25 A. WHEN IT WAS PRESSING ON THE SCIATIC NERVE.

1 CAN I SAY THAT THAT'S WHY I HAVE BEEN TOLD -- IF I'M  
2 ALLOWED TO SAY THAT. THAT HAVING A MAINTENANCE  
3 PROGRAM.

4 Q. RIGHT. STAY ACTIVE?

5 A. STAY ACTIVE AND HAVE A MAINTENANCE PROGRAM  
6 WILL KEEP THAT OFF THE SCIATIC NERVE.

7 Q. I NOTICED, THOUGH, THERE'S NO MEDICAL  
8 TREATMENT FOR YOUR BACK BETWEEN JULY OF 2003 AND  
9 JANUARY OF 2007. THERE'S REALLY ABOUT A  
10 THREE-AND-A-HALF YEAR PERIOD WHERE -- WE'VE GOT LOTS  
11 OF MEDICAL REPORTS OF DIFFERENT THINGS YOU WERE  
12 SEEING THE DOCTORS FOR BUT NOTHING RELATED TO THE  
13 BACK; RIGHT? THERE WAS ABOUT A THREE-AND-A-HALF YEAR  
14 PERIOD YOU DIDN'T SEE ANYBODY?

15 A. NO. CAN I SAY SOMETHING TOWARDS THAT?

16 Q. WELL, LET ME FINISH THE QUESTION.

17 A: THAT'S FINE. THAT'S FINE.

18 Q. AND WHEN YOU DID GO BACK THEY QUICKLY  
19 ASSESSED YOUR IMPAIRMENT FROM THE SPONDYLOLISTHESIS  
20 AS NINE PERCENT?

21 A. YES. YES.

22 Q. THAT'S WHAT THE DOCTOR SAID?

23 A. YES.

24 Q. DID YOU KNOW YOU HAD A PROBLEM WITH A  
25 SPONDYLOLISTHESIS THAT PREEXISTED THIS ACCIDENT DATE

1 YOU ARE CLAIMING?

2 A. NO.

3 Q. AND YOU'RE NOT REALLY SAYING THERE WAS  
4 ANYTHING SPECIFIC THAT YOU CAN POINT TO SAY THAT'S  
5 WHEN I HURT MY BACK? YOU'RE JUST POINTING TO A BUNCH  
6 OF ACTIVITIES THAT YOU THINK GRADUALLY SORT OF OVER  
7 TIME BOTHERED YOU?

8 A. I JUST KNOW WHEN IT STARTED WAS AFTER I  
9 HAD BEEN LIFTING AND TWISTING AND THE BENDING AT THE  
10 BEGINNING OF SCHOOL. AND THAT'S --

11 Q. THAT WAS AUGUST OF 2001?

12 A. 2001, YES.

13 Q. AND YOU HAD RETIRED IN JUNE OF 2001?

14 A. YES.

15 Q. AND YOU THINK YOU MIGHT HAVE TOLD SOMEBODY  
16 BUT SORT OF IN PASSING?

17 A. NO. NOW, I FILLED OUT A FORM AT THAT  
18 TIME.

19 Q. THE FIRST TIME?

20 A. THE FIRST TIME. IN 2002 I'M NOT SURE I  
21 FILLED OUT ANOTHER FORM. BUT I WAS OUT, YOU KNOW --

22 Q. THREE DAYS?

23 A. YES. I BELIEVE IT WAS THREE DAYS I WAS  
24 OUT. AND WENT BACK TO THERAPY.

25 Q. I THINK THAT'S ALL. SO YOU'RE STILL DOING

1 ALL THESE ACTIVITIES WE TALKED ABOUT?

2 A. I'M TRYING TO.

3 MR. LAWHORNE: THANK YOU.

4 THE COURT: ANYTHING ELSE?

5 MR. HUFF: LINDA, YOU WANTED TO EXPLAIN  
6 SOMETHING FOR A MINUTE?

7 MR. LAWHORNE: NO.

8 MR. HUFF: WELL, YOU GO AHEAD AND ASK THE  
9 QUESTION.

10 R E D I R E C T E X A M I N A T I O N  
11 BY MR. TEAGUE:

12 Q. WHAT WAS YOUR EXPLANATION YOU WANTED TO  
13 GIVE?

14 A. I'VE ALREADY FORGOTTEN WHAT IT WAS NOW.  
15 THAT'S ALL RIGHT.

16 Q. DID IT HAVE TO DO WITH THE --

17 MR. LAWHORNE: YOU KNOW, I'VE GOT TO  
18 OBJECT TO LEADING.

19 THE WITNESS: I'VE FORGOTTEN WHAT IT WAS.

20 MR. TEAGUE: OH, YEAH.

21 BY MR. TEAGUE:

22 Q. THE PERIOD AFTER YOU RETIRED UP UNTIL  
23 ABOUT A YEAR AGO OR SO WHEN YOU DIDN'T GO TO THE  
24 DOCTOR ALL THE TIME, WHAT WAS GOING ON THEN?

25 A. THAT WAS WHEN I WAS -- SINCE I HAD GONE TO

1 MY OWN DOCTORS I THOUGHT THAT YOU MAY CALL ME TO SEE  
2 ONE OF YOUR DOCTORS. AND I THOUGHT, WELL, THEY MAY  
3 KNOW SOMETHING THAT MY OTHER DOCTORS DON'T KNOW AND  
4 CAN HELP ME MORE. SO I JUST KIND OF WAITED.

5 R E C R O S S - E X A M I N A T I O N

6 BY MR. LAWHORNE:

7 Q. BUT YOU DID SEE YOUR DOCTORS FOR OTHER  
8 PROBLEMS ALL DURING THAT TIME; DID YOU NOT? I'VE GOT  
9 RECORDS THAT SHOW YOU --

10 A. JUST FOR SINUS MAYBE.

11 Q. SHOULDER?

12 A. OH. I FORGOT ABOUT THAT. YEAH. I HAD  
13 SHOULDER --

14 Q. AND YOU'RE NOT MENTIONING YOUR BACK AT  
15 THOSE TIMES? YOU SAW HIM FOR THE SINUS AND SHOULDER.  
16 THERE'S NO MENTION OF YOU COMPLAINING OF YOUR BACK IN  
17 THOSE RECORDS?

18 A. WELL, I THINK I DID. THEY MIGHT NOT HAVE.  
19 BECAUSE I WAS JUST INTERESTED IN MY SHOULDER BECAUSE  
20 I COULDN'T EVEN MOVE MY ARM.

21 Q. WELL, MY POINT IS YOU HAVE REAL ACTIVE  
22 TREATMENT FOR A WHILE --

23 A. YEAH.

24 Q. -- AND THEN JUST ALMOST NOTHING FOR  
25 THREE-AND-A-HALF YEARS?

1           A.       I WAS RETIRED, TOO, AND NOT WORKING EVERY  
2 DAY, SO.

3       F U R T H E R   D I R E C T   E X A M I N A T I O N  
4 BY MR. TEAGUE:

5           Q.       WERE YOU DOING HOME THERAPY?

6           A.       OH, YES.   I WAS DOING MY OWN EXERCISES  
7 THAT THEY HAD GIVEN ME TO DO AS A MAINTENANCE  
8 PROGRAM.

9                   MR. TEAGUE:   THAT'S ALL.

10                  THE COURT:   IS THERE ANYTHING ELSE?

11                  MR. LAWHORNE:  NO, SIR.

12                  MR. TEAGUE:  YEAH.  WE'D LIKE TO CALL  
13 MS. STUMP IF WE COULD JUST JUST A SHORT TESTIMONY.

14                  THE COURT:   RAISE YOUR RIGHT HAND.

15                               PATRICIA STUMP,  
16 HAVING BEEN FIRST DULY SWORN, TESTIFIED AS FOLLOWS:

17                  THE COURT:   STATE YOUR NAME, PLEASE.

18                  THE WITNESS:  PATRICIA STUMP.

19                  THE COURT:   GO AHEAD, SIR.

20       D I R E C T   E X A M I N A T I O N  
21 BY MR. TEAGUE:

22           Q.       MS. STUMP, TELL THE REPORTER FOR THE  
23 RECORD WHERE YOU LIVE AND WHERE YOU WORK IF YOU WORK.

24           A.       I LIVE AT 501 CHATFORD ROAD IN IRMO.  AND  
25 I WORKED AT H.E. CORLEY ELEMENTARY.

1 Q. DO YOU STILL WORK THERE?

2 A. NO, I DON'T. I'M RETIRED.

3 Q. AND DURING THE TIME YOU WORKED THERE WERE  
4 YOU ACQUAINTED WITH LINDA BURRISS?

5 A. YES.

6 Q. IN WHAT WAY?

7 A. WE WERE CO-WORKERS. WE WORKED IN THE SAME  
8 ROOM TOGETHER.

9 Q. FOR HOW LONG?

10 A. THIRTEEN YEARS.

11 Q. DID YOU HAVE AN OPPORTUNITY TO OBSERVE  
12 MS. BURRISS DURING THIS TIME HER WORK HABITS AND --

13 A. UH-HUH.

14 Q. -- HEALTH AND SO ON?

15 A. UH-HUH. YES.

16 Q. WHAT KIND OF WORK HABITS DID SHE HAVE?

17 A. VERY GOOD. VERY GOOD. VERY LOYAL. VERY  
18 HARDWORKING.

19 Q. WERE YOU ABLE TO OBSERVE HER WORKING ON  
20 THIS LAMINATING MACHINE?

21 A. UH-HUH.

22 Q. AND LOADING LAMINATING PAPER, DID YOU HAVE  
23 TO DO THAT TOO?

24 A. NO. NOT -- I WOULD LAMINATE. BUT I WAS  
25 NOT ONE THAT WOULD CHANGE THE ROLLS ON THE LAMINATOR.

1 Q. SHE DID THAT?

2 A. UH-HUH.

3 THE COURT: MA'AM, IF YOU WOULD GIVE A YES  
4 OR A NO.

5 THE WITNESS: PARDON?

6 THE COURT: WOULD YOU GIVE A YES OR A NO.  
7 WE ALL HAVE THAT HABIT OF SAYING UH-HUH.

8 THE WITNESS: OH, I'M SORRY.

9 THE COURT: IT DOESN'T MAKE A GOOD RECORD.

10 THE WITNESS: OKAY.

11 BY MR. TEAGUE:

12 Q. WHAT ELSE DID SHE DO? DID YOU OBSERVE HER  
13 DOING THE PAPER CUTTING?

14 A. YES.

15 Q. DO YOU HAVE TO DO THAT TOO?

16 A. YES.

17 Q. AND LIFTING OF MAILBOXES?

18 A. YES.

19 Q. IN OTHER WORDS MAIL?

20 A. YES.

21 Q. Y'ALL DID THAT?

22 A. YES.

23 Q. AND SHE DID THAT? WHAT KIND OF WEIGHT  
24 WERE THESE -- WOULD YOU HAVE TO LIFT DURING THE DAY  
25 AT THAT TIME? WHAT WOULD BE THE MAXIMUM YOU WOULD

1 HAVE TO LIFT?

2 A. PROBABLY THE 25 POUNDS, SOMETHING LIKE  
3 THAT.

4 Q. AND WAS THAT FREQUENTLY?

5 A. YES. YES.

6 Q. EVERY DAY?

7 A. YES.

8 Q. DID YOU NOTICE DID SHE COMPLAIN TO YOU AT  
9 ALL ABOUT HER PAIN OF ANY KIND?

10 A. YES, SHE DID.

11 Q. AND WHEN DID THAT START? DO YOU REMEMBER?

12 A. NO, I DON'T. I DON'T REMEMBER OFFHAND.

13 Q. AND HOW DID SHE EXPRESS HERSELF OR WHAT  
14 DID YOU OBSERVE?

15 A. SHE JUST -- SHE HAD MENTIONED THAT HER  
16 BACK WAS HURTING HER. AND YOU COULD TELL FROM HER  
17 FACE AND SOME OF HER MOVEMENTS. SHE WOULD LIMPING AS  
18 WE'D GO DOWN THE HALLWAY TO THE CLASSROOMS AND...

19 Q. AND WAS THERE ANY TIME WHEN THIS WAS A  
20 GREATER PROBLEM THAN OTHER TIMES DURING THE DAY OR  
21 DURING THE --

22 A. NO.

23 Q. -- WEEK?

24 A. NO. NO. IT WAS CONSTANT. IT WAS  
25 CONSTANT.

1 Q. AND YOU SAY YOU HAD WORKED WITH HER FOR 13  
2 YEARS?

3 A. YES.

4 Q. AND UP TO THAT TIME -- UP TO THE TIME WHEN  
5 SHE FIRST STARTED TALKING ABOUT PAIN OR YOU FIRST  
6 NOTICED HER HAVING PROBLEMS, HAD SHE COMPLAINED ABOUT  
7 BACK PROBLEMS OR ANY OTHER KIND --

8 A. NO.

9 Q. -- OF MEDICAL PROBLEMS?

10 A. NO.

11 Q. AFTER SHE STARTED TO COMPLAIN ABOUT THEM  
12 AND SO ON, HOW DID HER WORK HABITS CHANGE IF THEY  
13 CHANGED?

14 A. WELL, SHE STILL CONTINUED TO DO WHAT SHE  
15 COULD DO BECAUSE SHE ALWAYS WANTED TO CARRY HER LOAD.  
16 BUT I NOTICED THAT -- YOU KNOW, THE EXPRESSION ON HER  
17 FACE THE WAY SHE MOVED SHE WOULD DO -- SHE WOULD BE  
18 MORE CAUTIOUS IN SOME OF HER MOVEMENTS BECAUSE SHE  
19 KNEW WHAT WAS GOING TO HAPPEN, HOW SHE WAS GOING TO  
20 FEEL. BUT THAT'S -- YOU COULD JUST TELL SHE WAS IN  
21 PAIN.

22 Q. CAN YOU DESCRIBE THE TYPES OF PHYSICAL  
23 MOVEMENTS THAT SHE WOULD HAVE TO MAKE IN DOING THE  
24 LAMINATING AND THE PAPER CUTTING AND THE MAILBOXES  
25 AND SO ON?

1           A.       WELL, THE LAMINATOR FILM IS QUITE HEAVY  
2       AND IT'S QUITE CUMBERSOME TO INSTALL.   AND AT THE  
3       BEGINNING OF THE SCHOOL YEAR WHEN IT'S REALLY BUSY  
4       SHE WOULD PROBABLY HAVE TO CHANGE THOSE ROLLS WHICH  
5       WERE TWO AT A TIME PROBABLY THREE TIMES DURING THE  
6       COURSE OF THE DAY.   SHE DID A LOT OF STANDING THE  
7       FIRST PART OF THE YEAR BECAUSE THERE WAS JUST A LOT  
8       TO DO.   AND THE -- WE HAD A LOT OF BOOKLETS TO PUT  
9       TOGETHER.   WE HAD A LOT OF SHEETS THAT NEEDED TO BE  
10      COLLECTED AND PUT IN FOLDERS FOR THE CHILDREN TO TAKE  
11      HOME.   AND THAT WAS USUALLY DONE AT A TABLE LIKE  
12      THIS.   BECAUSE THERE WERE SEVERAL SHEETS AT THAT TIME  
13      THAT HAD TO BE PUT TOGETHER.   AND SO YOU WOULD WALK  
14      ALONG THE TABLE AND YOU'D BEND OVER.   AND THE TABLE  
15      WAS NEVER QUITE AT THE RIGHT ANGLE FOR YOUR BACK.  
16      AND SO THAT WAS -- THAT WAS SOMETHING THAT WAS VERY  
17      DIFFICULT FOR HER TO DO.   SHE WOULD DO THE XEROXING.  
18      SHE WOULD HELP WITH THAT.   THE BOXES THAT COME IN,  
19      THERE ARE FIVE REAMS.   THERE ARE TEN REAMS IN A BOX..  
20      AND SHE WOULD SOMETIMES HAVE TO MOVE THE WHOLE BOX TO  
21      A CERTAIN PLACE IN ORDER TO UNLOAD IT.   AND THAT'S  
22      HEAVY.   AND THE PAPER CUTTER, WE WOULD DO A LOT OF  
23      THAT SORT OF THING.   WE WOULD BE CUTTING PAPER,  
24      CONSTRUCTION PAPER FOR THE TEACHERS.   AND THAT WAS A  
25      CONSTANT, YOU KNOW, MOVEMENT.   STAPLING BOOKS

1 TOGETHER AT AN ANGLE. THAT WAS DIFFICULT, SO.

2 Q. WHAT DID SHE TELL YOU WHEN SHE DECIDED TO  
3 RETIRE, IF ANYTHING?

4 A. SHE SAID I CAN'T DO IT. I JUST CAN'T DO  
5 IT ANYMORE. SHE SAID IT HURTS. IT JUST HURTS TOO  
6 BAD. SHE WANTED TO CONTINUE BUT SHE COULDN'T.

7 MR. TEAGUE: THANK YOU, MS. STUMP.

8 MR. LAWHORNE: NO QUESTIONS.

9 THE COURT: IS THERE ANYTHING ELSE? IF  
10 NOT, THAT CONCLUDES THE HEARING.

11  
12 (WHEREUPON, THE HEARING WAS CONCLUDED AT 11:55 A.M.)  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

## CERTIFICATE OF REPORTER

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

I, SKYLET A. KEAN, COURT REPORTER AND NOTARY PUBLIC, FOR THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT THE TRANSCRIPT OF THE FOREGOING HEARING IS A STENOGRAPHIC REPORT AND WAS TRANSCRIBED THROUGH COMPUTER-AIDED TRANSCRIPTION; THAT THE FOREGOING TRANSCRIPT CONTAINS A TRUE RECORD OF THE PROCEEDINGS IN THE FOREGOING HEARING.

I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY NOR COUNSEL FOR, NOR RELATED TO NOR EMPLOYED BY ANY OF THE PARTIES CONNECTED TO THE ACTION, NOR AM I FINANCIALLY INTERESTED IN THE ACTION.

WITNESS MY HAND AT COLUMBIA, SOUTH CAROLINA,  
THIS 10TH DAY OF SEPTEMBER, 2007.



SKYLET A. KEAN

NOTARY PUBLIC FOR SOUTH CAROLINA  
MY COMM. EXPIRES JUNE 22, 2014

BURRISS, LINDA

87055

BEAVER/tec

10/09/2001

S: History of left hip pain. She had this a couple of months ago, last about four weeks, took some Motrin and it got better. Then in the last few days it has come back. She notes she did have a little swelling in her leg over the weekend, more at the end of the day but she was on her feet a good bit. She has not had any other major problems.

BURRISS, LINDA

87055

cont

O: EXTREMITIES: The hip shows good range of motion. There is a little tenderness over the trochanteric bursa. No other areas of tenderness in the leg. She is not tender in the calf. There is no edema. She does have some prominent varicosities. She asked about blood clots and I think the fact that there is no edema and that the pain seems to be more in the hip and she is tender over the trochanteric bursa, I think that is probably what the problem is.

A: Left hip pain and trochanteric bursitis.

P: Rx: Voltaren 75 and Norflex. Recheck if not improving.

BURRISS, LINDA

DOB: 07/23/43

02/20/02

PHYSICAL MEDICINE AND REHABILITATION  
ELECTRODIAGNOSTIC EVALUATION  
W. Daniel Westerkam, M.D.  
TECHNICIAN: BILL EWING

REASON FOR EVALUATION: Rule out radiculopathy.

HISTORY OF THE PRESENT ILLNESS: Mrs. Burriss is a very pleasant 58 year old woman who is complaining of low back pain, radiating into the left hip. She states that she was moving some furniture when she felt this pain. It has not resolved with conservative measures

PHYSICAL EXAM: Physical exam reveals tenderness over the left paraspinals and SI area. Sensation is intact in the left lower extremity. DTRs are 2+ and symmetric at the knees, ankles and hamstrings.

ELECTRODIAGNOSTIC EXAMINATION  
Nerve Conduction Study

| NERVE TESTED           | SEGMENT                     | Motor |                    |      | Sensory |                    |       |
|------------------------|-----------------------------|-------|--------------------|------|---------|--------------------|-------|
|                        |                             | ms    | AMPLITUDE<br>M/SEC | MV   | ms      | AMPLITUDE<br>M/SEC | UV MS |
| Left peroneal          | EDB to ankle                | 4.0   |                    | 6.6  |         |                    |       |
|                        | to fib head                 | 9.5   | 48.0               | 6.0  |         |                    |       |
| Left tibial            | AH to ankle                 | 3.2   |                    | 11.0 |         |                    |       |
| L superficial peroneal | ankle to shin               |       |                    |      | 2.9     | 6.5                |       |
| Left sural             | ankle to calf               |       |                    |      | 3.7     | 4.8                |       |
| Left F-wave            | AH to ankle                 | 50.20 |                    |      |         |                    |       |
| Left H-reflex          | calf to the popliteal fossa | 29.97 |                    |      |         |                    |       |
| Right H-reflex         | calf to the popliteal fossa | 29.52 |                    |      |         |                    |       |

SUMMARY: The left peroneal, tibial and sural nerve conduction studies are within normal limits for this lab. The right and left H-reflexes and the left F-wave are within normal limits for this lab as well.

BURRIS, LINDA  
PAGE TWO

### ELECTRONEUROMYGRAPHIC EXAMINATION

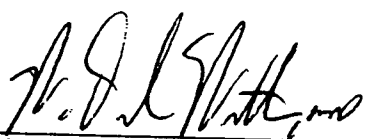
| Muscles                                                                                   | IA     | Normal | Rest |     |      |       | Minimal<br>Contraction<br>MUAP    | Maximum<br>Recruitment<br>Pattern |
|-------------------------------------------------------------------------------------------|--------|--------|------|-----|------|-------|-----------------------------------|-----------------------------------|
|                                                                                           |        |        | Fibs | SW+ | FASC | Other |                                   |                                   |
| LEFT<br>vastus medialis<br>anterior tibialis<br>gastrocnemius<br>extensor hallucis longus | normal | normal | 0    | 0   | 0    |       | Normal shape,<br>size & amplitude | FULL                              |

|                                   |        |        |   |   |   |  |
|-----------------------------------|--------|--------|---|---|---|--|
| LEFT PARASPINALS<br>L3-4<br>L5-S1 | normal | normal | 0 | 0 | 0 |  |
|-----------------------------------|--------|--------|---|---|---|--|

**SUMMARY:** Normal needle EMG of the above muscles tested.

**CONCLUSION:** This is a normal study. There is no electrodiagnostic evidence of lumbar radiculopathy, left lower extremity peripheral nerve entrapment, or peripheral neuropathy at this time. The patient's spondylolisthesis and pars defect at L5 are probably causing the pain and as of yet there is no evidence of nerve injury.

I would like to thank you for referral of this pleasant patient. If there are any questions regarding this examination, please do not hesitate to call.

  
W. Daniel Westerkam, M.D.

WDW/kph

PS covered  
w/ patient  
on 2/27/02

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7053

2/20/02 1:10:43 PM

# South Carolina Internal Medicine & Rehabilitation

7021 St. Andrews Rd.

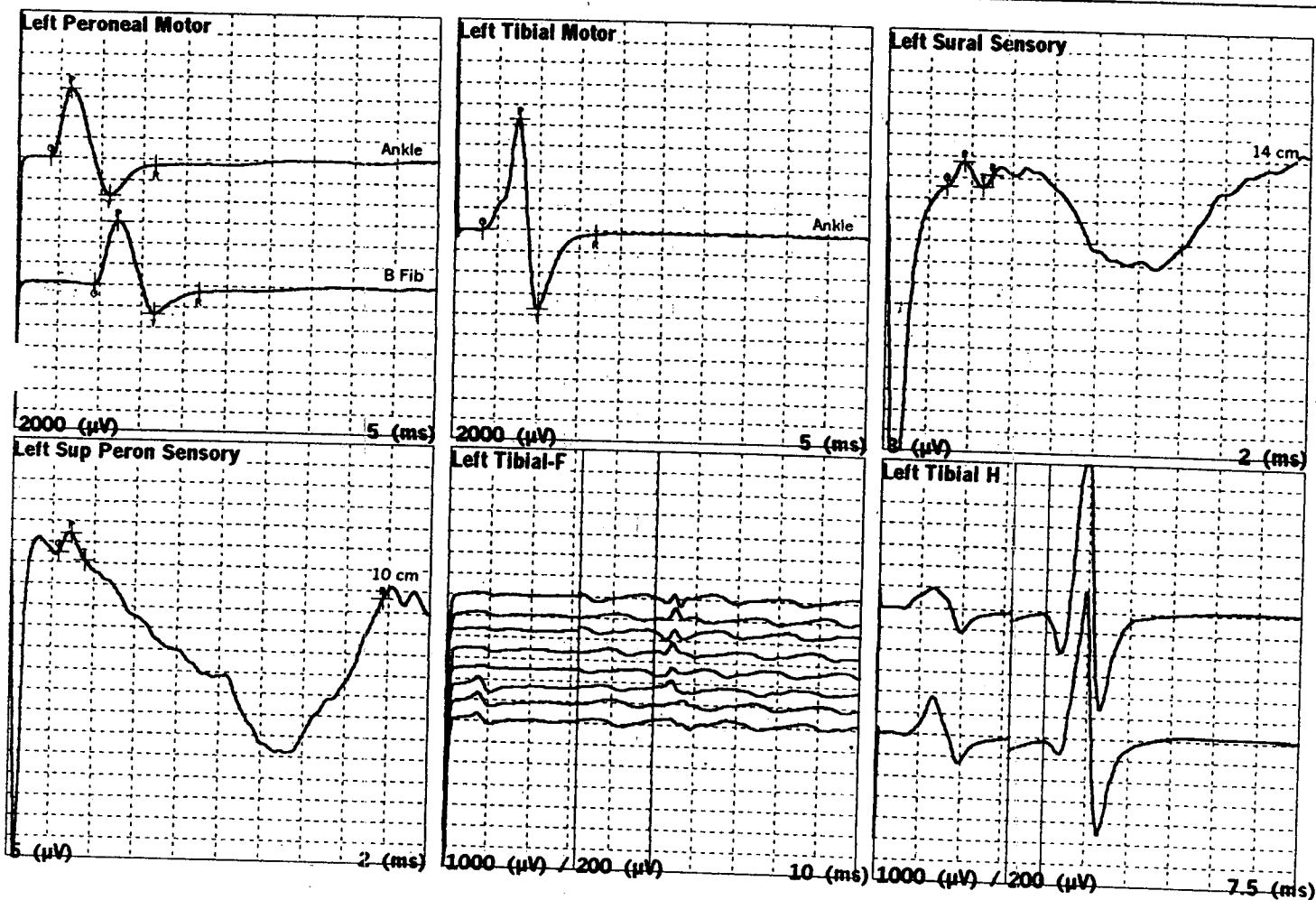
Columbia, SC 29212

Phone: (803) 749-1111 Fax: (803) 749-0050

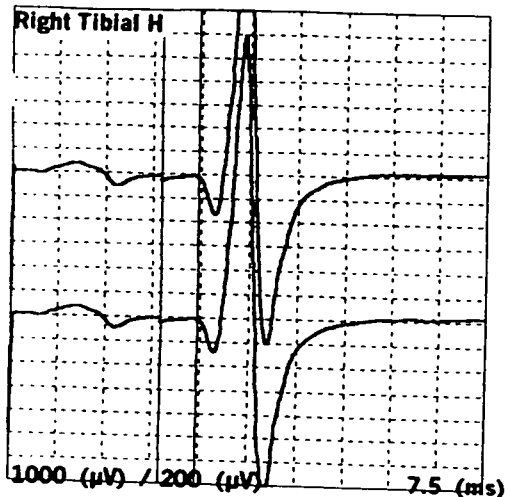
Patient: Burriss, Linda  
ID#: BURRISS\_LINDA\_02022  
Sex: Female

DOB: 7/23/43  
Height:  
Weight:

Physician: Dr. Westerkam  
Technician: Bill Ewing  
Ref Phys: Dr. Levinson



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## EMG

| Side | Muscle       | Nerve       | Root   | Ins Act | Fibs | Psw | Amp | Dur | Poly | Recrt | Int Pat | Comment |
|------|--------------|-------------|--------|---------|------|-----|-----|-----|------|-------|---------|---------|
| Left | MedGastroc   | Tibial      | S1-2   | Nml     | Nml  | Nml | Nml | Nml | 0    | Nml   | Nml     |         |
| Left | AntTibialis  | Dp Br Peron | L4-5   | Nml     | Nml  | Nml | Nml | Nml | 0    | Nml   | Nml     |         |
| Left | ExtHallLong  | Dp Br Peron | L5, S1 | Nml     | Nml  | Nml | Nml | Nml | 0    | Nml   | Nml     |         |
| Left | VastusMed    | Femoral     | L2-4   | Nml     | Nml  | Nml | Nml | Nml | 0    | Nml   | Nml     |         |
| Left | L5-S1 Parasp | Rami        | L5     | Nml     | Nml  | Nml | Nml | Nml | 0    | Nml   | Nml     |         |

## Motor Nerves

| Site                | NR | Onset (ms) | Norm Onset (ms) | O-P Amp (mV) | Norm Amp (mV) | Neg Dur (ms) | Segment Name | Delta-O (ms) | Dist (cm) | Vel (m/s) | Norm Vel (m/s) |
|---------------------|----|------------|-----------------|--------------|---------------|--------------|--------------|--------------|-----------|-----------|----------------|
| Left Peroneal (EDB) |    |            |                 |              |               |              |              |              |           |           |                |
| Ankle               |    | 3.98       | <6.0            | 6.65         | >4.4          | 5.31         | B Fib-Ankle  | 5.47         | 26        | 47.53     | >40.0          |
| B Fib               |    | 9.45       |                 | 6.02         | >4.1          | 5.70         |              |              |           |           |                |
| Left Tibial (AHB)   |    |            |                 |              |               |              |              |              |           |           |                |
| Ankle               |    | 3.20       | <6.0            | 10.66        | >8.0          | 5.70         |              |              |           |           |                |

## Sensory Nerves

| Site                          | NR | Peak (ms) | Norm Peak (ms) | P-T Amp (µV) | Norm Amp (µV) | Segment Name       | Delta-P (ms) | Dist (cm) | Vel (m/s) | Norm Vel (m/s) |
|-------------------------------|----|-----------|----------------|--------------|---------------|--------------------|--------------|-----------|-----------|----------------|
| Left Sural (Lat Mall)         |    |           |                |              |               |                    |              |           |           |                |
| 14 cm                         |    | 3.69      | <4.2           | 4.85         | >5.0          | 14 cm-Lat Mall     | 3.69         |           |           |                |
| Left Sup Peron (Ant Lat Mall) |    |           |                |              |               |                    |              |           |           |                |
| 10 cm                         |    | 2.94      | <4.0           | 6.45         | >4.0          | 10 cm-Ant Lat Mall | 2.94         |           |           |                |

## FWave/HReflex

| NR | Lat1 (ms) | Lat2 (ms) | Delta (ms) | Amp (µV) |
|----|-----------|-----------|------------|----------|
|----|-----------|-----------|------------|----------|

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Patient: Burmiss, Linda

Test Date: 2/20/02

p. 3

**Left Tibial-F (AHB)**

50.20 0.00 50.20

**Left Tibial H (Gastroc)**

29.97 0.00 29.97

**Right Tibial H (Gastroc)**

29.52 0.00 29.52

1.09



*Experience the open difference*

7055

PATIENT: Linda Burriess  
DATE OF BIRTH: 07/23/43  
REF PHYSICIAN: Dr. Ben Levinson  
DATE OF EXAM: 09/09/04  
PATIENT PH#: 781-1551

#### MRI OF THE LEFT SHOULDER

**CLINICAL DATA:** Left shoulder pain.

**TECHNIQUE:** The following sequences were obtained using a Toshiba 0.35 Tesla Magnet: Oblique coronal T1-WSE and STIR, oblique coronal and oblique sagittal T2-WSE, and axial first echo T2-WSE imaging of the left shoulder. No priors for comparison.

**FINDINGS:** There is faint increased signal intensity at the insertion of the supraspinatus tendon without extension to the articular bursal surface. There is no retraction or atrophy. The Infraspinatus, subscapularis and teres minor tendons are intact.

The long head of the biceps tendon, biceps-labral anchor and glenoid labrum are normal. There are mild AC joint degenerative changes with a small amount of subacromial/subdeltoid bursal fluid.

There is no soft tissue mass or cyst within the spinoglenoid notch, scapular notch or quadrilateral space.

#### IMPRESSION:

1. Mild tendinopathy/tendinitis involving the supraspinatus insertion without discrete tear.
2. Mild AC joint degenerative change with very mild subacromial/subdeltoid bursitis. Correlate clinically for impingement as there is slight lateral downsloping of the acromion.

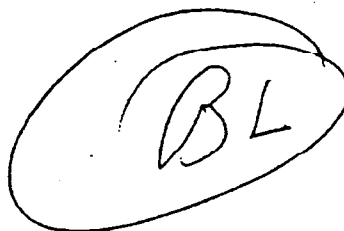
*Paul M. Altchison MD*

Paul Altchison, MD  
Radiologist

PA/bjl

*Carl F. Lee*

*W. W. King*



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September 19, 2002

Ben Levinson, M.D.  
Faxed

Re: Linda Burriss  
#47525

Dear Ben:

Thank you for asking me to see Linda Burriss for evaluation and management of her low back pain and lumbar spondylolisthesis.

As you know, Ms. Burriss is a 59-year-old teacher's assistant who presents with a chief complaint of low back pain. This began approximately one year ago. There is no history of any major trauma to the spine. The pain has involved the left inguinal region, left thigh, and lower leg, especially the lateral calf. Her leg pain is actually worse than her back pain. She improved with physical therapy and some injections earlier this year, and took some time off from school during the summer. However, when she resumed her school work last August, she began developing the same symptoms. With more physical therapy and chiropractic treatment, she is once again improving.

Her back pain is aggravated by changing position, and it wakes her up at night. Her walking is limited by her back and leg pain. She denies any leg weakness, or any problems with bowel or bladder function. She states that an EMG performed in your office was normal.

Her past medical history is positive for skin cancer. Her past surgical history is negative. Her current medications are Bextra, Lasix, Triest and vitamins. She has no known drug allergies. She does not smoke, nor does she use alcohol. She is here with her husband. She works as a teacher's assistant. Family history and review of systems were reviewed and signed today and are on the office chart.

Physical examination shows a well-developed, well-nourished woman in no acute distress. I cannot appreciate any motor, sensory, or reflex deficits in the lower extremities. Straight leg raising test is negative. Patrick's maneuver is also negative. The lumbosacral region shows some mild tenderness to palpation, but there are no masses, nor is there any muscle spasm. When standing on the left leg, she can easily dorsiflex and plantarflex. Her gait is within normal limits.

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.  
Page 2

Re: Linda Burriss

September 19, 2002

Radiographic studies consist of a lumbar MRI performed at Lexington Open on 2/15/02. This shows Grade II listhesis at L5-S1, with significant disc space narrowing, and there is also foraminal compromise due to the listhesis. This foraminal compromise entraps the exiting L5 nerve roots.

Impression: Lumbar instability at L5-S1, with both mechanical back pain, and L5 radicular symptoms. It sounds as though this condition has been slowly progressing over the last year, although currently her symptoms are improved with conservative management. I think she may end up needing surgery, however.

Plans:

1. She will continue the therapy and chiropractic treatment.
2. She may work, but she should not lift over ten pounds.
3. Return visit here in one month.

I appreciate being asked to see Ms. Burriss. Please give me a call if there are any questions.

Sincerely yours,



William M. Rambo, Jr., M.D., FACS

WMRJr/meh

Burriss, Linda

7055

Levinson

02/04/02

S: She comes in. She has had a three month history of intermittent left leg pain. She got better with Ibuprofen and muscle relaxers for a while. She said that the pain radiates down the left side of her hip.

PAST MEDICAL HISTORY: Bone spurs in her neck, treated with therapy about three years ago. She has had a D&C. She is G2, P2, A0.

ALLERGIES: Negative.

CURRENT MEDICATIONS: Aspirin at home and Ibuprofen p.r.n. but really has not taken either of late.

SOCIAL HISTORY: She is a teaching assistant at Corley Elementary. She does not smoke or drink.

O: Blood pressure 120/80. Chest clear. Cardiovascular: regular rate and rhythm without murmurs, gallops or rubs. Back exam: she is minimally tender to palpation in the left side. She has positive straight leg raise. Her hip seems to have full manipulation. She has a little bit of trouble with side to side motion and touching her toes.

A/P: Low back pain, probably due to sciatica. I placed her on Celebrex 200 mg q. b.i.d. and p.r.n. Darvocet. I want to get her in our rehab program in the next week or so. I will see her back in three weeks or so and see how she has responded.

Benjamin J. Levinson, M.D.

BJL/kph

(pl)

3-1-02 pt call - States Celebrex is causing stomach problem  
Request going back on motrin - no per bc called in.  
Rx for Bextra 10mg #15  $\frac{1}{2}$  qd su

Burriss, Linda

7055

Levinson

02/11/02

INITIAL EVALUATION: The patient enters today. She was seen by Dr. Levinson who has referred her over. Apparently she was seen by another physician recently who told her that he thought she might have some sciatic-type symptoms. Apparently some X-rays were exposed into, she explains, into her thigh area where she was having some radiating burning-type pain.

BASELINE OBJECTIVE: Apparently the radiating burning pain is going down the posterior aspect of the hamstring group as well and she does have quite a bit of low back pain and stiffness. She did exhibit a positive Bechterew's on the left as well as a positive Lasegue's test on the left. There was limited range of motion on left and right lateral flexion and left and right rotation. She has also been moved to a new patio home and the pain in her lower back has intensified since then.

A: Today, we will perform attended electrical stimulation for her lower back and into her hip on the left side and ultrasound on the left side and intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for fifteen minutes. Additionally, we will be performing some X-rays on her for evaluation including AP and lateral views and also some hip views. If they are negative for fracture, dislocation, or any further pathologies, we will continue with the therapies. Also we are going to set her up for a nerve conduction velocity study. This pain has been going on for a period of months now down into her left leg and she is also getting some numbness into the posterior hamstring group as well on an intermittent-type basis. We will follow Ms. Burriss back in one day and reassess her condition accordingly.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

62

RL



# SOUTH CAROLINA INTERNAL MEDICINE ASSOCIATES AND REHABILITATION, L.L.C.

Internal Medicine

Surb S. Guram, M.D.  
Benjamin J. Levinson, M.D.  
Brian Harbison, P.A.

Dr. Rick Sanford, D.C.  
Director of Physical  
Rehabilitation

## EVALUATION

## RE-EVALUATION

NAME Linda Burris CHART # 7055 DATE 2-11-02

### REASON FOR REHABILITATION:

☒ Lumbar Pain ☐ Cervical Pain ☐ Thoracic Pain  
☒ Hip Pain ☐ Headaches ☐ Elbow Pain  
☐ Knee Pain ☐ Shoulder Pain ☐ Wrist Pain  
☐ Foot Pain ☐ Other Rehabilitating @ an. ll  
Ant. & Post. Thigh

### MEASURABLE BASELINE:

Cervical ROM  
Flexion \_\_\_\_\_  
Extension \_\_\_\_\_  
R Lateral \_\_\_\_\_  
L Lateral \_\_\_\_\_  
R Rotation \_\_\_\_\_  
L Rotation \_\_\_\_\_

Lumbar ROM  
Flexion 70°  
Extension 35°  
R Lateral 20°  
L Lateral 20°  
Straight Leg Raiser NPRL  
Fabre-Patrick NPRL

Maximum Cerv Comp NP  
Cervical Distraction NP  
Shoulder Depressor NPRL  
Spurling's Test NPRL  
Kemp's Test NPRL  
NPRL  
NPRL  
NPRL

### REHAB POTENTIAL:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Guarded \_\_\_\_\_ Poor \_\_\_\_\_

TREATMENT PLAN: 3 XWk 2 Wks 2 XWk 4 Wks \_\_\_\_\_ XWk \_\_\_\_\_ Wks

Attended EMS- 2 Hrs Area & L Area Attended US- L Area L Area

Therapeutic Exercise- 1 Units L Area \_\_\_\_\_ Area IST-Full Spine

Trigger Point Injections-20mg Methylprednisolone/1cc 2%xylocaine

RE-EVALUATION: 30 Days

45 Days

60 Days

Dr. F... M.D.  
2/18/02  
DATE

Dr. S. Guram M.D.  
2-11-02  
DATE

Burriss, Linda

7055

Levinson 2/12/02

S: The patient enters today with some moderate pain in her lower back due to a lumbar disc type syndrome and also some pain into her hips bilaterally with myofascitis present.

O: The patient does have some limitations of movement today on lumbar extension, left and right lateral flexion and left rotation. There is also a positive Bekhtereu's test present today on the left and the right. Also, there is a positive leg lowering test today as well. There is pain over L4-5 and over the gluteus medius and quadratus lumborum muscle groups.

A: The patient is having some moderate pain and stiffness into the low back and hips. I've given the patient some at home exercises and therapies to perform in the interim as well.

Benjamin J. Levinson, M.D.

BJL/RS/kph

Rick Sanford, D.C.

Burris, Linda

7055 Levinson

02/15/02

S: The patient presents today with low back pain, radiating into the left hip.

O: The patient has restricted motion today in lumbosacral flexion and extension, right lateral flexion. The patient has pain on palpation in the quadratus lumborum and piriformis muscles on the left as well as in the tensor fasciae latae. The patient also has some restriction in hip flexion and extension.

A: The patient continues to have low back pain, radiating into the left hip. We will follow-up with the patient here next week. Treatment in rehab today did include two units of attended electrical stimulation, one each on the lumbar spine and the right hip; one unit of attended ultrasound on the lumbar spine; one 10-minute session of intersegmental motorized traction to increase spinal mobility, and one session of therapeutic exercises, lasting for 15 minutes, focusing on lumbar strengthening and conditioning.

We have given the patient some at-home stretching exercises to do and we will follow back up with her next week.

Benjamin J. Levinson, M.D.

Tracy Young, D.C.

BJL/TY/kph

S: The patient enters today with some low back pain and stiffness in the lumbar spine. Also, some hip pain on the left.

O: The patient does have some limitations of movement today on lumbar extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. There is pain at L4-5 and over the gluteus medius and quadratus lumborum muscle group today. There is some tenderness noted today at L4-5 and L5-S1. The patient also exhibits a positive Hibbs' test on the left.

A: The patient is having some sharp pain in the hip and lower back. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment. She will be having a nerve conduction velocity study. Her MRI showed spondylolisthesis at L5-S1.

Benjamin J. Levinson, M.D.

BJL/RS/kph

(6)

Rick Sanford, D.C.

RS

Burriss, Linda

7055

Levinson

02/20/02

S: The patient enters today with some moderate pain in her lower back and also has some pain into her hip joint on her left side.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left and also a positive Lasegue's test is present on the left. There is some left leg pain radiating down into her buttocks on the left and also on the right side into the buttocks, there is some pain. There is tenderness in the gluteus medius and quadratus lumborum muscle groups.

A: Although the patient is still somewhat symptomatic, she does appear to be doing better. I'm going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine and intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes.

Benjamin Levinson, M.D.

Rick Sanford, D.C.

RS/kph

LC

Ⓢ

Burris, Linda

7055

Levinson

02/22/02

S: The patient enters today with some low back pain and stiffness and also having some hip pain on the left.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left and pain at L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups. Tenderness is noted over the erector spinae muscle group as well.

A: Overall, I think the patient is showing some improvement. She still does have some pain and stiffness at L5 and we will continue to watch her as she goes through rehab. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine and intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(P)

sl

Burriss, Linda

7055

Levinson

02/25/02

S: The patient enters today with some low back pain and stiffness and also having some pain and stiffness into her left hip.

O: The patient does have limitations of movement today on lumbar extension, left and right lateral flexion and lumbar flexion. There is a positive Bechterew's test on both the left and the right. There is pain at L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups. Also, a positive Hibb test is noted today on the left side as well.

A: Ms. Burriss is still having some sharp pain in her lower back. I'm going to give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. We did treat her today with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph



Burriss, Linda

7055

Levinson

02/27/02

S: The patient enters today with low back pain and also having some left hip pain.

O: The patient does have limitations of movement today on lumbar extension, left and right lateral flexion and left rotation. There is a positive Hibb test on the left. There is pain at L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups. There is some pain over the erector spinae muscle group as well with some tenderness at the L5-S1 disk interspace.

A: The patient still is reporting some pain into her right hip area, but overall appears to be doing better. I will give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine and intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes.

Benjamin Levinson M.D.

Rick Sanford, D.C.

RS/kph

Q

rs

Burris, Linda

7055

Levinson

3/5/02

S: The patient enters today with some moderate pain into her lower back and left hip with radiating pain down her left leg.

O: The patient does have some limitations of movement today on lumbar extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. Also, there is a positive leg lowering test today as well. There is a positive Lasegue's test. There is pain over L4-5 and gluteus medius and quadratus lumborum muscle groups today.

A: Due to the myofascitis that is present today, the patient will have two trigger point injections. Each trigger point injection on the patient today will consist of 20 mg of Depo-Medrol. These will be performed by Brian Harbison, P.A. on staff here, under the guidance of Dr. Levinson. Treatment today on the patient did include some attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(2)

RS

Burriss, Linda

7055

Levinson

03/06/02

S: The patient enters today with some pain and stiffness in her lower back and also having some radiating pain down into her left leg.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive leg lowering test along with a positive Lasegue's test on the left. There is pain over L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups. Tenderness is noted at the L4 and L5 vertebral segments and also some tenderness is noted at the paraspinal spinal muscles specifically on the left.

A: Ms. Burriss is making some strides of improvement at this time, but does have some persistent pain. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. We did treat her with the following therapies to include attended electrical stimulation for the hip and lower back area and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes. We will follow her up here in a few days and will denote her progress at that time.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

⑥

1/1

Burriss, Linda

7055

Levinson

03/08/02

S: Ms. Burriss enters today with low back pain and also having some left hip pain and also some right hip pain is present as well.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive leg lowering test along with a positive bilateral straight leg raiser. There is tenderness over the gluteus medius and quadratus lumborum muscle groups.

A: The patient is doing better overall. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. I am pleased to report that her response to care lately has been much better. We did treat her with attended electrical stimulation for her hips on both the left and the right and the lumbar spine and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes.

Benjamin Levinson M.D.

RS/kph

(10)

Rick Sanford, D.C.

R1

Burriss, Linda

7055

Levinson

03/11/02

S: The patient enters today with some lower back pain and also having some left hip pain.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left and also the patient does exhibit a positive leg lowering test for the lumbar spine. There is some pain around L4 and L5.

A: The patient continues to exhibit some low back pain, but does feel better. She does have some pain in association with a disk-related problem and also spondylolisthesis. We were able to give her some at home therapies and exercises to perform and I'll urge her to continue to do those, but I do think she is showing some mild improvement at this time. I did treat her today with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(B)

RJ

S: The patient enters today still having some pain in her lower back with some mild radiating pain down her left leg and also pain into her left hip is present.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left. There is pain over L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups.

A: The patient still is exhibiting a positive Lasegue's test, but overall is doing better. I'll give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. Overall, she's doing better, but I do think it's important that we see her before the weekend in order to help her continue to improve. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine and intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(B2)

(B2)

Burriss, Linda

7055

Levinson

03/15/02

S: The patient enters today with some pain in her lower back and also her left hip.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left. There is pain over the left iliac crest and pain at L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups.

A: The patient has some pain and stiffness in the hip and lower back, but overall she is showing some strides of improvement. I'm going to give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. We did treat her with the following therapies to include attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(BJ)

RS

Burriss, Linda

7055

Levinson

03/18/02

S: The patient enters today with some low back pain and also having some left hip pain. Mild radiating pain is still present down the left \_\_\_\_\_ today.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test as well as a positive Lasegue's test on the left. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. There is pain over L4 and L5 at the erector spinae muscle group on the left as well. The patient does still exhibit a positive Lasegue's test on the left also. The patient also has a positive Fabere Patrick's test on the left with pinpoint pain over the left iliac crest.

A: The patient overall is doing better. She still has some radicular-type pain that we are continuing to watch, but at this point appears to be doing better. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days. I am still concerned about the radicular pain she is still exhibiting, but that too has decreased in intensity and duration at this time. We will continue to watch it however.

We did treat her with the following therapies to include attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph



Burriss, Linda

7055

Levinson

03/20/02

S: The patient enters today having some hip pain on the left and also some radiating pain down into her left leg with low back pain and stiffness.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive leg lowering test along with a positive bilateral straight leg raiser. There is tenderness at L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups. There is also pain over the iliopsoas muscle group with a positive Fabere Patrick's test on the left side.

A: The patient feels like she may have flexion and contraction under the hip joint along with some radiating pain in her leg and low back. We will give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. We did treat her today with attended electrical stimulation for her hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building. We will have her back in a couple of days and check her at that time.

Benjamin J. Levinson, M.D.

BL  
BJL/RS/kph

Rick Sanford, D.C.

RS

Burriss, Linda

7055

Levinson

03/22/02

S: The patient enters today with some left hip pain and lower back pain and having some mild radiating pain down her leg as well.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive leg lowering test, a positive Hibb test on the left and there is pain over the left iliac crest. There is tenderness in the gluteus medius and quadratus lumborum muscle groups. Also, a positive Lasegue's test is present with some radiating pain down her left leg.

A: Overall, the patient is making strides of improvement, but does have some persistent pain. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. I think she is showing some mild improvement at this point, but does have some persistent pain so we will continue to watch her as she goes through rehab. We did treat her today with the following therapies to include attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building.

Benjamin Levinson

RS/kph BL

Rick Sanford, D.C.

RP

EVALUATION

RE-EVALUATION

NAME Linda Buriss

CHART # 7055

DATE 3-22-02

REASON FOR REHABILITATION:

☒ Lumbar Pain

☐ Cervical Pain

☐ Thoracic Pain

☒ Hip Pain

☐ Headaches

☐ Elbow Pain

☐ Knee Pain

☐ Shoulder Pain

☐ Wrist Pain

☐ Foot Pain

☐ Other \_\_\_\_\_

MEASURABLE BASELINE:

Cervical ROM

Flexion \_\_\_\_\_

Extension \_\_\_\_\_

R Lateral \_\_\_\_\_

L Lateral \_\_\_\_\_

R Rotation \_\_\_\_\_

L Rotation \_\_\_\_\_

Lumbar ROM

Flexion 75°

Extension 30°

R Lateral 20°

L Lateral 20°

Straight Leg Raiser NPRL

Fabre-Patrick NPRL

Maximum Cerv Comp NP

Cervical Distraction NP

Shoulder Depressor NPRL

Spurling's Test NPRL

Kemp's Test NPRL

\_\_\_\_\_ NPRL

\_\_\_\_\_ NPRL

REHAB POTENTIAL:

Excellent

Good

Fair

Guarded

Poor

TREATMENT PLAN: 2 X/Wk 4 Wks \_\_\_\_\_ X/Wk \_\_\_\_\_ Wks \_\_\_\_\_ X/Wk \_\_\_\_\_ Wks

Attended EMS- 2 Area Hip & L Area

Attended US- 1 Area L Area

Therapeutic Exercise- 1 Units L Area \_\_\_\_\_ Area

IST-Full Spine

Trigger Point Injections-20mg Methylprednisolone/1cc 2%xylocaine

RE-EVALUATION: 30 Days

45 Days

60 Days

REHAB RECOMMENDATIONS: Patient still has some residual  
pain with a flexion contracture of the Lx Hip  
Recommend that she stay on 2x/wk rehab  
for 4-5 wks.  
DR-EXAM

MEDICAL RECOMMENDATIONS: \_\_\_\_\_

M.D.

R. S. Ford D.C.

DATE

3-22-02

DATE

Burriss, Linda

7055

Levinson

03/25/02

S: The patient enters today having some moderate pain and stiffness into the hip and lower back area and also some pain is noted in the anterior hip area as well along the anterior thigh and along the iliopsoas muscle group.

O: There is some pain over the greater trochanter on the left side with some tenderness at the L4 and L5 vertebral segments of the lumbar spine. There is also pain at the L5-S1 disk interspace of the lumbar spine as well.

A: The patient appears to have a lot of myofascitis along the anterior hip today. Due to the myofascitis that is present today, Dr. Levinson is recommending that the patient have two trigger point injections. Each trigger point injection consists of 20 mg of Depo-Medrol to be given by Brian Harbison, a physician assistant on staff, under Dr. Levinson's guidance. Additionally, the patient did have the following therapies to include attended electrical stimulation for her hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes. We are aware that the patient has spondylolisthesis as well and we will continue to watch that as she goes through the rehab program. She will follow up in a few days for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(2)

N

S: She comes in today for rehab reevaluation. She states that she is having a lot of improvement in her symptoms. She states that the Bextra 10 mg did help, but she is out of that. She went back to the Ibuprofen and was asking questions about whether that was any worse for her stomach than the Bextra.

O: Weight: 155.

Vital signs are stable. Lungs are clear. Heart is with regular rate and rhythm. She is non-tender to palpation in her low back area. She does have some subjective tenderness in the low back during range of motion and has some pain going down the left leg.

A/P:

1. Back pain. I am going to give her samples of Bextra 20 mg to take daily and she will let me know if she has any further problems.

Benjamin J. Levinson, M.D.

Brian Harbison, PA

BJL/BH/kst

(B)

BH

Burriss, Linda

7055

Levinson

03/28/02

S: The patient enters today with some left hip and lower back pain.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibbs test on the left. The patient has some pain in the iliopsoas as well as in the pectineus muscle group upon palpation. She is also experiencing some pain in her lower back due to a spondyloschisis. There is tenderness at L4-5 and the L5-S1 disk interspaces.

A: I do think the patient is showing some strides of improvement at this point even though she does have some persistent back pain. I think she is getting better. We are going to bring her back in next week for therapy. I've encouraged her to do her at home exercises in the interim. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes. We will follow her up here in a few days and reassess her condition accordingly.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

②

N

S: The patient presents today with low back pain radiating into the right hip.

O: The patient has restricted motion today in lumbosacral flexion, extension, and right and left lateral flexion. The patient has point tenderness along the right sacroiliac joint, as well as the quadratus lumborum muscle groups bilaterally. The patient also has restricted joint motion at L5, L1, and right sacroiliac joint.

A: The patient is continuing to have low back pain radiating into the right hip, but overall is showing considerable improvement. We will follow up with the patient here in approximately two days. We did treat today with two units of attended electrical stimulation, one on the lumbar spine and one on the right hip; one unit of attended ultrasound on the lumbar spine; one unit of intersegmental motorized traction, and one unit of therapeutic exercise lasting 15 minutes, focusing on increasing range of motion, and strengthening and condition on the lumbar spine.

Benjamin J. Levinson, M.D.

Tracy Young, D.C.

BJL/TY/kph

(2)

by

Burriss, Linda

7055

Levinson 04/03/02

S: The patient presents today with low back pain radiating into the hip.

O: The patient has restricted motion today in lumbosacral flexion and extension as well as right and left lateral flexion. The patient has pain on palpation on the quadratus lumborum and piriformis muscles bilaterally as well as restricted joint motion in the right and left sacroiliac joint at L5 and L1.

A: The patient is continuing to have some intermittent type lumbar and hip pain, but overall is showing considerable improvement. We will follow up with the patient here next week. We did treat today with two units of attended electrical stimulation, one on the lumbar spine and one on the hips; one unit of attended ultrasound on the lumbar spine; one unit of intersegmental motorized traction; as well as one unit of therapeutic exercise, lasting 15 minutes, focusing on lumbar strengthening and conditioning.

Benjamin J. Levinson, M.D.

Tracy Young, D.C.

BJL/TY/kph

(BJL)

TY

Burris, Linda

7055

Levinson

04/08/02

S: The patient enters today with some pain in her lower back and left hip area.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test along with a positive Bechterew's test. There is pain over L4 and L5. The patient also exhibits a positive Lasegue's test on the left.

A: The patient is having some pain and stiffness down her leg with associated radiculopathy, but appears to be somewhat under control. I am aware that the spondylolisthesis could be causing some of this with associated nerve pressure, but she is having some persistent pain at this time. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the hip and the lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes. We will follow her up here in a few days for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(w)

rl

Burriss, Linda

7055

Levinson

04/10/02

S: The patient enters today with some pain and stiffness in the lower back particularly at L4 and L5 upon palpation.

O: She also has some pain denoted into the left hip. She did exhibit a positive Fabere Patrick's test as well. There was some tenderness in the gluteus medius muscle group on the left and also in the iliopsoas muscle group. Some marked pain was noted particularly upon palpation at L4 and L5 and some pain is noted over the sacroiliac joint on the left. The patient did exhibit a positive bilateral straight leg raiser as well.

A: The patient does have some tenderness and pain denoted over her hip and her lower back does have a spondylolisthesis present so we will continue to monitor her in regards to the pain that she is experiencing, but also in regards to the pain that she is having at in and around the hip joint particularly that is causing her some iliopsoas muscle pain. We will continue to watch this in regards to recovery. We did treat her today with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes. Ms. Burriss will follow up here in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(b)

RL

S: The patient enters today still experiencing some pain into her left hip and also some lower back pain with some intermittent radiculopathy down into her buttocks bilaterally.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test along with a positive bilateral straight leg raiser. There is pain at L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups. The patient does exhibit a positive Bechterew's test also on the left.

A: The patient does have some pain and stiffness today in the lower back and into the left hip. Also, she continues to exhibit some radiculopathy that we are still concerned about. We're going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the hip and the lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strength building for fifteen minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(BL)

(RS)

S: The patient enters today experiencing some pain in her left hip and lower back and some radiating pain down her left leg.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Lasegue's test on the left. There is tenderness at L4 and L5. She did exhibit a positive Fabere Patrick's test as well.

A: The patient continues to have some back pain. I think it is part with the spondyloschisis, but she does appear to be making some strides of improvement. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. I did treat her with attended electrical stimulation for her hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for fifteen minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

S: The patient enters today with some pain and stiffness in the lower back area and also pain in the left hip and also having some radiating pain in her left leg.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left with pain over L4 and L5 and in the gluteus medius and quadratus lumborum muscle groups.

A: The patient is still experiencing some pain in the hip and lower back area. I'm going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening. We will continue to watch her in regards to the radicular pain she is experiencing. It does appear to be easing off somewhat.

Benjamin J. Levinson, M.D.

BJL/RS/kph

Rick Sanford, D.C.

S: The patient enters today having some pain and stiffness in the lower back and also having some radiating pain into the left hip area and down into her left leg.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test and also a positive Lasegue's test is present. There is pain over L4 and L5 and at the L5-S1 disk interspace.

A: The patient has quite a bit of myofascitis into the hip of which she did have a positive Fabere Patrick's test for and also into the lower back area. Due to the myofascitis that is present, I am going to perform two trigger point injections. Dr. Levinson has suggested we do that. Each trigger point injection consists of 20 mg of Depo-Medrol to be given by Brian Harbison, a physician assistant on staff, under Dr. Levinson's guidance. One is given in the hip and one in the lower back area. Additionally, we did treat her in rehab today with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for fifteen minutes. We will have her follow up here in a few days for care at which time we will reassess her condition.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

RJ

S: The patient enters today with some pain in her lower back and also into her left hip and also some radiating pain down into her lumbar spine and down her leg.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive leg lowering test along with a positive bilateral straight leg raiser. There is also a positive Lasegue's test present on the left. There is tenderness in the gluteus medius, iliopsoas and quadratus lumborum muscle groups. The patient did exhibit a positive Fabere Patrick's test.

A: The patient is having some sharp pain and stiffness in the hip and lower back area and also some radiating pain. I'll give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine and intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening. We will follow her up here in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

152

61

Burriss, Linda

7055

Levinson

04/29/02

S: Ms. Burriss enters today with some low back pain and also having some pain into her left hip.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left. There is pain over L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups. The patient did exhibit a positive Lasegue's test on the left with tenderness at L4 and L5 upon palpation.

A: The patient is continuing to exhibit some pain in her lower back. Part of this is due to a spondyloschisis and also due to some associated lower back pain and leg pain on an intermittent basis with pain on the left. I will give her some exercises and therapies to perform and we will follow her up here in a few days. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and also one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for fifteen minutes. She will follow up in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

S: The patient enters today with some lower back and left hip pain and also having some radiating pain down her left leg.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. The patient also does exhibit a positive Lasegue's test.

A: The patient does have complications in her hip and lower back with some radiculopathy and also spondyloschisis causing some of it, but I think she is controlled now. I do think the patient is a good 65% better than she was upon initial entrance to the office. I think that she has got a ways to go still, but at this point appears to be making strides of improvement. I did treat her today with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for fifteen minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

Ⓢ

Ⓢ

S: The patient enters today with some left hip pain and also some lower back pain and stiffness with radiating pain down into the left leg extending from the left buttocks going posteriorly down the leg and terminating at the popliteal fossa.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and right lateral flexion and left rotation. There is a positive Lasegue's test present as well as a positive Bragard's test. The patient also has some pain in the hip particularly a positive Fabere Patrick's test is denoted. There is pain particularly in the iliopsoas muscle group with pain on flexion and extension of the hip.

A: The patient continues to exhibit some pain and stiffness in the hip and lower back areas. I'm going to give her some at home therapies and exercises to perform and we will follow her up here in a few days and denote her progress at that time. I am concerned about the pain that she is experiencing at this time, but she appears to be making some strides of improvement. We did treat her today with attended electrical stimulation for her hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for fifteen minutes. She will follow up here in a few days for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph. (3)

(R)

S: The patient enters today having some pain and stiffness in her lower back with some mild radiating pain in her lumbar spine extending down her left leg with some left hip pain.

O: The patient does have limitations of movement today on flexion and extension of the hip. There is pain in the iliopsoas muscle group today. There is pain at L4 and L5 and at the L5-S1 disk interspace. The patient did exhibit a positive Bechterew's test and a positive Lasegue's test on the left.

A: I am going to give the patient some at home therapies and exercises to perform. We are going to reduce her treatment back to once per week and see how she fares over the next month. Barring injury or exacerbation, we will keep her on that schedule. We did treat her today with the following therapies to include attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(B)

RS

S: The patient enters today with some left hip and lower back pain and also having some very mild radiating pain down the anterior thigh on the left.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups.

A: The patient does have some tenderness into the lower back and also some radiculopathy but it is very mild today. I am going to ask her to do some flexibility work and we will try to treat her on a once per week basis as long as she can hold out with that. I do think she is doing better over all. I will give her some at home therapies and exercises to perform and we will follow her up here in a few days. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for fifteen minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(B)

Rd

S: The patient enters today having some lower back pain and also having some pain associated into the left hip joint.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left and also a positive Lasegue's test is present with some very mild radiating pain down the posterior aspect of the left leg. There is some tenderness over the L5-S1 disk interspace as well with some tenderness upon palpation at L4 and L5.

A: The patient has some lower back pain affiliated with a disk problem in her lower back and also spondyloschisis and she is having some associated hip pain as well particularly on the left side where there was some tenderness in and around the iliopsoas muscle group. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. I did treat her today with the following therapies to include attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for fifteen minutes. She will follow up next week.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

Ⓢ

RL

Burriss, Linda

7055

Levinson

05/27/02

S: The patient enters today with lower back pain and also having some left hip pain.

O: The patient does have limitations of movement today on hip flexion and extension. There is some tenderness at L4 and L5 and over the left iliac crest with tenderness over the iliopsoas muscle group upon palpation. The patient also has some pain and stiffness in the lower back area particularly on extension and also left lateral flexion and left rotation. The patient did exhibit a positive bilateral straight leg raiser also.

A: The patient continues to exhibit some pain and stiffness in the lower back and into the hip. I am going to give her some at home therapies and exercises to perform. I am pleased to report that the pain she has been experiencing has eased off. She does appear to be doing somewhat better. Again, we will give her some at home therapies and exercises to perform and we will follow her up here in approximately one week for care. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine and intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. She will follow up next week.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(P)

h

8/15/02 - Gabapentin 400 mg TID # 60 1 RE  
SH

S: The patient enters today with lower back pain and also having some hip pain and radiating pain down into the right thigh and also in the posterior leg.

O: The patient does have limitations of movement today on lumbar extension, right lateral flexion and right rotation. There is a positive leg lowering test and also a positive Lasegue's test is present. There is tenderness in the gluteus medius and quadratus lumborum muscle groups.

A: The patient is overall doing better, but she does have some persistent pain. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days and will reassess her condition. I did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(B)

R /

S: Ms. Burriss enters today with some moderate pain in her lower back and also across her hips today.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive leg lowering test along with a positive bilateral straight leg raiser. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. There is tenderness over the erector spinae muscle group as well.

A: The patient does have quite a bit of myofascitis across her hips and her lower back. Due to this, Dr. Levinson is recommending that the patient have two trigger point injections. Each trigger point injection consists of 20 mg of Depo-Medrol to be given by Brian Harbison, a physician assistant on staff, under Dr. Levinson's guidance. Also, the patient did have the following therapies to include attended electrical stimulation for the hips and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have the patient follow back up here in a few days and reassess her condition. Her treatment today was performed from 8:15 to 8:30 a.m. emphasizing lumbar strengthening.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(b)

1

S: The patient enters today with some lower back pain and also having some radiating hip pain.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left. There is also a positive bilateral straight leg raiser with tenderness over the gluteus medius and quadratus lumborum muscle groups.

A: Ms. Burriss is having some pain and stiffness in the hip and lower back area, but appears to be over all doing better. The radicular pain she had been experiencing has eased up at this time so that does appear to be a good sign. I will give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(m)

RS

S: The patient enters today with some left hip and lower back pain with some mild radiating pain into her left buttocks.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left and a positive Lasegue's test is also present on the left. There is some pain in the gluteus medius and quadratus lumborum muscle groups.

A: The patient is doing pretty well overall. She still has some very mild radicular pain in her hip and lower back area and particularly in her left buttocks. At this point, we are going to have her do some flexibility work and try to follow her up and try to extend her treatment out for a couple of weeks and see how she does with that. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will follow her back up here in approximately two weeks.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(BU)

RS

S: The patient enters today with some pain in the left hip and also the lower back area.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is some pain over the iliopsoas muscle group on the left and some tenderness at L4 and L5 of the lumbar spine. The patient did exhibit a positive Trendelenburg's test today. Also, there was a positive Lasegue's test on the left with some radiating pain down the left leg.

A: The patient is still experiencing some pain and stiffness in her hip and lower back. I am going to give her some at home therapies and exercises to perform. I am still somewhat concerned about the radicular pain she is having and will follow her back up in a week and check her at that time. I did treat her today with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(M)

pd

S: The patient enters today experiencing some pain and stiffness in the lower back and also the left hip.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left. There is pain over the iliopsoas muscle group upon palpation. Also, some tenderness is noted at L4 and L5.

A: Overall, Ms. Burriss is doing better. She still does have some intermittent radiculopathy down the left leg with associated hip pain, but it appears to be somewhat improved. I will give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have her follow up here in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(BU)

RS

S: The patient enters today with some pain and stiffness in the hip. She is also having some mild radiating pain down her right leg with some low back pain.

O: The patient does have some limitations of movement today on lumbar extension, as well as left and right lateral flexion. Also, there is a positive leg lowering test today as well. There is a positive Lasegue's test on the right. The patient also exhibits a positive Hibbs' test on the right. There is some tenderness noted today at the gluteus medius and quadratus lumborum muscle group. Some pain is noted along the right paraspinal muscle.

A: Treatment today on the patient did include some attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(BU)

RS

S: The patient enters today with some left hip and lower back pain and also having some radiating pain down the left leg.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive leg lowering test. The patient also has pain and stiffness on flexion and extension of the hip. There is tenderness in the gluteus medius and quadratus lumborum muscle groups. Pain is denoted at L4 and L5 and over the L5 and S1 disk interspace.

A: The patient is having a flare-up into the hip joint. There is some tenderness particularly in the iliopsoas muscle group. She also continues to have some radiating pain that has reoccurred lately down into the left leg. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. We did treat her today with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have her follow up here in a few days and we will reassess her condition at that time.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(HD)

kl

S: The patient enters today with some moderate pain and stiffness into her lower back area and pain in the anterior thighs.

O: The patient does have some limitations of movement today on lumbar extension, right lateral flexion and right rotation. The patient also exhibits a positive Hibbs' test on the left. There is some tenderness noted today at the gluteus medius and quadratus lumborum muscle groups. The patient also exhibits a positive Hibbs' test on the right.

A: The patient does have quite a bit of pain and stiffness into her hips with associated muscle spasms and myofascitis. Due to the myofascitis that is present today, the patient will have two trigger point injections. Each trigger point injection on the patient today will consist of 20 mg of Depo-Medrol. These will be performed by Brian Harbison, P.A. on staff here, under the guidance of Dr. Levinson. Treatment today on the patient did include some attended electrical stimulation for the lumbar spine, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the lumbar spine.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

Ⓟ

28

S: The patient enters today with some hip pain and also having some radiating pain down her legs with some pain into her hip as well.

O: The patient does have limitations of movement today on lumbar extension as well as lumbar left and right lateral flexion. There is a positive Hibb test on the left and the right and a positive Lasegue's test is present also on the left and the right. There is a positive Fabere Patrick's test on the left and the right as well. The patient does have some muscle spasm activity taking place in both hips and also in her lower back particularly around L2-3, 3-4 and 4-5 vertebral segments.

A: The patient continues to exhibit bilateral hip pain with some associated radicular findings. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. I did treat her with attended electrical stimulation for the hips and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have her follow-up here in approximately one day for care due to the moderate pain she is experiencing.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(C)

RD

S: The patient enters today with some moderate pain across her anterior thighs, and some pain across her lower back area and hips.

O: The patient does have some limitations of movement today on lumbar extension, as well as left and right lateral flexion. Also, there is a positive leg lowering test today as well. Also, there is a positive bilateral straight leg raiser today. There is pain over L4-5 and at the gluteus medius and quadratus lumborum muscle groups today.

A: The patient is having some radiating pain into the anterior thighs due to some lumbosacral radiculopathy. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hips and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

BJL/RS/kph BL

Rick Sanford, D.C.

RS

S: The patient enters today having some moderate pain across her hips and her lower back area.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive Hibb test on the left and there is also pain at L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups. Tenderness is noted over the erector spinae muscle group as well with some pain over L4 and L5 specifically.

A: The patient is having some moderate pain in the lower back and having some pain into her hips today as well and also some pain into the anterior groin with radiating pain down her legs. I am concerned about this. We will continue to watch it in regard to care. I think she has aggravated while on the job at work. She is having moderate pain. She has been having to stand for long periods of time. I think this is part of the problem. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. We did treat her with attended electrical stimulation for the hips and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have her follow-up here in approximately one day due to the moderate pain she is experiencing and we will check her at that time.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

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RP

S: The patient enters today experiencing some pain in her right hip and her lower back area and still continues to have some radiating pain down into her legs bilaterally.

O: The patient does have limitations of movement today on lumbar flexion and extension, right and left rotation. There is some tenderness over the gluteus medius muscle groups bilaterally and also over the left and right iliac crests more specific over the right iliac crest. There is also some pain into the anterior thighs and some radiating pain down the right and left leg mostly on the anterior portion of the leg.

A: I do think the patient has had some radiculopathy with associated hip pain still present. I am encouraging her to do her flexibility work. Due to the moderate pain she is experiencing, we will follow her back up in approximately one day. We did treat her with attended electrical stimulation for her hips and lower back and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening and intersegmental motorized traction was performed to enhance spinal mobility. We will have her follow-up in approximately one day for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

②

R/

S: The patient enters today with some left hip pain and also having some radiating pain from her lumbar spine down into her left leg with low back pain and stiffness.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. There is also a positive Lasegue's test on the left as well.

A: The patient is having some muscular type pain along with some spasms. There is some pain in her groin along her anterior thigh. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. We did treat her today with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening. She will follow-up next week.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

Ⓢ

RL

S: The patient enters today with some lower back pain and also having some radiating pain into her right hip and also along the anterior thigh on the right side.

O: The patient does have limitations of movement today on lumbar extension, right lateral flexion and right rotation. There is a positive Hibb test on the right. Also, Lasegue's test is positive on the right. There is tenderness in the gluteus medius and quadratus lumborum muscle groups. There is pain over L4 and L5 and over the L5-S1 disk interspace also.

A: The patient continues to exhibit some pain in her hip and lower back area. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care at which time we will reassess her condition. I did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will follow her up here in a few days for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(B)

RJ

S: The patient enters today with some sharp pain into her lower back and some sharp pain still into her groin bilaterally.

O: The patient does have some limitations of movement today on lumbar extension, as well as left and right lateral flexion. Also, there is a positive leg lowering test today as well. There is a positive Lasegue's test. She does have some radiating pain down both legs on the left and the right. There is some tenderness noted today at the gluteus medius and quadratus lumborum muscle groups.

A: The patient continues to exhibit pain and stiffness in her lower back. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hips and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

BJL/RS/kph BL

Rick Sanford, D.C.

RS

S: The patient enters today with pain in her hips and lower back.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test as well as a positive bilateral straight leg raiser. There is pain at L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. There is tenderness in both hips today particularly in the right side. There is also some radiating pain along the anterior thigh on the right.

A: The patient does have some moderate pain in the hips and lower back area. I will give her some at home therapies and exercises to perform. I am still somewhat concerned about the disk related problem she is experiencing. We will give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the hips and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will follow-up in a few days.

Benjamin J. Levinson, M.D.

BJL/RS/kph BL

Rick Sanford, D.C.

RS

S: The patient enters today with some lower back pain.

O: The patient does have some limitations of movement today lumbar flexion, as well as lumbar extension. Also, there is a positive leg lowering test today as well. There is some tenderness noted today at L4-5 and at the gluteus medius and quadratus lumborum muscle groups today. There is a positive fabere Patrick's test on the left and the right.

A: I am very concerned about the patient in regards to radicular pain. I am going to have the patient set up with Dr. Rambo for an evaluation for her lower back. Treatment today on the patient did include some attended electrical stimulation for the lower back and across her hips, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(M)

R

S: The patient enters today with some pain into the right hip and also into the lower back area. There is also some radiating pain down into both hips and both hips today.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive leg lowering test and a positive Lasegue's test on the left and the right. Fabere Patrick's test is also positive on both the left and the right. There is some muscle spasm activity taking place on the left and the right groin areas as well.

A: Overall, I think the patient is showing some improvement, but is having some persistent type pain. I am going to give her some at home therapies and exercises to perform. We are going to try to keep her as mobile as possible and get her to see Dr. Rambo in regards to her back. We are aware that her spondylolisthesis is probably playing quite a bit of a role in regard to the pain she is experiencing. We will continue to watch her as she goes through rehab. We did treat her today with the following therapies to include attended electrical stimulation for the hip and the lower back areas and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have her follow back up in a few days for care and I will ask her to continue to do her flexibility work of which we showed her in the interim. We will have her follow-up in one to two days at which time we will reassess her condition.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

BL

RS.

S: The patient enters today with some lower back pain and also having some radiating pain down her legs and into her hips.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is some bilateral hip pain denoted upon palpation on both the left and right with pain over the left and right iliac crest. There is also pain over the anterior portion of the legs with radiating pain down her legs today. She also has pain at L4-L5, L5-S1 disk interspaces today.

A: The patient is exhibiting some positive pain today and a positive Bechterew's test and a positive Lasegue's test on both the left and the right. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. I did treat her today with attended electrical stimulation for her hips and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have her back her in a few days and we will reassess her condition accordingly.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(RS)

RS

S: The patient presents today with low back pain radiating into the hip.

O: The patient has restricted motion today in lumbosacral extension, as well as right and left lateral flexion. The patient has pain on palpation in the quadratus lumborum and piriformis muscles bilaterally, as well as in the tensor fasciae latae on the right.

A: The patient is continuing to have some fairly persistent lumbar pain radiating into the hip. We will follow up with the patient here in approximately two days. We did treat today with two units of attended electrical stimulation, one on the lumbar spine and one on the hip; one unit of attended ultrasound on the lumbar spine; one unit of intersegmental traction; as well as one unit of therapeutic exercise lasting 15 minutes, emphasizing lumbar strengthening and conditioning.

Benjamin J. Levinson, M. D.

BL

BJL/TY/kph

Tracy Young, D. C.

T.Y.

S: The patient enters today with some lower back pain and is also having some radiating pain down her legs.

O: The patient does have some limitations of movement today on lumbar extension, as well as left and right lateral flexion. Also, there is a positive leg lowering test today as well. There is a positive Lasegue's test on the left and the right. There is also a positive Bekhtereu's test present today.

A: The patient still is having some persistent pain, but appears to have made some mild improvement. I've given the patient some at home exercises and therapies to perform in the interim as well.

We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the lower back and across her hips, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment.

Surbjinder S. Guram, M.D.

SSG/RS/kph

Rick Sanford, D.C.

RS

S: The patient enters today having some lower back pain and also some radiating pain down her legs and also some bilateral hip pain.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. The patient does exhibit a positive Fabere Patrick's test on both the left and the right and also a positive leg lowering test is present as well. There is tenderness at L4 and L5 and over the gluteus medius and quadratus lumborum muscle groups.

A: We are aware that the patient has some radiculopathy down her legs due to a lumbar disk syndrome with associated L4-L5 spondylolisthesis along with some bilateral hip pain. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her today with the following therapies to include attended electrical stimulation for her hips and lower spine and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening. We will have her follow-up here in a few days.

Benjamin J. Levinson, M.D.

BJL/RS/kph BL

Rick Sanford, D.C.

RS

Burriss, Linda

7055

Levinson

09/18/02

S: The patient enters today with low back pain and also having some left hip pain.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive Hibb test on the left. There is also a positive Bechterew's test on the left. There is tenderness in the gluteus medius and quadratus lumborum muscle groups.

A: The patient is having some moderate pain and stiffness in the hip and lower back area. I am going to give her some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening. We will follow her up in a few days for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph BL

RS

Burriss, Linda

7055

Levinson

9/23/02

S: The patient enters today with some lower back pain and some radiating pain present into her legs.

O: The patient does have some limitations of movement today on lumbar flexion and extension, as well as left and right lateral flexion. Also, there is a positive leg lowering test today as well. There is a positive Lasegue's test on the left and the right. There is some tenderness noted today at the gluteus medius and quadratus lumborum muscle group.

A: The patient is having some sharp pain in the lower back and hip area. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hips and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

©

RA

Burriss, Linda

7055

Levinson

09/25/02

S: The patient enters today with some lower back pain and also having some radiating pain down into her anterior thigh on the left with some left hip pain.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left lateral flexion and left rotation. There is some pain in the iliopsoas muscle group with pain on flexion of the hip as well. There is tenderness over the gluteus medius muscle group on the left and also in the quadratus lumborum muscle group and along the paraspinal muscles on the left. There is pain at L4-L5 and at the L5-S1 disk interspaces also.

A: The patient continues to exhibit some pain in her lower back due to a spondylolisthesis and due to some radiculopathy as a result of the disk problems in her back. I am going to give the patient some at home therapies and exercises to perform and we will follow her back up early next week at which time we will reassess her condition. We did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

2/

(7)

S: The patient enters today with some lower back pain, and is also having some hip pain today.

O: The patient does have some limitations of movement today on lumbar extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. There is pain over L4-5 and at the gluteus medius and quadratus lumborum muscle groups today.

A: The patient is continue to exhibit some pain in her hip and lower back. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening.

Benjamin J. Levinson, M.D.

BJL/RS/kph

(m)

Rick Sanford, D.C.

LS

Burriss, Linda

7055

Levinson

10/02/02

S: The patient enters today with lower back pain and also continues to have some radiating pain down her leg and into her buttocks.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test. There is pain at L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. The patient is reporting a positive Lasegue's test down the legs on the left and the right.

A: I do think the patient is doing better. She still has some radicular pain. I think she is much more mobile at this point. I think that is due the therapy we have been able to provide for her. I did treat her today with the following therapies to include attended electrical stimulation for her hips and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening. We will have her follow up here in a few days. I have given her some flexibility work to perform as well.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

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N

Burriss, Linda

7055

Levinson

10/7/02

S: The patient enters today with some radiating pain down her legs with low back pain and stiffness. She is also having some pain in her hips.

O: The patient does have some limitations of movement today on lumbar flexion and extension, as well as left and right lateral flexion. Also, there is a positive leg lowering test today as well. There is a positive Lasegue's test on the left and the right. There is some tenderness noted today at L4-5 and at the gluteus medius and quadratus lumborum muscle groups today.

A: The patient continues to exhibit pain and stiffness in the lower back area. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrostimulation for the hips and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercise performed on the low back response equipment.

Benjamin L. Levinson, M.D.

Rick Sanford, D.C.

BJL/RSK

(M)

RL

Burriss, Linda

7055

Levinson

10/09/02

S: The patient enters today still experiencing some lower back pain due to a spondylolisthesis and also some bilateral hip pain. The hip pain is mostly on the left side.

O: The patient does have limitations of movement today on lumbar extension, left lateral flexion and left rotation. There is a positive Hibb test on the left and also a positive leg lowering test is present for the lumbar spine and a positive Bechterew's test was present as well. There is tenderness at the gluteus medius and quadratus lumborum muscle groups.

A: The patient is experiencing some pain and stiffness in the hip and lower back. I am going to give the patient some at home therapies and exercises to perform. Overall, I think she is making some strides of improvement. She is much more mobile than she has been. We will treat her with the following therapies to include attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have her follow up in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph BL

RS

Burriss, Linda

7055

Levinson

10/14/02

S: The patient enters today with some lower back pain and stiffness. She also has pain over the left hip.

O: The patient does have some limitations of movement today on lumbar extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. There is pain over L4-5 and at the gluteus medius and quadratus lumborum muscle groups today.

A: There is some pain and stiffness in the lower back due to spondylolisthesis. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

Q

RS



S: The patient enters today with some pain and stiffness in the lower back.

O: The patient does have some limitations of movement today on lumbar extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. Also, there is a positive leg lowering test today as well. There is pain at L4-5 and at the gluteus medius and quadratus lumborum muscle groups today.

A: The patient is experiencing some moderate pain in the hip and lower back. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hips and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

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FS

S: The patient enters today with some lower back pain and stiffness. She is also having some pain over the left hip region today.

O: The patient does have some limitations of movement today on lumbar extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. There is pain over L4-5 and at the gluteus medius and quadratus lumborum muscle groups today. There is some tenderness noted today at the erectus spinae muscle group on the left as well. There is some pain at L3-4 and L5.

A: The patient is experiencing some pain and stiffness in her hip and lower back area. She does appear to be doing somewhat better, but is still experiencing some radiculopathy. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

BJ

R1

S: The patient enters today with some lower back pain and pain across her hips.

O: The patient does have some limitations of movement today on the lumbar flexion and extension, as well as left and right lateral flexion. The patient also exhibits a positive Hibbs' test on the left and the right. There is pain over L4-5 and at the gluteus medius and quadratus lumborum muscle groups today.

A: The patient is experiencing some pain due to his spondylolisthesis. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hip and lower back area, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

BJL/RS/kph

(m)

Rick Sanford, D.C.

RS

Burriss, Linda

7055

Levinson

11/06/02

S: The patient enters today with some lower back pain and also having some associated pain into her left hip.

O: The patient does have limitations of movement today on lumbar flexion and extension and left and right lateral flexion. There is a positive Hibb test on the left. There is also pain and stiffness at the L5-S1 disk interspace. There is some pain over the right iliac crest and left iliac crest. There is tenderness over L4 and L5 spinous processes as well.

A: Ms. Burriss is having some pain and stiffness today in the hip and lower back area. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment on a low setting emphasizing lumbar strengthening. We will have her follow up here in a few days for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

Burriss, Linda

7055

Levinson

11/11/02

S: The patient enters today with some lower back pain and also some left hip pain.

O: The patient does have some limitations of movement today on lumbar extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left with pain over L4-5. Also, there is a positive bilateral straight leg raiser today. There is some tenderness noted today at the left iliac crest.

A: The patient is experiencing some pain and stiffness in the hip and lower back. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(M)

R/

Burriss, Linda

7055

Levinson

11/13/02

S: The patient enters today with lower back pain and also having some pain into her right hip joint.

O: The patient does have limitations of movement today on lumbar extension, right lateral flexion and right rotation. There is a positive Hibb test on the right. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. The patient also exhibits a positive Bechterew's test on the right.

A: The patient is having some pain and stiffness today in the hip and lower back. I am going to give the patient some at home therapies and exercises to perform and we will follow her up her in a few days at which time we will reassess her condition. I did treat her today with attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

Be

RJ

S: The patient enters today with some lower back pain and stiffness. She is also having some pain down into her hips and legs.

O: The patient does have some limitations of movement today on lumbar extension, as well as left and right lateral flexion. There is a positive Lasegue's test on the right and the left. There is some tenderness noted today at the gluteus medius and quadratus lumborum muscle groups today. There is pain over L4-5 upon palpation.

A: The patient is having some marked pain in her legs and lower back. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment today on the patient did include some attended electrical stimulation for the hips and lower back, ultrasound for the lumbar spine, and some intersegmental motorized traction to enhance spinal mobility, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes.

Benjamin J. Levinson, M.D.

BJL/RS/kph

60

Rick Sanford, D.C.

R/

Burriss, Linda

7055

Levinson

11/20/02

S: The patient enters today having some moderate pain in her lower back and across her left hip.

O: The patient does have limitations of movement today on hip flexion and extension. There is some pain in the iliopsoas muscle group and also at L5 and L5 and L5-S1 disk interspace. Tenderness is noted at the gluteus medius and quadratus lumborum muscle groups. There is also a positive leg lowering test today.

A: Ms. Burriss continues to exhibit pain and stiffness in her lower back. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days and we will reassess her condition accordingly. I did treat her with attended electrical stimulation for the lower back and across her hips and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 8:15 to 8:30 a.m. We will have her follow up here in a few days for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(b2)

21

Burriss, Linda

7055

Levinson

11/20/02

UPDATE: Ms. Burriss has been under care in this office for an extended period of time. She has had a problem with a disk bulge at the L5-S1 vertebral segment. There is also bilateral foraminal narrowing with a horizontally-oriented foramen at L5 and S1 and compression of the exiting L5 nerve roots. This is per her MRI scan. There is also disk desiccation changes with disk space narrowing at L2 and L3 and L5 and S1. Disk desiccation without disk space narrowing is noted at L4 and L5. Additionally, the patient has grade two spondylolisthesis L5 on the S1 with a bilateral L5 pars defect with marked bilateral L5-S1 foraminal encroachment secondary to the spondylolisthesis. As typical with these type of patients, the patient does experience moderate to severe pain at particular times somewhat aggravated by her job duties every day which do include standing for long periods of time, bending and twisting and just all parts of her everyday job activities. While Ms. Burriss has improved since her treatment, her long term prognosis would be extremely guarded at this time in regard to her condition. While she did show some improvement, our opinion is that the patient is going to experience extended problems throughout her lifetime as a result of the condition that she has and also the job duties that require her to stand for long periods, bend and twist, et cetera will aggravate her condition. I have spoken with her about the need to possibly quit her job. The reason for this being I do not think that she is going to show any improvement. There was a period of time when she was out of work for a period of two months which she did show marked improvement most particularly during that period of time. I do feel like the patient will show some improvement if she does not have to perform the job duties that she is performing every day. As to will the patient ever be 100%, we do not feel she will ever return to 100%, however we do feel she would be better off without working the job that does aggravate her back. I do feel that the patient did re-injure her back on August 8, 2002 due to her job duties which did require her to bend and twist and stand for extended periods of time. As you can see as a result of the findings of her MRI scan dated February 15, 2002, that she has an extreme amount of problems in her lower back relating into the instability with associated disk bulging with the compression at the exiting L5 nerve root.

Benjamin J. Levinson, M.D.

CL

Sanford, D.C.

/PS/kph

Burriss, Linda

7055

Levinson

11/25/02

S: The patient enters today with some lower back pain and stiffness. She is also having some radiating pain down her legs. Also, some hip pain and mid back pain.

O: The patient does have some limitations of movement today on thoracolumbar left and right lateral flexion and left and right rotation. There is pain over L4-5 and at the gluteus medius and quadratus lumborum muscle groups today. There is some tenderness noted today at the erectus spinae muscle group also. There is pain in the mid back. There is a positive Kemp's test today at T2-4.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(f)

L1

Burriss, Linda

7055

Levinson

11/27/02

S: The patient enters today having moderate pain in her lower back area and across her hips and into her back area throughout her back.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion. There is a positive leg lowering test. There is pain over the sacroiliac joint which we manipulated today. Also, L3, 4 and 5 were manipulated also. There is pain in the mid back area between T4, 5 and 6. We manipulated those areas also. The patient is experiencing some pain in the left iliac crest and the right iliac crest. Both hips were manipulated also today.

A: Ms. Burriss is having some swelling in her hips and lower back. Due to this, we will be performing some rehab therapies to include attended electrical stimulation for the hips and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 9:00 to 9:15 a.m. Due to the myofascitis that is present in the patient's lower back, the patient will have two trigger point injections, one into the hip on the right side and also one into the lower back area due to the swelling and pinpoint pain that is denoted. Each trigger point injection consists of 20 mg of Methylprednisolone to be given by Brian Harbison, a physician assistant on staff, under Dr. Levinson's guidance. We did instruct her to perform some exercises and flexibility work at home.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(P2)

RS

Burriss, Linda

7055

Levinson

12/03/02

S: The patient enters today having some pain and stiffness in her lower back area and also having some pain and stiffness in her mid back area and across her hips.

O: She does have some pelvic pain over the left and right hip. There was a positive Fabere Patrick's test. We did manipulate both of these areas. The patient also has some pain at L3, 4 and 5 and at the L5-S1 disk interspace as well as at the L4 and L5 disk interspace. All of these segments were manipulated as well as the sacroiliac joint. There is marked pain along the paraspinal muscles and the quadratus lumborum muscle groups bilaterally. She is also reporting some mid back pain today at T3-T5. These areas were manipulated as well.

A: The patient is having some moderate pain in her lower back and across her hips. We are aware that she does have a spondylolisthesis but she is also experiencing some pain due to a lumbar disk syndrome. The patient is also experiencing some pain at the areas of the spondylolisthesis at L3, 4 and 5 particularly due to the spondylolisthesis with associated back pain. In addition to the manipulations performed today, we applied the following therapies to include attended electrical stimulation for her lower back and across her hips and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 4:15 to 4:30 p.m. We will have Ms. Burriss follow up here in approximately one to two days and we will reassess her condition accordingly.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(2)

21

Burriss, Linda

7055

Levinson

12/04/02

S: The patient enters today having some moderate pain in her lower back and across her hips on the left and the right.

O: There is some tenderness over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. There is also some pain over L4 and L5 and over the sacroiliac joint and over the right pelvic area. We did manipulate over the sacroiliac joint and at L4 and L5 were manipulated today as well for spondylolisthesis that she is experiencing with spondylolisthesis move. Also, she did have a positive Fabere Patrick's test. That was manipulated along with a sacroiliac joint. The patient did have the lower thoracics manipulated also, T6-T10 from the mid to the lower thoracic spine. The patient did have pain in the quadratus lumborum and erector spinae muscle group on the right.

A: The patient does have some moderate myofascitis in her lower back area particularly over the right lumbar spine and over the right buttocks area along the course of the sciatic nerve. Due to the myofascitis and muscle spasms that are present, Dr. Levinson has asked Dr. Gabriel to perform two trigger point injections. Each trigger point injection consists of Lidocaine or Xylocaine only. The trigger points were performed into the right buttocks area along the course of the sciatic nerve and along the right paraspinal muscles as well. The patient did have rehab therapies to include attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 3:30 to 3:45 p.m. All of these therapies were performed in addition to manipulation. We will have Ms. Burriss back next week for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(2)

11

Burriss, Linda

7055

Levinson

12/10/02

S: The patient enters today having some pain in her lower back and into her left hip. She also has some bilateral hip pain as well.

O: There is tenderness at L4 and L5 and at the L5-S2 disk interspace. We did manipulate these areas and also over the sacroiliac joint. We did palpate in and around T6-T8. We manipulated that area. There was some pain in the mid back area.

The patient did report some pain over the sacroiliac joint. We manipulated that as well. There was some tenderness to palpation.

She did exhibit a positive Yeoman's test as well as a positive bilateral straight leg raiser. Pain over the left iliac crest was noted with a positive Fabere Patrick's test.

A: The patient continues to exhibit pain and stiffness in the hip and lower back. She did report some mild pain in her lower cervical spine of which I palpated and did manipulate C5-C6 on the left side. Overall, I think she is doing somewhat better. She does have some lumbar instability due to an idiopathic scoliosis and lumbar disk syndrome. We are going to give her I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days at which time we will reassess her condition. I did treat her today with the following therapies to include attended electrical stimulation for the hip and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 3:15 to 3:30 p.m. These were performed in addition to the manipulation today. We will follow her up here in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(m)

L8

Burriss, Linda

7055

Levinson

12/12/02

S: The patient enters today having some back pain and hip pain with some radiating pain down into her buttocks on the left and the right.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test as well as a positive Bechterew's test on both the left and the right. There is some radiating pain down her legs today on the left and the right. We did manipulate the sacroiliac joint which was tender to palpation, also over L4 and L5 which was tender to palpation and at L2 and L3 also. The left and right hip were both manipulated. She did exhibit a positive Fabere Patrick's test for the hips. The patient did have some compensatory segments at T6, 7 and 8 which were manipulated and also at C4, 5 and 6 of the cervical spine.

A: Ms. Burriss is showing some improvement this morning. She does feel somewhat improved. I am going to give the patient some at home therapies and exercises to perform. However, she still is having quite a bit of pain. We are still somewhat concerned about the radicular pain she is having. I have given her some flexibility work to perform before her follow-up next week. In addition to the manipulation, we did treat her with attended electrical stimulation for the hips and lower back and ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening from 8:00 to 8:15 a.m.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(P)

L)

Burriss, Linda

7055

Levinson

12/17/02

S: The patient enters today having low back pain and also associated pain on the left side. The patient is also having some hip pain with pain over L4 and L5.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test. There is pain over L4 and L5 of which we manipulated. There is also pain over the sacrum which we manipulated. There is pain in the mid back area at T5 and T6. We did manipulate this area and also the left hip was manipulated due to a positive Fabere Patrick's test. There was some associated pain in the cervical spine on the left which was a compensatory finding due to the to lower back at C5 and C6. We did manipulate that area.

A: I do think Ms. Burriss is doing better overall. I am going to give the patient some at home therapies and exercises to perform. She is still having quite a bit of difficulty due to her lumbar disk syndrome. She did exhibit a positive Bechterew's test on the left and the right. We will follow her up here in a few days for care. In addition to manipulation, I did treat her with 15 minutes of attended electrical stimulation for the hip and lower back on the right side and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 2:00 to 2:15 p.m. We will have Ms. Burriss follow up here in a few days and we will check her at that time.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph <sup>BL</sup>

<sup>RS</sup>

Burriss, Linda

7055

Levinson

12/18/02

S: The patient enters today having some pain in her lower back and also having some associated hip pain on the left.

O: The patient is experiencing some pain and stiffness at L4 and L5 which we manipulated and also at L2 which was manipulated. There is also some pain and stiffness in the left hip. We did manipulate that area. She did exhibit a positive Fabere Patrick's test there. The patient also had some referred pain in the mid back at T6 and T7. We manipulated that. She was having some referred pain up in the cervical spine at C5-C6. We did manipulate that area as well.

A: The patient continues to exhibit pain and stiffness in her lower back due to a spondylolisthesis. Due to the spondylolisthesis and due to the pain she was experiencing, we did perform and manipulation and additionally we did perform the following therapies to include 15 minutes of attended electrical stimulation for her hips and lower back and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 4:00 to 4:15 p.m. We will have Ms. Burriss back here in a few days and we will review her situation at that time.

Benjamin J. Levinson, M.D.

BJL/RS/kph



Rick Sanford, D.C.



Burriss, Linda

7055  
-1138

Levinson

12/23/02

S: The patient enters today having some pain and stiffness in the lower back and also in the hip and some referred pain in the mid back is present.

O: There is tenderness at L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. We did manipulate L4 and L5 and also the right hip was very tender to palpation with a positive Fabere Patrick's test. We did a manipulation there and also over the sacrum. T5 and T6 were tender to palpation and there was some referred pain in the cervical spine at C5-C6 and we did manipulate this area as well.

A: The patient continues to exhibit signs of symptoms of a disk due to a positive Bechterew's test on the left and the right. There is tenderness at L4 and L5. There is also some referred pain throughout the spine but at this time, I think she is doing much better. The spondylolisthesis is a contributing factor to some of her problems in association with a disk problem. We are going to give her some at home therapies and exercises to perform and we will be following her up here in a few days at which time we will review how she did over the holidays. We are going to treat her today in addition to manipulation, with 15 minutes of attended electrical stimulation for the hip and lower back and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 8:45 to 9:00 a.m. We will have Ms. Burriss back in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph B.L.

RS

S: The patient enters today having some pain in her back area particularly in her lower back and across her hips there is some pain and stiffness. She is also having some stiffness in her upper back area and also in the mid back area.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscles groups. There is pain over the sacrum and over the left hip which is also very tender to palpation. All of these segments were manipulated today. She did exhibit a positive Bechterew test on the left and the right. There was some tenderness at C5, 6 and 7 of the mid back area. We did manipulate that. The patient is reporting some pain across her shoulders and some stiffness across her trapezius muscle groups. We did use activator to adjust the following segments to include C4 and 5 and C1 as well.

A: The patient is experiencing some moderate pain and stiffness in the lower back area and across her hips. She is also having referral of pain into her upper back area. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days for care. We did treat her today with the following therapies to include 15 minutes of attended electrical stimulation for her lower back and across her hips and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 3:15 to 3:30 p.m. We will have Ms. Burriss back in a few days. All these therapies were performed in addition to the manipulation today.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

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21

Burriss, Linda

7055

Levinson

01/08/03

S: The patient enters today with some hip pain and also having some lower back pain and also having some referred pain in the mid back and into her lower cervical spine.

O: The patient does have limitations of movement today on lumbar flexion and extension, left and right lateral flexion. There is a positive leg lowering test. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscles groups. The patient is experiencing some pain into the L5-S1 disk interspace and at L4 and L5. We did manipulate all these segments today along with the left hip which was quite painful to the patient. We manipulated that area as well. We did manipulate T5-6 of the mid back area and also C4 and 5 which was contributing to some neck stiffness as well. The patient does have a positive Bechterew's test on both the left and the right still with muscles spasms present in the lumbar spine.

A: The patient continues to exhibit some pain and stiffness today in the lower back along with some spasm activity into the lower back area with some associated mid back pain. I am going to give the patient some at home therapies and exercises to perform. I will urge her to do her flexibility work at home. In addition to manipulation, we did treat her with 15 minutes of attended electrical stimulation for the lower back and across her hips particularly on the left side and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 4:15 to 4:30 p.m. We will have her back in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

21

Burriss, Linda

7055

Levinson

1/13/03

S: The patient enters today with some pain and stiffness in her lower back and across her hips. There is pain into her mid back area and lower cervical spine.

O: The patient does have some limitations of movement today on lumbar flexion and extension, left and right lateral flexion. There is some pain over L4-5 and L5-S1 disc interspaces. These areas were manipulated today. The left and right hip has been manipulated. Also, there was some pain over the sacrum which was manipulated. There is also a positive Bechterew's test present today on the left and the right. There was pain into her hips on both the left and the right.

Benjamin J. Levinson, M.D.

BJL/RS/kph

(P)

Rick Sanford, D.C.

21

S: The patient enters today having some pain and stiffness into her hip and lower back area.

O: There is some tenderness at L4-L5, L5-S1 disk interspaces. We did manipulate these areas along with the left hip and right hip areas. He did exhibit a positive Fabere Patrick's test as well as a positive Fabere Patrick's test on the left and the right. There is some referred pain in the mid back at T5-T6 which was manipulated and also the lower cervical spine at C5-C6 was manipulated via activator adjustment.

A: The patient continues to exhibit some pain and stiffness today into the lower back area and also into her hips bilaterally. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her today with the following therapies each to include 15 minutes of attended electrical stimulation for the neck and lower back and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 4:00 to 4:15 p.m. We will have her follow up here in a few days and we will check her at that time.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

②

21

Burriss, Linda

7055

Levinson

1/20/03

S: The patient enters today with some lower back pain and stiffness. She is also having some pain across her hips with some referred back in her back.

O: The patient does have some limitations of movement today on lumbar extension, as well as left and right lateral flexion. Also, there is a positive leg lowering test today as well. There is some pain at L4-5, over the sacrum and over the left hip. There is pain along the paraspinal muscles on the left and the right. There is some tenderness noted today at the gluteus medius and quadratus lumborum muscle groups today of the lower back area.

Benjamin J. Levinson, M.D.

BJL/RS/kph

BJ

Rick Sanford, D.C.

RS

Burriss, Linda

7055  
-1057

Levinson

01/22/03

S: The patient enters today having some pain in her lower back and also having some radiating pain that is present down into her right leg with some associated hip and back pain.

O: The patient does have limitations of movement today on lumbar extension as well as left and right lateral flexion and right rotation. There is a positive Hibb test on the right. There is also a positive Lasegue's test on the right. There is pain over L4 and L5 and over the sacrum and over the right hip, all of which we manipulated today. The patient does have some tenderness at C5-C6. We did manipulate that. There was some cervical stiffness denoted at C5, 6 and 7. We did manipulate those areas as well.

A: The patient continues to exhibit the signs and symptoms of a lumbar disk problem also with some associated radiculopathy. I am going to give the patient some at home therapies to perform and we will follow her up here in a few days and we will check her at that time. We did treat her today with the following therapies to include 15 minutes of attended electrical stimulation for the lower back and also for the hip and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 3:00 to 3:15 p.m. I will have Ms. Burriss back here in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(12)

R

S: The patient enters today with some lower back pain and also some pain across her hips.

O: The patient does have some limitations of movement today on lumbar flexion and extension, as well as left and right lateral flexion. The patient also exhibits a positive Hibbs' test on the left. There is some tenderness noted today at the left iliac crest. Also, there is a positive bilateral straight leg raiser today. There is also a positive Bechterew's test present today on the left. The patient does report some pain into her hip. There is some tenderness noted today at L3-4 and L5. We did manipulate all these areas.

A: The patient is experiencing some pain and stiffness in the lower back. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment on the patient today did include some attended electrical stimulation on the lower back and hips for 15 minutes, ultrasound on the lumbar spine for 15 minutes, some intersegmental motorized traction to enhance spinal mobility for 15 minutes, along with one session of therapeutic exercises performed on the low back response equipment from 3:15 to 3:30.

Benjamin J. Levinson, M.D.

BJL/RS/kph

(B)

Rick Sanford, D.C.

RL

Burriss, Linda

7055

Levinson

01/29/03

S: The patient enters today with some lower back pain and also having some hip pain.

O: She is having pain over L4 and L5 and over the sacrum and the hip area. We did manipulate all these areas today. Also, the patient did have some pain in the mid back between T5 and T6 and in the cervical spine, there was some pain at C6 and C7. All these appear to be compensatory findings for the lumbar spine. There was a positive Bechterew's test on the left and the right.

A: The patient does have pain in the lower back due to a lumbar disk syndrome. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days and we will check her at that time. In addition to manipulation, I did treat her with 15 minutes of attended electrical stimulation for the lower back and the hips and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. We will have her follow up in a few days for care.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph BL

RS.

Burriss, Linda

7055

Levinson

2/3/03

S: The patient enters today with some lower back and left hip pain. She is also having some referred pain in her mid back.

O: The patient does have some limitations of movement today on lumbar flexion and extension, left and right lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. Also, pain is noted at the gluteus medius and quadratus lumborum muscle groups today. We did manipulate the left hip, L3-4 and L5 and the sacrum. The patient also had some referred pain at C5-6 and we did manipulate those areas via activator adjustment.

A: Treatment on the patient today did include some attended electrical stimulation on the hip and lower back for 15 minutes, ultrasound on the lumbar spine for 15 minutes, some intersegmental motorized traction to enhance spinal mobility for 15 minutes, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening from 4:00 to 4:15 PM. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition.

Benjamin J. Levinson, M.D.

BJL/RS/kph

Rick Sanford, D.C.

R'

Burriss, Linda

7055

Levinson

2/10/03

S: The patient enters today with some lower back pain and left hip pain.

O: The patient does have some limitations of movement today on lumbar flexion and extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. There is pain over the left iliac crest, L4-5 segments, and over the sacrum. We did manipulate those areas. There is some tenderness noted today at T10 and T11 and we did manipulate these areas, and also C5-6.

A: The patient is experiencing some pain and stiffness today in the lower back and across her hips. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment on the patient today did include some attended electrical stimulation on the hip and lower back for 15 minutes, ultrasound for 15 minutes, some intersegmental motorized traction to enhance spinal mobility for 15 minutes, along with one session of therapeutic exercises performed on the low back response equipment from 4:00 to 4:15 PM.

Benjamin J. Levinson, M.D.

BJL/RS/kph

BL

Rick Sanford, D.C.

RS

Burriss, Linda

7055

Levinson

02/19/03

S: The patient enters today having some back and hip pain due to a lumbar disk syndrome.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test and also a positive Bechterew's test on the left with tenderness over the left iliac crest. There is some pain noted at L4-L5 and L5-S1 and over the left hip area. We did manipulate all these segments today. Some tenderness was also noted at T5-T6 of the mid back area and also at C5-C6 of the cervical spine.

A: The patient is doing better overall. She does have some pain and stiffness present in her lower back but appears to be making good strides of improvement. I am going to give the patient some at home therapies and exercises to perform and we will continue to watch her on a weekly type schedule at this time. I do think she is doing better and we will continue to treat her in the rehab program and urge her to do her flexibility work at home. We will follow her up next week for care and we will check her at that time. We did the following modalities to include 15 minutes of attended electrical stimulation for the lower back and across her left hip and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 4:00 to 4:15 p.m. We will have her follow up in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

BJ

RS

S: The patient enters today with some left hip and lower back pain.

O: The patient does have some limitations of movement today on lumbar extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. There is also a positive Bechterew's test present today on the left. There is pain over L4-5 and at the gluteus medius and quadratus lumborum muscle groups today.

A: The patient is experiencing some pain and stiffness in the hip and lower back area. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment on the patient today did include some attended electrical stimulation on the hip and lower back for 15 minutes, ultrasound on the hip and lower back for 15 minutes, some intersegmental motorized traction to enhance spinal mobility for 15 minutes, along with one session of therapeutic exercises performed on the low back response equipment for 15 minutes from 3:45 to 4:00.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(B)

RY

Burriss, Linda

7055

Levinson

3/3/03

S: The patient enters today with some pain in the lower back and hip with some radiating pain down into her buttocks bilaterally.

O: The patient does have some limitations of movement today on lumbar flexion and extension, as well as left and right lateral flexion. The patient also exhibits a positive Hibbs' test on the left. There is pain over L4-5 and at the gluteus medius and quadratus lumborum muscle groups today. There is also pain over the paraspinal muscle groups upon palpation. The patient does have some radiating pain down the left leg. There is also a positive Bechterew's test present today on the left.

A: The patient is experiencing some pain and stiffness in her lower back. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment on the patient today did include some attended electrical stimulation on the neck and lower back for 15 minutes, ultrasound on the lumbar spine for 15 minutes, some intersegmental motorized traction to enhance spinal mobility for 15 minutes, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening from 4:00 to 4:15. Also, we did manipulate the patient at C1-2, T2-4, the left hip and sacral area today.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph



Burriss, Linda

7055

Levinson

03/12/03

S: The patient enters today with some lower back pain and stiffness and also having some left hip pain.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left lateral flexion and left rotation. There is a positive Hibb test on the left. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. There is also some pain over the sacral area and also having some intermittent pain into the hip with a positive Fabere Patrick's test on the left.

A: The patient is experiencing some pain and stiffness in the hip and lower back. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her today with 15 minutes of attended electrical stimulation and 15 minutes of ultrasound for the hip and lower back and also 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility. We will have her follow up here next week for care and we will check her at that time.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

10

1

Burriss, Linda

7055

Levinson

03/26/03

S: The patient enters today having some pain and stiffness in the lower back area and also having some radiating pain across her legs on both the left and the right.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is also some hip pain today on the left and the right side where she is exhibiting a positive Fabere Patrick's test and also a positive Lasegue's test.

A: The patient is experiencing quite a bit of muscular type pain as well. We are aware she has a spondylolisthesis and also she does have associated disk problems in the lower back. We did treat her today with the following therapies to include 15 minutes of attended electrical stimulation for the hip and lower back and 15 minutes of ultrasound and 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed from 5:00 to 5:15 p.m. Manipulation was performed at L3, 4 and 5, the sacrum, the left hip and also C1-C2, C4, C6 and T2-T4. We will have Ms. Burriss back and we will check her at that time.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(3)

R

Burriss, Linda

7055

Levinson

04/02/03

S: The patient enters today with some pain and stiffness in the lower back area and across her hips.

O: The patient does have limitations of movement today on lumbar flexion and extension, left and right lateral flexion. There is a positive leg lowering test with tenderness at L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups.

A: The patient is having some pain across her hips and her lower back area. She is exhibiting a positive Hibb test on the left and the right as well as a positive Bechterew's test in relationship to a lumbar disk syndrome. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days for care. We did treat her with 15 minutes of attended electrical stimulation for the hips and lower back and 15 minutes of ultrasound for the lumbar spine, 15 minutes of intersegmental motorized traction was performed to enhance spinal mobility and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 3:30 to 3:45 p.m. We will have Ms. Burriss back in approximately one week. I will urge her to continue to do her flexibility work at home. Manipulation was performed today at L4-L5, the sacrum, the left and right hips, T10, T8, T1-T2 and also C5-C6.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

R?

Burriss, Linda

7055

Levinson

04/09/03

S: The patient enters today having some moderate pain in her back but overall has made some strides of improvement.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test. There is pain over L4 and L5. Bechterew's test is also positive on the left and the right. There is pain along the paraspinal muscles and also in the quadratus lumborum muscle groups bilaterally.

A: The patient is experiencing some pain at this time but appears to be doing much better. Her pain is becoming more intermittent in nature which is a good sign. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the lower back and across her hips, ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility, all in 15 minute increments, and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 3:30 to 3:45 p.m. Additionally, the patient was manipulated at L3, 4 and 5, the sacrum, the left hip, T5-T6, C1-C2, C4-C5. All manipulation was performed via activator low force adjustment.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(B)

B'

Burriss, Linda

7055

Levinson

04/16/03

S: The patient enters today with some low back pain and also across her hips, there is some pain.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test as well as a positive bilateral straight leg raiser. There is pain over L4 and L5. The patient also exhibits a positive Bechterew's test on the left.

A: The patient is having some pain and stiffness today in the lower back and into the hips. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days for care. We did treat her today with the following modalities to include attended electrical stimulation for the hips and lower back, ultrasound for the lumbar spine, intersegmental motorized traction was performed to enhance spinal mobility, all in 15 minute increments, and one session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 9:30 to 9:45 a.m. She was manipulated today at L3, 4 and 5, the left and right hips, the sacrum, T5-T6, C1-C2, C4-C5. She has been instructed to do some exercises and we will follow up here for care next week.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

②

R

Burris, Linda

7055

Levinson

04/22/03

S: The patient enters today having moderate pain in her lower back due to a spondylolisthesis and also due to some degenerative changes with associated lumbar disk syndrome.

O: The patient does exhibit a positive Bechterew's test on the left and the right. There is tenderness at L4 and L5 and at L5-S2 and also there is some pain over the left and right hip areas. We did manipulate all these areas as well as L3. The patient does have some tenderness at T5-T6. We manipulated that as well as C1-C2, C4-C5.

A: The patient is experiencing some moderate pain in her back. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days and we will check her at that time. I will urge her to do her flexibility work. She is going to be out of town over the next week and we will urge her to do her flexibility work while gone. We did treat her with attended electrical stimulation for her lower back and across her hip, attended electrical stimulation for the lumbar spine and intersegmental motorized traction to enhance spinal mobility. All modalities are in 15 minute increments. One session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 4:00 to 4:15 p.m. She will follow up here in a few days and we will check her at that time.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(3)

R

S: The patient enters today with some lower back pain and also some pain across her hips.

O: The patient does have some limitations of movement today on lumbar flexion and extension, as well as left and right lateral flexion. Also, there is a positive leg lowering test today as well. There is also a positive Bechterew's test present today on the left and the right. There is some tenderness noted today at L4-5, L5-S1, left and right hip areas, as well as T5-6, C2-4 and C5, all of which were manipulated today.

A: There is a positive fabere Patrick's test on the left and the right. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment on the patient today did include some attended electrical stimulation on the hips and lower back for 15 minutes, ultrasound on the lumbar spine for 15 minutes, some intersegmental motorized traction to enhance spinal mobility for 15 minutes, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening from 3:45 to 4:00 PM.

Benjamin J. Levinson, M.D.

BJL/RS/kph

*PL*

Rick Sanford, D.C.

*RS*

Burriss, Linda

7055

Levinson

05/07/03

S: The patient enters today with some lower back and left hip pain.

O: The patient does have limitations of movement today on lumbar flexion and extension and left lateral flexion and left rotation. There is a positive Hibb test on the left. There is also a positive bilateral straight leg raiser. There is pain over L4 and L5 and L5-S1 as well as the left hip and the sacrum; all of which were manipulated today.

A: The patient is experiencing some pain and stiffness today in the low back and also the hip area. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days and we will check her at that time. Additionally, the patient did have manipulation at T5, T6, C1, C2, C4 and C5. We will have her follow up in a few days and we will check her at that time. We did perform attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine and intersegmental motorized traction to enhance spinal mobility. All modalities are in 15 minute increments. One session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 4:15 to 4:30 p.m. We still have her follow up in a few days.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

BP

RP

Burris, Linda

7055

Levinson

05/14/03

S: The patient enters today with some lower back pain and also having some persistent pain into her disks as a result of a lumbar disk syndrome in and around L4 and 5, L5-S1.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is a positive leg lowering test and a positive Bechterew's test on the left and the right. There is tenderness in the gluteus medius and quadratus lumborum muscle groups.

A: The patient is experiencing some pain and stiffness and is still exhibiting a positive Bechterew's test on the left and the right. There is also some muscle pain present as well. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days and we will check her at that time. We did treat her today with attended electrical stimulation for the lower back and also the hip, ultrasound for the lumbar spine and intersegmental motorized traction to enhance spinal mobility. All modalities are in 15 minute increments. One session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. Additionally, the patient did receive manipulation at L4-5, L3, the sacrum, the left and right hips, C1, C2, C4 and C5 and T2-T4 as well as \_\_\_\_\_. We will have her follow up here in few days for care and we will check her at that time. I will urge her to continue to do her flexibility work at home.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph.

(P)

R

Burriss, Linda

7055

Levinson

5/22/03

S: The patient enters today with some pain and stiffness in her lower back and her left hip.

O: The patient does have some limitations of movement today on lumbar flexion and extension, left lateral flexion and left rotation. The patient also exhibits a positive Hibbs' test on the left. There is also a positive Bechterew's test present today on the left as well. There is some tenderness noted today at the gluteus medius and quadratus lumborum muscle groups today. There is also pain over L4-5, L5-S1, left and right hip area, C5-6, C1-2 and C4-5. All these areas were manipulated.

A: Mrs. Burriss overall is doing better. She is still having quite a bit of pain on and intermittent type basis. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment on the patient today did include some attended electrical stimulation on the hip and lower back for 15 minutes, ultrasound on the lumbar spine for 15 minutes, some intersegmental motorized traction to enhance spinal mobility for 15 minutes, along with one session of therapeutic exercises performed on the low back response equipment emphasizing lumbar strengthening from 4:00 to 4:15 PM.

Benjamin J. Levinson, M.D.

BJL/RS/kph

Rick Sanford, D.C.

RL

Burris, Linda

7055

Levinson

5/29/03

S: The patient enters today with some pain in her lower back and her hip.

O: The patient does have some limitations of movement today on lumbar flexion and extension, as well as left and right lateral flexion. Also, there is a positive leg lowering test today as well. There is also pain over L4-5 and at the gluteus medius and quadratus lumborum muscle groups today.

A: The patient is experiencing some pain in the lower back area. There is also a positive Bechterew's test present today. I've given the patient some at home exercises and therapies to perform in the interim as well. We will have the patient follow back up for additional care here in approximately two days, at which time we will reassess the patient's condition. Treatment on the patient today did include some attended electrical stimulation on the hip and lower back for 15 minutes, ultrasound on the lumbar spine for 15 minutes, some intersegmental motorized traction to enhance spinal mobility for 15 minutes, along with one session of therapeutic exercises performed on the low back response equipment. Also, we did manipulate L3-4 and L5, the sacrum, the left hip and T6.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

(pr)

rl

Burriss, Linda

7055

Levinson

06/11/03

S: The patient enters today with some lower back pain and also having some pain into her left hip.

O: The patient does have limitations of movement today on lumbar flexion and extension, left and right lateral flexion. There is a positive bilateral straight leg raiser. There is pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups.

A: The patient is experiencing some pain and stiffness today in the lower back and also into her hip. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days for care. We did treat her with attended electrical stimulation for the hips and lower back, ultrasound for the lumbar spine and intersegmental motorized traction to enhance spinal mobility. All modalities are in 15 minute increments. One session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 9:15 to 9:30 a.m. The patient was manipulated at L3, 4 and 5, the sacrum, the left hip, T5, T6, C1, C2, C4 and C5. She will follow up in approximately on week.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

S: The patient enters today having lower back and left hip pain.

O: The patient does have limitations of movement today on lumbar flexion and extension, left and right lateral flexion. There is a positive leg lowering test with pain over L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups. There is tenderness over the erector spinae muscle group today on the left as well. Pain is noted over the sacrum and also over the quadratus lumborum muscle group upon palpation. The patient is exhibiting a positive Bechterew's test on the left and the right. The patient is reporting some intermittent radiculopathy down her legs and also some associated pain bilaterally into her hips but primarily on the left side.

A: The patient is experiencing some pain into the hip and lower back area. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days for care. I did treat her with attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine and intersegmental motorized traction to enhance spinal mobility. All modalities are in 15 minute increments. One session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 9:30 to 9:45 a.m. Additionally, the patient did have manipulation today at L3, 4 and 5, the sacrum and the left hip and T5, T6, and T7, C1, C2, C4 and C5. We will have her follow up here in a few days and check her at that time.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph (1)

(25)

Burriss, Linda

7055

Levinson

06/24/03

S: The patient enters today having some lower back and left hip pain.

O: The patient does have limitations of movement today on lumbar flexion and extension, left and right lateral flexion. There is a positive leg lowering test and also a positive bilateral straight leg raiser. There is pain at L4 and L5 and at the gluteus medius and quadratus lumborum muscle groups on the left. There is also pain in the sacrum and the left hip; all of which were manipulated as well as T5 and T6, C1, C2, C4 and C5.

A: The patient is doing somewhat better. I am going to give the patient some at home therapies and exercises to perform and we will follow him up here in a few days and check her at that time. We did treat her today with the following modalities to include attended electrical stimulation for the neck and back area, ultrasound for the lumbar spine and intersegmental motorized traction to enhance spinal mobility. All modalities are in 15 minute increments. One session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes. All of this was in addition to manipulation today.

Benjamin J. Levinson, M.D.

BJL/RS/kph

Rick Sanford, D.C.

RL

Burriss, Linda

7055

Levinson

07/08/03

S: The patient enters today having some pain and stiffness in her lower back and there is also some tenderness noted bilaterally into both hips however it is more specific in the left hip today.

O: The patient does have limitations of movement today on lumbar flexion and extension, left lateral flexion and left rotation. There is a positive Hibb test on the left. There is also a positive Bechterew's test on the left. Some radiating pain is present down her left leg with some tenderness over the erector spinae and quadratus lumborum muscle groups. The patient also reports some pain over the iliopsoas muscle group today.

A: The patient is experiencing some pain and stiffness in the hip and lower back area specifically more specific to the left side. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days and we will check her at that time. I did treat her with the following modalities to include attended electrical stimulation for the hip and lower back, ultrasound for the lumbar spine and intersegmental motorized traction to enhance spinal mobility. All modalities are in 15 minute increments. One session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 9:00 to 9:15 a.m. Additionally, the patient did have manipulation at L3, 4 and 5, the sacrum, the left and right hip, T5, T6, C1, C2, C4 and C5.

Benjamin J. Levinson, M.D.

Rick Sanford, D.C.

BJL/RS/kph

*BJL*

*R1*

Burriss, Linda

7055

Levinson

07/15/03

S: The patient enters today having some pain and stiffness in her lower back and also across her hips today. There is some pain and stiffness.

O: The patient does have limitations of movement today on lumbar flexion and extension as well as left and right lateral flexion. There is some tenderness over the left and right iliac crest. There is pain in the iliopsoas muscle groups bilaterally and also in the quadratus lumborum muscle groups bilaterally. There is some specific pain at L3, L4, L5, over the sacrum and the left and right hip which we manipulated as well as T5, T6, C1, C2, C4 and C5.

A: Ms. Burriss continues to exhibit some pain. I am going to give the patient some at home therapies and exercises to perform and we will follow her up here in a few days and we will check her at that time. I did treat her today with the following modalities to include attended electrical stimulation for the hips and lower back, ultrasound for the lumbar spine and intersegmental motorized traction to enhance spinal mobility. All modalities are in 15 minute increments. One session of therapeutic exercise was performed on the low back response equipment emphasizing lumbar strengthening for 15 minutes from 10:00 to 10:15 a.m. We will have her follow up next week for care and we will check her at that time.

Benjamin J. Levinson, M.D.

BJL/RS/kph (13)

Rick Sanford, D.C.

(13)

S: Patient presents today for left shoulder pain that she has had for about 3 weeks. She states sometimes, especially the last couple of days; it has been radiating up to her neck. She is very worried that it might be her heart causing the pain now and she would like to get an EKG to make sure it is not a problem. However, patient does experience pain with certain movements in the left shoulder and the pain up her neck is only intermittent. She denies any chest pain or shortness of breath at this time.

PRESENT MEDICATIONS: Vitamins.

DRUG ALLERGIES: None.

O: Pulse 80. Blood pressure 150/86. Recheck 150/70. Weight 166. Patient is awake, alert, in no acute distress at this time. Heart regular rate and rhythm. Lungs clear to auscultation bilaterally. Examination of patient's left shoulder, she is mildly tender to palpation and does have some minimal pain with range of motion of the neck as well as the shoulder. EKG shows normal sinus rhythm.

---

A:

1. Left shoulder pain.
2. Left neck pain.

P: Patient will continue to check her blood pressure. She states she checked it this morning when she had some blood drawn and it was 120 something over 70 something and she has never had any problems with her blood pressure. She states she just may be worried because her friend worried her about the possibility of this being a heart problem. She will let us know if her blood pressure does continue to be elevated. As far as the shoulder, I offered trigger point to her. She states that she wants to hold on that at this time. I did give her some samples of Flexeril 5 mg #21 to use one t.i.d. p.r.n. She was cautioned that they may make her sleepy. I have also given her a prescription for Naprosyn 500 mg #60 to use one b.i.d. with food at least for the next two weeks. I have also encouraged her to use a heating pad on low for about twenty minutes at a time three times a day. If patient is not any better in the next ten to fourteen days, we will see her back at that time. Otherwise,

Burris, Linda  
Page Two

7055

Levinson

03/17/04

she will follow up with Dr. Levinson as directed. I have also encouraged this patient to get a complete physical as soon as possible.

Joan C. Hornick, P.A.-C

JCH/kph

*gk*

**Burriss, Linda W.** 07/23/1943

Office/Outpatient Visit

Visit Date: Tue, Nov 28, 2006 09:14 am

Provider: Jennifer Henderson, N.P. (Supervisor: Benjamin Levinson, MD; Assistant: Betty Legg, )

Location: SC Internal Medicine and Rehabilitation, LLC

1 of

Electronically signed by provider on 11/28/2006 Printed on 01/24/2007 at 1:23 pm.

## **SUBJECTIVE:**

### CC:

Ms. Burriss is a 63-year-old female. She presents with sinus symptoms. Medical problems to be addressed today include Spondylolethesis.

### HPI:

Patient to be evaluated for acute sinusitis, unspecified. This has been a problem for the past month. This is an acute problem without chronic or recurrent episodes. Her primary symptoms include **dry cough, frontal facial pressure, frontal headache, nasal congestion and blood-tinged rhinorrhea**. She has already tried Mucinex.

Follow up of degenerative spondylolisthesis. It is of moderate intensity. Aggravating factors include back flexion and extension. Symptoms are relieved with physical therapy. Associated symptoms include **low back pain, denies radicular pain at present time**. Pt requesting referral to PT

### ROS:

CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.

EYES: Negative for blurred vision, eye pain, and photophobia.

E/N/T: See HPI

CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema.

RESPIRATORY: See HPI

GASTROINTESTINAL: Negative for abdominal pain, heartburn, constipation, diarrhea, and stool changes.

MUSCULOSKELETAL: See HPI

NEUROLOGICAL: Negative for dizziness, headaches, paresthesias, and weakness.

### Current Medications:

Actonel 35mg Tablet 1 tab po weekly

## **OBJECTIVE:**

### Vitals:

Current: 11/28/2006 9:41:31 AM

Wt: 161.4 lbs;

T: 97.3 F; BP: 140/76 mm Hg; P: 80 bpm;

Repeat: 136/70

### Exams:

#### **PHYSICAL EXAM:**

GENERAL: well developed and nourished; appropriately groomed; in no apparent distress;

EYES: PERRLA;

E/N/T: EARS: both TMs are dull and have fluid behind them; NOSE: nasal mucosa is boggy; turbinates are mildly swollen; bilateral frontal sinus tenderness present; OROPHARYNX: posterior pharynx shows drainage present;

NECK: supple;

RESPIRATORY: lungs clear to auscultation and percussion; symmetric expansion; no dyspnea;

CARDIOVASCULAR: normal rate; rhythm is regular;

GASTROINTESTINAL: nontender;

LYMPHATIC: bilateral anterior cervical nodes (tender, mobile);

BREAST/INTEGUMENT: skin warm and dry to touch;

MUSCULOSKELETAL: normal gait;

NEUROLOGIC: mental status: alert and oriented x 3;

Burriss, Linda W. 07/23/1943

Office/Outpatient Visit

Visit Date: Tue, Nov 28, 2006 09:14 am

Provider: Jennifer Henderson, N.P. (Supervisor: Benjamin Levinson, MD; Assistant: Betty Legg, )

Location: SC Internal Medicine and Rehabilitation, LLC

Electronically signed by provider on 11/28/2006 Printed on 01/24/2007 at 1:23 pm.

PSYCHIATRIC: appropriate affect and demeanor;

## ASSESSMENT:

461.9 Acute sinusitis, unspecified  
738.4 Degenerative spondylolisthesis

## PLAN:

Acute sinusitis, unspecified

LABORATORY: Lab studies ordered today include CBC and CMET, lipids, TSH, T4.  
MEDICATIONS: (see today's med list)

RECOMMENDATIONS given include: rest and increase oral fluid intake.

FOLLOW-UP: Schedule a follow-up visit in 2 months. CPE with BL

### Prescriptions:

Augmentin XR 1,000mg Tablets, Extended Release TID X 7 days #21 (Twenty One) tablet(s) Refills: 0 (Zero)  
Respa-DM Tablets, Sustained Release Take 1 tablet(s) by mouth q12h #40 (Forty) tablet(s) Refills: 0 (Zero)  
Nasonex 50mcg/actuation Nasal Spray 2 spray(s) in each nostril daily #1 (One) 17 gm bottle Refills: 5 (Five)

### Orders:

99213 Office/outpatient visit; established patient, level 3  
85025 Automated complete blood count with platelets and complete differential  
80053 Comprehensive metabolic panel  
80061 Lipid panel (total cholesterol, HDL, triglycerides)  
84439 Free thyroxine  
84443 TSH

## Degenerative spondylolisthesis

MEDICATIONS: (no change to current medication regimen)

RECOMMENDATIONS given include: apply moist heat.

REFERRALS: Referral initiated to physical therapy.

# Health Summary

1 of

SCIM-Rehab Dept.  
1 Wellness Boulevard Suite 200  
Irmo, SC 29063

Phone: (803)454-1096 Fax: (803)454-1095

**Patient:** Burriss, Linda W

**Date:** 1/24/2007

## Current Problems

Acute serous otitis media  
Acute sinusitis, unspecified  
Degenerative spondylolisthesis

## Current Medications

Nasonex 50mcg/actuation Nasal Spray 2 spray(s) in each nostril daily  
Actonel 35mg Tablet 1 tab po weekly

## Allergies / Adverse Reactions

NKDA

## Past Medical History

### Past Medical History:

Osteopenia  
Spondylolethesis

### Surgical History:

Dilation and Curettage: x 2;

### Family History:

Positive for Myocardial Infarction ( father ).  
Positive for Hepatic Carcinoma ( mother ).

### Social History:

Occupation:  
Retired  
Marital Status: Married  
Children: 2 children

### Tobacco/Alcohol/Supplements:

Tobacco: Nonsmoker (never smoked);

Alcohol: Drinks alcohol very infrequently.

### Substance Abuse History:

None

### Mental Health History:

NEGATIVE

### Communicable Diseases (eg STDs):

Reportable health conditions: None

Burriss, Linda W. 07/23/1943

Office/Outpatient Visit

Visit Date: Tue, Jan 30, 2007 07:04 am

Provider: Benjamin Levinson, MD (Supervisor: Benjamin Levinson, MD; Assistant: Tiffani Baskins)

Location: SC Internal Medicine and Rehabilitation, LLC

1 of 4

Electronically signed by provider on 01/30/2007 Printed on 05/04/2007 at 9:23 am.

## SUBJECTIVE:

### CC:

Ms. Burriss is a 63-year-old female. Medical problems to be addressed today include Spondylolethesis. Ms. Burriss is a 63-year-old female. She presents for follow up for an established diagnosis of osteopenia. Ms. Burriss is a 63-year-old female. She presents with allergies.

### HPI:

Follow up of degenerative spondylolisthesis. It is of moderate intensity. Aggravating factors include back flexion and extension. Symptoms are relieved with physical therapy. Associated symptoms include **low back pain, denies radicular pain at present time**. Pt requesting referral to PT Pt still with problems with stooping, bending or standing with radiation to left leg. She has hx L5-S1 spondylolisthesis Grade 2 bilateral pars defect.

Low back pain details; the location is primarily in the lower lumbar spine. It does not radiate. She characterizes it as constant, moderate in intensity, and dull. This is a chronic problem, with essentially constant pain. Associated symptoms include **stiffness that is persistent**. She notes some pain relief with rest. The pain worsens with back flexion, back extension, and twisting movements.

Concerning annual exam, Dr. Powell did GYN her last physical exam was 8 months ago. She performs breast self-exams monthly. Pt had C-V screening negative carotids no AAA, Echo, normal ABI

Ms. Burriss presents with a diagnosis of osteopenia. This was diagnosed 2 years ago. The course has been progressively worsening. It is of moderate intensity. There are no associated symptoms. Prior work-up has included DEXA and recent heel scan osteopenia.. She does not get enough dairy in her diet and does not take calcium and vitamin D at this point.

In regard to the allergic rhinitis, Ms. Burriss complains of allergy symptoms, which started several weeks ago. The allergy pattern seems to be seasonal. Her symptom complex includes **runny nose, post-nasal drip, itchy nose, nasal congestion and ocular itching**.

### ROS:

CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.

EYES: Negative for blurred vision, eye pain, and photophobia.

E/N/T: Negative for hearing problems, E/N/T pain, congestion, rhinorrhea, epistaxis, hoarseness, and dental problems.

CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema.

RESPIRATORY: Negative for cough, dyspnea, and hemoptysis.

GASTROINTESTINAL: Negative for abdominal pain, heartburn, constipation, diarrhea, and stool changes.

GENITOURINARY: Negative for genital lesions, hematuria, menstrual problems, polyuria, abnormal vaginal bleeding, and vaginal discharge.

MUSCULOSKELETAL: Negative for arthralgias, back pain, and myalgias.

INTEGUMENTARY/BREAST: Negative for atypical moles, dry skin, pruritis, rashes, breast masses, and nipple discharge.

NEUROLOGICAL: Negative for dizziness, headaches, paresthesias, and weakness.

HEMATOLOGIC/LYMPHATIC: Negative for easy bruising, bleeding, and lymphadenopathy.

ENDOCRINE: Negative for hair loss, heat/cold intolerance, polydipsia, and polyphagia.

ALLERGIC/IMMUNOLOGIC: Negative for allergies, frequent illnesses, HIV exposure, and urticaria.

PSYCHIATRIC: Negative for anxiety, depression, and sleep disturbances.

past Medical History / Family History / Social History:

**Burriss, Linda W.** 07/23/1943

Office/Outpatient Visit

Visit Date: Tue, Jan 30, 2007 07:04 am

Provider: Benjamin Levinson, MD (Supervisor: Benjamin Levinson, MD; Assistant: Tiffani Baskins)

Location: SC Internal Medicine and Rehabilitation, LLC

2 of 4

Electronically signed by provider on 01/30/2007. Printed on 05/04/2007 at 9:23 am.

**Past Medical History:**

Osteopenia  
Spondylolethesis

**Surgical History:**

Dilation and Curettage: x 2;

**Family History:**

Positive for Myocardial Infarction ( father ).  
Positive for Hepatic Carcinoma ( mother ).

**Social History:**

Occupation:  
Retired  
Marital Status: Married  
Children: 2 children

**Tobacco/Alcohol/Supplements:**

Tobacco: Nonsmoker (never smoked);

Alcohol: Drinks alcohol very infrequently.

**Substance Abuse History:**

None

**Mental Health History:**

NEGATIVE

**Communicable Diseases (eg STDs):**

Reportable health conditions; None

**Current Problems:**

Acute serous otitis media  
Degenerative spondylolisthesis

**Allergies:**

No Known Drug Allergies.

**Current Medications:**

Nasonex 50mcg/actuation Nasal Spray 2 spray(s) in each nostril daily  
Actonel 35mg Tablet 1 tab po weekly

**OBJECTIVE:**

**Vitals:**

Current: 1/30/2007 8:48:31 AM

Wt: 166 lbs;

BP: 156/80 mm Hg;

**Burriss, Linda W.** 07/23/1943

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Office/Outpatient Visit

Visit Date: Tue, Jan 30, 2007 07:04 am

Provider: Benjamin Levinson, MD (Supervisor: Benjamin Levinson, MD; Assistant: Tiffani Baskins)

Location: SC Internal Medicine and Rehabilitation, LLC

Electronically signed by provider on 01/30/2007 Printed on 05/04/2007 at 9:23 am.

**Exams:**

**PHYSICAL EXAM:**

GENERAL: well developed and nourished; appropriately groomed; in no apparent distress;

EYES: PERRLA;

E/N/T: EARS: both TMs are dull and have fluid behind them; NOSE: nasal mucosa is boggy; turbinates are mildly swollen; bilateral frontal sinus tenderness present; OROPHARYNX: posterior pharynx shows drainage present;

NECK: supple;

RESPIRATORY: lungs clear to auscultation and percussion; symmetric expansion; no dyspnea;

CARDIOVASCULAR: normal rate; rhythm is regular;

GASTROINTESTINAL: nontender;

LYMPHATIC: bilateral anterior cervical nodes ( tender, mobile );

MUSCULOSKELETAL: normal gait; decreased range of motion noted in: back flexion, extension, and lateral flexion;

pain with range of motion in: back flexion, extension, and lateral flexion; spine: at pelvis;

NEUROLOGIC: mental status: alert and oriented x 3;

PSYCHIATRIC: appropriate affect and demeanor;

**Lab/Test Results:**

LABORATORY RESULTS: Lipid Profile: Cholesterol 210mg/dl; Triglycerides 103 mg/dl; HDL 67 mg/dl; LDL 122 mg/dl;

Thyroid screen: TSH - 1.823 mIU/L; Free T4 - 0.99 mIU/L;

LABORATORY RESULTS:

Urinalysis: normal;

ECG INTERPRETATION:

normal sinus rhythm;

**ASSESSMENT:**

|        |                                   |
|--------|-----------------------------------|
| 738.4  | Degenerative spondylolisthesis    |
| 724.2  | Low back pain                     |
| V70.0  | Annual exam                       |
| 733.90 | Osteopenia                        |
| 477.0  | Allergic rhinitis, pollen-induced |
| 401.1  | White coat hypertension           |

**PLAN:**

**Degenerative spondylolisthesis** Using AMA Guide to Permanent Impairment I give her 9% impairment to the whole person based on injury from spondylolisthesis. She will need chronic tx for life unless she opts for surgery. This could increase after MRI if has significant disk disease as well.

MEDICATIONS: (no change to current medication regimen)

RECOMMENDATIONS given include: apply moist heat.

REFERRALS: Referral initiated to a chronic pain specialist ( Dr. Rawl; to perform Epidurals ) and a chiropractor ( Dr. Sanford ).

**Orders:**

99215 Office/outpatient visit; established patient, level 5

Low back pain

ESTS/PROCEDURES ordered today include lumbar spine x-ray and LS spine MRI ( to rule out reevaluate injury. ).

RECOMMENDATIONS given include: weight loss and Back brace.

**Orders:**

72114 Radiologic examination, spine, lumbosacral; complete; including bending views

**Burriss, Linda W.** 07/23/1943

Office/Outpatient Visit

Visit Date: Tue, Jan 30, 2007 07:04 am

Provider: Benjamin Levinson, MD (Supervisor: Benjamin Levinson, MD; Assistant: Tiffani Baskins)

Location: SC Internal Medicine and Rehabilitation, LLC

4 of 4

Electronically signed by provider on 01/30/2007 Printed on 05/04/2007 at 9:23 am.

72158 Magnetic resonance imaging, spinal canal and contents, with and without contrast, lumbar

#### Annual exam

##### Orders:

81003 Urinalysis, automated, without microscopy

93000 Electrocardiogram, routine with at least 12 leads; with interpretation and report

#### Osteopenia

TESTS/PROCEDURES ordered today include: DEXA bone densitometry.

MEDICATIONS: Over-the-counter medications recommended include vitamin D and calcium.

Prescriptions: consider miacalcin NS next visit she wants to avoid bisphosphonates.

##### Orders:

76075 Dual energy x-ray absorptiometry (DEXA), bone density study, one or more sites; axial skeleton

#### Allergic rhinitis, pollen-induced

##### Prescriptions:

Allegra 180mg Tablet 1 tab(s) po qd prn allergies #30 (Thirty) tablet(s) Refills: 5 (Five)

Mucinex 600mg Tablets, Extended Release 1 bid PRN QS for 60 day(s) Refills: 2 (Two)

#### White coat hypertension

TESTS/PROCEDURES ordered today include nuclear medicine perfusion study.

RECOMMENDATIONS given include: perform routine monitoring of blood pressure with home blood pressure cuff and exercise.

Prescriptions: No meds for now.

##### Orders:

78461 Myocardial perfusion imaging; multiple studies, at rest and/or stress

Other Orders: ret 2 months for fu and check BP and spine improvements

SOUTH CAROLINA INTERNAL MEDICINE ASSOCIATES AND REHAB.

1 Wellness Blvd., Suite 200

Irmo, S.C. 29063

Phone: 803-749-1111

Fax: 803-749-0050

Patient: LINDA BURRIS DOB: 7/23/43 ACCT: 251-68-7055

Attending physician: DR. LEVINSON

Exam date: 2/20/07

D/T/R: 2/21/07

FEB 23 REC'D

FINAL REPORT:

LUMBAR SPINE: No previous

AP, lateral, neutral, lateral flexion, and extension views of the lumbar spine demonstrate bilateral pars defects at L5, with anterior spondylolisthesis, with approximately 50 per cent of the endplate exposed at L5. No acute fracture is demonstrated. The pars defects do not demonstrate significant change or increase in spondylolisthesis with flexion or extension.

IMPRESSION: Bilateral pars defects with anterior spondylolisthesis.

JASON LYNN, M.D./fg  
RADIOLOGIST

PITTS RADIOLOGY

(R)

*Jason Lynn*

**Burriss, Linda W.** 07/23/1943

Office/Outpatient Visit

Visit Date: Tue, Mar 27, 2007 10:09 am

Provider: Benjamin Levinson, MD (Supervisor: Benjamin Levinson, MD; Assistant: Cordelia Sims, )

Location: SC Internal Medicine and Rehabilitation, LLC

1 of 4

Electronically signed by provider on 03/27/2007 Printed on 05/04/2007 at 9:23 am.

## **SUBJECTIVE:**

### CC:

Ms. Burriss is a 63-year-old female. This is a follow-up visit.

### HPI:

Ms. Burriss presents with a diagnosis of white coat hypertension. This was diagnosed 2 years ago. The course has been progressively worsening. It is of moderate intensity. Associated symptoms include **tachycardia**. Had CT angiogram which was negative.

In regard to the degenerative spondylolisthesis, the location is primarily in the lower lumbar spine. It does not radiate. She characterizes it as constant, moderate in intensity, and dull. This is a chronic problem, with essentially constant pain. Associated symptoms include **stiffness that is persistent**. She notes some pain relief with rest. The pain worsens with back flexion, back extension, and twisting movements. Her 2/2/07 MRI revealed severe bilateral neural foramina stenosis L5-S1.

In regard to the allergic rhinitis, pollen-induced, Ms. Burriss complains of allergy symptoms, which started several weeks ago. The allergy pattern seems to be seasonal. Her symptom complex includes **runny nose, post-nasal drip, itchy nose, nasal congestion and ocular itching**.

Additionally, she presents with history of low back pain. the location is primarily in the lower lumbar spine. It does not radiate. She characterizes it as constant, moderate in intensity, and dull. This is a chronic problem, with essentially constant pain. Associated symptoms include **stiffness that is persistent**. She notes some pain relief with rest. The pain worsens with back flexion, back extension, and twisting movements. Seen Dr. Rawl watching with local care exercises and pt better with hx of severe back problems on MRI.

Ms. Burriss presents with a diagnosis of osteopenia. This was diagnosed 2 years ago. The course has been progressively worsening. It is of moderate intensity. There are no associated symptoms. Prior work-up has included DEXA and recent heel scan osteopenia.. She is on Ca++ and Vit D. Afraid of bisphosphonates.

### ROS:

CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.

EYES: See HPI

E/N/T: See HPI

CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema.

RESPIRATORY: Negative for cough, dyspnea, and hemoptysis.

GASTROINTESTINAL: Negative for abdominal pain, heartburn, constipation, diarrhea, and stool changes.

GENITOURINARY: Negative for genital lesions, hematuria, menstrual problems, polyuria, abnormal vaginal bleeding, and vaginal discharge.

MUSCULOSKELETAL: Negative for arthralgias, back pain and joint stiffness.

NEUROLOGICAL: Negative for dizziness, headaches, paresthesias, and weakness.

### Past Medical History / Family History / Social History:

#### Past Medical History:

Osteopenia

Spondylolethesis

#### CURRENT MEDICAL PROVIDERS:

**Burriss, Linda W.** 07/23/1943

Office/Outpatient Visit

Visit Date: Tue, Mar 27, 2007 10:09 am

Provider: Benjamin Levinson, MD (Supervisor: Benjamin Levinson, MD; Assistant: Cordelia Sims, )

Location: SC Internal Medicine and Rehabilitation, LLC

Electronically signed by provider on 03/27/2007 Printed on 05/04/2007 at 9:23 am.

Cardiologist: Dr Alexander

2 of 4

**Surgical History:**

Dilation and Curettage: x 2; Procedures:  
Colonoscopy ( 2005 by Lawson negativel )

**Family History:**

Positive for Myocardial Infarction ( father ).  
Positive for Hepatic Carcinoma ( mother ).  
Positive for Sister died age 5 illness ?, sister cerebral hemorrhage unknown cause., brother electrocuted and  
brotyher healthy and sister younger healthy.

**Social History:**

Occupation: Retired (Prior occupation: teacher's aide elementary schools 20yrs and 8 yrs in office)  
Marital Status: Married  
Children: 2 children

**Tobacco/Alcohol/Supplements:**

Tobacco: Nonsmoker (never smoked);

Alcohol: Drinks alcohol very infrequently.

**Substance Abuse History:**

None

**Mental Health History:**

NEGATIVE

**Communicable Diseases (eg STDs):**

Reportable health conditions; None

**Current Problems:**

Acute serous otitis media  
Allergic rhinitis, pollen-induced  
Annual exam  
Degenerative spondylolisthesis  
Low back pain  
Osteopenia  
White coat hypertension

**Allergies:**

Augmentin: (Adverse Reaction)

**Current Medications:**

citracal plus magnesium 2 po qd  
multi vit with lycopene  
Glucosamine 750 mg  
Chondroitine sulfate 600 ,mg 2 po qd  
vit E 400 iu  
vit C 500 mg  
fish oil 180 mg  
20 mg DHA per soft gel  
concentrate with omega 3 fatty acids

**Burriss, Linda W.** 07/23/1943

Office/Outpatient Visit

Visit Date: Tue, Mar 27, 2007 10:09 am

Provider: Benjamin Levinson, MD (Supervisor: Benjamin Levinson, MD; Assistant: Cordelia Sims, )

Location: SC Internal Medicine and Rehabilitation, LLC

3 of 4

Electronically signed by provider on 03/27/2007 Printed on 05/04/2007 at 9:23 am.

folic acid 400 mcg

2 baby ASA

equate vision formula lutein high potency antioxidants and zinc

Allegra 180mg Tablet 1 tab(s) po qd prn allergies

Mucinex 600mg Tablets, Extended Release 1 bid PRN

Metoprolol 25mg Tablet Take 1 tablet(s) by mouth daily

## OBJECTIVE:

### Vitals:

Current: 3/27/2007 10:20:46 AM

Wt: 163 lbs;

BP: 126/78 mm Hg;

### Exams:

#### PHYSICAL EXAM:

GENERAL: well developed, well nourished; well groomed; no apparent distress;

EYES: conjunctiva and cornea are normal; pupils and irises are normal;

E/N/T: normal EACs, TMs, nasal/oral mucosa, teeth, gingiva, and oropharynx;

NECK: supple, full ROM; no thyromegaly; no carotid bruits;

RESPIRATORY: lungs clear to auscultation and percussion; symmetric expansion; no dyspnea;

CARDIOVASCULAR: normal rate; rhythm is regular;

GASTROINTESTINAL: nontender, nondistended; no hepatosplenomegaly or masses; no bruits;

LYMPHATICS: no adenopathy in cervical, supraclavicular, axillary, or inguinal regions;

MUSCULOSKELETAL: Normal range of motion, strength and tone;

NEUROLOGICAL: cranial nerves, motor and sensory function, reflexes, gait and coordination are all intact;

## ASSESSMENT:

401.1 White coat hypertension  
738.4 Degenerative spondylolisthesis  
477.0 Allergic rhinitis, pollen-induced  
724.2 Low back pain  
733.90 Osteopenia

## PLAN:

### White coat hypertension

#### Prescriptions:

Refill of: Metoprolol 25mg Tablet Take 1 tablet(s) by mouth daily #30 (Thirty) tablet(s) Refills: 5 (Five)

#### Orders:

99214 Office/outpatient visit; established patient, level 4

**Degenerative spondylolisthesis** watching with exercises

**Allergic rhinitis, pollen-induced**

#### Prescriptions:

RESPA- AR\* std dose 1 po bid prn #60 (Sixty) tablet(s) Refills: 5 (Five)

**Osteopenia**

**Burriss, Linda W.** 07/23/1943

Office/Outpatient Visit

4 of 4

**Visit Date:** Tue, Mar 27, 2007 10:09 am

**Provider:** Benjamin Levinson, MD (Supervisor: Benjamin Levinson, MD; Assistant: Cordelia Sims, )

**Location:** SC Internal Medicine and Rehabilitation, LLC

Electronically signed by provider on 03/27/2007 Printed on 05/04/2007 at 9:23 am.

**Prescriptions:**

Evista 60mg Tablet Take 1 tablet(s) by mouth daily #30 (Thirty) tablet(s) Refills: 5 (Five)

**Other Orders:** ret 3 months

# Health Summary

SC Internal Medicine and Rehabilitation, LLC  
One Wellness Blvd., Ste. 200  
Irmo, SC 29063  
Phone: (803)749-1111 Fax: (803)749-0050

1 of 2

**Patient:** Burriss, Linda W  
**Date:** 5/4/2007

## Current Problems

Acute serous otitis media  
Allergic rhinitis, pollen-induced  
Degenerative spondylolisthesis  
Low back pain  
Osteopenia  
White coat hypertension

## Current Medications

Metoprolol 25mg Tablet Take 1 tablet(s) by mouth daily  
Evista 60mg Tablet Take 1 tablet(s) by mouth daily  
RESPA- AR\* std dose 1 po bid prn  
citracal plus magnesium 2 po qd  
multi vit with lycopene  
Glucosamine 750 mg  
Chondroitine sulfate 600 ,mg 2 po qd  
Vit E 400 iu  
Vit C 500 mg  
Fish oil 180 mg  
120 mg DHA per soft gel  
concentrate with omega 3 fatty acids  
folic acid 400 mcg  
baby ASA  
late vision formula lutein high potency antioxidants and zinc  
Allegra 180mg Tablet 1 tab(s) po qd prn allergies  
Mucinex 600mg Tablets, Extended Release 1 bid PRN

## Allergies / Adverse Reactions

Augmentin

## Past Medical History

**Past Medical History:** CT angio negative after false +stress 2006

Osteopenia  
Spondylolethesis

**CURRENT MEDICAL PROVIDERS:**  
Cardiologist: Dr Alexander

## Surgical History:

Dilation and Curettage: x 2; **Procedures:**  
Colonoscopy ( 2005 by Lawson negative )

## Family History:

Positive for Myocardial Infarction ( father ).  
Positive for Hepatic Carcinoma ( mother ).  
Positive for Sister died age 5 illness ?, sister cerebral hemorrhage unknown cause., brother electrocuted and brother healthy and sister younger healthy.

## Social History:

Occupation: Retired (Prior occupation: teacher's aide-elementary schools 20yrs and 8 yrs in office)  
Marital Status: Married.

# Health Summary

2 of 2

SC Internal Medicine and Rehabilitation, LLC  
One Wellness Blvd., Ste. 200  
Irmo, SC 29063  
Phone: (803)749-1111 Fax: (803)749-0050

**Patient:** Burriss, Linda W

**Date:** 5/4/2007

Children: 2 children

**Tobacco/Alcohol/Supplements:**

Tobacco: Nonsmoker (never smoked);

Alcohol: Drinks alcohol very infrequently.

**Substance Abuse History:**

None

**Mental Health History:**

NEGATIVE

**Communicable Diseases (eg STDs):**

Reportable health conditions; None

1. Was it your opinion in 2002, to a reasonable degree of medical certainty, that Linda Burriss suffered from chronic back, leg and hip pain from conditions listed in your office note of 11/20/02, and that these conditions were aggravated and accelerated by many of the activities of her job as a teacher's aide?

Yes ☒ No ☐

2. Please indicate which types of activities would have aggravated or accelerated Mrs. Burriss' back, leg and hip conditions. *Bending/stooping frequently, standing for long periods of time, lifting heavy weight*

a. Standing on hard floors all day and on concrete walkways for bus duty, cafeteria duty, day care duty and classroom duty for extended periods of time (20-30 min. or more at one time) on one or more occasions during the course of the work day. Yes ☒ No ☐

b. Lifting heavy objects such as boxes of reams of copy paper (40-50 lbs per box); boxes full of mail including numerous magazines (15-25 lbs.); (10-15 lbs) rolls of laminating material and loading them into a machine, all on a frequent basis. Yes ☒ No ☐

c. Standing and operating a paper cutter that required her to stoop and bend over a low table and cut and organize as many as 800 sheets of paper at a time and on a frequent basis. Yes ☒ No ☐

d. Daily sit on small chairs designed for elementary school children for 30 or more minutes at a time. Yes ☒ No ☐

e. Standing in an awkward position twisting her back while pushing and pulling laminating material from a laminating machine on a frequent basis. Yes ☒ No ☐

3. Was it your opinion and recommendation in 2002 that Mrs. Burriss stop working as a teacher's aide as it aggravated her back pain, and that she would not show any improvement with the pain as long as she was required to stand, bend, stoop, twist and lift as part of her job.

Yes ☒ No ☐

4. You recently assigned a 9% permanent impairment to the whole person (Jan. 30, 2007) to Mrs. Burriss as a result of her "injury from spondylolisthesis" and that she will "need chronic treatment for life unless she opts for surgery." Given this scenario, would you recommend that she engage in any active, full-time employment on an 8 hour, 5 day a week basis?

Yes ☒ No ☐

If "Yes", what kinds of physical restrictions would you place on her job requirements?

*No prolonged standing, sitting. It is best to be*

Please add anything by way of clarification or comment here that you may wish to make.

*Benjamin J. Levinson, M.D.*  
Benjamin J. Levinson, M.D.

*6/4/07*  
Date

*Standing  
Bending  
Heavy  
lifting, sitting  
lifting - S-D  
etc.*

**CAROLINA SPINE CENTER**

A Program of Columbia Neurosurgical Associates, P.A.

170 Razon Road  
Columbia, SC 29203  
(803) 482-0540 - (F) 482-0432

2728 Sunset Blvd, Suite 108  
W. Columbia, SC 29169  
(803) 784-3700 - (F) 784-0322

**Spine & Neurological Surgery**

Thomas J. Helbrock, Jr., MD    Scott B. Boyd, MD  
William M. Ramco, Jr., MD    Brad C. Guter, MD  
Randall C. Dye, MD

**Pain Medicine**

Steven B. Sprack, MD  
Eve Jane Rawl, MD

**OFFICE CONSULTATION**

Patient: Linda Burriss  
Chart: 47525  
Date: 2/19/07

**REASON FOR EVALUATION:** Low back pain.

**HISTORY OF PRESENT ILLNESS:** Ms. Burriss is a 64-year-old patient who presents with chronic low back pain which episodically radiates down either the right or left lower extremities. Ms. Burriss has had episodic right and left lower extremity pain that radiates from the hips all the way down into the calf area. She has a known anterior Grade II spondylolisthesis at L5-S1 with severe bilateral neural foraminal stenosis there. Additionally she has a foraminal tear at L4-5 with some degenerative changes noted there without any stenosis. She has some mild degenerative changes at the disc at L2-3, again with no stenosis or herniations. Ms. Burriss presents today for a consult in reference to anything that I have to offer to help maintain her function and decrease or control her pain. She has had episodic physical therapy throughout the last few years. Her most time in physical therapy is currently ongoing and she has been in that for several weeks. She reports almost complete improvement of the pain. She still is painful going from sitting to recumbent. She is especially painful trying to rise from recumbent to a sitting position. She gets the escalating low back pain as well as radicular pain with each of these motions. Almost all of her daily activities escalate her pain as well. She does back exercises twice a day everyday. This has helped her control the pain a little bit more these last 2-3 weeks.

**PAST MEDICAL HISTORY:** Benign. Negative ROS.**CURRENT MEDICATIONS:** Calcium, vitamins, Tylenol and ibuprofen.

**PHYSICAL EXAM:** Reveals her to be a moderately fit, slightly overweight, Caucasian female. **HEENT:** Normocephalic, EOMs intact. **HEART:** Regular rate and rhythm. **EXTREMITIES:** Bilateral symmetry of all 4 extremities, 2+ distal pulses. **NEUROLOGICAL:** Sensation intact in all 4. Motor strength is 5/5 in all 4. Negative SLRs, sitting and supine. Patrick's and Gaensler's exams are negative but she does show some pain that escalates in the low back with lateral motion of the spine. 2+ DTRs at the knees, 1+ at the ankles, downward deflecting toes. No evidence of clonus. **MUSCULOSKELETAL:** Full 90 degree flexion of the back. Extension of the back causes her to have some low back pain. Internal/external rotation of the hips are normal without pain. Gait is nonantalgic. Nontender in the SI joints, trochanteric bursae areas of the lumbar spine and has no palpable muscle spasms.

**PLAN:** Today Ms. Burriss does not have her films with her but I have asked them to drop them back by the office at their convenience. I would like to order flexion/extension films on Ms. Burriss to compare with the MRI and to evaluate her for this spondylolisthesis. We are going to give her some topical ketoprofen, gabapentin, ketamine and lidocaine ointments. I have asked her to consider aquatic therapy as an

Carolina Spine Center  
Page 2 of 2

adjunct to the physical therapy that she is currently doing. She is going to consider epidurals. I have encouraged her to use those therapeutic modalities only for severe radicular pain that is unrelenting with changes in position or exercise.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

Eva Jane Rawl, M.D.  
Anesthesiologist Acute Spinal Pain

EJRIAW

CNAWT: 4080

MAY. 14. 2007 11:55AM  
Feb. 19. 2007 8:48AM

COLUMBIA NEUROSURGICAL ASSOC.

NO. 4166 P. 6/7  
No. 8677 P. 2



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Irmo, South Carolina 29063  
803.732.1741  
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PATIENT: Burris, Linda  
MRN: 301458  
DATE OF BIRTH: 7/23/1943  
REF PHYSICIAN: Ben Levinach, MD  
DATE OF EXAM: 2/2/2007  
PATIENT PHN: 803-781-1554

### EXAM: MRI OF THE LUMBAR SPINE

CLINICAL DATA: Right hip and leg pain.

TECHNIQUE: The following sequences were obtained on a Hitachi AIRIS 0.3 Tesla MRI: Sagittal and axial T1-weighted spin echo of the entire lumbar spine with axial T1 and T2-weighted spin echo through selected intervertebral discs. There are no priors for comparison.

FINDINGS: The musculoskeletal soft tissue structures are within normal limits. There is a grade II anterior spondylolisthesis of L5 on S1 with degenerative endplate changes. There is bilateral spondylolysis of L5. The conus terminates at L1 and is without mass.

The L1-2 intervertebral disc is normal.

At L2-3, there is disc dislocation with disc height loss as well as a diffuse disc bulge, but no stenosis.

The L3-4 and L4-5 intervertebral discs are normal.

At L5-S1, again noted is a grade II anterior spondylolisthesis resulting in severe up-down narrowing in the neural foramina. There is no central canal stenosis.

### IMPRESSION:

1. Severe bilateral neural foramina stenosis at L5-S1 secondary to up-down narrowing of the neural foramina. The patient has a grade II anterior spondylolisthesis with chronic bilateral spondylolysis of L5.
2. Small right foramina annular tear at L4-5 without stenosis.
3. Mild disc degeneration at L2-3 with a diffuse disc bulge, but no stenosis.

Paul A. Hitchcock, M.D.

PA / M

DD: 2/2/2007

DT: 2/2/2007

Id: 3031907

This document has been electronically Reviewed and Signed by Paul A. Hitchcock, M.D.

Paul M. Hitchcock MD

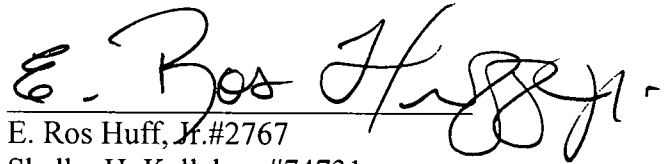
SR  
2-19-07

Certificate of Counsel

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The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and no any other material.

July \_\_, 2013



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Attorneys for the Appellant

In The Court of Appeals

APPEAL FROM RICHLANDCOUNTY  
Court of Common Pleas

Casey Manning, Circuit Court Judge

Case No. 2008-CP-400-2813

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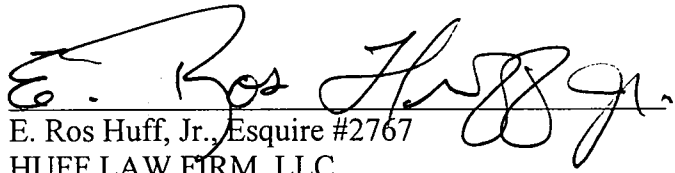
SC Court of Appeals

Linda Burris, Employee .....Appellant,  
v.  
Lexington/Richland School District 5, Employer,  
And South Carolina School Board Insurance Trust, Carrier.....Respondents

PROOF OF SERVICE

I certify that I have served the Record on Appeal on Lexington/Richland School District 5 and South Carolina Board Insurance Trust by depositing a copy of the same in the United States Mail, postage prepaid, on \_\_\_\_\_, addressed to their attorney of record, Ernest Lawhorne, Ellis, Lawhorne & Sims, P.A., 1501 Main Street, Suite 500, PO Box 2285, Columbia, SC 29202.

July 17, 2013

  
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