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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Melody L. James, Commissioner
Gabe Coggiola, Commissioner
R. Michael Campbell, II, Commissioner

W.C.C. FILE NO.: 2202565
Appellate Case No. 2025-001932

RUSTY YOUNG, CLAIMANT.....APPELLANT,

v.

CONFLUENCE OUTDOOR, INC., EMPLOYER, and
GREAT AMERICAN ALLIANCE INSURANCE CO., CARRIER.....RESPONDENTS.

RECORD ON APPEAL
Volume 2 of 4

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Patient: RUSTY YOUNG (DOB:2/12/1987)
Seen On: 03/09/2022 by Melissa Silvey, PA-C

Seen At: AFC Urgent Care, 1800 Augusta St, Ste B, Greenville, SC
29605-2928; Phone: 864-412-7812; Fax: 864-412-7813

The data contained in this FAX is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of Federal Law (HIPAA) and will be reported as such.

Chief Complaint: Patient comes in today for a Shoulder pain and work compensation. (SOURCE: Patient)

History of Present Illness: **Patient Reports:** Shoulder pain [Onset: 1 Day(s); Frequency: Rare; Duration: 1 Day(s); Free text: Pt was working and pulling on a kayak boat and felt pain in his rt shoulder. States that he feels "pins and needles" in his right arm. ROM intact. NVL.; Intensity: Avg-5 Min-5 Max-5 Now-5] work compensation

PMH: There are no illnesses or recognized medical history relating to this patient's present illness.

Surgical History: Ankle Surgery, NOS - (Not Sure of Date)

Review of Systems: Constitutional
Patient Denies: Chills; Fever
Eyes
Patient Denies: Eye redness
ENT/Mouth
Patient Denies: Sinus drainage; Post-nasal drip; Sinus congestion
Cardio
Patient Denies: Shortness of breath; Chest pain
Respiratory
Patient Denies: Cough; Shortness of breath
GI
Patient Denies: Vomiting; Nausea
GU
Patient Denies: Dysuria
Musc/Skel
Patient Reports: Joint pain
Patient Denies: Deformity
Skin/Breast
Patient Denies: Rash
Neurologic
Patient Denies: Headache

Current Meds: ACTIVE: phentermine
ACTIVE: Wellbutrin XL

Allergies: Active: No known allergies; No known drug allergies; No known non-drug allergies

Social History: Alcohol Use
Has 2 drinks per Week
Drug Use
Patient denies drug use.
Tobacco Use
Light smoker;

Family History: There is no recognized family history that relates to this patient's present illness.

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Vitals: Taken on 03/09/2022 at 12:15 PM:

BP: 150/80 mmHg
PULSE: 103 bpm
RESP: 15 breaths/min
TEMP: 98.1
WEIGHT: 230 lb(104.33 kg)
HEIGHT/LENGTH: 5 ft 4 in
BMI: 39.479
O2 SAT: 98%

Exam: Skin, Hair, Nails - NORMAL: No rashes or lesions visible on exam.
Head - NORMAL: Head is normocephalic upon examination.
Cardiac - NORMAL: Normal rate and rhythm.
Neurological - NORMAL: CN appear grossly intact, normal mental status
Musculoskeletal - NORMAL: Musculoskeletal exam is grossly unremarkable
Psych - NORMAL: Judgment appears normal. Insight appears normal. Patient is alert and oriented x3.
General - NORMAL: Nontoxic, pleasant demeanor. No acute distress

Procedures: SHOULDER; COMPLETE 2 VIEWS [73030] QTY (1) [Completed by: Natarsha Duck]

Assessment/Plan: Pain in right shoulder (M25.511) - Uncomplicated

Diagnosis discussed with patient
Medicine discussed with patient
Get plenty of rest.

Follow up with Primary care physician in next 2-5 days.

If your condition worsens we recommend that you receive another evaluation at the emergency room immediately or contact your primary medical clinic to discuss your concerns.

You must understand that you've received an Urgent Care treatment only and that you may be released before all of your medical problems are known or treated.

You, the patient, will arrange for follow up care as instructed.

We suggest you see a specialist for further evaluation of your conditions. If a referral was not arranged during your visit, please see your primary Dr. to discuss your referral options.

If you received an X-Ray at this clinic, a radiologist will over-read your images and report back to us generally within a few hours.

We will call you with the results.

Rest, ice and elevate the affected area, and keep ace wrap on for compression.

Referred to:

Bon Secours - Bon Secours Orthopedics
Orthopedics
317 St. Francis Drive
Ste: 310
Greenville, SC 29601
864-537-0153

Prescribed Medrol (Pak) 4 mg tablets in a dose pack: Take (oral) for 6 days Take as directed in package; Total Qty: 1 (One) pack; No refills; Allow substitutions;

Patient: RUSTY YOUNG (DOB:2/12/1987)
Seen On: 03/09/2022 by Melissa Silvey, PA-C

Seen At: AFC Urgent Care, 1800 Augusta St, Ste B, Greenville, SC
29605-2928; Phone: 864-412-7812; Fax: 864-412-7813



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Earliest Fill Date: 03/09/22

* Prescription sent by e-prescribing to CVS/pharmacy #4172, 315 W BUTLER ROAD?, MAULDIN, SC 29662 Phone (864) 288-1934 on 03/09/2022 12:26:38 by msilvey.drx10

Orders: Order Results - SHOULDER; COMPLETE 2 VIEWS
Order Results - Bon Secours - Bon Secours Orthopedics

Signature: This record was electronically signed by Melissa Silvey, PA-C on 03/09/2022 at 12:27

Medical Decision Diagnosis: Low

Making/Time: Pain in right shoulder (M25.511) - Illness, Acute, Uncomplicated

Risk (Highest option considered): Moderate
Prescription Drug Management

Addendum: 03/23/2022 12:48 PM (jovernmoyer.drx10)
lvm with adjuster for 2x.
03/25/2022 11:56 AM (bsparling.drx10)
Appt with POA on 03/30/2022 at 1pm with Alan Duncan.

Billing Addendum: DRUG TEST(S), PRESUMPTIVE [80305] QTY (1) added to claims for this visit.
[Karguzhali Greyson - HQ 03/14/2022 00:28]
DRUG TEST(S), PRESUMPTIVE [80305] QTY (1) added to claims for this visit.
[Karguzhali Greyson - HQ 05/18/2022 02:21]



1800 Augusta Street Suite B, Greenville, SC 29605

Patient name: YOUNG, RUSTY
 Patient MRN: 1011158
 Study Date: Mar 9, 2022 11:45:20 AM EST
 Description: SHOULDER COMPLETE

DOB: 2/12/87
 Gender: O
 Accession: OP-02047232720
 Ref Phys:

HISTORY: Trauma to shoulder due to pulling (Hx)

Right Shoulder X-Ray

Technique: AP, internal and external rotation with scapular Y projections

Findings: There is no evidence of an acute fracture, dislocation or subluxation. The glenohumeral and acromioclavicular joints are grossly preserved. Alignment remains intact.

There is no soft tissue abnormality identified.

IMPRESSION:

No acute osseous abnormality.

Thank you for the referral

Please contact me with any questions or additional information

Electronically signed by:

Labib H. Syed, MD, MPH

888.819.0808

Mar 9, 2022 12:18:35 PM EST



1800 Augusta St, Ste B
Greenville 29605-2928

Phone 864-412-7812
Fax 864-412-7813

Date: 03/09/2022

Rusty Young (DOB: 02/12/1987)

Was seen today at AFC Augusta Road and may:

☒ Return to Work with the following restrictions as of: 03/09/2022

☒ No lifting greater than 2 lbs with right arm

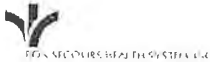
☒ No pulling or pushing over 2 lbs

☐ Proper lifting technique as instructed

☒ Patient is scheduled for follow-up visit on 1 week from today
orthopedics.

Any questions, please call.

Melissa Silvey, PA-C



ST FRANCIS EASTSIDE Young, Rusty Lee
125 COMMONWEALTH DRIVE MRN: 785096225, DOB 2/12/1987, Sex: M
GREENVILLE SC 29615-4812 Acct #: 31220750989
Phone: 864-675-4000 Arrived 3/16/2022, D/C: 3/16/2022

03/16/2022 - ED in SFE EMERGENCY DEPT
FACESHEET

Admission Information

Arrival Date/Time:	03/16/2022 1528	Admit Date/Time:	03/16/2022 1528	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency	Secondary Service:	
Transfer Source:		Service Area:	BON SECOURS	Unit:	SFE EMERGENCY DEPT
Admit Provider:		Attending Provider:	Sheorn, Zachary L, DO	Referring Provider:	

ST FRANCIS EASTSIDE

PATIENT INFORMATION

Patient Name:	Young, Rusty Lee	Patient MRN:	785096225
Hospital Acct:	31220750989	Patient CSN:	700231770765
Address:	10 Yakutata Dr Greenville SC 29605-6087	Religion:	NO PREFERENCE
Sex:	Male	Marital Status:	MARRIED
DOB:	2/12/1987	Age:	35 yrs
Home Phone:	864-640-1858	Mobile Phone:	864-640-1858
Race:	BLACK/AFRICAN AMERICAN	Employer:	Confluence Outdoor,*
Language:	ENGLISH	Admitted/Arrived From:	

ADMISSION INFORMATION

Admit Date:	3/16/2022	Admit Time:	1552
Patient Class:	Emergency	Service:	Emergency
Admit Source:	Non-health care facility*	Admit Type:	EMERGENCY
Admitting Provider:		Attending Provider:	
Unit:	Sfe Emergency Dept	Room/Bed:	HF/F
Admission Diagnosis:	and codes:		
Emergency Complaint:	Shoulder Pain (WC)		
Discharge Date:	3/16/2022	Discharge Time:	1708

GURANTOR INFORMATION

Name:	Young, Rusty Lee	Address:	10 YAKUTATA DR GREENVILLE, SC 29605-6087	Rel:	Self
Phone:	864-640-1858			DOB:	2/12/1987

EMERGENCY CONTACTS

Name:	Richardson, Kiera	Home:	864-326-7320	Rel:	Spouse
		Mobile:	864-326-7320		

COVERAGE INFORMATION

Primary Insurance:	GENERIC WORKERS COMPENSATION	Subscriber:	Young, Rusty Lee
Plan Name:	Bshsi Generic Workers Compens*	Pt Rel to Subscriber:	Self [01]
Claim Address:	Po Box 14170 Lexington, KY 40512	Sex:	Male
Group #:		Policy #:	Y2PC08503
Auth #:	N/A	Group Name:	Hartford W/C
		Ins Phone:	

Secondary Insurance:

Subscriber:

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03/16/2022 - ED in SFE EMERGENCY DEPT
FACESHEET (continued)

Plan Name:	Pt Rel to Subscriber:
Claim Address: NA	Sex:
Group #: N/A	Policy #: N/A
Auth #: N/A	Group Name: N/A
	Ins Phone:
Accident Date: 3/8/2022	Accident Type: Accident Employment Rela*
PROVIDER INFORMATION	
PCP: Other, Phys, MD	PCP Phone: None
Referring Prov: No ref. provider found	Referring Phone: N/A
Advanced Directive: Not Received	Referring Fax:
Lab Client:	Research:
	Enrollment Status:

03/16/2022 - ED in SFE EMERGENCY DEPT
IP/OP/OPS Encounter Report

Patient Demographics

Patient Name	HAR	Legal	DOB	Address	Phone
Young, Rusty Lee	3122075	Sex	2/12/198	10 YAKUTATA DR	864-640-1858 (Home)
	0989	Male	7	GREENVILLE SC 29605-6087	864-640-1858 (Mobile)

Admission Information

Arrival Date/Time:	03/16/2022 1528	Admit Date/Time:	03/16/2022 1528	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency	Secondary Service:	
Transfer Source:		Service Area:	BON SECOURS	Unit:	SFE EMERGENCY DEPT
Admit Provider:		Attending Provider:	Sheorn, Zachary L, DO	Referring Provider:	

Events

ED Arrival at 3/16/2022 1528

Unit: SFE EMERGENCY DEPT

Admission at 3/16/2022 1552

Unit: SFE EMERGENCY DEPT	Room: HF	Bed: F
Patient class: EMERGENCY	Service: EMERGENCY	

ED Roomed at 3/16/2022 1552

Unit: SFE EMERGENCY DEPT	Room: HF	Bed: F
Patient class: EMERGENCY	Service: EMERGENCY	

Discharge at 3/16/2022 1708

Unit: SFE EMERGENCY DEPT	Room: HF	Bed: F
Patient class: EMERGENCY	Service: EMERGENCY	

Discharge at 3/16/2022 1708

Unit: SFE EMERGENCY DEPT	Room: HF	Bed: F
Patient class: EMERGENCY	Service: EMERGENCY	



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

ST FRANCIS EASTSIDE Young, Rusty Lee
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Phone: 864-675-4000 Arrived 3/16/2022, D/C: 3/16/2022

03/16/2022 - ED in SFE EMERGENCY DEPT
IP/OP/OPS Encounter Report (continued)

Guarantor Information

Name:	YOUNG, RUSTY LEE	SSN:	249-65-7770
Address:	10 YAKUTATA DR		
City:	GREENVILLE	State:	SC
		Zip:	29605-6087
		Phone:	864-640-1858
Employer:			
Address:			
City:		State:	
		Zip:	
		Phone:	
Guar DOB:	02/12/87		

Contact Information

Name	Relation	Home	Work	Mobile
Richardson, Kiera	Spouse	864-326-7320		864-326-7320

Primary Visit Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
GENERIC WORKERS COMPENSATION	BSHSI GENERIC WORKERS COMPENSATION			HARTFORD W/C

Primary Visit Coverage Subscriber

Subscriber Name	Subscriber ID	Subscriber Address
YOUNG, RUSTY LEE	Y2PC08503	10 YAKUTATA DR GREENVILLE, SC 29605-6087

Insurance Information

GENERIC WORKERS COMPENSATION/BSHSI GENERIC WORKERS COMPENSATION	Phone:	877-469-9222 x2305497
Subscriber: Young, Rusty Lee	Subscriber#:	Y2PC08503
Group#:	Precert#:	--

PCP INFO

Primary Care Provider	Center
Phys Other, MD	BHS DRAXLMAIER AUTOMOTIVE OF AMERICA

CHIEF COMPLAINT

Complaint	Comment
Shoulder Pain	

Diagnosis Information

Primary Visit Diagnosis:	Acute pain of right shoulder [M25.511]		
Principal Problem:	None found		
Visit Diagnoses	Problem List	ADT Coded Diagnoses	ADT Free Text Diagnoses
Acute pain of right shoulder [M25.511]	None found	None found	None found
Muscle spasm [M62.838]			

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/16/2022 1708	Home Or Self Care	Home	None	SFE EMERGENCY DEPT

Allergies

Allergies last reviewed by Gates, Catherine on 3/16/2022 1558 - Fully Reviewed
No Known Allergies

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Phone: 864-675-4000 Arrived 3/16/2022, D/C: 3/16/2022

03/16/2022 - ED in SFE EMERGENCY DEPT
IP/OP/OPS Encounter Report (continued)

Allergies (continued)

Immunizations Administered as of 3/16/2022

Never Reviewed

No immunizations on file.

Implants

Implant

Kit Ligament Aug Rep -- - Log1469322 - Implanted

(Left) Foot

Inventory item:	KIT LIGAMENT AUG REP --	Model/Cat number:	AR-1678-CP
Manufacturer:	ARTHREX	Lot number:	10199448
As of 8/16/2018			

Status: Implanted

Scr Bne Cann 16mm Thrd 6.5x50 -- - Log1469322 - Implanted

(Left) Foot

Inventory item:	SCREW BNE L50MM DIA6.5MM THRD L16MM CORT TI SELF DRL CANN	Model/Cat number:	408.405
Manufacturer:	SYNTHES USA	Lot number:	1313072018
As of 8/16/2018			

Status: Implanted

Current Weights for Young, Rusty Lee

Recorded	Adjusted	Ideal	Dosing
103.9 kg (229 lb) 12 days ago	77.1 kg (169 lb 14.5 oz)	59.2 kg (130 lb 8.2 oz)	None

First Recorded BMI

BMI (calculated): 39.3

Problem List as of 3/16/2022

Reviewed: 8/15/2018 7:46 PM by Houmann, Paul E,
MD

Class	Noted - Resolved	Last Modified
Active Problems		
• Prediabetes	7/9/2018 - Present	7/9/2018 by Phelps, Mary K, CMA Entered by Phelps, Mary K, CMA

ER RECORD

ED Arrival Information

Expected	Arrival	Acuity
	3/16/2022 15:28	ESI 4
Means of arrival	Escorted by	Service
Car	Self	EMERGENCY
Admission type		EMERGENCY
Arrival complaint		
Shoulder Pain (WC)		

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Phone: 864-675-4000 Arrived 3/16/2022, D/C: 3/16/2022

ER RECORD (continued)

ED Events

Date/Time	Event	User	Comments
03/16/22 1528	Patient arrived in ED	LANDRITH, KIMBERLY	
03/16/22 1552	Patient roomed in ED	GATES, CATHERINE	To room HF
03/16/22 1555	Triage Started	GATES, CATHERINE	
03/16/22 1556	Triage Completed	GATES, CATHERINE	
03/16/22 1605	Assign Midlevel or Attending	TEFFT, TYLER ROBERT	Patient Seen/Provider Contact
03/16/22 1647	Discharge Disposition Selected	TEFFT, TYLER ROBERT	ED Disposition set to Discharged
03/16/22 1708	Patient discharged	HANLON, BRIANNA	

Tx Prior to Arrival

None

CLINICAL IMPRESSIONS

Diagnosis	Comment	Added By	Time Added	Team Role	Provider Specialty
Acute pain of right shoulder		Tefft, Tyler Robert, PA	3/16/2022 4:47 PM	Physician Assistant	Emergency Medicine
Muscle spasm		Tefft, Tyler Robert, PA	3/16/2022 4:48 PM	Physician Assistant	Emergency Medicine

ED Disposition

ED Disposition	Condition	Comment
Discharged	Stable	

Medical as of 3/16/2022

Medical last reviewed by Gates, Catherine on 3/16/2022

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety	—	—	Provider
Chronic ankle pain	—	—	Provider
Depression	—	—	Provider
GERD (gastroesophageal reflux disease)	—	does not take medicine	Provider
Morbid obesity (HCC)	—	—	Provider

Surgical as of 3/16/2022

Surgical never marked as reviewed
None

Family as of 3/16/2022

Family last reviewed by Gates, Catherine on 3/16/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Hypertension	Mother	—	—	—	Provider
Diabetes	Father	—	—	type II	Provider
No Known Problems	Sister	—	—	—	Provider
No Known Problems	Brother	—	—	—	Provider

Family Status as of 3/16/2022

Family Status last reviewed by Gates, Catherine on 3/16/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	U	—	—	Provider

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TO: SAC, GREENVILLE EASTSIDE P.C.

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Phone: 864-675-4000 Arrived 3/16/2022, D/C: 3/16/2022

ER RECORD (continued)

Family Status as of 3/16/2022 (continued)

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father	—	Alive	—	U	—	—	Provider
Sister	—	Alive	—	U	—	—	Provider
Brother	—	Alive	—	U	—	—	Provider

Tobacco Use as of 3/16/2022

Tobacco Use last reviewed by Gates, Catherine on 3/16/2022

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Former Smoker	—	7/26/2017	0.25	16.00
Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source
—	1 pk per week	Never Used	—	Provider

Alcohol Use as of 3/16/2022

Alcohol Use never marked as reviewed

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	—	—	occ	Provider

Drug Use as of 3/16/2022

Drug Use never marked as reviewed

Drug Use	Types	Frequency	Comments	Source
Yes	Marijuana, Cocaine	14.0	does not use these now	Provider

Sexual Activity as of 3/16/2022

Sexual Activity never marked as reviewed

Sexually Active	Birth Control	Partners	Comments	Source
—	—	—	—	Provider

Activities of Daily Living as of 3/16/2022

Activities of Daily Living never marked as reviewed

None

Social Documentation as of 3/16/2022

Social Documentation never marked as reviewed

None

Occupational as of 3/16/2022

Occupational last reviewed by Gates, Catherine on 3/16/2022

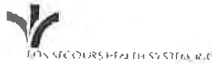
None

Socioeconomic as of 3/16/2022

Socioeconomic last reviewed by Gates, Catherine on 3/16/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
MARRIED	—	—	—	—	ENGLISH	NON-HISPANIC/ON LATINO	BLACK/AFRICAN AMERICAN	—

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ER RECORD:(continued)

Birth as of 3/16/2022

Birth never marked as reviewed
None

Obstetric History Reconciliation History

None

ED Notes

ED Notes by Hanlon, Brianna, RN at 03/16/22 1707

Author: Hanlon, Brianna, RN	Service: —	Author Type: Registered Nurse
Filed: 03/16/22 1707	Date of Service: 03/16/22 1707	Status: Signed
Editor: Hanlon, Brianna, RN (Registered Nurse)		

I have reviewed discharge instructions with the patient. The patient verbalized understanding.

Patient left ED via Discharge Method: ambulatory to Home with self.

Opportunity for questions and clarification provided. No acute distress present

Patient given 2 scripts.

To continue your aftercare when you leave the hospital, you may receive an automated call from our care team to check in on how you are doing. This is a free service and part of our promise to provide the best care and service to meet your aftercare needs." If you have questions, or wish to unsubscribe from this service please call 864-720-7139. Thank you for Choosing our Bon Secours Emergency Department.

Electronically signed by Hanlon, Brianna, RN at 03/16/22 1707

ED Triage Notes by Gates, Catherine at 03/16/22 1555

Author: Gates, Catherine	Service: EMERGENCY	Author Type: Registered Nurse
Filed: 03/16/22 1556	Date of Service: 03/16/22 1555	Status: Signed
Editor: Gates, Catherine (Registered Nurse)		

Pt hurt right shoulder at work (3/8). Pt went to AFC (3/9) and received pain meds and xray. Pt states that he ran out of pain meds but still is having pain. Pt is requesting MRI.

Electronically signed by Gates, Catherine at 03/16/22 1556

Physical Diagram

No physical diagram documentation exists for this encounter

ED Provider Notes

ED Provider Notes by Tefft, Tyler Robert, PA at 03/16/22 1618

Author: Tefft, Tyler Robert, PA	Service: Emergency Medicine	Author Type: Physician Assistant
Filed: 03/16/22 1700	Date of Service: 03/16/22 1618	Status: Attested
Editor: Tefft, Tyler Robert, PA (Physician Assistant)		Cosigner: Sheorn, Zachary L, DO at 03/16/22 2339

Attestation signed by Sheorn, Zachary L, DO at 03/16/22 2339

I have reviewed the documentation from the Advanced Practice Clinician and agree with the assessment and plan

Printed on 3/28/22 3:46 PM



ST FRANCIS EASTSIDE Young, Rusty Lee
125 COMMONWEALTH DRIVE MRN: 785096225, DOB: 2/12/1987, Sex: M
GREENVILLE SC 29615-4812 Acct #: 31220750989
Phone: 864-675-4000 Arrived 3/16/2022, D/C: 3/16/2022

ED Provider Notes (continued)

ED Provider Notes by Tefft, Tyler Robert, PA at 03/16/22 1618 (continued)

as presented.

I was available in the ED, but did not materially participate in the care of this patient.

Zachary L Sheorn, DO; 3/16/2022; 11:39 PM

Mask was worn during the entire patient examination.

Rusty Young is a 35 y.o. male who presents to the ED with a chief complaint of right shoulder pain for the past 8 days. Patient reports he was working at work which involves working on boats he states he was trying to move one of the boats he is working on and was pulling up and suddenly the boat moved causing a jolting action in the right arm. He states the next day he went to an urgent care where x-rays were done that he reports they said were normal. Told him he should go see an orthopedic doctor and gave him some prednisone to take for the next 6 days. He reports he tried to go back there today to follow-up and they told him he should come to the emergency department. Patient reports he never heard and is not sure if he was ever referred to Ortho or what was going on so he presented here today for an MRI. Patient reports the pain is the same as before. He reports intermittent tingling and numbness rating down the right arm when he uses his right shoulder a significant amount. He reports that amount of light weight restriction of no more than 2 pounds for the past week but he reports that was hard to stick to given what his job entails. He denies any new or worsening symptoms since his last evaluation in the urgent care.

The history is provided by the patient.

Shoulder Pain

This is a new problem. The current episode started more than 1 week ago. The problem occurs constantly. The problem has not changed since onset. Pertinent negatives include no chest pain, no abdominal pain, no headaches and no shortness of breath. Nothing aggravates the symptoms. Nothing relieves the symptoms. He has tried nothing for the symptoms.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Chronic ankle pain	
• Depression	
• GERD (gastroesophageal reflux disease)	
does not take medicine	
• Morbid obesity (HCC)	

No past surgical history on file.

Family History:

Problem	Relation	Age of Onset
• Hypertension	Mother	
• Diabetes type II	Father	
• No Known Problems	Sister	
• No Known Problems	Brother	

Social History

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ED Provider Notes (continued)

ED Provider Notes by Tefft, Tyler Robert, PA at 03/16/22 1618 (continued)

Socioeconomic History

- Marital status: MARRIED
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Former Smoker
- Packs/day: 0.25
- Years: 16.00
- Pack years: 4.00
- Quit date: 7/26/2017
- Years since quitting: 4.6
- Smokeless tobacco: Never Used
- Tobacco comment: 1 pk per week

Substance and Sexual Activity

- Alcohol use: Yes
- Comment: occ
- Drug use: Yes
- Frequency: 14.0 times per week
- Types: Marijuana, Cocaine
- Comment: does not use these now
- Sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain

- Difficulty of Paying Living Expenses: Not on file

Food Insecurity

- Worried About Running Out of Food in the Last Year: Not on file
- Ran Out of Food in the Last Year: Not on file

Transportation Needs

- Lack of Transportation (Medical): Not on file
- Lack of Transportation (Non-Medical): Not on file

Physical Activity

- Days of Exercise per Week: Not on file
- Minutes of Exercise per Session: Not on file

Stress

- Feeling of Stress : Not on file

Social Connections

- Frequency of Communication with Friends and Family: Not on file
- Frequency of Social Gatherings with Friends and Family: Not on file
- Attends Religious Services: Not on file
- Active Member of Clubs or Organizations: Not on file
- Attends Club or Organization Meetings: Not on file
- Marital Status: Not on file

Intimate Partner Violence

- Fear of Current or Ex-Partner: Not on file

Printed on 3/23/22 3:46 PM



ST FRANCIS EASTSIDE Young, Rusty Lee
125 COMMONWEALTH DRIVE MRN: 765096225, DOB: 2/12/1987, Sex: M
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ED Provider Notes (continued)

ED Provider Notes by Tefft, Tyler Robert, PA at 03/16/22 1618 (continued)

- Emotionally Abused: Not on file
 - Physically Abused: Not on file
 - Sexually Abused: Not on file
- Housing Stability:
- Unable to Pay for Housing in the Last Year: Not on file
 - Number of Places Lived in the Last Year: Not on file
 - Unstable Housing in the Last Year: Not on file

ALLERGIES: Patient has no known allergies.

Review of Systems

Constitutional: Negative for chills and fever.

Eyes: Negative for visual disturbance.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for abdominal pain.

Musculoskeletal: Positive for arthralgias (right shoulder). Negative for joint swelling, myalgias, neck pain and neck stiffness.

Skin: Negative for color change and rash.

Neurological: Negative for headaches.

All other systems reviewed and are negative.

Vitals:

03/16/22 1556
BP: (!) 134/107
Pulse: (!) 101
Resp: 18
Temp: 98.9 °F (37.2 °C)
SpO2: 100%
Weight: 103.9 kg (229 lb)
Height: 5' 4" (1.626 m)

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

Appearance: Normal appearance.

HEENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Printed on 3/28/22 3:46 PM

ED Provider Notes (continued)

ED Provider Notes by Tefft, Tyler Robert, PA at 03/16/22 1618 (continued)

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

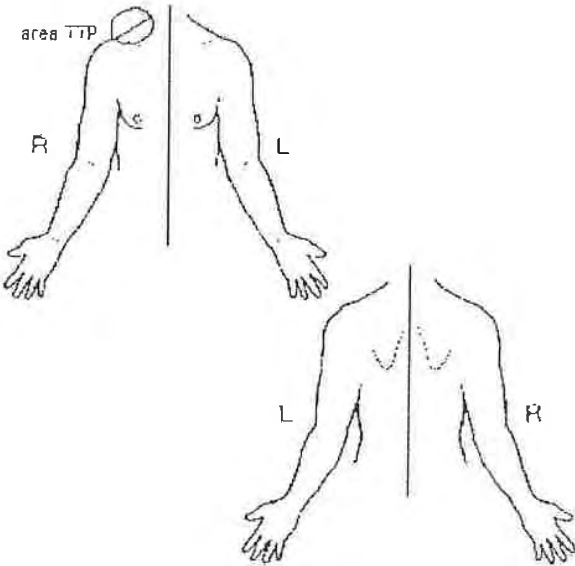
Palpations: Abdomen is soft.

Musculoskeletal:

Right shoulder: Tenderness (muscular) present. No swelling, deformity, effusion, laceration, bony tenderness or crepitus. Normal range of motion. Normal strength. Normal pulse.

Left shoulder: Normal.

Arms:



Cervical back: Normal range of motion.

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

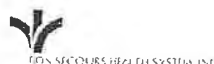
MDM

Number of Diagnoses or Management Options

Acute pain of right shoulder

Muscle spasm

Diagnosis management comments: Mr. Young is a 35-year-old male who presented to facility today with right shoulder pain. Patient is well-appearing in no acute distress. Physical exam is noted for full range of motion, normal strength, with only localized tenderness to palpation of the musculature of the right shoulder. No overlying skin changes. X-rays were obtained in the department were without significant findings. Discussed with the patient the plan at this time



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ED Provider Notes (continued)

ED Provider Notes by Tefft, Tyler Robert, PA at 03/16/22 1618 (continued)

is to start anti-inflammatories and muscle relaxants. Encouraged avoidance of heavy lifting, frequent stretching, heat or ice as needed. Patient will be given referral information for orthopedics. I encouraged him to give it 4 to 5 days of trying this new medication regiment to see if he gets improvement of symptoms and if not to call orthopedics at that time to schedule follow-up appointment to see if any further imaging is necessary. Patient is understanding of our discussion here today as well as the findings on x-ray and physical exam. Patient is agreeable to the plan as discussed. Patient ambulatory upon discharge in stable condition.

Voice dictation software was used during the making of this note. This software is not perfect and grammatical and other typographical errors may be present. This note has been proofread, but may still contain errors.

Tyler Robert Tefft, PA; 3/16/2022 @5:00 PM

Amount and/or Complexity of Data Reviewed

Tests in the radiology section of CPT®: ordered and reviewed

Review and summarize past medical records: yes

Independent visualization of images, tracings, or specimens: yes

Risk of Complications, Morbidity, and/or Mortality

Presenting problems: low

Diagnostic procedures: low

Management options: low

General comments: XR SHOULDER RT AP/LAT MIN 2 V

Final Result

Negative right shoulder

The patient was observed in the ED.

Results Reviewed:

I discussed the results of all labs, procedures, radiographs, and treatments with the patient and available family. Treatment plan is agreed upon and the patient is ready for discharge. All voiced understanding of the discharge plan and medication instructions or changes as appropriate. Questions about treatment in the ED were answered. All were encouraged to return should symptoms worsen or new problems develop.

Patient Progress

Patient progress: stable

Procedures



ST FRANCIS EASTSIDE Young, Rusty Lee
125 COMMONWEALTH DRIVE MRN: 785096225, DOB: 2/12/1987 Sex M
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ED Provider Notes (continued)

ED Provider Notes by Tefft, Tyler Robert, PA at 03/16/22 1618 (continued)

Electronically signed by Tefft, Tyler Robert, PA at 03/16/22 1700
Electronically signed by Sheorn, Zachary L, DO at 03/16/22 2339

Hospital Encounter Notes

Discharge Summaries

No notes of this type exist for this encounter.

History & Physical

No notes of this type exist for this encounter.

Initial Assessments

No notes of this type exist for this encounter.

Progress Notes

No notes of this type exist for this encounter.

Medical Student Notes

No notes of this type exist for this encounter.

Consult Notes

No notes of this type exist for this encounter.

Behavioral Health Notes

No notes of this type exist for this encounter.

BSMART Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

Interdisciplinary Rounds/Specialty Nurses' Notes

No notes of this type exist for this encounter.

Anesthesia Information

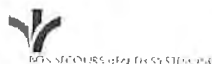
Discharge Instructions

Young, Rusty Lee (MRN 785096225)

Date	Status	User	User Type	Discharge Note
	Pended	Tefft, Tyler Robert, PA	Physician Assistant	Original
Note:				

Take the meloxicam once daily in the morning with food for the next week then as needed. Do the stretching exercises like we discussed. Drink 1 to 2 L of water daily.
Take the Flexeril at nighttime before going to bed as needed. Call ortho if symptoms persist 3-5 days after initiating medications.

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Phone: 864-675-4000 Arrived 3/16/2022, D/C: 3/16/2022

Anesthesia Information (continued)

All Orders

XR SHOULDER RT AP/LAT MIN 2 V [768097092]

Electronically signed by: Tefft, Tyler Robert, PA on 03/16/22 1618

Status: Completed

Ordering user: Tefft, Tyler Robert, PA 03/16/22 1618

Ordering provider: Tefft, Tyler Robert, PA

Authorized by: Tefft, Tyler Robert, PA

Ordering mode: Standard

Frequency: STAT ONE TIME 03/16/22 1630 - 1 occurrence

Questionnaire

Question	Answer
Transport	Wheelchair
Reason for Exam	right shoulder pain

XR SHOULDER RT AP/LAT MIN 2 V [768097102]

Electronically signed by: Tefft, Tyler Robert, PA on 03/16/22 1618

Status: Completed

This order may be acted on in another encounter.

Ordering user: Tefft, Tyler Robert, PA 03/16/22 1618

Ordering provider: Tefft, Tyler Robert, PA

Authorized by: Tefft, Tyler Robert, PA

Ordering mode: Standard

Questionnaire

Question	Answer
Transport	Wheelchair
Reason for Exam	right shoulder pain

cyclobenzaprine (FLEXERIL) 5 mg tablet [768105787]

Electronically signed by: Tefft, Tyler Robert, PA on 03/16/22 1650

Status: Expired

Ordering user: Tefft, Tyler Robert, PA 03/16/22 1650

Ordering provider: Tefft, Tyler Robert, PA

Authorized by: Tefft, Tyler Robert, PA

Ordering mode: Standard

PRN reasons: Muscle Spasm(s)

Frequency: Routine QHS PRN 03/16/22 - 10 days

meloxicam (MOBIC) 7.5 mg tablet [768105789]

Electronically signed by: Tefft, Tyler Robert, PA on 03/16/22 1650

Status: Expired

Ordering user: Tefft, Tyler Robert, PA 03/16/22 1650

Ordering provider: Tefft, Tyler Robert, PA

Authorized by: Tefft, Tyler Robert, PA

Ordering mode: Standard

PRN reasons: Pain

PRN Comment: 1-2 tabs

Frequency: Routine DAILY PRN 03/16/22 - 10 days

CLINICAL LAB RESULTS

Lab Results

None

Radiology Results

XR SHOULDER RT AP/LAT MIN 2 V [768097102]

Resulted: 03/16/22 1640, Result status: Final result

Ordering provider: Tefft, Tyler Robert, PA 03/16/22 1618

Resulted by: Kihne, Todd M, MD

Performed: 03/16/22 1624 - 03/16/22 1632

Accession number: 111201723

Resulting lab: GRNVL SFE RADIANT

Narrative:

Right Shoulder

INDICATION: Right shoulder pain after injury.

Three views of the right shoulder were obtained

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ST FRANCIS EASTSIDE Young, Rusty Lee
125 COMMONWEALTH DRIVE MRN: 785096225, DOB: 2/12/1987, Sex: M
GREENVILLE SC 29615-4812 Acct #: 31220750989
Phone: 864-675-4000 Arrived 3/16/2022, D/C: 3/16/2022

Radiology Results (continued)

XR SHOULDER RT AP/LAT MIN 2 V [768097102] (continued)

Resulted: 03/16/22 1640, Result status: Final result

FINDINGS: There is no evidence of fracture or dislocation. No bony lesions are seen in the proximal right humerus or adjacent scapula.

Impression:
Negative right shoulder

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
15 - Unknown	GRNVL SFE RADIANT	Unknown	Unknown	01/15/13 1537 - Present

EEG/EMG RESULTS

EKG Results

None

Medications

Prior to Admission Medications Reviewed

Prior to Admission medications have not yet been reviewed for this encounter

Discharge Medication List

START taking these medications

cyclobenzaprine 5 mg tablet

Quantity: 10 Tablet

Refills: 0

Commonly known as: FLEXERIL

Take 1 Tablet by mouth nightly as needed for Muscle Spasm(s) for up to 10 days.

meloxicam 7.5 mg tablet

Quantity: 20 Tablet

Refills: 0

Commonly known as: MOBIC

Take 1 Tablet by mouth daily as needed for Pain (1-2 tabs) for up to 10 days.

Unreviewed

cyanocobalamin 1,000 mcg tablet

Refills: 0

Take 1,000 mcg by mouth daily.

phentermine 37.5 mg capsule

Refills: 0

Take 37.5 mg by mouth every morning.

Where to Get Your Medications

These medications were sent to CVS/pharmacy #4172 - MAULDIN, SC - 315 W BUTLER ROAD AT CORNER OF ASHMORE BRIDGE ROAD

315 W BUTLER ROAD, MAULDIN SC 29662

Phone: 864-288-1934

☐ cyclobenzaprine 5 mg tablet

☐ meloxicam 7.5 mg tablet

Patient Education

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GREENVILLE SC 29615-4812 Acct #: 31220750989
Phone: 864-675-4000 Arrived 3/16/2022, D/C: 3/16/2022

DELETED NOTES

Deleted Notes

No notes exist for this encounter

END OF REPORT

03/16/2022 - ED in SFE EMERGENCY DEPT (continued)

Coding Summary

Account Information

Hospital Account	Primary Payor	Affiliated/Recurring Accounts	Combined from HAR
31220750989 - YOUNG, RUSTY LEE	GENERIC WORKERS COMPENSATION [5101]	None	None

Admission Information

Arrival Date/Time:	03/16/2022 1528	Admit Date/Time:	03/16/2022 1528	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency	Secondary Service:	
Transfer Source:		Service Area:	BON SECOURS	Unit:	SFE EMERGENCY DEPT
Admit Provider:		Attending Provider:	Sheorn, Zachary L, DO	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/16/2022 1708	Home Or Self Care	Home	None	SFE EMERGENCY DEPT

Admission Diagnoses / Reasons for Visit (ICD-10-CM)

Code	Description	Comments
M25.519	Pain in unspecified shoulder	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M25.511	Pain in right shoulder				
[Principal]					
M62.838	Other muscle spasm				
E66.01	Morbid (severe) obesity due to excess calories				
K21.9	Gastro-esophageal reflux disease without esophagitis				
Z87.891	Personal history of nicotine dependence				
Z68.39	Body mass index (BMI) 39.0-39.9, adult				



BON SECOURS MEDICAL GROUP

SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone: 864-234-7654

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date 3/30/2022

03/30/2022 - Office Visit in Piedmont Orthopaedics - International
Amb Encounter Report

Encounter Information

	Provider	Department	Encounter #	Center
3/30/2022 1:00 PM	Alan W Duncan, NP	SSA PIEDMONT ORTHOPAEDICS - INTERNATIONAL	700232042470	POA

Level of Service

Level of Service
PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES [99203]

Previous Visit

Date & Time	Provider	Department	Encounter #
3/16/2022 4:25 PM	SFE XR ED ROOM 3	ST. FRANCIS EASTSIDE RADIOLOGY	700231779634

Allergies

Allergies last reviewed by Housworth, Anna, RN on 4/5/2022 2021 - Fully Reviewed
No Known Allergies

Reason for Visit

Shoulder Pain	R shoulder injury 3/8

Current Vitals

Most recent update: 3/30/2022 1:12 PM

Ht	Wt
5' 4" (1.626 m)	233 lb (105.7 kg)

Current Weights for Young, Rusty Lee

Recorded	Adjusted	Ideal	Dosing
233 lb (105.7 kg) 2 weeks ago	171 lb 8.1 oz (77.8 kg)	130 lb 8.2 oz (59.2 kg)	None

First Recorded BMI

BMI (calculated): 40

Problem List as of 3/30/2022

Reviewed: 3/30/2022 1:23 PM by Duncan, Alan W, NP

	Class	Noted - Resolved	Last Modified
Active Problems			
• Prediabetes		7/9/2018 - Present	7/9/2018 by Phelps, Mary K, CMA
• Polysubstance abuse (HCC)		Entered by Phelps, Mary K, CMA 5/10/2016 - Present	3/30/2022 by Duncan, Alan W, NP
• Adjustment disorder with disturbance of emotion		Entered by Duncan, Alan W, NP 7/7/2017 - Present	3/30/2022 by Duncan, Alan W, NP
		Entered by Duncan, Alan W, NP	

Overview Signed 3/30/2022 1:23 PM by Duncan, Alan W, NP
Last Assessment & Plan:



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SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone: 864-234-7654

Young Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex M
Visit date 3/30/2022

Problem List (continued) as of 3/30/2022

Reviewed: 3/30/2022 1:23 PM by Duncan, Alan W, NP

Class Noted - Resolved Last Modified

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

All Notes

Progress Notes by Duncan, Alan W, NP at 03/30/22 1300

Author: Duncan, Alan W, NP

Filed: 03/30/22 1349

Editor: Duncan, Alan W, NP (Nurse Practitioner)

Service: —

Encounter Date: 3/30/2022

Author Type: Nurse Practitioner

Status: Signed



piedmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young

Date of Birth: 2/12/1987

Gender: male

MRN: 815400597

CC: Shoulder Pain (R shoulder injury 3/8)

HPI: Rusty Lee Young is a 35 y.o. male who presents with Shoulder Pain (R shoulder injury 3/8)

Rusty presents today with right shoulder pain that began after an injury on 3/8/22 when he was at work, working on a boat. He felt a pop in his shoulder but continued working at the time. He was seen at AFC urgent care and was given a steroid Dosepak, which he says did not help. He then went to the emergency room and was given flexeril and meloxicam. He also got x-rays taken on his visit to the emergency room on 3/16/22, which I have for my review today. He notes pain while sleeping at night and reports that he sometimes takes NyQuil to sleep. He denies any prior shoulder problems. He also states that he tried to get this covered under worker's compensation but it was denied.

ROS/Meds/PSH/PMH/FH/SH: I personally reviewed the patients standard intake form. Below are the pertinent

Tobacco: reports that he quit smoking about 4 years ago. He has a 4.00 pack-year smoking history. He has never used smokeless tobacco.

Diabetes: None

Other: Prediabetes, polysubstance abuse

Printed on 4/18/22 5:37 AM

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23

R. 0365



BON SECOURS MEDICAL GROUP

SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone 864-234-7654

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 3/30/2022

All Notes (continued)

Progress Notes by Duncan, Alan W, NP at 03/30/22 1300 (continued)

Physical Examination:

General: no acute distress

Lungs: breathing easily

CV: regular rhythm by pulse

Right Shoulder: Tenderness to palpation anterior shoulder around the bicipital groove. Forward flexion to 170 degrees with pain in the extreme. External rotation with elbows at side equal bilaterally. External rotation with elbows at side resisted range of motion 5/5 strength. Negative empty can test with 5/5 strength in the empty can position. Positive Hawkins Kennedy, Neer's. Positive O'Brien's. Negative speeds. Positive O'Driscoll's.

Imaging:

I reviewed 4 views of the shoulder performed in our emergency department on 3/16/2022 which showed no acute fracture, dislocation or advanced degenerative changes.

Assessment:

1. Acute pain of right shoulder

ICD-10	ICD-9-CM
M25.511	719.41

Plan:

Think the majority of the patient's right shoulder pain may be due to a labral pathology, I am not concerned for any injury to the rotator cuff at this time. I discussed with the patient conservative treatment options to include corticosteroid injection versus advanced imaging. I think because the patient had an acute change after an injury I will forego corticosteroid injection at this time. I will order an MRI to evaluate this further and he will return for follow-up after MRI for definitive treatment.

Follow up

Alan W. Duncan, MS, APRN, FNP-BC
Orthopaedics and Sports Medicine

Electronically signed by Duncan, Alan W, NP at 03/30/22 1349

Diagnoses

Acute pain of right shoulder [1928167] - Primary

Comments:

All Orders

buPROPion SR (WELLBUTRIN SR) 150 mg SR tablet [771623202] Patient-reported historical medication

Ordering date: 03/30/22 1314

Authorized by: Provider, Historical

Ordering mode: Standard

Frequency: Routine 03/09/22 - Until Discontinued

Printed on 4/18/22 5:37 AM

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R. 0366



BON SECOURS MEDICAL GROUP

SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone 864-234-7654

Young, Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex: M
Visit date 3/30/2022

All Orders (continued)

MRI SHOULDER RT WO CONT [771632095]

Electronically signed by: Duncan, Alan W, NP on 03/30/22 1344

Status: Completed

Mode: Ordering in Verbal with readback mode

Ordering user: Haduck, Kylie 03/30/22 1335

Communicated by: Haduck, Kylie

Ordering provider: Duncan, Alan W, NP

Authorized by: Duncan, Alan W, NP

Ordering mode: Verbal with readback

Frequency: Routine 03/30/22 -

Diagnoses

Acute pain of right shoulder [M25.511]

Questionnaire

Question	Answer
Arthrogram study	No
Reason for Exam	Evaluate shoulder injury

CLINICAL LAB RESULTS

Lab Results

None

Patient Reported Taking

	Dosage
buPROPion SR (WELLBUTRIN SR) 150 mg SR tablet (Taking)	TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS
phentermine 37.5 mg capsule (Taking)	Take 37.5 mg by mouth every morning

Meds At Start of Encounter

	Disp	Refills	Start	End
buPROPion SR (WELLBUTRIN SR) 150 mg SR tablet (Taking)			3/9/2022	
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS				
Class: Historical Med				
phentermine 37.5 mg capsule (Taking)				
Sig - Route: Take 37.5 mg by mouth every morning. - Oral				
Class: Historical Med				
cyclobenzaprine (FLEXERIL) 5 mg tablet (Expired)	10 Tablet	0	3/16/2022	3/26/2022
Sig - Route: Take 1 Tablet by mouth nightly as needed for Muscle Spasm(s) for up to 10 days. - Oral				
meloxicam (MOBIC) 7.5 mg tablet (Expired)	20 Tablet	0	3/16/2022	3/26/2022
Sig - Route: Take 1 Tablet by mouth daily as needed for Pain (1-2 tabs) for up to 10 days. - Oral				
cyanocobalamin 1,000 mcg tablet				3/30/2022
Sig - Route: Take 1,000 mcg by mouth daily. - Oral				
Class: Historical Med				

Discontinued Medications

	Reason for Discontinue
cyanocobalamin 1,000 mcg tablet	LIST CLEANUP

Questionnaires

No completed forms available for this encounter.

Flowsheets (all recorded)

Encounter Vitals

Row Name	03/30/22 1311
Enc Vitals	
Weight	233 lb (105.7 kg) -KH

Printed on 4/18/22 5:37 AM

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R. 0367



BON SECOURS MEDICAL GROUP

SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone: 864-234-7654Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 3/30/2022

Flowsheets (all recorded) (continued)

Height 5' 4" (1.626 m) -KH
Recorded by [KH] Haduck, Kylie
03/30/22 1312

Custom Formula Data

Row Name 03/30/22 1311

Height/Weight

BSA (calculated - 2.18 sq meters -KH
sq m)

BMI (calculated) 40 -KH

Recorded by [KH] Haduck, Kylie
03/30/22 1312

Height/Weight

Weight Gain/Loss 0 % -KH
%Recorded by [KH] Haduck, Kylie
03/30/22 1312

Bug-Drug Mismatch

IBW 59.2 -KH

Recorded by [KH] Haduck, Kylie
03/30/22 1312

OTHER

BMI (Calculated) 39.99 -KH

IBW/kg 59.2 kg -KH
(Calculated) MaleIBW/kg 54.7 kg -KH
(Calculated)

FEMALE

Recorded by [KH] Haduck, Kylie
03/30/22 1312

Height/Weight/Head Circumference

BSA (calculated - 2.18 sq meters -KH
sq m)

BMI (calculated) 40 -KH

Recorded by [KH] Haduck, Kylie
03/30/22 1312

Anthropometric Measures

Ideal Body Weight 130 lbs -KH

(lbs) (Calculated)

Ideal Body Weight 59 kg -KH

(Kg) (Calculated)

Ideal Body Weight 130 -KH

(Calculated)

Ideal Body Weight 59 lbs -KH

(Kg) (Calculated)

Recorded by [KH] Haduck, Kylie
03/30/22 1312

Fluid Requirements

Holliday Segar 0 -KH

Method

Recorded by [KH] Haduck, Kylie



BON SECOURS MEDICAL GROUP

SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone 864-234-7654

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex M
Visit date 3/30/2022

Flowsheets (all recorded) (continued)

03/30/22 1312

Anthropometric Measures

BMI (calculated) 40 -KH
Recorded by [KH] Haduck, Kylie
03/30/22 1312

Nutrient-Energy (Caloric) Requirements

Mifflin-St. Jeor 1902.88 -KH
(Overwt/Obese
Pts) (kcal/day)
Recorded by [KH] Haduck, Kylie
03/30/22 1312

Data Measured Immediately After Walk

Predicted 567 Meters -KH
Distance (m)
Recorded by [KH] Haduck, Kylie
03/30/22 1312

Weight Loss Metrics

Wt loss to date -233 -KH
Recorded by [KH] Haduck, Kylie
03/30/22 1312

Fluid Management

Row Name 03/30/22 1311

Weight

Weight for 105.69 kg -KH
Calculation
(Req'd)*
Recorded by [KH] Haduck, Kylie
03/30/22 1312

Total Volume

Volume (mL)/kg* 0 mL/kg -KH
Recorded by [KH] Haduck, Kylie
03/30/22 1312

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name
KH	Haduck, Kylie

Instructions

None

Follow-up and Disposition History

03/30/2022 1335 - Kylie Haduck

Dispositions: • Return for after MRI with alan duncan.

Disposition

• Return for after MRI with alan duncan

Printed on 4/18/22 5:37 AM

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R. 0369



BON SECOURS MEDICAL GROUP

SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone: 864-234-7654

Young, Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex M
Visit date 4/1/2022

04/01/2022 - Documentation Only in Piedmont Orthopaedics - International
Amb Encounter Report

Encounter Information

	Provider	Department	Encounter #	Center
4/1/2022 11:33 AM	Alan W Duncan, NP	SSA PIEDMONT ORTHOPAEDICS - INTERNATIONAL	700233078601	POA

Previous Visit

Date & Time	Provider	Department	Encounter #
3/30/2022 1:00 PM	Duncan, Alan W, NP	Piedmont Orthopaedics - International	700232042470

Allergies

Allergies last reviewed by Housworth, Anna, RN on 4/5/2022 2021 - Fully Reviewed
No Known Allergies

First Recorded BMI

Problem List as of 4/1/2022

Reviewed: 3/30/2022 1:23 PM by Duncan, Alan W, NP

	Class	Noted	Resolved	Last Modified
Active Problems				
• Prediabetes		7/9/2018 - Present		7/9/2018 by Phelps, Mary K, CMA Entered by Phelps, Mary K, CMA
• Polysubstance abuse (HCC)		5/10/2016 - Present		3/30/2022 by Duncan, Alan W, NP Entered by Duncan, Alan W, NP
• Adjustment disorder with disturbance of emotion		7/7/2017 - Present		3/30/2022 by Duncan, Alan W, NP Entered by Duncan, Alan W, NP

Overview Signed 3/30/2022 1:23 PM by Duncan, Alan W, NP

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

All Notes

Progress Notes by Thompson, Elizabeth D at 04/01/22 1133



BON SECOURS MEDICAL GROUP

SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone 864-234-7654Young, Rusty Lee
MRN: 815-400597, DOB 2/12/1987, Sex M
Visit date 4/1/2022

All Notes: (continued)

Progress Notes by Thompson, Elizabeth D at 04/01/22 1133 (continued)

Author: Thompson, Elizabeth D
Filed: 04/11/22 0755
Editor: Thompson, Elizabeth DService: —
Encounter Date: 4/1/2022Author Type: —
Status: Signed

Per Jillian P with NIA 888-642-9181 she could not verify pt's elig with BL CHOICE SC to give an auth for MRI RT SHOULDER 73221 on 4-4-2022 Ref 35726825. I gave this info to Mr. Young and advised to cancel this MRI appt until the issue with elig could be resolved. He sd this is supposed to be Work Comp. He stated he will pay \$792.00 at the appt instead of cancelling. I put an appt know so the front desk will know to collect his payment.

Electronically signed by Thompson, Elizabeth D at 04/11/22 0755

Diagnoses

None

All Orders

No Orders exist for this encounter.

CLINICAL LAB RESULTS

Lab Results

None

Meds At Start of Encounter

	Disp	Refills	Start	End
buPROPion SR (WELLBUTRIN SR) 150 mg SR tablet			3/9/2022	
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS				
Class: Historical Med				
phentermine 37.5 mg capsule				
Sig - Route: Take 37.5 mg by mouth every morning. - Oral				
Class: Historical Med				

Questionnaires

No completed forms available for this encounter.

No documentation.

Instructions

None

END OF REPORT



SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone: 864-234-7654

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 4/4/2022

04/04/2022 - Appointment in Bon Secours Piedmont Orthopaedics
Amb Encounter Report

Encounter Information

	Provider	Department	Encounter #	Center
4/4/2022 4:00 PM	POA INT MRI	SC AMB RAD POA INT MR	700232890112	AMB RAD SC

Previous Visit

Date & Time	Provider	Department	Encounter #
4/1/2022 11:33 AM	Duncan, Alan W, NP	Piedmont Orthopaedics - International	700233078601

Allergies

Allergies last reviewed by Housworth, Anna, RN on 4/5/2022 2021 - Fully Reviewed
No Known Allergies

First Recorded BMI

Problem List as of 4/4/2022

Reviewed: 3/30/2022 1:23 PM by Duncan, Alan W, NP

Class	Noted	Resolved	Last Modified
Active Problems			
• Prediabetes	7/9/2018 - Present	7/9/2018 by Phelps, Mary K, CMA	Entered by Phelps, Mary K, CMA
• Polysubstance abuse (HCC)	5/10/2016 - Present	3/30/2022 by Duncan, Alan W, NP	Entered by Duncan, Alan W, NP
• Adjustment disorder with disturbance of emotion	7/7/2017 - Present	3/30/2022 by Duncan, Alan W, NP	Entered by Duncan, Alan W, NP

Overview Signed 3/30/2022 1:23 PM by Duncan, Alan W, NP

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Diagnoses

	Comments
Acute pain of right shoulder [1928167]	



SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone: 864-234-7654

Young, Rusty Lee
MRN: 815-400597, DOB: 2/12/1987, Sex: M
Visit date: 4/4/2022

All Orders

MRI SHOULDER RT WO CONT [772829426]

Electronically signed by: Duncan, Alan W, NP on 03/30/22 1344
Mode: Ordering in Verbal with readback mode
Ordering user: Haduck, Kylie 03/30/22 1335
Authorized by: Duncan, Alan W, NP
Diagnoses
Acute pain of right shoulder [M25.511]
Questionnaire

Status: Completed

Communicated by: Haduck, Kylie
Ordering provider: Duncan, Alan W, NP
Ordering mode: Verbal with readback

Question	Answer
Arthrogram study	No
Reason for Exam	Evaluate shoulder injury

Screening Form

Orders Requiring a Screening Form

Procedure	Order Status	Form Status
MRI SHOULDER RT WO CONT	Completed	Completed

General Information

Patient Name: Young, Rusty Lee
Date of Birth: 2/12/1987
Legal Sex: Male

MRN: 815400597
Home Phone: 864-640-1858
Mobile: ~~864-640-1858~~

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI SHOULDER RT WO CONT	Duncan, Alan W, NP 864-234-7654	Duncan, Alan W, NP 864-234-7654	4/4/2022 4:00 PM POA INT MRI SC AMB RAD POA INT MR

Screening Form Questions

	Answer	Comment
Height		
Weight		
Any problems related to a previous MRI?		
Claustrophobic?	No	
Allergic to any medication?		
Previous MRI contrast reaction?		
History of Asthma or COPD?		
History of sickle cell disease?		
History of hypertension?		
History of renal disease?		
History of diabetes?	No	
Medication/Insulin infusion or monitoring devices or patches?	No	
Eye injury involving metal?	No	
Artificial eye, eyelid spring or wire?	No	
Any metallic foreign body?	No	
Dentures, braces or magnetic dental implants?	No	
History of cardiac implants or surgery?	NO	
Vascular implant?	NO	
Brain surgery?	No	
Brain aneurysm clips or coils?		
Ventricular shunt?		
Inner ear surgery?	No	
Hearing Aid?	No	
Implanted stimulator?	No	
Internal electrodes or wires?	No	
Magnetically activated implant or device?	No	
Implanted orthopedic devices?	Yes	



SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone 864-234-7654

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date 4/4/2022

All Orders (continued)

MRI SHOULDER RT WO CONT [772829426] (continued)

Surgical staples, clips, mesh or metallic sutures? No
Tissue expander? No
Camera or pill for endoscopy? No
Tattoos or body piercings? Tattoo
Artificial hair, extensions, weaves or wig? No
Have you had the medication Feraheme in the past 3 months? No
Radiation seeds? No
Penile implant? No
Information is being provided by: Patient
Relationship to patient:
Name of person providing information about the patient:

Proceed with Exam

Proceed?	User	Time
Proceed	Brooks,Keri S	04/04/2022 04:16 PM EDT

Patient Signature

Date

MRI Safety Officer Signature

Date

CLINICAL LAB RESULTS

Lab Results

None

Radiology Results

MRI SHOULDER RT WO CONT [772829426]

Resulted: 04/04/22 1641, Result status: Final result

Ordering provider: Duncan, Alan W, NP 04/04/22 1606

Resulted by: Kelly, Jason P, MD

Performed: 04/04/22 1610 - 04/04/22 1636

Accession number: 111275151

Resulting lab: SC AMB RADIANT POA

Narrative:

History: Right shoulder pain, one-month duration. No surgery. Injury.

Exam: MRI right Shoulder

Technique: Multiplanar multisequence imaging is performed as per institution protocol.

Comparison: No comparison

Findings:

AC Joint: There is edema-like marrow signal in the distal acromion and distal clavicle. There is trace fluid in the acromioclavicular interval.

Osseous Structures and Articular Surfaces: The glenohumeral cartilage is normal. There is normal signal in the glenoid and humeral head.

Rotator Cuff: The supraspinatus, infraspinatus, teres minor, and subscapularis are intact. There are no findings to suggest tendinosis. There is no evidence of partial or full thickness tears involving the rotator cuff. There is no fluid within the subacromial/subdeltoid bursa.

Printed on 4/18/22 5:37 AM

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R. 0374



SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone 864-234-7654

Young Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex M
Visit date 4/4/2022

Radiology Results (continued)

MRI SHOULDER RT WO CONT [772829426] (continued)

Resulted: 04/04/22 1641, Result status Final result

Labral-ligamentous Complex: The biceps anchor is intact. No labral tear.

Additional Findings: No mass lesion the subacromial space or suprascapular notch.

Impression:

Impression:

1. Edema-like marrow signal in the distal acromion and distal clavicle with trace fluid in the acromioclavicular interval.
2. No rotator cuff or labral pathology.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
543 - POA RAD	SC AMB RADIANT POA	Unknown	Unknown	01/03/20 1314 - Present

Meds At Start of Encounter

Disp	Refills	Start	End
buPROPion SR (WELLBUTRIN SR) 150 mg SR tablet		3/9/2022	
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS			
Class: Historical Med			
phentermine 37.5 mg capsule			
Sig - Route: Take 37.5 mg by mouth every morning. - Oral			
Class: Historical Med			

Questionnaires

No completed forms available for this encounter.

Flowsheets (all recorded)

Procedure Verification

Row Name	04/04/22 1616
Procedure Verification	
Patient ID Verified	Verbal - KB
Procedure Verified	Yes - KB
Laterality Verified	Yes - KB
Recorded by	[KB] Brooks, Keri S 04/04/22 1616

User Key

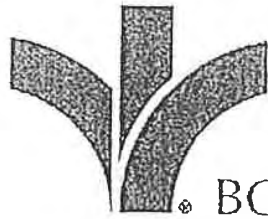
(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name
KB	Brooks, Keri S

Instructions

None

END OF REPORT



BON SECOURS MEDICAL GROUP
BON SECOURS PIEDMONT ORTHOPAEDICS
Imaging Result Report

Patient: Young, Rusty Lee
DOB: 2/12/1987
Sex: Male
Phone: 864-640-1858

MRN: 815400597
Pt Class:
Account #:
Patient Location: Gvl Amb Rad Poa Int Mr

Ord Prov: Alan W Duncan
Ord Prov Phone: 864-234-7654
Ord Prov Fax: 864-675-1657
Ord Prov Address: 35 International Drive
Greenville SC 29615

PCP: Mark A Demoss, Md
Auth Prov: Alan W Duncan
Att Prov:

Final

MRI SHOULDER RIGHT WO CONTRAST

Exam Date & Exam Time: 04/04/2022 4:10 PM

Accession#: 111275151

Reason For Exam: Evaluate shoulder injury

Ordering Diagnosis: None Specified

History: Right shoulder pain, one-month duration. No surgery. Injury.

Exam: MRI right Shoulder

Technique: Multiplanar multisequence imaging is performed as per institution protocol.

Comparison: No comparison

Findings:

AC Joint: There is edema-like marrow signal in the distal acromion and distal clavicle. There is trace fluid in the acromioclavicular interval.

Osseous Structures and Articular Surfaces: The glenohumeral cartilage is normal. There is normal signal in the glenoid and humeral head.

Rotator Cuff: The supraspinatus, infraspinatus, teres minor, and subscapularis are intact. There are no findings to suggest tendinosis. There is no evidence of partial or full thickness tears involving the rotator cuff. There is no fluid within the subacromial/subdeltoid bursa.

Labral-ligamentous Complex: The biceps anchor is intact. No labral tear.

Additional Findings: No mass lesion the quadrilateral space or suprascapular notch.

IMPRESSION:

Impression:

1. Edema-like marrow signal in the distal acromion and distal clavicle with trace fluid in the acromioclavicular interval.
2. No rotator cuff or labral pathology.

Reading Radiologist: Jason P Kelly, MD

Signed By: Jason P Kelly, MD on 4/4/2022 4:41 PM



BON SECOURS MEDICAL GROUP

SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone: 864-234-7654Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 4/20/202204/20/2022 - Office Visit in Piedmont Orthopaedics - International
Amb Encounter Report

Encounter Information

	Provider	Department	Encounter #	Center
4/20/2022 2:45 PM	Alan W Duncan, NP	SSA PIEDMONT ORTHOPAEDICS - INTERNATIONAL	700232890898	POA

Level of Service

Level of Service	Modifiers
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN [99214] Log History LOS History	Significant, Separately Identifiable Evaluation And Management Service By The Same Physician On The Same Day Of The Procedure Or Other Service [25]

Previous Visit

Date & Time	Provider	Department	Encounter #
4/4/2022 4:00 PM	POA INT MRI	Bon Secours Piedmont Orthopaedics	700232890112

Allergies

Allergies last reviewed by Duncan, Alan W, NP on 4/20/2022 1501 - Fully Reviewed
No Known Allergies

All Meds and Administrations

triamcinolone acetate (KENALOG-40) 40 mg/mL injection 40 mg [776968385]

Ordering Provider: Duncan, Alan W, NP
Ordered On: 04/20/22 1453
Dose (Remaining/Total): 40 mg (0/1)
Frequency: ONCEStatus: Completed (Past End Date/Time)
Starts/Ends: 04/20/22 1500 - 04/20/22 1512
Route: Intra articular
Rate/Duration: -- / --

Timestamps	Action	Dose	Route / Site	Other Information
Performed 04/20/22 1512 Documented: 04/20/22 1512	Given by Provider	40 mg	Intra articular Right Shoulder	Performed by: Haduck, Kylie Scanned Package: 0003-0293-28

Reason for Visit

Shoulder Pain Recheck right, MRI results

First Recorded BMI

Problem List as of 4/20/2022

Reviewed: 4/20/2022 3:01 PM by Duncan, Alan W, NP

	Class	Noted - Resolved	Last Modified
Active Problems			
• Prediabetes		7/9/2018 - Present	7/9/2018 by Phelps, Mary K, CMA Entered by Phelps, Mary K, CMA

Printed on 7/5/22 3:57 PM

Page 1



BON SECOURS MEDICAL GROUP

SSA PIEDMONT
ORTHOPAEDICS
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816
Phone: 864-234-7654

Young, Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex M
Visit date 4/20/2022

Problem List (continued) as of 4/20/2022

Reviewed 4/20/2022 3:01 PM by Duncan, Alan W, NP

Class	Noted - Resolved	Last Modified
Polysubstance abuse (HCC)	5/10/2016 - Present	3/30/2022 by Duncan, Alan W, NP
Adjustment disorder with disturbance of emotion	Entered by Duncan, Alan W, NP 7/7/2017 - Present	3/30/2022 by Duncan, Alan W, NP
		Entered by Duncan, Alan W, NP

Overview Signed 3/30/2022 1:23 PM by Duncan, Alan W, NP

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

All Notes

Progress Notes by Duncan, Alan W, NP at 04/20/22 1445

Author: Duncan, Alan W, NP

Filed: 04/20/22 1543

Editor: Duncan, Alan W, NP (Nurse Practitioner)

Service: —

Encounter Date: 4/20/2022

Author Type: Nurse Practitioner

Status: Signed



piedmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young

Date of Birth: 2/12/1987

Gender: male

MRN: 815400597

CC: Shoulder Pain (Recheck right, MRI results)

HPI: Rusty Lee Young is a 35 y.o. male who returns for follow up on Right shoulder. MRI (POA) 4/4/2022. Patient reports continued pain which is throbbing today. He reports that he cannot sleep on his side due to the pain. He reports that the pain localizes anteriorly and is worse when he is reaching out in front of him.

Physical Examination:

General: no acute distress

Printed on 7/5/22 3:57 PM

Page 2



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 6/1/2022

Encounter Notes (continued)

Progress Notes by Alan W Duncan, APRN - CNP at 6/1/2022 2:51 PM (continued)

Plan:

I think the patient's shoulder pain is improving however it may be exacerbated by cervical spine pain and radiculopathy. I discussed with the patient conservative treatment to include Medrol Dosepak and formal physical therapy to address the neck. I will prescribe him with a Medrol Dosepak today for his neurological symptoms. He wishes to be referred at this time to a spinal specialist for evaluation and treatment of his neck and we will arrange this today. He can come back to see me as needed for his shoulder.

Alan W Duncan, APRN - CNP

Orthopaedics and Sports Medicine

No form specified

Sexuality and Gender Identity

Sexuality

Legal Information

Legal first name: Rusty

Legal last name: Young

Legal sex: Male

Gender Identity

Organ Inventory

	Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:
breasts				
cervix				
ovaries				
uterus				
vagina				
penis				
prostate				
testes				

All Encounter and Order Scans — Encounter Level:

All Encounter and Order Scans: None found at the encounter level.

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level.

An electronic signature was used to authenticate this record: Charting

Office Visit

6/1/2022



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 6/1/2022

Call Information

	Provider	Department	Center
6/1/2022 2:45 PM	Alan W Duncan, APRN - CNP	GVL PIEDMONT ORTHOPAEDICS - INTERNATIONAL	GVL AMB

Reason for Call

Shoulder Pain R shoulder recheck

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

No documentation.

Encounter-Level E-Signatures:

No documentation.

RE: Rusty Young
SS #: 249-65-7770
DOB: 02/12/1987

The responses to the following reflect my opinion as treating physician for Rusty Young.

In your opinion, to a reasonable degree of medical certainty, did the Workers' Compensation accident on or about 3/8/22 most probably cause Mr. Young's right shoulder symptoms for which he is treating?

✓ Yes No

If your answer to the above question is no, in your opinion, to a reasonable degree of medical certainty, did the Workers' Compensation accident on or about 3/8/22 most probably aggravate a pre-existing injury causing a worsening of the right shoulder symptoms with Mr. Young?

 Yes No

6/14/22
Date


Alan W. Duncan, MS, APRN, FNP-BC
Piedmont Orthopaedic Associates



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex M
Visit date: 6/29/2022

06/29/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Alan W Duncan, APRN - CNP	Alan W Duncan, APRN - CNP

Department

Name	Address	Phone	Fax
BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL	35 INTERNATIONAL DRIVE Greenville SC 29615-4816	864-234-7654	864-675-1657

Follow-up and Dispositions

- Return in about 4 weeks (around 7/27/2022)

Level of Service

Level of Service	Modifiers
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	SIGNIFICANT, SEPARATELY IDENTIFIABLE EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN ON THE SAME DAY OF THE PROCEDURE OR OTHER SERVICE

Log History
LOS History

Progress Notes - Physician

Progress Notes by Alan W Duncan, APRN - CNP at 6/29/2022 0943

Author: Alan W Duncan, APRN - CNP	Service: —	Author Type: Nurse Practitioner
Filed: 6/29/2022 10:50 AM	Encounter Date: 6/29/2022	Status: Signed
Editor: Alan W Duncan, APRN - CNP (Nurse Practitioner)		



piedmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young
Date of Birth: 2/12/1987
Gender: male
MRN: 815400597

CC: Follow-up (R shoulder recheck)

HPI: Rusty Lee Young is a 35 y.o. male who returns for follow up on right shoulder pain. He reports intermittent relief from the subacromial injection and oral NSAIDs he was prescribed last visit. He notes that his pain has returned and his shoulder still catches. He is still compliant with physical therapy and is progressing well.

Physical Examination:
General: no acute distress
Lungs: breathing easily

Printed on 7/5/22 4:08 PM

Page 1



06/29/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Progress Notes - Physician (continued)

CV: regular rhythm by pulse

Right Shoulder: Tenderness to palpation over the AC joint and anterior shoulder around the bicipital groove. Active forward flexion to 170 degrees with minimal pain in the extreme. External rotation with elbows at side equal bilaterally. External rotation with elbows at side resisted range of motion 5/5 strength. Negative empty can test with 5/5 strength in the empty can position. Positive Hawkins Kennedy, Neer's. Negative O'Brien's, pain with speeds.

C-spine: No tenderness to palpation. Full active range of motion with pain in the extremes of extension. Myotomes C3-T1 equal and intact bilaterally. Decreased sensation in the C6- C7 dermatome. Positive Tinel's at the wrist. Positive Spurling's.

Assessment:

1. Arthralgia of right acromioclavicular joint
2. Cervical radiculopathy

Plan:

Patient is responding well to formal physical therapy at outset however he continues to have pain with extremes of motion and impingement testing. He reports the majority of his pain is over his AC joint and reproduction of symptoms with motion localizes to this area. I discussed with the patient that I think he needs to be evaluated by our spine team evaluate his continued cervical radiculopathy. I think he would benefit from an AC joint injection today which she agreed to proceed with and I recommended he continue formal physical therapy at this time. After verbal informed consent was obtained after sterile prep the right acromioclavicular joint was injected from a superior approach with 2 cc of 0.25% Marcaine and 1 cc of 40 mg Kenalog. Patient tolerated the procedure well was given postinjection flare precautions.

Alan W Duncan, APRN - CNP

Orthopaedics and Sports Medicine

Electronically signed by Alan W Duncan, APRN - CNP at 6/29/2022 10:50 AM

Office Visit 6/29/2022		
06/29/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL Amb Encounter Report		
Encounter Information		
6/29/2022 9:45 AM	Provider Alan W Duncan, APRN - CNP	Department GVL PIEDMONT ORTHOPAEDICS - INTERNATIONAL
Reason for Visit		
Follow-up R shoulder recheck		
Diagnoses		
Arthralgia of right acromioclavicular joint - Primary		Comments



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex: M
Visit date: 6/29/202206/29/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)

Diagnoses (continued)

	Comments
Cervical radiculopathy	

Problem List as of 6/29/2022

Date Reviewed: 6/29/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Fully Reviewed by Alan W Duncan, APRN - CNP on
6/29/2022

Allergies as of 6/29/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives

Immunizations Administered as of 6/29/2022

Never Reviewed

No immunizations on file.

Patient History

Medical as of 6/29/2022

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety [F41.9]			
Chronic ankle pain [M25.579, G89.29]			
Depression [F32.A]			

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 6/29/202206/29/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)

Medical as of 6/29/2022 (continued)

GERD (gastroesophageal reflux disease) [K21.9]	—	does not take medicine	—
Morbid obesity (HCC) [E66.01]	—	—	—

Surgical as of 6/29/2022

None

Family as of 6/29/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father	—	—	type II	Provider
No Known Problems	Sister	—	—	—	Provider
No Known Problems	Brother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider

Family Status as of 6/29/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father	—	Alive	—	—	—	—	Provider
Sister	—	Alive	—	—	—	—	Provider
Brother	—	Alive	—	—	—	—	Provider
Mother	—	Alive	—	—	—	—	Provider

Tobacco Use as of 6/29/2022

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Former Smoker	—	7/26/2017	0.25	—

Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source
—	Quit smoking: 1 pk per week	Never Used	—	—

Alcohol Use as of 6/29/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	—	—	—	—

Drug Use as of 6/29/2022

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14.0	—	—

Sexual Activity as of 6/29/2022

None

Activities of Daily Living as of 6/29/2022

None

Occupational as of 6/29/2022

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date 6/29/202206/29/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)

Occupational as of 6/29/2022 (continued)

None

Socioeconomic as of 6/29/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married					English	Non-Hispanic / Non Latino	Black / African American	

Medications

Medications at Start of Encounter

	Disp.	Refills	Start	End
methyIPREDNISolone (MEDROL, PAK) 4 MG tablet	1 kit	0	6/1/2022	
Sig: Take as directed on package				
Cosign for Ordering: Accepted by Alan W Duncan, APRN - CNP on 6/1/2022 3:41 PM				
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet			3/9/2022	
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS				
Class: Historical Med				
methocarbamol (ROBAXIN) 750 MG tablet			4/5/2022	
Sig - Route: Take 750 mg by mouth 4 times daily - Oral				
Class: Historical Med				
naproxen (NAPROSYN) 500 MG tablet			4/5/2022	
Sig - Route: Take 500 mg by mouth 2 times daily (with meals) - Oral				
Class: Historical Med				
phentermine 37.5 MG capsule				
Sig - Route: Take 37.5 mg by mouth. - Oral				
Class: Historical Med				

Ordered Facility-Administered Medications

	Dose	Freq	Start	End
triamcinolone acetonide (KENALOG-40) injection 40 mg	40 mg	ONCE	6/29/2022	6/29/2022
Route: Intra-articular				
Cosign for Ordering: Accepted by Alan W Duncan, APRN - CNP on 6/29/2022 10:19 AM				

Medication Orders

triamcinolone acetonide (KENALOG-40) injection 40 mg [1372775704]

Electronically signed by: Karington Beaty, MA on 06/29/22 1018

Status: Completed

Ordering user: Karington Beaty, MA 06/29/22 1018

Ordering provider: Alan W Duncan, APRN - CNP

Authorized by: Alan W Duncan, APRN - CNP

Cosigning events

Electronically cosigned by Alan W Duncan, APRN - CNP 06/29/22 1019 for Ordering

Frequency: Once 06/29/22 1045 - 1 occurrence

Pharmacy Actions

Type	Date/Time	User	Extra Information
Admin	Wed Jun 29, 2022 1035	Karington Beaty, MA	

Orders

Lab and Imaging Orders

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN 815400597, DOB: 2/12/1987, Sex: M
Visit date: 6/29/2022

Orders (continued)

Lab and Imaging Orders (continued)

No orders found

Other Orders

DRAIN/INJECT INTERMEDIATE JOINT/BURSA

Electronically signed by: Karington Beaty, MA on 06/29/22 1018

Ordering user: Karington Beaty, MA 06/29/22 1018

Ordering mode: Standard

Cosigning events

Electronically cosigned by Alan W Duncan, APRN - CNP 06/29/22 1019 for Ordering

Frequency: 06/29/22 -

Diagnoses

Arthralgia of right acromioclavicular joint [M25.511]

Cervical radiculopathy [M54.12]

Status: Active

Authorized by: Alan W Duncan, APRN - CNP

Result Summary

All Results

No results found

Notes

Encounter Notes

Progress Notes by Alan W Duncan, APRN - CNP at 6/29/2022 9:43 AM

Author: Alan W Duncan, APRN - CNP

Filed: 6/29/2022 10:50 AM

Editor: Alan W Duncan, APRN - CNP (Nurse Practitioner)

Service: —

Encounter Date: 6/29/2022

Author Type: Nurse Practitioner

Status: Signed



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BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young

Date of Birth: 2/12/1987

Gender: male

MRN: 815400597

CC: Follow-up (R shoulder recheck)

HPI: Rusty Lee Young is a 35 y.o. male who returns for follow up on right shoulder pain. He reports intermittent relief from the subacromial injection and oral NSAIDs he was prescribed last visit. He notes that his pain has returned and his shoulder still catches. He is still compliant with physical therapy and is progressing well.

Physical Examination:

General: no acute distress

Lungs: breathing easily

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN 815400597, DOB 2/12/1987, Sex M
Visit date: 6/29/2022

Encounter Notes (continued)

Progress Notes by Alan W Duncan, APRN - CNP at 6/29/2022 9:43 AM (continued)

CV: regular rhythm by pulse

Right Shoulder: Tenderness to palpation over the AC joint and anterior shoulder around the bicipital groove. Active forward flexion to 170 degrees with minimal pain in the extreme. External rotation with elbows at side equal bilaterally. External rotation with elbows at side resisted range of motion 5/5 strength. Negative empty can test with 5/5 strength in the empty can position. Positive Hawkins Kennedy, Neer's. Negative O'Brien's, pain with speeds.

C-spine: No tenderness to palpation. Full active range of motion with pain in the extremes of extension. Myotomes C3-T1 equal and intact bilaterally. Decreased sensation in the C6- C7 dermatome. Positive Tinel's at the wrist. Positive Spurling's.

Assessment:

1. Arthralgia of right acromioclavicular joint
2. Cervical radiculopathy

Plan:

Patient is responding well to formal physical therapy at outset however he continues to have pain with extremes of motion and impingement testing. He reports the majority of his pain is over his AC joint and reproduction of symptoms with motion localizes to this area. I discussed with the patient that I think he needs to be evaluated by our spine team evaluate his continued cervical radiculopathy. I think he would benefit from an AC joint injection today which she agreed to proceed with and I recommended he continue formal physical therapy at this time. After verbal informed consent was obtained after sterile prep the right acromioclavicular joint was injected from a superior approach with 2 cc of 0.25% Marcaine and 1 cc of 40 mg Kenalog. Patient tolerated the procedure well was given postinjection flare precautions.

Alan W Duncan, APRN - CNP

Orthopaedics and Sports Medicine

No form specified

Sexuality and Gender Identity

Sexuality

Legal Information

Legal first name: Rusty

Legal last name: Young

Legal sex: Male

Gender Identity

Organ Inventory



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN 815400597, DOB 2/12/1987, Sex: M
Visit date 6/29/2022

Sexuality and Gender Identity (continued)

	Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:

breasts
cervix
ovaries
uterus
vagina
penis
prostate
testes

All Encounter and Order Scans — Encounter Level:

All Encounter and Order Scans: None found at the encounter level.

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level.

An electronic signature was used to authenticate this record: Charting

Office Visit
6/29/2022

Call Information

	Provider	Department	Center
6/29/2022 9:45 AM	Alan W Duncan, APRN - CNP	GVL PIEDMONT ORTHOPAEDICS - INTERNATIONAL	GVL AMB

Reason for Call

Follow-up R shoulder recheck

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

No documentation.

Encounter-Level E-Signatures:

No documentation.



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA GRV XR Young, Rusty Lee
MRN 815400597, DOB: 2/12/1987, Sex: M
Visit date 7/12/2022

POA XR
7/12/2022

07/12/2022 - Ancillary Procedure in BON SECOURS PIEDMONT ORTHOPAEDICS
Amb Encounter Report

Encounter Information

	Provider	Department
7/12/2022 3:25 PM	POA GROVE DR 1	GVL AMB RAD POA GRV XR

Diagnoses

	Comments
Neck pain	

Problem List as of 7/12/2022

Date Reviewed: 7/12/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Allergies as of 7/12/2022

Fully Reviewed by Amy S Hunt, PA-C on 7/12/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives

Immunizations Administered as of 7/12/2022

Never Reviewed

No immunizations on file



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA GRV XR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 7/12/202207/12/2022 - Ancillary Procedure in BON SECOURS PIEDMONT ORTHOPAEDICS
Amb Encounter Report (continued)

Patient History

Medical as of 7/12/2022

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety [F41.9]	—	—	—
Chronic ankle pain [M25.579, G89.29]	—	—	—
Depression [F32.A]	—	—	—
GERD (gastroesophageal reflux disease) [K21.9]	—	does not take medicine	—
Morbid obesity (HCC) [E66.01]	—	—	—

Surgical as of 7/12/2022

None

Family as of 7/12/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father	—	—	type II	Provider
No Known Problems	Sister	—	—	—	Provider
No Known Problems	Brother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider

Family Status as of 7/12/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father	—	Alive	—	—	—	—	Provider
Sister	—	Alive	—	—	—	—	Provider
Brother	—	Alive	—	—	—	—	Provider
Mother	—	Alive	—	—	—	—	Provider

Tobacco Use as of 7/12/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Former	—	7/26/2017	0-25 packs/day
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Tobacco Comments			
Quit smoking 1 pk per week			
Source			
—			

Alcohol Use as of 7/12/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	—	—	—	—

Drug Use as of 7/12/2022

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14 0	—	—



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA GRV XR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 7/12/2022

07/12/2022 - Ancillary Procedure in BON SECOURS PIEDMONT ORTHOPAEDICS
Amb Encounter Report (continued)

Sexual Activity as of 7/12/2022

None

Activities of Daily Living as of 7/12/2022

None

Occupational as of 7/12/2022

None

Socioeconomic as of 7/12/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married					English	Non-Hispanic / Non Latino	Black / African American	

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
diclofenac-misOPROStol (ARTHROTEC) 75-0.2 MG per tablet	60 tablet	0	7/12/2022	8/11/2022
Sig - Route: Take 1 tablet by mouth 2 times daily - Oral				
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet			3/9/2022	
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS				
Class: Historical Med				
phentermine 37.5 MG capsule				
Sig - Route: Take 37.5 mg by mouth. - Oral				
Class: Historical Med				

Medication Orders

No orders found for this encounter

Lab and Imaging Orders

XR CERVICAL SPINE (2-3 VIEWS)

Electronically signed by: Lorenzo Allen, MA on 07/12/22 1521

Status: Completed

Ordering user: Lorenzo Allen, MA 07/12/22 1521

Authorized by: Amy S Hunt, PA-C

Ordering mode: Standard

Cosigning events

Electronically cosigned by Amy S Hunt, PA-C 07/12/22 1655 for Ordering

Diagnoses

Neck pain [M54.2]

Questionnaire

Question	Answer
Reason for exam:	neck pain

Other Orders

No orders found



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA GRV XR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/12/2022

All Results

XR CERVICAL SPINE (2-3 VIEWS) [1372775709]

Resulted: 07/12/22 1531, Result status: Final result

Performed: 07/12/22 1531 - 07/12/22 1531

Accession number: GVL117609064

Resulting lab: SC AMB RADIANT POA

Narrative:

AUTOMATIC ADMINISTRATIVE RESULT

The result for this exam can be found in the Progress note in the chart.

Impression:

See Progress note in the chart

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
156543 - POA RAD	SC AMB RADIANT POA	Unknown	Unknown	07/16/21 1159 - Present

Notes

Encounter Notes

No notes exist for this encounter.

No form specified.

Sexuality and Gender Identity

Sexuality

Legal Information

Legal first name: Rusty

Legal last name: Young

Legal sex: Male

Gender Identity

Organ Inventory

Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:

breasts
cervix
ovaries
uterus
vagina
penis
prostate
testes

All Encounter and Order Scans — Encounter Level:

All Encounter and Order Scans: None found at the encounter level

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level

An electronic signature was used to authenticate this record: Charting



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA GRV XR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/12/2022

Notes (continued)

POA XR
7/12/2022

Call Information

	Provider	Department	Center
7/12/2022 3:25 PM	POA GROVE DR 1	GVL AMB RAD POA GRV XR	AMB RAD SC

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

No documentation.

Encounter-Level E-Signatures:

No documentation.

Young, Rusty Lee #815400597 (Acct:N/A) (35 y.o. M)

07/12/2022 - Ancillary Procedure in: BON SECOURS PIEDMONT ORTHOPAEDICS
After Visit Summary Report

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
			Unknown Status
Admission Date/Time	Discharge Date/Time	Hospital Service	Auth/Cert Status
Hospital Area	Unit	Room/Bed	Referring Provider



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date 7/12/2022Office Visit
7/12/202207/12/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD
Amb Encounter Report

Encounter Information

	Provider	Department
7/12/2022 2:30 PM	Amy S Hunt, PA-C	GVL PIEDMONT ORTHOPAEDICS - GROVE ROAD

Reason for Visit

Neck Pain Right side neck pain with bilateral shoulder pain and right finger numbness

Diagnoses

	Comments
Neck pain - Primary	
Cervicalgia	
Cervical radiculopathy	
DDD (degenerative disc disease), cervical	

Problem List as of 7/12/2022

Date Reviewed: 7/12/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.
 Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
 Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Allergies as of 7/12/2022

Fully Reviewed by Amy S Hunt, PA-C on 7/12/2022

Printed on 12/13/22 1:44 PM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/12/202207/12/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD
Amb Encounter Report (continued)

Allergies as of 7/12/2022 (continued)

Fully Reviewed by Amy S Hunt, PA-C on 7/12/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives

Immunizations Administered as of 7/12/2022

Never Reviewed

No immunizations on file.

Patient History

Medical as of 7/12/2022

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety [F41.9]	—	—	—
Chronic ankle pain [M25.579, G89.29]	—	—	—
Depression [F32.A]	—	—	—
GERD (gastroesophageal reflux disease) [K21.9]	—	does not take medicine	—
Morbid obesity (HCC) [E66.01]	—	—	—

Surgical as of 7/12/2022

None

Family as of 7/12/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father	—	—	type II	Provider
No Known Problems	Sister	—	—	—	Provider
No Known Problems	Brother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider

Family Status as of 7/12/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father	—	Alive	—	—	—	—	Provider
Sister	—	Alive	—	—	—	—	Provider
Brother	—	Alive	—	—	—	—	Provider
Mother	—	Alive	—	—	—	—	Provider

Tobacco Use as of 7/12/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Former	—	7/26/2017	0.25 packs/day
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Tobacco Comments			
Quit smoking: 1 pk per week			
Source			

Alcohol Use as of 7/12/2022

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 7/12/2022**07/12/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD**
Amb Encounter Report (continued)**Alcohol Use as of 7/12/2022 (continued)**

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes				

Drug Use as of 7/12/2022

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14 0		

Sexual Activity as of 7/12/2022

None

Activities of Daily Living as of 7/12/2022

None

Occupational as of 7/12/2022

None

Socioeconomic as of 7/12/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married					English	Non-Hispanic / Non Latino	Black / African American	

Medications**Medications the Patient Reported Taking**

	Disp	Refills	Start	End
diclofenac-misoprostol (ARTHROTEC) 75-0.2 MG per tablet (Taking) Sig: Take 1 tablet by mouth 2 times daily Route: Oral	60 tablet	0	7/12/2022	8/11/2022
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet (Taking) Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS Class: Historical Med			3/9/2022	
phentermine 37.5 MG capsule (Taking) Sig: Take 37.5 mg by mouth Class: Historical Med Route: Oral				

Medications at Start of Encounter

	Disp	Refills	Start	End
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet (Taking) Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS Class: Historical Med			3/9/2022	
phentermine 37.5 MG capsule (Taking) Sig: - Route Take 37.5 mg by mouth - Oral Class: Historical Med				
methyIPREDNISolone (MEDROL, PAK.) 4 MG tablet 1 kit Sig: Take as directed on package Cosign for Ordering: Accepted by Alan W Duncan, APRN - CNP on 6/1/2022 3:41 PM	1 kit	0	6/1/2022	7/12/2022



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 7/12/2022

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
methocarbamol (ROBAXIN) 750 MG tablet Sig - Route: Take 750 mg by mouth 4 times daily - Oral Class: Historical Med			4/5/2022	7/12/2022
naproxen (NAPROSYN) 500 MG tablet Sig - Route: Take 500 mg by mouth 2 times daily (with meals) - Oral Class: Historical Med			4/5/2022	7/12/2022

Discontinued Medications

	Reason for Discontinue
methypREDNISolone (MEDROL, PAK,) 4 MG tablet	Therapy completed
methocarbamol (ROBAXIN) 750 MG tablet	Therapy completed
naproxen (NAPROSYN) 500 MG tablet	Therapy completed

Ordered Medications

	Disp	Refills	Start	End
diclofenac-miSOPROStol (ARTHROTEC) 75-0.2 MG per tablet Sig - Route: Take 1 tablet by mouth 2 times daily - Oral	60 tablet	0	7/12/2022	8/11/2022

Medication Orders

diclofenac-miSOPROStol (ARTHROTEC) 75-0.2 MG per tablet [1372775710]

Electronically signed by: Amy S Hunt, PA-C on 07/12/22 1557

Status: Expired

Ordering user: Amy S Hunt, PA-C 07/12/22 1557

Authorized by: Amy S Hunt, PA-C

Frequency: BID 07/12/22 - 30 days

Lab and Imaging Orders

XR CERVICAL SPINE (2-3 VIEWS)

Electronically signed by: Lorenzo Allen, MA on 07/12/22 1521

Status: Completed

Ordering user: Lorenzo Allen, MA 07/12/22 1521

Authorized by: Amy S Hunt, PA-C

Ordering mode: Standard

Cosigning events

Electronically cosigned by Amy S Hunt, PA-C 07/12/22 1655 for Ordering

Frequency: 07/12/22 -

Diagnoses

Neck pain [M54.2]

Questionnaire

Question	Answer
Reason for exam:	neck pain

MRI CERVICAL SPINE WO CONTRAST

Electronically signed by: Lorenzo Allen, MA on 07/12/22 1602

Status: Completed

Ordering user: Lorenzo Allen, MA 07/12/22 1602

Authorized by: Amy S Hunt, PA-C

Ordering mode: Standard

Cosigning events

Electronically cosigned by Amy S Hunt, PA-C 07/12/22 1655 for Ordering

Frequency: 07/12/22 -

Diagnoses

Neck pain [M54.2]

Cervicalgia [M54.2]

Cervical radiculopathy [M54.12]

DDD (degenerative disc disease), cervical [M50.30]



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/12/2022

Lab and Imaging Orders (continued)

MRI CERVICAL SPINE WO CONTRAST (continued)

Questionnaire

Question	Answer
Reason for exam:	neck pain
What is the sedation requirement?	None

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Encounter Notes

Progress Notes by Amy S Hunt, PA-C at 7/12/2022 3:51 PM

Author: Amy S Hunt, PA-C
Filed: 7/22/2022 1:47 PM
Editor: Amy S Hunt, PA-C (Physician Assistant)
Related Notes: Original Note by Amy S Hunt, PA-C (Physician Assistant) filed at 7/12/2022 4:09 PM

Service: —
Encounter Date: 7/12/2022

Author Type: Physician Assistant
Status: Addendum

Name: Rusty Lee Young
Date of Birth: 2/12/1987
Gender: male
MRN: 815400597

CC: Neck Pain (Right side neck pain with bilateral shoulder pain and right finger numbness)

History of present illness:

This is a very pleasant 35 y.o. old male who presents with right shoulder pain that began after an injury on 3/8/22 when he was at work, working on a boat and lifting the motor. He felt a pop in his shoulder but continued working at the time. He was seen at AFC urgent care and was given a steroid Dosepak, which he says did not help. He then went to the emergency room and was given flexeril and meloxicam. He saw one of our sports medicine providers who ordered MRI scan of the right shoulder. In April he began developing right-sided neck pain with headaches. He did go to the ED again but followed up with our sports medicine providers after his MRI of the right shoulder. MRI of the shoulder showed to acromioclavicular arthritis. He was referred for physical therapy, had shoulder injection and NSAIDs.

Patient then began having more symptoms of right arm pain with numbness and tingling into the third through fifth fingers. Also having more headaches associated with his neck pain. Physical therapy was addressing cervical spine as well including Traction. He has had over 10 visits of physical therapy and symptoms continue to persist. There was concern of cervical radiculopathy as well and he is referred to us for further evaluation.

There have not been changes in fine motor skills such as handwriting and buttoning buttons. There have not been changes in gait since the onset of the symptoms.



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 7/12/2022

Encounter Notes (continued)

Progress Notes by Amy S Hunt, PA-C at 7/12/2022 3:51 PM (continued)

The patient has not had cervical surgery in the past.

Thus far, efforts to address the pain have included tylenol, NSAIDS, oral steroids and physical therapy 2 months.

AMB PAIN ASSESSMENT	7/12/2022
Location of Pain	Neck
Location Modifiers	Right
Severity of Pain	8
Quality of Pain	Aching;Sharp
Duration of Pain	Persistent
Frequency of Pain	Constant
Date Pain First Started	3/8/2022
Aggravating Factors	Other (Comment)
Limiting Behavior	No
Relieving Factors	Other (Comment)
Result of Injury	No
Work-Related Injury	No
Are there other pain locations you wish to document?	No

ROS/Meds/PSH/PMH/FH/SH: I personally reviewed the patient's collected intake data. Below are the pertinent:

Allergies

Allergen	Reactions
• Flagyl [Metronidazole]	Hives

Current Outpatient Medications:

- diclofenac-misOPROStol (ARTHROTEC) 75-0.2 MG per tablet, Take 1 tablet by mouth 2 times daily, Disp: 60 tablet, Rfl: 0
- buPROPion (WELLBUTRIN SR) 150 MG extended release tablet, TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS, Disp: , Rfl:
- phentermine 37.5 MG capsule, Take 37.5 mg by mouth., Disp: , Rfl:

History reviewed. No pertinent surgical history.

Patient Active Problem List

Diagnosis
• Prediabetes
• Polysubstance abuse (HCC)
• Adjustment disorder with disturbance of emotion

Tobacco: reports that he quit smoking about 4 years ago. He smoked 0.25 packs per day. He has never used smokeless tobacco.

Alcohol:

Social History

Substance and Sexual Activity

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/12/2022

Encounter Notes (continued)

Progress Notes by Amy S Hunt, PA-C at 7/12/2022 3:51 PM (continued)

Alcohol Use Yes

Physical Exam:

BMI: There is no height or weight on file to calculate BMI.

GENERAL: Adult in no acute distress, severely obese. Patient is appropriately conversant

CERVICAL SPINE:

Inspection of the neck reveals no evidence of rash or skin lesion.

Examination of the cervical spine reveals no evidence of sagittal or coronal plane deformity, no palpable tenderness or step deformity and full ROM

Spurling's sign is positive to the right side for reproduction of radicular symptoms.

Patient ambulates with a normal gait. Patient is able to toe walk and heel walk.

Sensory testing reveals intact sensation to light touch in the distribution of the C5-T1 dermatomes bilaterally

Reflexes

	Right	Left
Biceps (C5)	2	2
Brachio radialis (C6)	2	2
Triceps (C7)	2	2

Hoffman's is negative

Inverted radial reflex is negative

Tinel's and Durkin testing over the cubital and carpal tunnels do not reproduce the symptoms.

Shoulder examination is not consistent with adhesive capsulitis or acute rotator cuff tendinitis.

Strength testing in the upper extremity reveals the following based on the 5 point grading scale:

	Delt(C5)	Bicep(C6)	WE(C6)	Tricep (C7)	WF(C7)	Grip(C8)	Int (T1)
Right	5	5	5	5	5	5	5
Left	5	5	5	5	5	5	5

Pulses are palpable over bilateral radial arteries.

Radiographic Studies:

AP and Lateral views of the Cervical Spine: 7/12/22

Slight listing to the left. No scoliosis. There is straightening of the normal lordosis and multilevel degenerative disc changes. No fracture or osseous abnormality.

Impression: as above

Assessment/Plan:

Diagnosis	Orders

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date 7/12/2022

Encounter Notes (continued)

Progress Notes by Amy S Hunt, PA-C at 7/12/2022 3:51 PM (continued)

1. Neck pain	XR CERVICAL SPINE (2-3 VIEWS)
	MRI CERVICAL SPINE WO CONTRAST
2. Cervicalgia	MRI CERVICAL SPINE WO CONTRAST
3. Cervical radiculopathy	MRI CERVICAL SPINE WO CONTRAST
4. DDD (degenerative disc disease), cervical	MRI CERVICAL SPINE WO CONTRAST

This patient's clinical history and physical exam is consistent with cervical radiculopathy involving primarily the right C7 nerve root(s). Distributional is not very clear however certainly having more radicular symptoms with numbness and tingling. Given the chronicity of his symptoms, exhaustion of conservative measures including greater than 10 visits of physical therapy that also addressed cervical traction and cervical spine, I would recommend MRI scan of the cervical spine.

-NSAIDs: The patient is agreeable to a trial of nonsteroidal anti-inflammatory drugs (NSAIDs). We discussed risks associated with their use, including GI tract or other bleeding, and also some cardiac risk. Instructions were given to discontinue the NSAID if there is any sign of GI bleed, chest pain, or shortness of breath. A regimen of Diclofenac was prescribed. Continued use of NSAIDs is recommended to be managed by PCP in order to monitor kidney and liver function.

Orders Placed This Encounter

Medications

- diclofenac-miSOPROStol (ARTHROTEC) 75-0.2 MG per tablet
Sig: Take 1 tablet by mouth 2 times daily
Dispense: 60 tablet
Refill: 0

Orders Placed This Encounter

Procedures

- XR CERVICAL SPINE (2-3 VIEWS)
- MRI CERVICAL SPINE WO CONTRAST

4 This is a undiagnosed new problem with uncertain prognosis

Return for MRI results with ASH.

Amy S Hunt, PA-C
07/12/22

Elements of this note were created using speech recognition software. As such, errors of speech recognition may be present.



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex M
Visit date: 7/12/2022

No form specified

Sexuality and Gender Identity

Sexuality

Legal Information

Legal first name: Rusty

Legal last name: Young

Legal sex: Male

Gender Identity

Organ Inventory

	Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:
breasts				
cervix				
ovaries				
uterus				
vagina				
penis				
prostate				
testes				

All Encounter and Order Scans — Encounter Level:

All Encounter and Order Scans: None found at the encounter level.

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level.

An electronic signature was used to authenticate this record: Charting

Office Visit
7/12/2022

Call Information

	Provider	Department	Center
7/12/2022 2:30 PM	Amy S Hunt, PA-C	GVL PIEDMONT ORTHOPAEDICS - GROVE ROAD	GVL AMB

Reason for Call

Neck Pain

Right side neck pain with bilateral shoulder pain and right finger numbness

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Flowsheets (all recorded)

Pain Assessment

Row Name	07/12/22 1516				

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/12/2022

Flowsheets (all recorded) (continued)

Pain Assessment

Location of Pain Neck -LA

Location Modifiers Right -LA

Severity of Pain 8 -LA

Quality of Pain Aching, Sharp -LA

Duration of Pain Persistent -LA

Frequency of Pain Constant -LA

Date Pain First 03/08/22 -LA

Started

Aggravating Factors Other (Comment)
moving right arm forward,
turning to right side -LA

Limiting Behavior No -LA

Relieving Factors Other (Comment)
sleeping on left side in bed
-LA

Result of Injury No -LA

Work-Related No -LA

Injury

Are there other

pain locations you

wish to

document?

Recorded by [LA] Lorenzo Allen,

MA 07/12/22 1519

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type
LA	Lorenzo Allen, MA	Medical Assistant

Encounter-Level E-Signatures:

No documentation.

Young, Rusty Lee #815400597 (Acct:N/A) (35 y.o. M)

07/12/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD
After Visit Summary Report

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
		Elective	Unknown Status...
Admission Date/Time	Discharge Date/Time	Hospital Service	Auth/Cert Status
Hospital Area	Unit	Room/Bed	Referring Provider

AVS Reports

After Visit Summary printed by Amy S Hunt, PA-C on 8/25/2022 11:38 AM (Automatically Generated)

AVS (below)

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BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR Young, Rusty Lee
 MRN: 815400597, DOB: 2/12/1987, Sex: M
 Visit date: 7/19/2022

MR WO CONT
 7/19/2022

07/19/2022 - Ancillary Procedure in BON SECOURS PIEDMONT ORTHOPAEDICS
 Amb Encounter Report

Encounter Information

	Provider	Department
7/19/2022 3:15 PM	POA INT MRI	GVL AMB RAD POA INT MR

Diagnoses

	Comments
Neck pain	
Cervicalgia	
Cervical radiculopathy	
DDD (degenerative disc disease), cervical	

Problem List as of 7/19/2022

Date Reviewed: 7/12/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.
 Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
 Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Allergies as of 7/19/2022

Fully Reviewed by Amy S Hunt, PA-C on 7/12/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives

Immunizations Administered as of 7/19/2022

Never Reviewed

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BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1987, Sex: M

Visit date: 7/19/2022

**07/19/2022 - Ancillary Procedure in BON SECOURS PIEDMONT ORTHOPAEDICS
Amb Encounter Report (continued)**

Immunizations Administered as of 7/19/2022 (continued)

Never Reviewed

No immunizations on file.

Patient History

Medical as of 7/19/2022

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety [F41.9]	—	—	—
Chronic ankle pain [M25.579, G89.29]	—	—	—
Depression [F32.A]	—	—	—
GERD (gastroesophageal reflux disease) [K21.9]	—	does not take medicine	—
Morbid obesity (HCC) [E66.01]	—	—	—

Surgical as of 7/19/2022

None

Family as of 7/19/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father	—	—	type II	Provider
No Known Problems	Sister	—	—	—	Provider
No Known Problems	Brother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider

Family Status as of 7/19/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father	—	Alive	—	—	—	—	Provider
Sister	—	Alive	—	—	—	—	Provider
Brother	—	Alive	—	—	—	—	Provider
Mother	—	Alive	—	—	—	—	Provider

Tobacco Use as of 7/19/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Former	—	7/26/2017	0.25 packs/day
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	—
Tobacco Comments	Quit smoking: 1 pk per week		
Source	—		

Alcohol Use as of 7/19/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	—	—	—	—

Drug Use as of 7/19/2022

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BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 7/19/2022

07/19/2022 - Ancillary Procedure in BON SECOURS PIEDMONT ORTHOPAEDICS
Amb Encounter Report (continued)

Drug Use as of 7/19/2022 (continued)

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14.0	—	—

Sexual Activity as of 7/19/2022

None

Activities of Daily Living as of 7/19/2022

None

Occupational as of 7/19/2022

None

Socioeconomic as of 7/19/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Non-Hispanic / Non Latino	Black / African American	—

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
diclofenac-misOPROSTol (ARTHROTEC) 75-0.2 MG per tablet Sig - Route: Take 1 tablet by mouth 2 times daily - Oral	60 tablet	0	7/12/2022	8/11/2022
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS Class: Historical Med			3/9/2022	
phentermine 37.5 MG capsule Sig - Route: Take 37.5 mg by mouth - Oral Class: Historical Med				

Medication Orders

No orders found for this encounter

Lab and Imaging Orders

MRI CERVICAL SPINE WO CONTRAST

Electronically signed by: Lorenzo Allen, MA on 07/12/22 1602

Status: Completed

Ordering user: Lorenzo Allen, MA 07/12/22 1602

Authorized by: Amy S Hunt, PA-C

Ordering mode: Standard

Cosigning events

Electronically cosigned by Amy S Hunt, PA-C 07/12/22 1655 for Ordering

Diagnoses

Neck pain [M54 2]

Cervicalgia [M54 2]

Cervical radiculopathy [M54 12]

DDD (degenerative disc disease), cervical [M50 30]

Questionnaire



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/19/2022

Lab and Imaging Orders (continued)

MRI CERVICAL SPINE WO CONTRAST (continued)

Question	Answer
Reason for exam:	neck pain
What is the sedation requirement?	None

Screening Form

SCREENING FORM NEEDING COMPLETION

Procedure	Order Status	Form Status
MRI CERVICAL SPINE WO CONTRAST	Completed	Completed

General Information

Patient Name: Young, Rusty Lee
Date of Birth: 2/12/1987
Legal Sex: Male

MRN: 815400597
Home Phone: 864-640-1858
Mobile: ~~864-640-1858~~

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI CERVICAL SPINE WO CONTRAST		Amy S Hunt, PA-C 864-234-7654	7/19/2022 3:15 PM POA INT MRI GVL AMB RAD POA INT MR

Screening Form Questions

	Answer	Comment
Any problems related to a previous MRI?	No	
Claustrophobic?	No	
Allergic to any medication?	No	
Previous MRI contrast reaction?	No	
History of Asthma or COPD?	No	
History of sickle cell disease?	No	
History of hypertension?	No	
History of renal disease?	No	
History of Diabetes?	No	
Medication/Insulin infusion or monitoring devices or patches?	No	
Eye injury involving metal?	No	
Artificial eye, eyelid spring or wire?	No	
Any metallic foreign body?	No	
Dentures, braces or magnetic dental implants?	No	
History of cardiac implants or surgery?	No	
Vascular implant?	No	
Brain surgery?	No	
Brain aneurysm clips or coils?	No	
Ventricular shunt?	No	
Inner ear surgery?	No	
Hearing Aid?	No	
Implanted Stimulator?	No	
Internal electrodes or wires?	No	
Magnetically activated implant or device?	No	
Implanted orthopedic devices?	Yes	ankle
Surgical staples, clips, mesh or metallic sutures?	No	
Tissue expander?	No	
Camera or pill for endoscopy?	No	
Tattoos or body piercings?	Tattoo	
Artificial hair, extensions, weaves or wig?	No	
Have you had the medication Feraheme in the past 3 months?	No	
Radiation seeds?	No	
Penile implant?	No	



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1967, Sex: M

Visit date: 7/19/2022

Lab and Imaging Orders (continued)

MRI CERVICAL SPINE WO CONTRAST (continued)

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
(HISTORICAL) KIT LIGAMENT AUG REP --	ARTHREX_CR	AR-1678-CP		MRI Conditional
(HISTORICAL) SCR BNE CANN 16MM THRD 6 5X50 --	SYNTHES USA_CR	408.405		MRI Conditional

Proceed with Exam

Proceed?	User	Time
Proceed	Forrer, Adrienne C	07/19/2022 03:18 PM EDT

Other Orders

No orders found

All Results

Resulted: 12/07/22 0946, Result status: Edited Result -

FINAL

MRI CERVICAL SPINE WO CONTRAST [1372775712]

Resulted by: Jason P Kelly, MD

Accession number: GVL117662401

Addenda signed by Jason P Kelly, MD on 12/07/22 0946

Addendum: Addendum: At C5-6, there is ventral indentation of the spinal cord by

the disc osteophyte complex contributing to the severe spinal stenosis.

This

mildly deforms the cord, but there is no abnormal signal. There is

persistent

CSF dorsal to the cord

Narrative:

History: Cervicalgia; Cervicalgia; Radiculopathy, cervical region; Other cervical disc degeneration, unspecified cervical region. Right shoulder pain since 3/8/2022. Right-sided neck pain. No surgery.

Performed: 07/19/22 1516 - 07/19/22 1548

Resulting lab: SC AMB RADIANT POA

Exam: MRI Cervical Spine without contrast

Technique: Sagittal T1, T2, STIR, axial T2 and gradient echo sequences are available for review.

Comparison: No comparison

Findings:

There is evidence of marrow reconversion. Degenerative disc signal present C2-3 through C6-7 with multilevel disc osteophyte complex formation. There is an annular fissure at C5-6. There is normal signal in the cervical spinal cord throughout. Limited evaluation of the posterior fossa, clivus, and craniocervical junction is normal.

C2-3: Normal

C3-4: There is a broad-based disc osteophyte complex with mild spinal stenosis and moderate left neural foramina narrowing

C4-5: There is a broad-based disc osteophyte complex with bilateral facet

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BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1987, Sex: M

Visit date: 7/19/2022

All Results (continued)

Resulted: 12/07/22 0946, Result status: Edited Result -
FINAL

MRI CERVICAL SPINE WO CONTRAST [1372775712] (continued)

arthropathy. There is moderate spinal stenosis. No neural foraminal narrowing.

C5-6: There is a broad-based disc osteophyte complex, asymmetric to the left. There is severe spinal stenosis and severe left neural foraminal narrowing.

C6-7: There is a left paracentral disc osteophyte complex at this level resulting in mild spinal stenosis. There is mild left neural foraminal narrowing.

C7-T1: No spinal canal or neural foraminal compromise.

Impression:

Impression:

Multilevel cervical spondylosis as detailed level by level above.

Evidence of marrow reconversion.

Annular fissure at C5-6

Notes

Encounter Notes

No notes exist for this encounter.

No form specified.

Sexuality and Gender Identity

Sexuality

Legal Information

Legal first name: Rusty

Legal last name: Young

Legal sex: Male

Gender Identity

Organ Inventory

	Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:
breasts				
cervix				
ovaries				
uterus				
vagina				
penis				
prostate				
testes				

All Encounter and Order Scans — Encounter Level

All Encounter and Order Scans. None found at the encounter level.

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BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 7/19/2022

Notes (continued)

All Encounter and Order Scans — Encounter Level: (continued)

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level.

An electronic signature was used to authenticate this record: Charting

MR WO CONT
7/19/2022

Call Information

	Provider	Department	Center
7/19/2022 3:15 PM	POA INT MRI	GVL AMB RAD POA INT MR	AMB RAD SC

Call Documentation

No notes of this type exist for this encounter

Care Advice Given

No Care Advice given for this encounter

No documentation.

Encounter-Level E-Signatures:

No documentation.

Young, Rusty Lee #815400597 (Acct: N/A) (35 y.o. M)

07/19/2022 - Ancillary Procedure in BON SECOURS PIEDMONT ORTHOPAEDICS
After Visit Summary Report

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type Elective	Admission Status Unknown Status
Admission Date/Time	Discharge Date/Time	Hospital Service	Auth/Cert Status
Hospital Area	Unit	Room/Bed	Referring Provider Amy S Hunt, PA-C



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1987, Sex: M

Visit date 7/19/2022

Procedure Pass:

7/19/2022

07/19/2022 - Procedure Pass in BON SECOURS PIEDMONT ORTHOPAEDICS
Amb Encounter Report

Encounter Information

7/12/2022 4:02 PM

Department

GVL AMB RAD POA INT MR

Problem List as of 7/19/2022

Date Reviewed: 7/12/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Allergies as of 7/19/2022

Fully Reviewed by Amy S Hunt, PA-C on 7/12/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives

Immunizations Administered as of 7/19/2022

Never Reviewed

No immunizations on file.

Patient History

Medical as of 7/19/2022

Past Medical History

Diagnosis	Date	Comments	Source

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R. 0413



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1967, Sex: M

Visit date: 7/19/2022

**07/19/2022 - Procedure Pass in BON SECOURS PIEDMONT ORTHOPAEDICS
Amb Encounter Report (continued)****Medical as of 7/19/2022 (continued)**

Anxiety [F41.9]

Chronic ankle pain [M25.579, G89.29]

Depression [F32.A]

GERD (gastroesophageal reflux disease)

does not take medicine

[K21.9]

Morbid obesity (HCC) [E66.01]

Surgical as of 7/19/2022

None

Family as of 7/19/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father	—	—	type II	Provider
No Known Problems	Sister	—	—	—	Provider
No Known Problems	Brother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider

Family Status as of 7/19/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father	—	Alive	—	—	—	—	Provider
Sister	—	Alive	—	—	—	—	Provider
Brother	—	Alive	—	—	—	—	Provider
Mother	—	Alive	—	—	—	—	Provider

Tobacco Use as of 7/19/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Former	—	7/26/2017	0.25 packs/day
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	—
Tobacco Comments	Quit smoking: 1 pk per week		
Source	—		

Alcohol Use as of 7/19/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	—	—	—	—

Drug Use as of 7/19/2022

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14 0	—	—

Sexual Activity as of 7/19/2022

None



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 7/19/2022

07/19/2022 - Procedure Pass in BON SECOURS PIEDMONT ORTHOPAEDICS
Amb Encounter Report (continued)

Activities of Daily Living as of 7/19/2022

None

Occupational as of 7/19/2022

None

Socioeconomic as of 7/19/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married					English	Non-Hispanic / Non Latino	Black / African American	

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
diclofenac-misoprostol (ARTHROTEC) 75-0.2 MG per tablet Sig - Route: Take 1 tablet by mouth 2 times daily - Oral	60 tablet	0	7/12/2022	8/11/2022
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS Class: Historical Med			3/9/2022	
phentermine 37.5 MG capsule Sig - Route: Take 37.5 mg by mouth. - Oral Class: Historical Med				

Medication Orders

No orders found for this encounter

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Encounter Notes

No notes exist for this encounter

No form specified

Sexuality and Gender Identity

Sexuality

Legal Information

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R. 0415



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1967, Sex: M

Visit date 7/19/2022

Notes (continued)

Sexuality and Gender Identity (continued)

Legal first name: Rusty
Legal last name: Young
Legal sex: Male

Gender Identity

Organ Inventory

	Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:
breasts				
cervix				
ovaries				
uterus				
vagina				
penis				
prostate				
testes				

All Encounter and Order Scans — Encounter Level:

All Encounter and Order Scans: None found at the encounter level.

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level.

An electronic signature was used to authenticate this record: Charting

Procedure Pass

7/19/2022

Call Information

	Department	Center
7/12/2022 4:02 PM	GVL AMB RAD POA INT MR	AMB RAD SC

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

No documentation.

Encounter-Level E-Signatures:

Screening Form - Received on 7/19/2022



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date 7/19/2022

Notes (continued)

Encounter-Level E-Signatures: (continued)



SCREENING FORM NEEDING COMPLETION

Procedure	Order Status	Form Status
MRI CERVICAL SPINE WO CONTRAST	Arrived	In Progress

General Information

Patient Name: Young, Rusty Lee	MRN: 815400597
Date of Birth: 2/12/1987	Home Phone: 864-640-1858
Legal Sex: Male	Mobile: 864-640-1858
Procedure	Ordering Provider
MRI CERVICAL SPINE WO CONTRAST	Amy S Hunt, PA-C
	Phone: 864-234-7654
	Authorizing Provider
	Appointment Information
	7/19/2022 3:15 PM
	POA INT MRI
	GVL AMB RAD POA INT MR

Screening Form Questions

Question	Answer	Comment
Any problems related to a previous MRI?	No	
Claustrophobic?	No	
Allergic to any medication?	No	
Previous MRI contrast reaction?	No	
History of Asthma or COPD?	No	
History of sickle cell disease?	No	
History of hypertension?	No	
History of renal disease?	No	
History of Diabetes?	No	
Medication/Insulin infusion or monitoring devices or patches?	No	
Eye injury involving metal?	No	
Artificial eye, eyelid spring or wire?	No	
Any metallic foreign body?	No	
Dentures, braces or magnetic dental implants?	No	
History of cardiac implants or surgery?	No	
Vascular implant?	No	
Brain surgery?	No	
Brain aneurysm clips or coils?	No	
Ventricular shunt?	No	
Inner ear surgery?	No	
Hearing Aid?	No	
Implanted Stimulator?	No	
Internal electrodes or wires?	No	
Magnetically activated implant or device?	No	
Implanted orthopedic devices?	Yes	ankle
Surgical staples, clips, mesh or metallic sutures?	No	
Tissue expander?	No	
Camera or pill for endoscopy?	No	
Tattoos or body piercings?	Tattoo	
Artificial hair, extensions, weaves or wig?	No	
Have you had the medication Feraheme	No	



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1987, Sex: M

Visit date: 7/19/2022

Notes (continued)

Encounter-Level E-Signatures: (continued)

	Answer	Comment
in the past 3 months?		
Radiation seeds?		
Penile implant?	No	
Implants		
(HISTORICAL) KIT	ARTHREX_CR	AR-1678-CP
LIGAMENT AUG		
REP --		
(HISTORICAL)	SYNTHES USA_CR	408.405
SCR BNE CANN		
16MM THRD		
6.5X50 --		
		MRI Safety Status
		MRI Conditional
		MRI Conditional

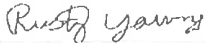
Staff Signature

RN/Provider Signature

MRI Staff Signature

MRI Staff Signature

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo.


Signature registered with State of Texas by Rusty L. Young, Jr. on 7/19/2022 at 1:13 PM

Patient Signature



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT MR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1987, Sex: M

Visit date: 7/19/2022

Notes (continued)

Encounter-Level E-Signatures: (continued)

Guardian

Gadolinium contrast notice and consent [if applicable]

Gadolinium based contrast agents have been approved by the Food & Drug Administration for use with MRI scans. There is no iodine in this contrast. Possible side effects of gadolinium based contrast include nausea, vomiting, headache and allergic reaction. Rare side effects include renal [kidney] toxicity and Nephrogenic Systemic Fibrosis.

I have read this consent form or have had it read to me. I attest to having received a medication guide for the contrast agent I have been given. Furthermore, I have had the opportunity to ask questions about the use of gadolinium based contrast agents and I consent to the use of gadolinium as prescribed for my exam.

Patient Signature

Guardian Signature

Rusty Lee Young

Young, Rusty Lee #815400597 (Acct:N/A) (35 y.o. M)

07/19/2022 - Procedure Pass in BON SECOURS PIEDMONT ORTHOPAEDICS

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R. 0419

MRI CERVICAL SPINE WO CONTRAST

Young, Rusty Lee

MRN: 815400597, Legal Sex: Male, 2/12/1987 (35 yrs), Outpatient
Accession #: GVL117662401



BON SECOURS MEDICAL GROUP

Final Result

History: Cervicalgia; Cervicalgia; Radiculopathy, cervical region;
Other
cervical disc degeneration, unspecified cervical region. Right
shoulder pain
since 3/8/2022. Right-sided neck pain. No surgery.

Exam: MRI Cervical Spine without contrast

Technique: Sagittal T1, T2, STIR, axial T2 and gradient echo
sequences are
available for review.

Comparison: No comparison

Findings:

There is evidence of marrow reconversion. Degenerative disc
signal present C2-3
through C6-7 with multilevel disc osteophyte complex formation.
There is an
annular fissure at C5-6. There is normal signal in the cervical
spinal cord
throughout. Limited evaluation of the posterior fossa, clivus, and
craniocervical junction is normal.

C2-3: Normal

C3-4: There is a broad-based disc osteophyte complex with mild
spinal stenosis
and moderate left neural foraminal narrowing.

C4-5: There is a broad-based disc osteophyte complex with
bilateral facet
arthropathy. There is moderate spinal stenosis. No neural
foraminal narrowing.

C5-6: There is a broad-based disc osteophyte complex,
asymmetric to the left.
There is severe spinal stenosis and severe left neural foraminal
narrowing.

C6-7: There is a left paracentral disc osteophyte complex at this
level
resulting in mild spinal stenosis. There is mild left neural
foraminal
narrowing.

Appointment Info

Exam Date
7/19/2022

Department
BON SECOURS PIEDMONT
ORTHOPAEDICS
864-234-7654
35 INTERNATIONAL DR
GREENVILLE SC 29615-4816

Reason for Exam

neck pain

Diagnoses

Neck pain
Cervicalgia
Cervical radiculopathy
DDD (degenerative disc disease),
cervical

Providers

PCP
Md Mark A Demoss
No number on file
No address on file

Ordering Provider
Amy S Hunt, PA-C
864-234-7654
35 International Drive
GREENVILLE SC 29615

C7-T1: No spinal canal or neural foraminal compromise.

IMPRESSION:

Impression:

Multilevel cervical spondylosis as detailed level by level above.

Evidence of marrow reconversion.

Annular fissure at C5-6

Signed by Jason P Kelly, MD on 7/19/2022 4:04 PM



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 7/20/2022Office Visit
7/20/202207/20/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPAEDICS - GROVE ROAD
Amb Encounter Report

Encounter Information

	Provider	Department
7/20/2022 3:30 PM	Amy S Hunt, PA-C	GVL PIEDMONT ORTHOPAEDICS - GROVE ROAD

Reason for Visit

Neck Pain Mri results

Diagnoses

	Comments
Cervical spinal stenosis - Primary	
Cervical radiculopathy	
DDD (degenerative disc disease), cervical	
Herniation of cervical intervertebral disc with radiculopathy	

Problem List as of 7/20/2022

Date Reviewed: 7/20/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Allergies as of 7/20/2022

Fully Reviewed by Amy S Hunt, PA-C on 7/20/2022



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2022

07/20/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPAEDICS - GROVE ROAD

Amb Encounter Report (continued)

Allergies as of 7/20/2022 (continued)

Fully Reviewed by Amy S Hunt, PA-C on 7/20/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives

Immunizations Administered as of 7/20/2022

Never Reviewed

No immunizations on file

Patient History

Medical as of 7/20/2022

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety [F41.9]			
Chronic ankle pain [M25.579, G89.29]			
Depression [F32.A]			
GERD (gastroesophageal reflux disease) [K21.9]		does not take medicine	
Morbid obesity (HCC) [E66.01]			

Surgical as of 7/20/2022

None

Family as of 7/20/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father			type II	Provider
No Known Problems	Sister				Provider
No Known Problems	Brother				Provider
Hypertension	Mother				Provider

Family Status as of 7/20/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father		Alive					Provider
Sister		Alive					Provider
Brother		Alive					Provider
Mother		Alive					Provider

Tobacco Use as of 7/20/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Former		7/26/2017	0.25 packs/day
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never			
Tobacco Comments	Quit smoking: 1 pk per week		
Source			

Alcohol Use as of 7/20/2022



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/202207/20/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD
Amb Encounter Report (continued)

Alcohol Use as of 7/20/2022 (continued)

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes				

Drug Use as of 7/20/2022

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14.0		

Sexual Activity as of 7/20/2022

None

Activities of Daily Living as of 7/20/2022

None

Occupational as of 7/20/2022

None

Socioeconomic as of 7/20/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married					English	Non-Hispanic / Non Latino	Black / African American	

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
diclofenac-misoprostol (ARTHROTEC) 75-0.2 MG per tablet	60 tablet	0	7/12/2022	8/11/2022
Sig: Route: Take 1 tablet by mouth 2 times daily - Oral				
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet			3/9/2022	
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS				
Class: Historical Med				
phentermine 37.5 MG capsule				
Sig: Route: Take 37.5 mg by mouth - Oral				
Class: Historical Med				

Medication Orders

No orders found for this encounter

Orders

Lab and Imaging Orders

No orders found

Other Orders

Amb External Referral To Pain Medicine

Electronically signed by: Lorenzo Allen, MA on 07/20/22 1554

Status: Completed

Printed on 12/13/22 1:44 PM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2022

Other Orders (continued)

Amb External Referral To Pain Medicine (continued)

Ordering user: Lorenzo Allen, MA 07/20/22 1554

Authorized by: Amy S Hunt, PA-C

Ordering mode: Standard

Cosigning events

Electronically cosigned by Amy S Hunt, PA-C 07/20/22 1725 for Ordering

Frequency: 07/20/22 -

Diagnoses

Cervical spinal stenosis [M48.02]

Cervical radiculopathy [M54.12]

DDD (degenerative disc disease), cervical [M50.30]

Herniation of cervical intervertebral disc with radiculopathy [M50.10]

Questionnaire

Question	Answer
Reason For External Referral?	Non-BSMH Specialty
My clinical question is:	Cervical ESI

Order comments: ANY PROVIDER AVAILABLE

Ambulatory referral to Orthopedic Surgery

Electronically signed by: Lorenzo Allen, MA on 07/20/22 1554

Status: Active

Ordering user: Lorenzo Allen, MA 07/20/22 1554

Authorized by: Amy S Hunt, PA-C

Ordering mode: Standard

Cosigning events

Electronically cosigned by Amy S Hunt, PA-C 07/20/22 1725 for Ordering

Frequency: 07/20/22 -

Diagnoses

Cervical spinal stenosis [M48.02]

Cervical radiculopathy [M54.12]

DDD (degenerative disc disease), cervical [M50.30]

Herniation of cervical intervertebral disc with radiculopathy [M50.10]

Questionnaire

Question	Answer
My clinical question is:	Surgical consult

Order comments: Dr. Christopher D. VanPelt

All Results

Amb External Referral To Pain Medicine [1372775713]

Resulted: 09/06/22, Result status: Final result

Notes

Encounter Notes

Progress Notes by Amy S Hunt, PA-C at 7/20/2022 3:39 PM

Author: Amy S Hunt, PA-C

Service: —

Author Type: Physician Assistant

Filed: 7/20/2022 3:55 PM

Encounter Date: 7/20/2022

Status: Signed

Editor: Amy S Hunt, PA-C (Physician Assistant)

Name: Rusty Lee Young

Date of Birth: 2/12/1987

Gender: male

MRN: 815400597



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex M
Visit date: 7/20/2022

Encounter Notes (continued)

Progress Notes by Amy S Hunt, PA-C at 7/20/2022 3:39 PM (continued)

CC: Neck Pain (Mri results)

History of present illness:

This is a very pleasant 35 y.o. old male who presents with right shoulder pain that began after an injury on 3/8/22 when he was at work, working on a boat and lifting the motor. He felt a pop in his shoulder but continued working at the time. He was seen at AFC urgent care and was given a steroid Dosepak, which he says did not help. He then went to the emergency room and was given flexeril and meloxicam. He saw one of our sports medicine providers who ordered MRI scan of the right shoulder. In April he began developing right-sided neck pain with headaches. He did go to the ED again but followed up with our sports medicine providers after his MRI of the right shoulder. MRI of the shoulder showed to acromioclavicular arthritis. He was referred for physical therapy, had shoulder injection and NSAIDs.

Patient then began having more symptoms of right arm pain with numbness and tingling into the third through fifth fingers. Also having more headaches associated with his neck pain. Physical therapy was addressing cervical spine as well including Traction. He has had over 10 visits of physical therapy and symptoms continue to persist. There was concern of cervical radiculopathy as well and he is referred to us for further evaluation.

There have not been changes in fine motor skills such as handwriting and buttoning buttons. There have not been changes in gait since the onset of the symptoms.

The patient has not had cervical surgery in the past.

Thus far, efforts to address the pain have included tylenol, NSAIDs, oral steroids and physical therapy 2 months.

I felt his symptoms for from cervical radiculopathy. We ordered an MRI scan of the cervical spine to further evaluate anatomy.

AMB PAIN ASSESSMENT	7/20/2022
Location of Pain	-
Location Modifiers	-
Severity of Pain	6
Quality of Pain	-
Duration of Pain	-
Frequency of Pain	-
Date Pain First Started	-
Aggravating Factors	-
Limiting Behavior	-
Relieving Factors	-
Result of Injury	-
Work-Related Injury	-
Are there other pain locations you wish to document?	-

ROS/Meds/PSH/PMH/FH/SH: I personally reviewed the patient's collected intake data. Below are the pertinent:

Allergies

Allergen	Reactions
• Flagyl [Metronidazole]	Hives

Printed on 12/13/22 1:44 PM

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Encounter Notes (continued)

Progress Notes by Amy S Hunt, PA-C at 7/20/2022 3:39 PM (continued)

Current Outpatient Medications:

- diclofenac-misOPROStol (ARTHROTEC) 75-0.2 MG per tablet, Take 1 tablet by mouth 2 times daily, Disp: 60 tablet, Rfl: 0
- buPROPion (WELLBUTRIN SR) 150 MG extended release tablet, TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS, Disp: , Rfl:
- phentermine 37.5 MG capsule, Take 37.5 mg by mouth., Disp: , Rfl:

History reviewed. No pertinent surgical history.

Patient Active Problem List

Diagnosis

- Prediabetes
- Polysubstance abuse (HCC)
- Adjustment disorder with disturbance of emotion

Tobacco: reports that he quit smoking about 4 years ago. He smoked an average of .25 packs per day. He has never used smokeless tobacco.

Alcohol:

Social History

Substance and Sexual Activity

Alcohol Use Yes

Physical Exam:

BMI: There is no height or weight on file to calculate BMI.

GENERAL: Adult in no acute distress, severely obese . Patient is appropriately conversant

CERVICAL SPINE:

Inspection of the neck reveals no evidence of rash or skin lesion.

Examination of the cervical spine reveals no evidence of sagittal or coronal plane deformity, no palpable tenderness or step deformity and full ROM

Spurling's sign is positive to the right side for reproduction of radicular symptoms.

Patient ambulates with a normal gait. Patient is able to toe walk and heel walk.

Sensory testing reveals intact sensation to light touch in the distribution of the C5-T1 dermatomes bilaterally

Reflexes

	Right	Left
Biceps (C5)	2	2
Brachio radialis (C6)	2	2
Triceps (C7)	2	2

Hoffman's is negative

Inverted radial reflex is negative

Tinel's and Durkin testing over the cubital and carpal tunnels do not reproduce the symptoms



GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2022

BON SECOURS MEDICAL GROUP

Encounter Notes (continued)

Progress Notes by Amy S Hunt, PA-C at 7/20/2022 3:39 PM (continued)

Shoulder examination is not consistent with adhesive capsulitis or acute rotator cuff tendinitis.

Strength testing in the upper extremity reveals the following based on the 5 point grading scale:

	Delt(C5)	Bicep(C6)	WE(C6)	Tricep (C7)	WF(C7)	Grip(C8)	Int (T1)
Right	5	5	5	5	5	5	5
Left	5	5	5	5	5	5	5

Pulses are palpable over bilateral radial arteries.

Radiographic Studies:

MRI Result (most recent):

MRI CERVICAL SPINE WO CONTRAST 07/19/2022

Narrative

History: Cervicalgia; Cervicalgia; Radiculopathy, cervical region; Other cervical disc degeneration, unspecified cervical region. Right shoulder pain since 3/8/2022. Right-sided neck pain. No surgery.

Exam: MRI Cervical Spine without contrast

Technique: Sagittal T1, T2, STIR, axial T2 and gradient echo sequences are available for review.

Comparison: No comparison

Findings:

There is evidence of marrow reconversion. Degenerative disc signal present C2-3 through C6-7 with multilevel disc osteophyte complex formation. There is an annular fissure at C5-6. There is normal signal in the cervical spinal cord throughout. Limited evaluation of the posterior fossa, clivus, and craniocervical junction is normal.

C2-3: Normal

C3-4: There is a broad-based disc osteophyte complex with mild spinal stenosis and moderate left neural foraminal narrowing.

C4-5: There is a broad-based disc osteophyte complex with bilateral facet arthropathy. There is moderate spinal stenosis. No neural foraminal narrowing.

C5-6: There is a broad-based disc osteophyte complex, asymmetric to the left. There is severe spinal stenosis and severe left neural foraminal narrowing.

C6-7: There is a left paracentral disc osteophyte complex at this level resulting in mild spinal stenosis. There is mild left neural foraminal narrowing.



Encounter Notes (continued)

Progress Notes by Amy S Hunt, PA-C at 7/20/2022 3:39 PM (continued)

C7-T1: No spinal canal or neural foraminal compromise.

Impression

Impression:

Multilevel cervical spondylosis as detailed level by level above.

Evidence of marrow reconversion.

Annular fissure at C5-6

I independently reviewed the MRI of the cervical spine. He has disc osteophyte complex C4-5 with moderate stenosis. C5-6 there is a large asymmetric left-sided disc protrusion creating severe spinal stenosis and severe left foraminal narrowing. C6-7 more of a left paracentral disc osteophyte with mild stenosis.

No significant abnormalities on the right and right foraminal stenosis.

Assessment/Plan:

Diagnosis	Orders
1. Cervical spinal stenosis	Amb External Referral To Pain Medicine Ambulatory referral to Orthopedic Surgery
2. Cervical radiculopathy	Amb External Referral To Pain Medicine Ambulatory referral to Orthopedic Surgery
3. DDD (degenerative disc disease), cervical	Amb External Referral To Pain Medicine Ambulatory referral to Orthopedic Surgery
4. Herniation of cervical intervertebral disc with radiculopathy	Amb External Referral To Pain Medicine Ambulatory referral to Orthopedic Surgery

MRI scan findings do reveal spinal stenosis of the cervical spine it is most prominent on the left and there is severe left foraminal narrowing but this is not concordant with the radicular symptoms that he is having which are more on the right. He has numbness and tingling in his right hand and is less symptomatic on the left. There is no cord signal change at the areas of stenosis. Before definitively recommending surgical intervention, I would recommend a trial of epidural steroid injections to see if he gets any relief with his right radicular symptoms with a cervical epidural. I am going to refer him to pain management for cervical epidural steroid injection. I will have him follow-up with Dr. Christopher Van Pelt to get his evaluation and opinion.

-NCS: The patient will be referred for a nerve conduction study to confirm and determine the severity of any peripheral compression neuropathy.

-Referral to spine surgeon for surgical consultation.



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2022

Encounter Notes (continued)

Progress Notes by Amy S Hunt, PA-C at 7/20/2022 3:39 PM (continued)

No orders of the defined types were placed in this encounter.

Orders Placed This Encounter

Procedures

- Amb External Referral To Pain Medicine
- Ambulatory referral to Orthopedic Surgery

4 This is a undiagnosed new problem with uncertain prognosis

Return in about 4 weeks (around 8/17/2022) for referral to spine surgeon, Dr. VanPelt.

Amy S Hunt, PA-C
07/20/22

Elements of this note were created using speech recognition software. As such, errors of speech recognition may be present.

Patient Instructions by Amy S Hunt, PA-C at 7/20/2022 3:50 PM

Author: Amy S Hunt, PA-C

Filed: 7/20/2022 3:50 PM

Editor: Amy S Hunt, PA-C (Physician Assistant)

Service: —

Encounter Date: 7/20/2022

Author Type: Physician Assistant

Status: Signed

Patient Education

Learning About a Cervical Epidural Injection

What is a cervical epidural steroid injection?



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN 815400597, DOB 2/12/1987, Sex: M
Visit date 7/20/2022

All Encounter and Order Scans — Order Level on 07/20/2022: (continued)

Patient: YOUNG, RUSTY LEE (02/12/1987) MRN: E15740001
Physician, Other (Bon Secours St. Francis Ambulatory) Pan Type: Fax Scheduled Date: Sep 16, 2022 2:28 PM
OTHER - Referral

2022-09-16 11:33

PCPMG 8642698989 >> Proficient Health

P 1/2

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROCEDURE NOTE

PATIENT: YOUNG, RUSTY
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 249-65-7770
DOS: 09/06/22
DOD: 09/06/22
DOT: 09/06/22

Preoperative Diagnoses:

1. Neck pain with right upper extremity radiculopathy secondary to multilevel cervical spondylosis and spinal stenosis greatest at C5-C6 and C6-C7.
2. Right shoulder pain.

Postoperative Diagnoses: Same.

Procedures:

1. Cervical epidural steroid injection #1.
2. Fluoroscopy.

Surgeon: Eric Loudermilk, M.D.

Anesthesia: None.

Indications: Mr. Young is a 35-year-old gentleman with pain in his neck and right arm. Cervical MRI shows spondylitis with severe neuroforaminal narrowing. He presents today for a cervical epidural steroid injection in the office under fluoroscopy.

Description of Procedure: After informed consent was obtained, the patient was taken to the fluoroscopy suite and positioned prone. The C6-C7 and C5-C6 interspaces were identified and marked. Next, a small skin wheal was made over the C5-C6 interspace using 1% lidocaine and an 18-gauge Tuohy needle was advanced using the loss of resistance technique. Upon loss of resistance, no blood or cerebrospinal fluid was noted. After negative aspiration, 6 mL of solution consisting of 4 mL of preservative free normal saline and 20 mg of triamcinolone were injected. He tolerated the procedure well. There were no complications and he was discharged home in satisfactory condition. All fluoroscopic views were interpreted by me.

Blood Loss: None.

Fluids: None.

Complications: None.

Condition: Stable.

Plan:

1. I recommend continuing diclofenac ER 100 mg per day for inflammation and gabapentin 300 mg one capsule in the morning and two at bedtime.
2. He will continue physical therapy focussing on the neck rather than the right shoulder.
3. I will see him back in two to three weeks to reassess his progress.

PCPMG 8/6/22

Page 1 of 2



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2022

All Encounter and Order Scans — Order Level on 07/20/2022: (continued)

Patient: YOUNG, RUSTY LEE (02/12/1987) - MRN: E15740001

Physician, Other (Bon Secours St. Francis Ambulatory)

Pan Type: Fax

Scheduled Date:

OTHER - Referral

Sep 16, 2022 2:28 PM

2022-09-16 11:34

PCPMG 8642698989 >> Proficient Health

P 2/2

PATIENT: YOUNG, RUSTY
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 249-65-7770

DOS: 09/06/22
DOD: 09/06/22
DOT: 09/06/22

Page 2

Eric Loudermilk, M.D.
EL/DTI MA X340547
cc: Amy S. Hunt, PA, Fax #: (864) 234-9090

PCPMG 8642698989

Page 2 of 2

An electronic signature was used to authenticate this record: Charting

Office Visit
7/20/2022

Call Information

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R. 0432



GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN 815400597, DOB 2/12/1987, Sex M
Visit date: 7/20/2022

BON SECOURS MEDICAL GROUP

Call Information (continued)

	Provider	Department	Center
7/20/2022 3:30 PM	Amy S Hunt, PA-C	GVL PIEDMONT ORTHOPAEDICS - GROVE ROAD	GVL AMB

Reason for Call

Neck Pain Mri results

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Flowsheets (all recorded)

Pain Assessment

Row Name	07/20/22 1527				

Pain Assessment

Severity of Pain 6 -LA

Recorded by [LA] Lorenzo Allen,
MA 07/20/22 1527

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type
LA	Lorenzo Allen, MA	Medical Assistant

Encounter-Level E-Signatures:

No documentation.

Young, Rusty Lee #815400597 (Acct:N/A) (35 y.o. M)

07/20/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD
After Visit Summary Report

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
		Elective	Unknown Status
Admission Date/Time	Discharge Date/Time	Hospital Service	Auth/Cert Status
Hospital Area	Unit	Room/Bed	Referring Provider

AVS Reports

After Visit Summary printed by Amy S Hunt, PA-C on 7/20/2022 3:55 PM (Automatically Generated)

AVS (below)

RE: Rusty Young
SS #: 249-65-7770
DOB: 02/12/1987

The responses to the following reflect my opinion as treating physician for Rusty Young.

In your opinion, to a reasonable degree of medical certainty, did the Workers' Compensation accident on or about 3/8/22 most probably cause Mr. Young's neck and right hand and fingers symptoms for which he is treating?

☒ Yes ☐ No

If your answer to the above question is no, in your opinion, to a reasonable degree of medical certainty, did the Workers' Compensation accident on or about 3/8/22 most probably aggravate a pre-existing injury causing a worsening of the neck and right hand and fingers symptoms with Mr. Young?

☐ Yes ☐ No

7/21/22
Date


Alan W. Duncan, MS, APRN, FNP-BC
Piedmont Orthopaedic Associates



GVL PIEDMONT
ORTHOPAEDICS
INTERNATIONAL

Young, Rusty Lee
MRN 815400597, DOB 2/12/1987, Sex: M
Visit date 7/27/2022

Office Visit
7/27/2022

07/27/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPAEDICS - INTERNATIONAL
Amb Encounter Report

Encounter Information

	Provider	Department
7/27/2022 2:30 PM	Alan W Duncan, APRN - CNP	GVL PIEDMONT ORTHOPAEDICS - INTERNATIONAL

Reason for Visit

Follow-up R shoulder recheck

Diagnoses

	Comments
Arthralgia of right acromioclavicular joint - Primary	

Problem List as of 7/27/2022

Date Reviewed: 7/27/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Fully Reviewed by Alan W Duncan, APRN - CNP on
7/27/2022

Allergies as of 7/27/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/27/202207/27/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPAEDICS - INTERNATIONAL
Amb Encounter Report (continued)

Immunizations Administered as of 7/27/2022

Never Reviewed

No immunizations on file

Patient History

Medical as of 7/27/2022

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety [F41.9]			
Chronic ankle pain [M25.579, G89.29]			
Depression [F32.A]			
GERD (gastroesophageal reflux disease) [K21.9]		does not take medicine	
Morbid obesity (HCC) [E66.01]			

Surgical as of 7/27/2022

None

Family as of 7/27/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father			type II	Provider
No Known Problems	Sister				Provider
No Known Problems	Brother				Provider
Hypertension	Mother				Provider

Family Status as of 7/27/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father		Alive					Provider
Sister		Alive					Provider
Brother		Alive					Provider
Mother		Alive					Provider

Tobacco Use as of 7/27/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Former		7/26/2017	0.25 packs/day
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never			
Tobacco Comments	Quit smoking 1 pk per week		
Source			

Alcohol Use as of 7/27/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes				

Drug Use as of 7/27/2022

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R. 0436



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date 7/27/202207/27/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)

Drug Use as of 7/27/2022 (continued)

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14.0		

Sexual Activity as of 7/27/2022

None

Activities of Daily Living as of 7/27/2022

None

Occupational as of 7/27/2022

None

Socioeconomic as of 7/27/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married					English	Non-Hispanic / Non Latino	Black / African American	

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
diclofenac-misoprostol (ARTHROTEC) 75-0.2 MG 60 tablet per tablet Sig - Route: Take 1 tablet by mouth 2 times daily - Oral buPROPion (WELLBUTRIN SR) 150 MG extended release tablet Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS Class: Historical Med phentermine 37.5 MG capsule Sig - Route: Take 37.5 mg by mouth, - Oral Class: Historical Med	60 tablet	0	7/12/2022 3/9/2022	8/11/2022

Medication Orders

No orders found for this encounter

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex: M
Visit date: 7/27/2022

Notes (continued)

Encounter Notes

Progress Notes by Alan W Duncan, APRN - CNP at 7/27/2022 2:25 PM

Author: Alan W Duncan, APRN - CNP

Service: —

Author Type: Nurse Practitioner

Filed: 7/27/2022 3:51 PM

Encounter Date: 7/27/2022

Status: Signed

Editor: Alan W Duncan, APRN - CNP (Nurse Practitioner)



piedmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young

Date of Birth: 2/12/1987

Gender: male

MRN: 815400597

CC: Follow-up (R shoulder recheck)

HPI: Rusty Lee Young is a 35 y.o. male who returns for follow up on right shoulder pain. He reports a decent amount of relief from the AC joint injection from last visit. He notes continued intermittent pain with minimal improvement. He has been compliant with formal physical therapy.

Physical Examination:

General: no acute distress

Lungs: breathing easily

CV: regular rhythm by pulse

Right Shoulder: Mild tenderness to palpation over the AC joint. Forward flexion to 170 degrees with mild pain in the extreme. External rotation with elbows at side equal bilaterally. External rotation with elbows at side resisted range of motion 5/5 strength. Negative empty can test with 5/5 strength empty can position. Negative O'Brien's and speeds.

Assessment:

1. Arthralgia of right acromioclavicular joint

Plan:

I think considering the fact that he got 80% relief from the AC joint injection there is encouraging. I discussed with the patient that I think that he should continue formal physical therapy and return to see me as needed for his shoulder for potential repeat AC joint injection. He reports that he still gets some occasional numbness and tingling and he is being worked up by Amy Hunt, PA for his neck to include an MRI and has been referred to Dr. Van Pelt for surgical consultation. I think he has reached maximum benefit from a shoulder standpoint and should continue to pursue further treatment on his neck. He can return to see me as needed.

Alan W Duncan, APRN - CNP



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/27/2022

Encounter Notes (continued)

Progress Notes by Alan W Duncan, APRN - CNP at 7/27/2022 2:25 PM (continued)

Orthopaedics and Sports Medicine

No form specified.

Sexuality and Gender Identity

Sexuality

Legal Information

Legal first name: Rusty

Legal last name: Young

Legal sex: Male

Gender Identity

Organ Inventory

	Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:
breasts				
cervix				
ovaries				
uterus				
vagina				
penis				
prostate				
testes				

All Encounter and Order Scans — Encounter Level:

All Encounter and Order Scans: None found at the encounter level.

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level.

An electronic signature was used to authenticate this record: Charting

Office Visit

7/27/2022

Call Information

	Provider	Department	Center
7/27/2022 2:30 PM	Alan W Duncan, APRN - CNP	GVL PIEDMONT ORTHOPAEDICS - INTERNATIONAL	GVL AMB

Reason for Call

Follow-up

R shoulder recheck

Call Documentation

No notes of this type exist for this encounter

Printed on 12/13/22 1:44 PM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB 2/12/1967, Sex: M
Visit date: 7/27/2022

Call Documentation (continued)

Care Advice Given

No Care Advice given for this encounter

No documentation

Encounter-Level E-Signatures:

No documentation

Young, Rusty Lee #815400597 (Acct: N/A) (35 y.o. M)

07/27/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
After-Visit Summary Report

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
		Elective	Unknown Status
Admission Date/Time	Discharge Date/Time	Hospital Service	Auth/Cert Status
Hospital Area	Unit	Room/Bed	Referring Provider

AVS Reports

After Visit Summary printed by Alan W Duncan, APRN - CNP on 7/27/2022 3:51 PM (Automatically Generated)

AVS (below)



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOODYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 9/1/2022Office Visit
9/1/202209/01/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - PATEWOOD
Amb Encounter Report

Encounter Information

	Provider	Department
9/1/2022 2:30 PM	Christopher D Van Pelt, MD	GVL PIEDMONT ORTHOPAEDICS - PATEWOOD

Reason for Visit

Neck Pain Discuss surgical options

Diagnoses

	Comments
Cervical spinal stenosis - Primary DDD (degenerative disc disease), cervical Herniation of cervical intervertebral disc with radiculopathy	

Problem List as of 9/1/2022

Date Reviewed: 9/1/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Allergies as of 9/1/2022

Fully Reviewed by Kimberly A Tucker, MA on 9/1/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOODYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1967, Sex: M
Visit date: 9/1/2022**09/01/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - PATEWOOD**
Amb Encounter Report (continued)

Allergies as of 9/1/2022 (continued)

Fully Reviewed by Kimberly A Tucker, MA on 9/1/2022

Immunizations Administered as of 9/1/2022

Never Reviewed

No immunizations on file.

Patient History

Medical as of 9/1/2022

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety [F41.9]	—	—	—
Chronic ankle pain [M25.579, G89.29]	—	—	—
Depression [F32.A]	—	—	—
GERD (gastroesophageal reflux disease) [K21.9]	—	does not take medicine	—
Morbid obesity (HCC) [E66.01]	—	—	—

Surgical as of 9/1/2022

None

Family as of 9/1/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father	—	—	type II	Provider
No Known Problems	Sister	—	—	—	Provider
No Known Problems	Brother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider

Family Status as of 9/1/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father	—	Alive	—	—	—	—	Provider
Sister	—	Alive	—	—	—	—	Provider
Brother	—	Alive	—	—	—	—	Provider
Mother	—	Alive	—	—	—	—	Provider

Tobacco Use as of 9/1/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Former	—	7/26/2017	0.25 packs/day
Smokeless Status	Smokeless Type	Smokeless Quit Date	—
Never	—	—	—
Tobacco Comments	Quit smoking 1 pk per week		
Source	—		

Alcohol Use as of 9/1/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	—	—	—	—



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOODYoung, Rusty Lee
MRN 815400597, DOB 2/12/1987, Sex M
Visit date 9/1/2022**09/01/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - PATEWOOD**
Amb Encounter Report (continued)**Drug Use as of 9/1/2022**

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14 0		

Sexual Activity as of 9/1/2022

None

Activities of Daily Living as of 9/1/2022

None

Occupational as of 9/1/2022

None

Socioeconomic as of 9/1/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married					English	Non-Hispanic / Non Latino	Black / African American	

Medications**Medications at Start of Encounter**

	Disp	Refills	Start	End
diclofenac-mISOPROStol (ARTHROTEC) 75-0.2 MG per tablet	60 tablet	0	7/12/2022	8/11/2022
Sig - Route: Take 1 tablet by mouth 2 times daily - Oral				
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet				
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS				
Class: Historical Med				
phentermine 37.5 MG capsule				
Sig - Route: Take 37.5 mg by mouth - Oral				
Class: Historical Med				

Medication Orders

No orders found for this encounter

Orders**Lab and Imaging Orders**

No orders found

Other Orders

BSMH - Richardson, Melissa, MD, Physical Medicine & Rehab, Greenville

Electronically signed by: Kimberly A Tucker, MA on 09/01/22 1453

Ordering user: Kimberly A Tucker, MA 09/01/22 1453

Ordering mode: Standard

Cosigning events

Electronically cosigned by Christopher D Van Pelt, MD 09/01/22 1548 for Ordering

Frequency: 09/01/22 -

Authorized by: Christopher D Van Pelt, MD

Status: Active

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R. 0443



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOOD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 9/1/2022

Other Orders (continued)

BSMH - Richardson, Melissa, MD, Physical Medicine & Rehab, Greenville (continued)

Diagnoses

Herniation of cervical intervertebral disc with radiculopathy [M50.10]

Order comments: EMG/NCS right upper extremity

Result Summary

All Results

No results found

Notes

Encounter Notes

Progress Notes by Christopher D Van Pelt, MD at 9/1/2022 2:51 PM

Author: Christopher D Van Pelt, MD

Service: —

Author Type: Physician

Filed: 9/1/2022 3:12 PM

Encounter Date: 9/1/2022

Status: Signed

Editor: Christopher D Van Pelt, MD (Physician)



piedmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young

Date of Birth: 2/12/1987

Gender: male

MRN: 815400597

Age: 35 y.o.

Chief Complaint: Neck and radiating upper extremity pain.

History of present illness:

This is a very pleasant 35 y.o. male who presents with a 6-month history of neck pain and radiation primarily to the right shoulder and upper extremity. The onset of the symptoms was rather sudden after an injury occurring at work when he was lifting a boat. He has tried oral steroids, Flexeril, meloxicam, physical therapy, shoulder injections, NSAIDs. He has been to the emergency department on multiple occasions. During his work-up he had a cervical MRI revealing a couple of large disc herniations. He was referred for cervical epidural steroid injection but still has not had it completed. He is here for surgical evaluation.

Medications:

Prior to Visit Medications

Medication	Sig	Taking	Authorizing Provider
diclofenac-misoprostol (ARTHROTEC) 75-0.2 MG per tablet	Take 1 tablet by mouth 2 times daily	?	Amy S Hunt, PA-C
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet	TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS		Ar Automatic Reconciliation

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R. 0444

**Encounter Notes (continued)**

Progress Notes by Christopher D Van Pelt, MD at 9/1/2022 2:51 PM (continued)

phentermine 37.5 MG capsule THEN TWICE A DAY
AFTER 3 DAYS Take 37.5 mg by mouth. Ar Automatic Reconciliation

Allergies:**Allergies****Allergen**

• Flagyl [Metronidazole]

Reactions

Hives

Physical Exam:

This is a well developed well nourished adult male in no acute distress.

Oriented to person, place and time.

Mood and affect are appropriate.

Respirations are unlabored and there is no evidence of cyanosis.

Patient can flex normally but extension is limited by exacerbation of the symptoms.

Spurling's sign is positive to the right side for reproduction of radicular symptoms.

There is not significant tenderness to palpation along the spinous processes or paraspinal musculature.

Patient ambulates with a normal tandem gait.

Sensory testing reveals intact sensation to light touch and in the distribution of the C5-T1 dermatomes bilaterally, except for decreased sensation over the right middle through small fingers

Hoffman's is negative

Tinel's and Durkin testing over the cubital and carpal tunnels do not reproduce the symptoms.

Shoulder examination is not consistent with adhesive capsulitis or acute rotator cuff tendinitis.

Strength testing in the upper extremity reveals the following based on the 5 point grading scale:

	Delt(C5)	Bicep(C6)	WE(C6)	Tricep (C7)	WF(C7)	Grip(C8)	Int (T1)
Right	5	5	5	5	5	5	5
Left	5	5	5	5	5	5	5

Radiographic Studies:

MR1 Cervical spine, report and images reviewed and interpreted and reveals large left-sided C5-C6 and C6-C7 disc herniations causing significant left-sided hemicord compression. There is no myelomalacia.



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOOD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 9/1/2022

Encounter Notes (continued)

Progress Notes by Christopher D Van Pelt, MD at 9/1/2022 2:51 PM (continued)

Course and size of the vertebral arteries: Normal

Diagnosis:

	ICD-10-CM
1. Cervical spinal stenosis	M48.02
2. DDD (degenerative disc disease), cervical	M50.30
3. Herniation of cervical intervertebral disc with radiculopathy	M50.10

Assessment/Plan: This patient's clinical history and physical exam is a bit of a diagnostic dilemma. He does have neuropathic pain in the right upper extremity. Interestingly, his cervical MRI shows predominantly left-sided disc pathology. There is significant cord compression so his symptoms may represent a cord level dysfunction as opposed to a specific radiculopathy. He does not have any spasticity for confirmation. Nor does he have any intrinsic weakness. That makes it difficult to confirm whether the cervical findings are incidental or the etiology of his symptoms. I recommended a cervical epidural steroid injection which he is apparently already scheduled for. I would also recommend EMG and nerve conduction study of the right upper extremity for further delineation. In the end, if it is felt that his symptoms are of a cervical etiology he may be a candidate for a C5-C7 ACDF.

Electronically Signed By Christopher D Van Pelt, MD
2:51 PM

No form specified.

Sexuality and Gender Identity

Sexuality

Legal Information

Legal first name: Rusty

Legal last name: Young

Legal sex: Male

Gender Identity



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOODYoung, Rusty Lee
MRN 815400597, DOB: 2/12/1987, Sex: M
Visit date 9/1/2022

Sexuality and Gender Identity (continued)

Organ Inventory

	Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:
breasts				
cervix				
ovaries				
uterus				
vagina				
penis				
prostate				
testes				

All Encounter and Order Scans — Encounter Level:

All Encounter and Order Scans: None found at the encounter level.

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level.

An electronic signature was used to authenticate this record: Charting

Office Visit

9/1/2022

Call Information

	Provider	Department	Center
9/1/2022 2:30 PM	Christopher D Van Pelt, MD	GVL PIEDMONT ORTHOPAEDICS - PATEWOOD	GVL AMB

Reason for Call

Neck Pain Discuss surgical options

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

No documentation.

Encounter-Level E-Signatures:

No documentation.

Young, Rusty Lee #815400597 (Acct:N/A) (35 y.o. M)

09/01/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - PATEWOOD
After Visit Summary Report

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
		Elective	Unknown Status
Admission Date/Time	Discharge Date/Time	Hospital Service	Auth/Cert Status



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB 2/12/1987, Sex: M
Visit date 10/3/2022Letter (Out)
10/3/202210/03/2022 - Letter (Out) in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report

Encounter Information

	Provider	Department
10/3/2022 11:25 AM	Alan W Duncan, APRN - CNP	GVL PIEDMONT ORTHOPAEDICS - INTERNATIONAL

Problem List as of 10/3/2022

Date Reviewed: 9/1/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Allergies as of 10/3/2022

Fully Reviewed by Kimberly A Tucker, MA on 9/1/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives

Immunizations Administered as of 10/3/2022

Never Reviewed

No immunizations on file

Patient History

Medical as of 10/3/2022

Past Medical History

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN 815400597, DOB 2/12/1987, Sex: M
Visit date 10/3/2022**10/03/2022 - Letter (Out) in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)****Medical as of 10/3/2022 (continued)**

Diagnosis	Date	Comments	Source
Anxiety [F41.9]	—	—	—
Chronic ankle pain [M25.579, G89.29]	—	—	—
Depression [F32.A]	—	—	—
GERD (gastroesophageal reflux disease) [K21.9]	—	does not take medicine	—
Morbid obesity (HCC) [E66.01]	—	—	—

Surgical as of 10/3/2022

None

Family as of 10/3/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father	—	—	type II	Provider
No Known Problems	Sister	—	—	—	Provider
No Known Problems	Brother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider

Family Status as of 10/3/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father	—	Alive	—	—	—	—	Provider
Sister	—	Alive	—	—	—	—	Provider
Brother	—	Alive	—	—	—	—	Provider
Mother	—	Alive	—	—	—	—	Provider

Tobacco Use as of 10/3/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Former	—	7/26/2017	0.25 packs/day
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	—
Tobacco Comments			
Quit smoking: 1 pk per week			
Source			
—			

Alcohol Use as of 10/3/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	—	—	—	—

Drug Use as of 10/3/2022

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14.0	—	—

Sexual Activity as of 10/3/2022

None



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 10/3/2022**10/03/2022 - Letter (Out) in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)****Activities of Daily Living as of 10/3/2022**

None

Occupational as of 10/3/2022

None

Socioeconomic as of 10/3/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married					English	Non-Hispanic / Non Latino	Black / African American	

Medications**Medications at Start of Encounter**

	Disp.	Refills	Start	End
diclofenac-mISOPROStol (ARTHROTEC) 75-0.2 MG per tablet Sig - Route: Take 1 tablet by mouth 2 times daily - Oral	60 tablet	0	7/12/2022	8/11/2022
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS Class: Historical Med			3/9/2022	
phentermine 37.5 MG capsule Sig - Route: Take 37.5 mg by mouth - Oral Class: Historical Med				

Medication Orders

No orders found for this encounter

Orders**Lab and Imaging Orders**

No orders found

Other Orders

No orders found

Result Summary**All Results**

No results found

Notes**Encounter Notes**

No notes exist for this encounter

No form specified

Sexuality and Gender Identity

Sexuality

Legal Information

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R. 0450



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN 815400597, DOB: 2/12/1987, Sex: M
Visit date 10/3/2022**Notes (continued)****Sexuality and Gender Identity (continued)**Legal first name: Rusty
Legal last name: Young
Legal sex: Male

Gender Identity

Organ Inventory

	Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:

breasts
cervix
ovaries
uterus
vagina
penis
prostate
testes**All Encounter and Order Scans — Encounter Level:**

All Encounter and Order Scans: None found at the encounter level.

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level.

An electronic signature was used to authenticate this record: Charting

Letter (Out)

10/3/2022

Call Information

	Provider	Department	Center
10/3/2022 11:25 AM	Alan W Duncan, APRN - CNP	GVL PIEDMONT ORTHOPAEDICS - INTERNATIONAL	GVL AMB

Call Documentation

No notes of this type exist for this encounter

Care Advice Given

No Care Advice given for this encounter

No documentation

Encounter-Level E-Signatures:

No documentation

Young, Rusty Lee #815400597 (Acct: N/A) (35 y.o. M)

10/03/2022 - Letter (Out) in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
After Visit Summary Report



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOODYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 10/20/2022Office Visit
10/20/202210/20/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - PATEWOOD
Amb Encounter Report

Encounter Information

	Provider	Department
10/20/2022 1:45 PM	Christopher D Van Pelt, MD	GVL PIEDMONT ORTHOPAEDICS - PATEWOOD

Reason for Visit

Neck Pain Discuss emg/ncs results; treatment options

Diagnoses

	Comments
Cervical spinal stenosis - Primary	
Herniation of cervical intervertebral disc with radiculopathy	

Problem List as of 10/20/2022

Date Reviewed: 10/20/2022

	Priority	Class	Noted - Resolved
Prediabetes			7/9/2018 - Present Entered by Edi, Convprob1
Polysubstance abuse (HCC)			5/10/2016 - Present Entered by Edi, Convprob
Adjustment disorder with disturbance of emotion			7/7/2017 - Present Entered by Edi, Convprob

Overview Signed 3/30/2022 1:23 PM by Edi, Convprob

Last Assessment & Plan:

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department
Plan: Patient is appropriate for discharge

Cancer Staging Summary for Young, Rusty Lee

None

Allergies as of 10/20/2022

Fully Reviewed by Kimberly A Tucker, MA on 10/20/2022

	Noted	Reaction Type	Reactions
Flagyl [metronidazole]	06/29/2022		Hives



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOODYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 10/20/2022**10/20/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - PATEWOOD**
Amb Encounter Report (continued)

Immunizations Administered as of 10/20/2022

Never Reviewed

No immunizations on file.

Patient History

Medical as of 10/20/2022

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety [F41.9]	—	—	—
Chronic ankle pain [M25.579, G89.29]	—	—	—
Depression [F32.A]	—	—	—
GERD (gastroesophageal reflux disease) [K21.9]	—	does not take medicine	—
Morbid obesity (HCC) [E66.01]	—	—	—

Surgical as of 10/20/2022

None

Family as of 10/20/2022

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father	—	—	type II	Provider
No Known Problems	Sister	—	—	—	Provider
No Known Problems	Brother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider

Family Status as of 10/20/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Father	—	Alive	—	—	—	—	Provider
Sister	—	Alive	—	—	—	—	Provider
Brother	—	Alive	—	—	—	—	Provider
Mother	—	Alive	—	—	—	—	Provider

Tobacco Use as of 10/20/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Former	—	7/26/2017	0.25 packs/day
Smokeless Status	Smokeless Type	Smokeless Quit Date	—
Never	—	—	—
Tobacco Comments	Quit smoking: 1 pk per week		
Source	Provider		

Alcohol Use as of 10/20/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	—	—	—	—

Drug Use as of 10/20/2022

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R. 0453



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOODYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 10/20/2022**10/20/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - PATEWOOD**
Amb Encounter Report (continued)**Drug Use as of 10/20/2022 (continued)**

Drug Use	Types	Frequency	Comments	Source
Yes	Cocaine, Marijuana (Weed)	14.0	—	—

Sexual Activity as of 10/20/2022

None

Activities of Daily Living as of 10/20/2022

None

Occupational as of 10/20/2022

None

Socioeconomic as of 10/20/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Non-Hispanic / Non Latino	Black / African American	—

Medications**Medications at Start of Encounter**

	Disp	Refills	Start	End
diclofenac-mISOPROStol (ARTHROTEC) 75-0.2 MG 60 tablet per tablet Sig - Route: Take 1 tablet by mouth 2 times daily - Oral	60 tablet	0	7/12/2022	8/11/2022
buPROPion (WELLBUTRIN SR) 150 MG extended release tablet Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS Class: Historical Med			3/9/2022	
phentermine 37.5 MG capsule Sig - Route: Take 37.5 mg by mouth, - Oral Class: Historical Med				

Medication Orders

No orders found for this encounter

Orders**Lab and Imaging Orders**

No orders found

Other Orders

No orders found

Result Summary**All Results**

No results found

Notes

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R. 0454



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOOD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 10/20/2022

Notes (continued)

Encounter Notes

Progress Notes by Christopher D Van Pelt, MD at 10/20/2022 2:15 PM

Author: Christopher D Van Pelt, MD

Filed: 10/20/2022 2:32 PM

Editor: Christopher D Van Pelt, MD (Physician)

Service: —

Encounter Date: 10/20/2022

Author Type: Physician

Status: Signed



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orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young

Date of Birth: 2/12/1987

Gender: male

MRN: 815400597

Age: 35 y.o.

Chief Complaint: Neck and radiating upper extremity pain.

History of present illness:

This is a very pleasant 35 y.o. male who I had seen with neck pain and radiation to the right upper extremity after a work injury. The patient had predominantly right-sided symptoms but left-sided findings on a cervical MRI. I sent him for electrodiagnostic testing for further evaluation. In the meantime, the patient has had a cervical epidural steroid injection which helped. He is also planning to revisit physical therapy but he had already done this in the past along with many other conservative efforts. He has gotten a new job that is not his physical and seems to be doing better with it. However, his neck and right upper extremity are bothersome on a daily basis.

Medications:

Current Outpatient Medications

Medication	Sig
• diclofenac-misoprostol (ARTHROTEC) 75-0.2 MG per tablet	Take 1 tablet by mouth 2 times daily
• buPROPion (WELLBUTRIN SR) 150 MG extended release tablet	TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS
• phentermine 37.5 MG capsule	Take 37.5 mg by mouth.

No current facility-administered medications for this visit.

Allergies:

Allergies

Allergen	Reactions
• Flagyl [Metronidazole]	Hives

Physical Exam:

Printed on 12/13/22 1:44 PM

Page 4

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R. 0455



Encounter Notes (continued)

Progress Notes by Christopher D Van Pelt, MD at 10/20/2022 2:15 PM (continued)

Oriented to person, place and time.

Chest is clear to auscultation.

Heart is regular rate and rhythm.

Spurling's sign is positive to the right side for reproduction of radicular symptoms.

Gait is normal.

There is subjective light touch sensory loss over the C7 distribution including the lateral neck, posterior arm, lateral elbow, radial forearm, and index and middle fingers. On the right side

Reflexes

	Right	Left
Biceps (C5)	2	2
Brachio radialis (C6)	2	2
Triceps (C7)	2	2

Hoffman's is negative

Strength testing in the upper extremity reveals the following based on the 5 point grading scale:

	Delt(C5)	Bicep(C6)	WE(C6)	Tricep(C7)	WF(C7)	Grip(C8)	Int (T1)
Right	5	5	5	4	5	5	5
Left	5	5	5	5	5	5	5

Radiographic Studies:

MRI Cervical spine, report and images reviewed and interpreted and reveals again, he has large disc herniations at C5-C6 and C6-C7 resulting in hemicord compression and significant left-sided foraminal stenosis.

EMG is suggestive of a right C7 radiculopathy and a mild carpal tunnel syndrome

Diagnosis:

	ICD-10-CM
1. Cervical spinal stenosis	M48.02
2. Herniation of cervical intervertebral disc with radiculopathy	M50.10



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOOD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 10/20/2022

Encounter Notes (continued)

Progress Notes by Christopher D Van Pelt, MD at 10/20/2022 2:15 PM (continued)

Assessment/Plan:

This patient's clinical history and physical exam is consistent with right-sided C7 radiculopathy. The imaging studies are concordant with the patient's symptoms. Conservative efforts have been reasonably exhausted and the patient feels like they cannot go on with the symptoms as they are. We have previously discussed surgical options and now they would like to proceed with a surgical discussion.

We discussed the details of the surgery including an incision over the left side of the front of the neck. The windpipe and foodpipe would be retracted to the side to expose the underlying spine. The appropriate disc would be identified with an X-ray and the disc would be removed. The nerves would be freed by trimming any impinging structures such as bone spurs and disc material. The disc space would then be filled with an interbody spacer and bone graft from a cadaver. A drain may be placed, and then the wound would be closed with suture and covered with sterile dressings. He would expect to either be discharged same day or stay in the hospital until overnight depending on how quickly she recovers. Follow-up would be scheduled for 2-3 weeks and she would have restrictions including no driving for 2 weeks, no lifting greater than 15 lbs. We also discussed the potential risks of the surgery including, but not limited to infection, spinal fluid leak, compressive hematoma; injury to spinal cord or peripheral nerve root resulting in paralysis, or loss of use of an extremity; persistent neck or arm symptoms or pain at the bone graft site; failure of the bone graft to heal or failure of the hardware resulting in the possibility of needing additional surgery; postoperative hoarseness or dysphagia; injury to an artery or vein resulting in significant blood loss; and the risks of anesthesia including, but not limited heart attack, stroke, blood clot or death. The patient was also given a brochure on anterior cervical discectomy and fusion. The patient voiced an understanding of these issues outlined. The procedure that I think may be beneficial here is an anterior cervical discectomy and fusion with interbody spacer, allograft and instrumentation from C5-C7. Before proceeding, he would like to revisit physical therapy several times to see if he gets any relief from those efforts. He will call when he is ready to schedule.

Electronically Signed By Christopher D Van Pelt MD

2:15 PM

No form specified.

Sexuality and Gender Identity

Sexuality

Legal Information

Legal first name: Rusty

Legal last name: Young

Legal sex: Male

Gender Identity

Printed on 12/13/22 1:44 PM

Page 6

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R. 0457



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
PATEWOOD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex M
Visit date 10/20/2022

Sexuality and Gender Identity (continued)

Organ Inventory

	Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:

breasts
cervix
ovaries
uterus
vagina
penis
prostate
testes

All Encounter and Order Scans — Encounter Level:

All Encounter and Order Scans: None found at the encounter level.

All Encounter and Order Scans — Order Level:

All Encounter and Order Scans: None found at the order level.

An electronic signature was used to authenticate this record: Charting

Office Visit

10/20/2022

Call Information

	Provider	Department	Center
10/20/2022 1:45 PM	Christopher D Van Pelt, MD	GVL PIEDMONT ORTHOPAEDICS - PATEWOOD	GVL AMB

Reason for Call

Neck Pain Discuss emg/ncs results; treatment options

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

No documentation.

Encounter-Level E-Signatures:

No documentation.

Young, Rusty Lee #815400597 (Acct:N/A) (35 y.o. M)

10/20/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - PATEWOOD
After Visit Summary Report

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
		Elective	Unknown Status



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 12/15/2022**12/15/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL****Visit Information****Provider Information**

Encounter Provider	Authorizing Provider
Christopher D Van Pelt, MD	Christopher D Van Pelt, MD

Department

Name	Address	Phone	Fax
BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL	35 INTERNATIONAL DRIVE Greenville SC 29615-4816	864-234-7654	864-675-1657

Follow-up and Dispositions

- Return for surgery.

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Patient as-of Visit**Allergies as of Visit as of 12/15/2022**

Allergies last reviewed by Michelle Collier, CMA on 12/15/2022 1234 - Fully Reviewed

FLAGYL [METRONIDAZOLE]Reactions: Hives
RxNorm: 6922

Noted on: 06/29/2022

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
12/15/2022 1234	Michelle Collier, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 12/15/2022

Problems last reviewed by Michelle Collier, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotionDiagnosis: Adjustment disorder with
disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 12/15/2022

12/15/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC) Noted on: 05/10/2016 ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes Noted on: 07/09/2018 ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022 CVX code: 300 Location: SC379532
Lot number: GH9694 External: Auto Reconciled From Outside Source

Notes

Progress Notes

Christopher D Van Pelt, MD at 12/15/2022 1337

Author: Christopher D Van Pelt, MD Service: — Author Type: Physician
Filed: 12/15/2022 2:57 PM Encounter Date: 12/15/2022 Status: Signed
Editor: Christopher D Van Pelt, MD (Physician)



piedmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young
Date of Birth: 2/12/1987
Gender: male

Printed on 7/25/23 7:05 AM

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**12/15/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)**Notes (continued)

MRN: 815400597

Age: 35 y.o.

Chief Complaint: Neck and radiating upper extremity pain.**History of present illness:**

This is a very pleasant 35 y.o. male who has been followed for cervical spine pathology including a several month history of neck pain and radiation primarily to the right shoulder and upper extremity. The onset of the symptoms was rather sudden. The quality of the pain is described as a deep ache in the neck and shoulder area with intermittent sharp and shooting sensations. A tingling sensation is over the upper extremities rather diffusely in a glove like pattern. There is also some associated pain in the periscapular area. The patient has also noticed an instability with gait where he feels like he is staggering. He has had recurrent headaches that he was not having prior to the onset of the symptoms. He has tried physical therapy but it exacerbated his pain. He has also had 2 epidural steroid injections which have had negligible benefit. The symptoms seem to be aggravated by overhead activities, and somewhat alleviated by medication and rest.

Medications:**Current Outpatient Medications**

Medication	Sig
• diclofenac-misoprostol (ARTHROTEC) 75-0.2 MG per tablet	Take 1 tablet by mouth 2 times daily
• buPROPion (WELLBUTRIN SR) 150 MG extended release tablet	TAKE 1 TABLET BY MOUTH IN THE MORNING FOR 3 DAYS THEN TWICE A DAY AFTER 3 DAYS
• phentermine 37.5 MG capsule	Take 37.5 mg by mouth.

No current facility-administered medications for this visit.

Allergies:**Allergies**

Allergen	Reactions
• Flagyl [Metronidazole]	Hives

Physical Exam:

Oriented to person, place and time.

Chest is clear to auscultation.

Heart is regular rate and rhythm.

Gait is grossly normal but he does have trouble with heel-to-toe walking.

There is subjective light touch sensory loss over the upper extremities rather diffusely in a glove like pattern.



12/15/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Notes (continued)

Reflexes

	Right	Left
Biceps (C5)	2	2
Brachio radialis (C6)	2	2
Triceps (C7)	2	2

Hoffman's is negative

Strength testing in the upper extremity reveals the following based on the 5 point grading scale:

	Delt(C5)	Bicep(C6)	WE(C6)	Tricep (C7)	WF(C7)	Grip(C8)	Int (T1)
Right	5	5	5	5	5	4	4
Left	5	5	5	5	5	5	5

Radiographic Studies:

MRI Cervical spine, report and images reviewed and interpreted and reveals disc herniations at C5-C6 and C6-C7 resulting in significant left-sided cord compression and rotation to the right

Diagnosis:

	ICD-10-CM
1. Cervical spinal stenosis	M48.02
2. Herniation of cervical intervertebral disc with radiculopathy	M50.10
3. Ataxia	R27.0

Assessment/Plan:

This patient's clinical history and physical exam is consistent with cervical radiculomyelopathy. The imaging studies are concordant with the patient's symptoms. Conservative efforts have been reasonably exhausted and the patient feels like they cannot go on with the symptoms as they are. We have discussed surgical options and now he is ready to proceed.

-ACDF. We discussed the details of the surgery including an incision over the left side of the front of the neck. The windpipe and foodpipe would be retracted to the side to expose the underlying spine. The appropriate disc would be identified with an X-ray and the disc would be removed. The nerves would be freed by trimming any impinging structures such as bone spurs and disc material. The disc space would then be filled with an interbody spacer and bone graft from a cadaver. A drain may be placed, and then the wound would be closed with suture and covered with sterile dressings. He would expect to either be discharged same day or stay in the hospital until overnight depending on how quickly she recovers. Follow-up would be scheduled for 2-3 weeks and she would have restrictions including



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 12/15/2022

12/15/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Notes (continued)

no driving for 2 weeks, no lifting greater than 15 lbs. We also discussed the potential risks of the surgery including, but not limited to infection, spinal fluid leak, compressive hematoma; injury to spinal cord or peripheral nerve root resulting in paralysis, or loss of use of an extremity; persistent neck or arm symptoms or pain at the bone graft site; failure of the bone graft to heal or failure of the hardware resulting in the possibility of needing additional surgery; postoperative hoarseness or dysphagia; injury to an artery or vein resulting in significant blood loss; and the risks of anesthesia including, but not limited heart attack, stroke, blood clot or death. The patient was also given a brochure on anterior cervical discectomy and fusion. The patient voiced an understanding of these issues outlined. The procedure that I think may be beneficial here is an anterior cervical discectomy and fusion with interbody spacer, allograft and instrumentation from C5-C7.

Electronically Signed By Christopher D Van Pelt MD

1:37 PM

Electronically signed by Christopher D Van Pelt, MD at 12/15/2022 2:57 PM



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date 1/23/2023

01/23/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Patient as-of Visit

Allergies as of Visit as of 1/23/2023

Allergies last reviewed by Michelle Colver, CMA on 12/15/2022 1234 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 1/23/2023

Problems last reviewed by Michelle Colver, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis Adjustment disorder with disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original. Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is

Printed on 7/25/23 7:05 AM

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GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 1/23/2023

BON SECOURS MEDICAL GROUP

01/23/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

unavailable for comment and in the past changed her account of events
leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC) Noted on: 05/10/2016 ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes Noted on: 07/09/2018 ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022 CVX code: 300
Lot number: GH9694 External: Auto Reconciled From Outside Location: SC379532
Source

Notes

Telephone Encounter

Kimberly Ann Fain, MA at 1/23/2023 1608

Author: Kimberly Ann Fain, MA Service: — Author Type: Medical Assistant
Filed: 1/23/2023 4:09 PM Encounter Date: 1/23/2023 Status: Signed
Editor: Kimberly Ann Fain, MA (Medical Assistant)

Form should be completed by the end of the week. I will contact the law office to inform them when it is ready

Electronically signed by Kimberly Ann Fain, MA at 1/23/2023 4:09 PM

Margaret S Powell at 1/23/2023 1323

Author: Margaret S Powell Service: — Author Type: —
Filed: 1/23/2023 1:25 PM Encounter Date: 1/23/2023 Status: Signed
Editor: Margaret S Powell

ATTYS MCCRAVY & NEULAN SENT YOU A DOCTORS QUESTIONNAIRE AND WANTS TO
KNOW IS IT READY

Electronically signed by Margaret S Powell at 1/23/2023 1:25 PM

Reason for Visit

Other

01/17/2023 TUE 9:58 FAX

002/002

RE: Rusty Young
SS #: 249-65-7770
DOB: 02/12/1987

The responses to the following reflect my opinion as treating physician for Rusty Young.

In your opinion, to a reasonable degree of medical certainty, did the Workers' Compensation accident on or about 3/8/22 most probably cause Mr. Young's cervical and right arm symptoms for which he is treating?

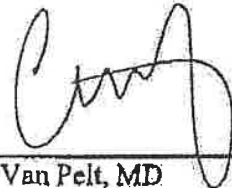
X Yes No

If your answer to the above question is no, in your opinion, to a reasonable degree of medical certainty, did the Workers' Compensation accident on or about 3/8/22 most probably aggravate a pre-existing injury causing a worsening of the cervical and right arm symptoms with Mr. Young?

 Yes No

1/24/23

Date



Christopher Van Pelt, MD
Piedmont Orthopaedic Associates



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date 1/26/2023**01/26/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD****Visit Information****Nursing Assessment**

No Nursing Assessment available for this encounter

Patient as-of Visit**Allergies as of Visit as of 1/26/2023**

Allergies last reviewed by Michelle Colver, CMA on 12/15/2022 1234 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022			Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 1/26/2023

Problems last reviewed by Michelle Colver, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note**Last Assessment & Plan:**

Formatting of this note might be different from the original. Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 1/26/2023

01/26/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD (continued)

Patient as-of Visit (continued)

unavailable for comment and in the past changed her account of events
leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC) Noted on: 05/10/2016 ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes Noted on: 07/09/2018 ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022 CVX code: 300
Lot number: GH9694 External: Auto Reconciled From Outside Location: SC379532
Source

Notes

Telephone Encounter

Kimberly Ann Fain, MA at 1/26/2023 1544

Author: Kimberly Ann Fain, MA Service: — Author Type: Medical Assistant
Filed: 1/26/2023 3:44 PM Encounter Date: 1/26/2023 Status: Signed
Editor: Kimberly Ann Fain, MA (Medical Assistant)

Dr Van Pelt has this on his desk to complete. I will fax once completed

Electronically signed by Kimberly Ann Fain, MA at 1/26/2023 3:44 PM

Cari M Mejia, MA at 1/26/2023 0938

Author: Cari M Mejia, MA Service: — Author Type: Medical Assistant
Filed: 1/26/2023 9:40 AM Encounter Date: 1/26/2023 Status: Signed
Editor: Cari M Mejia, MA (Medical Assistant)

Monay faxed over a questionnaire on January 17th and is calling to follow up on that.

Electronically signed by Cari M Mejia, MA at 1/26/2023 9:40 AM

Reason for Visit

Other



GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 2/20/2023

BON SECOURS MEDICAL GROUP

02/20/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Patient as-of Visit

Allergies as of Visit as of 2/20/2023

Allergies last reviewed by Michelle Colver, CMA on 12/15/2022 1234 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 2/20/2023

Problems last reviewed by Michelle Colver, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is



02/20/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

unavailable for comment and in the past changed her account of events
leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC) Noted on: 05/10/2016 ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes Noted on: 07/09/2018 ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022 CVX code: 300
Lot number: GH9694 External: Auto Reconciled From Outside Location: SC379532
Source

Notes

Telephone Encounter

Kimberly Ann Fain, MA at 2/20/2023 1559

Author: Kimberly Ann Fain, MA Service: — Author Type: Medical Assistant
Filed: 2/20/2023 4:00 PM Encounter Date: 2/20/2023 Status: Signed
Editor: Kimberly Ann Fain, MA (Medical Assistant)

Sent a message to our w/c liason. She has no information from w/c. Sent message to the patient through his mychart that the adjuster would need to contact us with that information. We need that prior to getting his surgery authorized. Unless he would like to move forward with his insurance

Electronically signed by Kimberly Ann Fain, MA at 2/20/2023 4:00 PM

Sarah Goff at 2/20/2023 1426

Author: Sarah Goff Service: — Author Type: —
Filed: 2/20/2023 2:26 PM Encounter Date: 2/20/2023 Status: Signed
Editor: Sarah Goff

Pt called and asked if his sx is approved. Please call pt.

Electronically signed by Sarah Goff at 2/20/2023 2:26 PM

Reason for Visit

Other



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 2/23/2023

02/23/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Patient as-of Visit

Allergies as of Visit as of 2/23/2023

Allergies last reviewed by Michelle Colver, CMA on 12/15/2022 1234 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022			Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 2/23/2023

Problems last reviewed by Michelle Colver, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is



GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 2/23/2023

BON SECOURS MEDICAL GROUP

02/23/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

unavailable for comment and in the past changed her account of events
leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC) Noted on: 05/10/2016 ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes Noted on: 07/09/2018 ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022 CVX code: 300
Lot number: GH9694 External: Auto Reconciled From Outside Location: SC379532
Source

Notes

Telephone Encounter

Kimberly Ann Fain, MA at 2/24/2023 1419

Author: Kimberly Ann Fain, MA Service: — Author Type: Medical Assistant
Filed: 2/24/2023 2:20 PM Encounter Date: 2/23/2023 Status: Signed
Editor: Kimberly Ann Fain, MA (Medical Assistant)

Spoke with patient and he would like to proceed with 4/11/2023 for surgery. I will send his pre operative appointment to him in the mail once his surgery is scheduled

Electronically signed by Kimberly Ann Fain, MA at 2/24/2023 2:20 PM

Kimberly R Steadman at 2/23/2023 1604

Author: Kimberly R Steadman Service: — Author Type: —
Filed: 2/23/2023 4:10 PM Encounter Date: 2/23/2023 Status: Signed
Editor: Kimberly R Steadman

Pt called need to sch sx his wc denied,he will filed his ins Please call the patient,he call his lawyer office and they called /

Electronically signed by Kimberly R Steadman at 2/23/2023 4:10 PM

Reason for Visit

Other



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 2/28/2023**02/28/2023 - Prep for Procedure in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL**

Visit Information

Provider Information

Encounter Provider

Christopher D Van Pelt, MD

Department

Name	Address	Phone	Fax
BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL	35 INTERNATIONAL DRIVE Greenville SC 29615-4816	864-234-7654	864-675-1657

Patient as-of Visit

Allergies as of Visit as of 2/28/2023

Allergies last reviewed by Michelle Colver, CMA on 12/15/2022 1234 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives
RxNorm: 6922

Noted on: 06/29/2022

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
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10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
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06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 2/28/2023

Problems last reviewed by Michelle Colver, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with
disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient
psychiatric hospitalization. Patient is alert and oriented to time,

person, place and is demonstrating adequate insight, judgment, and impulse



02/28/2023 - Prep for Procedure in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia
ICD-10-CM: R27.0

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis
ICD-10-CM: M48.02

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathy

Diagnosis: Herniation of cervical
intervertebral disc with radiculopathy
ICD-10-CM: M50.10

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)

Noted on: 05/10/2016

ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes

Noted on: 07/09/2018

ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022
Lot number: GH9694

CVX code: 300

External Auto Reconciled From Outside
Source

Location: SC379532



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 2/28/2023**02/28/2023 - Prep for Procedure in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)**

Patient as-of Visit (continued)

Orders**Code Status**

Full code [1399770591] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.

Ordering user: Kimberly Ann Fain, MA 02/28/23 1213

Authorized by: Christopher D Van Pelt, MD

Additional signing events

Christopher D Van Pelt, MD 02/28/23 1235

Frequency: Routine Continuous 02/28/23 1245 - Until Specified

Quantity: 1

Ordering provider: Christopher D Van Pelt, MD

Ordering mode: Standard

Class: Hospital Performed

Code status: Full Code

Diet

Diet NPO Exceptions are: Sips of Water with Meds [1399770592] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.

Ordering user: Kimberly Ann Fain, MA 02/28/23 1213

Authorized by: Christopher D Van Pelt, MD

Additional signing events

Christopher D Van Pelt, MD 02/28/23 1235

Frequency: Routine Effective Now 02/28/23 1245 - Until Specified

Quantity: 1

Ordering provider: Christopher D Van Pelt, MD

Ordering mode: Standard

Class: Hospital Performed

Diet: NPO

Questionnaire

Question	Answer
Exceptions are	Sips of Water with Meds

Medications

ceFAZolin (ANCEF) 2,000 mg in sodium chloride 0.9 % 100 mL IVPB [1577545521] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.

Ordering user: Kimberly Ann Fain, MA 02/28/23 1213

Authorized by: Christopher D Van Pelt, MD

Additional signing events

Christopher D Van Pelt, MD 02/28/23 1235

Frequency: On Call to OR 02/28/23 1300 - 1 occurrence

Ordering provider: Christopher D Van Pelt, MD

Ordering mode: Standard

Class: Normal

Discontinued by: Heather Lore, RN 04/11/23 0527

Questionnaire

Question	Answer
Antimicrobial Indications	Surgical Prophylaxis

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
ceFAZolin (ANCEF)	2,000 mg	2,000 mg
sodium chloride 0.9 %	100 mL	100 mL

Admin instructions: Administer within 1 hour prior to incision. Recommend to repeat in 3-4 hours after initial dose if still intra-op.

Medication comments: Default Settings: Auto-dosed by Weight On Call to O R x 1 dose

Auto-dosed: Pt Wt < 119.9 kg - 2gm, > 120 kg - 3gm



GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 2/28/2023

BON SECOURS MEDICAL GROUP

02/28/2023 - Prep for Procedure in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Orders (continued)

Nursing

Initiate PAT Protocol [1399770590] (Completed)

Electronically signed by: Kimberly Ann Fain, MA on 02/28/23 1213 Status: Completed
Ordering user: Kimberly Ann Fain, MA 02/28/23 1213 Authorized by: Christopher D Van Pelt, MD
Ordering mode: Standard
Additional signing events
Christopher D Van Pelt, MD 02/28/23 1235
Frequency: Routine 02/28/23 - Class: Clinic Performed
Quantity: 1 Released by: Christopher D Van Pelt, MD 02/28/23 1235

Verify discontinuation of anticoagulants/antiplatelets unless otherwise specified by physician [1399770593] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.
Ordering user: Kimberly Ann Fain, MA 02/28/23 1213 Ordering provider: Christopher D Van Pelt, MD
Authorized by: Christopher D Van Pelt, MD Ordering mode: Standard
Additional signing events
Christopher D Van Pelt, MD 02/28/23 1235
Frequency: Routine 1 Time 02/28/23 1245 - 1 occurrence Class: Hospital Performed
Quantity: 1

Nursing communication- beta-blocker [1399770594] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.
Ordering user: Kimberly Ann Fain, MA 02/28/23 1213 Ordering provider: Christopher D Van Pelt, MD
Authorized by: Christopher D Van Pelt, MD Ordering mode: Standard
Additional signing events
Christopher D Van Pelt, MD 02/28/23 1235
Frequency: Routine Until Discontinued 02/28/23 1245 - Until Class: Hospital Performed
Specified
Quantity: 1
Order comments: If the patient is on beta-blocker medication document date and time of last dose. If the patient has not taken the beta-blocker medication within 24 hours and there is no order to give the patient a beta-blocker, notify the physician.

Verify informed consent [1577545519] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.
Ordering user: Kimberly Ann Fain, MA 02/28/23 1213 Ordering provider: Christopher D Van Pelt, MD
Authorized by: Christopher D Van Pelt, MD Ordering mode: Standard
Additional signing events
Christopher D Van Pelt, MD 02/28/23 1235
Frequency: Routine 1 Time 02/28/23 1245 - 1 occurrence Class: Hospital Performed
Quantity: 1

Verify pre-procedure history and physical completed [1577545520] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.
Ordering user: Kimberly Ann Fain, MA 02/28/23 1213 Ordering provider: Christopher D Van Pelt, MD
Authorized by: Christopher D Van Pelt, MD Ordering mode: Standard
Additional signing events
Christopher D Van Pelt, MD 02/28/23 1235
Frequency: Routine 1 Time 02/28/23 1245 - 1 occurrence Class: Hospital Performed
Quantity: 1

Place intermittent pneumatic compression device [1577545522] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.
Ordering user: Kimberly Ann Fain, MA 02/28/23 1213 Ordering provider: Christopher D Van Pelt, MD
Authorized by: Christopher D Van Pelt, MD Ordering mode: Standard



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 2/28/2023

02/28/2023 - Prep for Procedure in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Orders (continued)

Additional signing events

Christopher D Van Pelt, MD 02/28/23 1235

Frequency: Routine Until Discontinued 02/28/23 1245 - Until

Class: Hospital Performed

Specified

Quantity: 1

Procedure Consent [1577545523] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.

Ordering user: Kimberly Ann Fain, MA 02/28/23 1213

Ordering provider: Christopher D Van Pelt, MD

Authorized by: Christopher D Van Pelt, MD

Ordering mode: Standard

Additional signing events

Christopher D Van Pelt, MD 02/28/23 1235

Frequency: Routine 1 Time 02/28/23 1245 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Order comments: Procedure name including laterality(Right, Left, Bilateral), if applicable, with no abbreviations: anterior cervical discectomy and fusion with interbody spacer, allograft and instrumentation from C5-C7

Diagnosis for procedure [1577545524] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.

Ordering user: Kimberly Ann Fain, MA 02/28/23 1213

Ordering provider: Christopher D Van Pelt, MD

Authorized by: Christopher D Van Pelt, MD

Ordering mode: Standard

Additional signing events

Christopher D Van Pelt, MD 02/28/23 1235

Frequency: Routine 1 Time 02/28/23 1245 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Order comments: Pre-Procedure Diagnosis cervical stenosis; ataxia; cervical disc herniation with radiculopathy

Anesthesia Type Request [1577545525] (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.

Ordering user: Kimberly Ann Fain, MA 02/28/23 1213

Ordering provider: Christopher D Van Pelt, MD

Authorized by: Christopher D Van Pelt, MD

Ordering mode: Standard

Additional signing events

Christopher D Van Pelt, MD 02/28/23 1235

Frequency: Routine 1 Time 02/28/23 1245 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Questionnaire

Question	Answer
Anesthesia Type	General



GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date 2/28/2023

BON SECOURS MEDICAL GROUP

02/28/2023 - Orders Only in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL

Visit Information

Provider Information

Encounter Provider

Christopher D Van Pelt, MD

Department

Name	Address	Phone	Fax
BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL	35 INTERNATIONAL DRIVE Greenville SC 29615-4816	864-234-7654	864-675-1657

Patient as-of Visit

Allergies as of Visit as of 2/28/2023

Allergies last reviewed by Michelle Colver, CMA on 12/15/2022 1234 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 2/28/2023

Problems last reviewed by Michelle Colver, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis, Adjustment disorder with
disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient
psychiatric hospitalization. Patient is alert and oriented to time,
person, place and is demonstrating adequate insight, judgment, and impulse



02/28/2023 - Orders Only in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia
ICD-10-CM: R27.0

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis
ICD-10-CM: M48.02

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathy

Diagnosis: Herniation of cervical
intervertebral disc with radiculopathy
ICD-10-CM: M50.10

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)

Noted on: 05/10/2016

ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes

Noted on: 07/09/2018

ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022
Lot number: GH9694

CVX code: 300
External: Auto Reconciled From Outside
Source

Location: SC379532



GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 3/6/2023

BON SECOURS MEDICAL GROUP

03/06/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter

Patient as-of Visit

Allergies as of Visit as of 3/6/2023

Allergies last reviewed by Michelle Collier, CMA on 12/15/2022 1234 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
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07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 3/6/2023

Problems last reviewed by Michelle Collier, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is

Printed on 7/25/23 7 05 AM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 3/6/2023

03/06/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

unavailable for comment and in the past changed her account of events
leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia

Noted on: 02/28/2023

Chronic: No

ICD-10-CM: R27.0

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis

Noted on: 02/28/2023

Chronic: No

ICD-10-CM: M48.02

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathyDiagnosis: Herniation of cervical
intervertebral disc with radiculopathy

Noted on: 02/28/2023

Chronic: No

ICD-10-CM: M50.10

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)

Noted on: 05/10/2016

ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes

Noted on: 07/09/2018

ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022

CVX code: 300

Lot number: GH9694

External: Auto Reconciled From Outside
Source

Location: SC379532

Notes**Telephone Encounter**

Jennifer M Ledwell at 3/6/2023 1035

Author: Jennifer M Ledwell

Service: —

Author Type: Technician

Printed on 7/25/23 7:05 AM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 3/6/2023

03/06/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Notes (continued)

Filed: 3/6/2023 10:36 AM

Encounter Date: 3/6/2023

Status: Signed

Editor: Jennifer M Ledwell (Technician)

Received Matrix form, sent for payment and completion.

Electronically signed by Jennifer M Ledwell at 3/6/2023 10:36 AM

Reason for Visit

Other



GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 3/8/2023

BON SECOURS MEDICAL GROUP

03/08/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Patient as-of Visit

Allergies as of Visit as of 3/8/2023

Allergies last reviewed by Michelle Colver, CMA on 12/15/2022 1234 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 3/8/2023

Problems last reviewed by Michelle Colver, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is



03/08/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

unavailable for comment and in the past changed her account of events
leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia

Noted on: 02/28/2023

Chronic: No

ICD-10-CM: R27.0

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis

Noted on: 02/28/2023

Chronic: No

ICD-10-CM: M48.02

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathy

Diagnosis: Herniation of cervical
intervertebral disc with radiculopathy

Noted on: 02/28/2023

Chronic: No

ICD-10-CM: M50.10

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)

Noted on: 05/10/2016

ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes

Noted on: 07/09/2018

ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022

CVX code: 300

Lot number: GH9694

External: Auto Reconciled From Outside
Source

Location: SC379532

Notes

Telephone Encounter

Jennifer M Ledwell at 3/8/2023 1456

Author: Jennifer M Ledwell

Service: —

Author Type: Technician



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 3/8/2023

03/08/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Notes (continued)

Filed: 3/8/2023 2:56 PM

Encounter Date: 3/8/2023

Status: Signed

Editor: Jennifer M Ledwell (Technician)

Form faxed out to Matrix, copy to scanning.

Electronically signed by Jennifer M Ledwell at 3/8/2023 2:56 PM

Reason for Visit

Other



GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 4/19/2023

BON SECOURS MEDICAL GROUP

04/19/2023 - Refill in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Patient as-of Visit

Allergies as of Visit as of 4/19/2023

Allergies last reviewed by Margret Carlen, RN on 4/11/2023 0859 - Unable to Assess

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

Comments: Patient denies this allergy. Does not remember ever having this medication

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
04/04/2023 1133	Brenda B Hudson, RN	Active	06/29/2022	—	—	Hives
Comments: Patient denies this allergy. Does not remember ever having this medication						
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
04/11/2023 0859	Margret Carlen, RN	Unable to Assess
04/11/2023 0552	Heather Lore, RN	Fully Reviewed
04/11/2023 0527	Heather Lore, RN	Mark as Reviewed
04/04/2023 1404	Brenda B Hudson, RN	Mark as Reviewed
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 4/19/2023

Problems last reviewed by Michelle Colver, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time,

Printed on 7/25/23 7:05 AM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 4/19/2023**04/19/2023 - Refill in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD (continued)****Patient as-of Visit (continued)**

person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

AtaxiaDiagnosis: Ataxia
ICD-10-CM: R27.0

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosisDiagnosis: Cervical spinal stenosis
ICD-10-CM: M48.02

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathyDiagnosis: Herniation of cervical
intervertebral disc with radiculopathy
ICD-10-CM: M50.10

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)

Noted on: 05/10/2016

ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes

Noted on: 07/09/2018

ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mLAdministered on: 9/10/2022
Lot number: GH9694CVX code: 300
External Auto Reconciled From Outside
Source

Location: SC379532



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 4/19/2023**04/19/2023 - Refill in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD (continued)**

Patient as-of Visit (continued)

Notes

Telephone Encounter

Michelle Collver, CMA at 4/19/2023 1519

Author: Michelle Collver, CMA

Service: —

Author Type: Medical Assistant

Filed: 4/19/2023 3:21 PM

Encounter Date: 4/19/2023

Status: Signed

Editor: Michelle Collver, CMA (Medical Assistant)

Sent rx request to Dr. Van Pelt for approval. If approved, it will be sent to pharmacy on file. Called patient to let him know.

Electronically signed by Michelle Collver, CMA at 4/19/2023 3:21 PM

Dana A Teat, MA at 4/19/2023 1509

Author: Dana A Teat, MA

Service: —

Author Type: Medical Assistant

Filed: 4/19/2023 3:09 PM

Encounter Date: 4/19/2023

Status: Signed

Editor: Dana A Teat, MA (Medical Assistant)

He his requesting a refill on Oxycodone to the CVS in Mauldin on W. Butler Road.

Electronically signed by Dana A Teat, MA at 4/19/2023 3:09 PM

Orders

Medications

oxyCODONE (ROXICODONE) 5 MG immediate release tablet [1608793726] (Expired)

Electronically signed by: Christopher D Vanpelt, MD on 04/19/23 1621

Status: Expired

Ordering user: Christopher D Vanpelt, MD 04/19/23 1621

Authorized by: Christopher D Vanpelt, MD

Ordering mode: Standard

PRN reasons: Pain

Frequency: Routine Q6H PRN 04/19/23 - 7 days

Class: Normal

Max daily dose: 20 mg

Released by: Christopher D Vanpelt, MD 04/19/23 1621

Diagnoses

Herniation of cervical intervertebral disc with radiculopathy [M50 10]

Admin instructions: Intended supply: 7 days Take lowest dose possible to manage pain

Medication comments: Reduce doses taken as pain becomes manageable

Indications

Herniation of cervical intervertebral disc with radiculopathy [M50 10 (ICD-10-CM)]

Reason for Visit

Med Refill Clerical



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROADYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 4/20/2023**04/20/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD****Visit Information****Nursing Assessment**

No Nursing Assessment available for this encounter.

Patient as-of Visit**Allergies as of Visit as of 4/20/2023**

Allergies last reviewed by Margret Carlen, RN on 4/11/2023 0859 - Unable to Assess

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

Comments: Patient denies this allergy. Does not remember ever having this medication

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
04/04/2023 1133	Brenda B Hudson, RN	Active	06/29/2022	—	—	Hives
Comments: Patient denies this allergy. Does not remember ever having this medication						
06/29/2022 1033	Karington Beatty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
04/11/2023 0859	Margret Carlen, RN	Unable to Assess
04/11/2023 0552	Heather Lore, RN	Fully Reviewed
04/11/2023 0527	Heather Lore, RN	Mark as Reviewed
04/04/2023 1404	Brenda B Hudson, RN	Mark as Reviewed
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 4/20/2023

Problems last reviewed by Michelle Colver, CMA on 12/15/2022 1234

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note**Last Assessment & Plan:**

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time,

Printed on 7/25/23 7:05 AM

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GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 4/20/2023

04/20/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD (continued)

Patient as-of Visit (continued)

person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia
ICD-10-CM: R27.0

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis
ICD-10-CM: M48.02

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathy

Diagnosis: Herniation of cervical
intervertebral disc with radiculopathy
ICD-10-CM: M50.10

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)

Noted on: 05/10/2016

ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes

Noted on: 07/09/2018

ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022
Lot number: GH9694

CVX code: 300
External, Auto Reconciled From Outside
Source

Location: SC379532



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS - GROVE
ROAD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 4/20/2023

04/20/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - GROVE ROAD (continued)

Patient as-of Visit (continued)

Notes

Telephone Encounter

Michelle Collver, CMA at 4/20/2023 1432

Author: Michelle Collver, CMA

Service: —

Author Type: Medical Assistant

Filed: 4/20/2023 2:34 PM

Encounter Date: 4/20/2023

Status: Signed

Editor: Michelle Collver, CMA (Medical Assistant)

Spoke with pharmacy to request information on Rx that was called in for patient. Per the pharmacy the ins is requesting prior auth. I called the patient and let them know that our office does not do prior authorizations for meds and that he could go ahead and pick up medication at the pharmacy without one. Pharmacy did request a verbal okay from patient to go ahead and fill w/o PA before he can pick it up. Patient is agreeable to this and will let me know if he runs into any issues.

Electronically signed by Michelle Collver, CMA at 4/20/2023 2:34 PM

Cari M Mejia, MA at 4/20/2023 1417

Author: Cari M Mejia, MA

Service: —

Author Type: Medical Assistant

Filed: 4/20/2023 2:18 PM

Encounter Date: 4/20/2023

Status: Signed

Editor: Cari M Mejia, MA (Medical Assistant)

The pharmacy told him there was an issue with the medication and that they were waiting to hear back from our office. Please call the pharmacy.

Electronically signed by Cari M Mejia, MA at 4/20/2023 2:18 PM

Reason for Visit

Other



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN 815400597, DOB: 2/12/1987, Sex: M
Visit date 5/4/2023

05/04/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Christopher D Vanpelt, MD	Christopher D Vanpelt, MD

Department

Name	Address	Phone	Fax
BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD	5 S LEWIS PLZ Suite 200 Greenville SC 29605-2955	864-234-7654	864-234-9090

Follow-up and Dispositions

- Return for 2 months.

Level of Service

Level of Service
PR POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX

Patient as-of Visit

Allergies as of Visit as of 5/4/2023

Allergies last reviewed by Michelle Colver, CMA on 5/4/2023 0951 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

Comments: Patient denies this allergy Does not remember ever having this medication

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
04/04/2023 1133	Brenda B Hudson, RN	Active	06/29/2022	—	—	Hives
Comments: Patient denies this allergy Does not remember ever having this medication						
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
05/04/2023 0951	Michelle Colver, CMA	Fully Reviewed
04/24/2023 2019	Jason Roberts, RN	Fully Reviewed
04/11/2023 0859	Margret Carlen, RN	Unable to Assess
04/11/2023 0552	Heather Lore, RN	Fully Reviewed
04/11/2023 0527	Heather Lore, RN	Mark as Reviewed
04/04/2023 1404	Brenda B Hudson, RN	Mark as Reviewed
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed

Printed on 7/25/23 7 05 AM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 5/4/2023**05/04/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)****Patient as-of Visit (continued)**06/01/2022 1628
05/24/2022 1042Alan W Duncan, APRN - CNP
Heather S Carden, PTFully Reviewed
Fully Reviewed**Problem List as of 5/4/2023**

Problems last reviewed by Michelle Colver, CMA on 5/4/2023 0951

Adjustment disorder with disturbance of emotionDiagnosis: Adjustment disorder with
disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note**Last Assessment & Plan:**

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

AtaxiaDiagnosis: Ataxia
ICD-10-CM: R27.0

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosisDiagnosis: Cervical spinal stenosis
ICD-10-CM: M48.02

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathyDiagnosis: Herniation of cervical
intervertebral disc with radiculopathy
ICD-10-CM: M50.10

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Printed on 7/25/23 7:05 AM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 5/4/2023

05/04/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)

Patient as-of Visit (continued)

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC) Noted on: 05/10/2016 ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes Noted on: 07/09/2018 ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022 CVX code: 300
Lot number: GH9694 External: Auto Reconciled From Outside Location: SC379532
Source

Notes

Progress Notes

Christopher D Vanpelt, MD at 5/4/2023 0951

Author: Christopher D Vanpelt, MD Service: — Author Type: Physician
Filed: 5/4/2023 10:40 AM Encounter Date: 5/4/2023 Status: Signed
Editor: Christopher D Vanpelt, MD (Physician)



piedmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young
Date of Birth: 2/12/1987
Gender: male
MRN: 815400597
Age: 36 y.o.

Chief Complaint: Neck surgery follow up.

History of present illness:

Rusty Lee Young is here for 3-week follow up of his anterior cervical discectomy and fusion surgery. He reports significant relief of preoperative upper extremity pain, weakness and parasthesias. The wound is benign.

Medications:

Current Outpatient Medications

Medication	Sig
• buPROPion (WELLBUTRIN XL) 300 MG extended release tablet	Take 1 tablet by mouth every morning
• gabapentin (NEURONTIN) 300 MG capsule	Take 1 capsule by mouth nightly
• acetaminophen (TYLENOL) 500	Take 1 tablet by mouth every 6 hours as needed for Pain

Printed on 7/25/23 7:05 AM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 5/4/2023

05/04/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)

Notes (continued)

MG tablet

- phentermine 37.5 MG capsule Take 1 capsule by mouth 1 tablet in am and 1/2 tablet in afternoon

No current facility-administered medications for this visit.

Allergies:AllergiesAllergenReactions

- Flagyl [Metronidazole]

Hives

*Patient denies this allergy Does not remember ever having this medication*Physical Exam:

Oriented to person, place and time.

Mood and affect are appropriate.

Respirations are unlabored and there is no evidence of cyanosis.

Wound is healed up nicely without erythema or underlying fluctuance.

Sensory testing reveals intact sensation to light touch.

Strength testing in the upper extremity reveals the following based on the 5 point grading scale:

	Delt(C5)	Bicep(C6)	WE(C6)	Tricep (C7)	WF(C7)	Grip(C8)	Int (T1)
Right	5	5	5	5	5	5	5
Left	5	5	5	5	5	5	5

Radiographic Studies:

Radiographs: 2 views cervical spine (AP and Lateral) taken today, reveal postoperative changes status post instrumented fusion with excellent graft and hardware placement, and no interval decompensation from the immediate postoperative appearance.

Radiographic Impression: Satisfactory postoperative appearance, status post cervical fusion.

Diagnosis:

	ICD-10-CM	
1. Status post cervical spinal fusion	Z98.1	XR CERVICAL SPINE (2-3 VIEWS)



GVL PIEDMONT
ORTHOPAEDICS -
WOODWARD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 5/4/2023

05/04/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)

Notes (continued)

Assessment/Plan:

This patient is following the expected course following cervical surgery.

Once he is comfortable with neck ROM, he can begin driving. I encouraged him to walk as much as possible for exercise. A stationary bike, elliptical machine, or other low impact aerobic exercise is also encouraged. I will have him return for follow up in 2 months. With repeat radiographs of the cervical spine. Return to work was outlined for June 5, 2023

Electronically Signed By Christopher D Van Pelt MD

9:51 AM

Electronically signed by Christopher D Vanpelt, MD at 5/4/2023 10:40 AM



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 5/12/2023**05/12/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD****Visit Information****Nursing Assessment**

No Nursing Assessment available for this encounter.

Patient as-of Visit**Allergies as of Visit as of 5/12/2023**

Allergies last reviewed by Michelle Colver, CMA on 5/4/2023 0951 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

Comments: Patient denies this allergy. Does not remember ever having this medication

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
04/04/2023 1133	Brenda B Hudson, RN	Active	06/29/2022	—	—	Hives
Comments: Patient denies this allergy. Does not remember ever having this medication						
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
05/04/2023 0951	Michelle Colver, CMA	Fully Reviewed
04/24/2023 2019	Jason Roberts, RN	Fully Reviewed
04/11/2023 0859	Margret Carlen, RN	Unable to Assess
04/11/2023 0552	Heather Lore, RN	Fully Reviewed
04/11/2023 0527	Heather Lore, RN	Mark as Reviewed
04/04/2023 1404	Brenda B Hudson, RN	Mark as Reviewed
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 5/12/2023

Problems last reviewed by Michelle Colver, CMA on 5/4/2023 0951

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note**Last Assessment & Plan:**

Formatting of this note might be different from the original.



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 5/12/2023**05/12/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)****Patient as-of Visit (continued)**

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia	Noted on: 02/28/2023	Chronic: No
ICD-10-CM: R27.0		
Overview Note		

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis	Noted on: 02/28/2023	Chronic: No
ICD-10-CM: M48.02		
Overview Note		

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathy

Diagnosis: Herniation of cervical intervertebral disc with radiculopathy	Noted on: 02/28/2023	Chronic: No
ICD-10-CM: M50.10		
Overview Note		

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)	Noted on: 05/10/2016	ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes	Noted on: 07/09/2018	ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022	CVX code: 300



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 5/12/2023**05/12/2023 - Telephone in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)****Patient as-of Visit (continued)**

Lot number: GH9694

External: Auto Reconciled From Outside
Source

Location: SC379532

Notes**Telephone Encounter****Kimberly Ann Fain, MA at 5/12/2023 1047**

Author: Kimberly Ann Fain, MA

Service: —

Author Type: Medical Assistant

Filed: 5/12/2023 10:50 AM

Encounter Date: 5/12/2023

Status: Signed

Editor: Kimberly Ann Fain, MA (Medical Assistant)

Patient is being d/c from home health and would like to continue outpatient therapy at ATI- order was placed in patient's chart

Electronically signed by Kimberly Ann Fain, MA at 5/12/2023 10:50 AM

Orders**Outpatient Referral****Ambulatory referral to Physical Therapy [1634305570] (Active)**

Electronically signed by: Kimberly Ann Fain, MA on 05/12/23 1049

Status: Active

Ordering user: Kimberly Ann Fain, MA 05/12/23 1049

Authorized by: Christopher D Vanpelt, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Christopher D Vanpelt, MD 05/12/23 1146 for Ordering

Frequency: Routine 05/12/23 -

Class: Internal Referral

Quantity: 1

Diagnoses

Status post cervical spinal fusion [Z98.1]

Order comments: Area(s) of treatment: neck Frequency: 2-3 times a week for 6 weeks Treatment & Precautions: Evaluation &

Treatment Status post cervical fusion Preferred Facility/Location: patient requested ATI

Referral Details

Referred By	Diagnoses	Referred To	Type	Priority
CHRISTOPHER D VANPELT, MD 35 International Dr GREENVILLE SC 29615 Phone: 864-234-7654 Fax: 864-675-1657	Status post cervical spinal fusion Order: Ambulatory Referral To Physical Therapy Reason: Patient Preference	Gvl Piedmont Orthopaedics - International 35 INTERNATIONAL DRIVE GREENVILLE SC 29615-4816 Phone: 864-234-7654 Fax: 864-675-1657 Specialty: Physical Therapist	Eval and Treat	Routine

Comment: Area(s) of treatment: neck

Frequency: 2-3 times a week for 6 weeks

Treatment & Precautions: Evaluation & Treatment Status post cervical fusion

Preferred Facility/Location: patient requested ATI

Indications

Status post cervical spinal fusion [Z98.1 (ICD-10-CM)]



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONALYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/18/2023**07/18/2023 - Orders Only in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL**

Visit Information

Provider Information

Encounter Provider

Christopher D Vanpelt, MD

Department

Name	Address	Phone	Fax
BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL	35 INTERNATIONAL DRIVE Greenville SC 29615-4816	864-234-7654	864-675-1657

Patient as-of Visit

Allergies as of Visit as of 7/18/2023

Allergies last reviewed by Michelle Colver, CMA on 5/4/2023 0951 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

Comments: Patient denies this allergy. Does not remember ever having this medication

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
04/04/2023 1133	Brenda B Hudson, RN	Active	06/29/2022	—	—	Hives
Comments: Patient denies this allergy. Does not remember ever having this medication						
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
05/04/2023 0951	Michelle Colver, CMA	Fully Reviewed
04/24/2023 2019	Jason Roberts, RN	Fully Reviewed
04/11/2023 0859	Margret Carlen, RN	Unable to Assess
04/11/2023 0552	Heather Lore, RN	Fully Reviewed
04/11/2023 0527	Heather Lore, RN	Mark as Reviewed
04/04/2023 1404	Brenda B Hudson, RN	Mark as Reviewed
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 7/18/2023

Problems last reviewed by Michelle Colver, CMA on 5/4/2023 0951

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with

Noted on: 07/07/2017

ICD-10-CM: F43.29

Printed on 7/25/23 7:05 AM

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07/18/2023 - Orders Only in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

disturbance of emotion

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia

Noted on: 02/28/2023

Chronic: No

ICD-10-CM: R27.0

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis

Noted on: 02/28/2023

Chronic: No

ICD-10-CM: M48.02

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathy

Diagnosis: Herniation of cervical
intervertebral disc with radiculopathy

Noted on: 02/28/2023

Chronic: No

ICD-10-CM: M50.10

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)

Noted on: 05/10/2016

ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes

Noted on: 07/09/2018

ICD-10-CM: R73.03



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
INTERNATIONAL

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/18/2023

07/18/2023 - Orders Only in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL (continued)

Patient as-of Visit (continued)

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022
Lot number: GH9694

CVX code: 300
External: Auto Reconciled From Outside Location: SC379532
Source



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2023**07/20/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD**

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Christopher D Vanpelt, MD	Christopher D Vanpelt, MD

Department

Name	Address	Phone	Fax
BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD	5 S LEWIS PLZ Suite 200 Greenville SC 29605-2955	864-234-7654	864-234-9090

Follow-up and Dispositions

- Return if symptoms worsen or fail to improve.

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN
Log History
LOS History

Patient as-of Visit

Allergies as of Visit as of 7/20/2023

Allergies last reviewed by Barbara Palmer Moss, MA on 7/20/2023 1413 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

Comments: Patient denies this allergy. Does not remember ever having this medication

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
04/04/2023 1133	Brenda B Hudson, RN	Active	06/29/2022	—	—	Hives
Comments: Patient denies this allergy. Does not remember ever having this medication						
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
07/20/2023 1413	Barbara Palmer Moss, MA	Fully Reviewed
07/20/2023 1349	Kimberly Ann Fain, MA	Fully Reviewed
05/04/2023 0951	Michelle Colver, CMA	Fully Reviewed
04/24/2023 2019	Jason Roberts, RN	Fully Reviewed
04/11/2023 0859	Margret Carlen, RN	Unable to Assess
04/11/2023 0552	Heather Lore, RN	Fully Reviewed
04/11/2023 0527	Heather Lore, RN	Mark as Reviewed
04/04/2023 1404	Brenda B Hudson, RN	Mark as Reviewed
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed

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07/20/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)

Patient as-of Visit (continued)

07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 7/20/2023

Problems last reviewed by Barbara Palmer Moss, MA on 7/20/2023 1413

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion Noted on: 07/07/2017 ICD-10-CM: F43.29

Overview Note

Last Assessment & Plan:

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia Noted on: 02/28/2023 Chronic: No
ICD-10-CM: R27.0

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis Noted on: 02/28/2023 Chronic: No
ICD-10-CM: M48.02

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathy

Diagnosis: Herniation of cervical intervertebral disc with radiculopathy Noted on: 02/28/2023 Chronic: No



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2023

07/20/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)

Patient as-of Visit (continued)

ICD-10-CM: M50.10

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC) Noted on: 05/10/2016 ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes Noted on: 07/09/2018 ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022 CVX code: 300
Lot number: GH9694 External: Auto Reconciled From Outside Location: SC379532
Source

Notes

Progress Notes

Christopher D Vanpelt, MD at 7/20/2023 1349

Author: Christopher D Vanpelt, MD Service: — Author Type: Physician
Filed: 7/24/2023 1:38 PM Encounter Date: 7/20/2023 Status: Signed
Editor: Christopher D Vanpelt, MD (Physician)



piedmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young
Date of Birth: 2/12/1987
Gender: male
MRN: 815400597
Age: 36 y.o.

Chief Complaint: Neck surgery follow up

History of present illness:

Rusty Lee Young is here for follow up of his anterior cervical discectomy and fusion surgery. He reports significant relief of preoperative upper extremity pain, weakness and paresthesias. The wound is benign.

Medications:

Current Outpatient Medications

Medication Sig
• buPROPion (WELLBUTRIN XL) Take 1 tablet by mouth every morning

Printed on 7/25/23 7:05 AM

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2023

07/20/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)

Notes (continued)

- 300 MG extended release tablet
• gabapentin (NEURONTIN) 300 MG capsule Take 1 capsule by mouth nightly.
• acetaminophen (TYLENOL) 500 MG tablet Take 1 tablet by mouth every 6 hours as needed for Pain
• phentermine 37.5 MG capsule Take 1 capsule by mouth, 1 tablet in am and 1/2 tablet in afternoon

No current facility-administered medications for this visit.

Allergies:Allergies

Allergen	Reactions
• Flagyl [Metronidazole]	Hives
Patient denies this allergy. Does not remember ever having this medication	

Physical Exam:

Oriented to person, place and time.

Mood and affect are appropriate.

Respirations are unlabored and there is no evidence of cyanosis.

Wound is healed up nicely without erythema or underlying fluctuance.

Sensory testing reveals intact sensation to light touch.

Strength testing in the upper extremity reveals the following based on the 5 point grading scale:

	Delt(C5)	Bicep(C6)	WE(C6)	Tricep (C7)	WF(C7)	Grip(C8)	Int (T1)
Right	5	5	5	5	5	5	5
Left	5	5	5	5	5	5	5

Radiographic Studies:

Radiographs: 2 views cervical spine (AP and Lateral) taken today, reveal postoperative changes status post instrumented fusion with excellent graft and hardware placement, and no interval decompensation from the immediate postoperative appearance.

Radiographic Impression: Satisfactory postoperative appearance, status post cervical fusion.

Diagnosis:

	ICD-10-CM	
1. Status post cervical spinal fusion	Z98.1	XR CERVICAL SPINE (2-3 VIEWS)

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2023

07/20/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)

Notes (continued)

Assessment/Plan:

This patient is following the expected course following cervical surgery.

I will have him continue activities as tolerated and return for follow up as needed.

Electronically Signed By Christopher D Van Pelt MD

1:38 PM

Electronically signed by Christopher D Vanpelt, MD at 7/24/2023 1:38 PM



GVL AMB RAD POA INT XR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1987, Sex: M

Visit date: 7/20/2023

BON SECOURS MEDICAL GROUP

07/20/2023 - Appointment in BON SECOURS PIEDMONT ORTHOPAEDICS

Visit Information

Appointment Information

GVL AMB POA XR
7/20/2023 1:45 PM

Canceled

Time	Provider	Department	Length
1:45 PM	POA INT XR DR 1	GVL AMB RAD POA INT XR	15 min

Referral Provider: VANPELT, CHRISTOPHER D

Enc Form Number: 64904565

History

Made On:	7/20/2023 1:43 PM	By:	Julie R Whittington	RIS
Sign In:	7/20/2023 1:43 PM	By:	Julie R Whittington	ES
Checked In:	7/20/2023 1:43 PM	By:	Julie R Whittington	ES
Can. ChkIn:	7/20/2023 1:43 PM	By:	Julie R Whittington	ES
Can. SignIn:	7/20/2023 1:43 PM	By:	Julie R Whittington	ES
Canceled:	7/20/2023 1:43 PM	By:	Julie R Whittington	ES
Cancel Rsn:	Error			

Patient as-of Visit

Allergies as of Visit as of 7/20/2023

Allergies last reviewed by Barbara Palmer Moss, MA on 7/20/2023 1413 - Fully Reviewed

FLAGYL (METRONIDAZOLE)

Reactions: Hives

Noted on: 06/29/2022

Comments: Patient denies this allergy. Does not remember ever having this medication

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
04/04/2023 1133	Brenda B Hudson, RN	Active	06/29/2022	—	—	Hives
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
07/20/2023 1413	Barbara Palmer Moss, MA	Fully Reviewed
07/20/2023 1349	Kimberly Ann Fain, MA	Fully Reviewed
05/04/2023 0951	Michelle Colver, CMA	Fully Reviewed
04/24/2023 2019	Jason Roberts, RN	Fully Reviewed
04/11/2023 0859	Margret Carlen, RN	Unable to Assess
04/11/2023 0552	Heather Lore, RN	Fully Reviewed
04/11/2023 0527	Heather Lore, RN	Mark as Reviewed
04/04/2023 1404	Brenda B Hudson, RN	Mark as Reviewed
12/15/2022 1234	Michelle Colver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed

Printed on 7/25/23 7:05 AM

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**07/20/2023 - Appointment in BON SECOURS PIEDMONT ORTHOPAEDICS (continued)****Patient as-of Visit (continued)**

10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 7/20/2023

Problems last reviewed by Barbara Palmer Moss, MA on 7/20/2023 1413

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion	Noted on: 07/07/2017	ICD-10-CM: F43.29

Overview Note**Last Assessment & Plan:**

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia	Noted on: 02/28/2023	Chronic: No

ICD-10-CM: R27.0

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis	Noted on: 02/28/2023	Chronic: No

ICD-10-CM: M48.02

Overview Note

Added automatically from request for surgery 4417182



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT XR

Young, Rusty Lee

MRN: 815400597, DOB: 2/12/1987, Sex: M

Visit date: 7/20/2023

07/20/2023 - Appointment in BON SECOURS PIEDMONT ORTHOPAEDICS (continued)

Patient as-of Visit (continued)

Herniation of cervical intervertebral disc with radiculopathy

Diagnosis: Herniation of cervical
intervertebral disc with radiculopathy
ICD-10-CM: M50.10

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)

Noted on: 05/10/2016

ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes

Noted on: 07/09/2018

ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022
Lot number: GH9694

CVX code: 300

External: Auto Reconciled From Outside
Source

Location: SC379532



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2023**07/20/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD****Visit Information****Provider Information**

Encounter Provider	Authorizing Provider
Christopher D Vanpelt, MD	Christopher D Vanpelt, MD

Department

Name	Address	Phone	Fax
BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD	5 S LEWIS PLZ Suite 200 Greenville SC 29605-2955	864-234-7654	864-234-9090

Follow-up and Dispositions

- Return for as needed

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Patient as-of Visit**Allergies as of Visit as of 7/20/2023**

Allergies last reviewed by Barbara Palmer Moss, MA on 7/20/2023 1413 - Fully Reviewed

FLAGYL (METRONIDAZOLE)

Reactions: Hives

Noted on: 06/29/2022

Comments: Patient denies this allergy Does not remember ever having this medication

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
04/04/2023 1133	Brenda B Hudson, RN	Active	06/29/2022	—	—	Hives
06/29/2022 1033	Karington Beatty, MA	Active	06/29/2022	—	—	Hives

Comments: Patient denies this allergy Does not remember ever having this medication

Last Reviewed By - Revision History

Reviewed On	User	Review Status
07/20/2023 1413	Barbara Palmer Moss, MA	Fully Reviewed
07/20/2023 1349	Kimberly Ann Fain, MA	Fully Reviewed
05/04/2023 0951	Michelle Collver, CMA	Fully Reviewed
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04/11/2023 0859	Margret Carlen, RN	Unable to Assess
04/11/2023 0552	Heather Lore, RN	Fully Reviewed
04/11/2023 0527	Heather Lore, RN	Mark as Reviewed
04/04/2023 1404	Brenda B Hudson, RN	Mark as Reviewed
12/15/2022 1234	Michelle Collver, CMA	Fully Reviewed
11/10/2022 1756	Heather S Carden, PT	Fully Reviewed
10/20/2022 1340	Kimberly Ann Fain, MA	Fully Reviewed
10/12/2022 1456	Melissa K Richardson, MD	Fully Reviewed
10/12/2022 1427	Elizabeth A Blackwell, MA	Fully Reviewed
09/01/2022 1451	Kimberly Ann Fain, MA	Fully Reviewed
07/27/2022 1547	Alan W Duncan, APRN - CNP	Fully Reviewed
07/20/2022 1539	Amy S Hunt, PA-C	Fully Reviewed
07/12/2022 1544	Amy S Hunt, PA-C	Fully Reviewed

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2023**07/20/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)****Patient as-of Visit (continued)**

07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 7/20/2023

Problems last reviewed by Barbara Palmer Moss, MA on 7/20/2023 1413

Adjustment disorder with disturbance of emotion

Diagnosis: Adjustment disorder with disturbance of emotion	Noted on: 07/07/2017	ICD-10-CM: F43.29

Overview Note**Last Assessment & Plan:**

Formatting of this note might be different from the original.
Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.
Plan: Patient is appropriate for discharge

Ataxia

Diagnosis: Ataxia	Noted on: 02/28/2023	Chronic: No

ICD-10-CM: R27.0

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosis

Diagnosis: Cervical spinal stenosis	Noted on: 02/28/2023	Chronic: No

ICD-10-CM: M48.02

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathy

Diagnosis: Herniation of cervical intervertebral disc with radiculopathy	Noted on: 02/28/2023	Chronic: No

ICD-10-CM: M50.10

Overview Note

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BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARDYoung, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2023**07/20/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)**

Patient as-of Visit (continued)

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC) Noted on: 05/10/2016 ICD-10-CM: F19.10

Prediabetes

Diagnosis: Prediabetes Noted on: 07/09/2018 ICD-10-CM: R73.03

Immunizations

Immunizations never marked as reviewed

COVID-19, PFIZER Bivalent, DO NOT Dilute, (age 12y+), IM, 30 mcg/0.3 mL

Administered on: 9/10/2022	CVX code: 300	
Lot number: GH9694	External: Auto Reconciled From Outside	Location: SC379532
	Source	

Notes**Progress Notes****Christopher D Vanpelt, MD at 7/20/2023 1444**

Author: Christopher D Vanpelt, MD	Service: —	Author Type: Physician
Filed: 7/20/2023 2:50 PM	Encounter Date: 7/20/2023	Status: Signed
Editor: Christopher D Vanpelt, MD (Physician)		

piedmont
orthopaedic
associatesBON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Name: Rusty Lee Young
Date of Birth: 2/12/1987
Gender: male
MRN: 815400597
Age: 36 y.o.

Chief Complaint: Neck surgery follow up.**History of present illness:**

Rusty Lee Young is here for 4-month follow up of his anterior cervical discectomy and fusion surgery. He reports significant relief of preoperative upper extremity pain, weakness and parasthesias. The wound is benign.

Medications:**Current Outpatient Medications**

Medication	Sig
• buPROPion (WELLBUTRIN XL) 300 MG extended release tablet	Take 1 tablet by mouth every morning
• gabapentin (NEURONTIN) 300	Take 1 capsule by mouth nightly

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Notes (continued)

- MG capsule
• acetaminophen (TYLENOL) 500 Take 1 tablet by mouth every 6 hours as needed for Pain
MG tablet
• phentermine 37.5 MG capsule Take 1 capsule by mouth. 1 tablet in am and 1/2 tablet in afternoon

No current facility-administered medications for this visit.

Allergies:

Allergies

Allergen	Reactions
• Flagyl [Metronidazole]	Hives
Patient denies this allergy Does not remember ever having this medication	

Physical Exam:

Oriented to person, place and time.

Mood and affect are appropriate.

Respirations are unlabored and there is no evidence of cyanosis.

Wound is healed up nicely without erythema or underlying fluctuance.

Sensory testing reveals intact sensation to light touch.

Strength testing in the upper extremity reveals the following based on the 5 point grading scale:

	Delt(C5)	Bicep(C6)	WE(C6)	Tricep (C7)	WF(C7)	Grip(C8)	Int (T1)
Right	5	5	5	5	5	5	5
Left	5	5	5	5	5	5	5

Radiographic Studies:

Radiographs: 2 views cervical spine (AP and Lateral) taken today, reveal postoperative changes status post instrumented fusion with excellent graft and hardware placement, and no interval decompensation from the immediate postoperative appearance.

Radiographic Impression: Satisfactory postoperative appearance, status post cervical fusion.

Diagnosis:

		CD-10-CM	
1.	Status post cervical spinal fusion	Z98.1	



BON SECOURS MEDICAL GROUP

GVL PIEDMONT
ORTHOPAEDICS -
WOODWARD

Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2023

07/20/2023 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD (continued)

Notes (continued)

Assessment/Plan:

This patient is following the expected course following cervical surgery.

I will have him continue activities as tolerated and return for follow up as needed.

Electronically Signed By Christopher D Van Pelt MD

2:44 PM

Electronically signed by Christopher D Vanpelt, MD at 7/20/2023 2:50 PM



BON SECOURS MEDICAL GROUP

GVL AMB RAD POA INT XR Young, Rusty Lee
MRN: 815400597, DOB: 2/12/1987, Sex: M
Visit date: 7/20/2023

07/20/2023 - Ancillary Procedure in BON SECOURS PIEDMONT ORTHOPAEDICS**Visit Information****Provider Information****Referring Provider**

Christopher D Vanpelt, MD

Department

Name	Address	Phone
BON SECOURS PIEDMONT ORTHOPAEDICS	35 INTERNATIONAL DR Greenville SC 29615-4816	864-234-7654

Patient as-of Visit**Allergies as of Visit as of 7/20/2023**

Allergies last reviewed by Barbara Palmer Moss, MA on 7/20/2023 1413 - Fully Reviewed

FLAGYL [METRONIDAZOLE]

Reactions: Hives

Noted on: 06/29/2022

Comments: Patient denies this allergy. Does not remember ever having this medication

RxNorm: 6922

Revision History

Edited On	User	Status	Noted On	Reaction Type	Severity	Reactions
04/04/2023 1133	Brenda B Hudson, RN	Active	06/29/2022	—	—	Hives
Comments: Patient denies this allergy. Does not remember ever having this medication						
06/29/2022 1033	Karington Beaty, MA	Active	06/29/2022	—	—	Hives

Last Reviewed By - Revision History

Reviewed On	User	Review Status
07/20/2023 1413	Barbara Palmer Moss, MA	Fully Reviewed
07/20/2023 1349	Kimberly Ann Fain, MA	Fully Reviewed
05/04/2023 0951	Michelle Colver, CMA	Fully Reviewed
04/24/2023 2019	Jason Roberts, RN	Fully Reviewed
04/11/2023 0859	Marqret Carlen, RN	Unable to Assess
04/11/2023 0552	Heather Lore, RN	Fully Reviewed
04/11/2023 0527	Heather Lore, RN	Mark as Reviewed
04/04/2023 1404	Brenda B Hudson, RN	Mark as Reviewed
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07/12/2022 1519	Lorenzo Allen, MA	Fully Reviewed
06/29/2022 1020	Alan W Duncan, APRN - CNP	Fully Reviewed
06/01/2022 1628	Alan W Duncan, APRN - CNP	Fully Reviewed
05/24/2022 1042	Heather S Carden, PT	Fully Reviewed

Problem List as of 7/20/2023

Problems last reviewed by Barbara Palmer Moss, MA on 7/20/2023 1413

**07/20/2023 - Ancillary Procedure in BON SECOURS PIEDMONT ORTHOPAEDICS (continued)**

Patient as-of Visit (continued)

Adjustment disorder with disturbance of emotionDiagnosis: Adjustment disorder with
disturbance of emotion

Noted on: 07/07/2017

ICD-10-CM: F43.29

Overview Note**Last Assessment & Plan:**

Formatting of this note might be different from the original.

Patient does not appear to meet the criteria for acute inpatient psychiatric hospitalization. Patient is alert and oriented to time, person, place and is demonstrating adequate insight, judgment, and impulse control. Patient denies auditory or visual hallucinations and there are no signs of symptoms consistent with psychotic disorder. Patient is not delusional and does not rule information depression, anxiety disorder, or mania. Patient's urine toxicology screen does not indicate intoxication and his behavior at this time cannot be attributed to withdrawal or intoxication with illicit psychoactive substances. Patient's wife is unavailable for comment and in the past changed her account of events leading to referring the patient to the emergency department.

Plan: Patient is appropriate for discharge

AtaxiaDiagnosis: Ataxia
ICD-10-CM: R27.0

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Cervical spinal stenosisDiagnosis: Cervical spinal stenosis
ICD-10-CM: M48.02

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Herniation of cervical intervertebral disc with radiculopathyDiagnosis: Herniation of cervical
intervertebral disc with radiculopathy
ICD-10-CM: M50.10

Noted on: 02/28/2023

Chronic: No

Overview Note

Added automatically from request for surgery 4417182

Polysubstance abuse (HCC)

Diagnosis: Polysubstance abuse (HCC)

Noted on: 05/10/2016

ICD-10-CM: F19.10

Prediabetes

**PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
NEW PATIENT EVALUATION**

PATIENT: Young, Rusty
PROVIDER: Caroline N. Franklin, PA-C
SSN: 249-65-7770

DOS: 8/22/2022

History of Present Illness: Mr. Young is a very pleasant 35 year old male with a history of right shoulder pain, headaches, neck pain and numbness and tingling in his right arm and fingers 3-5 of right hand who was referred to us by Amy Hunt from Piedmont Orthopedic Associates. Patient states that on March 8, 2022 he was at work lifting a kayak that weighed approximately 85 pounds when he felt a pop in his right shoulder that sent pain and a tingling sensation up to his neck and down his entire right arm. He did continue to work for the rest of the shift. He was seen at AFC urgent care where he was given a steroid Dosepak that did not cause any relief. He then went to the emergency room where he was prescribed meloxicam and flexeril. He then went to Piedmont orthopedic Associates where he had an MRI of the right shoulder that showed acromioclavicular arthritis. He has been attending PT for his right shoulder pain that has provided some improvement. He still complains of numbness and tingling down his right arm into his fingers and neck pain. Patient reports he only uses Tylenol and ibuprofen for symptoms now with minimal relief. He describes his neck pain as aching and sharp and also reports that follow-up numbness in his right fingers 3-5 comes and goes. Patient has intermittent headaches that he feels mostly over the right backside of his head. After further evaluation, the providers at POA felt a cervical MRI was indicated. The MRI showed marrow reconversion, multilevel degenerative disc disease and disc osteophyte complexes along with varying degrees of spinal stenosis including severe spinal stenosis and severe left neuroforaminal narrowing at C5-C6.. There is also an annular fissure at C5-C6. The patient was referred to Dr. Van Pelt for a neurosurgical consultation and the patient reports he has an appointment on 9/1/2022. He also follows up with Dr. Kay his primary care provider regularly. He has seen Dr. Behr in 2020 for a separate work related injury regarding his left hip where he was prescribed Norco but has closed that case and is no longer taking anything prescribed by Dr. Behr. Dr. Loudermilk joined the encounter today and suggested starting the patient on a long-acting NSAID, gabapentin and schedule the patient for a CESI. Dr. Loudermilk would like to wait until after the patient's appointment with Dr. VanPelt before doing the CESI. We also plan on adjusting the patient's physical therapy orders to work on the neck rather than the right shoulder. Per the note, Amy Hunt ordered a NCS for the right arm but that order was not found on my chart and the patient was not aware this was ordered. At this time Dr. Loudermilk would like to hold off on an NCS and see how the CESI works. Today we will start the patient on diclofenac ER and gabapentin and schedule a CESI.

Past Medical History: Denies history of diabetes, hypertension, history of kidney disease, history of liver disease, cardiovascular disease.

Past Surgical History: Left ankle surgery repair-2019

Family History: Family history of hypertension diabetes

Social History:

- History of smoking, currently a non-smoker.
- Married
- Currently employed – works for a medical company that is responsible for packaging scrubs and towels and other medical supplies
- Denies illicit substance use
- Drinks 1–2 alcoholic beverages per month

Allergies: Metronidazole - Hives

Current Medications:

- Wellbutrin 300 mg daily—use for smoking cessation
- Ibuprofen 800 mg 3 times daily
- Tylenol 1000 mg twice daily

Review of Systems: Endorses neck pain, right shoulder pain and swelling, numbness and tingling in the right arm into right fingers 3-5, headaches, weight gain, decreased ability to participate in daily activities. Denies fatigue, chest pain, leg swelling, shortness of breath, nausea, vomiting, constipation, seizures, low back pain, sleeping difficulty, thoughts of suicide, difficulty with urination, changes in vision, changes in hearing, urinary/bowel incontinence.

Physical Exam: General Appearance: This patient is a 35-year-old male, sitting in a chair, in no acute distress. Vital Signs: Blood pressure: 128/80. Pulse: 116. SpO2: 99% Head and Neck: Unremarkable. Pupils are equal, round, and reactive to light. Extraocular movements are intact. Chest: Clear to auscultation. No rales, rhonchi, wheezing, or intercostal retractions. Heart: Tachycardic. No murmurs heard of auscultation. Normal S1, S2. No S3 or S4. No heaves, gallops, or thrills. No carotid bruit. Abdomen: Soft, positive bowel sounds, nontender. No masses, guarding, distention, or rebound tenderness. Extremities: No clubbing, cyanosis, or edema. Musculoskeletal: Full ROM of right shoulder with no reported discomfort. Full ROM of neck with mild discomfort of neck extension and right lateral flexion. No TTP of cervical spine. Tightness palpated over right upper trapezius. No right shoulder TTP. Neurologic: Alert and oriented x3. Cranial nerves II through XII are grossly intact. Sensory: The patient is able to discriminate light touch throughout both XX extremities but reports that sensation in his right hand over fingers 3-5 are decreased when compared bilaterally. Motor: 5/5 strength in bilateral upper extremities.

Summary: This is a 35-year-old male who presents to us today complaining of right shoulder pain, neck pain, headaches and right upper extremity numbness and tingling into his right fingers 3–5. The cervical MRI showed degenerative disc disease, disc osteophyte complexes, annular fissure at C5-C6, and varying levels of spinal stenosis including severe spinal stenosis and severe left neuroforaminal narrowing at C5-C6. The patient is following up with Dr. Van Pelt on 9/1/2022. We will start the patient on diclofenac ER, gabapentin and schedule the patient for a CESI.

Assessment:

1. Multilevel cervical spinal stenosis with severe spinal stenosis and severe left neuroforaminal narrowing at C5-C6.
2. Cervical annular fissure at C5-C6.
3. Cervical degenerative disc disease.
4. Right shoulder pain.
5. Right arm paresthesias including intermittent numbness into fingers 3-5.

Plan:

1. Dr. Loudermilk joined us in the exam room and a treatment plan was formulated. Patient was started on gabapentin 300 mg to titrate up to 1 p.o. in the morning and 2 p.o. at night. He was also started on diclofenac ER 100 mg once daily. Patient once is given a 1 month supply of each medication.
2. Patient will continue physical therapy (Millennium - St. Francis) but the orders will be adjusted to focus more on the neck rather than the right shoulder.
3. Patient is scheduled to see Dr. Van Pelt on September 1, 2022
4. Patient is still in the process of an appeal to make this a Workmen's Compensation case. His attorney is Jason Starkey.
5. Patient will be scheduled for a CESI with Dr. Loudermilk in 2 weeks. We will follow-up with patient then for reassessment.

Thank you for this consultation.



Caroline N. Franklin, PA-C

The above report was produced by using a computer-based typing program that converts spoken words to text. Random mistakes in words identified by the computer are very often initially present. Despite careful review some mistakes may still be found in the final released report.

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROCEDURE NOTE

PATIENT: YOUNG, RUSTY
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 249-65-7770

DOS: 09/06/22
DOD: 09/06/22
DOT: 09/06/22

Preoperative Diagnoses:

1. Neck pain with right upper extremity radiculopathy secondary to multilevel cervical spondylosis and spinal stenosis greatest at C5-C6 and C6-C7.
2. Right shoulder pain.

Postoperative Diagnoses: Same.

Procedures:

1. Cervical epidural steroid injection #1.
2. Fluoroscopy.

Surgeon: Eric Loudermilk, M.D.

Anesthesia: None.

Indications: Mr. Young is a 35-year-old gentleman with pain in his neck and right arm. Cervical MRI shows spondylosis with severe neuroforaminal narrowing. He presents today for a cervical epidural steroid injection in the office under fluoroscopy.

Description of Procedure: After informed consent was obtained, the patient was taken to the fluoroscopy suite and positioned prone. The C6-C7 and C5-C6 interspaces were identified and marked. Next, a small skin wheal was made over the C5-C6 interspace using 1% lidocaine and an 18-gauge Tuohy needle was advanced using the loss of resistance technique. Upon loss of resistance, no blood or cerebrospinal fluid was noted. After negative aspiration, 6 mL of solution consisting of 4 mL of preservative free normal saline and 80 mg of triamcinolone were injected. He tolerated the procedure well. There were no complications and he was discharged home in satisfactory condition. All fluoroscopic views were interpreted by me.

Blood Loss: None.

Fluids: None.

Complications: None.

Condition: Stable.

Plan:

1. I recommended continuing diclofenac ER 100 mg per day for inflammation and gabapentin 300 mg one capsule in the morning and two at bedtime.
2. He will continue physical therapy focussing on the neck rather than the right shoulder.
3. I will see him back in two to three weeks to reassess his progress.

PATIENT: YOUNG, RUSTY
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 249-65-7770

DOS: 09/06/22
DOD: 09/06/22
DOT: 09/06/22

Page 2

A handwritten signature in black ink, appearing to read "E. Loudermilk". The signature is written in a cursive style with a horizontal line underneath.

Eric Loudermilk, M.D.
EL/DTI MA X340547
cc: Amy S. Hunt, PA, Fax #: (864) 234-9090

**PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE**

DOS: 9/19/22

PATIENT: Young, Rusty
PHYSICIAN: Edward Wells, PA-C
SSN: 249-65-7770

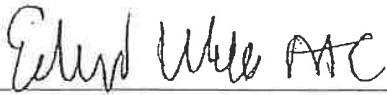
History of Present Illness: Mr. Young is a 35-year-old gentleman with pain in his neck and right arm who returns today for follow-up after a cervical epidural steroid injection with Dr. Loudermilk on 9/8/2022. Several different treatment options were discussed with the patient and he determined that he would like to proceed with a second cervical epidural steroid injection. I spoke with him about the possibility of trying Ativan before his next procedure to further relax him and make the procedure goes smoothly. He was agreeable to this. He is not currently doing physical therapy. We will follow-up with him after his procedure for reassessment and development of future treatment plans.

Assessment:

1. Neck pain with right upper extremity radiculopathy secondary to multilevel cervical spondylosis and spinal stenosis greatest at C5-C6 and C6-C7.
2. Right shoulder pain.

Plan:

1. The patient will continue diclofenac ER 100 mg 1 p.o. daily and Neurontin 300 mg 1 p.o. q. a.m. and 2 p.o. nightly.
2. I am scheduling patient for repeat cervical epidural steroid injection. He is not on any blood thinners. He is aware he needs to have a driver for the procedure.
3. We will follow-up with patient after the procedure for reassessment development of future treatment plans.



Edward Wells, PA-C

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10/10 C

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROCEDURE NOTE

PATIENT: YOUNG, RUSTY
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 249-65-7770

DOS: 10/04/22
DOD: 10/04/22
DOT: 10/05/22

Preoperative Diagnoses:

1. Neck pain with right upper extremity radiculopathy secondary to multilevel cervical spondylosis and spinal stenosis greatest at C5-C6 and C6-C7.
2. Right shoulder pain.

Postoperative Diagnoses: Same.

Procedures:

1. Repeat cervical epidural steroid injection #2.
2. Fluoroscopy.

Surgeon: Eric Loudermilk, M.D.

Anesthesia: None.

Indications: Mr. Young is a 35-year-old gentleman with pain in his neck and right arm who returns today for a second cervical epidural steroid injection in the office.

Description of Procedure: After informed consent was obtained, the patient was taken to the fluoroscopy suite and positioned prone. Monitors were applied and vital signs were stable. The C6-C7 interspace was identified and marked. The neck was prepped and draped in the usual sterile fashion and a small skin wheal was made over the C6-C7 interspace using 1% lidocaine. Next, an 18-gauge Tuohy needle was advanced using the loss of resistance technique. Upon loss of resistance, no blood or cerebrospinal fluid was noted. After negative aspiration, 6 mL of solution consisting of 4 mL of preservative free normal saline and 80 mg of triamcinolone were injected. He tolerated the procedure well. There were no complications and he was discharged home in satisfactory condition. All fluoroscopic views were interpreted by me.

Blood Loss: None.

Fluids: None.

Complications: None.

Condition: Stable.

Plan:

1. He will continue diclofenac ER 100 mg per day and Neurontin 300 mg one tablet in the morning and two at bedtime.

PATIENT: YOUNG, RUSTY
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 249-65-7770

DOS: 10/04/22
DOD: 10/04/22
DOT: 10/05/22

Page 2

2. I will see him back in two weeks to reassess his progress and refill his medications.



Eric Loudermilk, M.D.
EL/DTI MA X341809

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

DOS: 10/17/2022

PATIENT: Young, Rusty
PROVIDER: Caroline N. Franklin, PA-C
SSN: 249-65-7770

History of Present Illness: Mr. Young is a very pleasant 35-year-old male with a history of pain in his neck with right upper extremity radiculopathy who presents today for follow-up. Patient recently underwent a second cervical epidural steroid injection with Dr. Loudermilk on 7/4/2022. He states that he got about 60% pain relief from the injection and is happy with these results. He states that he is not having nearly as many headaches and his right upper extremity paresthesias are not as frequent. Patient today is complaining of some pain in the left side of his low back. He points to the musculature of the left side of the back. Patient is interested in trying physical therapy which I will order for him today for his back and neck pain. I also advised the patient to purchase a TENS unit to use on his low back. Today I will refill the patient's medications and we will follow-up in 1 month for reassessment.

Review of Systems: Constitutional: The patient denies fevers, chills, and fatigue.

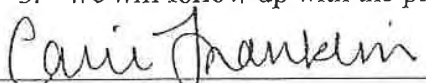
Physical Exam: Vital Signs: Blood pressure 138/84. Pulse 112. SpO2 96%. General: Well developed, well nourished, in no acute distress. Skin: No rashes or lesions appreciated. Extremities: Warm and well perfused. No clubbing, cyanosis or edema. Neurologic: Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect appropriate.

Assessment:

1. Neck pain with right upper extremity radiculopathy secondary to multilevel cervical spondylosis and spinal stenosis greatest at C5-C6 and C6-C7.
2. Right shoulder pain.

Plan:

1. I refilled diclofenac ER 100 mg 1 p.o. daily with 5 refills and Neurontin 300 mg 1 p.o. a.m. and 2 p.o. nightly with 5 refills.
2. I ordered physical therapy for the patient's right low back myalgias and neck pain.
3. We will follow-up with the patient in 1 month for reassessment


Caroline N. Franklin, PA-C

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

DOS: 12/6/2022

PATIENT: Young, Rusty
PROVIDER: Caroline N. Franklin, PA-C
SSN: 249-65-7770

History of Present Illness: Mr. Young is a pleasant 35-year-old male with a history of pain in his neck with right upper extremity radiculopathy who presents today for follow-up. He is currently managing his pain with diclofenac ER and Neurontin. Since his last visit, the patient had seen Dr. Van Pelt's office for neurosurgical consultation. Patient states that Dr. Van Pelt does recommend surgery but cannot remember what kind. I plan on obtaining the notes from Dr. Van Pelt's office to review with the patient at his next visit. Patient is interested in getting a repeat cervical epidural steroid injection which I will schedule for him today. Patient denies being on any anticoagulants and has someone who can take them home on the day of the procedure. Patient has started physical therapy and is very happy with the results that he is getting. Patient also had a nerve conduction study ordered with Dr. Richardson at St. Francis. I will also obtain these results to review at his next appointment. Today I will schedule the patient for a cervical epidural steroid injection and we will follow-up in 1 month for reassessment.

Review of Systems: Constitutional: The patient denies fevers, chills, and fatigue.

Physical Exam: Vital Signs: Blood pressure 136/81. Pulse 112. SpO2 97%. General: Well developed, well nourished, in no acute distress. Skin: No rashes or lesions appreciated. Extremities: Warm and well perfused. No clubbing, cyanosis or edema. Neurologic: Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect appropriate.

Assessment:

1. Neck pain with right upper extremity radiculopathy secondary to multilevel cervical spondylosis and spinal stenosis greatest at C5-C6 and C6/C7.
2. Right shoulder pain.

Plan:

1. Patient will continue diclofenac ER 100 mg once daily and Neurontin 300 mg 1 p.o. in the morning and 2 p.o. at night.
2. Patient will be scheduled for cervical epidural steroid injection with Dr. Loudermilk at his earliest convenience. Patient denies being on any anticoagulants and has someone who can take them home on the day of the procedure.
3. Patient will continue physical therapy at St. Francis physical therapy.
4. Patient continues to follow-up with Dr. Van Pelt.
5. We will follow-up with the patient in 1 month for reassessment.



Caroline N. Franklin, PA-C

**PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROCEDURE NOTE**

PATIENT: YOUNG, RUSTY
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 249-65-7770

DOS: 01/10/23
DOD: 01/10/23
DOT: 01/10/23

Preoperative Diagnoses:

1. Neck pain with right upper extremity radiculopathy secondary to severe multilevel cervical spondylosis and cervical spinal stenosis greatest at C5-C6 and C6-C7.
2. Right shoulder pain.

Postoperative Diagnoses: Same.

Procedures:

1. Cervical epidural steroid injection #3.
2. Fluoroscopy.

Surgeon: Eric Loudermilk, M.D.

Anesthesia: None.

Indications: Mr. Young is a 35-year-old gentleman with persistent pain in his neck and right arm. He returns today for a third cervical epidural steroid injection today in the office.

Description of Procedure: After informed consent was obtained, the patient was taken to the fluoroscopy suite and positioned prone. Monitors were applied and vital signs were stable. The C6-C7 interspace was identified and marked. The neck was prepped and draped in the usual sterile fashion. A small skin wheal was made over the C6-C7 interspace using 1% lidocaine and an 18-gauge Tuohy needle was advanced using the loss of resistance technique. Upon loss of resistance, no blood or cerebrospinal fluid was noted. Next, a total of 6 mL of solution consisting of 4 mL of preservative free normal saline and 80 mg of triamcinolone were injected. He tolerated the procedure well. There were no complications and he was discharged home in satisfactory condition. All fluoroscopic views were interpreted by me.

Blood Loss: None.

Fluids: None.

Complications: None.

Condition: Stable.

Plan:

1. He will continue diclofenac ER 100 mg per day and Neurontin 300 mg one capsule in the morning and two at bedtime.

PATIENT: YOUNG, RUSTY
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 249-65-7770

DOS: 01/10/23
DOD: 01/10/23
DOT: 01/10/23

Page 2

2. He will follow-up with Dr. Van Pelt for possible ACDF at C5-C6 and C6-C7. If he desires a second opinion, we will refer him to Dr. Mathes, otherwise I would encourage him to proceed with Dr. Van Pelt if this third injection does not give him substantial relief.
3. I will see him back in four to six weeks for follow-up in my office.



Eric Loudermilk, M.D.
EL/DTI MA X345725

**PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE**

DOS: 2/13/2023

PATIENT: Young, Rusty
PROVIDER: Shonda M. Thrift, PA-C
SSN: 249-65-7770

History of Present Illness: This is a pleasant 36-year-old gentleman with a history of pain in his neck and right upper extremity radiculopathy who presents today for follow-up and medication refill. He is currently managing his pain with diclofenac ER and Neurontin. He underwent a third cervical epidural steroid injection by Dr. Loudermilk on 1/10/2023. Today patient reports at least 50% improvement from this. The injection is starting to wear off, but pain is still not back to baseline yet. His headaches did initially completely resolved with the epidural injection, but are starting to return. Patient also admits to some weakness in his right upper extremity. He has a history of severe cervical stenosis. He denies any current bowel or bladder dysfunction or balance disorder. He previously saw Dr. Van Pelt who discussed possible surgery. He has not seen him again yet for reassessment. He is going to contact his office for follow-up. Otherwise, today I plan to refill the patient's needed medications, and we will see the patient back again in about 6 weeks or sooner if needed for reassessment.

Review of Systems: Constitutional: The patient denies fevers, chills, and fatigue.

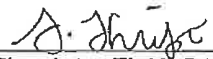
Physical Exam: Vital Signs: Blood pressure 132/78. Pulse 113. SpO2 98%. General: Well developed, well nourished, in no acute distress. Skin: No rashes or lesions appreciated. Extremities: Warm and well perfused. Neurologic: Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect appropriate.

Assessment:

1. Neck pain with right upper extremity radiculopathy secondary to severe multilevel cervical spondylosis and cervical spinal stenosis greatest at C5-C6 and C6-C7.
2. Right shoulder pain.

Plan:

1. I refilled diclofenac ER 100 mg once daily #30 with 3 refills and Neurontin 300 mg 1 p.o. in the morning and 2 p.o. at night #90 with 3 refills.
2. Patient will contact Dr. Van Pelt for follow-up regarding possible surgery.
3. We will have the patient follow-up again in 6 weeks or sooner if needed for reassessment.


Shonda M. Thrift, PA-C

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**PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE**

DOS: 3/28/2023

PATIENT: Young, Rusty
PROVIDER: Caroline N. Franklin, PA-C
SSN: 249-65-7770

History of Present Illness: Mr. Young is a very pleasant 36 year old male with a history of neck pain and bilateral upper extremity radiculopathy who presents today for follow up. Patient is currently managing his pain with diclofenac and neurontin. Patient is planning on undergoing a cervical spine fusion with Dr. VanPelt on April 11. Patient has undergone 3 cervical epidural steroid injections with our office and has received some relief but he continues to have upper extremity radiculopathy. Patient states he is doing well with his medications and is very hopeful that the surgery will help with his neck pain and upper extremity radiculopathy. We will follow-up the patient in 6 to 8 weeks after his operation for reassessment.

Review of Systems: Constitutional: The patient denies fevers, chills, and fatigue.

Physical Exam: Vital Signs: Blood pressure 132/66. Pulse 104. SpO2 94%. General: Well developed, well nourished, in no acute distress. Skin: No rashes or lesions appreciated. Extremities: Warm and well perfused. Neurologic: Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect appropriate.

Assessment:

1. Neck pain with right upper extremity radiculopathy secondary to severe multilevel cervical spondylosis and cervical spinal stenosis greatest at C5-C6 and C6-C7.
2. Right shoulder pain.

Plan:

1. Patient will continue diclofenac ER 100 mg daily and gabapentin 300 mg 1 p.o. in the morning and 2 p.o. at night.
2. Patient is scheduled to undergo a cervical spine fusion with Dr. VanPelt on April 11.
3. We will follow the patient in 6 to 8 weeks for reassessment.


Caroline N. Franklin, PA-C

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

DOS: 5/16/2023

PATIENT: ~~Young, Rusty~~
PROVIDER: Caroline N. Franklin, PA-C
SSN: 249-65-7770

History of Present Illness: Mr. Young is a very pleasant 36-year-old male with a history of neck pain who presents today for follow-up. Patient recently underwent a cervical spinal fusion with Dr. VanPelt on April 11. He states that majority of his neuropathic pain complaints have been relieved following that surgery. He states that he does have some stiffness in the neck which I explained can be a combination of postop discomfort combined with the limitations in range of motion that can occur with a cervical spine fusion. Patient states that he has now been taking his gabapentin and diclofenac less often. Given the patient is doing so well, we will extend his follow-up visit to 3 months and reassess then.

Review of Systems: Constitutional: The patient denies fevers, chills, and fatigue.

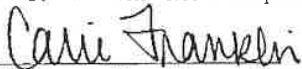
Physical Exam: Vital Signs: Blood pressure 141/77. Pulse 108. SpO2 97%. General: Well developed, well nourished, in no acute distress. Skin: No rashes or lesions appreciated. Extremities: Warm and well perfused. Neurologic: Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect appropriate.

Assessment:

1. Neck pain with right upper extremity radiculopathy secondary to severe multilevel cervical spondylosis and cervical spinal stenosis greatest at C5-C6 and C6-C7, improved following a cervical spinal fusion with Dr. VanPelt in April 2023.

Plan:

1. I refilled diclofenac ER 100 mg daily with 5 refills and gabapentin 300 mg 3 times daily with 5 refills.
2. Patient continues to follow-up with Dr. VanPelt following a cervical spinal fusion on April 11.
3. We will follow the patient in 3 months for reassessment and medication refills.


Caroline N. Franklin, PA-C

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VR-12 Health Survey

Patient's Name: Young, Rusty

Patient ID: 25194380

Date: 6/22/2023

Score: Physical Component Summary - 38 Mental Component Summary - 36

	Excellent	Very Good	Good	Fair	Poor	
1. In general, would you say your health is:	☐	☐	☐	☒	☐	
2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?						
	Yes, limited a lot	Yes, limited a little	No, not limited at all			
2a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?	☐	☒	☐			
2b. Climbing several flights of stairs?	☐	☒	☐			
3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?						
	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time	
3a. Accomplished less than you would like.	☐	☒	☐	☐	☐	
3b. Were limited in the kind of work or other activities.	☒	☐	☐	☐	☐	
4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?						
	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time	
4a. Accomplished less than you would like.	☐	☐	☒	☐	☐	
4b. Didn't do work or other activities as carefully as usual.	☐	☐	☒	☐	☐	
5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?						
	Not at all	A little bit	Moderately	Quite a bit	Extremely	
	☐	☐	☐	☒	☐	
6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:						
	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
6a. Have you felt calm and peaceful?	☐	☐	☐	☐	☒	☐
6b. Did you have a lot of energy?	☐	☐	☐	☐	☒	☐
6c. Have you felt downhearted and blue?	☐	☐	☐	☐	☒	☐
7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?						
	All of the time	Most of the time	Some of the time	A little of the time	None of the time	
	☐	☐	☒	☐	☐	

VR-12 Health Survey

Patient's Name: Young, Rusty

PatientID: 25194380

Date: 6/22/2023

Score: Physical Component Summary - 38 Mental Component Summary - 36

Now, we would like to ask you some questions about how your health may have changed.

	Much better	Slightly better	About the same	Slightly worse	Much worse
8. Compared to one year ago, how would you rate your physical health in general now?	☐	☒	☐	☐	☐
9. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?	☐	☒	☐	☐	☐

Neck Disability Index Questionnaire

Patient's Name: Young, Rusty

PatientID: 25194380

Date: 6/22/2023

Score: Neck Disability Index - 19

Pain Intensity

- ☐ I have no pain at the moment
 - ☐ The pain is very mild at the moment.
 - ☒ The pain is moderate at the moment.
 - ☐ The pain is fairly severe at the moment.
 - ☐ The pain is very severe at the moment.
 - ☐ The pain is the worst imaginable at the moment.
-

Personal Care (washing, dressing, etc)

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

Lifting

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

Reading

- ☐ I can read as much as I want to with no pain in my neck.
 - ☒ I can read as much as I want to with slight pain in my neck.
 - ☐ I can read as much as I want to with moderate pain in my neck.
 - ☐ I cannot read as much as I want because of moderate pain in my neck.
 - ☐ I cannot read as much as I want because of severe pain in my neck.
 - ☐ I cannot read at all.
-

Headaches

- ☐ I have no headaches at all.
 - ☐ I have slight headaches, which come infrequently.
 - ☒ I have moderate headaches, which come infrequently.
 - ☐ I have moderate headaches, which come frequently.
 - ☐ I have severe headaches, which come frequently.
 - ☐ I have headaches almost all the time.
-

Neck Disability Index Questionnaire

Patient's Name: Young, Rusty

PatientID: 25194380

Date: 6/22/2023

Score: Neck Disability Index - 19

Concentration

- ☐ I can concentrate fully when I want to with no difficulty.
 - ☒ I can concentrate fully when I want to with slight difficulty.
 - ☐ I have a fair degree of difficulty in concentrating when I want to.
 - ☐ I have a lot of difficulty in concentrating when I want to.
 - ☐ I have a great deal of difficulty in concentrating when I want to.
 - ☐ I cannot concentrate at all.
-

Work

- ☐ I can do as much work as I want to.
 - ☐ I can only do my usual work, but no more.
 - ☒ I can do most of my usual work, but no more.
 - ☐ I cannot do my usual work.
 - ☐ I can hardly do any work at all.
 - ☐ I cannot do any work at all.
-

Driving

- ☐ I can drive my car without any neck pain.
 - ☒ I can drive my car as long as I want with slight pain in my neck.
 - ☐ I can drive my car as long as I want with moderate pain in my neck.
 - ☐ I cannot drive my car as long as I want because of moderate pain in my neck.
 - ☐ I can hardly drive at all because of severe pain in my neck.
 - ☐ I cannot drive my car at all.
-

Sleeping

- ☐ I have no trouble sleeping.
 - ☐ My sleep is slightly disturbed (less than 1 hour sleepless).
 - ☐ My sleep is mildly disturbed (1-2 hour sleepless).
 - ☒ My sleep is moderately disturbed (2-3 hours sleepless).
 - ☐ My sleep is greatly disturbed (3-5 hours sleepless).
 - ☐ My sleep is completely disturbed (5-7 hour sleepless).
-

Recreation

- ☐ I am able to engage in all of my recreational activities with no neck pain at all.
 - ☐ I am able to engage in all of my recreational activities with some pain in my neck.
 - ☐ I am able to engage in most, but not all of my recreational activities because of pain in my neck.
 - ☐ I am able to engage in a few of my recreational activities because of pain in my neck.
 - ☒ I can hardly do any recreational activities because of pain in my neck.
 - ☐ I cannot do any recreational activities at all.
-

Supine Cervical Rotation AROM on Pillow

REPS: 10-15

SETS: 1

DAILY: 1

WEEKLY: 7



Setup

Begin lying on your back with your knees bent and your head on a pillow.

Movement

Slowly turn your head to one side, then return to the starting position, and turn your head to the other side. Repeat.

Tip

Make sure to keep your neck relaxed and move slowly.

Seated Cervical Flexion AROM

SETS: 3

HOLD: 20 SECONDS

DAILY: 1

WEEKLY: 7



Setup

Begin in an upright seated position.

Movement

Slowly nod your head, tipping your chin down slightly toward your chest. You should feel as if you are stretching the muscles in the back of your neck as you do this motion.

Tip

Make sure to maintain an upright seated position as perform this movement.

Supine Hip Adduction Isometric with Ball

REPS: 15-20

SETS: 1

DAILY: 1

WEEKLY: 7



Setup

Begin lying on your back with your legs bent, feet resting on the floor, and a soft ball positioned between your knees.

Movement

Squeeze your knees together into the ball, then release and repeat.

Tip

Make sure to keep your back flat against the floor during the exercise.

Sidelying Thoracic Rotation with Open Book

REPS: 10

SETS: 1

DAILY: 1

WEEKLY: 7



2



3



Setup

Begin lying on your side with your legs bent at a 75 degree angle and your arms together straight in front of you on the ground.

Movement

Slide your top hand back and forth over your bottom hand 5 times, rotating your shoulders. Then, lift your top arm straight up and over to the floor on your other side.

Tip

Make sure to keep your knees together and only rotate your back and upper arm. Your hips should stay facing forward.

Standing Lumbar Spine Flexion Stretch Counter

SETS: 3

HOLD: 20 SECONDS

DAILY: 1

WEEKLY: 7



Setup

Begin in a standing upright position with your hands resting on a table.

Movement

Slowly walk backward, bending at your hips and keeping your hands on the table, until you feel a stretch in your back.

Tip

Make sure to only move in a pain-free range of motion during the exercise.

MEDBRIDGE

Disclaimer: This program provides exercises related to preventative maintenance OR to your condition that you can perform at home. As there is a risk of injury with any activity, use caution when performing exercises. If you experience any pain or discomfort, discontinue the exercises and contact your healthcare provider.

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Page 3

Initial Evaluation/Plan of Care - 6/22/2023

Name: Young, Rusty (25194380)
DOB: 2/12/1987 Age: 36 Sex: M

Physician: Krishniah MD, Bala

Surgery Date: 5/4/2023

Date of Injury: 5/4/2023

Primary/Rehab Diagnosis: Cervicalgia

Fusion: Cervical, 1 Level

Pain: Lumbar

ICD10 Codes: M54.2, M50.20, M54.59, Z47.89

Assessment:

Rusty Young is a 36 y/o male who presents to Physical Therapy with signs and symptoms consistent of. Patient presents today with decreased Strength, Flexibility and increased Pain, as well as impairments with Posture. Patient demonstrates a need for HEP Education. These deficits limit the patient's ability to perform these tasks: Cleaning: Vacuuming, sweeping, Lifting from floor, Lifting overhead, Overhead tasks, Physical activities: Exercising, throwing, golfing, Standing > 30 minutes, walking. Patient will benefit from skilled therapy to allow the patient to meet set goals and return to PLOF, in which the above noted functional activities were not impaired. Patient's rehabilitation prognosis may be impacted by multi-site involvement because Condition requires slow activity progression to allow healing of structures.

Primary Complaint: Neck and low back pain (cervical fusion 2 months ago)

Current Level of Function: Patient reports limitations with Cleaning: Vacuuming, sweeping, Lifting from floor, Lifting overhead, Overhead tasks, Physical activities: Exercising, throwing, golfing, Standing > 30 minutes, walking

Prior Level of Function: Unimpaired with all activities

Pain Scale: At Rest 4/10; During Activity 5/10;

ROM Comment: cervical AROM grossly symmetrical and WNL no limitation in shoulder AROM Lumbar AROM grossly WNL, pain with extension

Nature of Injury: Cervical fusion 2 months ago with improvement in upper body symptoms and pain. Difficulty sleeping and lifting. Intermittent headaches, typically one per week. Low back pain that increases when standing walking, lifting. Feels that it's going to strain. Denies radiating symptoms, numbness, tingling, bladder/bowel changes. Has returned to work as a security guard. Has some low back aggravation from increased standing and walking.

Shoulder	MMT (0-5 scale)	
	R	L
Shoulder Flexion (CS)	4+	4+
Shoulder Abduction (CS)	4+	5
Shoulder Internal Rotation (CS)	5	5
Shoulder External Rotation (CS)	4+	5
Elbow/Wrist	MMT (0-5 scale)	
	R	L
Elbow Flexion (C6)	5	5
Elbow Extension (C7)	5	5
Hand	MMT (0-5 scale)	
	R	L
Grip Strength - Elbow at 90°	60	57

Strength Comment: hip flexion 5/5 hip abd 4+/5 hip add 4+/5 squatting - 5x reps to comfortable range, no discomfort in low back, min neck aggravation with resisted shoulder flexion

Significant Findings:

Observations:

Postural Assessment: Rounded Shoulders
BMI: BMI above normal. Patient provided nutrition or exercise counseling information.

Outcome Assessments:	Date	Assessment	Score
	6/22/2023	VR-12 Mental Component Summary	36pts
	6/22/2023	VR-12 Physical Component Summary	38pts
	6/22/2023	Neck Disability Index	38%

Plan of Treatment: 1-2x a week for 8 weeks

Treatments: 97110 Therapeutic exercises, 97140 Manual therapy, 97112 Neuromuscular re-education, 97530 Therapeutic activities, 97161-97163 PT Evaluation, 97010 Cold pack, 97010 Hot pack, 97014 Electrical stimulation (Unattended), 20560-20561 Dry Needling

These treatments will address the objective and functional deficits as defined above

The patient will be advanced safely and appropriately in order for the patient to progress towards his/her prior level of function. Additional exercises will be introduced, with progression to a comprehensive home exercise program upon discharge, to ensure carry over of functional gains achieved in the clinic. Patient referred to physician as a result of positive screening for depression as identified by VR-12. This treatment plan has been reviewed and agreed upon by the patient

Goals:

Short Term Goals to be completed by: 4 weeks

- 1 Patient will decrease pain score to 2/10
- 2 Report min to mod aggravation or 4/10 pain or less after working a full shift
- 3 Patient will be independent and consistent with home routine

Long Term Goals to be completed by: 08/17/2023

- 1 Patient will decrease Neck Disability Index score to <20% to allow for completion of: Lifting overhead
- 2 Independent and consistent with home exercises
- 3 Report working full time as a security guard with min to no aggravation of low back or neck pain

Electronically Signed By: Seth Donelson, PT, License 11696 June 22, 2023 12:24 PM

To Be Completed by Physician

☐

I certify the need for these services furnished under this plan of treatment and while under my care.

☐

Revise plan of care as follows:

Physician: Krish niah MD, Bala

Physician Signature:

Date:

Daily Note

Patient: Young, Rusty (25194380)

DOB: 02/12/1987

Fax: 864-326-0343

Page 1 of 1

Date: 6/22/2023

Visit#: 1

Time In: 10:00 AM

Time Out: 10:30 AM

Visit Summary:

<u>Minutes</u>	<u>Procedure</u>	<u>Units</u>	
20	PT Evaluation - 97162	1	Total Treatment Time Minutes: 30
10	Therapeutic activities	1	Timed Code Minutes: 10
			Untimed Code Minutes: 20

Treatment Notes:

Subjective: See Evaluation dated 6/22/2023 for details.

Objective: Objective Measures: See Evaluation dated 6/22/2023 for details.
Objective Comments: See Evaluation dated 6/22/2023 for details.

Assessment: See Evaluation dated 6/22/2023 for details.

Plan: See Evaluation dated 6/22/2023 for details.

Flowsheet:

<u>Activity</u>	<u>Type</u>	<u>Details</u>
Home Exercise Program Education	TherAct	10 Min(s); HEP per flowsheet, edu on activity progression and improving durabilit

Other Treatment:

<u>Activity</u>	<u>Details</u>
PT Evaluation	Minutes: 20

Electronically Signed by: Seth Donelson, PT, License 11696 June 22, 2023 12:25 PM

Daily Note

Patient: Young, Rusty L (25194380)

DOB: 02/12/1987

Fax: 864-326-0343

Page 1 of 1

Date: 6/26/2023

Visit#: 2

Time In: 11:00 AM

Time Out: 11:55 AM

Visit Summary:

<u>Minutes</u>	<u>Procedure</u>	<u>Units</u>	Total Treatment Time Minutes: 55
25	Therapeutic exercises	2	Timed Code Minutes: 55
30	Therapeutic activities	2	Untimed Code Minutes: 0

Treatment Notes:

Subjective: Pt reports that he is feeling better today, but didn't work last night.

Objective: Please refer to flowsheet

Assessment: Exercises added with good tolerance. Education provided to reduce low back tension with ab series.

Plan: Continue per plan of care. Progress as able

Flowsheet:

<u>Activity</u>	<u>Type</u>	<u>Details</u>
Cervical AROM	TherEx	2 x 10; fit ball, flx/ext, rot
Thoracic Rotation	TherEx	5 x 10 Sec(s); sidelying
Clams	TherAct	2 x 10 x Blk
Lumbar Extension	TherEx	1 x 10; prone on elbow
Lumbar Flexion	TherEx	3 x 5; seated rollout, 3 ways
Anti-Rotation Chest Press	TherAct	3 x 10; green SC
Abdominal Series	TherAct	3 x 10; 90/90 with alt march
Bridges	TherAct	3 x 10

Other Treatment:

<u>Activity</u>	<u>Details</u>

Electronically Signed by: Seth Donelson, PT, License 11696 June 26, 2023 12:04 PM

Daily Note

Patient: Young, Rusty L (25194380) DOB: 02/12/1987 Fax: 864-326-0343 Page 1 of 1

Date: 7/5/2023 Visit#: 3 Time In: 7:58 AM Time Out: 8:41 AM

Visit Summary:

<u>Minutes</u>	<u>Procedure</u>	<u>Units</u>	
16	Therapeutic exercises	1	Total Treatment Time Minutes: 43
27	Therapeutic activities	2	Timed Code Minutes: 43
			Untimed Code Minutes: 0

Treatment Notes:

Subjective: Having some neck stiffness today. Felt good after last session.

Objective: Please refer to flowsheet

Assessment: Min low back ache with TRX row. Min cueing for deadlift from box with pt demonstrating mod fatigue.

Plan: Continue per plan of care. Progress as able

Flowsheet:

<u>Activity</u>	<u>Type</u>	<u>Details</u>
Lumbar Flexion	TherEx	3 x 5; seated rollout, 3 ways
Anti-Rotation Chest Press	TherAct	4 x 10; double green SC
Rows	TherEx	3 x 10; TRX
Sit to Stand	TherAct	3 x 10; 2x10 15, x10 20lbs
Monster Walk	TherEx	2 x 60 ft x Grn; lateral at ankles
Deadlifts	TherAct	3 x 5 x 15 lbs; lift from 4" box
Farmer's Carry	TherAct	1 x 2 x 15 lbs; single arm, 2 laps ea

Other Treatment:

<u>Activity</u>	<u>Details</u>

Electronically Signed by: Seth Donelson, PT, License 11696 July 5, 2023 08:44 AM

Daily Note

Patient: Young, Rusty L (25194380)

DOB: 02/12/1987

Fax: 864-326-0343

Page 1 of 1

Date: 7/8/2023

Visit#: 4

Time In: 8:00 AM

Time Out: 8:50 AM

Visit Summary:

Minutes	Procedure	Units	Total Treatment Time Minutes: 50
24	Therapeutic exercises	2	Timed Code Minutes: 50
26	Therapeutic activities	2	Untimed Code Minutes: 0

Treatment Notes:

Subjective: Had an easy day at work yesterday. Feels less burning in his low back when walking.

Objective: Objective Measures: NT

Assessment: Good tolerance with exercises. Movements progressed for improved activity tolerance. Mod fatigue post session.

Plan: Continue per plan of care. Progress as able

Flowsheet:

Activity	Type	Details
Elliptical	TherEx	5 Min(s)
Lumbar Flexion	TherEx	3 x 5; seated rollout, 3 ways
Lumbar Extension	TherEx	1 x 10; prone on elbow
Thoracic Rotation	TherEx	5 x 10 Sec(s); sidelying
Rows	TherAct	3 x 15; TRX
Monster Walk	TherEx	2 x 60 ft x Grn; lateral at ankles
Cervical AROM	TherEx	1 x 10; flx
Anti-Rotation Chest Press	TherAct	4 x 10; double green SC
Sit to Stand	TherAct	3 x 10; 2x10 15, x10 20lbs
Deadlifts	TherAct	3 x 5 x 15 lbs; lift from 4" box
Farmer's Carry	TherAct	2 x 2 x 15 lbs; single arm, 2 laps ea

Other Treatment:

Activity	Details

Electronically Signed by: Seth Donelson, PT, License 11696 July 8, 2023 08:57 AM

Daily Note

Patient: Young, Rusty L (25194380)

DOB: 02/12/1987

Fax: 864-326-0343

Page 1 of 1

Date: 7/12/2023

Visit#: 5

Time In: 1:37 PM

Time Out: 2:35 PM

Visit Summary:

<u>Minutes</u>	<u>Procedure</u>	<u>Units</u>	Total Treatment Time Minutes: 58
33	Therapeutic exercises	2	Timed Code Minutes: 58
25	Therapeutic activities	2	Untimed Code Minutes: 0

Treatment Notes:

Subjective: Has some low back stiffness today.

Objective: Please refer to flowsheet

Assessment: Mod stiffness with hip stretch. Improved lifting tolerance during squat and deadlift.

Plan: Continue per plan of care. Progress as able

Flowsheet:

<u>Activity</u>	<u>Type</u>	<u>Details</u>
Hip Flexor Stretch	TherEx	5 x 10 Sec(s); using 12" box
Piriformis Stretch	TherEx	5 x 10 Sec(s); supine, using strap to pull leg
Thoracic Rotation	TherEx	5 x 10 Sec(s); sidelying
Lumbar Extension	TherEx	1 x 10; prone on elbow
Lumbar Flexion	TherEx	3 x 5; seated rollout, 3 ways
Monster Walk	TherEx	2 x 60 ft x Grn; lateral at ankles
Deadlifts	TherAct	3 x 8 x 15 lbs; lift from 4" box
Elliptical	TherEx	5 Min(s)
Sit to Stand	TherAct	3 x 6 x 20 lbs
Farmer's Carry	TherAct	2 x 2 x 20 lbs; single arm, 2 laps ea

Other Treatment:

<u>Activity</u>	<u>Details</u>

Electronically Signed by: Seth Donelson, PT, License 11696 July 12, 2023 02:37 PM

Neck Disability Index Questionnaire

Patient's Name: Young, Rusty L

Patient ID: 25194380

Date: 7/14/2023

Score: Neck Disability Index - 22

Pain Intensity

- ☐ I have no pain at the moment
 - ☐ The pain is very mild at the moment.
 - ☒ The pain is moderate at the moment.
 - ☐ The pain is fairly severe at the moment.
 - ☐ The pain is very severe at the moment.
 - ☐ The pain is the worst imaginable at the moment.
-

Personal Care (washing, dressing, etc)

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

Lifting

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

Reading

- ☐ I can read as much as I want to with no pain in my neck.
 - ☒ I can read as much as I want to with slight pain in my neck.
 - ☐ I can read as much as I want to with moderate pain in my neck.
 - ☐ I cannot read as much as I want because of moderate pain in my neck.
 - ☐ I cannot read as much as I want because of severe pain in my neck.
 - ☐ I cannot read at all.
-

Headaches

- ☐ I have no headaches at all.
 - ☐ I have slight headaches, which come infrequently.
 - ☒ I have moderate headaches, which come infrequently.
 - ☐ I have moderate headaches, which come frequently.
 - ☐ I have severe headaches, which come frequently.
 - ☐ I have headaches almost all the time.
-

Neck Disability Index Questionnaire

Patient's Name: Young, Rusty L

Patient ID: 25194380

Date: 7/14/2023

Score: Neck Disability Index - 22

Concentration

- ☐ I can concentrate fully when I want to with no difficulty.
 - ☒ I can concentrate fully when I want to with slight difficulty.
 - ☐ I have a fair degree of difficulty in concentrating when I want to.
 - ☐ I have a lot of difficulty in concentrating when I want to.
 - ☐ I have a great deal of difficulty in concentrating when I want to.
 - ☐ I cannot concentrate at all.
-

Work

- ☐ I can do as much work as I want to.
 - ☐ I can only do my usual work, but no more.
 - ☐ I can do most of my usual work, but no more.
 - ☒ I cannot do my usual work.
 - ☐ I can hardly do any work at all.
 - ☐ I cannot do any work at all.
-

Driving

- ☐ I can drive my car without any neck pain.
 - ☐ I can drive my car as long as I want with slight pain in my neck.
 - ☒ I can drive my car as long as I want with moderate pain in my neck.
 - ☐ I cannot drive my car as long as I want because of moderate pain in my neck.
 - ☐ I can hardly drive at all because of severe pain in my neck.
 - ☐ I cannot drive my car at all.
-

Sleeping

- ☐ I have no trouble sleeping.
 - ☐ My sleep is slightly disturbed (less than 1 hour sleepless).
 - ☐ My sleep is mildly disturbed (1-2 hour sleepless).
 - ☒ My sleep is moderately disturbed (2-3 hours sleepless).
 - ☐ My sleep is greatly disturbed (3-5 hours sleepless).
 - ☐ My sleep is completely disturbed (5-7 hour sleepless).
-

Recreation

- ☐ I am able to engage in all of my recreational activities with no neck pain at all.
 - ☐ I am able to engage in all of my recreational activities with some pain in my neck.
 - ☒ I am able to engage in most, but not all of my recreational activities because of pain in my neck.
 - ☐ I am able to engage in a few of my recreational activities because of pain in my neck.
 - ☐ I can hardly do any recreational activities because of pain in my neck.
 - ☐ I cannot do any recreational activities at all.
-

Daily Note

Patient: Young, Rusty L (25194380)

DOB: 02/12/1987

Fax: 864-326-0343

Page 1 of 1

Date: 7/14/2023

Visit#: 6

Time In: 8:40 AM

Time Out: 9:40 AM

Visit Summary:

<u>Minutes</u>	<u>Procedure</u>	<u>Units</u>	Total Treatment Time Minutes: 60
26	Therapeutic exercises	2	Timed Code Minutes: 60
34	Therapeutic activities	2	Untimed Code Minutes: 0

Treatment Notes:

Subjective: Had a headache yesterday and feels it was coming from his neck. Is able to walk longer before his low back pain increases.

Objective: Please refer to flowsheet

Assessment: Exercises continued and progressed as able. Total upper body volume reduced to limit neck aggravation

Plan: Continue per plan of care. Progress as able

Flowsheet:

<u>Activity</u>	<u>Type</u>	<u>Details</u>
Elliptical	TherEx	5 Min(s)
Anti-Rotation Chest Press	TherAct	2 x 10; double green SC
Monster Walk	TherEx	2 x 60 ft x Grn; lateral at ankles
Rows	TherAct	2 x 15; TRX
Farmer's Carry	TherAct	2 x 2 x 20 lbs; single arm, 2 laps ea
Deadlifts	TherAct	2 x 10 x 15 lbs; lift from 4" box
Sit to Stand	TherAct	3 x 6 x 20 lbs
Lumbar Flexion	TherEx	3 x 5; seated rollout, 3 ways
Lumbar Extension	TherEx	1 x 10; prone
Thoracic Rotation	TherEx	5 x 10 Sec(s); sidelying
Piriformis Stretch	TherEx	5 x 10 Sec(s); supine, using strap to pull leg
Hip Flexor Stretch	TherEx	5 x 10 Sec(s); using 12" box

Other Treatment:

<u>Activity</u>	<u>Details</u>

Electronically Signed by: Seth Donelson, PT, License 11696 July 14, 2023 09:40 AM

Daily Note

Patient: Young, Rusty L (25194380)

DOB: 02/12/1987

Fax: 864-326-0343

Page 1 of 1

Date: 7/18/2023

Visit#: 7

Time In: 10:01 AM

Time Out: 10:56 AM

Visit Summary:

<u>Minutes</u>	<u>Procedure</u>	<u>Units</u>	Total Treatment Time Minutes: 55
30	Therapeutic exercises	2	Timed Code Minutes: 55
25	Therapeutic activities	2	Untimed Code Minutes: 0

Treatment Notes:

Subjective: Has difficulty with distance walking.

Objective: Please refer to flowsheet

Assessment: Improved capacity with squatting and deadlifting. Noted min to mod fatigue post session.

Plan: Continue per plan of care. Progress as able

Flowsheet:

<u>Activity</u>	<u>Type</u>	<u>Details</u>
Elliptical	TherEx	5 Min(s)
Rows	TherEx	3 x 12 x 70 lbs; cable, both hands
Monster Walk	TherEx	2 x 60 ft x Blu; lateral at ankles
Sit to Stand	TherAct	3 x 6 x 20 lbs
Anti-Rotation Chest Press	TherAct	3 x 10; double green SC
Farmer's Carry	TherAct	2 x 2 x 20 lbs; single arm, 2 laps ea
Deadlifts	TherAct	3 x 8 x 15 lbs; lift from 4" box, 26 x 8
Hip Flexor Stretch	TherEx	5 x 10 Sec(s); using 12" box
Thoracic Rotation	TherEx	5 x 10 Sec(s); sidelying
Lumbar Flexion	TherEx	3 x 5; seated rollout, 3 ways
Lumbar Extension	TherEx	1 x 10; prone

Other Treatment:

<u>Activity</u>	<u>Details</u>

Electronically Signed by: Seth Donelson, PT, License 11696 July 18, 2023 10:59 AM

Daily Note

Patient: Young, Rusty L (25194380)

DOB: 02/12/1987

Fax: 864-326-0343

Page 1 of 1

Date: 7/21/2023

Visit#: 8

Time In: 8:00 AM

Time Out: 9:00 AM

Visit Summary:

<u>Minutes</u>	<u>Procedure</u>	<u>Units</u>	Total Treatment Time Minutes: 60
35	Therapeutic exercises	2	Timed Code Minutes: 60
25	Therapeutic activities	2	Untimed Code Minutes: 0

Treatment Notes:

Subjective: Has had less pain when walking at work.

Objective: Objective Measures: NT

Assessment: Mod fatigue post session. Improved activity tolerance with less neck and low back aggravation.

Plan: Continue per plan of care. Progress as able

Flowsheet:

<u>Activity</u>	<u>Type</u>	<u>Details</u>
Elliptical	TherEx	5 Min(s)
Anti-Rotation Chest Press	TherAct	3 x 10; double green SC
Rows	TherEx	3 x 12 x 70 lbs; cable, both hands
Monster Walk	TherEx	2 x 60 ft x Blu; lateral at ankles
Lat Pulldown Machine	TherEx	3 x 10 x 80 lbs
Sit to Stand	TherAct	3 x 10 x 20 lbs
Deadlifts	TherAct	3 x 10 x 26 lbs; lift from 4" box, 15 x10, 26 2x10
Farmer's Carry	TherAct	1 x 3 x 25 lbs; single arm
Hip Flexor Stretch	TherEx	5 x 10 Sec(s); using 12" box
Thoracic Rotation	TherEx	5 x 10 Sec(s); sidelying
Lumbar Extension	TherEx	1 x 10; prone
Lumbar Flexion	TherEx	3 x 5; seated rollout, 3 ways

Other Treatment:

<u>Activity</u>	<u>Details</u>

Electronically Signed by: Seth Donelson, PT, License 11696 July 21, 2023 09:08 AM

Order Requisition for Rusty Lee Young

CSN: 454586675

Order Date: May 12, 2023

Patient Information: Rusty Lee Young

DOB: 02/12/1987 SSN: xxx-xx-xxxx MRN: 815400597
Age: 36 y.o. Sex: M Address: 10 Yakutata Dr. Facility MRN: 785096225
Home Phone: 864-640-1858 Greenville, SC 29605-6087 PCP: Balasubramanyam Krishnlah, MD
Work Phone: PCP Phone: 864-277-8300

Ordering Dept: BON SECOURS PIEDMONT ORTHOPEDIC - WOODWARD

Site: Bsmh Pb Greenville Specialty Ordering User: Kimberly A Tucker, MA
Ph: 864-234-7854 Fax: 864-234-9090 Provider ID: 2008422
Address: 5 S LEVMS PLZ NPI:
Suite 200
GREENVILLE, SC 29605-2955

Test Ordered: Ambulatory referral to Physical Therapy [REF87]

Code: REF87

ORD #: 1834305570

Priority

Class

Associated Diagnosis: Status post cervical spinal fusion (Z98.1 [ICD-10-CM])

Rouline

Internal Referral

Comments: Area(s) of treatment: neck

Frequency: 2-3 times a week for 6 weeks

Treatment & Precautions: Evaluation & Treatment. Status post cervical fusion

Preferred Facility/Location: patient requested ATI

Order Status	Expected Date	Specimen Source	Collection Date	Collection Time	Occurrences Remaining	Interval

Electronically Signed By

Christopher D Vanpelt, MD NPI: 1801833470

Date

May 12, 2023

10:49 AM

Responsible Party /Guarantor Information

Guar-ActID	Relationship	Account Type	Home Phone
YOUNG,RUSTY LEE - 10390*	Self	P/F	864-635-1304
Employer CINTAS	1	Work Phone	

Insurance & Policy Holder Information

Primary Insurance

Insurance/Subsriber ID: CZQ656W06109
Subscriber Name: YOUNG,RUSTY LEE
Relationship to Patient: SelfSigned ABN: N

Payor Name: BCBS

Plan: BCBS SC

Group: 212083MACA

Worker's Comp Date of Injury:

Rusty YoungProvider: **Walter Grady, DO**Department: **MGC Orthopaedic Surgery Eastside**

Dept Phone: 864-582-2115

11/17/2023 10:15 AM Office Visit

**Medical Group
of the Carolinas**

A Division of Spartanburg Regional Healthcare System

Young, Rusty

MRN: 101241423

Walter Grady, DO

Physician

Specialty: Orthopedic Surgery

Progress Notes



Addendum

Encounter Date: 11/17/2023

This is an Independent Medical Examination on Rusty Young completed for Attorney JASON STURKIE**Exam:** RIGHT SHOULDER, C SPINE, RIGHT UPPER EXTREMITY**Patient Name:** Rusty Young **DOB:** 2/12/1987 **Today's Date:** 11/17/23

right Handed

Employer at Time of Accident: CONFLUENCE OUTDOOR**Description of Job When Injured:** MOLDER MAKING BOLTS**Are You Currently Employed/Where:** YES, OFFICER GREENVILLE MEMORIAL**Date of Injury:** MARCH 8, 2022**Description of Injury:** TRYING TO PULL BOLT OUT OF THE MOLD, BOLT WAS JAMMED IN MOLD AND HE HAD TO PULL ON BOLT HARDER THAN NORMAL AND HEAR POPPING NOISES IN RIGHT SHOULDER AND AROUND NECK**Date of Surgery:** HERNIATED DISK REPAIR IN APRIL 2022**Chief Complaint:** RIGHT SHOULDER: SHARP PAIN IN SHOULDER WHEN LIFTING ARMS, CONTINUED PAIN IN SHOULDER, DISCOMFORT WHEN TRYING TO HOLD ARMS OUT AND UP C SPINE: PAIN IN NECK WHEN RAISING ARM ABOVE HEAD, DISCOMFORT IN NECK, SHARP PAIN WHEN REACHING BEHIND NECK**Current Pain Scale Rating Between 1-10:** RIGHT SHOULDER: 2-3/10 ON A GOOD DAY UP TO 5-6/10 ON A BAD C SPINE: 2-3/10 ON A GOOD DAY UP TO 5-6/10 ON A BAD DAY**Past medical history:** History reviewed. No pertinent past medical history.**Medications:**

Current Outpatient Medications:

- DULoxetine (use for CYMBALTA) 20 mg capsule, Take 20 mg by mouth in the morning., Disp: , Rfl:
- phentermine 15 mg capsule, Take 15 mg by mouth every morning., Disp: , Rfl:
- phentermine 37.5 mg capsule, Take 37.5 mg by mouth (Patient not taking: Reported on 11/17/2023), Disp: , Rfl:

Allergies:

Allergies

Allergen

- Metronidazole

Reactions

Hives

Patient denies this allergy . Does not remember ever having this medication

Past Surgeries: No past surgical history on file.

Family History: family history is not on file.

Social History:

Social History

Tobacco Use	
Smoking Status	Former
Smokeless Tobacco	Never

Social History

Substance and Sexual Activity	
Alcohol Use	None

Have You Received Any Prior Treatment Related To This Same Problem For Which We Are Evaluating You For Today? NO.

If yes: List past treatment: N/A

Have You Ever Filed A Workman's Compensation Claim For A Similar Injury Prior To This Claim? NO.

If yes: List dates and outcomes: N/A

Applicable Measurements:

Grip: Rt: 12KG Lt: 14KG

Sensory upper extremity: Hypoesthesia over the C6 dermatome on the right, hyperesthesia over the C7 and C8 dermatomes on the left

Summary of Records:

Rusty Young is a 36 y.o. male that presents for an independent medical evaluation of his C spine and right shoulder which were injured while working on 3/8/2022.

Patient had an XR right shoulder on 3/9/2022. The imaging showed no acute osseous abnormality.

Patient was seen at AFC Urgent Care on 3/9/2022. He reported pulling on something when he felt pain in his right shoulder. He reports a sensation of "pins and needles" in his right arm. He was diagnosed with right shoulder pain. He was given a medrol dosepak and referred to Bon Secours Ortho.

He was seen at Piedmont Orthopaedic Associates on 3/30/2022. He was working when he felt a pop in his shoulder. He noted that the medrol dosepak he was given at Urgent Care did not help his pain. He noted also being seen in the ED and was given flexeril and meloxicam. Patient had XR in the ED on 3/16/2022 which showed no acute fracture, dislocation, or advanced degenerative changes. He was sent for an MRI.

Patient had an MRI right shoulder on 4/4/2022. The impression stated: 1. Edema like marrow signal in the distal acromion and distal clavicle with trace fluid in the acromioclavicular interval. 2. No rotator cuff or labral pathology.

He was seen again at Piedmont Ortho on 4/20/2022. He reported continued pain and that he could not sleep on his side due to pain. It was noted that his shoulder pain was improving but his symptoms may be worsened by his C spine pain and radiculopathy. He was given a medrol dosepak and referral to a spine specialist.

Patient had an XR C spine on 7/12/2022. The imaging showed slight listing to the left. No scoliosis. There is straightening of the normal lordosis and multilevel degenerative disc changes. No fracture or osseous abnormality.

Patient was seen at Piedmont Ortho on 7/12/2022. His history is reviewed. Patient stated that he recently started having increased right arm pain along with numbness and tingling into the 3rd-5th fingers. He was recommended for an MRI C Spine.

Patient had an MRI C spine on 7/19/2022. The impression stated: multilevel cervical spondylosis, evidence of marrow reconversion, and annular fissure at C5-6.

He was seen again on 7/27/2022. He noted having 80% relief with his AC Joint infection and was instructed to continue with PT.

Patient was seen for follow up again on 9/1/2022. His treatment history was reviewed. It was noted that he had been referred for an epidural steroid injection but had not gotten it yet. He was recommended to proceed with the ESI. He was also recommended for an EMG/NCS RUE. It was felt that he will likely be a candidate for C5-7 ACDF.

Patient was seen on 5/4/2023 for 3 week follow up after his ACDF. He reported significant relief of his symptoms. It was felt that he was following a normal post op course.

He was seen for 4 month post op follow up on 7/20/2023. He reported continued relief. He was felt to be doing well and as expected. He was to continue activities as tolerated and return as needed.

Clinical Examination: C Spine

Inspection:

Exam is completed with the pt seated on the exam room table
Anterior cervical incision is noted.
No erythema, hyperemia, or sign of infection.
The patient's neck is in a neutral position.

Palpation:

In terms of spinous process from the occiput down to C7 there is tenderness at C5-6.
The paraspinal musculature to the right is not tender.
The paraspinal musculature of the left is not tender.

Passive Range of Motion:

Flexion is at approx 25 degrees and extension is approx 20 degrees.
Pt's side bend to the right is about 16 degrees and their side bend to the left is approx 15 degrees.
Rotation to the left approximates at 50 degrees and rotation to the right is approx 30 degrees.

Motor Function:

Deltoid Strength Right:4/5 Left:4/5
Biceps Strength Right:4/5 Left:5/5
Triceps Strength Right:5/5 Left:5/5
Wrist Extension Strength Right: 4/5 Left:5/5
Finger Extension Strength Right:3+/5 Left:5/5
APB Strength Right: 5/5 Left: 5/5
Abductor Intrinsic Strength Right: 5/5 Left: 5/5
Wrist Flexion Strength Right:5/5 Left:5/5
Finger Flexion Strength Right:5/5 Left:5/5

Reflex Testing:

Biceps Right:+2 Left:+2
Brachial Radialis Right: 0 Left:0
Triceps Right:0 Left:0
Patient is apprehensive.

Sensation:

Hypoesthesia over the C6 dermatome on the right, hyperesthesia over the C7 and C8 dermatomes on the left

Provocative Testing:

The neck compression test is negative.
The Spurling's maneuver to the right causes left cervical trapezius pain.
The Spurling's maneuver to the left causes left cervical trapezius pain.

Clinical Examination: Right shoulder**Inspection:**

Exam is completed with the pt seated on the exam room table.
There is no significant atrophy of the anterior deltoid and pec major muscle mass.
No erythema, hyperemia, or sign of infection.

Palpation:

The shoulder is warm but not hot to the touch. There is no sign of infection.
AC joint is not tender. Rotator cuff insertion is not tender.
Anterior acromion is not tender. Lateral acromion is not tender.
Bicipital groove is not tender.
Posterior inferior and superior capsules are not tender.

Passive Range of Motion:

Flexion is approx 140 degrees and extension is approx 55 degrees.
Abduction is approx 156 degrees and adduction is approx 10 degrees.
Internal rotation is approx 90 degrees and external rotation is approx 75-80 degrees.

Strength:

Flexion strength on the right is 3/5
Extension strength on the right is 5/5
Internal rotation strength on the right is 5/5
External rotation strength on the right is 3/5
Abduction strength on the right is 4/5
Adduction strength on the right is 5/5

Provocative Testing:

Neer Impingement Sign is Negative.
Cross over test is Positive.
Hawkins test is Positive.

Stability:

Pt states that he does not have history of shoulder dislocation.
Stability is not tested further.

Neuro Circulatory Status:

The pt's neurocirculatory status is intact

Assessment:

C spine:

1. Patient had an XR C spine on 7/12/2022. The imaging showed slight listing to the left. No scoliosis. There is straightening of the normal lordosis and multilevel degenerative disc changes. No fracture or osseous abnormality.
2. Patient had an MRI C spine on 7/19/2022. The impression stated: multilevel cervical spondylosis, evidence of marrow reconversion, and annular fissure at C5-6. Patient had an ACDF in April 2022.
3. Clinical examination is consistent with Hypoesthesia over the C6 dermatome on the right, hyperesthesia over the C7 and C8 dermatomes on the left
4. Clinical examination is consistent with cervical myofasciitis.
5. Clinical examination is consistent with decreased range of motion and strength.
6. Chronic pain C spine.

Right shoulder:

1. Clinical examination is consistent with subacromial bursitis.
2. Clinical examination is consistent with decreased range of motion and strength.
3. Chronic pain right shoulder

Plan / Recommendations:

It is my recommendation that consideration be given to the pt having repeat consultation with his treating orthopaedic shoulder and spine surgeons due to his continued symptoms and positive clinical examination findings.

In the mean time it is a good consideration for the pt to participate in a consistent exercise program relative to his C spine and right shoulder as well as take a regular non-steroidal anti-inflammatory medication, if there is no contraindication.

It is my recommendation in terms of work duty and activity restriction that the pt not engage in any over head lifting, climbing, or heavy torquing activities.

Pt has a lifting restriction of 20 lbs up to waist level with both hands.

Using the AMA Guide to Permanent Impairment, 5th Edition, I would rate the patient as having a 51% C spine impairment, a 5% right upper extremity impairment, a 8% right shoulder impairment, and a 21% total whole person impairment.

All of my professional medical opinions rendered are within a reasonable degree of medical certainty, more certain than not, felt to be causally related to the patient's on the job injury and his/her current medical condition.

The opinions rendered in this case are the opinions of the evaluator. The evaluation has been conducted on the basis of the medical examiner and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service report, reconsideration may be requested. Such information may or may not change the opinion rendered in this evaluation. This opinion is based on clinical assessment, examination and documentation. This opinion does not constitute, per se, a recommendation for specific claims or administrative functions be made or enforced. Any recommendations made during the examination are strictly recommendations as this is an independent medical evaluation and the examiner is not the treating physician.

The patient was advised as to the nature of an independent medical evaluation including that Walter Grady, D.O. is not a treating physician and no doctor-patient relationship exists and that no treatment will be given. The patient voiced understanding.

NOTATION: ALL NON-PERTINENT RECORDS WILL BE DESTROYED AT THE TIME OF EVALUATION.

Electronically signed by Walter Grady, D.O. 11/17/2023

By signing my name below, I, MAGHAN SPOONER, attest that this documentation has been prepared under the direction and in the presence of Walter Grady, DO.

Electronically signed: MAGHAN SPOONER, 11/17/2023, 10:48 AM

I, Walter Grady, DO personally performed the services described in this documentation. All medical record

entries made by my scribe were at my direction and in my presence. I have reviewed the chart and agree that the record reflects my personal performance and is accurate and complete.

Electronically signed: Walter Grady, DO, 11/17/2023, 10:48 AM

Electronically signed by Walter Grady, DO at 11/27/2023 8:07 AM

Electronically signed by Walter Grady, DO at 12/15/2023 12:34 PM

Office Visit on 11/17/2023 *Note shared with patient*

Additional Documentation

Flowsheets: PDMP

Orders Placed

None

Medication Changes

As of 11/17/2023 10:16 AM

None

Visit Diagnoses

Primary: Impingement syndrome of right shoulder M75.41

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 2202565

RUSTY LEE YOUNG,	)	
	)	
Employee/Claimant,	)	
	)	DEPOSITION OF:
v.	)	
	)	ALAN W. DUNCAN
CONFLUENCE OUTDOOR, LLC,	)	
	)	
	)	
Employer,	)	
and	)	
	)	
GREAT AMERICAN ALLIANCE	)	
INSURANCE,	)	
	)	
Carrier/Defendant.)	)	

Given before John P. Crawford, Jr., Court Reporter
and Notary Public, via teleconference, on Friday,
December 2nd, 2022, commencing at 11:57 o'clock a.m.

RAY SWARTZ & ASSOCIATES OF SOUTH CAROLINA
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A P P E A R A N C E S

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For the Claimant: McCravy Newlon & Sturkie Law Firm, PA
By: Jason L. Sturkie, Esquire
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For the Employee: Willson Jones Carter & Baxley, PA
By: Benjamin M. Renfrow, Esquire
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Also Present: Monay Hernandez
Rusty Young

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No exhibits were proffered.

1 (Alan W. Duncan, being duly sworn,
2 testified as follows:)

3 DIRECT EXAMINATION BY MR. RENFROW:

4 Q. Mr. Duncan, my name is Ben Renfrow, and I'm here
5 today on behalf of Confluence Outdoors and their
6 workers' comp insurance carrier. Have you ever
7 had your deposition taken before?

8 A. No.

9 Q. Okay. Well, this is going to be a fairly quick
10 deposition, I believe. I just have a few
11 questions for you about some questionnaires that
12 you signed, and I want to go over a few medical
13 notes. But, one of the problems we've run into
14 with this new idea of doing Zoom depositions is
15 every once in awhile things will go cold or
16 freeze up on us, and I'll just keep talking or
17 you'll keep talking and the others can't hear.
18 So, if at any point, you have any technical
19 difficulties or you can't hear me but you see my
20 lips moving or assume I'm still asking you
21 questions since you can't see my face, raise
22 your hand and just waving in the screen and Jay
23 or I will then know to stop everything and try
24 to figure out what's going on. Okay?

25 A. Okay.

1 Q. And if, for any reason, anybody needs to take a
2 break that's on here, I guess everybody can do
3 the same, and we'll take a little break. Mr.
4 Duncan, before we get into the substance of why
5 we're here, let me first ask you one
6 housekeeping question. Do you have the file for
7 Rusty Young in front of you, either in paper or
8 electronically?

9 A. Yes.

10 Q. So, if you need to refer back to your notes,
11 you'll be able to do so?

12 A. Yes.

13 Q. Okay. to dive into this, let me learn a little
14 bit about you. I've never met you before. I see
15 all these different letters by your name, so
16 you've got tons of training, it appears. Tell me
17 exactly what your position is with Piedmont
18 Orthopedics.

19 A. I'm a family nurse practitioner, and I work with
20 Dr. Scott Watson.

21 (The deposition went off the record for a
22 brief period of time.)

23 Q. All right. Mr. Duncan, can you hear me still?

24 A. Yes.

25 Q. All right. You understand you're still under

1 oath?

2 A. Yes.

3 Q. Okay. We will try this one more time this way.

4 And then, we're going to have to do something

5 else if we have to.

6 A. Okay.

7 Q. All right. You were telling me you were a family

8 nurse practitioner and you work with Dr. Scott

9 Watson?

10 A. Correct.

11 Q. And anything else about who you work for or what

12 you do for Piedmont Orthopedics relevant to this

13 deposition?

14 A. Other than just evaluate and treat orthopedic

15 injuries, especially the upper extremity.

16 Q. Okay. And I saw you have the MS by your name. Is

17 that a master's in what?

18 A. Master's of science in nursing.

19 Q. Okay. And then, APRN?

20 A. That's my certification.

21 Q. Okay. As we sit here today, are you board

22 certified?

23 A. Yes.

24 Q. And what board certifies you?

25 A. The ANCC.

- 1 Q. Okay. All right. And how long have you been with
- 2 Piedmont Orthopedics?
- 3 A. A year and a half.
- 4 Q. Okay. Where were you before that?
- 5 A. I was working as a nurse in the operating room.
- 6 Q. What hospital?
- 7 A. Prisma.
- 8 Q. Okay. Where did you do your undergraduate study?
- 9 A. My undergraduate study was done Anderson
- 10 University.
- 11 Q. And in your working life, have you worked in any
- 12 other capacity other than as a nurse?
- 13 A. Yes.
- 14 Q. A nurse practitioner?
- 15 A. Yes, prior to being a nurse, I was an athletic
- 16 trainer.
- 17 Q. Where?
- 18 A. Several places: Duke University, Furman
- 19 University, South Carolina.
- 20 Q. Okay. One of the first questions I asked you was
- 21 if you had the file of a gentleman by the name
- 22 of Rusty Young, that it was available to you,
- 23 and you said you do have all of that in front of
- 24 you?
- 25 A. Yes.

1 Q. All right. Before we talk specifically about the
 2 medical records, in that file or from your
 3 memory, do you have any letters or
 4 correspondence from Mr. Sturkie or his law firm
 5 regarding this particular patient or this
 6 particular claim?

7 A. No.

8 Q. Okay. There are two questionnaires that you
 9 signed that prompted me to set your deposition.
 10 Do you have those two questionnaires in your
 11 file?

12 A. Let me take a look.

13 Q. And I think one is June 14th, and one is July
 14 21st. Those are the dates you signed them.

15 A. Yeah. I do not have those in front of me.

16 Q. Okay. Do you recall signing a questionnaire for
 17 Mr. Young or his attorney?

18 A. I do.

19 Q. All right. And then, these questionnaires, have
 20 you ever signed questionnaires before these two
 21 in other cases?

22 A. No.

23 Q. Okay. So, I'm assuming these weren't
 24 questionnaires you prepared, these were prepared
 25 by Mr. Sturkie, the attorney, or someone on

- 1 behalf of Mr. Young?
- 2 A. Correct.
- 3 Q. Okay. Do you have any other correspondence in
- 4 your file from Mr. Sturkie or from Rusty Young
- 5 or anyone on his behalf?
- 6 A. No.
- 7 Q. Have you had any telephone conferences or
- 8 discussions with Mr. Sturkie or Mr. Young or
- 9 anyone on Mr. Young's behalf?
- 10 A. Nothing other than dealing with what his medical
- 11 needs are.
- 12 Q. Okay. So, then how did you get the
- 13 questionnaires and how did you know what to do
- 14 with them if you've never done them before?
- 15 A. They were faxed to me and provided to me by my
- 16 assistant.
- 17 Q. Okay. And it was or a cover letter faxed you
- 18 with those questionnaires?
- 19 A. I don't recall.
- 20 Q. Is it possible that someone from Mr. Sturkie's
- 21 office spoke with your assistant and explained
- 22 exactly what he was looking for, prior to those
- 23 being sent to you?
- 24 A. I can't make any assumptions on that.
- 25 Q. Okay. Who was the assistant that, I guess, got

1 these to you to sign?

2 A. James Rosemeyer.

3 Q. And is he an employee of Piedmont Orthopedics?

4 A. Yes, he is.

5 Q. Is he still there in serving in an employment

6 capacity?

7 A. Yes.

8 Q. Okay. According to my records, you first saw Mr.

9 Young on March 30th of 2022; is that correct?

10 A. That's correct.

11 Q. Okay. I'm going to go down quickly, just to make

12 this fast. The dates I have that you've seen or

13 someone in your office has seen Mr. Young, and

14 then we may go back and look at a few of those

15 medical reports. So, he was seen on March 30th

16 of 2022, the first time, and then you saw him

17 again on April 4th 2022; is that correct?

18 A. April 20th.

19 Q. Okay. I have an April 4th, 2022, where someone

20 in your office went over his MRI results with

21 him.

22 A. Let me check that.

23 Q. Am I wrong? And I could be wrong.

24 A. No, I don't see that.

25 Q. Okay.

1 A. It was on the 20th that I went over his MRI,
2 April 20th.

3 Q. Was April 4th the day he had his MRI, perhaps?

4 A. Yeah, that's possible. Yeah, that's when he had
5 the MRI.

6 Q. Okay. All right. So, you saw him on March 30th,
7 and then, you saw him again on April 20th. The
8 next visit I have ever after April 20th is June
9 1st; is that correct?

10 A. Correct.

11 Q. Then, you saw him again, or you you signed this
12 questionnaire, the first questionnaire on June
13 14th of 2022. But, you don't have any record of
14 that in your file?

15 A. No, not that I can see.

16 Q. Do you recall what the questionnaire said or
17 what you signed off on?

18 A. I believe it was questioning whether his neck
19 could be involved in his injury.

20 Q. All right. Then, you saw him again, I think the
21 next time, June 29th of 2022?

22 A. Correct?

23 Q. And then, you send another questionnaire on July
24 21st of 2022, which, again, you don't have in
25 your file, correct?

1 A. Correct.

2 Q. All right. And do you recall what that

3 particular questionnaire was about?

4 A. I believe it was about the same thing.

5 Q. All right. Now, have you seen Mr. Young since

6 June 29th?

7 A. Yeah, I saw him on the 27th of July.

8 Q. All right. Any other times you've seen him?

9 A. No.

10 Q. All right. Let's go back to the very first time

11 you actually saw him, which would have been

12 March 30th, 2022.

13 A. Okay.

14 Q. In that note or several pages of notes, there's

15 some reference to some prior or active problems.

16 And it shows pre-diabetes from July 9th, 2018,

17 through the present?

18 A. Uh-huh.

19 Q. Is that something you have treated for him for

20 in the past or your office has seen him for?

21 A. No.

22 Q. All right. How did you get that information?

23 A. From his medical history.

24 Q. Okay. Is that something he gives you or is that

25 something that comes up through the system, if

1 it happens to have been an affiliated medical
2 practice that treated him for the diabetes?

3 A. It comes up through the system.

4 Q. Okay. And then, it says polysubstance abuse, May
5 10th, 2016, through the present. And then, it's
6 got your name by that. Had you treated him or
7 had your office treated him in the past and were
8 aware of polysubstance abuse?

9 A. I was aware of that, as a medical history
10 problem.

11 Q. And do you know where that would have come?

12 A. From the EMR.

13 Q. And what's that mean?

14 A. The electronic medical records.

15 Q. Okay. So, what can we deduce from that, that
16 someone in your family of practices had treated
17 him for that problem?

18 A. Yes. I did not, though.

19 Q. Okay. And then, the next one was the adjustment
20 disorder with disturbance of emotion from July
21 17th to the present?

22 A. Okay.

23 Q. All right. Now Piedmont Orthopedics, is that a
24 part of the St. Francis family or Prisma?

25 A. St. Francis.

- 1 Q. All right. So, you saw him on March 30th for
- 2 right shoulder pain; is that correct?
- 3 A. Correct.
- 4 Q. And he told you the very first time you saw him
- 5 that he was trying to get all this covered under
- 6 workers' comp, but, at that point, had been
- 7 denied; is that correct?
- 8 A. That's correct.
- 9 Q. Okay. Y'all went on and reviewed X-rays that had
- 10 been done in the emergency room, and they showed
- 11 no fracture, no dislocation, or even advanced
- 12 degenerative changes, correct?
- 13 A. Correct.
- 14 Q. And you, after evaluating him, thought his pain
- 15 was due to labrum pathology?
- 16 A. Correct.
- 17 Q. What was it about what you had heard from him or
- 18 seen that day that made you think it was more
- 19 labral-related than anything?
- 20 A. His physical exam.
- 21 Q. Okay. And what differentiates that from rotator
- 22 cuff or some other areas of the shoulder?
- 23 A. A positive O'Brien test, a positive O'Driscoll
- 24 test.
- 25 Q. Okay. And then, you ordered MRIs, correct?

1 A. Correct.

2 Q. All right. He had his MRIs, we think, around

3 April 4th, and then you saw him again on April

4 20th, correct?

5 A. Correct.

6 Q. Now, in your experience as a nurse, have you had

7 the opportunity to review actual MRI images or

8 do you just take the report from the person who

9 interprets those MRIs and take that as your own?

10 A. I interpret the MRIs.

11 Q. Okay. So, when you saw him on April 20 and gave,

12 sort of, your impression of what was on the MRI,

13 that was your personal review of the image and

14 your personal opinion of his problem?

15 A. Yes, and it matched what the radiologist said.

16 Q. Right. Okay. In this report, I noted that, as

17 part of that review, you found an implanted

18 orthopedic device?

19 A. I don't think so.

20 Q. I'm looking at your medical report. Were you

21 aware that he had a history of prior shoulder,

22 right shoulder problems?

23 A. No.

24 Q. Were you aware that he had hardware in his body

25 from prior surgeries?

1 A. No, I didn't see that.

2 Q. Let's look at the actual -- do you have the MRI

3 image in front of you?

4 A. I can get to it.

5 Q. Yeah, pull that up, if you don't mind.

6 A. Okay. I have the MRI.

7 Q. All right. Is there anything in the MRI that you

8 see that shows evidence of hardware?

9 A. I did not see anything that shows any evidence

10 of hardware.

11 Q. Okay. Let's assume he had an anchor or, let's

12 say, a screw in his shoulder. Is that something

13 that would be defined as an implanted orthopedic

14 device?

15 A. Yes.

16 Q. Okay. And again, I'm looking at your medical

17 report, so I'm just reading from the report

18 information that I got from you. So, you saw on

19 April 20th. You felt, after reviewing the MRI

20 and, I guess, having seen him twice at that

21 point that his problems were due to subacromial

22 impingement and you couldn't rule out AC joint

23 arthritis, correct?

24 A. Correct.

25 Q. Are either one of those conditions absolutely or

1 always acute findings or are those more chronic
 2 in nature?
 3 A. I mean, it can be caused by an acute onset.
 4 Q. Okay. So, it can be. So, can it also be from
 5 something that is chronic?
 6 A. Yes, it's possible.
 7 Q. Then, I'm assuming AC joint arthritis is, more
 8 times than not, a chronic condition, right?
 9 A. Yes.
 10 Q. All right. And then, explain to me what a
 11 subacromial impingement is?
 12 A. A subacromial impingement is, it's a condition
 13 where there's inflammation in the rotator cuff
 14 tendon. And where the rotator cuff tendon goes
 15 under the subacromial space, there's only so
 16 much room for the tendon to be there. And so,
 17 the inflammation can cause pain.
 18 Q. Okay. And is there anything you can see when you
 19 review an MRI like this to tell you if the
 20 edema-like stuff that you see is something from
 21 an acute injury versus something that may have
 22 been there, you know, for years?
 23 A. I mean, there are ways to tell, but there was
 24 nothing that I saw on MRI that suggested that.
 25 Q. Okay. So, there was nothing you could look at on

1 the April 4th MRI to tell you if this was
2 something that had been caused or aggravated on
3 March 8th of 2022, which is when Mr. Young said
4 he got hurt, versus something that had been
5 going on for years?

6 A. Yeah, there's no way for me to tell that.

7 Q. Okay. The next time you saw him was June the
8 1st, correct?

9 A. Correct.

10 Q. At that point, you felt like his shoulder pain
11 was improving, and based on some, I guess, some
12 complaints, that you felt like maybe he had a
13 cervical spine pathology?

14 A. Correct.

15 Q. What was it that day that had changed or that
16 had led you to believe, all right, this might
17 not be shoulder, it could be cervical?

18 A. He was reporting intermittent radiculopathy into
19 his hand.

20 Q. He reported that prior, on the two visits you
21 had seen him before?

22 A. I don't have that documented.

23 Q. Okay. Do you believe that if this was cervical
24 in nature and that if he had had radiculopathy,
25 that you would have asked the questions in those

1 first two visits to at least elicit a response
2 to tell you he was having numbness or tingling
3 in his hands?

4 A. I should have asked those questions, yes.

5 Q. Okay. Do you believe you did?

6 A. I don't, I don't recall.

7 Q. Okay. And do you know of anything that he could
8 have been doing between March 8th of 2022 and
9 June 1st, 2022, that could have either caused or
10 aggravated his symptoms in such a way that for
11 the first time in June, he was starting to have
12 ridiculous symptoms?

13 A. Nothing that I'm aware of.

14 Q. On June 14th of 2022, I guess, after that last
15 visit, so this the third time you had seen him,
16 gave an opinion on a questionnaire, to a
17 reasonable degree of medical certainty, the
18 workers' comp accident on or about March 8th,
19 2022, most probably caused Mr. Young's right
20 shoulder symptoms for which he was treating?

21 A. Yeah.

22 Q. What did you use to come up with that opinion?

23 A. He reported that he wasn't having any shoulder
24 pain prior to this.

25 Q. Okay. So, again, it's not your fault. It's just

1 the system we all have, I guess, especially on
2 your side of things. You're basically taking the
3 patient at his word?

4 A. Correct?

5 Q. Did you have any other information or any other
6 way of determining if, one, what he was telling
7 you was the truth or even really know what
8 happened to him on March 8th of 2022?

9 A. Other than his word, no.

10 Q. Okay. Had you spoken with anyone in his
11 attorney's office or anyone on his behalf prior
12 to June 1st of 2022 when you last saw him, prior
13 to that questionnaire?

14 A. I don't believe I have, no.

15 Q. Okay. So, you believe any and everything you
16 knew about him and his problems were related to
17 what he told you, and then the diagnostic
18 testing you had done at those three visits?

19 A. Correct.

20 Q. Okay. Have you ever seen, as we sit here today,
21 I guess several months have passed since you
22 signed that first questionnaire. Have you seen
23 any video images or anything from the alleged
24 accident or the day he says he was working and
25 was injured?

1 A. No, I have not.

2 Q. Okay. Do you really know anything about his job

3 at Confluence, other than what he told you?

4 A. No.

5 Q. And I ask this at every deposition, and it's

6 going to seem a little condescending, but I have

7 to ask it. Do y'all have, at Piedmont

8 Orthopedics, do y'all have any machines or

9 anything you can hook someone up to to determine

10 if what they're telling you is the truth, I

11 guess, a medical lie detector test or anything

12 like that?

13 A. No.

14 Q. All right. You next saw him on June 29th,

15 correct?

16 A. Correct.

17 Q. And on that date, you diagnosed him as having

18 arthralgia of the right acromioclavicular joint

19 and cervical radiculopathy, correct?

20 A. Right.

21 Q. Was there anything new about that or about his

22 condition that he reported to you that day or

23 anything new that you found since you had last

24 seen him on June the 1st?

25 A. Nothing new, no.

1 Q. Okay. Then, the last documentation I have from
2 your office was, you signed another
3 questionnaire on July 21st of 2022. And your
4 opinion that day was essentially the same with
5 regards to his condition, except this time, you
6 found it was to a reasonable degree of medical
7 certainty that his neck and right hand and
8 fingers symptoms were most probably caused by
9 the march 8th, 2022, work injury.

10 A. Okay.

11 Q. And, again, without having to go back through
12 every single question I asked you, is the only
13 thing you used or had to give this opinion about
14 this particular, these particular conditions
15 what Mr. Young told you and what you had seen?

16 A. Yes.

17 Q. At that point, do you recall having talked to
18 his attorneys or anyone on his behalf?

19 A. No, I had not.

20 Q. Okay. So, how is it that you can give an opinion
21 to a reasonable degree of medical certainty with
22 just a patient's complaints, when you don't have
23 any way of knowing if they're telling you the
24 truth or not?

25 A. Generally, when a patient gives a history, then

1 you trust what the history is.

2 Q. Okay. And do you know, again, do you know if Mr.
3 Young had ever had any prior shoulder problems
4 before you saw him on March 30th?

5 A. No.

6 Q. Had you ever seen medical records from
7 [inaudible] Chiropractic that go back as far as
8 2019, detailing problems in the cervical spine
9 or shoulder area?

10 A. No.

11 Q. Had you ever seen any medical records from
12 Greenville Memorial Hospital about that go back
13 as far, at least to 2016, showing a history of
14 shoulder and neck problems?

15 A. Let me take a look.

16 Q. Do you have access to Greenville Memorial's
17 records?

18 A. I did not.

19 Q. So, what are you looking at?

20 A. Well, I was looking to see if -- there's
21 something called Care Everywhere. If we're on
22 the same emergency or the same EMR, then it will
23 show up. But, I was just looking to see if that
24 was there. And it doesn't appear to be.

25 Q. Okay. So, obviously, we're here today because

1 Mr. Young says he had a work injury and has
2 filed a workers' comp claim against his current
3 employer. Were you aware that he had had
4 workers' comp, two prior workers' comp claims
5 with other employers?

6 A. I was unaware.

7 Q. Were you aware he had had a motor vehicle
8 accident on or around April of 2021 and was
9 represented by Mr. Sturkie in regards to a motor
10 vehicle accident?

11 A. No, I was unaware.

12 Q. Okay. Are any of those things important to you
13 with regards to giving an opinion on causation?

14 A. Yes.

15 Q. Okay. In regards to your treatment of this
16 gentleman, have you recommended or anybody at
17 Piedmont Orthopedic Associates recommended any
18 type of surgical intervention for his shoulder
19 or cervical problems?

20 A. I have not recommended any surgical intervention
21 for his shoulder. I believe he's seeing Dr. Van
22 Pelt for his neck.

23 Q. All right. Is there anywhere in your records
24 that talk about what Mr. Rusty Young does for a
25 living now? Do you know if he works anywhere?

1 A. I have no idea.

2 Q. In other words, if you're treating a patient
3 who's got problems and the problems keep getting
4 worse and he's working somewhere different, have
5 you had any discussions with him regarding
6 whether his current job or jobs he's had
7 subsequent to the job he had when he had his
8 work injury could have aggravated the problem?

9 A. No, I have not had those discussions with him.

10 Q. Before you saw Mr. Young on March 30th of 2022,
11 for the first time, are you aware of anyone in
12 your practice or affiliated with, I guess, the
13 notes that you have, are privy to, that have
14 seen Mr. Young for problems and his shoulder or
15 neck?

16 A. Prior to seeing me?

17 Q. Yes, prior to you seeing him.

18 A. No.

19 Q. Okay. Has an MRI been done of the cervical spine
20 that you know?

21 A. Not that I know of.

22 Q. Now, you mentioned earlier that the last time he
23 was seen in your office was July 27th of 2022?

24 A. Correct.

25 Q. And for one reason or another, I don't have that

1 medical note. So, can you walk me through what
2 that evaluation consisted of and what, if
3 anything, was found that impacts this case?

4 A. He did get relief from the AC joint injection
5 that I provided him with.

6 Q. Okay. And that injection was for, obviously for
7 the shoulder, correct?

8 A. Yeah, for the arthralgia of the AC joint.

9 Q. So, was it your finding that, from that
10 injection, that all the problems went away or
11 just problems in the shoulder?

12 A. I wouldn't say they all went away. But, I would
13 say he did have improvement in his shoulder
14 pain.

15 Q. Right. So, in other words, what I'm saying,
16 though, is, at this point, whether it's a work
17 injury or work-related or not, Mr. Young has
18 pain in either his shoulder or his neck. Do you
19 believe he has pain in both or do you believe
20 there's one common cause here that may be
21 radiating down into all the other complaints of
22 pain?

23 A. I think he has pain in both.

24 Q. Okay. So, you think he may have a cervical
25 injury and a shoulder injury?

1 A. Correct.

2 Q. Whether it's work related or not?

3 A. Correct.

4 Q. All right. So, the injection you gave, would

5 that have had any impact on the cervical?

6 A. No, none at all.

7 Q. All right. And did you specifically ask him

8 after that injection, although the AC joint is

9 feeling better and the shoulder is feeling

10 better, are you still having pain and problems

11 in the neck?

12 A. Yeah, at that point, he says he was still

13 getting occasional numbness and tingling in his

14 hand.

15 Q. Okay. And what was your recommendation following

16 that evaluation?

17 A. That he follow up with our spine team.

18 Q. And you think that was what prompted him, if he

19 did go, to go see Dr. Van Pelt?

20 A. Yes.

21 Q. And do you have any way of looking at the file

22 and determining if he has seen Dr. Van Pelt, and

23 if so, how many times?

24 A. Yes, I do. It looks like he has seen Dr. Van

25 Pelt twice.

- 1 Q. What dates?
- 2 A. 9/1/22 and 10/20/22.
- 3 Q. Is there any reference in what you can see that
- 4 Dr. Van Pelt has recommended surgical
- 5 intervention?
- 6 A. Let me look. It looks like he did have an MRI
- 7 and an EMG.
- 8 Q. Any positive findings on either one of those?
- 9 A. Yes, right sided C7 radiculopathy.
- 10 Q. Okay. And then, did the EMG nerve conduction
- 11 study show anything positive?
- 12 A. Yeah, the same thing.
- 13 Q. Okay. And has Dr. Van Pelt, at least from what
- 14 you can see, sign any questionnaires for this
- 15 gentleman?
- 16 A. I have no idea.
- 17 Q. Okay. And has Dr. Van Pelt recommended surgery?
- 18 A. It appears he has.
- 19 Q. He has?
- 20 A. It does appear so.
- 21 Q. What type of surgery, can you tell?
- 22 A. An anterior cervical discectomy and fusion.
- 23 Q. Okay. And you know if that is scheduled?
- 24 A. I do not know if it's scheduled.
- 25 Q. Okay. Would Dr. Van Pelt be in a better position

1 than you to determine causation of any cervical
2 condition?

3 A. Yes.

4 Q. Okay. So, in terms of the questionnaire you sign
5 on July 21st, in light of what you just said,
6 are you willing to withdraw that and defer to
7 Dr. Van Pelt?

8 A. Yes.

9 Q. Okay. Has any orthopedic surgeon or any
10 orthopedist seen Mr. Young for his shoulder,
11 that you know?

12 A. Orthopedic surgeon?

13 Q. Or orthopedist at Piedmont Orthopedic
14 Associates?

15 A. No, I'm the only one, as far as I know.

16 Q. What gets a patient to the point in your
17 practice where you say, all right, I need to
18 refer him up to an orthopedic specialist or
19 surgeon?

20 A. Findings on MRI that require surgical
21 intervention.

22 Q. Okay. So, do y'all triage these folks when they
23 come in and say, all right, this is one that an
24 NP can handle versus one that needs to go right
25 to an orthopedist or orthopedic surgeon?

1 A. No, the there's not much of a triage process.

2 Q. Okay. So, many times, patients see you first

3 before they see any next level, I guess?

4 A. Correct.

5 Q. All right. And are you scheduled to see Mr.

6 Young again in the future, at this point?

7 A. No, I'm not.

8 Q. All right. I don't think I have any other

9 questions for you at this time. Please answer

10 any Mr. Sturkie might have. Thank you.

11 A. You're welcome.

12 CROSS EXAMINATION BY MR. STURKIE:

13 Q. Hey, Mr. Duncan. I'm Jason Sturkie. I represent

14 Mr. Rusty Young. Mr. Renfrow referenced other

15 workers' comp claims and stuff. As an example,

16 would a workers' comp, a prior workers' comp

17 claim years ago for a broken ankle with

18 hardware, would that affect your opinion here

19 today?

20 A. No.

21 Q. Okay. So, just because a person has other claims

22 and other injuries in the past, that's not

23 necessarily being nefarious as far as a client,

24 as far as a patient not telling you?

25 A. No, it didn't involve the body part in question.

1 Q. All right. Regarding the questionnaire that you
2 did answer regarding his right shoulder symptom,
3 the questionnaire was really simple. It just
4 said the workers' compensation accident was on
5 or about March 8th of '22 most probably caused
6 Mr. Young's right shoulder symptoms for which
7 he's treating, and you answered, yes. Do you
8 still stand behind that, based on anything
9 you've seen here today?

10 A. I stand behind that it caused right shoulder
11 pain?

12 Q. Yes, sir.

13 A. Yes.

14 Q. All right. I don't have any other questions.

15 MR. STURKIE: Anything, Ben?

16 MR. RENFROW: No, I don't think I have any
17 questions.

18

19 (Deposition concluded at 12:33 o'clock p.m.)

20

21 * * *

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25

1 STATE OF SOUTH CAROLINA)
2 : C-E-R-T-I-F-I-C-A-T-E
3 COUNTY OF CHARLESTON)

4
5
6
7 I, John P. Crawford, Jr., Court Reporter and Notary
8 Public, certify that I did have Alan W. Duncan, to appear
9 before me at 11:57 o'clock a.m. on Friday, December 2nd,
10 2022, via teleconference; the pages constitute a true and
11 accurate transcript of the statement given at that time
12 and place.

13 I further certify that I am not of counsel or kin to
14 any of the parties to this cause of action, nor am I
15 interested in any manner in its outcome.

16 IN WITNESS WHEREOF, I have hereunto set my hand and
17 seal this the 6th day of December 2022.

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Notary Public for South Carolina
My Commission Expires: March 16th, 2032

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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 2202565

RUSTY LEE YOUNG,)
Employee,)
Claimant,)
versus)
CONFLUENCE OUTDOOR, LLC.,)
Employer,)
and)
GREAT AMERICAN ALLIANCE INSURANCE,)
Carrier,)
Defendants.)

D E P O S I T I O N

WITNESS: Christopher D. VanPelt, M.D.
DATE: September 28, 2023
TIME: 3:30 p.m.
LOCATION: Piedmont Orthopaedic Associates
5 South Lewis Plaza, Suite 200
Greenville, SC
REPORTED BY: Keren Puente Cruz

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EXHIBITS

(None marked)

(THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL
IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.)

1 STIPULATIONS:

2 It is agreed by and between the Counsel for the parties as
3 follows:

4 1. That this deposition is being taken pursuant to all
5 applicable rules of the South Carolina Workers'
6 Compensation Commission;

7 2. That the deponent waives the right to read and sign the
8 deposition transcript.

9 *****

10 Christopher D. VanPelt, M.D., first being duly sworn, was
11 examined and testified as follows:

12 *****

13 EXAMINATION BY MR. RENFROW:

14 Q. Dr. VanPelt, my name is Ben Renfrow; we've met before.
15 I don't know that I've ever taken your deposition, so
16 I'm going to ask you a few preliminary questions about
17 your training. But I represent Confluence Outdoor
18 Incorporated in a workers' comp. claim filed by Mr.
19 Rusty Young, who is here with us today. Do you have
20 his file with you today?

21 A. I have the -- my portion of the medical record.

22 Q. Okay. And so one of the things I'm going to do is just
23 make sure my records line up with your records. You'll
24 be able to go through that file and tell me what dates
25 you saw him, pretty quickly?

1 A. Yeah

2 Q. Okay. Awesome. Where did you do your undergrad
3 training?

4 A. West Virginia University.

5 Q. Okay. And then, where did you go to medical school?

6 A. West Virginia University.

7 Q. And residency?

8 A. Michigan State. The McLaren Regional Medical Center
9 campus.

10 Q. And then, after residency, did you do a fellowship
11 training?

12 A. Yes.

13 Q. And where was that?

14 A. University of Pittsburgh.

15 Q. Okay. And you're currently board certified?

16 A. Yes.

17 Q. In what certification? Do you know off the top of your
18 head?

19 A. Orthopaedic surgery.

20 Q. Okay. Is that the American Board of Orthopaedic
21 Surgery?

22 A. Yes.

23 Q. And what brought you to South Carolina?

24 A. The job at Piedmont Orthopaedics.

25 Q. Okay. So you've been with this practice since you

1 started practicing?

2 A. 2006.

3 Q. Okay. And are you affiliated with any other practices
4 other than Piedmont Ortho?

5 A. No.

6 Q. All right. Okay. So you -- we've got Mr. Rusty Young
7 here with us today, and you've got his file with you.
8 My records show that not your office, but you
9 personally started seeing him around September 1st of
10 2022. Does that sound right?

11 A. Yeah, I directly saw him September 1st, 2022.

12 Q. And the last medical note I have from you was October
13 20th, of 2022, I believe. Can you tell me if that's
14 the most recent time you've seen him?

15 A. No, I saw him as recent as July 20th, 2023.

16 Q. Okay. And can you -- working backward -- can you just
17 give me the dates prior to that back to October 20?

18 A. May 4th, 2023, and -- oh, he had surgery there.
19 February 28th, and we had an encounter December 15th,
20 2022, and October 20th.

21 Q. Okay. Let's -- before we dive into your records, I
22 want to ask you about some things. Well, actually
23 let's look at your first note. If you will, flip over
24 -- and I think this is a good place to get started --
25 September 1st, 2022. And for the record, that's

1 claimant's attorney's ABA page 143. Do you have the 91
2 2022 record in front of you?

3 A. Yes.

4 Q. Before we dive into that record and go over in great
5 detail, can you just look at it briefly and tell me if
6 there's any reference in there where you would -- as
7 part of your history -- where you would've asked Mr.
8 Young about prior neck problems? Or prior problems
9 related to his surgical spine?

10 A. I don't see that reflected in that record.

11 Q. And is that a question that you personally ask, or is
12 there a questionnaire he would fill out when he first
13 started seeing maybe your nurse practitioner? Where
14 you -- there would've been some questions that asked,
15 "Do you have prior neck problems, or prior neck
16 injuries," or anything?

17 A. I mean, I will often ask if a patient's had a previous
18 surgery on their neck to know if we have to look for
19 any hardware or, you know, anything if we're going
20 forward with a surgery. But yeah, in the general
21 conversation we often ask, you know, if they've had
22 neck problems in the past? I don't have a form that
23 somebody fills out, though, that's going to ask every
24 single patient that same exact question.

25 Q. Okay. Prior to today then, I guess, were you aware

1 that Mr. Young had prior workers' compensation claims
2 and motor vehicle accidents where he was represented by
3 attorneys and received substantial settlements?

4 A. No.

5 Q. All right. I'm going to ask you about some that aren't
6 related to his neck and shoulder, then we'll hone in on
7 that. Were you aware of a case, a workers' comp.
8 claim, where he injured his ankle and received a
9 settlement for \$60,000 just prior to the workers' comp.
10 claim we're here about today?

11 A. No.

12 Q. Were you aware of a settlement involving a strain to, I
13 believe, his hip and some other body parts when he
14 worked for a company called Fitesa US, LLC? Where he
15 received a settlement of somewhere between \$10 and
16 \$15,000?

17 A. No.

18 Q. Okay. Were you aware of a personal automobile accident
19 in April of 2021 where he received -- injured his neck,
20 back, and other body parts and received a settlement
21 for somewhere between \$5 and \$20,000?

22 A. No.

23 Q. Okay. Were you aware of an accident in January of 2022
24 where he filed a claim for liability due to bodily
25 injury against PFG Incorporated?

1 A. No.

2 Q. Okay. All right. Most specifically, in April of 2021,
3 which would've been less than a year prior to the work
4 accident that brought us here today, he claims March
5 8th, of '22 -- 2022, he was injured at Confluence, the
6 people I represent. But you weren't aware of the April
7 2021 motor vehicle accident where he injured his neck?

8 A. Correct.

9 Q. Okay. And does that mean then, that you had not seen
10 medical records from physicians and chiropractic --
11 chiropractors related to that motor vehicle accident in
12 April of 2021?

13 A. Correct.

14 Q. If you did -- if you did have those medical records or
15 -- would they be in the file you have with you today,
16 or would they be somewhere else?

17 A. No. They would be in the electronic records somewhere.

18 Q. Okay. Prior to seeing Mr. Young when you first saw him
19 September 1st, 2022, did you know anything about his
20 history with regards to drugs or mental health issues?

21 A. No.

22 Q. All right. I just need to show you a few records
23 because I'm going to ask you about the relevance later.
24 But this is a -- this is in my pre-hearing brief and
25 for reference, APA page 343, and that's a medical

1 record of Mr. Young from Prisma Health dated May of
2 2016. Would you look over that top paragraph for me?
3 (Witness reviews document.)

4 A. Okay.

5 Q. Had you ever seen that record or ---

6 A. No.

7 Q. Had you ever known that he had had problems with
8 snorting and smoking crack and things like that in his
9 history?

10 A. No.

11 Q. I'm going to show you a record from July 7th, 2017, and
12 this is APA from my pre-hearing brief, pages 365 and
13 366. Would you look over those two pages for me?
14 (Witness reviews document.)

15 MR. STURKIE: Which record is that again?

16 MR. RENFROW: Prisma Health. APA 365, 6, 7.

17 MR. STURKIE: Can I have a look at that? It's not the
18 same one I got.

19 (Mr. Sturkie received document.)

20 Oh, I see.

21 Mr. RENFROW: Okay.

22 MR. STURKIE: The APAs you sent me have -- I got them
23 right here the most recent ones, but there's a number
24 difference. Just reference the dates for me.

25 MR. RENFROW: Okay.

1 Q. So not -- this is July 7th, 2017. Where you aware of
2 that history involving Mr. Young prior to today?

3 A. No.

4 Q. Okay. Now I'm going to show you a medical note from
5 April 3rd, 2021 from the same provider, Greenville (ph)
6 Memorial Hospital Emergency Department. I'm going to
7 show you these three. For this -- in this pre-hearing
8 brief, it's 393 through 410. It's for treatment from
9 April 3rd, 2021. Skim through those real quick.

10 (Witness reviews documents.)

11 Some of that's just ancillary stuff. I'm sure you had
12 it all.

13 (Witness continues to review documents.)

14 A. Okay.

15 Q. All right. So as we've already clarified today prior
16 to me showing you this, me asking you about it today,
17 you were not aware that he was involved in a motor
18 vehicle accident less than a year prior to the work
19 injury that brings us here today. Is that correct?

20 A. Correct.

21 Q. And after reviewing this record you saw that his -- he
22 was in a vehicle that was struck on the driver's side,
23 and he was complaining of left sided neck pain?

24 A. Yes.

25 Q. And having gone through these reports, did you also see

1 whether or not he had an MRI done or X-rays done
 2 following this incident?
 3 A. I did not appreciate the results of an MRI.
 4 Q. Okay. And I suggest, I didn't see one either.
 5 A. Okay.
 6 Q. So I'm not aware of one but ultimately, before he was
 7 discharged from the hospital on April 3rd, he was
 8 diagnosed with, in addition to other things, cervical
 9 strain, acute -- you saw that when you reviewed your
 10 records?
 11 A. Yes.
 12 Q. Okay. All right. Now, with regards to why we're here
 13 today, would the things you just reviewed, that I
 14 showed you about his pre-existing cervical spine injury
 15 in April of 2021, been something that was relevant to
 16 you as part of your treatment when determining what
 17 caused the ultimate -- ultimate problem? Or would this
 18 have had any significance with regards to not only your
 19 treatment of him, but the opinion you gave with regards
 20 to what caused the condition that you did surgery for?
 21 A. No, I don't think that would've affected my opinion or
 22 the treatment recommendations.
 23 Q. Okay. All right. So let's flip over to your note now.
 24 Your first note -- or I think he was first seen in your
 25 office by Allan Duncan. Is that correct?

1 A. That's possible.

2 Q. Back in March of '22?

3 A. I don't -- my -- I don't have that record that far
4 back.

5 Q. Okay. But your note start -- the notes you have in
6 front of you are the notes where you actually saw him.

7 A. Yes and back as well to July 12th, 2022 when Amy Hunt -
8 --

9 Q. Okay.

10 A. --- saw him.

11 Q. I'm going to show you his March 30th, 2022 note real
12 quick. And this is for the record, your APA pages 32
13 through 37.

14 (Witness reviews document.)

15 A. Okay.

16 Q. All right. Mr. Duncan, is he a nurse practitioner that
17 has worked in one of your offices in the past?

18 A. Yes.

19 Q. And was he under your supervision at the time back in
20 March of 2022?

21 A. No.

22 Q. Who would've -- would he have had a supervising [sic]
23 physician?

24 A. Of course.

25 Q. And who would that have been, if you remember?

1 A. I actually don't know who he's assigned to.

2 Q. Okay. But he saw Mr. Young and, at that time, Mr.

3 Young was complaining of right shoulder pain from a

4 work injury. Is that correct?

5 A. Yes.

6 Q. Okay. And Mr. Young told him he felt it pop (ph) at

7 work and had no prior shoulder problems, and that he

8 had a workers' comp. claim, and that claim was denied.

9 Is that what you recall ---

10 A. Yes.

11 Q. --- reviewing?

12 A. Yes.

13 Q. All right. It looks like Mr. Duncan initially thought

14 that there was some labral pathology.

15 A. Yes.

16 Q. And then, they ordered an MRI.

17 A. Yes.

18 Q. Is that correct?

19 A. That's correct.

20 Q. All right. And have you -- before today -- had any

21 reason to go back and look at the shoulder MRI that was

22 done?

23 A. I saw second hand through Amy Hunt's notes.

24 Q. Okay. And so, here is a summary of that. Well, here's

25 a better summary of that MRI that was done on April the

1 4th, of 2022 for the right shoulder. Just briefly look
2 at that.

3 (Witness reviews document.)

4 A. Okay.

5 Q. All right. Now, as part of your practice, do you treat
6 shoulders?

7 A. Not anymore than physical therapy and medication.

8 Q. Your specialty is the spine?

9 A. That's correct.

10 Q. Okay. Reviewing that MRI, I'm going to show you the
11 report from the next visit with Mr. Duncan where he
12 also reviewed the MRI which was dated April 20th, of
13 2022. I'm going to show you this real briefly. Look
14 through those two pages.

15 (Witness reviews documents.)

16 A. Okay.

17 Q. Okay. And I've given you a brief moment to review an
18 MRI report.

19 A. Yeah.

20 Q. The actual MRI and a summary of the nurse practitioner
21 who then reviewed that report a couple days later. And
22 in this report, it looks like Allan Duncan felt that
23 the pain was due to subacromial impingement. Is that
24 correct?

25 A. Correct.

1 Q. And what does that mean, in layperson terms?

2 A. It just means that the rotator cup basically presses up
3 during certain motions-up against the under surface of
4 the clavicle, and causes irritation of it.

5 Q. And one of the things that Mr. Duncan noted in his
6 report of April 20th was: he reviewed the MRI, shows
7 an "edema light marrow signal in this distal acromion,
8 and distal clavicle with trace fluid in the AC
9 interval." What does that mean?

10 A. It basically means there's arthritis of the
11 acromioclavicular joint.

12 Q. Was there anything in that note, or in your review of
13 that MRI -- very briefly, I might add -- that would
14 allow you to give an opinion on whether what was seen
15 in that shoulder that day, on that MRI, and the couple
16 days later when Duncan reviewed it, as to when the
17 problems that he noted, that arthritis as you
18 mentioned, began?

19 A. No.

20 Q. Okay. Is there any way to look at MRI that you saw or
21 this note to determine if the problems that were, in
22 fact, seen were related to an acute injury, or just a
23 chronic problem?

24 A. Not in my experience, but again that's not my
25 expertise.

1 Q. Okay. And it sounds like, from my understanding of
2 what you've told me, and what I've read from these
3 reports -- that when they did the shoulder MRI they
4 found arthritis?

5 A. That's right.

6 Q. Okay. And typically arthritis is a chronic condition?

7 A. That's right.

8 Q. Okay. Mr. Duncan saw Mr. Young again on June 1st,
9 2022. I'm going to show you his report real quickly.

10 A. Okay.

11 Q. He had had an injection. Is that right?

12 A. Yes.

13 Q. And he wasn't having great relief from the injection?

14 A. Correct.

15 Q. And according to this report, Duncan felt maybe we
16 ought to look at the neck?

17 A. Correct.

18 Q. Okay. Let's see. Sometime thereafter, Mr. Young's
19 attorney -- is a very good attorney -- sent a
20 questionnaire to Mr. Duncan, and Mr. Duncan filled out
21 that questionnaire. Have you ever seen that before?

22 A. I've seen a similar questionnaire but not this one.

23 Q. Right. And were you aware that, back on June 14th of
24 2022, Mr. Duncan signed a questionnaire, causally
25 relating the shoulder arthritis to a work injury on

1 March 8th, of 2022?

2 A. I mean, no. I was not aware he filled out this
3 document, but I would correct saying that he said that
4 Mr. Young's right shoulder's symptoms, not necessarily
5 the arthritis.

6 Q. Did you ever -- before you saw Mr. Young, did you ever
7 discuss this opinion or part of the medical records
8 with Mr. Duncan?

9 A. No.

10 Q. Okay. All right. He was seen again by Mr. Duncan on
11 June 29th, of 2022. I'll show you this report very
12 briefly.

13 (Witness reviews document.)

14 A. Okay.

15 Q. Okay. At that point a lot of the pain, or all of the
16 pain -- majority of the pain that Mr. Young was having
17 was over the AC joint. Is that what you read?

18 A. Well, it sounds like they were thinking about cervical
19 radiculopathy at that point as well, because he's
20 having the tingling in his hand.

21 Q. Okay. All right. And then, July -- I think it was
22 July 19th, of 2022, -- let me flip over to the MRI--
23 Mr. Young underwent an MRI of the cervical spine?

24 A. Yes.

25 Q. Do you have a copy of that in your report?

1 A. I do.

2 Q. All right. Walk me through this MRI real quickly. I
3 don't want to spend too much time on it, but starting
4 with the "Findings" section. Let's go through sentence
5 by sentence. There's evidence of marrow reconversion.
6 Is that what yours says?

7 A. Yes.

8 Q. What does that mean?

9 A. It's just the signal pattern within the inside of the
10 bone. And it's indicative of, you know, the bone
11 making blood, basically. You know, where blood cells
12 are created, so it has nothing to do with the spinal
13 cord or anything like that.

14 Q. So nothing about marrow reconversion has anything to
15 do, in your opinion, with regards to an injury or the -
16 --

17 A. No.

18 Q. --- workers' comp. claim we're here about today?

19 A. Absolutely not.

20 Q. All right. Let's move on.

21 A. That's not even a problem, it's an incidental finding.

22 Q. Okay. Then, the next statement says, "Degenerative
23 disc disease was present in C2, C3." Is that correct?

24 A. Uh-huh. All the way through C6, C7.

25 Q. Okay. And he had the same thing all the way through.

1 All right. And then, there's also mention of an
2 annular fissure at C5, C6. What is that?

3 A. I mean, that to me, that has great importance. Annular
4 fissure is basically where the outer lining of the disc
5 is torn. And they will present on these MRIs like a
6 tear for maybe six months, eight months after an
7 injury, and then they disappear. So the annular
8 fissure to me, suggests the findings on the MRI were
9 relatively recent.

10 Q. Okay. What about -- let's -- let's go back to the
11 first thing you mentioned, the degenerative disc
12 disease through C2, C3. Is there anything you can see
13 on that MRI, or the reports that you reviewed to
14 suggest -- or that could explain to a commissioner or
15 to me -- to explain to my client that those problems,
16 the degenerative disc signals that were present, were
17 related to a car accident from April of 2021?

18 A. No.

19 Q. Is there anything about that, that you can point to --
20 that would show that those problems were caused or
21 aggravated by a work injury involving lifting a boat in
22 March of 2022?

23 A. Well, that -- when you're talking about the
24 degenerative disc's signal, no. When you're talking
25 about the annular fissure, yes.

- 1 Q. Okay. So let's move on that one; let's move that next.
- 2 So the annular fissure, is there -- your testimony, I
- 3 believe, is that presence of an annular fissure shows
- 4 that there's something that's happened relatively
- 5 recent to that area of the spine?
- 6 A. Correct.
- 7 Q. Okay. Is there anything you can point to, in your
- 8 review of the MRI or this report, to show that that
- 9 annular fissure was caused or aggravated by a car
- 10 accident in April of 2021, which would've been what?
- 11 Just over, a little over a year prior to this MRI?
- 12 A. No.
- 13 Q. Is there anything that you can point to, that you see
- 14 in your review, that would suggest that the annular
- 15 fissure was related to a -- the alleged work injury of
- 16 March 2022?
- 17 A. It puts it within the window of reasonable probability
- 18 that it did have something to do with an injury withing
- 19 that time period.
- 20 Q. Okay. And are you telling me that the annular fissure
- 21 is outside of the window of relation to the motor
- 22 vehicle accident?
- 23 A. Yes.
- 24 Q. A year and two months is too long?
- 25 A. Yes.

1 Q. But eight months is not, or four months is not?

2 A. I think it's in on the tail end of being visible. I
3 mean, like I said, usually within six months, they're
4 dissipating.

5 Q. Okay. All right. So you then saw Mr. Young September
6 1st, and you recommended some steroid injections, and
7 EMG and nerve conduction studies. Is that right?

8 A. Yes.

9 Q. Also noted in your September 1st note, you referenced a
10 couple of large disc herniations?

11 A. Yes.

12 Q. Which -- and I'm not great at reviewing the reports,
13 but, which disc had large herniations, and why was that
14 not specifically the wording of the report?

15 A. My interpretation of the MRI images -- maybe in my mind
16 -- is [sic] a little more detailed than what the
17 radiologist has put on the papers here. And in fact,
18 you can see what the radiologist has done an addendum
19 in December of 2022 at the very top of at least my
20 report. And so, the levels you asked about involved
21 were C5, C6, and C7, where there were large herniations
22 resulting in pressure on the spinal cord.

23 Q. And in this report of September 1st, 2022, do you talk
24 about the annular fissure and how that is impacting
25 things? Or do you refer to it differently somewhere

1 than that specific language?

2 A. Yeah, I don't talk about it in that specific language,
3 but I'm looking at the MRI in front of me, and I see it
4 and I can tell you that right now. The annular fissure
5 is there.

6 Q. Okay. So on the assessment plan of that initial report
7 on page 145, -- I think, of your pre-hearing brief, or
8 maybe is my pre-hearing brief, I'm sorry -- your
9 assessment was that the physical exam presented a
10 little bit of a diagnostic dilemma?

11 A. Uh-huh.

12 Q. Okay. Explain that to me.

13 A. It basically means that his symptoms were on the right
14 side, the bulk of the compression -- neural compression
15 was on the left side on his MRI, which is a conundrum
16 sometimes. But it's easily explainable, and I think
17 you want me to explain it.

18 Q. Can you explain briefly for a dumb guy like me?
19 (Mr. Renfrow and witness laugh.)

20 A. Well, so the spinal cord hangs out of the brain, and
21 it's the main structure of the central nervous there.
22 And then, the nerve roots come off of the spinal cord.
23 Usually, disc herniations are pressing on one of the
24 roots coming off the side of the spinal cord, and that
25 causes same sided symptoms. His herniation was

1 pressing not on the root coming off, but on the spinal
2 cord itself, on the main highway. And in the spinal
3 cord itself, there are fibers that cross left or right,
4 decussating fibers, and so it can cause symptoms on
5 either side. And it was interesting that his symptoms
6 were predominantly on the right, and really relatively
7 absent on the left. So that's what I mean by a
8 diagnostic dilemma.

9 Q. Okay. So now that we know that he had this motor
10 vehicle accident April of 2021 and was hit on the left
11 side, would that clarify anything with regards to that?
12 Or could that be the reason that the problems were on
13 the left side, but his pain was on the right?

14 A. No.

15 Q. Explain why not, just so I understand it.

16 A. If a patient was hit on the left side, that really has
17 no bearing ---

18 Q. Okay.

19 A. --- on what side something is going to hurt in the
20 neck, or what side a disc is going to herniate ---

21 Q. Okay.

22 A. --- in the neck.

23 Q. Got you. So it's not so much where -- which side of
24 the body the impact came to? That would have no impact
25 on ---

1 A. Right.

2 Q. Okay. So you go on to say in this note, "He has
3 intrinsic weakness, and that makes it difficult to
4 confirm whether the cervical findings are incidental or
5 the etiology of the symptoms." Explain that to us.

6 A. Well, I'm saying he does not have an intrinsic
7 weakness.

8 Q. Or nor does he have -- okay.

9 A. Yeah. Yeah.

10 Q. Okay. And so explain why that would make it difficult
11 to confirm the etiology?

12 A. So I'm basically saying that I've examined him, and I'm
13 looking for things to confirm that the findings on the
14 neck MRI are the sole source of his symptoms. And it's
15 in my exam, at this point, is hard to refute -- or it's
16 hard to confirm -- whether it is or it's not
17 definitely.

18 Q. Okay.

19 A. So I'm looking for spasticity, I'm looking for specific
20 weakness in the fingers and hands that can be
21 specifically traced back to the neck. And at this
22 point in time, I'm not able to say for certain. Thus,
23 I thought an EMG would be helpful.

24 Q. Okay. So you ordered -- you ordered that that day?

25 A. Yeah.

1 Q. And then, the next time you saw him, what was that day?
2 Was it October 20th?

3 A. Yes.

4 Q. Okay. And when you saw him on October 20th, he
5 informed you he had gotten a new job that was not as
6 physical, and he was doing better with it. Is that
7 correct?

8 A. Yes.

9 Q. All right. And in this note, did you discuss the
10 findings on the EMG and nerve conduction studies?

11 A. I believe I did. Yes.

12 Q. And what was your finding from those EMG and nerve
13 conduction studies?

14 A. It was suggestive of a very right-sided C7
15 radiculopathy and a mild carpal tunnel syndrome.

16 Q. Okay. All right. Anything specifically about the EMG
17 and nerve conduction study that would tell you or give
18 you some insight as to whether his condition was
19 related to the March lifting of a boat, versus the car
20 accident in April of 2021, or anything else?

21 A. I think that the EMG confirms that it's a cervical
22 spine origin problem. And of course, we have the MRI
23 showing the acute to sub-acute pathology, so yes. It
24 all correlates.

25 Q. Okay. All right. And then, on January 24th, of 2023,

1 you signed a questionnaire that looks almost identical
2 to the one Allan Duncan signed, except this one
3 involved the cervical spine. Is that correct?

4 A. Correct.

5 Q. And did you prepare this, or was this sent you by the
6 attorney?

7 A. It was sent to me by the attorney.

8 Q. Okay. You then saw him October 20th, of 2022. Is that
9 correct?

10 A. I think that's what we just discussed.

11 Q. Can I see that report? I don't have that one.
12 (Mr. Renfrow reviews document.)

13 Anything new from -- about -- as a result of that
14 October visit?

15 A. Well, that's the one where we reviewed the EMG results,
16 and it correlated well.

17 Q. I'm sorry; we just went over that one. I meant
18 December 15th, 2022?

19 A. Oh, okay.

20 Q. So the next one.

21 A. Yeah. I mean, he described recurring headaches that I
22 don't believe I had reported before.

23 Q. Can I see that note?

24 A. It also looks like that was the day I first discussed
25 or discussed it certainly -- that he would need

1 surgery.

2 Q. So is that correct?

3 A. We discussed it in the October note as well so...

4 Q. And then, you did surgery February 28th, 2023?

5 A. Correct.

6 Q. Do you have that surgical note with you?

7 A. Yes.

8 Q. Can I see that when you're done reviewing it?

9 A. Okay.

10 (Mr. Renfrow reviews document.)

11 Q. And I'm maybe mixing up the dates. This said surgery
12 was done April 11th, 2023, not February. Am I looking
13 at that right?

14 A. Oh, yeah. There are two dates on here. Yeah,
15 should've -- April 11th, 2023.

16 Q. Okay. And you did a surgical fusion. Correct?

17 A. Yes.

18 Q. And based on reviewing this report and having seeing
19 him several times since, did the surgery go according
20 to planning?

21 A. It did.

22 Q. All right. And then, you saw him May 4th, was that the
23 first time after surgery?

24 A. Yes.

25 Q. Can I see that report after you review it? Was there

1 initially improvement following this surgery?

2 A. Yes.

3 Q. Okay. Rather than hand me all the reports, you saw him
4 then again -- I guess -- July 20th, of 2023?

5 A. That's right.

6 Q. Was there anything -- any new findings in July of 2023
7 that he was not doing well, or was doing well?

8 A. Seemed liked he was doing well. Yes, everything was in
9 favor of a successful surgery and recovery.

10 Q. Excellent. And have you seen him since July 20th,
11 2023?

12 A. Not until today.

13 Q. All right. And did you see him today as a patient or
14 is he ---

15 A. No.

16 Q. So when you these types of procedures, when do you
17 normally find in -- I know it varies -- but when would
18 you anticipate if things keep progressing that it would
19 get maximum medical improvement?

20 A. For this surgery, usually about six months post op.

21 Q. Okay. And I'm not going to ask you to pull out the AMA
22 guidelines and that kind of thing, but do you know,
23 just from your ears of experience, what you typically
24 would provide rating wise for a gentleman like this
25 who's gone through this procedure?

1 A. I -- I don't want to throw out a number ---
2 Q. Okay.
3 A. --- that's inaccurate.
4 Q. But when you get to the point of finding him, that is
5 something you will provide?
6 A. Yes.
7 Q. If I asked?
8 A. Uh-huh.
9 Q. Okay. Is that standard, or do you have to have it be
10 asked for rating?
11 A. I usually don't assign it unless I'm asked.
12 Q. Okay. And is there any indication, in your last two
13 notes, of any problems that are new or that have arisen
14 that you've discovered since surgery?
15 A. No.
16 Q. Okay. The records I showed you early on with regards
17 to drug use and things like that that apparently are
18 part of his past, but he's been able to overcome -- is
19 there anything about the use of those specific drugs
20 that I showed you, or any drugs that you can think of,
21 that would cause the kind of problems he's had in his
22 cervical spine?
23 A. No.
24 Q. Okay. All right. I think I'm about done. Just for
25 the record, and so if we do have to go to a hearing on

1 this, I can let the commission know that I asked. I'm
2 going to show you a stack of medical records, but I
3 don't necessarily need for you to spend more time on
4 them. I just want to be able to say I showed you this
5 stack of records. So this is a stack of records from
6 Live Well Chiropractic, and the records are from
7 treatment from October of 2019 through July of 2021.
8 And the last half of those records are treatment
9 related to the motor vehicle accident that I've already
10 asked you extensively about today. Have you ever seen
11 those records before today?

12 A. No.

13 Q. Is there anything in those records that you believe
14 would help you give an opinion on causation with
15 regards to Mr. Young's current cervical condition. And
16 how that, perhaps, might impact your opinion on whether
17 it's related to a motor vehicle accident from April of
18 '21, or a work injury of March 2022? Or have you
19 covered that already today?

20 A. I suspect I've covered that already today. A lot of
21 these -- a lot of these objective findings and stuff
22 are really kind of spoken in a different language than
23 what we would speak.

24 Q. Sure.

25 A. And I don't know that I would necessarily correlate

1 them, so... It's a pretty big stack, unless there is
2 an old MRI ---

3 Q. Let's do this, let's look at -- let's look at four
4 documents. Flip over to page 451, bottom right hand
5 corner. Is there anything on that note that would
6 suggest anything different with regards to your
7 opinion, and the annular tear, and degenerative disc
8 disease?

9 A. No.

10 Q. Okay. And then, flip over to 465 and 467. I believe
11 we're about done. What is the date of the report on
12 page 465?

13 A. April 13th, 2021.

14 Q. Anything in that report that would impact your
15 testimony here today?

16 A. No.

17 Q. Same, but flip over to 467. That will be the last one.

18 A. No.

19 Q. Okay. All right. I think that's good. So, as we sit
20 here to talk today, it is your opinion -- it is still
21 your opinion that Mr. Young's current condition is --
22 with regards to his cervical spine, was causally
23 related to a work accident at Confluence Motor Sport or
24 Confluence -- let me read that right -- Confluence
25 Outdoor, LLC?

1 A. If that's where he was working on the date of the
2 alleged accident. Yes.

3 Q. Okay.

4 A. Yes.

5 Q. Would it -- lifting a boat be something that could
6 cause the kind of problems you saw in that MRI?

7 A. Yes.

8 Q. And I'm -- when we talk about boats, we're not talking
9 about motor boats, we're talking about kayaks.

10 A. Yes.

11 Mr. RENFROW: Okay. All right. I don't think I have
12 any other questions.

13 DR. VANPELT: Okay.

14 MR. STURKIE: I don't have any other questions.

15 (THERE BEING NO FURTHER QUESTIONS, THIS DEPOSITION CONCLUDED
16 AT 4:13 p.m.)

17 MR. RENFROW: ORIGINAL AND E-TRANS.

18 MR. STURKIE: I DON'T NEED A COPY AT THIS TIME.

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CERTIFICATE OF REPORTER

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I, Keren Puente Cruz, a Notary Public in and for the State of South Carolina, do hereby certify that the foregoing deposition was taken before me on the date and at the time and location stated on page 1 of this transcript.

That the deponent was duly sworn to testify to the truth, the whole truth, and nothing but the truth.

That I am not related to nor the employee of any of the parties hereto, nor related to or employed by any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action.

Keren Puente Cruz

Keren Puente Cruz, Reporter

Notary Public for S.C.

Commission Expires: 1/17/2033

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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 2202565

RUSTY LEE YOUNG,)
Employee/Claimant,)
versus)
)
CONFLUENCE OUTDOOR, LLC, GREAT)
AMERICAN ALLIANCE INSURANCE,)
Employer/Carrier.)

D E P O S I T I O N

WITNESS: WALTER GRADY, MD
DATE: JANUARY 31, 2024
TIME: 3:53 PM
LOCATION: MEDICAL GROUP OF THE CAROLINAS
480 FLOYD ROAD
SPARTANBURG, SOUTH CAROLINA
REPORTED BY: MARLA J. OBRIEN, CVR-M, ACR

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Page 4 1 STIPULATIONS: 2 It is agreed by and between the Counsel for the parties as 3 follows: 4 1. That this deposition is being taken pursuant to all 5 applicable rules of the South Carolina Workers' 6 Compensation Commission; 7 2. That the deponent waives the right to read and sign the 8 deposition transcript. 9 ***** 10 WALTER GRADY, MD, first being duly sworn, was examined and 11 testified as follows: 12 ***** 13 EXAMINATION BY MR. RENFROW: 14 Q. All right, Dr. Grady. Again, my name is Ben Renfrow, 15 and I'm the attorney for Confluence Outdoor, LLC and 16 their Workers' Comp insurance carrier. I didn't think 17 we had met before, but I think I have taken your 18 deposition one other time in a case -- 19 A. Oh, okay. 20 Q. -- by Zoom, maybe a couple years ago. But wanted to 21 take your deposition regarding a gentleman by the name 22 of Rusty Young. 23 A. Yes. 24 Q. Do you have his file materials with you today? 25 A. Yes, I do.	Page 5 1 Q. And is that everything you would have or have ever had 2 with regards to his case in that stack of papers you 3 have in front of you? 4 A. Yes, I believe so. 5 Q. Some of the doctors I've deposed lately have gone to a 6 more computer-based system. I don't like computers. 7 So is that -- that's his file? 8 A. Yeah, this is his file. 9 Q. Okay. So if we need something, it'll be in there if it 10 ever existed. 11 If you don't mind, just real quickly, could you 12 just give me a quick background, where you went to 13 undergrad, medical school, and did your residency and 14 all that. 15 A. Yes. Undergraduate school at Florida A&M University, 16 graduated 1971. Went into medical school, Michigan 17 State University in 1975. Graduated Michigan State, 18 fulfilled my public health service obligation back as a 19 primary care doctor, in which I got board certified. 20 And I did that until I got accepted into the 21 United States Air Force in 1986, and was in there for 22 two years before they approved me for a civilian 23 sponsor, orthopedic surgery residency, which I did in 24 Pennsylvania. And as a part of my training in 25 Pennsylvania, the military ended up sending me to the

1 University of Miami for trauma. And I ended up
 2 graduating that program and went to a hand surgery
 3 fellowship program at the University of Louisville in
 4 1993. And I left -- in 1992, I'm sorry -- and left
 5 there in '93, active duty Air Force, back in the
 6 military, attending physician at Eglin Air Force Base.
 7 And I was there until 1998, for the last three years as
 8 chief of orthopedics at Eglin Air Force Base in
 9 Florida.

10 Came here in 1998 and I was part of a private
 11 practice in the Upstate until 200-, I believe, '3.
 12 And went to work for Mary Black for two years, and from
 13 there opened my own practice. And from there, Regional
 14 took us over about 12 years ago, and I've been working
 15 for Spartanburg Regional as an orthopedic surgeon and
 16 also subspecialty hand surgeon.

17 Q. Excellent. Okay. So the practice that you owned that,
 18 I guess, Mary Black -- or Spartanburg Regional took
 19 over, what was the name of that practice?

20 A. Grady Orthopaedics.

21 Q. Okay. So now, as we sit here today, I'm looking at
 22 medical records with your name on them that say Medical
 23 Group of the Carolinas. Is that Spartanburg Regional?

24 A. That's correct.

25 Q. Okay. Excellent. So you have medical training in

1 Q. Okay.

2 A. -- as a caregiver.

3 Q. So as we sit here today, you don't do any surgery at
 4 this time?

5 A. That's correct, in the last couple years.

6 Q. Do you still see patients for things other than
 7 independent medical examinations for a lawyer?

8 A. Absolutely.

9 Q. Okay. And so how much of that practice, then, is
 10 treatment for hands versus other orthopedic-type
 11 injuries?

12 A. The exact number, I can't give you. I can tell you
 13 that probably this week, I've probably done of or two.

14 Q. One or two?

15 A. IME's.

16 Q. Okay.

17 A. And that's about it. I don't do a whole, big volume.

18 Q. Okay. But what I'm getting at, before we get into the
 19 IME's, is, more specifically, is so you've got hands,
 20 which you've got a specialty in, and then you've got
 21 other orthopedic things, I'm assuming, that you've
 22 treated over the years.

23 A. Right.

24 Q. What part of your practice now treats things other
 25 than hands?

1 internal medicine --

2 A. Family medicine.

3 Q. -- oh, family medicine, orthopedics, and hand surgery?

4 A. That's right.

5 Q. Excellent. Are you board certified, as we sit here
 6 today?

7 A. Yes.

8 Q. And what are you board certified in?

9 A. Board certified in orthopedic surgery and family
 10 medicine.

11 Q. If you had to sort of look at your practice in a
 12 bucket, how much of it is hand-specific to other
 13 orthopedic issues?

14 A. I have to back up just a little bit for you.

15 Q. Okay.

16 A. And that is as of two years ago, I was offered the
 17 opportunity to basically downgrade into seeing patients
 18 in the office so I could get home to Annie --

19 Q. Okay.

20 A. -- and help care for her. We've been married 52 years.
 21 So --

22 Q. Okay.

23 A. -- I can get home from here and care for her. If I was
 24 in the OR or I got called in, I wouldn't be able to do
 25 it --

1 A. That's a great question. What I have done, since I'm
 2 just in the office only, I see everything.

3 Q. Okay.

4 A. I see all comers.

5 Q. Everything. And is it all orthopedic-specific?

6 A. Yes.

7 Q. Okay. And so you treat feet, you treat hands, you
 8 treat backs --

9 A. Yes.

10 Q. -- and you treat knees and everything else?

11 A. Yes, sir.

12 Q. Okay. And do you do any family medicine at this point?

13 A. No, sir.

14 Q. Okay. All right. So you said this week you've done at
 15 least two IME's?

16 A. I believe one or two. I think one canceled.

17 Q. Okay. In your practice -- and let's just take a
 18 snapshot over the last year -- how many IME's do you
 19 think you've done on average in the last year?

20 A. I'm afraid to tell you. I can't give you an accurate
 21 answer.

22 Q. I mean, do you think it's more than -- if there's 52
 23 weeks in a year, you think it's more than 100?

24 A. I don't know the exact number.

25 Q. Okay. Fair enough. All right. This case was referred

1 to you by an attorney by the name of Jason Sturkie. Is
 2 that your understanding?
 3 A. Yes.
 4 Q. Okay. And he is with McCravy, Newlon, Sturkie and
 5 Clardy Law Firm. He is no longer the attorney in the
 6 case, and Mr. Shull has taken over. In your file
 7 there, do you have any correspondence, emails, letters,
 8 anything from Mr. Sturkie's law firm or Mr. Shull's law
 9 firm?
 10 A. I am trying to find the one letter. Here it is. This
 11 is a letter from the legal assistant, looks like Monay
 12 C. Hernandez.
 13 Q. Okay.
 14 A. And I have included a copy of Mr. Young's medical
 15 record for the upcoming IME scheduled on Friday,
 16 November 17th, 2023 at 10:15 AM with Dr. Grady. We
 17 have previously mailed a check in the amount of \$1,050.
 18 Please review this and verify that the details are
 19 accurate. If you have any questions, please free [sic]
 20 to contact me, 864-396-2295.
 21 A caption on that, I don't see the checks. I
 22 don't even care, because they go to the hospital.
 23 Q. Okay. Can I see that letter that you just read?
 24 All right. So this came back on November 8th of
 25 2023. This would have been about nine days prior to

1 reviewed prior to doing the IME of Mr. Young.
 2 A. Yes.
 3 Q. Is that correct?
 4 A. That's correct.
 5 Q. Okay. All right. And the 1,050 that was sent to you
 6 -- let's take a quick break.
 7 (OFF THE RECORD)
 8 (Rusty Young enters)
 9 EXAMINATION RESUMED BY MR. RENFROW:
 10 Q. All right, Dr. Grady. So in looking at this letter
 11 from November 8th, 2023, it references a check for
 12 \$1,050. Is that what your general IME fee is?
 13 A. No. Obviously, if there is an IME that has five or six
 14 systems, it costs more.
 15 Q. Okay.
 16 A. And I can't give you exact number. The girls, they
 17 take care of it.
 18 Q. So just practically speaking, you believe that some
 19 correspondence had had to been had between Mr.
 20 Sturkie's office and your office to set this up and for
 21 them to say, all right, how many body parts are we
 22 talking about so they would know how much to write this
 23 check for?
 24 A. Yes, sir.
 25 Q. All right. And looking at this letter, there's some

1 you seeing Mr. Young? Is that right?
 2 A. Yes.
 3 Q. Okay. And it references medical records. Was there a
 4 index of the medical records that were sent to you? Or
 5 is that --
 6 A. All that I have and can comment on are the medical
 7 records that I have here.
 8 Q. Sure. But was there an index with it, or just a stack
 9 of medical?
 10 A. That's a good question. For fear of misleading you, I
 11 can't remember.
 12 Q. But you don't see --
 13 A. All I can say --
 14 Q. -- an index there that tells you how many pages from
 15 different doctors you've got there?
 16 A. No.
 17 Q. Okay. And was there any deposition transcripts from
 18 any other doctors or from Mr. Young that was sent with
 19 this letter?
 20 A. That question, I can't answer. All I can testify to is
 21 this, what I have here.
 22 Q. Okay. What you can testify to, though, is that, if we
 23 go through every piece of paper you have in front of
 24 you there that you call your file, that that would be
 25 everything that was sent to you and everything you

1 handwriting on here that says right shoulder and
 2 cervical spine. Is that your handwriting?
 3 A. That is not my specific handwriting.
 4 Q. Okay. So is it fair to assume, though -- or maybe not
 5 fair to assume, that the thousand, fifty would have
 6 been the cost for someone that you were doing an IME
 7 for for these two body parts?
 8 A. Yes, sir.
 9 Q. Okay. All right. Thank you for that. And we may go
 10 through that file a little more in detail in a little
 11 bit.
 12 Before I dive into the substance of Mr. Young's
 13 case, I want to ask you something, generally, that I
 14 just learned about in this case and some other cases.
 15 But have you, in your time as an orthopedist,
 16 orthopedic surgeon, treated annular fissures?
 17 A. When you say annular fissure, that's the annulus of the
 18 disc in terms of the containment factor of the disc
 19 between the vertebrae.
 20 Q. Okay.
 21 A. I have not treated that. I send that out to the
 22 neurosurgeons --
 23 Q. Okay.
 24 A. -- or the orthopedic spine surgeons.
 25 Q. All right. And I wanted to read you something that I

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1 pulled off the internet, which has always got the 2 answers, I guess. 3 One of the first things that popped up when I 4 typed in "how long will an annular fissure show up on 5 an MRI," I found this. And I'm just going to ask you 6 some specific questions. Would you agree that an 7 annular fissure is characterized by a region of high T2 8 signal in the otherwise low-signal annulus? 9 A. To answer that, I can't say always, because there are 10 some variants on the MRIs. I would say that in this 11 case, I didn't have an MRI to review. So all I have is 12 the report. So my thing is, if there's an annular 13 fissure, yes, that's important, but what's more 14 important is is there a herniated disc -- 15 Q. Right. 16 A. -- or are there osteophytes that can be indenting -- 17 Q. Right. 18 A. -- the spinal cord. And when I combine all those 19 things together, that's when I say, well, I believe 20 this is significant impingement, I think we need to 21 send that to the spine surgeon -- 22 Q. Okay. 23 A. -- or the neurosurgeon. But just for a pure annular 24 fissure, to me, it's not quite as emergent unless 25 there's disc material coming out.	1 Q. Okay. And I'm not asking you yet specifically about 2 Mr. Young's case, I'm asking more in general terms. 3 But in terms of an MRI, if you have an MRI image or 4 report in front of you that shows the presence of a 5 annular fissure, do you have an opinion, as a board- 6 certified orthopedic surgeon, as to how long an annular 7 fissure can actually show up on MRI imaging? 8 A. My professional medical opinion is that I do not 9 believe that that is always an acute problem. 10 Q. Right. 11 A. It can be something that's been there -- 12 Q. And the reason I ask that -- 13 A. -- an aggravation. 14 Q. -- this particular article from one of the many things 15 that show up on the internet says annular fissures can 16 remain present for many years -- 17 A. Yeah. 18 Q. -- on follow-up imaging. Is that your opinion, too? 19 A. Yes. 20 Q. Okay. All right. Okay. Let's talk a little bit about 21 Mr. Young. In the information you have about Mr. 22 Young, were you sent medical records regarding a -- let 23 me find it. Give me one second, let me find it. I 24 laid everything out nice and neat, and then I mixed it 25 up. There it is. All right.
Page 16	Page 17
1 Were you sent information about a injury that Mr. 2 Young had in 2000 relating to some motor vehicle 3 accident where he injured, among other things, his 4 knee, one or more of his knees? 5 A. Basically, the only thing that I can, again, testify to 6 is this. 7 Q. Okay. 8 A. I don't have anything like that in here. 9 Q. All right. Were you sent any medical records regarding 10 an automobile accident in April of 2021, which would 11 have been -- let's see -- a little less than a year 12 prior to the Workers' Comp claim where Mr. Young had a 13 car accident, injured his neck, back, hip, foot, and 14 his left leg? 15 A. Again, the only thing I can testify to is what I have 16 in front of me. If that did come in, we destroy 17 records right afterward. 18 Q. So as you look at the file that you do have in front of 19 you there, do you see anything in there that has 20 records or information about a settlement related to a 21 car accident just 10, 11 months prior to the alleged 22 work injury we're here about today? 23 A. I do not believe so, from what I've reviewed. 24 Q. Okay. And if you did, you would have probably 25 referenced pre-existing medical records and relevant	1 problems in your report -- 2 A. Yes. 3 Q. -- Doctor? Okay. All right. Would that answer be 4 consistent, also, with a claim that was made against 5 Performance Food Group for some type of bodily injury 6 in January of 2022? Did you have anything that you can 7 point to that you remember about any claims or problems 8 or medical injuries or conditions from January of '22, 9 just a month or two prior to his alleged work injury 10 that brings us here today? 11 A. Not to my knowledge, from what I have reviewed -- 12 Q. Okay. 13 A. -- in this records. 14 Q. All right. I'm going to show you a record here from 15 back in May of 2016 from Prisma Health over in 16 Greenville regarding treatment that Mr. Young had. And 17 this, for the record, is APA page 343. I'm going to 18 show you this. 19 MR. SHULL: 20 Your APA's, I assume? 21 MR. RENFROW: 22 My APA's, yeah. 23 EXAMINATION RESUMED BY MR. RENFROW: 24 Q. Look at this record. If you don't mind, just read the 25 top summary there and let me know if you've ever seen

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1 this before. It's 343. 2 MR. SHULL: 3 Can we go off real quick? 4 (OFF THE RECORD) 5 EXAMINATION RESUMED BY MR. RENFROW: 6 Q. Have you ever seen that before? 7 A. No, sir. 8 Q. Okay. 9 MR. RENFROW: 10 Then Wes, you may want to look at them. 11 EXAMINATION RESUMED BY MR. RENFROW: 12 Q. And so, back in -- again, this is a good time ago, but 13 back in May of 2016, prior to me showing you this 14 today, were you aware that Mr. Young had had some 15 problems with substance abuse and snorting and smoking 16 crack? 17 A. No, sir. 18 Q. Okay. Now I'm going to show you some more medical 19 records. This is from July of 2017, the medical 20 records at the emergency department at Greenville 21 Memorial Hospital. 22 MR. RENFROW: 23 Which is my APA page 366, Wes. 24 EXAMINATION RESUMED BY MR. RENFROW: 25 Q. I want to show you this record.	1 MR. RENFROW: 2 Wes, you can look on with him if you like. 3 MR. SHULL: 4 I've seen these records, they're just not -- I just 5 don't know the numbers of them. But I've seen all 6 this. 7 I'm good if you're good. 8 EXAMINATION RESUMED BY MR. RENFROW: 9 Q. Have you ever seen any of that substance before -- 10 A. No, sir. 11 Q. -- with regards to some of his psychological diagnosis 12 and some of the -- 13 A. No. 14 Q. -- physical altercations that had gone on at that time 15 frame? 16 A. No. 17 Q. Okay. All right. The next record I'm going to show 18 you is APA page 393 from April of 2021. And the reason 19 I want to make sure we're clear on the dates, we're 20 here today because Mr. Young claims he was injured on 21 March 8th of 2022 while working for Confluence Outdoor, 22 who I represent. Okay? So with that sort of reference 23 in mind, this would have been April 3rd of 2021 when he 24 presented to Greenville Memorial Hospital emergency 25 department following a motor vehicle accident. This is
Page 20	Page 21
1 APA page 393, for the record. 2 Have you ever seen these records before, Doctor? 3 A. No. 4 Q. Were you aware that he had been involved in a motor 5 vehicle accident -- 6 A. No. 7 Q. -- in April of 2021, just 11 months or so prior to his 8 alleged work injury? 9 A. No. 10 Q. Okay. And were you aware that following that accident, 11 he was complaining of, at a minimum, left-sided neck 12 pain? 13 A. No. 14 Q. All right. And were you aware, then, obviously, that 15 he was diagnosed with cervical strain, an acute 16 cervical strain, following that accident and discharged 17 from the hospital? 18 A. No. 19 Q. Okay. All right. So in light of that, have you ever 20 seen -- let's flip over to... 21 MR. SHULL: 22 What APA number is it, Ben? Is that Live Well? 23 MR. RENFROW: 24 This is Live Well I'm going to next, yes. 25 MR. SHULL:	1 Okay. 2 EXAMINATION RESUMED BY MR. RENFROW: 3 Q. So it's Tab 12. Were you aware that following that 4 motor vehicle accident, that Mr. Young treated pretty 5 extensively at Live Well Chiropractic for quite some 6 time? 7 A. No. 8 Q. I wanted to show you those records. This is APA pages 9 441, 2, and 3. All right. So prior to today, then, 10 you weren't aware that he was seeing this chiropractor 11 following that car accident for tightness and problems 12 in his cervical spine? 13 A. No, sir. 14 Q. All right. Now, Doc, given that fact and the fact that 15 you weren't aware of that motor vehicle accident, is it 16 fair to say, then, you never reviewed any MRIs from a 17 motor vehicle accident back in 2021 when you saw him? 18 A. That's correct. 19 Q. Okay. In fact, I'll tell you, we've searched high and 20 low; I don't think an MRI was ever done back in 2021, 21 which would be why you didn't, I guess, review it, or 22 couldn't review it if we wanted you to. All right, 23 moving along. We're almost done here with this. 24 All right. So in March of 2022, Mr. Young, I 25 guess was sent by his attorney or went on his own

1 accord, because this has been and always been a denied
 2 claim -- to see someone at Piedmont Orthopaedics with
 3 St. Francis. And on March 30th of 2022, which is my
 4 APA page 32, he first saw, on this visit, saw a nurse
 5 practitioner by the name of Alan Duncan. Can you look
 6 at that real quickly and cross-reference it with what
 7 you have to tell me if you had that actual report?
 8 A. Yes.
 9 Q. Okay. So you have that report in the file in front of
 10 you there?
 11 A. Yes.
 12 Q. So then, you were aware that he was seeing Mr. Duncan
 13 for a Workers' Compensation claim that had been denied,
 14 based on the last sentence of the HPI there?
 15 A. Where is that?
 16 Q. The very last sentence under the history of present
 17 illness. The very last sentence says he also states
 18 that he tried to get this covered under Workers' Comp,
 19 but it was denied. Do you see that?
 20 A. Oh. Sorry. Yeah.
 21 Q. Okay. All right. And you were also aware, based on
 22 the next page under the plan, that they believed a lot
 23 of the pain he was having in his right shoulder was due
 24 to labral pathology.
 25 A. Yes, I remember that.

1 spend some time just real quickly skimming through it.
 2 But the things I want to focus on are in these three
 3 paragraphs. That's July 20th of 2022.
 4 Okay. Is it your belief that you had never seen
 5 this report until I showed it to you today?
 6 A. Yes.
 7 Q. That's your belief, all right. And in reading this,
 8 does this report indicate that Mr. Young was injured on
 9 March 8th of 2022 when he was working on a boat lifting
 10 the motor?
 11 A. Yes.
 12 Q. Okay. All right. Now, I couldn't help but look at
 13 that in comparison to what your report says. Can you
 14 look at the description of injury in your actual report
 15 from November 17th and tell me what you report says, or
 16 how he was injured?
 17 A. Yes, sir. Trying to pull a bolt out of mold.
 18 Q. Was there anything in your description of the injury
 19 that talks about a motor?
 20 A. No.
 21 Q. Okay. And do you know anything about Confluence
 22 Outdoor?
 23 A. No, sir.
 24 Q. Okay. So you don't know that they are a kayak company
 25 that build boats from scratch, that are motorless?

1 Q. But they recommended an MRI.
 2 A. Correct.
 3 Q. Okay. The next record I'm going to show you is from
 4 another -- well, this is actually a physician's
 5 assistant, I believe, in the same practice or sister
 6 practice at Piedmont Orthopaedics. And this is my APA
 7 page 115-16. And the date of this report is July 20th
 8 of 2022. Do you have a report from Amy Hunt in
 9 Piedmont Orthopaedics that looks like this?
 10 A. Yes, I do.
 11 MR. RENFROW:
 12 If you need to take that, Doctor, we can take a...
 13 (OFF THE RECORD)
 14 EXAMINATION RESUMED BY MR. RENFROW:
 15 Q. All right. So this is Amy Hunt, Piedmont Orthopaedics,
 16 and dated July 20th of 2022. Did you have this report?
 17 A. I am at July the 12th.
 18 Q. Yes, so this would be the 20th.
 19 A. The 20th. So go over a little bit. I don't think I
 20 have that.
 21 Q. Okay.
 22 A. I don't think so. No, sir --
 23 Q. All right.
 24 A. -- I don't have that.
 25 Q. I want to show you this report, though, and let you

1 A. No, sir.
 2 Q. Okay. All right. And in this report, among other
 3 things, it references that they were going to order an
 4 MRI of the cervical spine.
 5 A. Correct.
 6 Q. Is that correct?
 7 A. Yes.
 8 Q. All right. And I think you've already testified to
 9 this, but before today, have you ever seen an MRI
 10 report or an MRI image of Mr. Rusty Young?
 11 A. The MRI that I have is from what's documented in the
 12 medical records.
 13 Q. Okay. What --
 14 A. And that's what I looked at.
 15 Q. -- do you have that is documented? What's the date of
 16 the report or MRI? What MRI reports do you have in the
 17 file?
 18 A. I believe the one that I have is with without contrast,
 19 and it was performed 7/19/22.
 20 Q. Okay. So you do, in fact, have a report of an MRI. I
 21 think it -- does it look like mine looks, two pages,
 22 sort of a two-page summary?
 23 A. Yes.
 24 Q. Okay. So -- and I'm referring, for the record, to APA
 25 pages 117 and 118. Does your MRI report, under the

Page 26	Page 27
1 impression section, reveal multilevel cervical 2 spondylosis? 3 A. Yes. 4 Q. What is that, in just simple layman's terms? 5 A. Multilevel cervical spondylosis are osteophytic change 6 or sort of bone spur changes that we typically can see 7 with degenerative disc disease. 8 Q. Okay. So that is a condition -- again, we'll talk 9 about what's after that in a minute. But specifically 10 referring to multilevel cervical spondylosis, you see 11 that in degenerative disc disease? 12 A. Yes. 13 Q. Does that always have to come from a traumatic event? 14 A. No, sir. 15 Q. That's something that could be just wear and tear of 16 life? 17 A. Degenerative, yes. 18 Q. Okay. All right. It also says evidence of marrow 19 reconversion. Tell me what that is. 20 A. Marrow reconversion is something that can be associated 21 with trauma. That's where you have the yellow marrow 22 being infiltrated with the red marrow. And it can also 23 be associated with people that smoke. And I can't 24 remember -- you could see that on people that smoke. 25 Q. Could that also be something that's just from the	1 general wear-and-tear of life, or is that always from 2 trauma? 3 A. Can be from general wear and tear of life. 4 Q. Okay. So it doesn't have to be from trauma? 5 A. No, sir. 6 Q. Could a motor vehicle accident cause marrow 7 reconversion? 8 A. Yes. 9 Q. Could lifting a boat motor cause it? 10 A. Yes. 11 Q. All right, let's keep going. Under annular fissure at 12 C5 and 6, I asked you some questions earlier about 13 annular fissures. Does your report indicate that they 14 found an annular fissure at C5-6? 15 A. Yes. 16 Q. All right. And an annular fissure, is that a diagnosis 17 of something that's not normal? Does that make sense, 18 the way I asked it? 19 A. Yes, sir. I would qualify that to say that it's 20 outside the parameter of normal, but is it totally 21 abnormal? It's hard for me to answer that question. I 22 think that, basically, that annular fissure is 23 something that we would expect, given the things that 24 we see documented on the MRI. 25 Q. People who have cervical spondylosis and marrow
Page 28	Page 29
1 reconversion oftentimes have fissures? 2 A. That's correct. 3 Q. Okay. And like the other two, based on my internet 4 research and our discussions earlier, an annular 5 fissure can be idiopathic, or can be from something 6 traumatic? 7 A. Correct. 8 Q. Okay. And is there any way to look at this MRI report, 9 or anything, and tell or give an opinion to a 10 reasonable degree of medical certainty as to whether 11 any of these problems were the result of trauma versus 12 just the wear and tear of life? 13 A. No. 14 Q. Is there any way to look at them and say, yeah, these 15 two are from a car accident, this one's from lifting a 16 motor, this one's just from being a few pounds 17 overweight? 18 A. No. 19 Q. Okay. Is there any way to look at them and tell, based 20 on your many years of training and experience in the 21 orthopedic world, to look at these problems and say, 22 these have been here for a month, 10 months, or 10 23 years? 24 A. No. 25 Q. Do you know of any expert out there that could do that?	1 A. No. 2 Q. Okay. All right. Now, there's a paragraph after those 3 three itemized deals, and I think it's summarizing 4 what's above. But is there anything different in the 5 next two or three sentences in that little paragraph 6 that is different than just sort of explaining the 7 cervical spondylosis, the reconversion, and the annular 8 fissure? 9 MR. SHULL: 10 Where are you? I'm sorry. 11 EXAMINATION RESUMED BY MR. RENFROW: 12 Q. Let me show you mine and see if it's any different. 13 But underneath these three that they have itemized 14 here, they've got a little paragraph. Does yours look 15 like that? 16 A. We don't have that. 17 Q. All right. Well, look at that with me, then. That's 18 my APA page -- 118? 19 MR. SHULL: 20 118. 21 WITNESS ANSWERS: 22 A. Disc osteophyte complex, C4-5 with moderate stenosis. 23 And herein lies the problem, the word "moderate." It's 24 fairly significant stenosis. C5-C6, there is a large 25 asymmetric left-sided disc protrusion. So it's pushing

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1 out. And again, if the annulus is weak, it can push out, 2 creating severe spinal stenosis and severe left foraminal 3 narrowing. So with what we have here, yes, it's degenerative 4 pathology, but you can say it's an aggravation of pre- 5 existing. We don't know exactly when, where. 6 Q. Right. So you can't -- 7 A. It's aggravation of pre-existing -- 8 Q. -- but you can't look at this, or even if you had the 9 imaging, you couldn't look at the imaging and tell if 10 this was aggravated -- something he had in high school 11 and he aggravated it playing sports? 12 A. You wouldn't expect those changes in high school. 13 Q. Okay. So you couldn't look at this, though, and tell 14 if this was the result of one of those car accidents or 15 events I asked you about that happened in '19, '20, 16 '21, '22 -- 17 A. That's correct. 18 Q. -- prior to his work injury that we're here about 19 today? Correct? 20 A. Correct. 21 Q. And you can't look at this, either, and say if anything 22 was aggravated from his March 2022 work injury because 23 you don't know what it looked like before that. 24 A. That's correct. 25 Q. Right? I mean, you don't have any imaging to compare	1 this MRI to; do you? 2 A. No. 3 Q. All right. And to give an opinion to a reasonable 4 degree of medical certainty with regards to 5 aggravation, like you just mentioned, you'd have to 6 have a baseline from prior to this on MRI, and then a 7 postinjury MRI, and compare the two. Correct? 8 A. Correct. 9 Q. All right. Now I want to show you something else in 10 this report that may or may not be in yours. This is 11 APA page 118. At the very bottom paragraph there, it 12 talks about another interesting finding. If you will, 13 read that paragraph and let's talk about it. 14 MR. SHULL: 15 Who is this note? Oh, Amy Hunt. 16 WITNESS ANSWERS: 17 A. ... symptoms...are more on the right. I'm just kind of 18 following as I'm reading this. Most prominent on the 19 left, and has severe left foraminal narrowing, but this 20 is not concordant with the radicular symptoms. 21 So there's some issue with where the pathology is 22 identified on the MRI and where he is symptomatically. 23 Q. And when he came to you, did he give you a history of 24 his condition similar to the one that was in what you 25 just read? In other words, did he tell you that he's
Page 32	Page 33
1 having more pain and problems on the right side versus 2 the left? Or did y'all get into that? 3 A. We would have to go under chief complaint. 4 Q. Right. 5 A. And that says right shoulder, sharp pain in his 6 shoulder when lifting his arms, continued pain in the 7 shoulder, discomfort when trying to hold his arms out 8 and up. And in terms of the C-spine, he has pain in 9 the neck when raising his arms above his head, and 10 discomfort in his neck and a sharp pain when reaching 11 behind his neck. But what we're seeing here seems to 12 be right-sided. 13 Q. Okay. So what you're seeing there, your interpretation 14 of your note, and what he told you when he saw you is 15 consistent with what Amy Hunt was referring to in her 16 opinion. Correct? 17 A. That's correct. 18 Q. Is that also awkward to you? Or let me just read it, 19 and use her words, not my words. But MRI scan 20 findings, that we just went over, do reveal spinal 21 stenosis of the cervical spine. It is most prominent 22 on the left, and there is severe left foraminal 23 narrowing, but that is not concordant with the 24 radicular symptoms that he is having, which are more on 25 the right.	1 A. Correct. 2 Q. All right. So is that also peculiar, in your mind? 3 A. Yes. 4 Q. Okay. All right, now I want to show you one more -- 5 maybe two more reports -- but one more report. And 6 this is Dr. Van Pelt's first report, who he saw 7 September 1st of 2022. And this is my APA page 143 to 8 145. If you will, can you look at this and tell me if 9 you had that report from Dr. Van Pelt when you saw Mr. 10 Young in November of 2023. 11 A. Yes, I did. 12 Q. Okay. Can you hand me mine back. So Doc, in looking 13 at your report, or Dr. Van Pelt's report that you have 14 in your file, if you go under the history of present 15 illness, does it give a different, an even different 16 story than we've read in at least one or two others 17 that this is a 35-year-old male who presented to Dr. 18 Van Pelt with a six-month history of neck pain? 19 A. Yes. 20 Q. Okay. And Dr. Van Pelt goes on to read -- or make some 21 notes about an MRI having been done. And then he goes 22 on to comment under his assessment section, the very 23 last page, I think, that he also noticed a diagnostic 24 dilemma. Correct? 25 A. Yes.

Page 34	Page 35
1 Q. Okay. It says he does have neuropathic pain in the 2 right upper extremity, but interestingly, his MRI shows 3 predominantly left-sided disc pathology. 4 A. Correct. 5 Q. Okay. He goes on to say, this makes it difficult to 6 confirm whether the cervical findings are incidental or 7 the etiology of his symptoms. Is that what you read? 8 A. Yes. 9 Q. All right. He goes on to talk about doing a fusion. 10 And then, in fact, Mr. Young did, in fact, have a 11 cervical fusion of some sort in February of 2023. Were 12 you aware of that? 13 A. Yes. 14 Q. Okay. And then nine months later, he was sent to you 15 with some of these medical records to do an IME. Is 16 that right? 17 A. Correct. 18 Q. All right. Now, again, not your fault. You obviously 19 have to go on what you have and what information you 20 have. But it's fair to say that prior to today, you 21 didn't have all the medical records that I've shown you 22 today. Correct? 23 A. Correct. 24 Q. You didn't have any information about a pre-existing 25 drug problem, a pre-existing motor vehicle accident	1 from April of 2021, just 11 months prior to his alleged 2 work injury, and other information about other 3 accidents he's had in his life. Is that correct? 4 A. Correct. 5 Q. Okay. All right. So you do your evaluation on 6 November of 2023, and you gave some information under 7 your plans and recommendations. How did you know what 8 information to give in terms of an impairment rating, 9 restrictions, discussions about future medical? Did 10 you know that because you've done so many of these over 11 the years, or was there a questionnaire or a letter 12 asking you to address specific things? 13 A. No, sir. The body parts that were in question, for me 14 to examine, I examined these body parts. And there is 15 a section in the Guide to Permanent Impairments, 5th 16 Edition, that relates to C-spine. And there is a 17 section that relates to shoulder, as far as range of 18 motion. And that's where I get my data from. 19 Q. And what I mean by that, with my question, though, was 20 -- I've hired experts in cases before, and I said, Mr. 21 Expert, this person, the only reason I'm sending this 22 process to you is to determine if they need future 23 medical treatment. I've sent some where I sent a 24 questionnaire and said, I need you to address future 25 medical, impairment, work restrictions. So we do a
Page 36	Page 37
1 variety of different things. But how did you know to 2 address all of those things? Was it asked of you, or 3 did you just know based on your experience doing these 4 IME's? 5 A. No, I knew based on my experience doing the IME's as 6 well as the Guide to Permanent Impairment, 5th Edition. 7 And when I get certain things, over the last 40-some 8 years, I know that if there are positive clinical exam 9 findings, to make a recommendation for further follow- 10 up or consultation with a neurosurgeon, if the exam 11 finding is positive. 12 Q. Okay. 13 A. And if I think they need therapy, I mentioned therapy 14 and all of those sorts of things. 15 Q. Okay. All right. But I guess, really what I was 16 getting at, there was no questionnaire sent to you, or 17 no -- 18 A. No. 19 Q. -- itemized list of things to address? 20 A. No, sir. 21 Q. Okay. All right. So under your plan, recommendation. 22 The first thing you talk about is that there should be 23 some consideration given for Mr. Young to have a repeat 24 consultation with his treating orthopedic, shoulder, 25 and spine surgeon due to continued symptoms.	1 A. That's correct. 2 Q. Okay. So when you saw him that day, he was complaining 3 to you of ongoing problems or of continued symptoms of 4 some kind? 5 A. Yes. 6 Q. All right. Now, when you saw him that day, I noticed 7 in your report, you referenced that he was working as a 8 officer at Greenville Memorial Hospital -- 9 A. That's correct. 10 Q. -- that you mentioned in your report. 11 A. Yes. 12 Q. Did you know anything about his employment there? 13 A. No, sir. 14 Q. When you -- 15 A. The only thing I know is that when we ask the question, 16 are you currently employed, "Yes, officer, Greenville 17 Memorial." 18 Q. Okay. And you did know, though, that he was there to 19 see you based on some type of injury he had had on the 20 job in March 8th of 2022. Is that correct? 21 A. That's correct. 22 Q. At any point during that evaluation, did you ask him, 23 between March 8th of 2022 and when you saw him in 24 November of 2023 if he had been injured on any other 25 jobs or had any other accidents of any kind that could

1 have caused problems or aggravated pre-existing
 2 problems?
 3 A. Yes. We always have that in here. I'm just trying to
 4 find it. Have you received any prior treatment
 5 relative to the same problems which we're evaluating
 6 today? The answer is no.
 7 Q. Okay. All right. So as we sit here today, were you
 8 aware that, at least on one occasion since he's worked
 9 at Greenville Memorial Hospital as a security officer,
 10 that he's had to help tackle and apprehend an assailant
 11 or a patient who was out of control?
 12 A. No, sir.
 13 Q. Okay. Are you aware of any motor vehicle accidents,
 14 fender benders of any kind he's had since March 8th of
 15 2022?
 16 A. No.
 17 Q. Okay. Were you aware that he worked at Cintas, another
 18 company, after leaving Confluence but before going to
 19 work at Greenville Memorial Hospital as a security
 20 officer?
 21 A. No.
 22 Q. Okay. Were you aware that he left that company based
 23 on problems he was having at that company?
 24 A. No, sir.
 25 Q. Okay. All right. The next thing you reference in your

1 Q. Okay. All right. Then you gave him a lifting
 2 restriction of 20 pounds to waist level with both
 3 hands?
 4 A. Correct.
 5 Q. Okay. And again, that was not based on any machine or
 6 testing, that was just based on your evaluation of him?
 7 A. That's correct.
 8 Q. All right. And then you went on and gave him
 9 impairment ratings based on the AMA guidelines to both
 10 his cervical spine and his shoulder. Is that correct?
 11 A. That's correct.
 12 Q. Okay. And then, the next sentence, I didn't quite
 13 understand the way you had it written. It says all of
 14 my professional medical opinions rendered are within a
 15 reasonable degree of medical certainty, more certain
 16 than not, felt to be causally related to the patient's
 17 on-the-job injury and his current medical condition.
 18 A. Yes, sir. I probably should have added, given the
 19 degenerative disc pathology without restriction to all
 20 of the injuries he had that I didn't know about. But
 21 just for this particular one, aggravation of pre-
 22 existing.
 23 Q. Okay. But as we sit here today -- and again, not your
 24 fault; you didn't have all the information before
 25 today. But as we sit here today, you can't say to a

1 plan is he shouldn't engage in any overhead lifting,
 2 climbing, or heavy torquing activities.
 3 A. That's correct.
 4 Q. And what did you base that on? Did you do an internal
 5 FCE, or you just kind of...
 6 A. No, I base that on his examination with further
 7 consideration given to my recommendation for a repeat
 8 consultation, just for that period of time.
 9 Q. Do you know if he has to do any heavy lifting, overhead
 10 lifting, climbing, or heavy torquing in his job at
 11 Cintas prior to coming to you?
 12 A. Cintas?
 13 Q. Yes.
 14 A. I --
 15 Q. Didn't know about it?
 16 A. -- I didn't know about Cintas.
 17 Q. And do you know if he had to do any of those things in
 18 his job at Allied University, or the security job that
 19 he was doing for Greenville Memorial Hospital, which I
 20 think is Allied University?
 21 A. I --
 22 Q. He never told you?
 23 A. -- I did not know. But again, my recommendation was
 24 for this limitation until he saw his orthopedic
 25 surgeon.

1 reasonable degree of medical certainty that any
 2 condition has been aggravated by a work injury on March
 3 8th, 2022, because you don't know what his baseline was
 4 before that. Correct?
 5 A. Correct.
 6 Q. Okay. All right. When you do these IME's, how long do
 7 you meet with the patients?
 8 A. I'd say generally for 45 minutes to an hour --
 9 Q. Okay --
 10 A. -- at most.
 11 Q. And have you seen --
 12 A. The biggest thing is the records review. I have to go
 13 through all that.
 14 Q. And you do that beforehand, or you do that with the
 15 patient?
 16 A. No, beforehand.
 17 Q. Okay. And have you seen Mr. Young since November 17th?
 18 A. No.
 19 Q. Okay. And if he had said, Dr. Grady, I like you, I
 20 just like the way you evaluated me today, and I want
 21 you to do all this treatment. Could you have done it?
 22 A. No, sir.
 23 Q. Because you're not doing that any more in your
 24 practice?
 25 A. That's correct.

Page 42 1 Q. Okay. Do you have somebody here that could? 2 A. No. I'm the only one. 3 Q. I gotcha. All right. All right, I don't think I have 4 any other questions. 5 EXAMINATION BY MR. SHULL: 6 Q. Real quick. Dr. Grady, my name is Wes Shull. I 7 represent Mr. Rusty Young in this Workers' Comp claim. 8 Thank you for your time today. 9 A. Yes. 10 Q. I wanted to just touch on a couple things real quick. 11 Looking at your report from November 17th -- and Ben 12 went over this with you -- description of injury, 13 trying to pull bolt out of the mold, bolt was jammed in 14 mold. Do you dictate these notes, or do you type them 15 out yourself? 16 A. No, I dictate the notes, and my scribe is right there 17 with me, putting in what I direct her to be put in. 18 Q. Could "bolt" be a typographical error? Could you have 19 meant for it to have been "boat"? 20 A. The bolt was jammed in the mold. That's a great 21 question. I can't hardly answer that. But I'd have to 22 say that it possibly could have, but the way it looks, 23 he's trying to pull something out. 24 Q. You've never been to Confluence, is that right, and 25 seen the boat --	Page 43 1 A. No. 2 Q. -- the boat-building? 3 A. No. 4 Q. Okay. And you're familiar with Dr. Van Pelt; right? 5 A. Yes. 6 Q. Okay. And you knew that he'd treated with Dr. Van Pelt 7 when you saw him? 8 A. Correct. 9 Q. And you knew that Dr. Van Pelt had ultimately done an 10 anterior cervical fusion? 11 A. Correct. 12 Q. Okay. And do you have an opinion on Dr. Van Pelt, 13 professionally? 14 MR. RENFROW: 15 Object to the form. 16 WITNESS ANSWERS: 17 A. No. Super -- super guy. 18 Q. Okay. I'm going to show you this real quick. Ben went 19 so long with his initial questioning that I've got 20 confused over here. Okay. I'm going to hand you Dr. 21 Van Pelt's questionnaire. And for the record, this is, 22 I think, Ben's APA, page 166. And if you could, review 23 that for me, sir. 24 A. Yes. 25 Q. All right. What's the date of that, sir?
Page 44 1 A. The date on this is 1/24/2023. 2 Q. Okay. And on it, Dr. Van Pelt gave a medical opinion 3 as to Mr. Young's cervical condition? 4 A. Yes. 5 Q. Okay. And just to read it, Dr. Van Pelt said that to a 6 reasonable degree of medical certainty, it was his 7 opinion that the Workers' Comp accident on or about 8 3/8/22 most probably caused Mr. Young's cervical and 9 right arm symptoms for which Mr. Young was treating 10 with Dr. Van Pelt. Is that correct? 11 A. Correct. 12 Q. Would you agree with Dr. Van Pelt's opinion on that? 13 MR. RENFROW: 14 Object to the form. 15 WITNESS ANSWERS: 16 A. Yes. 17 Q. Okay. All of the questions that Mr. Renfrow asked you 18 today, and all of your answers to those questions, did 19 that change any of your opinions that you gave in your 20 November 17th, 2023 report? 21 A. No. 22 Q. Okay. So it's still your opinion with regard to the 23 need for the consultation doc with his orthopedist? 24 A. Yes. 25 Q. It's still your opinion that he shouldn't be lifting	Page 45 1 more than 20 pounds to waist with both hands? 2 A. Correct. 3 Q. It's still your opinion that he has the impairment of 4 51 percent to his cervical spine, five percent to his 5 right upper extremity, and eight percent to his right 6 shoulder? 7 A. Yes. 8 Q. Okay. Have all of your answers today been given to a 9 reasonable degree of medical certainty? 10 A. Yes. 11 Q. That's all I have. Thanks. 12 EXAMINATION BY MR. RENFROW: 13 Q. All right, Dr. Grady, let's be clear on some things. 14 Words are important to me. He asked you to review this 15 questionnaire that Dr. Van Pelt signed, and you said 16 you agreed with it. You agree with what it says, or 17 you agree with his opinion? 18 A. Dr. Van Pelt is the specialist that did the surgery. 19 Q. Right. 20 A. He saw more and he knows more -- 21 Q. Yeah. 22 A. -- than I did. So if he feels that this, to a 23 reasonable degree of medical certainty, if he answers 24 that -- let me read that. In your opinion, to a 25 reasonable degree of medical certainty, did the

Page 46 1 Workers' Compensation accident on or about 3/8/22 most 2 probably caused Mr. Young's cervical and right arm 3 symptoms for which he is treating? Yes. 4 I would have to agree with his opinion. 5 Q. Okay. Okay. But do you know if Dr. Van Pelt, when he 6 signed this questionnaire, knew anything about the 7 facts that I've shared with you today, about pre- 8 existing problems, lack of an MRI to have a baseline, 9 pre-existing motor vehicle accidents, the extent of 10 those vehicle accidents? 11 A. No, I don't. And this is a good forum for learning. 12 But when we actually do the exam, all we have at our 13 disposal is what we have in front of us. 14 Q. Sure. That's right. You can only give the opinion 15 based on what you have in front of you. That's right. 16 Okay. And in terms of -- let me ask you some other 17 things, because I don't know that I've ever been to a 18 deposition where we've had lawyers asking you to pit 19 one doctor against another. But do you know if Dr. Van 20 Pelt -- do you know if Mr. Young had health insurance 21 when he was treated by Dr. Van Pelt and had a cervical 22 fusion? 23 A. No, sir. 24 Q. So you don't know if Mr. Young would have had a way to 25 pay for that --	Page 47 1 A. No, sir. 2 Q. -- at the time he had it. Correct? 3 A. No. 4 Q. Okay. All right. Is it your understanding just a 5 simple business -- since you've run one for so long, a 6 medical practice -- that if a Workers' Comp commission 7 finds that the claim is compensable, that the insurance 8 company who's on the hook at the time it's compensable 9 has got to pay the bill for the surgery. Correct? 10 A. Correct. 11 Q. Just simple business. Okay. All right. Do you know 12 how many times Mr. Young saw Dr. Van Pelt before he had 13 surgery? 14 A. No, sir. 15 Q. Okay. All we do know is Dr. Van Pelt signed a 16 questionnaire, saw him, on the report I showed you, in 17 September, and then did a cervical fusion. Correct? 18 A. Correct. 19 Q. But you don't know of any other visits he had with this 20 Mr. Young? 21 A. No. 22 Q. Okay. And do you know what medical records and 23 depositions and evidence that Dr. Van Pelt had prior to 24 seeing Mr. Young -- 25 A. No.
Page 48 1 Q. -- in his file -- 2 A. No. 3 Q. -- sort of like I've asked you about? 4 A. No. 5 Q. Okay. All right. I don't think I have any other 6 questions. Thank you, Doc. 7 A. You're welcome. 8 EXAMINATION BY MR. SHULL: 9 Q. One second, guys. I'm sorry. Let me ask you this, 10 Doctor, real quick. With regard to your opinions that 11 you've given today, does the mechanism of the accident, 12 whether it was lifting a boat, pulling a bolt, or 13 lifting a boat motor, does it matter? Does it affect 14 your opinions? 15 A. No. The only thing that I can say is the mechanism of 16 injury, whatever the cause identified in this report, 17 aggravated a pre-existing issue of degenerative disc 18 disease, the osteophytes that we saw at C5-C6, and also 19 the indentation of the spinal cord. That's the reason 20 I don't think it's so much right versus left as the 21 pathology that you've got sitting there, and the cord 22 is already being pushed on in a compromised position. 23 It needed surgery. And basically, in my opinion, 24 within a reasonable degree of medical certainty, yes, 25 the surgery was needed, and it was aggravation of pre-	Page 49 1 existing. 2 MR. SHULL: 3 Thank you. 4 EXAMINATION BY MR. RENFROW: 5 Q. But Doc, how do you know what his pre-existing 6 condition was if you don't have any evidence? 7 A. Well, the evidence is, number one, the exam; number 8 two, whether it's right or left. And I understand 9 there's a discrepancy between what was identified on 10 the MRI and what the exam showed. But you've got that 11 one thing that's in front of you. And again, I stress 12 what you've got in front of you -- that you are having 13 to act on and give your opinion on. 14 Q. Right. 15 A. Had I known about all of these other things, yes, sir, 16 that was -- at that time, at that point in time, that's 17 all I had. 18 Q. Right. I understand what you had when you did it. But 19 now, you've got information and you see that we don't 20 have information to tell us what his condition was in 21 his spine before this alleged March 8th, 2022 22 condition. So how can you say that that aggravated it 23 if we don't know what it was like before? 24 A. Well, the issue -- it's almost like having arthritis in 25 the knee and going out and twisting your knee and

1 having chronic pain and bringing the patient in and
 2 finding out that you've got total joint space collapse.
 3 Would that patient have needed a knee replacement
 4 before that injury, or at some point? Yes, they need
 5 -- but the injury aggravated, so you're forced to
 6 operate on it.

7 Q. Okay. So I think what I hear you saying is if you
 8 believe Mr. Young was doing something with a boat on
 9 March 8, 2022, that whatever he did aggravated whatever
 10 was there beforehand. Is that --

11 A. That's correct.

12 Q. -- what you're saying?

13 A. That's correct.

14 Q. But you don't know for sure if something happened on
 15 March 8th, you're just taking your patient and his
 16 lawyer's word for it. Right?

17 A. Yes.

18 Q. Okay. And the other problem I had is how can you say
 19 that the car accident he had just 11 months before this
 20 alleged work accident where he was in a doctor's office
 21 and a chiropractic office for an extended period of
 22 time treating for pain in his neck wasn't what
 23 aggravated his back to the point that that's what
 24 required surgery, versus something that he says
 25 happened at work? Because you don't have a baseline.

1 A. Correct. Again, you've described many points of
 2 potential aggravation.

3 Q. Right.

4 A. And it's hard to extract this one --

5 Q. Right.

6 A. -- versus that one. And again, all we have to act on
 7 is what we had when Dr. Van Pelt -- all he had to act
 8 on was what he had.

9 Q. Right. And sometimes, all you've got is the word of
 10 your patient?

11 A. Well, we go on the exam findings rather than the word.

12 Q. Okay.

13 A. Laying on of hands is more important than MRIs.

14 Q. Was there anything you could do, though, when you see a
 15 patient, when you lay your hands on them or hook them
 16 up to machines, that tells you whether their condition
 17 the day you see them is worse than it was the day
 18 before?

19 A. No.

20 Q. Okay. All right. I see. I think that's it.

21 MR. SHULL:

22 I would like a copy.

23 (THERE BEING NO FURTHER QUESTIONS, THIS DEPOSITION CONCLUDED)

24 AT 4:58 PM)

25

1 CERTIFICATE OF REPORTER

2
 3 I, Marla J. OBrien, a Notary Public in and for the
 4 State of South Carolina, do hereby certify that the foregoing
 5 deposition was taken before me on the date and at the time
 6 and location stated on page 1 of this transcript.

7 That the deponent was duly sworn to testify to the
 8 truth, the whole truth, and nothing but the truth.

9 That I am not related to nor the employee of any of the
 10 parties hereto, nor related to or employed by any attorney or
 11 counsel employed by the parties hereto, nor interested in the
 12 outcome of this action.

13
 14
 15
 16 _____
 17 Marla J. OBrien, CVR-M, ACR
 18 Notary Public for South Carolina
 19 My commission expires: 7/8/2031
 20
 21
 22
 23
 24
 25

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

DOS: 9/26/2023

PATIENT: Young, Rusty
PROVIDER: Caroline N. Franklin, PA-C
SSN: 249-65-7770

History of Present Illness: Mr Young is a pleasant 36-year-old male with a history of neck pain who presents today for follow-up. At the patient's last visit, he had been complaining of increased low back pain and I had ordered a lumbar x-ray. Does not seem the patient had the x-ray done and he does state that he has been able to exercise more and feels that his back pain has improved. He presents today to discuss Cymbalta as he mentions that his wife had looked into this medication and thought it would help the patient. He states that he does suffer from some anxiety and I also feel that Cymbalta would help some of his pain. I also plan on refilling the patient's diclofenac as he continues this once a day with good results. We will follow-up with the patient in 4 to 6 weeks for reassessment.

Review of Systems: Constitutional: The patient denies fevers, chills, and fatigue.

Physical Exam: Vital Signs: Blood pressure 138/76. Pulse 97. SpO2 96%. General: Well developed, well nourished, in no acute distress. Skin: No rashes or lesions appreciated. Extremities: Warm and well perfused. Neurologic: Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect appropriate.

Assessment:

1. Neck pain with right upper extremity radiculopathy secondary to multilevel cervical spondylosis and spinal stenosis, improved following cervical spinal fusion by Dr. VanPelt in April 2023.
2. Low back pain.

Plan:

1. I prescribed Cymbalta 30 mg daily with 5 refills and refill diclofenac 100 mg ER daily with 11 refills.
2. We will follow-up with the patient in 4 to 6 weeks for reassessment.


Caroline N. Franklin, PA-C

The above report was produced by using a computer-based typing program that converts spoken words to text. Random mistakes in words identified by the computer are very often initially present. Despite careful review some mistakes may still be found in the final released report.

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

DOS: 8/15/2023

PATIENT: Young, Rusty
PROVIDER: Caroline N. Franklin, PA-C
SSN: 249-65-7770

History of Present Illness: Mr. Young is a very pleasant 36-year-old male with a history of neck pain who presents today for follow-up. Patient continues to recover very well from his cervical fusion surgery with Dr. VanPelt. He does mention that he has been having some increased low back pain specifically when standing and working for long periods of time. He feels this may be attributed to the fact that he has been out of work for a little bit while he has recovered from his surgery and has gained some weight. He denies any radiation of his pain down his legs and states the pain is focused in his low back. I feel a lumbar DDS decompression brace could help the patient significantly with his low back pain and he could wear this while at work but I do feel a lumbar x-ray is needed before ordering the back brace. Given that the patient denies any radicular symptoms or recent trauma, I do not feel a lumbar MRI is needed at this time. I also discussed with the patient reducing his gabapentin as he no longer suffering from neuropathic symptoms following his cervical spine fusion any is comfortable with stopping this medication. We will follow-up with the patient next week for image review.

Review of Systems: Constitutional: The patient denies fevers, chills, and fatigue.

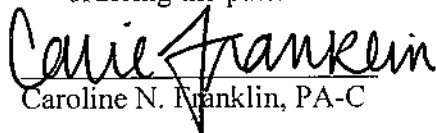
Physical Exam: Vital Signs: Blood pressure 136/88. Pulse 108. SpO2 96%. General: Well developed, well nourished, in no acute distress. Skin: No rashes or lesions appreciated. Extremities: Warm and well perfused. Neurologic: Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect appropriate.

Assessment:

1. Improved neck pain with right upper extremity radiculopathy secondary to multilevel cervical spondylosis and spinal stenosis following cervical spinal fusion with Dr. VanPelt in April 2023.
2. Low back pain.

Plan:

1. Patient will continue diclofenac ER 100 mg daily.
2. I ordered a lumbar spine x-ray at St. Francis radiology to be reviewed at his next visit.
3. We will follow-up with the patient in 1 week to review his lumbar spine image and reassess ordering the patient a lumbar DDS decompression brace.


Caroline N. Franklin, PA-C

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