RECEIVED
Feb 09 2026
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 3 of 4

Benjamin M. Renfrow, Esq. (SC Bar #: 71245)
Willson, Jones, Carter, & Baxley, P.A.
325 Rocky Slope Rd., Suite 201
Greenville, SC 29607
Telephone: (864) 527-3280

Attorney for Respondents

Richard C. Alexander, Esq. (SC Bar #: 77958)
Shelly Leeke Law Firm, LLC
6060 Rivers Avenue
North Charleston, SC 29406
Telephone: (843) 765-4754

Attorney for Appellant

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5700 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 2202565

Claimant's Name: Rusty Lee Young
Address: 10 Yakautata Drive
City: Greenville State: SC Zip: 29605
Home Phone: (864) 640-3554 Work Phone:
Preparer's Name: Benjamin M. Renfrow

Employer's Name: Confluence Outdoor, LLC
Address: 575 Mauldin Road, Suite 200
City: Greenville State: SC Zip: 29607
Carrier: Great American Alliance Insurance
Preparer's Phone #: (864) 527-3296

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

1. Compensation Rate: $424.07 2. AWW: $ 636.08 **Date of Injury:** 3/8/2022
3. Type of injury and body part(s): Alleged right upper extremity/ neck – Denied Claim.
4. Facts in controversy:

(1) Is Claimant's current condition causally related to his work injury?
(2) Has there been an intervening accident?
(3) Is this a single member/schedule loss?
(5) Can Claimant meet his burden of proof on any issues?
(6) Fraud in the Application?
(7) Is Claimant entitled to any additional benefits?
(8) Credibility of Claimant

5. Legal issues involved: See No. 4 above. Defendants will also rely on all previously submitted pre-hearing brief and APA Submissions from Claimant.
6. Unusual aspects: Records from Allied University may be submitted.
7. Witnesses (designate if expert):*

Rusty Young; Representative(s) of Confluence; Heather MacSwain; Alan Duncan – Nurse (Deposition To Be Submitted); Kiera Richardson; Jason Gerisch; Dr. Van Pelt (Deposition to be submitted); Dr. Walter Grady (Deposition to be submitted); Dr. Phillip Hodge (expert)*.

8. Exhibits:

See Form 50; Claimant's Deposition Transcript; Entire Payroll, Employment, and Personnel File; Employment Application; Facebook/ Internet postings; Claimant's Tax Returns; Entire WCC File; ISO Index Report; SLED Check report; All of Claimant's prior depositions in this case; Video of alleged date of accident and day after; Records from Cintas; Records from Allied University; SEE APA & OTHER SUBMISSIONS.

9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: SEE APA & OTHER SUBMISSIONS.
11. Impairment rating(s); body part(s); physician and date of opinion: None Known
12. I am amending my Form 50/51 in the following manner: See No. 4 above.

Mediation
☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☒ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☒ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.
verify the contents of this form are accurate and true to the best of my knowledge.

Signature: Benjamin M. Renfrow, Willson Jones Carter & Baxley, P.A.
Email: bmrenfrow@wjcblaw.com

Date of hearing: 06/19/2024 – Commissioner T. Scott Beck
Time needed for hearing: 2 Hours

estions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to mit expert witnesses at hearings.

Rusty Lee Young, Claimant, v. Confluence Outdoor, LLC, Employer, And Great American Alliance Insurance, Carrier, Defendants.	)	SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC FILE NO:2202565

CERTIFICATE OF SERVICE

This is to certify that the undersigned has served this Updated Form 58 in the above-captioned action upon Richard "Chip" C. Alexander, Esquire to be served by electronic service at the addresses shown below on 18th day of June, 2024.

Via E-Mail:
chip@leekelaw.com; fay.y@leekelaw.com

Geri L. Lell
Paralegal to Benjamin M. Renfrow, Esquire
WILLSON JONES CARTER & BAXLEY, P.A.
325 Rocky Slope Road, Suite 201
Greenville, SC 29607
Bar # 71245
(864) 527-3296
bmrenfrow@wjcblaw.com

18th day of June, 2024
Greenville, South Carolina

UPDATED

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: **2202565**
Carrier File #: **A00429427**
Carrier Code #:
Employer FEIN #:

Claimant's Name: Rusty Lee Young SSN: xxx-xx-7770
Address: 10 Yakautata Drive
City: Greenville State: SC Zip: 29605
Home Phone: (864) 640-3554 Work Phone:

Employer's Name: Confluence Outdoor, LLC
Address: 575 Mauldin Road, Suite 200
City: Greenville State: SC Zip: 29607
Insurance Carrier: Great American Alliance Insurance

Benjamin M. Renfrow (Preparer's Name) 325 Rocky Slope Road, Suite 201, Greenville, SC 29607 (Address) (864) 527-3296 (Phone #)

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
AND RICHARD "CHIP" C. ALEXANDER, ESQUIRE, ATTORNEY FOR CLAIMANT

YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
7. Prior Claim: Medical Summary of Claimant	3/26/2021	333 – 354 **(removed entire submission pages 333-354**
8. Prior Claim: Clincher and Form 19 – WCC# 2007031	5/7/2021	355 – 359
9. Prior Claim: Psychiatric Evaluation – The Carolina Center for Behavioral Health	5/19/2016	360 – 416
10. Prior Claim: Deposition Transcript of Claimant – WCC# 2007031	7/30/2020	417 – 464
11. Prior Claim: Deposition Transcript of Claimant – WCC# 1806973	6/20/2019	465 – 507
12. Employment/Personnel Records	Various	508 – 519
13. Piedmont Orthopaedic Associates	6/1/2022 – 9/1/2022	520 – 606 **(removed 523, and 529-606)**
14. Greenville Memorial Hospital	5/10/2016; 7/7/2017; 4/3/2021	607 – 678 **(removed 660-678)**
15. Live Well Chiropractic	10/17/2019 – 7/9/2021	679 – 833
16. E-mail Communication Between Parties	10/31/2022 – 11/8/2022	834 – 842
17. Piedmont Comprehensive Pain Management	8/8/2022 – 9/12/2022	843 – 851
18. Certain Pleadings From Case	3/16/2022; 6/23/2022; 3/17/2023	852 – 859
19. Records from Prior Claim Against Auto Owners Insurance	12/22/2023	860 – 1119

		(removed 860-861; 892; and 905-919; 996-1119)
20. Records Received From Cintas	5/23/2024	1120 – 1220
21. Expert Report from Dr. Philip J. Hodge	5/24/2024	1221 – 1222
22. Curriculum Vitae – Philip H. Hodge, MD	N/A	1223 – 1224
23. Records Received from Allied Universal	N/A	1225-1295

Exhibit – Video from DOI and day after		

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the employer-defendant.

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

Benjamin M. Renfrow
Willson Jones Carter & Baxley, P.A.
325 Rocky Slope Road, Suite 201
Greenville, SC 29607

June 18, 2024

June 19, 2024
(hearing date)

Rusty Lee Young, Claimant, v. Confluence Outdoor, LLC, Employer, And Great American Alliance Insurance, Carrier, Defendants.	)	SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC FILE NO:2202565

CERTIFICATE OF SERVICE

This is to certify that the undersigned has served this ***Updated APA Submission*** in the above-captioned action upon Richard "Chip" C. Alexander, Esquire to be served by electronic service at the addresses shown below on 18th day of June, 2024.

Via E-Mail:
chip@leekelaw.com; fay.y@leekelaw.com

Geri L. Lell
Paralegal to Benjamin M. Renfrow, Esquire
WILLSON JONES CARTER & BAXLEY, P.A.
325 Rocky Slope Road, Suite 201
Greenville, SC 29607
Bar # 71245
(864) 527-3296
bmrenfrow@wjcblaw.com

18th day of June, 2024
Greenville, South Carolina

Prior Claim:
Clincher and Form 19 – WCC# 2007031

APA # 8

STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE Rusty Lee Young, Employee, Claimant, -vs- Fitesa US, LLC, Employer, and Travelers Indemnity Company, Carrier, Defendants.	**BEFORE THE SOUTH CAROLINA** **WORKERS' COMPENSATION COMMISSION** **AGREEMENT AND FINAL RELEASE** W.C.C. FILE NO. 2007031 CARRIER FILE NO. FQF2492

RECEIVED
MAY 07 2021
Division of Claims
SC Workers' Comp. Comm.

This matter now comes before the South Carolina Workers' Compensation Commission upon the petition of Rusty Lee Young ("Claimant"). Claimant is represented by David W. Hartman, Esquire, and Defendants, Fitesa US, LLC and Travelers Indemnity Company, are represented by Ian C. Gohean, Esquire of Willson Jones Carter & Baxley, P.A. The South Carolina Workers' Compensation Commission has jurisdiction. The parties agree that venue is proper in Greenville County, South Carolina.

Claimant was an employee of Fitesa US, LLC and on or about June 8, 2020, he sustained an injury by accident arising out of and in the course of said employment when he fell downstairs and injured his low back and right hip. As a result of this work accident, Claimant sought and received medical treatment from WorkWell Occupational Health, and Carolina Orthopaedic and Neurosurgical Associates. Claimant was rated as having three percent (3%) impairment to the right lower extremity and zero percent (0%) impairment to the back by Dr. James Behr on February 24, 2021. Disputes have now arisen concerning Claimant's entitlement to further medical care and treatment, further temporary total disability compensation and the extent of causally related permanent disability, if any. Claimant's compensation rate is five hundred eighty-two and 02/100 Dollars ($582.02).

The parties hereto now advise that in their opinion the matter is in bona fide dispute and in view of such dispute an agreement has been reached to settle this matter in its entirety, subject to the approval of the South Carolina Workers' Compensation Commission.

Under the proposed settlement, Defendants have agreed to pay and Claimant has agreed to accept the total final settlement sum of fifteen thousand and 00/100 Dollars ($15,000.00) in full settlement and satisfaction of every liability of whatsoever nature or kind under the South Carolina Workers' Compensation Act growing out of, or in any way connected with, said work accident occurring on or about June 8, 2020, while Claimant was an employee of Fitesa US, LLC. As an integral part of this settlement agreement, it is expressly understood and agreed that Defendants shall be responsible for all causally related medical expenses authorized by them and incurred through February 24, 2021, and as approved by this Commission pursuant to the South Carolina Worker's Compensation Fee Schedule. Any and all further medical expenses of whatsoever nature or kind shall be the express liability of Claimant, and Defendants shall have no liability therefore.

Claimant, Rusty Young, who was born on 2/12/1987, and is currently 34 years of age and who, as provided in the mortality tables set forth in S.C. Code Ann. Section 19-1-150, has a life expectancy of 44 years which is 2,288 weeks, hereby requests this Commission to approve the allocation of the aforementioned proposed settlement sum which is compensation for permanent impairment that will affect the claimant for life, as follows: $5,000.00 as attorney's fees and costs in prosecuting this action, and $10,000.00 in compromise settlement of disputed future disability benefits at the rate of $4.37 per week for a period of 2,288 weeks, pursuant to S. C. Code Ann. Section 42-9-10, as interpreted by the South Carolina Supreme Court decision of *Utica-Mohawk Mills v. Orr*, 277 S.C. 226, 87 S.E. 2d 589 (1955). *See also Sciarotta v. Bowen*, 837 F.2d 135 (3rd Cir. 1988); S.C. Code Ann. Section 19-1-150.

It is expressly understood Defendants take no position and make no representation as to the requested allocation of the settlement sum as set forth above and that the proposed allocation in no way affects the absolute release of Defendants.

Claimant hereby asserts that he has been fully advised by his attorney of record of all of

his rights under the South Carolina Workers' Compensation Act, and that Claimant is of the opinion that the proposed settlement is reasonable and fair and in this opinion Claimant's attorney concurs and asserts that he has fully advised Claimant of all his rights under the South Carolina Workers' Compensation Act, and they respectfully request that this Commission approve the settlement as set forth above. Claimant hereby asserts that he recognizes that his consent to, and the approval of, this Agreement and Final Release is a final determination and adjudication of all benefits under the South Carolina Workers' Compensation Act growing out of, or in any way connected with, the aforesaid work accident occurring on or about June 8, 2020, while Claimant was an employee of Fitesa US, LLC.

Claimant hereby affirms that he has not applied for and is not receiving Social Security disability, is not on Medicare, is not enrolled in Medicare Advantage, and is not aware of any Medicare liens. The parties expressly agree that Claimant does not have a reasonable expectation of Medicare eligibility within 30 months from the date of this settlement. The parties have taken into consideration Medicare's potential interest in the resolution of this claim and believe Medicare has no interest. The parties agree that a Medicare Set-Aside will not be submitted to CMS for review and/or approval. Claimant has been advised of the potential risks associated with not establishing a Medicare Set-Aside account and not submitting a Medicare Set-Aside to CMS for review and/or approval, including but not limited to, CMS/Medicare's potential withholding of Medicare benefits to Claimant.

Claimant also expressly represents and agrees that he sustained no work accidents or work injuries while employed by Fitesa US, LLC other than the work accident and resulting injury occurring on or about June 8, 2020.

The parties hereto acknowledge that the South Carolina Workers' Compensation Commission relies upon the representation of the attorney for Claimant that Claimant has been fully apprised of his rights under the South Carolina Workers' Compensation Act.

The parties acknowledge that the opinions stated by the physicians regarding the nature and extent of the Claimant's medical condition and disability are opinions, not facts, and that, to

the extent they are relying on those opinions, they are doing so with the knowledge that such opinions may be incorrect. Accordingly, Claimant and Defendant (Employer, Carrier and/or servicing agent) agree that this settlement agreement cannot be voided in the future for any reason, including on the basis that either or both parties relied on statements or opinions from physicians, or other medical providers, in entering into this agreement.

NOW, THEREFORE, IT IS AGREED, SETTLED, APPROVED, and ORDERED that upon the payment of the sum of fifteen thousand and 00/100 Dollars ($15,000.00) by Defendants, and the acceptance of said sum by Claimant, and the payment of the medical expenses as specifically set forth hereinabove, Defendants be, and they hereby are, fully and forever discharged of all liability, obligations and/or responsibilities of whatsoever nature and kind under the South Carolina Workers' Compensation Act growing out of, or in any way connected with, the aforesaid work accident occurring on or about June 8, 2020, while Claimant was an employee of Fitesa US, LLC, so that upon such payment and the acceptance as aforesaid, this matter be, and it hereby is, res judicata and not subject to review under any conditions. Claimant enters into this Agreement and Final Release freely and voluntarily, without undue influence, coercion, or duress of any kind.

WE CONSENT TO THE FOREGOING AGREEMENT:

Rusty Lee Young, Claimant

Dated: 5/4/2021

David W. Hartman
Attorney for Claimant

WILLSON JONES CARTER & BAXLEY, P.A.

BY:
Ian C. Gohean
Attorneys for Defendants

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, South Carolina 29202-1715
(803) 737-5723

WCC File #: 2007031
Carrier File #: 026-CB-EQF2492-E
Carrier Code #:
Employer FEIN #:

Claimant's Name: Rusty L. Young SSN: Employer's Name: Fitesa Us LLC
Address: 10 Yakutata Dr Address: 840 Southeast Main S
City: Greenville State: SC Zip: 29605 City: Simpsonville State: SC Zip: 29681
Home Phone: Work Phone: Insurance Carrier: Travelers Indemnity Co Of Amer
Preparer's Name: Carlette Cohen Law Firm: Preparer's Phone #: (704)540-3359

Compensation Paid:	Number of Weeks	From (m/d/yyyy)	To (m/d/yyyy)	Amount
1. Number of weeks T.T.		06/26/2020	08/28/2020	$ 3,492.12
2. Number of weeks T.P.				$
3. Number of weeks P.P.				$
4. Disfigurement				$
5. Agreement and Final Release				$ 15,000.00
Total Compensation Paid				$ 18,492.12
6. Total Medical Benefits* Paid				$ 8,639.78
7. Funeral Benefits				$

( ) Case Denied

Date of Injury: 06/08/2020 (m/d/yyyy)

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: Rusty Young Claimant By: Employer's Representative Date: 4/26/2021 (m/d/yyyy)
5/4/2021

Print or type the name of the person, other than the claimant, receiving benefits and sign below:

By:

RECEIVED
MAY 07 2021
Division of Claims
SC Workers' Comp. Comm.

Report of additional Fees and Recoupment

A. Carrier Reimbursement by Third Party $
B. Attorney's Fee Paid by Employer $
C. Attorney's Fee Paid by Claimant (Non-contingent fees, only) $

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. *Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of final payment of compensation. Form 19 must be filed when a claim is denied.

WCC Form #19
Rev. Date 3/96

19

STATUS REPORT AND COMPENSATION RECEIPT

C22947 10/13

202

Prior Claim:
Psychiatric Evaluation –
The Carolina Center for Behavioral Health

APA # 9

The Carolina Center for Behavioral Health
2700 East Phillips Road
Greer, SC 29650

PATIENT:	YOUNG, RUSTY L.	MRN:	259-000047266
ADMIT DATE:	05/19/2016	ACCT:	02087700015
		DOB:	02/12/1987

PSYCHIATRIC EVALUATION

DATE OF EVALUATION: 05/19/2016

IDENTIFYING DATA: A 29-year-old African-American male.

CHIEF COMPLAINT: "I'm following up after being discharged on Monday."

HISTORY OF PRESENT ILLNESS: The patient is a 29-year-old male transferred from outside hospital involuntarily to inpatient status at CCBH. Patient was hospitalized from 05/10/2016 to 05/16/2016. Patient states that he was hospitalized as a result of having suicidal thoughts in context of alcohol and cocaine use and was also having paranoid delusions towards his wife cheating on him and says that his thoughts were more disorganized and had ever been previously. Patient states as a result his wife was concerned about him and brought him to the ER where he was committed and then brought to inpatient hospitalization. During the time inpatient hospitalization, patient was started on Risperdal, Abilify, and trazodone. During hospitalization, patient's condition stabilized. The patient was no longer having SI and was ultimately discharged three days ago. Currently, patient is continuing to take medications as prescribed. Endorses mood is good. Denies neurovegetative symptoms with depression. Denies severe anxiety. Denies any suicidal or homicidal ideations. Denies any alcohol or illicit substance use since discharge. Patient does endorse smoking Black and Mild every 2-3 days, however, denies other tobacco use. Patient denies any current auditory or visual hallucinations. Denies any current paranoia or other delusional thinking and does not appear to be responding to unseen others but just not appear to sound though he has delusional thinking at this time. Denies any traumatic history currently, although has witnessed the house fire and other violence as a younger individual. Please refer to initial psychiatric evaluation as an inpatient for further information on patient status prior to hospitalization.

DEVELOPMENTAL HISTORY: High school diploma.

PAST MEDICAL HISTORY: "Prediabetes."

SURGICAL HISTORY: One past skin graft.

REVIEW OF SYSTEMS: Pertinent positives included in the HPI. Otherwise, all systems are reviewed and are negative.

PAST PSYCHIATRIC HISTORY: Patient has had no psychiatric history inpatient or outpatient with the exception of the recent inpatient hospitalization at CCBH from 05/10/2016 to 05/16/2016.

No past suicide attempts.

PSYCHIATRIC EVALUATION

CURRENT MEDICATIONS: Risperdal entab 2 mg q.4 hours p.r.n., Abilify 2.5 mg at bedtime, trazodone 50 mg at bedtime.

HISTORY OF SUBSTANCE ABUSE: History of cocaine and alcohol abuse, off and on over several years.

FAMILY HISTORY: Patient denies any family history of mental illness or suicide.

SOCIAL HISTORY: Patient is born in Spartanburg, lives with his wife. Patient has a 9-year-old son who is with his wife, has a 3-year-old son who is with his mother, and a 14-month-old son who is with his wife. He has been married for 1 year and 4 months. He works as a mechanic at BMW. He graduated high school. He was using Haldol once or twice a month prior to inpatient hospitalization.

MENTAL STATUS EXAM:

- General Appearance: Patient is casually dressed, moderately groomed.
- Vital Signs: Were not taken at this time.
- Gait: Steady on feet.
- Mood: Mood is "good."
- Affect: Affect is appropriate.
- Orientation: Oriented to person, place, time, and situation.
- Thought Process: Linear.
- Associations: Intact.
- Speech: Clear.
- Language: Fluent without delusions, hallucinations, or paranoia at the time of interview.
- Memory: Long- and short-term memory are grossly intact, as evidenced by patient's ability to recall events on exam.
- Concentration: Focussed.
- Intelligence: Average.
- Judgment and Insight: Fair without homicidal or suicidal ideations.
- Capacity for Self-Harm or Harm to Others: Low.
- Capacity to Perform ADLs: High.

PATIENT ASSETS: Patient is willing to participate in treatment as recommended.

FORMULATION OF THE PATIENT'S STATUS: Patient will make timely and significant practical improvement in the presenting acute symptoms as a result of the psychiatric inpatient hospitalization.

ADMITTING DIAGNOSES:
Primary Psychiatric Diagnoses:

1. Unspecified schizophrenia spectrum and other psychotic disorder.

PSYCHIATRIC EVALUATION

2. Rule out substance induced psychotic disorder.
3. Cocaine use disorder.
4. Alcohol use disorder.

Primary Medical Diagnoses: Prediabetes.

Electronically signed by James Walker, MD on
5/20/2016 2:19:19 PM

DD: 5/19/2016 13:47
DT: 5/19/2016 14:27
Job# 128789049

The Carolina Center for Behavioral Health
2700 East Phillips Road
Greer, SC 29650

PATIENT:	YOUNG, RUSTY L.	MRN:	259-000047266
ADMIT DATE:	05/10/2016	ACCT:	01485520017
		DOB:	02/12/1987

PSYCHIATRIC EVALUATION

DATE OF EVALUATION: 05/11/2016.

IDENTIFYING DATA: Patient is a 29-year-old male transferred here from outside hospital involuntarily.

CHIEF COMPLAINT: "I guess for alcohol and cocaine."

HISTORY OF PRESENT ILLNESS: Patient is a 29-year-old male transferred here from outside hospital involuntarily. On face-to-face evaluation, patient states that on Monday he asked his wife to go eat lunch. She told him that she wanted him to stop going to her job. Patient states then he asked her why she was acting differently. Patient states that they have been talking about having an official wedding. He wanted to meet with Reverend Jackson Monday night. Patient states that she did not like that idea. He then started thinking that something is not right. She then told him that she will not go with him to see Reverend Jackson then after that patient states that he told his son "your mother does not want me here, so I am about to go." Patient states that he had a glass of champagne and then later he went to his mom's house where he had 2 bottles of champagne. Patient states that a friend picked him up and they went somewhere they got some cocaine. Patient states that he stayed at his friend's house overnight. He did not sleep. He returned to his mom's house Tuesday morning. Patient states that his mom brought him to his wife's mother's house. Patient states that she then brought him to Greenville Memorial Hospital. Per chart, patient's wife said that patient believes a man named David is in the house and the patient hears a male voice and goes looking for this person with a flashlight. Patient admits doing this. Patient thinks that his wife is cheating on him. Patient states that a man named David Alexander with the police has been at his house. Patient states "the proof I had was in my phone, but it was erased." Patient states, "I think its 3 phones connected." Per chart, patient reported using cocaine daily for 1 week, 1.5 grams each day. Patient denies this today. States that he used cocaine 2 days ago and 3 days ago, prior to that it was almost one year. He denied saying that he wanted to shoot himself. Patient denies feeling depressed. He denies feeling anxious. He denies having racing thoughts. He does report some irritability and agitation. He is difficult to follow at times due to disorganized thought process. Patient states that he has been having these thoughts about his wife cheating on him for at least 6 months.

PAST PSYCHIATRIC HISTORY: He denies a history of hospitalizations. He denies a history of suicide attempts. He does not have an outpatient psychiatrist.

SOCIAL HISTORY: Patient was born in Spartanburg. He lives with his wife. He has a 9-year-old who is with his wife. He has a 3-year-old son who is with his mother and he has a 14-month-old son who is with his wife. He has been married for 1 year and 4 months. He denies a history of trauma. He works as a mechanic. He graduated high school. Regarding alcohol use, patient states that he uses once or twice a month. His last drink was on Monday. He had 2 bottles of champagne.

PSYCHIATRIC EVALUATION

FAMILY HISTORY: Patient denies family history of mental illness or suicide.

PAST MEDICAL HISTORY: "Prediabetes"

MEDICATIONS: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

REVIEW OF SYSTEMS: Refer to History and Physical.

PHYSICAL EXAM: Vital Signs: Temperature 98, pulse 82, respiratory rate 18, blood pressure 137/75.

MENTAL STATUS EXAM:

- General Appearance: Patient is alert and oriented to person, place, time and situation.
- Appearance: Fair grooming, sitting in chair, in no apparent distress.
- Behavior: Calm, cooperative. Good eye contact. His gait is steady.
- Speech: Normal rate, volume, and tone.
- Affect/Mood: Mood "confused" Affect constricted.
- Thought Process: Somewhat disorganized.
- Thought Content: He denies suicidal or homicidal ideation, intent or plan. He denies auditory of visual hallucinations. He endorses delusions that his wife is cheating on him and that there could be a man entering his house. Patient states, "She knows there is nothing wrong with me."
- Concentration: Intact. He can spell world backwards correctly.
- Intelligence: Average based on examination.
- Memory: Immediate memory intact, he can repeat 3/3 objects. Recent memory impaired, he can recall 1/3 objects after 5 minutes. Remote memory grossly intact based on autobiographical history provided.
- Impulse Control: Impaired.
- Insight: Impaired.
- Judgment: Impaired.
- Capacity to Perform her ADLs: Adequate.

ASSETS: Access to healthcare and patient has capacity for increased knowledge.

ASSESSMENT AND PLAN:
DIAGNOSES:
Psychiatric Diagnoses:

PSYCHIATRIC EVALUATION

1. Unspecified schizophrenia spectrum and other psychotic disorder, rule out substance-induced psychotic disorder.
2. Cocaine use disorder.
3. Alcohol use disorder.

INITIAL PLAN OF CARE:

1. We will admit patient for evaluation and stabilization.
2. We will increase database and check collateral information.
3. We will review routine labs, obtain a med consult for history and physical.
4. Patient is encouraged to attend group therapy, psychoeducation groups, and activity therapy.
5. We will start Abilify to help with psychotic symptoms and mood symptoms. We will start 2.5 mg daily and titrate accordingly.
6. Discussed with patient risks, benefits, and alternatives to treatment including common side effects.
7. Patient is expected to make a timely and significant improvement as a result of this hospitalization.
8. We will observe and reevaluate.

POSTDISCHARGE PLAN: We will arrange for outpatient psychiatric followup and counseling.

Electronically signed by George Jacob, M.D. on
5/12/2016 2:50:18 AM

DD: 5/11/2016 18:15
DT: 5/11/2016 20:58
Job# 128406883

The Carolina Center for Behavioral Health
2700 East Phillips Road
Greer, SC 29650

PATIENT:	YOUNG, RUSTY L.	MRN:	259-000047266
ADMIT DATE:	05/10/2016	ACCT:	01485520017
DISCHARGE DATE:	05/16/2016	DOB:	02/12/1987

DISCHARGE SUMMARY

IDENTIFYING DATA: The patient is a 29-year-old male transferred here from an outside hospital involuntarily.

CHIEF COMPLAINT: "I guess for alcohol and cocaine."

HISTORY OF PRESENT ILLNESS: The patient is a 29-year-old male transferred here from an outside hospital involuntarily. On the face-to-face evaluation, patient states that on the Monday before admission, he asked his wife to get a lunch. She told him that she wanted him to stop going to his job. Patient states then he asked her why she was acting differently. Patient states that they have been talking about having an official wedding. He wanted to meet with Reverend Jackson on Monday night. Patient states that she did not like that idea. He then started thinking that something was not right. She then told him that she will not go with him to see Reverend Jackson. Then after that the patient states that he told his son "your mother does not want me here, so I am about to go." Patient states that he had a glass of champagne and then later he went to his mom's house where he had two bottles of champagne. Patient states that a friend picked him up and they went somewhere and they got some cocaine. The patient states that he stayed at his friend's house overnight. He did not sleep. He returned to his mom's house on the Tuesday morning. Patient states that his mom brought him to his wife's mother's house. Patient states that she then brought him to the Greenville Memorial Hospital. Per the chart, the patient's wife said that the patient believes that a man named David is in the house and the patient hears a male voice and goes looking for this person with a flashlight. Patient admitted to doing this. Patient thinks that his wife is cheating on him. The patient states that a man named David Alexander who is with the police has been at his house. Patient states "the proof I had was in my phone, but it was erased." The patient states "I think it is three phones connected." Per the chart, the patient reported using cocaine daily for one week 1.5 g each day. He denies that upon psych evaluation. Patient states that he used cocaine two days prior to this admission and three days prior to this admission and then prior to that it was almost one year. He denied saying that he wanted to shoot himself. Patient is not feeling depressed. He denies feeling anxious. He denies having racing thoughts. He did report some irritability and agitation. He was difficult to follow at times due to disorganized thought processes. The patient states that he has been having those thoughts about his wife cheating on him for the past six months.

PRESENTING MEDICAL ILLNESS: "Prediabetes."

ALLERGIES: NO KNOWN DRUG ALLERGIES.

HOSPITAL COURSE: The patient was admitted involuntarily to the Adult Unit and placed on suicide precautions. On admission, he was on no home medications. He was ordered Haldol 5 mg p.o. with Benadryl 50 mg p.o. q. 4 hours p.r.n. for agitation or aggression, Risperdal M-Tab p.o. q. 4 hours as needed for psychosis, Ativan 2 mg every 4 hours as needed for agitation. Patient refuses oral

DISCHARGE SUMMARY

medications. If patient refuses oral medications, give Haldol 5 mg with Ativan 2 mg and Benadryl 50 mg IM every 4 hours as needed for aggression, Motrin 600 mg every 4 hours as needed for pain, clonidine 0.1 mg every 4 hours as needed for systolic greater than 160, diastolic greater than 100 or pulse rate greater than 110, trazodone 50 mg at bedtime as needed for sleep, Zofran 8 mg sublingual every 6 hours as needed for nausea and vomiting. On 05/11/2016, please add hemoglobin A1c to labs. On 05/11/2016, Abilify 2.5 mg daily. On 05/11/2016, hemoglobin A1c stat in the a.m. On 05/12/2016, Abilify 2.5 mg at bedtime. There were no other medication changes.

During the course of hospitalization, the patient was encouraged to attend all groups daily including group therapy, recreational therapy, psychoeducation groups to include diagnosis education, med education, pain management education along with the daily self-inventory checklist. The patient was admitted presenting all commitment papers for medically monitored detox. The patient was seen by psychiatrist and nursing staff daily. The patient was stabilized through med management, group therapy, psychoeducation, and one-on-one p.r.n. The patient responded well to treatment reporting an improved mood. He denied suicidal or homicidal ideations at discharge. The risks, benefits, and alternatives of his treatment were discussed with the patient. The patient denied any adverse side effects from medications. He was encouraged to continue working on substance abuse, depression, coping skills and med management by being abstinent from alcohol and drugs, attending all aftercare appointments as scheduled, taking all medications as prescribed and directed, using healthy coping skills and asking for help.

LABS: He had a lipid panel showing HDL cholesterol of 39, which is low, TSH of 4.860, which is high. The T4 free within normal limits. He had hemoglobin A1c of 5.5, which is within normal limits.

MENTAL STATUS EXAMINATION AT THE TIME OF DISCHARGE: The patient was alert and oriented x3. Hygiene and grooming had improved. Speech was normal rate, tone and volume. Eye contact had improved. Mood "I'm doing good, I'm doing better." Affect: Full range. Thought processes were logical and goal directed without looseness of association or flight of ideas. Anxiety of very mild impairment and noted as less. Depressive symptoms of very mild impairment and noted as less. No suicidal or homicidal ideations. Patient reports "the Abilify helped clear my thoughts." No psychosis. No auditory, visual, tactile, or olfactory hallucinations. Concentration and focus of no impairment. Insight and judgment is adequate. Memory is intact for recent and remote events. The patient is ambulatory with a steady gait.

DISCHARGE INSTRUCTIONS: Discharge and safety plans were discussed. Medications were discussed. Physical activity as tolerated. Diet: Regular. Followup Care: Keep all appointments. Medications: Take all medications as prescribed. The patient was instructed to call 911 if altered mental status, worsening symptoms, side effects from meds, or suicidal or homicidal ideations.

DISCHARGE PLANS:

1. Follow up here at the Carolina Center for the PHP Program.

DISCHARGE SUMMARY

2. A therapist at Piedmont Mental Health Center.

DISCHARGE MEDICATIONS: Risperdal M-Tab take 2 mg every 4 hours as needed for psychosis, Abilify 2.5 mg daily, trazodone 50 mg at bedtime.

DISCHARGE DIAGNOSES:

1. Unspecified schizophrenia spectrum and other psychotic disorders.
2. Cocaine use disorder.
3. Alcohol use disorder.

PROGNOSIS: The patient reports he is motivated to keep appointments and follow hospital recommendations.

Electronically signed by Cindy Gilreath, R.N. on 6/16/2016 8:14:59 AM

Electronically signed by George Jacob, M.D. on 6/19/2016 10:57:24 PM

DD: 6/14/2016 13:08
DT: 6/15/2016 05:39
Job# 129932717

THE CAROLINA CENTER FOR BEHAVIORAL HEALTH
NURSING ASSESSMENT UPDATE

YOUNG, RUSTY L
MR# 000047266 02/12/1987
A# 02087700015 05/19/2016
DR. G. JACOB | M PPL

Reason for Hospitalization: (factors which necessitated readmission)
Pt is stepping down from inpt LOC d/t psychosis. Pt also has hx of cocaine use + sporatic ETOH use. Verbalizing motivation for cont'd tx + recovery.

Current Medical Problems: Pt notes pre-diabetes per hx but working out has ↓ these

Date	Temp	Pulse	Resp	B/P	Height	Weight
5.19.16	98.2	110	20	129/89	5'3"	203

Allergies: NKDA **Type of Reaction:** —

MENTAL STATUS ASSESSMENT

SPEECH: ✓ Normal ___ Abnormal Describe: ___
AFFECT: ✓ Normal ___ Flat ___ Labile ___ Other ___
FLIGHT OF IDEAS: ___ Yes ✓ No
JUDGMENT: ___ Good ✓ Fair ___ Poor
INSIGHT: ___ Good ✓ Fair ___ Poor
MEMORY: Recent Events: ___ Good ___ Fair ___ Poor
Past Events: ___ Good ___ Fair ___ Poor
ORIENTED TO: ___ Time ___ Place ___ Person
HALLUCINATIONS: by hx Yes ✓ No pt denies male voices from before "clear mind"
DELUSIONS: ___ Yes ✓ No
SUICIDAL IDEATION: ___ Yes ✓ No Ø since initial episode that caused admission
DRUG/ALCOHOL USE SINCE DISCHARGE: ___
CURRENT MEDICATIONS: See med reconciliation
Pt was able to fill meds + is compliant.

INITIAL INTERVENTIONS: ___ Special Precautions ___ Detoxification ___ Other ___

NURSING SUMMARY: Pt notes trauma @ 16 yo of being trapped in a house fire but Ø PTSD s/sx. Does have ⊖ memories of period of time prev. to inpt - afraid of losing family
Contraband check completed by: Pt

UPDATED FALL ASSESSMENT:
1. What was previous fall risk score? Ø
2. Number of falls since last admission. Ø
3. Any changes in fall prevention precautions? yes ___ no ✓
If yes, please indicate changes. ___
4. Is patient being placed on fall prevention precautions? yes ___ no ✓

1064 (10/05)

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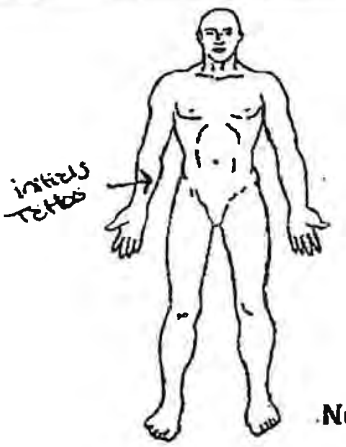
The Carolina Center For Behavioral Health

YOUNG, RUSTY
MR# 000047266 02/12/1987
A# 01485520017 05/10/2016
DR. G. JACOB M IAL

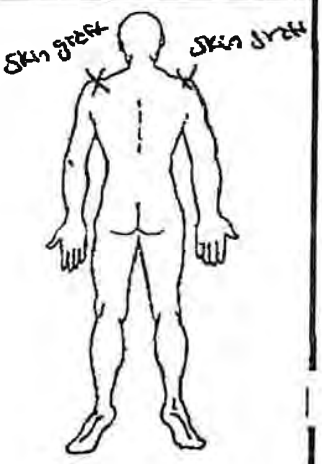
and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory. POSS Score(S,1,2,3,4):_____ ☐N/A		☐ Labored ☐Using Accessory Muscles Respiratory Regularity/Pattern: ☐Regular ☐Irregular ☐ Apnea noted ☐Snoring

Body / Skin Check

B – Bruising
SC – Scar
L – Lice/scabies
R – Rash
S – Superficial scratches
M – Moles/ Birthmarks
X – Stitches/staples
C-Cuts/Lacerations
BU-Burns
TAT-Tattoo
P-Patch: Type_____ ☐Removed ☐Continued
I- Internal Drug Delivery System:
Type_____ ☐Removed ☐Continued
Other: _____



None ☐



ALLERGIES: ☑ Denies any known allergies

1) _____ Reaction: _____
2) _____ Reaction: _____
3) _____ Reaction: _____
4) _____ Reaction: _____
5) _____ Reaction: _____
6) _____ Reaction: _____

Medications:

Medication Reconciliation? ☑ Yes ☐ No
Medication deposited in med room / safe
Medication sent home: _____
Other: _____

Physical Health

Cardiovascular: ☑ Denies problems ☐ Chest pain/angina ☐ Hypertension ☐ Hx. of heart attack ☐ Pacemaker ☐ Other, see below	**Sleep:** ☑ Denies problems ☐ Insomnia ☐ Nightmares ☐ Early awakening ☐ Other, see below	**Neurological:** ☑ Denies problems ☐ Seizures ☐ Weakness/paralysis ☐ Hx. of stroke ☐ TBI ☐ Other, see below	**Skin:** ☑ Denies problems ☐ Eczema or rash ☐ Ulcers or lesions ☐ Discoloration ☐ Other, see below	**Endocrine:** ☑ Denies problems ☐ Diabetes (circle one): -Med or diet controlled ☐ Hypothyroid ☐ Hyperthyroid ☐ Other, see below
Gastrointestinal: ☑ Denies problems ☐ Nausea / vomiting	**Bowel Patterns:** ☑ Denies problems ☐ Constipation ☐ Diarrhea	**Genitourinary:** ☑ Denies problems ☐ UTI ☐ Incontinence	**Musculoskeletal:** ☑ Denies problems ☐ Arthritis ☐ Back pain or	**Nose and Throat:** ☑ Denies problems ☐ Sore throat ☐ Sinus problems

R. 0699

PART I

PAGE 1

APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS

FOR HOSPITAL USE ONLY
Date Admitted
Hospital Register No.
Approval of Hospital Official
Signature / Date

(Complete in Triplicate)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

IN THE MATTER OF:

Person alleged to be mentally ill	Sex	Birthdate	Age	Race	Marital Status
Rusty Young	M	2/12/87	29	B	M

Street Address	City	State	Zip	Phone #	Length of Time Residing There
10 Yakutata Dr	Greenville	SC	29605	864 801-1523	

TO THE HOSPITAL DIRECTOR:

Application is hereby made for the INVOLUNTARY EMERGENCY ADMISSION of the aboved-named person to a SCDMH Psychiatric Hospital

or to _____
NAME OF NON-SCDMH HOSPITAL

for the following reasons:
That the undersigned believes that the aboved-named person is mentally ill, and because of this mental condition is likely to cause serious harm to self or others if not immediately hospitalized.

1. The specific type of serious harm thought probable is:
Harm to self & others

2. That the applicant bases his/her belief on the following grounds:
pt put gun to head in SI attempt

3. That the applicant understands that for Involuntary Emergency Admission to occur that the said person must be examined and certified by at least one licensed physician (Part II, Certificate of Licensed Physician for Mental Illness) as required by Section 44-17-410, S.C. Code, 1976, as amended. If the said person has not been examined, listed below are the reasons:
Examined by ER MD

That next-of-kin of allegedly mental ill person is Flore Young
Name

Relation Wife Whose address is _____ 864 877-9002
RFD or Street / City and State / Zip / Phone Number

In case of next-of-kin cannot be contacted, notify _____

Relation / Address / City and State / Zip / Phone Number

SWORN to before me this
10 day of May, 2016

Mary K. Duley
Notary Public for South Carolina or Probate Judge

My Commission Expires: 4/28/22

WHEREFORE, the undersigned requests that the person named above be admitted to a psychiatric hospital for treatment as authorized by law.

x Jeanette DeAngelo LMSW
Applicant's Signature

Jeanette DeAngelo
Name of Applicant (typed or printed)

701 Grove Rd Greenville SC
Address of Applicant

864 455-7000
Telephone Number of Applicant

GHS Staff (do not call)
Relation to Patient or Title, if any

(See reverse side which must be completed)

SCDMH FORM
APRL 89 (REV. JAN. 08) M-130 Pg. 1 of 2 (FM 06 01 2009) MH-FCC-2

RED INK/FORM MUST BE PRINTED IN COLOR

214

...TE OF SOUTH CAROLINA)
) **IN THE PROBATE COURT**
...Y OF _____)
EX PARTE:)
)
_____)
(Applicant)
THE MATTER OF:)
)
_____)
(A Person Alleged to be Mentally Ill)

ORDER FOR CONTINUED HOSPITALIZATION AND FOR HEARING

Upon reviewing the Application for Emergency Admission, the Certificate of Licensed Physician, and the additional documents submitted by the ...eatment facility (if any) in this matter, I find in these documents evidence that the above-named person is mentally ill and in need of emergency ...ospitalization. Based on that evidence I determine that there is probable cause to continue the emergency detention of the above-named person ...rsuant to the provisions of Section 44-17-410, S.C. Code, 1976, as amended.

IT IS SO ORDERED:

...said person be detained at _____ until the
(NAME OF HOSPITAL OR FACILITY)

_____ day of _____, 20____, at _____ o'clock, ____ m., at which time he/she will be brought before this court so that a ...ll hearing into his/her mental condition ca... be held.

...ated this _____ day of
_____, 20____.

_____
JUDGE OF PROBATE COURT

_____, South Carolina.

STATE OF SOUTH CAROLINA)
) **IN THE PROBATE COURT**
...TY OF _____)
EX ...ITE:)
)
_____)
(Applicant)
IN THE MATTER OF:)
)
_____)
(A Person Alleged to be Mentally Ill)

ORDER FOR RELEASE BASED ON NO PROBABLE CAUSE FOR EMERGENCY ADMISSION

Upon reviewing the Application for Emergency Admission, the Certificate of Licensed Physician, and the additional documents submitted by the ...reatment facility (if any) concerning the above-named person, I find that probable cause does not exist to continue the emergency detention of the ...above-named person pursuant to the provisions of Section 44-17-410, S.C. Code, 1976, as amended.

IT IS SO ORDERED:

That the Application herein be dismissed and that said person be released from the facility in which he/she is presently detained.

...this _____ day of
_____, 20____.

_____
JUDGE OF PROBATE COURT

_____, South Carolina.

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SCDMH FORM

PART II
CERTIFICATE OF LICENSED PHYSICIAN
EXAMINATION FOR EMERGENCY ADMISSION

Rusty Lee Young — NAME OF PERSON EXAMINED
29 — AGE
Greenville — COUNTY OF RESIDENCE
Greenville Memorial ER — PLACE OF EXAMINATION
1645 5-10-16 — HOUR AND DATE OF EXAMINATION

I, THE UNDERSIGNED LICENSED PHYSICIAN, have examined the above-named person and am of the opinion that the said individual:

☑ IS MENTALLY ILL AND because of this mental condition CURRENTLY POSES A SUBSTANTIAL RISK of physical harm to self and/or others to the extent that INVOLUNTARY EMERGENCY HOSPITALIZATION is recommended.

My recommendation for INVOLUNTARY EMERGENCY HOSPITALIZATION is based on the following symptoms and specific examples of behavior which indicate mental illness and probable risk of harm:

Auditory and visual hallucinations. Pt threatened to shoot self. Pt admits to owning a gun.

The person is therefore to be transported to _____ NAME OF SCDMH PSYCHIATRIC HOSPITAL

or to _____ NAME OF NON-SCDMH HOSPITAL for involuntary emergency admission.

For admission to SCDMH hospital, Physician must complete Part II, Page 2, over.

Angel Rochester, M.D. — SIGNATURE OF LICENSED PHYSICIAN
28737 — S.C. LICENSE NUMBER
Angel Rochester, M.D. — TYPED OR PRINTED NAME
864-455-7139 — PHONE NUMBER
701 Grove Rd Greenville SC 29605 — ADDRESS

All information MUST be typed or clearly printed

SCDMH FORM
APR. 89 (REV. JUN 2006) M-131 Section 44-17-410(2) (FM 06 04 06)
MH-FCC-2

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APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS

IMPORTANT NOTICE: All patients receiving treatment in a State Department of Mental Health facility will be charged the established fee as approved by th South Carolina Mental Health Commission.

PERTINENT FINANCIAL RESPONSIBILITY INFORMATION

Present Name	Full Name at Birth if Different From Present		
Rusty Young			
Education Level	**Social Security Number**	**Occupation**	**Monthly Income**
	249-65-7710		
Employer's Name	**Address**	**If not employed, source of income:**	
		Retirement: $	Public Assistance: $
		Other: $	

HOSPITALIZATION INSURANCE Coverage including group insurance, Medicare, Medicaid, Military medical care, etc.

Policy No. or HIB	Name of Insurance Co	Address	If group insurance, name & address of firm
U53487941O1	Cigna		

MILITARY SERVICE

Branch	Service Number	Dates of Service	Type Discharge	Monthly Pension	VA Claim No.
				$	

FINANCIAL REPRESENTATIVE Please list the name, address and telephone numbers of the person to receive financial statements and other media related to the personal financial affairs on behalf of the patient

Last Name	First Name	Middle Initial	Relation to Patient	Street Address or Rural Route & Box	Telephone
Young	Rusty		Self		
				City, State, Zip	Telephone

LIST OF SCDMH PSYCHIATRIC HOSPITAL

Division of Inpatient Services G. Werber Bryan Psychiatric Hospital 220 Faison Drive, Columbia, S.C. 29203 For information and prior to all admissions call: (803) 935-7143 – All Hours	Division of Inpatient Services Bryan Psychiatric Hospital Wellspring 2100 Bull Street, Columbia, S.C. 29202 For information and prior to all admissions call: (803) 898-2038 – All Hours	Division of Inpatient Services William S. Hall Psychiatric Institute 1800 Colonial Dr., P.O. Box 202 Columbia, S.C. 29202
Patrick B. Harris Psychiatric Hospital P.O. Box 2907, Anderson, S.C. 29622 For information and prior to all admissions call: (864) 231-2600 – All Hours	Division of Inpatient Services Forensics Evaluation and Treatment Services 7901 Farrow Road, Columbia, S.C. 29203 For information and prior to all admissions call: (803) 935-6334 or (803) 898-2038 – All Hours	Psychiatry Unit Forensic Unit Children's Unit For information and prior to all admissions call: (803) 898-1652 – All Hours

NOTE: ADMINISTRATIVE PROCEDURE – FORMS:

"Application for Emergency Admission, Part I", and "Certificate of Licensed Physician, Part II", must be completed in triplicate and accompany the patient t the receiving hospital. The hospital must forward one copy to Judge of Probate of the county in accordance with 44-17-410(3) and retain one copy in the person's hospital record. ADMISSION MUST BE WITHIN SEVENTY-TWO HOURS OF THE DATE OF THE CERTIFICATION OF THE LICENSEE PHYSICIAN, (PART II).

NOTE: TO LICENSED PHYSICIAN:

1. The licensed physician must consult with the local State Community Mental Health Center regarding the commitment/admission process and the available treatment options and alternatives in lieu of hospitalization at a state psychiatric facility. (Section 44-17-460, S.C. Code, 1976, as amended).
2. The licensed physician must also consult via telephone with the admitting physician of the receiving hospital regarding the appropriateness of admissio and the persons mental and physical treatment needs.

NOTE: TO POLICE AND OTHER OFFICERS OF THE PEACE:

The certificate of a licensed physician authorizes and requires taking the proposed patient into custody. Section 44-17-440, South Carolina Code of Laws 1976, as amended: "The certificate required by item 2 of Section 44-17-410 shall authorize and require any officer of the peace, preferably in civilian clothes to take the individual into custody and transport him to the hospital designated by the certification. No person shall be taken into custody after the expiration o three days from the date of the certification. Any friend or relative may transport the individual to the mental health facility designated in the application provided such friend or relative has read and signed a statement on the certificate which clearly states that it is the responsibility as an officer of the peace t transport the patient shall not be entitled to reimbursement from the State for the cost of such transportation. Any officer acting in accordance with the provisions of this article shall be immune from civil liability."

NOTE: TO FRIENDS AND RELATIVES:

It is the responsibility of an officer of the peace to provide timely transportation of the person alleged to be mentally ill to the designated mental health facility However, by freely signing this statement, you can choose to assume that responsibility. Transportation must begin immediately. This form must be hand delivered by you to the admissions office of the designated mental health facility at the time of admission.

Date

Signature of Friend or Relative/Relationship

PART II
CERTIFICATE OF LICENSED PHYSICIAN
EXAMINATION FOR EMERGENCY ADMISSION

Name of Patient	Sex	County of Residence	Date of Birth	Age
Rusty Lee Young	M	Greenville	2-12-87	29

Are there prior admissions to SCDMH or other mental hospitals?	Where?	When?
☐ Yes ☐ No		

Are there criminal charges?	If yes, give details (include county, type of charge).
☐ Yes ☐ No	

Reasons for psychiatric admission (specify symptomatology) (Not necessary to repeat if completed on Page1, over).

see page 1

Medical Condition of patient

Stable

Is patient medicated prior to transporting?	If yes, give type, amount, route and when administered.
☐ Yes ☐ No	

Medication – Maintenance Drugs

HEALTH OF PATIENT

Disease	Yes	No	Date(s)	Disease	Yes	No	Date(s)	Disease	Yes	No	Date(s)
Paralysis or Crippled Limbs		✓		Cancer		✓		Homicidal or Suicidal Tendency	✓		
Blindness or Eye Trouble		✓		TB or Lung Disease		✓		Mental Retardation or Dementia		✓	
Deafness or Ear Trouble		✓		Heart or HI Blood Pressure		✓		Syphilis		✓	
Epilepsy or Seizures		✓		Tremors or Abnormal Movements		✓		HIV		✓	
Diabetes		✓		Hepatitis		✓		Alcohol Abuse Beer			
Serious Allergies				Head Injury				Drug Abuse			
								Types Abused			

Patient's Operations

tobacco abuse.

Name of treatment facility accepting admission	Name of treatment facility physician authorizing admission

ON THE BASIS OF MY PERSONAL EXAMINATION I BELIEVE THAT THE PERSON IS IN NEED OF INVOLUNTARY EMERGENCY PSYCHIATRIC HOSPITALIZATION. FURTHERMORE, THE PERSON HAS NO MEDICAL/SURGICAL CONDITIONS OR DISABILITIES THAT PRESENTLY REQUIRE A GENERAL HOSPITAL OR NURSING HOME LEVEL OF CARE AND IS MEDICALLY STABLE AND PHYSICALLY ABLE TO PARTICIPATE IN PSYCHIATRIC TREATMENT.

I have consulted with the _____ Community Mental Health Center regarding Preadmission Screening. If not, state clinical reason

SIGNATURE OF LICENSED PHYSICIAN	M.D.	S.C. LICENSE NUMBER 28737	NAME OF CENTER
TYPED OR PRINTED NAME Angel Rochester	M.D.	PHONE NUMBER 864-455-7139	SIGNATURE OF FACE TO FACE SCREENER AND DATE
ADDRESS 701 Grove Rd Greenville SC 29605			PRINTED NAME OF SCREENER, TITLE AND ID #

All information MUST be typed or clearly printed

Rusty Young

REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

IS NOT MENTALLY ILL to such an extent that involuntary treatment is presently required.

My recommendation is based on the following observations and opinions:

Patient denies suicidal or homicidal ideation, intent, or plan. He has adequate insight and judgment. He is amenable to treatment plan and contracts for safety

My recommendation for additional treatment on a voluntary basis is:

outpatient follow-up.

SIGNATURE OF DESIGNATED EXAMINER | DEGREE: MD | MEDICAL OR PROFESSIONAL LICENSE NO.: 32952

TYPED OR PRINTED NAME OF DESIGNATED EXAMINER: George Jacob, M.D. | PHONE NUMBER: 864-235-2335

STREET ADDRESS: 2100 E. Phillips Road | CITY: Greer | COUNTY: Greenville | ZIP: 29650

NOTE: (1) "Mentally ill person" means a person afflicted with a mental disease to such an extent that, for his own welfare or the welfare of others or of the community, he requires care, treatment or hospitalization;

(2) "Likelihood of serious harm" means because of mental illness there is (1) a substantial risk of physical harm to the person himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious harm to them or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that the person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community;

All information MUST be typed or clearly printed.

REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

Name of Person Examined	Sex	Height	Weight	Age	Hair	Eyes	DOB	SS#	County of Residence
Rusty Lee Young	M	5'4"	200lb	29	Black	Brown	2-12-87	249677770	Guille

e of Examination	Hour and Date of Examination			
CCBH	12:20pm	5	16	2016

Name of Designated Examiner	Degree	Place of Professional Employment
Dr. Jacob	MD	CCBH

I, THE UNDERSIGNED EXAMINER, having been directed by Probate Court Order to do so, have examined the above-named person, considered previous hospitalization records and am of the opinion that the said individual:
(Check appropriate boxes.)

1. ☐ IS MENTALLY ILL, NEEDS INVOLUNTARY TREATMENT AND BECAUSE OF THIS MENTAL ILLNESS:

Lacks sufficient insight or capacity to make responsible decisions with respect to his/her treatment;

AND / OR

There is a likelihood of serious harm to self or others:

AND THEREFORE,

(1) ☐ INVOLUNTARY HOSPITALIZATION IS RECOMMENDED.

(2) ☐ INVOLUNTARY OUTPATIENT TREATMENT IS RECOMMENDED.

My recommendation is based on the following symptoms and specific examples of behavior:

(See reverse side which must be completed.)

All information MUST be typed or clearly printed.

Rusty Young

REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

☐ IS NOT MENTALLY ILL to such an extent that involuntary treatment is presently required.

☑ My recommendation is based on the following observations and opinions:

Patient denies any SI or HI. Patient is without any evidence of psychosis. Patient has adequate insight / judgment to make responsible decisions regarding his treatment. Patient is not at risk for harm to himself or others.

My recommendation for additional treatment on a voluntary basis is:

Pt patient provider if desired

Stephanie L Brock RN 8C4295355

SIGNATURE OF DESIGNATED EXAMINER | DEGREE | MEDICAL OR PROFESSIONAL LICENSE NO.

Stephanie L Brock 864295355

TYPED OR PRINTED NAME OF DESIGNATED EXAMINER | PHONE NUMBER

2700 East Phillips Rd Greer Greenville 29650

STREET ADDRESS | CITY | COUNTY | ZIP

NOTE: (1) "Mentally ill person" means a person afflicted with a mental disease to such an extent that, for his own welfare or the welfare of others or of the community, he requires care, treatment or hospitalization;

(2) "Likelihood of serious harm" means because of mental illness there is (1) a substantial risk of physical harm to the person himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious harm to them or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that the person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community;

All information MUST be typed or clearly printed.

REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

Name of Person Examined	Sex	Height	Weight	Age	Hair	Eyes	DOB	SS#	County of Residence
Misty Lee Young	M	5'4"	200lb.	29	black	brown	3.12.87	249657770	Cullman

Place of Examination	Hour and Date of Examination
CCBH	5.16.16 945am

Name of Designated Examiner	Degree	Place of Professional Employment
Stephanie Brock	RN	CCBH

I, THE UNDERSIGNED EXAMINER, having been directed by Probate Court Order to do so, have examined the above-named person, considered previous hospitalization records and am of the opinion that the said individual: (Check appropriate boxes.)

1. ☐ IS MENTALLY ILL, NEEDS INVOLUNTARY TREATMENT AND BECAUSE OF THIS MENTAL ILLNESS:

Lacks sufficient insight or capacity to make responsible decisions with respect to his/her treatment;

AND / OR

There is a likelihood of serious harm to self or others:

AND THEREFORE,

(1) ☐ INVOLUNTARY HOSPITALIZATION IS RECOMMENDED.

(2) ☐ INVOLUNTARY OUTPATIENT TREATMENT IS RECOMMENDED.

My recommendation is based on the following symptoms and specific examples of behavior:

(See reverse side which must be completed.)

All Information MUST be typed or clearly printed.

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

IN THE PROBATE COURT

Patient Copy

EX PARTE:

JEANETTE DEANGELO LMSW,
(Petitioner/Applicant)

IN THE MATTER OF:

RUSTY LEE YOUNG,
(A Person Alleged to be Mentally Ill)

NOTICE OF HEARING
APPOINTMENT OF COUNSEL
APPOINTMENT OF GUARDIAN AD LITEM
APPOINTMENT OF DESIGNATED EXAMINERS

NOTICE OF HEARING

TO: Petitioner/Applicant
Person Alleged to Mentally Ill
Counsel of Record
Guardian ad Litem
Designated Examiners
Other Interested Persons Known to the Court

YOU ARE HEREBY NOTIFIED that, based on the Petition filed in this matter and upon the report of a designated examiner or certificate of a licensed physician following an examination of the above-named person alleged to be mentally ill, finding that said person is mentally ill, a hearing will be held on **May 25, 2016, at 11:00 AM at CAROLINA CENTER BHS** for the purpose of taking testimony as to the mental condition of said person alleged to be mentally ill, at which you may appear, testify and within the discretion of the Court, present and cross-examine witnesses and have an opportunity to present to the Court any and all relevant and material evidence bearing on this matter, appearing either in person or by counsel.

YOU ARE FURTHER NOTIFIED that the person's detention at **CAROLINA CENTER BHS**, a facility for the mentally ill, is based on conclusions and the underlying facts as contained in either the Petition for Judicial Admission and Report of Designated Examiner or the Application for Emergency Admission and the Certificate of Licensed Physician.

YOU ARE FURTHER NOTIFIED that you have the right to request the names of the designated examiners and such other persons who will be called to testify and the substance of their proposed testimony.

YOU ARE FURTHER NOTIFIED that it must be proved by the presentation of clear and convincing evidence that said person alleged to be mentally ill is mentally ill, needs treatment and because of his/her condition:

(1) Lacks sufficient insight or capacity to make responsible decisions with respect to his/her treatment; or

(2) There is a likelihood of serious harm to himself/herself or others.

IN RE: **RUSTY LEE YOUNG**

APPOINTMENT OF COUNSEL

IT IS HEREBY ORDERED that **DOUGLAS A CHURDAR**, Attorney of the South Carolina Bar, is hereby appointed as counsel of and for the person alleged to mentally ill and is hereby charged with all the duties, responsibilities, powers and privileges conferred and made incumbent upon an Attorney at Law is such cases. Provided however, that should a privately retained counsel be obtained by or for the said person alleged to be mentally ill and this Court is so notified, then in that event, the aforesaid Court-appointed counsel shall be discharged as counsel in this case.

APPOINTMENT OF GUARDIAN AD LITEM

IT IS ORDERED that **Attorney DOUGLAS A CHURDAR** who is capable of understanding the rights of the person alleged to be mentally ill and who has no interest in conflict with or adverse to the rights of the person alleged to be mentally ill, is hereby appointed Guardian ad Litem of said person alleged to be mentally ill for the purpose of appearing for and acting on behalf of said person in all the proceedings herein, the said Guardian ad Litem having consented to act as Guardian ad Litem for said person alleged to be mentally ill for the purposes of the above-entitled action.

EXAMINATION BY TWO DESIGNATED EXAMINERS

IT IS ORDERED that **GEORGE JACOB MD**, a licensed physician and **STEPHANIE BROCK RN** shall examine the person alleged to be mentally ill and report without delay to this Court their respective written findings as to the mental condition of said person alleged to be mentally ill and his/her need for treatment.

IT IS SO ORDERED.

Deloris H. Faulkner (SEAL)
Presiding Judge of Probate Court

Dated: May 12, 2016
Greenville, S.C.

The Carolina Center for Behavioral Health
2700 East Phillips Road
Greer, SC 29650

PATIENT:	YOUNG, RUSTY L.	MRN:	259-000047266
ADMIT DATE:	07/07/2017	ACCT:	01536900010
DISCHARGE DATE:	07/14/2017	DOB:	02/12/1987

DISCHARGE SUMMARY

IDENTIFYING DATA: The patient is a 30-year-old African-American male.

CHIEF COMPLAINT: The patient reported his wife is cheating on him.

HISTORY OF PRESENT ILLNESS: The patient is a 30-year-old African-American male who came in about a year ago with the same complaints. He believe that his wife is cheating on him. He believes that he has a picture of that person who she is cheating with. The patient has a picture on the phone of a man from Facebook, but not with his wife, this was mentioned in the assessment at the hospital when he was at the hospital. The patient blames his wife that she brings in guys at home who are abusing marijuana and the patient gets very mad. He had a gun in his hand and was found with a gun in his car. The patient was brought here on commitment papers. He carries a diagnosis of schizophrenia, noted that doctor does not believe that he has schizophrenia, but believes that he has a delusional disorder. The patient was able to work and function well. He works at BMW plant. He tends to drink a lot of alcohol. The patient does not believe that is an issue; however, he also has a history of cocaine use in the past, which the patient denied at the time of psych eval and was mentioned in the chart that he has a history of cocaine. The patient admitted to drinking 5 shots of liquor 2-3 times a week. He also drinks a couple of beers along with it. The patient reported drinking since age 17, the last use was on 07/06/2017. The patient was very distressed because his wife does not listen to him that she denies that she is cheating but has sent him a photo of the man. The patient does not have any other proofs. He has not seen the man in the house, but he believes that he smelled marijuana there. The patient does not believe that his wife smokes marijuana. He believed that his wife called the police on him because he moved out of the house and went to stay with his ex-girlfriend with whom he has a 10-year-old child. The patient stated that his ex-girlfriend does believe the story is true but no body else believes that the story is true. Reportedly, his wife denies that there is anything like that going on. The patient keeps on saying that he is a good man, he does not want to hurt anybody, but the wife felt threatened. Patient denied any sleep issues or appetite issues. He denies that he is depressed but appears very stressed.

Past history of being at the Carolina Center about a year ago with a diagnosis of schizophrenia. The patient did not take medications after he got discharged. He survived for about a year and then came back. It is possible that he was on antipsychotic at that time when he was discharged, but that has to be confirmed from the old records.

PRESENTING MEDICAL ILLNESS: Nonsignificant. Patient reports he is not taking any medication.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

DISCHARGE SUMMARY

HOSPITAL COURSE: The patient was admitted involuntarily to the Adult Unit, placed on appropriate precautions. On admission, he was on no home medications. Supplemental p.r.n. medications were ordered for any physical issues, anxiety or agitation. During the course of hospitalization, the patient was encouraged to attend all groups daily including group therapy, recreational therapy, psychoeducational groups to include diagnosis education, med education, pain management education along with daily self-inventory checklist. The patient was admitted due to reports of paranoia. The patient was seen by a psychiatrist and nursing staff and therapy staff daily. He was stabilized via med management, group therapy, psychoeducation and one-on-one p.r.n. The patient responded well to treatment, reporting an improved mood. He denied suicidal or homicidal ideations at discharge. The risks, benefits and the alternatives of treatment were discussed with the patient. The patient denied any adverse side effects from medications. He was encouraged to continue working on delusional disorder and alcohol abuse by being abstinent from alcohol and drugs, attending all aftercare appointments scheduled, taking all medications as prescribed and directed, using healthy coping skills and asking for help.

LABS: He had a TSH within normal limits.

MENTAL STATUS AT THE TIME OF DISCHARGE: The patient is alert and oriented x3. Hygiene and grooming had improved. Speech: Normal rate, tone, and volume. Eye contact had improved. Mood is "real good." Affect full range. Thought processes were logical and goal directed, without loose association or flight of ideas. Anxiety of very mild impairment. No depressive symptoms noted. No suicidal or homicidal ideations. No psychosis. No auditory, visual, tactile or olfactory hallucinations. No paranoia was noted. Patient's perception of medication effectiveness "good." Concentration focused, no impairment. Insight and judgment is adequate. Memory is intact for recent and remote events. The patient is ambulatory with steady gait.

DISCHARGE INSTRUCTIONS AND AFTERCARE PLANS: Discharge and safety plans were discussed. Medications were discussed. Physical activity as tolerated. Diet regular. Followup Care: Keep all appointments. Take all medications as prescribed. The patient was instructed to call 911 if altered mental status, worsening of symptoms, side effects from medication or suicidal or homicidal ideations.

DISCHARGE PLANS: Follow up with Dr. Krishniah in Mauldin, South Carolina.

DISCHARGE MEDICATIONS: Abilify 5 mg daily.

DISCHARGE DIAGNOSES:
Psychiatric Diagnoses: Delusional disorder, alcohol use disorder.
Medical Diagnoses: None.

DISCHARGE SUMMARY

PROGNOSIS: Patient reports he is motivated to keep appointments and follow hospital recommendations. It is noted that the patient was psychiatrically and medically stable at the time of discharge.

Electronically signed by Cindy Gilreath, R.N. on 8/6/2017 4:38:41 PM

Electronically signed by George Jacob, M.D. on 8/7/2017 8:51:52 PM

DD: 8/1/2017 13:44
DT: 8/1/2017 13:56
Job# 153829310

The Carolina Center For Behavioral Health

YOUNG, RUSTY L
MR# 000047266 02/12/1987
A# 01536900010 07/07/2017
G. JACOB MD | M IAL

CURRENT MENTAL STATUS:	☐UNABLE TO ASSESS DUE TO:				
Appearance:	☐Well Groomed	☒Disheveled	☐ Unkempt	☐ Unclean	☐ Bizarre
Affect:	☐Appropriate ☐Blunted ☐Constricted ☐Flat ☐Labile ☐Euphoric ☒Sad ☐Incongruent with Mood ☐Anxious ☐Other:				
Mood:	☐Appropriate ☒Depressed ☐Hostile ☐Anxious ☐Euphoric ☐Hopeless ☐Helpless ☐Feelings of Guilt ☐Erratic ☐ Other:				
Oriented:	☒Person	☒Place	☒Time	☒Situation	☐None
Thought Process:	☐Appropriate ☐Intact/Organized ☒Circumstantial ☐Flighty/Racing Thoughts ☐Cognitive Disorder ☐Tangential ☐Blocking ☐Rumination ☐Loose Associations ☐Obsessive Compulsive ☐Disorganized				
Thought Content	☐Logical ☒Paranoid ☐Sexual Preoccupation ☒Delusional ☐Religiosity				
Speech:	☒Normal Rate/Rhythm ☐Soft ☐Loud ☐Slurred ☐Incoherent ☐Pressured ☐Word Salad				
Movement:	☒WNL ☐Tics ☐Tremors ☐Pacing ☐Other:				
Visual Contact:	☐Good ☒Fair ☐Poor ☐None				
Concentration:	☐Preoccupied ☐Short Attention ☒Focused ☐Distracted				
Memory:	☒Denies Impairments ☐Recent Memory Impairment ☐Remote Memory Impairment				
Insight:	☐ Good ☐Fair ☒Poor ☐Non-existent ☐Blames				
Judgment:	☐Good ☐Fair ☒Poor				

Clinical Presentation: Pt is a MAA M, 30 years old referred involuntarily by GPS (Grove Road) due to "increased paranoia, delusions, hallucinations." Pt appeared with identical scenario one year ago (delusions of wife cheating on him) but now with violent behaviors (cutting up couch) per hospital paperwork. Pt was found with a pistol in his car. Pt has a hx of schizophrenia, cocaine abuse and admits to drinking 7 drinks/day 3 days a week "when he is not working." Pt denies SI/HI and psychosis.

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville) **IN THE PROBATE COURT**

EX PARTE:
Kiera Richardson
(Applicant)

IN THE MATTER OF:
Rusty Lee Young
(A Person Alleged to be Mentally Ill)

NOTIFICATION OF EMERGENCY ADMISSION
APPOINTMENT OF DESIGNATED EXAMINERS

TO THE JUDGE OF PROBATE COURT FOR THE ABOVE-NAMED COUNTY:

YOU ARE HEREBY NOTIFIED:

(1) That the above-named Applicant filed an application for Emergency Admission alleging that the above-named person is mentally ill because of such condition is likely to cause serious harm, as defined in Section 44-23-10 (2), S.C. Code, 1976, as amended, if not immed hospitalized.

(2) That the above-named person alleged to be mentally ill was examined by a licensed physician, whose Certificate is attached hereto.

(3) As a result thereof, he/she was admitted to CCBH
(NAME OF HOSPITAL OR FACILITY)

on the 7 day of July, 20 17, in accordance with Section 44-17-410, S.C. Code, 1976, as amend

NOW THEREFORE, pursuant to Section 44-17-410(3), S.C. Code, 1976, as amended, the undersigned has forwarded to you the Application Certificate of Licensed Physician; and requests the appointment of the two designated examiners listed below:

Dated this 10 day of July, 20 17.

Catherine M Weidman
(SIGNATURE OF MENTAL HEALTH REPRESENTATIVE)
Catherine M Weidman
(TYPED NAME)
CAROLINA CTR FOR BHS
(FOR FUTURE CONSTITUTION)
2700 EAST PHILLIPS RD
GREER SC 296504815
(ADDRESS)
864235-2335
(TELEPHONE)

APPOINTMENT OF TWO DESIGNATED EXAMINERS

IT IS ORDERED that Dr. Jacob, a licensed physician; Eric Harper, LMFT shall examine the person alleged to be mentally ill. A re must be submitted to the Court within seven days from the date of admission as to the mental condition of said person alleged to be mentally ill his/her need for treatment.

Dated this _____ day of _____, 20____, _____, South Carolina.

_____
JUDGE OF PROBATE COURT

229

SCDMH FORM

ATE OF SOUTH CAROLINA)
)
L OF _____)

IN THE PROBATE COURT

F)
)
_____)
(Applicant)

ORDER FOR CONTINUED HOSPITALIZATION AND FOR HEARING

THE MATTER OF:)
)
_____)
(A Person Alleged to be Mentally Ill)

Upon reviewing the Application for Emergency Admission, the Certificate of Licensed Physician, and the additional documents submitted by the atment facility (if any) in this matter, I find in these documents evidence that the above-named person is mentally ill and in need of emergency spitalization. Based on that evidence I determine that there is probable cause to continue the emergency detention of the above-named person suant to the provisions of Section 44-17-410, S.C. Code, 1976, as amended.

T IS SO ORDERED:

That said person be detained at _____ until the
(NAME OF HOSPITAL OR FACILITY)

day of _____, 20____, at _____ o'clock, ____ m., at which time he/she will be brought before this court so that a hearing into his/her mental condition can be held.

ted this _____ day of

_____, 20____.

_____
JUDGE OF PROBATE COURT

_____, South Carolina.

ATE OF SOUTH CAROLINA)
)
OUNTY OF _____)

IN THE PROBATE COURT

: PARTE:)
)
_____)
(Applicant)

ORDER FOR RELEASE BASED ON NO PROBABLE CAUSE FOR EMERGENCY ADMISSION

THE MATTER OF:)
)
_____)
(A Person Alleged to be Mentally Ill)

Upon reviewing the Application for Emergency Admission, the Certificate of Licensed Physician, and the additional documents submitted by the atment facility (if any) concerning the above-named person, I find that probable cause does not exist to continue the emergency detention of the ove-named person pursuant to the provisions of Section 44-17-410, S.C. Code, 1976, as amended.

IT IS SO ORDERED:

That the Application herein be dismissed and that said person be released from the facility in which he/she is presently detained.

ted this _____ day of

_____, 20____.

_____
JUDGE OF PROBATE COURT

_____, South Carolina.

PART I

PAGE 1

APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS

FOR HOSPITAL USE ONLY	
Date Admitted	
Hospital Register No.	
Approval of Hospital Official	
Signature	Date

(Complete in Triplicate)
STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

IN THE MATTER OF:

Person alleged to be mentally ill	Sex	Birthdate	Age	Race	Marital Status
Buster Lee Young	M	2/12/87	30	A.A	Married

Street Address	City	State	Zip	Phone #	Length of Tir Residing The
1900 Boling Rd Apt 6H	Taylors	SC	29687	864-640-3554	2da

TO THE HOSPITAL DIRECTOR:

Application is hereby made for the INVOLUNTARY EMERGENCY ADMISSION of the aboved-named person to a SCDMH Psychiatric Hospital

or to _____
NAME OF NON-SCDMH HOSPITAL

for the following reasons:

That the undersigned believes that the aboved-named person is mentally ill, and because of this mental condition is likely to cause serious harm to self o others if not immediately hospitalized.

1. The specific type of serious harm thought probable is:

harm to others

2. That the applicant bases his/her belief on the following grounds:

delusional, threatening his wife, confused thinking, hx of psych mood swings, hearing voices, drinking excessively, paranoid

3. That the applicant understands that for Involuntary Emergency Admission to occur that the said person must be examined and certified by at least licensed physician (Part II, Certificate of Licensed Physician for Mental Illness) as required by Section 44-17-410, S.C. Code, 1976, as amended. If the person has not been examined, listed below are the reasons:

unwilling to be evaluated

4. That next-of-kin of allegedly mental ill person is Kiera Richardson
Name

Relation Spouse Whose address is 10 Yakutata Dr, Greenville 29607 864 326-
RFD or Street City and State Zip Phone Number

In case of next-of-kin cannot be contacted, notify _____

Relation Address City and State Zip Phone Number

SWORN to before me this

6th day of July, 2017.

Notary Public for South Carolina or Probate Judge

My Commission Expires: 6/27/2024

WHEREFORE, the undersigned requests that the person named above be admitted to a psychiatric hospital for treatment as authorized by law.

x _____
Applicant's Signature

Kiera Richardson
Name of Applicant (typed or printed)

10 Yakutata Dr Greenville, SC 296
Address of Applicant

864-326-7320
Telephone Number of Applicant

Relation to Patient or Title, if any

(See reverse side which must be completed)

APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS

IMPORTANT NOTICE: All patients receiving treatment in a State Department of Mental Health facility will be charged the established fee as approved by the South Carolina Mental Health Commission.

PERTINENT FINANCIAL RESPONSIBILITY INFORMATION

Patient Name	Full Name at Birth if Different From Present	
Rusty Young		

Education Level	Social Security Number	Occupation	Monthly Income
High School / Trade	249-65-7770	Assembly + Production	$2200.00

Employer's Name	Address	If not employed, source of income: Retirement	Public Assistance	Other
DRAEXL-MAIER	DUNCAN, SC	$	$	$

HOSPITALIZATION INSURANCE Coverage including group insurance, Medicare, Medicaid, Military medical care, etc.

Policy No. or HIB	Name of Insurance Co.	Address	If group insurance, name & address of firm
FUF993671948551	BCBS		

MILITARY SERVICE

Branch	Service Number	Dates of Service	Type Discharge	Monthly Pension	VA Claim No.
				$	

FINANCIAL REPRESENTATIVE Please list the name, address and telephone numbers of the person to receive financial statements and other media related to the personal financial affairs on behalf of the patient

Last Name	First Name	Middle Initial	Relation to Patient	Street Address or Rural Route & Box	Telephone
				City, State, Zip	Telephone

LIST OF SCDMH PSYCHIATRIC HOSPITAL

Division of Inpatient Services G. Werber Bryan Psychiatric Hospital 220 Faison Drive, Columbia, S.C. 29203 For information and prior to all admissions call: (803) 935-7143 – All Hours	Division of Inpatient Services Bryan Psychiatric Hospital Wellspring 2100 Bull Street, Columbia, S.C. 29202 For information and prior to all admissions call: (803) 898-2038 – All Hours	Division of Inpatient Services William S. Hall Psychiatric Institute 1800 Colonial Dr., P.O. Box 202 Columbia, S.C. 29202 Psychiatry Unit Forensic Unit Children's Unit For information and prior to all admissions call: (803) 898-1662 – All Hours
Patrick B. Harris Psychiatric Hospital P.O. Box 2907, Anderson, S.C. 29622 For information and prior to all admissions call: (864) 231-2600 – All Hours	Division of Inpatient Services Forensics Evaluation and Treatment Services 7901 Farrow Road, Columbia, S.C. 29203 For information and prior to all admissions call: (803) 935-6334 or (803) 898-2038 – All Hours	

NOTE: ADMINISTRATIVE PROCEDURE – FORMS:
"Application for Emergency Admission, Part I", and "Certificate of Licensed Physician, Part II", must be completed in triplicate and accompany the patient to the receiving hospital. The hospital must forward one copy to Judge of Probate of the county in accordance with 44-17-410(3) and retain one copy in the person's hospital record. ADMISSION MUST BE WITHIN SEVENTY-TWO HOURS OF THE DATE OF THE CERTIFICATION OF THE LICENSED PHYSICIAN. (PART II).

E: TO LICENSED PHYSICIAN:
1. The licensed physician must consult with the local State Community Mental Health Center regarding the commitment/admission process and the available treatment options and alternatives in lieu of hospitalization at a state psychiatric facility. (Section 44-17-460, S.C. Code, 1976, as amended).
2. The licensed physician must also consult via telephone with the admitting physician of the receiving hospital regarding the appropriateness of admission and the persons mental and physical treatment needs.

NOTE: TO POLICE AND OTHER OFFICERS OF THE PEACE:
The certificate of a licensed physician authorizes and requires taking the proposed patient into custody. Section 44-17-440, South Carolina Code of Laws, 1976, as amended: "The certificate required by Item 2 of Section 44-17-410 shall authorize and require any officer of the peace, preferably in civilian clothes, to take the individual into custody and transport him to the hospital designated by the certification. No person shall be taken into custody after the expiration of three days from the date of the certification. Any friend or relative may transport the individual to the mental health facility designated in the application, provided such friend or relative has read and signed a statement on the certificate which clearly states that it is the responsibility as an officer of the peace to transport the patient shall not be entitled to reimbursement from the State for the cost of such transportation. Any officer acting in accordance with the provisions of this article shall be immune from civil liability."

NOTE: TO FRIENDS AND RELATIVES:
It is the responsibility of an officer of the peace to provide timely transportation of the person alleged to be mentally ill to the designated mental health facility. However, by freely signing this statement, you can choose to assume that responsibility. Transportation must begin immediately. This form must be hand delivered by you to the admissions office of the designated mental health facility at the time of admission.

Date

Signature of Friend or Relative/Relationship

PAGE

PART II
CERTIFICATE OF LICENSED PHYSICIAN
EXAMINATION FOR EMERGENCY ADMISSION

Young, Rusty — NAME OF PERSON EXAMINED — AGE — Greenville — COUNTY OF RESIDENCE

Greenville Memorial Hospital — PLACE OF EXAMINATION — 9/7/17 @ 11:45pm — HOUR AND DATE OF EXAMINATION

I, THE UNDERSIGNED LICENSED PHYSICIAN, have examined the above-named person and am of the opinion that the said individual:

☑ IS MENTALLY ILL AND because of this mental condition CURRENTLY POSES A SUBSTANTIAL RISK of physical harm to self and/or others t the extent that INVOLUNTARY EMERGENCY HOSPITALIZATION is recommended.

My recommendation for INVOLUNTARY EMERGENCY HOSPITALIZATION is based on the following symptoms and specific examples of behavior which indicate mental illness and probable risk of harm:

pt presented with his wife who completed part I due to threats of violence & harm with hx schizophrenia but had been controlled c medication. The concerning aspect of this presentation is the pt presented c similar delusions of ~~wanting to kill~~ (arson) his wife chasing ~~on~~ him at which time he was hospitalized & CEBP. pt was found with PISTOL @ his side.

The person is therefore to be transported to _____ NAME OF SCDMH PSYCHIATRIC HOSPITAL

or to _____ NAME OF NON-SCDMH HOSPITAL for involuntary emergency admission.

For admission to SCDMH hospital, Physician must complete Part II, Page 2, over.

_____, M.D — SIGNATURE OF LICENSED PHYSICIAN — 39085 — S C LICENSE NUMBER

Karen Conrad, M.D — TYPED OR PRINTED NAME — 864. 455 - [illegible] — PHONE NUMBER

701 Grove Road, Greenville SC — ADDRESS

All information MUST be typed or clearly printed

SCDMH FORM
APR. 89 (REV JUN 2005) M-131 Section 44-17-410(2) (FM 06 04 08)
MH-FCC-2

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PART II
~~CERTIFICATE OF LICENSED PHYSICIAN~~
EXAMINATION FOR EMERGENCY ADMISSION

Name of Patient	Sex	County of Residence	Date of Birth	Age
Russy Lee Young	M	Greenville	2/12/81	30

Are there prior admissions to SCDMH or other mental hospitals? ☑ Yes ☐ No — Where? CCBH — When? 2014

Are there criminal charges? ☐ Yes ☐ No — If yes, give details (include county, type of charge)

Reasons for psychiatric admission (specify symptomatology) (Not necessary to repeat if completed on Page1. over).

See p. 1

Medical Condition of patient

0

Is patient medicated prior to transporting? ☐ Yes ☐ No — If yes, give type, amount, route and when administered

Medication – Maintenance Drugs

HEALTH OF PATIENT

Disease	Yes	No	Date(s)	Disease	Yes	No	Date(s)	Disease	Yes	No	Date(s)
Paralysis or Crippled Limbs				Cancer				Homicidal or Suicidal Tendency	X		7/6/7
Blindness or Eye Trouble				TB or Lung Disease				Mental Retardation or Dementia			
Deafness or Ear Trouble				Heart or HI Blood Pressure				Syphilis			
Epilepsy or Seizures				Tremors or Abnormal Movements				HIV			
Diabetes				Hepatitis				Alcohol Abuse			
Serious Allergies				Head Injury				Drug Abuse			
								Types Abused			

Patient's Operations

Name of treatment facility accepting admission

Name of treatment facility physician authorizing admission

ON THE BASIS OF MY PERSONAL EXAMINATION I BELIEVE THAT THE PERSON IS IN NEED OF INVOLUNTARY EMERGENCY PSYCHIATRI HOSPITALIZATION. FURTHERMORE, THE PERSON HAS NO MEDICAL/SURGICAL CONDITIONS OR DISABILITIES THAT PRESENTLY REQUIRE GENERAL HOSPITAL OR NURSING HOME LEVEL OF CARE AND IS MEDICALLY STABLE AND PHYSICALLY ABLE TO PARTICIPATE PSYCHIATRIC TREATMENT

I have consulted with the _____ Community Mental Health Center regarding Preadmission Screening. If not, state clinical reason _____

SIGNATURE OF LICENSED PHYSICIAN — M.D. 39085 — SC LICENSE NUMBER

NAME OF CENTER

KAREN HOMMEL — M.D. 455-7002 — PHONE NUMBER

TYPED OR PRINTED NAME

SIGNATURE OF FACE TO FACE SCREENER AND DATE

701 GREENE ROAD

ADDRESS

PRINTED NAME OF SCREENER, TITLE AND ID #

All information MUST be typed or clearly printed

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

IN THE PROBATE COURT

EX PARTE:

KIERA RICHARDSON,
(Petitioner/Applicant)

IN THE MATTER OF:

RUSTY LEE YOUNG,
(A Person Alleged to be Mentally Ill)

NOTICE OF HEARING
APPOINTMENT OF COUNSEL
APPOINTMENT OF GUARDIAN AD LITEM
APPOINTMENT OF DESIGNATED EXAMINERS

NOTICE OF HEARING

FILED
JUL 11 2017
GREENVILLE COUNTY
PROBATE COURT

TO: Petitioner/Applicant
Person Alleged to Mentally Ill
Counsel of Record
Guardian ad Litem
Designated Examiners
Other Interested Persons Known to the Court

YOU ARE HEREBY NOTIFIED that, based on the Petition filed in this matter and upon the report of a designated examiner or certificate of a licensed physician following an examination of the above-named person alleged to be mentally ill, finding that said person is mentally ill, a hearing will be held on **July 19, 2017**, at **11:00 AM at CAROLINA CENTER BHS** for the purpose of taking testimony as to the mental condition of said person alleged to be mentally ill, at which you may appear, testify and within the discretion of the Court, present and cross-examine witnesses and have an opportunity to present to the Court any and all relevant and material evidence bearing on this matter, appearing either in person or by counsel. **If the patient is released from the hospital prior to the hearing date, then the hearing will be canceled.**

YOU ARE FURTHER NOTIFIED that the person's detention at **CAROLINA CENTER BHS**, a facility for the mentally ill, is based on conclusions and the underlying facts as contained in either the Petition for Judicial Admission and Report of Designated Examiner or the Application for Emergency Admission and the Certificate of Licensed Physician.

YOU ARE FURTHER NOTIFIED that you have the right to request the names of the designated examiners and such other persons who will be called to testify and the substance of their proposed testimony.

YOU ARE FURTHER NOTIFIED that it must be proved by the presentation of clear and convincing evidence that said person alleged to be mentally ill is mentally ill, needs treatment and because of his/her condition:

(1) Lacks sufficient insight or capacity to make responsible decisions with respect to his/her treatment; or

(2) There is a likelihood of serious harm to himself/herself or others.

IN RE: **RUSTY LEE YOUNG**

APPOINTMENT OF COUNSEL

IT IS HEREBY ORDERED that **E ZACHARY HORTON**, Attorney of the South Carolina Bar, is hereby appointed as counsel of and for the person alleged to mentally ill and is hereby charged with all the duties, responsibilities, powers and privileges conferred and made incumbent upon an Attorney at Law is such cases. Provided however, that should a privately retained counsel be obtained by or for the said person alleged to be mentally ill and this Court is so notified, then in that event, the aforesaid Court-appointed counsel shall be discharged as counsel in this case.

APPOINTMENT OF GUARDIAN AD LITEM

IT IS ORDERED that **Attorney E ZACHARY HORTON** who is capable of understanding the rights of the person alleged to be mentally ill and who has no interest in conflict with or adverse to the rights of the person alleged to be mentally ill, is hereby appointed Guardian ad Litem of said person alleged to be mentally ill for the purpose of appearing for and acting on behalf of said person in all the proceedings herein, the said Guardian ad Litem having consented to act as Guardian ad Litem for said person alleged to be mentally ill for the purposes of the above-entitled action.

EXAMINATION BY TWO DESIGNATED EXAMINERS

IT IS ORDERED that **GEORGE JACOB MD**, a licensed physician and **ERIC HARPER LMF** shall examine the person alleged to be mentally ill and report without delay to this Court their respective written findings as to the mental condition of said person alleged to be mentally ill and his/her need for treatment.

IT IS SO ORDERED.

Deborah H. Faulkner (SEAL)
Presiding Judge of Probate Court

Dated: July 11, 2017
Greenville, S.C.

SCDMH FORM
REV OCT '83 M123B

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

IN THE PROBATE COURT

EX PARTE:

KIERA RICHARDSON,
(Applicant)

IN THE MATTER OF:

RUSTY LEE YOUNG,
(A Person Alleged to be Mentally Ill.)

APPOINTMENT OF
DESIGNATED EXAMINERS

FILED
JUL 11 2017
GREENVILLE COUNTY
PROBATE COURT

IT IS ORDERED that GEORGE JACOB MD, a licensed physician and ERIC HARPER LMF shall examine the person alleged to be mentally ill. A report must be submitted to the Court within seven days from the date of admission as to the mental condition of said person alleged to be mentally ill and his/her need for treatment.

IT IS SO ORDERED.

July 11, 2017
Greenville, South Carolina

Deborah H. Faulkner
Presiding Judge of Probate Court

SCDMH FORM
APR 89 (REV APR 91) M-133

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STATE OF SOUTH CAROLINA **IN THE PROBATE COURT**

COUNTY OF GREENVILLE

EX PARTE:

KIERA RICHARDSON,
(Applicant)

IN THE MATTER OF:

RUSTY LEE YOUNG,
(A Person Alleged to be Mentally Ill)

ORDER FOR CONTINUED HOSPITALIZATION AND FOR HEARING

FILED
JUL 11 2017
GREENVILLE COUNTY
PROBATE COURT

Upon reviewing the Application for Emergency Admission, Certificate of Licensed Physician, and the additional documents submitted by the treatment facility (if any) in this matter, I find in these documents evidence that the above-named person is mentally ill and in need of emergency hospitalization. Based on that evidence I determine that there is probable cause to continue the emergency detention of the above-named person pursuant to the provisions of Section 44-17-410, S.C. Code, 1976, as amended.

IT IS SO ORDERED: That said person be detained at CAROLINA CENTER BHS until July 19, 2017 at 11:00 AM at which time he/she will be brought before this court so that a full hearing into his/her mental condition can be held.

July 11, 2017
Greenville, South Carolina

Deborah H. Faulkner
Presiding Judge of Probate

SCDMH FORM
APR 89 (REV APR 91) M-133
MH-FCC-2

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REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

Name of Person Examined	Sex	DOB	Age	Race	Height	Weight	Hair	Eyes	SS#	County of Residence
Justy Lee Young	M	21287	30	AA	5'1	205	Blk	Brn	249657770	Louille

Place of Examination	Hour and Date of Examination
CCBH	09:30 7/13/2017

Name of Designated Examiner	Degree	Place of Professional Employment
Dr. Jacob	MD	CCBH

I, THE UNDERSIGNED EXAMINER, having been directed by Probate Court Order to do so, have examined the above-named perso reviewed the previous hospitalization records (if available), and considered the definitions of "person with mental illness" and "likelihood serious harm," and am of the opinion that the person:
(Check appropriate boxes.)

1. ☐ IS MENTALLY ILL, REQUIRING INVOLUNTARY TREATMENT BECAUSE OF HIS/HER DIAGNOSIS OF _____, AND AT THIS TIME:
(diagnosis)

He/She lacks sufficient insight or capacity to make responsible decisions with respect to his/her treatment;

AND/OR

There is a likelihood of serious harm to self or others;

AND THEREFORE,

☐ INVOLUNTARY HOSPITALIZATION IS RECOMMENDED (for persons not already hospitalized).

☐ FURTHER INVOLUNTARY HOSPITALIZATION IS RECOMMENDED, AND/OR

☐ UPON DISCHARGE OR COURT ORDER, INVOLUNTARY OUTPATIENT TREATMENT IS RECOMMENDED.

My recommendation is based on the following symptoms and specific examples of behavior:

☐ Threats and/or attempts at suicide or serious bodily harm,

☐ Homicidal or violent behaviors,

☐ Self-neglect, inability to care for, and/or protect self, and/or

☐ Other: _____

Describe specifics of each box checked: _____

(Page 2 must be completed.)

All information MUST be typed or written legibly.

Rusty Young

REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

II. ☑ IS MENTALLY ILL, BUT NOT TO SUCH AN EXTENT THAT AN ORDER OF INVOLUNTARY TREATMENT IS PRESENTLY REQUIRED.

☐ If the above-named person is currently subject to an Involuntary Outpatient Order, that Order should remain in FULL FORCE AND EFFECT.

My recommendation is based on the following observations and opinions:

patient denies suicidal or homicidal ideation, intent, or plan. He has adequate insight and judgment. He is amenable to treatment plan and contracts for safety.

III. ☐ IS NOT MENTALLY ILL, therefore, DISMISSAL of this Application/Petition and immediate DISCHARGE of this person is recommended.

My recommendation is based on the following observations and opinions:

My recommendation for additional treatment on a voluntary basis is:

SIGNATURE OF DESIGNATED EXAMINER | DEGREE: MD | MEDICAL OR PROFESSIONAL LICENSE NO.: 32952

George Jacob, M.D.

TYPED OR PRINTED NAME OF DESIGNATED EXAMINER | PHONE NUMBER: 864-235-2335

CAROLINA CTR FOR BHS
2700 EAST PHILLIPS RD
GREER SC 296504815

STREET ADDRESS | CITY | COUNTY | ZIP

NOTE: (1) "Person with Mental Illness" means a person afflicted with a mental disease to such an extent that (a) his own welfare or the welfare of others or of the community, he requires care, treatment or hospitalization. S.C. Code § 44-23-10(21).

(2) "Likelihood of serious harm" means because of mental illness there is (1) a substantial risk of physical harm to the person himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious harm to them or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that the person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community. S.C. Code § 44-23-10(13).

All information MUST be typed or written legibly.

REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

Name of Person Examined	Sex	DOB	Age	Race	Height	Weight	Hair	Eyes	SS#	County of Residence
Rusty Lee Young	M	2/28/87	30	AA	205	5'9"	Black	Brown	249657700	Cullman

Place of Examination	Hour and Date of Examination
CCBH	7/31/17 2:30pm

Name of Designated Examiner	Degree	Place of Professional Employment
Eric Harper	LMFT	CCBH

I, THE UNDERSIGNED EXAMINER, having been directed by Probate Court Order to do so, have examined the above-named perso reviewed the previous hospitalization records (if available), and considered the definitions of "person with mental illness" and "likelihood serious harm," and am of the opinion that the person:
(Check appropriate boxes.)

1. ☐ IS MENTALLY ILL, REQUIRING INVOLUNTARY TREATMENT BECAUSE OF HIS/HER DIAGNOSIS OF _____ (diagnosis), AND AT THIS TIME:

He/She lacks sufficient insight or capacity to make responsible decisions with respect to his/her treatment;

AND/OR

There is a likelihood of serious harm to self or others;

AND THEREFORE,

☐ INVOLUNTARY HOSPITALIZATION IS RECOMMENDED (for persons not already hospitalized).

☐ FURTHER INVOLUNTARY HOSPITALIZATION IS RECOMMENDED, AND/OR

☐ UPON DISCHARGE OR COURT ORDER, INVOLUNTARY OUTPATIENT TREATMENT IS RECOMMENDED.

My recommendation is based on the following symptoms and specific examples of behavior:

☐ Threats and/or attempts at suicide or serious bodily harm,

☐ Homicidal or violent behaviors,

☐ Self-neglect, inability to care for, and/or protect self, and/or

☐ Other: _____

Describe specifics of each box checked: _____

(Page 2 must be completed.)

All information MUST be typed or written legibly.

Rusty Young

REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

II. ☑ IS MENTALLY ILL, BUT NOT TO SUCH AN EXTENT THAT AN ORDER OF INVOLUNTARY TREATMENT IS PRESENTLY REQUIRED.

☐ If the above-named person is currently subject to an Involuntary Outpatient Order, that Order should remain in FULL FORCE AND EFFECT.

My recommendation is based on the following observations and opinions:

PT IS LUCID. THOUGHTS ARE LOGICAL. HE DENIES ANY SUICIDAL OR HOMICIDAL IDEATIONS HE REPORTS THAT HIS MOOD IS GOOD. MEDICATIONS ARE WORKING. PT HAS INSIGHT AND IS CAPABLE OF MAKING RESPONSIBLE DECISIONS TOWARDS HIS TREATMENT.

III. ☐ IS NOT MENTALLY ILL, therefore, DISMISSAL of this Application/Petition and immediate DISCHARGE of this person is recommended.

My recommendation is based on the following observations and opinions:

My recommendation for additional treatment on a voluntary basis is:

Eric Thorpe — LMFT

SIGNATURE OF DESIGNATED EXAMINER | DEGREE | MEDICAL OR PROFESSIONAL LICENSE NO.

ERIC THORPE — 235-2335

TYPED OR PRINTED NAME OF DESIGNATED EXAMINER | PHONE NUMBER

CAROLINA CTR FOR BHS

2700 EAST PHILLIPS RD — GREER — SC — 29650-4815 — 864235-2335

STREET ADDRESS | CITY | COUNTY | ZIP

NOTE: (1) "Person with Mental Illness" means a person afflicted with a mental disease to such an extent that, for his own welfare or the welfare of others or of the community, he requires care, treatment or hospitalization. S.C. Code § 44-23-10(21).

(2) "Likelihood of serious harm" means because of mental illness there is (1) a substantial risk of physical harm to the person himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious harm to them or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that the person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community. S.C. Code § 44-23-10(13).

All information MUST be typed or written legibly.

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

IN THE PROBATE COURT

FILED
JUL 13 2017
GREENVILLE COUNTY
PROBATE COURT

EX PARTE:
KIERA RICHARDSON
(Petitioner/Applicant)

ORDER OF DISMISSAL

IN THE MATTER OF:
RUSTY LEE YOUNG
A Person Alleged to be Mentally Ill.
File No. 17MI231936

(Strike a., b., c. or d., whichever three are incorrect)

a. Upon reading the Report of the Two Designated Examiners that the above-named person is not mentally ill,

b. Upon reading the majority reports of the Three Designated Examiners that the above-named person is not mentally ill,

c. Upon reading the reports of the Two Designated Examiners that the above-named person is mentally ill but not to such an extent that an order of involuntary treatment is presently required,

Check if appropriate

☐ If the above-named person is currently subject to an Involuntary Out-Patient Order, that Order shall remain in FULL FORCE AND EFFECT

d. After a full hearing on the issues involved herein and consideration of the testimony and record, and it appearing that there is not clear and convincing evidence that the above-named person is mentally ill to such an extent that an Order of involuntary treatment is presently required.

IT IS ORDERED:

e That the petition/application herein be dismissed.

(Strike out e., if inapplicable)

f. That the person alleged to be mentally ill be released from the facility in which he/she is presently detained.

Date: July 13, 2017

Hope Barton (SEAL)

☐ Debora A. Faulkner, Probate Court Judge
☐ Caroline M. Horlbeck, Assoc. Probate Judge
☐ Elizabeth P. Wiygul, Assoc. Probate Judge
☐ Tammy G. Douglas, Deputy Judge
☒ Hope Barton, Deputy Judge

SCDMH FORM REV FEB 95 M-122B MH-FCC2

400

2/3

R. 0729

PART I

PAGE 1

APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS

FOR HOSPITAL USE ONLY
Date Admitted
Hospital Register No.
Approval of Hospital Official
Signature / Date

(Complete in Triplicate)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

IN THE MATTER OF:

Person alleged to be mentally ill	Sex	Birthdate	Age	Race	Marital Status
Rusty Young	M	2/12/87	29	B	M

Street Address	City	State	Zip	Phone #	Length of Time Residing There
10 Yakutata Dr	Greenville	SC	29605	864 801-1523	

TO THE HOSPITAL DIRECTOR:

Application is hereby made for the INVOLUNTARY EMERGENCY ADMISSION of the above-named person to a SCDMH Psychiatric Hospital

or to _____
NAME OF NON-SCDMH HOSPITAL

for the following reasons:
That the undersigned believes that the above-named person is mentally ill, and because of this mental condition is likely to cause serious harm to self or others if not immediately hospitalized.

1. The specific type of serious harm thought probable is:
harm to self & others

2. That the applicant bases his/her belief on the following grounds:
pt put gun to head in S.I attempt

3. That the applicant understands that for Involuntary Emergency Admission to occur that the said person must be examined and certified by at least two licensed physician (Part II, Certificate of Licensed Physician for Mental Illness) as required by Section 44-17-410, S.C. Code, 1976, as amended. If the said person has not been examined, listed below are the reasons:
Examined by ER MD

That next-of-kin of allegedly mental ill person is Flore: Young
Name

Relation Wife Whose address is _____ 864 877-9002
RFD or Street City and State Zip Phone Number

In case of next-of-kin cannot be contacted, notify _____

Relation Address City and State Zip Phone Number

SWORN to before me this
10 day of May, 2016
Mary K. Duley
Notary Public for South Carolina or Probate Judge
My Commission Expires: 4/28/22

WHEREFORE, the undersigned requests that the person named above be admitted to a psychiatric hospital for treatment as authorized by law.

x Jeanette DeAngelo LMSW
Applicant's Signature
Jeanette DeAngelo
Name of Applicant (typed or printed)
701 Grove Rd Greenville SC
Address of Applicant
864 455-7000
Telephone Number of Applicant
CHS Staff (do not call)
Relation to Patient or Title, if any

(See reverse side which must be completed)

SCDMH FORM
APR. 89 (REV. JAN. 06) M-130 Pg. 1 of 2 (FM 06 01 2006) MH-FCC-2 RED INK FORM MUST BE PRINTED IN COLOR

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APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS

IMPORTANT NOTICE: All patients receiving treatment in a State Department of Mental Health facility will be charged the established fee as approved by the South Carolina Mental Health Commission.

PERTINENT FINANCIAL RESPONSIBILITY INFORMATION

Name	Full Name at Birth if Different From Present
Rusty Young	

Education Level	Social Security Number	Occupation	Monthly Income
	249-65-7710		

Employer's Name	Address	If not employed, source of income: Retirement	Public Assistance	Other
		$	$	$

HOSPITALIZATION INSURANCE Coverage including group insurance, Medicare, Medicaid, Military medical care, etc.

Policy No. or HIB	Name of Insurance Co	Address	If group insurance, name & address of firm
U53487941O1	Cigna		

MILITARY SERVICE

Branch	Service Number	Dates of Service	Type Discharge	Monthly Pension	VA Claim No.
				$	

FINANCIAL REPRESENTATIVE Please list the name, address and telephone numbers of the person to receive financial statements and other media related to the personal financial affairs on behalf of the patient

Last Name	First Name	Middle Initial	Relation to Patient	Street Address or Rural Route & Box	Telephone
Young	Rusty		Self		
				City, State, Zip	Telephone

LIST OF SCDMH PSYCHIATRIC HOSPITAL

Division of Inpatient Services G. Werber Bryan Psychiatric Hospital 220 Faison Drive, Columbia, S.C. 29203 For information and prior to all admissions call: (803) 935-7143 – All Hours	Division of Inpatient Services Bryan Psychiatric Hospital Wellspring 2100 Bull Street, Columbia, S.C. 29202 For information and prior to all admissions call: (803) 898-2038 – All Hours	Division of Inpatient Services William S. Hall Psychiatric Institute 1800 Colonial Dr., P.O. Box 202 Columbia, S.C. 29202 Psychiatry Unit Forensic Unit Children's Unit For information and prior to all admissions call: (803) 898-1662 – All Hours
Patrick B. Harris Psychiatric Hospital P.O. Box 2907, Anderson, S.C. 29622 For information and prior to all admissions call: (864) 231-2600 – All Hours	Division of Inpatient Services Forensics Evaluation and Treatment Services 7901 Farrow Road, Columbia, S.C. 29203 For information and prior to all admissions call: (803) 935-6334 or (803) 898-2038 – All Hours	

NOTE: ADMINISTRATIVE PROCEDURE – FORMS:

"Application for Emergency Admission, Part I", and "Certificate of Licensed Physician, Part II", must be completed in triplicate and accompany the patient to the receiving hospital. The hospital must forward one copy to Judge of Probate of the county in accordance with 44-17-410(3) and retain one copy in the person's hospital record ADMISSION MUST BE WITHIN SEVENTY-TWO HOURS OF THE DATE OF THE CERTIFICATION OF THE LICENSED PHYSICIAN, (PART II).

NOTE: TO LICENSED PHYSICIAN:

1. The licensed physician must consult with the local State Community Mental Health Center regarding the commitment/admission process and the available treatment options and alternatives in lieu of hospitalization at a state psychiatric facility. (Section 44-17-460, S.C. Code, 1976, as amended).
2. The licensed physician must also consult via telephone with the admitting physician of the receiving hospital regarding the appropriateness of admission and the persons mental and physical treatment needs.

NOTE: TO POLICE AND OTHER OFFICERS OF THE PEACE:

The certificate of a licensed physician authorizes and requires taking the proposed patient into custody. Section 44-17-440, South Carolina Code of Laws, 1976, as amended: "The certificate required by item 2 of Section 44-17-410 shall authorize and require any officer of the peace, preferably in civilian clothes, to take the individual into custody and transport him to the hospital designated by the certification. No person shall be taken into custody after the expiration of three days from the date of the certification. Any friend or relative may transport the individual to the mental health facility designated in the application, provided such friend or relative has read and signed a statement on the certificate which clearly states that it is the responsibility as an officer of the peace to transport the patient shall not be entitled to reimbursement from the State for the cost of such transportation. Any officer acting in accordance with the provisions of this article shall be immune from civil liability."

NOTE: TO FRIENDS AND RELATIVES:

It is the responsibility of an officer of the peace to provide timely transportation of the person alleged to be mentally ill to the designated mental health facility. However, by freely signing this statement, you can choose to assume that responsibility. Transportation must begin immediately. This form must be hand delivered by you to the admissions office of the designated mental health facility at the time of admission.

Date Signature of Friend or Relative/Relationship

PAGE

PART II
CERTIFICATE OF LICENSED PHYSICIAN
EXAMINATION FOR EMERGENCY ADMISSION

Rusty Lee Young — NAME OF PERSON EXAMINED
29 — AGE
Greenville — COUNTY OF RESIDENCE
Greenville Memmal ER — PLACE OF EXAMINATION
1645 5-10-16 — HOUR AND DATE OF EXAMINATION

I, THE UNDERSIGNED LICENSED PHYSICIAN, have examined the above-named person and am of the opinion that the said individual:

☑ IS MENTALLY ILL AND because of this mental condition CURRENTLY POSES A SUBSTANTIAL RISK of physical harm to self and/or others t the extent that INVOLUNTARY EMERGENCY HOSPITALIZATION is recommended.

My recommendation for INVOLUNTARY EMERGENCY HOSPITALIZATION is based on the following symptoms and specific examples of behavior which indicate mental illness and probable risk of harm:

Auditory and usual hallucinations. Pt threatened to shoot self. Pt admits to owning a gun.

The person is therefore to be transported to _____ NAME OF SCDMH PSYCHIATRIC HOSPITAL

or to _____ NAME OF NON-SCDMH HOSPITAL for involuntary emergency admission.

For admission to SCDMH hospital, Physician must complete Part II, Page 2, over.

[signature] M.D. — SIGNATURE OF LICENSED PHYSICIAN
28737 — S.C. LICENSE NUMBER
Angel Rochester M.D. — TYPED OR PRINTED NAME
864-455-7139 — PHONE NUMBER
701 Grove Rd Greenville SC 29605 — ADDRESS

All information MUST be typed or clearly printed

SCDMH FORM
APR. 89 (REV. JUN 2008) M-131 Section 44-17-410(2) (FM 06 04 08)
MH-FCC-2

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2/3

R. 0732

PART II
CERTIFICATE OF LICENSED PHYSICIAN
EXAMINATION FOR EMERGENCY ADMISSION

Name of Patient	Sex	County of Residence	Date of Birth	Age
Rusty Lee Young	M	Greenville	2-12-87	29

Are there prior admissions to SCDMH or other mental hospitals? ☐ Yes ☐ No — Where? — When?

Are there criminal charges? ☐ Yes ☐ No — If yes, give details (include county, type of charge).

Reasons for psychiatric admission (specify symptomatology) (Not necessary to repeat if completed on Page1, over).

See page 1

Medical Condition of patient

Stable

Is patient medicated prior to transporting? ☐ Yes ☐ No — If yes, give type, amount, route and when administered.

Medication – Maintenance Drugs

HEALTH OF PATIENT

Disease	Yes	No	Date(s)	Disease	Yes	No	Date(s)	Disease	Yes	No	D:
Paralysis or Crippled Limbs		✓		Cancer		✓		Homicidal or Suicidal Tendency	✓		
Blindness or Eye Trouble		✓		TB or Lung Disease		✓		Mental Retardation or Dementia		✓	
Deafness or Ear Trouble		✓		Heart or HI Blood Pressure		✓		Syphilis		✓	
Epilepsy or Seizures		✓		Tremors or Abnormal Movements		✓		HIV		✓	
Diabetes		✓		Hepatitis		✓		Alcohol Abuse Beer			
Serious Allergies				Head Injury				Drug Abuse			
								Types Abused			

Patient's Operations

tobacco abuse.

Name of treatment facility accepting admission — Name of treatment facility physician authorizing admission

ON THE BASIS OF MY PERSONAL EXAMINATION I BELIEVE THAT THE PERSON IS IN NEED OF INVOLUNTARY EMERGENCY PSYCHIATF HOSPITALIZATION. FURTHERMORE, THE PERSON HAS NO MEDICAL/SURGICAL CONDITIONS OR DISABILITIES THAT PRESENTLY REQUIRE GENERAL HOSPITAL OR NURSING HOME LEVEL OF CARE AND IS MEDICALLY STABLE AND PHYSICALLY ABLE TO PARTICIPATE PSYCHIATRIC TREATMENT.

I have consulted with the _____ Community Mental Health Center regarding Preadmissio Screening. If not, state clinical reason

SIGNATURE OF LICENSED PHYSICIAN	M.D. 28757 S.C. LICENSE NUMBER	NAME OF CENTER
TYPED OR PRINTED NAME	M.D. 84-455-7139 PHONE NUMBER	SIGNATURE OF FACE TO FACE SCREENER AND DATE
ADDRESS 701 Grove Rd Greenville SC 29605		PRINTED NAME OF SCREENER, TITLE AND ID #

All information MUST be typed or clearly printed

SCDMH FORM
APR. 59 (REV. JUN 2008) M-131 Section 44-17-410(2) (FM 06 04 08)
MH-FCC-2

24/

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

IN THE PROBATE COURT

EX PARTE:

JEANETTE DEANGELO LMSW,
Applicant

ORDER OF DISMISSAL

IN THE MATTER OF:

RUSTY LEE YOUNG
A Person Alleged to be Mentally Ill.
File No. 16MI231140

(Strike a., b., or c., whichever two are incorrect)

a. Upon reading the Report of the Two Designated Examiners that the above-named person is not mentally ill,

b. ~~Upon reading the majority reports of the Three Designated Examiners that the above-named person is not mentally ill,~~

c. ~~After a full hearing on the issues involved herein and consideration of the testimony and record, and it appearing that there is not clear and convincing evidence that the above-named person is mentally ill,~~

IT IS ORDERED:

d. That the petition/application herein be dismissed.

(Strike out e., if inapplicable)

e. That the person alleged to be mentally ill be released from the facility in which he/she is presently detained.

MAY 16, 2016

Tammy G. Douglas (SEAL)

☐ Debora A. Faulkner, Probate Court Judge
☐ Caroline Horlbeck, Assoc. Probate Judge
☒ Tammy Douglas, Deputy Judge
☐ Hope Barbrey, Deputy Judge

SCDMH FORM
REV FEB 95 M-122B
MH-FCC-2

2/8

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

IN THE PROBATE COURT
AFFIDAVIT OF PERSONAL SERVICE

In the matter of Rusty Lee Young
(Patient's name)

___ Judgment and Order
___ Application and Certification of Emergency Admission
X Notice of Emergency Admission
___ Order for Hospitalization and Hearing
X Notice of Hearing/Examination, Appointment of Counsel/ GAL, Appointment of Designated Examiners

Catherine M. Weldman
~~Saith Information Management~~, being duly sworn, deposes and says that he/she personally served the legal papers upon the above-named patient on the 16 day of May, 20 16 by delivering to and leaving copies thereof with said patient.

SWORN TO AND SUBSCRIBED BEFORE ME
THIS 18th DAY OF May, 20 16.

Catherine M Weldman
Signature

Bri D. Poole
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 3/29/2017

DISCHARGE SHEET

NAME LAST	FIRST	MIDDLE	MAIDEN NAME / ALIAS
Young	Rusty	Lee	

DOB	RACE	SEX	SOCIAL SECURITY NUMBER
2-12-97	AA	M	249-65-7770

PHONE NUMBER
864-801-1523

ADDRESS OF PATIENT UPON RELEASE FROM FACILITY
10 Yakutata Dr. Gville SC 29605

COUNTY OF RESIDENCE
Greville

ADMISSION DATE	DISCHARGE DATE
5-10-16	5-16-16

INTERESTED PERSON / NEXT OF KIN	ADDRESS
—	—

PHONE NUMBER (INTERESTED PERSON)
—

[illegible] 5-16-16
SIGNATURE OF PERSON COMPLETING DISCHARGE SHEET — DATE

3-49

The Carolina Center For Behavioral Health

202B

YOUNG, RUSTY
MR# 000047266 02/12/1987
A# 01485520017 05/10/2016
DR. G. JACOB M IAL

UNIT TRANSFER SUMMARY

Date: 5-12-16 **Time:** 445 **Nursing Report called to:** Shakenia W

Transfer Note:

29y/o M admitted 5/10/14 c diagnosis of Psychosis NOS ~~due to~~ error Denies SI/HI & paranoia. Pt calm, cooperative. Admits to cocaine, ETOH use.

Nursing Signature: [signature]

Circle the appropriate status: **Admission:** Voluntary (Involuntary)

Precautions Level: (15 minute checks) 1 to 1 **Precaution:** (Suicide) SAO Detox Fall

Diet: (Regular) Other: _____ **Diagnostic Testing Pending:** EKG X-Ray (Lab)

Allergies: NKDA **Vital Signs:** DAILY BID TID (QID)

Has patient received Patient Handbook? (Yes) No _____

Is treatment plan completed and reflects primary diagnosis? (Yes) No _____

Nursing Receiving Note:

Pt received onto unit AAOx4. Pt oriented to unit, room, staff, peers, schedule and rules. Will continue to monitor and support

Nursing Signature: Shakenia Ward

SOCIAL SERVICES

Hamilton C.

Date: 5/12/14 **Time:** 415 **Social Services Report Called to:** ~~Ward~~

Family Contact:	Yes	(No)	Pt was admitted involuntarily. No Prior Hx of
Safety Plan Completed:	Yes	(No)	Treatment. He is employed. Lives with wife.
Placement Indicated:	Yes	(No)	Thought (H) was clearing out the used cocaine x2:
Duty to Warn:	Yes	(No)	Tried to get a hold of wife No Answer. Pt denys
PSA Completed:	(Yes)	No	plans or homicidal ideations.

ELOS: 4 days

Date: 5/12/14 **Time:** 415 **Social Services Signature:** [signature]

1176 (06/14)

250

11. Are you experiencing any voices or seeing anything unusual? _____ Yes ✓ No
Is so, what are they? Are you frightened or worried about what you are seeing or hearing? _____ Yes _____ No

12. What issues are you currently working on with your therapist or doctor? Talking about my Acholism and having drugs in my Systen
Do you feel you are making progress? Benghelle Yes I do
Would you like to talk about your treatment plan or suggest any changes to your plan?
_____ Yes _____ No

13. What are your specific goals for today? To stay out my room more to be involve in activities
How can we help you achieve them? By getting involve also

14. Did you meet yesterday's goal(s)? I Feel that I did

15. Following discharge, what plans or life changes have you made to better take care of yourself? Thinking in a hole nother Attitude had time to think about what I have done was stupid and Out of anger
If you are being discharged today, what are your specific plans after hospitalization?

16. Is there anything else you would like to tell staff or questions you have? How Can you get involve when you know that you don't belong here

17. Are you experiencing pain today? _____ Yes ✓ No
Please describe the type of pain and location of pain you are experiencing.

Please rate your current level of pain
Please circle:
(0) 1 2 3 4 5 6 7 8 9 10
0 equals no pain, 10 equals worst pain

Alcohol or Chemical Dependency Patients Only:

18. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the best and "10" being the worst?
Are you experiencing: _____ Tremors _____ Diarrhea _____ Cravings _____ Agitation
_____ Sedation _____ Chilling

Reviewed by: [signature] Date/Time: 5-12-14

Action taken by staff for unfavorable responses by patient: _____

The Carolina Center For Behavioral Health

PATIENT SELF INVENTORY/ADULT

YOUNG, RUSTY
MR# 000047266 02/12/1987
A# 01485520017 05/10/2016
DR. G. JACOB M IAL

Patient Identification

Patient Name: Rusty Y Date: 5-13-16

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? ✓ Well ____ Fair ____ Poor ____ Requested medication
   If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.
   ____ Restless
   ____ Awoke early; couldn't get back to sleep
   ____ Had difficulty awakening
   ____ Had difficulty getting to sleep
   ____ Woke up on/off throughout the night
   ____ Didn't sleep at all
   ____ Nightmares/flashbacks (describe) ____

2. My appetite is: ✓ Good ____ Improving ____ Poor
   Approximate % of intake overall ____

3. My energy level is: ____ Low ____ Normal ✓ High ____ Hyper

4. My ability to concentrate is: ____ Good ✓ Improving ____ Poor

5. If you are here for depression:
   If "1" is the best and "10" is the worst, please rate how you are feeling today 5
   Are you feeling hopeless /helpless? ____ Yes ✓ No ____ On/Off

6. Have you had suicidal thoughts today? ____ Yes ✓ No ____ On/Off
   Constant - Please describe ____
   *Please come and talk to staff right away about suicidal thoughts.
   Would you feel safe to not harm self if outside of the hospital today? ____ Yes ____ No
   If not, do you have a plan to harm self? ____

7. If you are here for anxiety:
   If "1" is the best and "10" is the worst, please rate how you are feeling today ____

8. Panic Attack:
   Have you had a panic attack today? ____ Yes ✓ No
   How many times? ____ What preceded or triggered the anxiety? ____
   What physical symptoms do you experience with anxiety? ____

9. Do you feel you are having any side effects from your medications? ✓ No ____ Yes
   Explain: ____

10. Do you feel your current medications are effective? ✓ Yes ____ No
    Explain: ____
    Can you afford the medications you are on after discharge? ✓ Yes ____ No

1028 (9/14)

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Patient Self Inventory / Adult
Page 2 of 2

11. Are you experiencing any voices or seeing anything unusual? _____ Yes ✓ No
Is so, what are they? Are you frightened or worried about what you are seeing or hearing? _____ Yes _____ No

12. What issues are you currently working on with your therapist or doctor? How I am feeling and do I hear voices or feel Suicid
Do you feel you are making progress? day by Day I do Feel like I'm make progress.
Would you like to talk about your treatment plan or suggest any changes to your plan?
_____ Yes ✓ No

13. What are your specific goals for today? To do better than I did Yesterday
How can we help you achieve them? By Learning me and I Learn you.

14. Did you meet yesterday's goal(s)? Yes I have

15. Following discharge, what plans or life changes have you made to better take care of yourself? I took time to think about what I've done I know I don't ever want to be that lady again.
If you are being discharged today, what are your specific plans after hospitalization? To Fix what I have mess up at I can't try

16. Is there anything else you would like to tell staff or questions you have? Do you believe If you do than you know me

17. Are you experiencing pain today? _____ Yes ✓ No
Please describe the type of pain and location of pain you are experiencing.

Please rate your current level of pain
Please circle:
(0) 1 2 3 4 5 6 7 8 9 10

0 equals no pain, 10 equals worst pain

Alcohol or Chemical Dependency Patients Only:

18. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the best and "10" being the worst?

Are you experiencing: _____ Tremors _____ Diarrhea _____ Cravings _____ Agitation
_____ Sedation _____ Chilling

Reviewed by: _____ Date/Time: 5/13/16 10A

Action taken by staff for unfavorable responses by patient: _____

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The Carolina Center For Behavioral Health

PATIENT SELF INVENTORY/ADULT

YOUNG, RUSTY
MR# 000047266 02/12/1987
A# 01485520017 05/10/2016
DR. G. JACOB M IAL

Patient Identification

Patient Name: Rusty Y. 202B Date: 5/14/16

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? ✓ Well _____ Fair _____ Poor _____ Requested medication
   If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.
   _____ Restless
   _____ Awoke early; couldn't get back to sleep
   _____ Had difficulty awakening
   _____ Nightmares/flashbacks (describe) _____
   _____ Had difficulty getting to sleep
   _____ Woke up on/off throughout the night
   _____ Didn't sleep at all

2. My appetite is: ✓ Good _____ Improving _____ Poor
   Approximate % of intake overall _____

3. My energy level is: _____ Low _____ Normal _____ High ✓ Hyper

4. My ability to concentrate is: ✓ Good _____ Improving _____ Poor

5. If you are here for depression:
   If "1" is the best and "10" is the worst, please rate how you are feeling today _____
   Are you feeling hopeless /helpless? _____ Yes _____ No _____ On/Off

6. Have you had suicidal thoughts today? _____ Yes ✓ No _____ On/Off
   Constant - Please describe _____
   *Please come and talk to staff right away about suicidal thoughts.
   Would you feel safe to not harm self if outside of the hospital today? _____ Yes _____ No
   If not, do you have a plan to harm self? _____

7. If you are here for anxiety:
   If "1" is the best and "10" is the worst, please rate how you are feeling today _____

8. Panic Attack:
   Have you had a panic attack today? _____ Yes ✓ No
   How many times? _____ What preceded or triggered the anxiety? _____
   What physical symptoms do you experience with anxiety? _____

9. Do you feel you are having any side effects from your medications? ✓ No _____ Yes
   Explain: _____

10. Do you feel your current medications are effective? _____ Yes ✓ No
    Explain: _____
    Can you afford the medications you are on after discharge? ✓ Yes _____ No

1028 (9/14)

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Patient Self Inventory / Adult
Page 2 of 2

11. Are you experiencing any voices or seeing anything unusual? _____ Yes ✓ No
Is so, what are they? Are you frightened or worried about what you are seeing or hearing? _____ Yes _____ No

12. What issues are you currently working on with your therapist or doctor? Why did I Feel that way on the day of the mistake that happ
Do you feel you are making progress? Very much

Would you like to talk about your treatment plan or suggest any changes to your plan?
✓ Yes _____ No

13. What are your specific goals for today? To Fully get back Charge up. Because I Felt drained
How can we help you achieve them? By Continuing like yesterday

14. Did you meet yesterday's goal(s)? Yes

15. Following discharge, what plans or life changes have you made to better take care of yourself? To think before I react. And Fix what I messed up

If you are being discharged today, what are your specific plans after hospitalization?
Go do things with my kids

16. Is there anything else you would like to tell staff or questions you have? I think They are doing a great Job

17. Are you experiencing pain today? _____ Yes ✓ No
Please describe the type of pain and location of pain you are experiencing.

Please rate your current level of pain
Please circle:
0 1 2 3 4 5 6 7 8 9 10

0 equals no pain, 10 equals worst pain

Alcohol or Chemical Dependency Patients Only:

18. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the best and "10" being the worst?

Are you experiencing: _____ Tremors _____ Diarrhea _____ Cravings _____ Agitation
_____ Sedation _____ Chilling

Reviewed by: _____ Date/Time: 5/14/16/8PM

Action taken by staff for unfavorable responses by patient: _____

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The Carolina Center For Behavioral Health

PATIENT SELF INVENTORY/ADULT

YOUNG, RUSTY
MR# 000047266 02/12/1987
A# 01485520017 05/10/2016
DR. G. JACOB M IAL

Page 1 of 2

Patient Identification

Patient Name: Rusty Y. 204A Date: 5/15/16

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? ✓ Well ____ Fair ____ Poor ____ Requested medication
   If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.
   ____ Restless ____ Had difficulty getting to sleep
   ____ Awoke early; couldn't get back to sleep ____ Woke up on/off throughout the night
   ____ Had difficulty awakening ____ Didn't sleep at all
   ____ Nightmares/flashbacks (describe) ____

2. My appetite is: ✓ Good ____ Improving ____ Poor
   Approximate % of intake overall ____

3. My energy level is: ____ Low ____ Normal ____ High ✓ Hyper

4. My ability to concentrate is: ✓ Good ____ Improving ____ Poor

5. If you are here for depression:
   If "1" is the best and "10" is the worst, please rate how you are feeling today ____
   Are you feeling hopeless /helpless? ____ Yes ✓ No ____ On/Off

6. Have you had suicidal thoughts today? ____ Yes ✓ No ____ On/Off
   Constant - Please describe ____
   *Please come and talk to staff right away about suicidal thoughts.
   Would you feel safe to not harm self if outside of the hospital today? ____ Yes ____ No
   If not, do you have a plan to harm self? ____

7. If you are here for anxiety:
   If "1" is the best and "10" is the worst, please rate how you are feeling today ____

8. Panic Attack:
   Have you had a panic attack today? ____ Yes ✓ No
   How many times? ____ What preceded or triggered the anxiety? ____
   What physical symptoms do you experience with anxiety? ____

9. Do you feel you are having any side effects from your medications? ____ No ____ Yes
   Explain: ____

10. Do you feel your current medications are effective? ____ Yes ____ No
    Explain: ____
    Can you afford the medications you are on after discharge? ✓ Yes ____ No

1028 (9/14)

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Patient Self Inventory / Adult
Page 2 of 2

11. Are you experiencing any voices or seeing anything unusual? _____ Yes ✓ No
Is so, what are they? Are you frightened or worried about what you are seeing or hearing? _____ Yes _____ No

12. What issues are you currently working on with your therapist or doctor? The way I was feeling and do I still feel that away
Do you feel you are making progress? Very much.

Would you like to talk about your treatment plan or suggest any changes to your plan?
✓ Yes _____ No

13. What are your specific goals for today? Just continue to change for the better & never be the person I was last we
How can we help you achieve them? Continue what you are doing yall are doing a great Job

14. Did you meet yesterday's goal(s)? Yes I did

15. Following discharge, what plans or life changes have you made to better take care of yourself? The way I think I have to change it and never go back which I like having a clear mind and being at my best.
If you are being discharged today, what are your specific plans after hospitalization? To fix what I messed up and pay some bills

16. Is there anything else you would like to tell staff or questions you have? I think most of yall do a good Job here but I can't come back

17. Are you experiencing pain today? _____ Yes ✓ No
Please describe the type of pain and location of pain you are experiencing.

Please rate your current level of pain
Please circle:
(0) 1 2 3 4 5 6 7 8 9 10
0 equals no pain, 10 equals worst pain

Alcohol or Chemical Dependency Patients Only:

18. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the best and "10" being the worst?

Are you experiencing: _____ Tremors _____ Diarrhea _____ Cravings _____ Agitation
_____ Sedation _____ Chilling

Reviewed by: [signature] Date/Time: 5/15/16 1030 A

Action taken by staff for unfavorable responses by patient: _____

The Carolina Center For Behavioral Health

PATIENT SELF INVENTORY/ADULT

YOUNG, RUSTY
MR# 000047266 02/12/1987
A# 01485520017 05/10/2016
DR. G. JACOB M IAL

Patient Identification

Patient Name: Rusty Y. 204A Date: 5-16-16

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? ✓ Well ____ Fair ____ Poor ____ Requested medication
   If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.
   ____ Restless ____ Had difficulty getting to sleep
   ____ Awoke early; couldn't get back to sleep ____ Woke up on/off throughout the night
   ____ Had difficulty awakening ____ Didn't sleep at all
   ____ Nightmares/flashbacks (describe) ____

2. My appetite is: ✓ Good ____ Improving ____ Poor
   Approximate % of intake overall ____

3. My energy level is: ____ Low ____ Normal ____ High ✓ Hyper

4. My ability to concentrate is: ✓ Good ____ Improving ____ Poor

5. If you are here for depression:
   If "1" is the best and "10" is the worst, please rate how you are feeling today 10
   Are you feeling hopeless /helpless? ____ Yes ✓ No ____ On/Off

6. Have you had suicidal thoughts today? ____ Yes ✓ No ____ On/Off
   Constant - Please describe ____
   *Please come and talk to staff right away about suicidal thoughts.
   Would you feel safe to not harm self if outside of the hospital today? ✓ Yes ____ No
   If not, do you have a plan to harm self? ____

7. If you are here for anxiety:
   If "1" is the best and "10" is the worst, please rate how you are feeling today 6

8. Panic Attack:
   Have you had a panic attack today? ____ Yes ✓ No
   How many times? ____ What preceded or triggered the anxiety? ____
   What physical symptoms do you experience with anxiety? ____

9. Do you feel you are having any side effects from your medications? ✓ No ____ Yes
   Explain: ____

10. Do you feel your current medications are effective? ✓ Yes ____ No
    Explain: ____
    Can you afford the medications you are on after discharge? ✓ Yes ____ No

1028 (9/14)

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Patient Self Inventory / Adult
Page 2 of 2

11. Are you experiencing any voices or seeing anything unusual? _____ Yes ✓ No
Is so, what are they? Are you frightened or worried about what you are seeing or hearing? _____ Yes _____ No

12. What issues are you currently working on with your therapist or doctor? I did have a problem with Suicidal thought
Do you feel you are making progress? very much

Would you like to talk about your treatment plan or suggest any changes to your plan?
_____ Yes ✓ No

13. What are your specific goals for today? To be discharge For I can do and Fix what I need to go join the gym
How can we help you achieve them? Give me a chance to prove my self

14. Did you meet yesterday's goal(s)? Yes I did

15. Following discharge, what plans or life changes have you made to better take care of yourself? I made my on goals to go to the gym when ever I feel down I promise myself that.
If you are being discharged today, what are your specific plans after hospitalization?
Go and join the gym.

16. Is there anything else you would like to tell staff or questions you have? Have you ever had a set back I did Just for my set up

17. Are you experiencing pain today? _____ Yes ✓ No
Please describe the type of pain and location of pain you are experiencing.

Please rate your current level of pain
Please circle:
0 1 2 3 4 5 6 7 8 9 10
0 equals no pain, 10 equals worst pain

Alcohol or Chemical Dependency Patients Only:

18. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the best and "10" being the worst?

Are you experiencing: _____ Tremors _____ Diarrhea _____ Cravings _____ Agitation
_____ Sedation _____ Chilling

Reviewed by: LaWanda Lain, RN Date/Time: 5/16/16 0800

Action taken by staff for unfavorable responses by patient: _____

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Prior Claim:
Deposition Transcript of Claimant – WCC# 2007031

APA # 10

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 2007031

Rusty Lee Young,	)
Claimant,	)
vs.	)
Fitesa US, LLC,	)
Employer,	)
and	)
Travelers Indemnity	)
Company,	)
Carrier,	)
Defendants.	)

DEPOSITION OF RUSTY LEE YOUNG

PURSUANT to Notice and/or agreement between the parties, the deposition of RUSTY LEE YOUNG was taken at the law offices of The Clardy Law Firm, P.A., 872 South Pleasantburg Drive, Greenville, South Carolina, on Thursday, July 30, 2020, commencing at the hour of approximately 9:57 a.m.

KATHLEEN M. GULA, REPORTER

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****

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APPEARANCES:

DAVID W. HARTMAN, ESQUIRE
THE CLARDY LAW FIRM, P.A.
872 south Pleasantburg Drive
Greenville, South Carolina 29607
..... on behalf of the Claimant

IAN C. GOHEAN, ESQUIRE
WILLSON, JONES, CARTER & BAXLEY, P.A.
325 Rocky Slope Road, Suite 201
Greenville, South Carolina 29607
..... on behalf of the Defendants

STIPULATIONS:

1. The deposition is taken pursuant to the South Carolina Circuit Court Rules of Civil Procedure.
2. The reading and signing of the deposition transcript by the deponent are expressly waived.

EXHIBITS:

None marked.

RUSTY LEE YOUNG,
being first duly sworn was examined and testified as follows:
EXAMINATION BY MR. GOHEAN:
Q. Mr. Young, my name is Ian Gohean. I represent the employer and the insurance carrier in your Workers' Comp claim. I'm here today to take your deposition. Have you ever had your deposition taken before?
A. Yes.
Q. What was that for?
A. An incident that happened in 2018.
Q. An incident?
A. I tore two tendons and a ligament in my ankle. I had to have surgery.
Q. So you have done this before then?
A. Yes.
Q. And when was that deposition? It was a 2018 injury, you said?
A. Yes.
Q. When was that deposition done?
A. I don't remember.
Q. Was it in 2018 or 2019? Do you recall that?
A. 2019, I think.
Q. So you have done this somewhat recently, so you kind of understand how it works. This is the court

reporter. She is recording everything that we say, and then she is going to make a transcript. For her sake, and especially with the mask on, try to speak loud and clear. Try to say yes and no instead of uh-huh [affirmative] and uh-uh [negative] and things like that.

A. Yes, sir.

Q. If you don't understand one of my questions, or if you don't hear it, if you want me to ask it again, if you want me to rephrase it, anything at all, just ask me. I'll be happy to do that, okay?

A. Okay.

Q. Are you under the influence of any substances or medications that may influence your ability to correctly answer my questions?

A. No, sir.

Q. Do you understand that you are under oath today?

A. Yes, sir.

Q. What is your full name?

A. Rusty Lee Young.

Q. Your date of birth?

A. It's February 12, 1987.

Q. And how old does that make you?

A. Thirty-three.

Q. And how tall are you?

A. I'm five-four with my shoes on. I'm five-three with my shoes off.
Q. All right. And how about your current weight?
A. The last time I checked it was 254.
Q. Do you believe you have gained or lost any weight as a result of this work accident?
A. No, I don't. I have lost since I went back to work, though.
Q. But you don't believe you have gained or lost any weight due to this work accident?
A. From the incident? No, sir.
Q. Do you smoke?
A. Occasionally.
Q. How much is occasionally?
A. Like a Black might last me for about two or three days.
Q. Like a Black & Mild?
A. A Black & Mild, yes.
Q. Do you smoke cigarettes?
A. No.
Q. What is your current address?
A. It's 10 Yakutata Drive.
Q. What was that?
A. Y-A-K-U-T-A-T-A Drive.
Q. Is that in Greenville?

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A. Yes.
Q. And how long have you been there?
A. Five years.
Q. Who lives with you there?
A. My wife and three kids.
Q. What is your wife's name?
A. Kiara Richardson.
Q. Is that Kiara with a "K"?
A. Yes.
Q. What does she do?
A. She is at school now to be an R.N., but she was working at Spartanburg Regional as an LPN.
Q. Is that what she is doing now?
A. Yes.
Q. How old are your children?
A. They're five, seven, and 13.
Q. And all three live with you?
A. Yes.
Q. Are they all financially dependent on you?
A. Yes.
Q. Is there anybody else outside of your wife and your three kids, anybody else who is financially dependent upon you?
A. No, sir.
Q. Do you have health insurance?

A. Yes.
Q. Who is that through?
A. Blue Cross Blue Shield.
Q. Is that through your job with Fitesa?
A. Yes.
Q. Did you have health insurance at the time of your work accident in June?
A. Yes, sir.
Q. Same policy?
A. Yes.
Q. What is your telephone number?
A. It's 864-640-1858.
Q. And how about your Social Security number? We'll redact that from the transcript.
A. It's XXX-XX-XXXX.
Q. Do you have a valid driver's license?
A. Yes.
Q. Is it a South Carolina license?
A. Yes.
Q. Has it ever been suspended or revoked for any reason?
A. No, sir.
Q. What kind of vehicle do you drive?
A. A 2007 Camry.
Q. What color?

A. It's a brown-gold-ish color. I drive my wife's car sometimes.
Q. What does she drive?
A. A gray Versa. It's a 2012.
Q. Are you a Medicare or a Medicaid beneficiary?
A. No, sir.
Q. Have you ever applied for Social Security Disability benefits before?
A. No, I haven't.
Q. How far did you go in school?
A. I finished high school. I went through the 12th. I went to Job Corps to actually finish.
Q. So did you stop school and then go back to Job Corps to finish?
A. Yes.
Q. Do you have a GED, or is it a high school diploma?
A. A high school diploma.
Q. How far did you go in regular school?
A. Ninth grade.
Q. Why did you stop?
A. I didn't have the support that I needed at the time, and I felt like I didn't need it at the time. I was just young and did foolish things.
Q. All right. Do you have any other sort of education, technical school, college, anything like that?

A. I have a trade in welding.
Q. Where did you get that from?
A. Job Corps.
Q. Where is this Job Corps located?
A. Schenck Job Corps at Pisgah Forest, North Carolina.
Q. What was that first word you said?
A. Pisgah.
Q. No, it was something Job Corps.
A. Schenck Job Corps.
Q. Can you spell that word?
A. S-C-H-E-N-C-K Job Corps.
Q. Any other certifications or licenses in any other fields?
A. No, sir.
Q. Have you ever served in the military?
A. No, sir.
Q. Do you have any trouble reading or writing?
A. I don't.
Q. Do you know how to use a computer?
A. Yes.
Q. Are you fairly proficient on a computer?
A. I'm not savvy, but I can get around it.
Q. Can you do like general programs, like Microsoft Word and things like that?
A. Yes, sir.

Q. Do you do any social media or social networking, like Twitter, Instagram, Facebook?
A. Yes, Facebook. I look at Tik Tok sometimes.
Q. What is your name on Facebook?
A. Lee Young.
Q. Do you go by Lee?
A. Well, yes. Well, on my last job I did, yes.
Q. What do your friends call you?
A. Rusty.
Q. Rusty?
A. Yeah. They say that's my name, so ...
Q. That makes sense. I want to ask you now about other Workers' Comp claims, not the one we are here today about, but other ones.
A. Yes, sir.
Q. You mentioned that you had one in 2018?
A. Yes.
Q. And I think you started to tell me about that. Was it an ankle, you said?
A. Yes.
Q. Tell me about that. Where were you working? How did you get hurt?
A. I was working at Draexlmaier. I jumped up. I was on a station that was high, so it made it to where I had to jump up repeatedly, and I came down on my

ankle wrong.

Q. Which ankle did you hurt?

A. The left ankle.

Q. Did you injure anything else?

A. Not at the time. Not at the moment, no, sir.

Q. Did you have any other problems other than your left ankle from that claim?

A. My knee and my back.

Q. Which knee?

A. It was both of my knees actually.

Q. And what part of your back? Was it your low back, mid-back, neck?

A. Yes, my lower.

Q. What happened with your back? Was that from --

A. It was -- oh, I'm sorry.

Q. That's okay. I was just going to say, did you injure it in the accident, or was it something from you limping, or what?

A. From me limping for five months. It took it five months to react, but I kept going to work like I should.

Q. Where did you treat for that accident?

A. St. Francis.

Q. At the hospital?

A. Yes. Dr. Womack was the doctor, the surgery doctor.

Q. He did surgery on your ankle?
A. Yes.
Q. What kind of treatment did you have for your back?
A. Nothing. They just did an MRI; that was it.
Q. And what did the MRI show?
A. An annular bulge.
Q. But you didn't have any sort of treatment?
A. No, sir.
Q. Why not?
A. Well, after the incident I actually went to a chiropractor. That was after, because they were just going to do something about my ankle and that was it.
Q. What chiropractor did you see?
A. I don't recall that one. I don't recall the name of it. No, I don't recall the name of it. It's in Mauldin, though.
Q. Where in Mauldin?
A. Right there across from Mauldin High School at the light. At the fruit stand, you turn right and go down that road. The place is on the right. You can't miss it. As soon as you turn right, it's like two minutes down the road. His name was Dr. Manuel.
Q. Manuel?
A. Uh-huh [affirmative].

Q. How long did you see him?
A. Until my back felt good. I seen him -- like he did good. Yes, I could work without pain after that.
Q. I think you started working for Fitesa around September of 2019?
A. Right, correct.
Q. Were you still seeing a chiropractor at that time?
A. Yes.
Q. You were still having problems with your low back at that time?
A. Yes, about two months into my employment with them. Then I was good.
Q. So you were still having some problems with your back maybe until November-ish of 2019?
A. Uh-huh [affirmative]. Yes.
Q. Then after that what happened? It got back to normal?
A. Yeah, it was good.
Q. It completely resolved?
A. Yes.
Q. Were you assigned any sort of permanent work restrictions from your 2018 Workers' Compensation case?
A. No, sir.
Q. Did you see any other doctors other than Dr. Womack

and St. Francis? Did they send you for another opinion or to a back doctor, anything like that?
A. I actually went to the doctor I was supposed to go to, the doctor that our employer sent us. It was after hours. So I had to go to the afer-hour doctor for the company. He seen that my ankle was swelling. They did X-rays, and there wasn't nothing broke, so they sent me for an MRI. That's how I started.
Q. Did you receive a settlement?
A. Yes.
Q. How much was that?
A. $60,000.
Q. Did you have a lawyer?
A. Yes.
Q. Who was that?
A. Sturkie.
Q. Jason Sturkie?
A. Yes.
Q. Did Mr. Sturkie send you to any doctors or any specialists?
A. Yes.
Q. Who was that?
A. I don't remember them. I only see him like one time.

Q. It was a doctor?
A. Yes, it was a doctor.
Q. Do you remember seeing like a vocational expert or anything like that?
A. No.
Q. Did you ever have something called a Functional Capacity Evaluation where you go to a physical therapy place, and they put you through a whole bunch of tests to see what you can do? Do you remember ever doing that?
A. No, sir.
Q. When did you settle that case?
A. I don't remember that either.
Q. Was it before you came to work for Fitesa?
A. Yes. No. I mean, yes.
Q. So did the insurance company deny treatment for your back?
A. Yes, at first.
Q. I guess what I'm wondering is, why did you end up going to a chiropractor on your own?
A. Because they wasn't going to -- he didn't push the issue for them to do anything, I guess.
Q. He, meaning who?
A. Mr. Sturkie. I couldn't really do anything.
Q. All right. Any other Workers' Compensation claims

before?
A. No, sir.
Q. Have you ever filed an injury claim against an insurance company for anything like a car accident?
A. No, sir.
Q. Nothing else at all?
A. No, sir.
Q. Have you ever been injured in a motor vehicle accident?
A. No, sir.
Q. In the last ten years, have you been convicted of or pled guilty to any crimes?
A. No, sir.
Q. Have you ever had any sort of mental health issues like depression, anxiety, anything like that?
A. Three years ago. Well, maybe four years ago now.
Q. What was that?
A. For depression.
Q. Did something specific happen?
A. It was a hard time at that time, and I reached out for help.
Q. Where did you go?
A. Carolina Behavioral Center.
Q. Did you go and spend some time there, like stayed there?

A. Like a week.
Q. After you got out did you continue to treat with anybody, like a psychologist, counselor, psychiatrist, family doctor, anything like that?
A. A family doctor.
Q. Who was that?
A. Dr. "K."
Q. Do you know Dr. K's first name?
A. Christian. It's Internal Medicine on Mauldin Road right there by the Q.T.
Q. Is his last name Kay, like K-A-Y, or is it like a funky name and so you just call him Dr. "K"?
A. Yeah, we just call him Dr. "K." He has got a "K" on his building. I can't pronounce his name.
Q. Okay. What kind of treatment did you get with Dr. "K"? Did he prescribe you medication?
A. Yes, at the time.
Q. How about now, are you taking any sort of medication for any mental health problems now?
A. No, sir.
Q. All right. So other than Carolina Behavioral and Dr. "K," have you see anybody else for depression or other mental health issues?
A. I have not.
Q. Are you having any sort of mental health issues at

this time?
A. No, sir.
Q. Have you ever had any issues with drug or alcohol abuse?
A. Yes, in the past.
Q. When was that? How long ago?
A. Four or five years ago.
Q. And was it drugs or alcohol, or was it both?
A. Both.
Q. Where did you treat for that?
A. The same place.
Q. Carolina Behavioral Center?
A. Yes.
Q. Is this the same visit?
A. Yes.
Q. So you were having both depression and drug and alcohol issues?
A. Correct.
Q. Any sort of drug and alcohol issues now?
A. No, sir.
Q. What I would like to do now is just run through your work history, talk about the different kinds of jobs that you have done. That's including jobs that you did when you were high school age, so let's start there. What was your first job?

A. Well, that was restaurant jobs, KFC, McDonald's, Jack-in-the-Box. Then after that I worked at Ingles for like a week or two. Then I decided to go to Job Corps.
Q. What did you do at Ingles?
A. I was a stocker. I was stocking.
Q. How about at the fast-food joints, were you doing cook or cashier?
A. Both, cashier and cook.
Q. And then Job Corps, how does that work? Is it like school?
A. It's like a trade school. You go and stay on campus. They give you everything that you are lacking. They give you an allowance every two weeks. They feed you three times a day. You have school and trade work. Well, you go to your trade. One week you will go to your trade. The next week you will go to school. Then if you don't have your GED or high school diploma, you have to take that.
Q. So you were going to school, and then also learning to weld?
A. Yes.
Q. How long did that take? How long were you up there?
A. I was up there for a year.
Q. And what was your first job after that?

A. Lee's Welding.
Q. And I assume you were welding?
A. Yes.
Q. What kind of things were you welding there?
A. We was welding on I-beams in Florida for a Jacksonville Hospital. It was panels. We did stuff at the shop; that was back in South Carolina.
Q. How long did you work at Lee's Welding?
A. On and off for like two years.
Q. What did you do when you were off for those two years?
A. I worked at BMW with Lumbee.
Q. Is that like a staffing agency?
A. Yes.
Q. What did you do at BMW?
A. I was an inspector.
Q. So parts were coming down the line, and you were looking at them and making sure they were okay?
A. Yes. I used gauges. I was actually on the line. I did inspecting and checking to make sure the sun roofs were right, that it had the right number on it, level.
Q. How long did you do that?
A. I was only there for about six months.
Q. Where did you go next?

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A. Then I went to -- I can't recall the name of that right now.
Q. What were you doing?
A. Destroying devices, like controllers.
Q. Destroying them, is that what you said?
A. Yes. We would put them into a grinder. We would separate the silicone, the disk, the board, the plastic.
Q. All right. How long did you do that?
A. For six months. Then I went to Draexlmaier. I was at Draexlmaier for eight years.
Q. And what did you do there?
A. At Draexlmaier?
Q. Yeah.
A. Well, I was on the production line. I started off on the I.P. line that made instrument panels for the BMW's. We put the air bags, everything, and we would make the whole panel on the line. It was like nine stations. Then they made another plant that was connected to it, and we ended up molding our own things instead of getting it from somewhere else. I was on the molding section, the side where I got hurt at. I had to jump up and put the plastic and everything to the mold, hit the piece, make it go in, and then go down and put everything together.

Q. And Draexlmaier, that's where your previous work injury happened?
A. Yes.
Q. Did you return to work there after your Workers' Compensation claim?
A. No, I didn't.
Q. What happened? Were you terminated, or did you quit?
A. We parted ways.
Q. What do you mean you parted ways?
A. That's what they told me.
Q. Was it part of your Workers' Compensation settlement?
A. Yes, I think. I'm not sure. I was just told that they wanted to part ways.
Q. Okay. When was that? Was that like in the middle of your claim, or was that when you settled it?
A. At the beginning.
Q. They told you at the beginning that they wanted to part ways?
A. Yeah, after my FMLA was up.
Q. So, what, did they terminate you?
A. I wasn't able to get unemployment from them, so I don't know what. I think we just parted ways.
Q. Did you apply for unemployment after that?

A. No, I didn't. They said they're not firing me, that we were just parting ways from them, so it wasn't no termination.
Q. And that was early on in your Workers' Compensation claim?
A. Yes.
Q. After that and until you went to work for Fitesa, did you work anywhere else?
A. I did not.
Q. What were you doing during that time?
A. Healing from my surgery.
Q. How long were you out of work?
A. It was not a year. It was about to be a year.
Q. Were you looking for work during that year? You weren't getting unemployment. Were you getting Workers' Comp checks or something?
A. Yes.
Q. You were getting Workers' Comp checks?
A. Yes.
Q. And then your next job was Fitesa?
A. Yes.
Q. When did you start working there? I think September of 2019 was what I saw.
A. Yes, it was in September.
Q. Was your Workers' Comp case still going on when you

applied at Fitesa?
A. No.
Q. It wasn't?
A. It was through.
Q. It was resolved?
A. Yes.
Q. So you resolved that case and then applied at Fitesa?
A. Yes. I didn't want to have no gaps in my employment.
Q. What is your job at Fitesa? Tell me what your job title is and then explain it to me.
A. I'm an opening operator. My job is to make -- I put good material in for good material to come out. I also help out the card and the slitter operators if they need it, well, or when they do need it.
Q. You said help the car? Is that what you said?
A. The card, yes. The card operator.
Q. Like C-A-R?
A. C-A-R-D.
Q. Oh, card. Okay. So you said put good material in and get good material out. Describe that more in detail for me. What does that mean?
A. It's big bails of cotton fiber, and I check through it before I put it on the BOL, which that is one of

the machines that is in opening. We put bails in the BDT2. We put like 14. Well, I put 14 down the row. Then the BOL, I got to put two in like every hour. I check before I put it on the BOL for contamination, metal, things like that.

Q. How heavy are the bails? Are you lifting them by hand?

A. No, sir.

Q. You're using a machine?

A. When I cut it open, I got to hold it steady or it will fall over and make a big mess. Then I would have to clean it up, and it would slow down production. When I cut it, I've got to hold it steady. They're 200 pounds, all the bails. They're at least 200 pounds.

Q. Who is your direct supervisor over there?

A. Andre.

Q. Do you know Andre's last name?

A. I do not, not right off the top.

Q. Do you have any jobs or sources of income outside of Fitesa?

A. No, sir.

Q. At the time of your accident last month, did you have any other jobs or any other sources of income?

A. No, sir.

Q. What are you paid there? How much?
A. $17.80.
Q. Per hour?
A. Yes.
Q. And what are your hours?
A. From 8:00 to 8:00.
Q. So you work 12-hour shifts?
A. Yes.
Q. How many 12-hour shifts do you work in a week?
A. Three on, four off. Then five on -- well, four or five after that. It rotates.
Q. So you do three one week, four the next week?
A. Yes.
Q. So you work seven every two weeks?
A. Uh-huh [affirmative].
Q. Is that right?
A. Yes.
Q. Okay. Is that pretty consistent?
A. Yes.
Q. Are there weeks where you have to work extra shifts or where you don't get shifts?
A. Like if someone puts in for vacation, they will ask us to work for them.
Q. So every once in a while you might work an extra shift?

A. Yes.
Q. Outside of this Workers' Compensation claim, do you have any sort of medical issues, chronic health issues, chronic pain in any locations, high blood pressure, diabetes, chronic pain?
A. Not at this time.
Q. Do you take any sort of medications on a regular basis?
A. Just the medicine for pain that the doctor gave me.
Q. Nothing else?
A. No, sir.
Q. Have you ever had any surgeries before?
A. Yes.
Q. I know you had ankle surgery, right?
A. Correct.
Q. Any other surgeries?
A. That's all.
Q. And Dr. Womack did that?
A. Yes.
Q. How long has Dr. "K" been your family doctor?
A. About four years.
Q. Who was your family doctor before that?
A. I didn't have one.
Q. Where would you go if you needed something, if you had the flu or something like that?

A. To Immediate Care.
Q. And where is that?
A. I go to the one on Pelham Road. I go there.
Q. Have you ever been to any emergency rooms?
A. Yeah, I guess. Yes, I have.
Q. Which one? Have you been to Greenville Memorial?
A. Yes, at St. Francis.
Q. What did you go there for?
A. I don't recall, but I remember going.
Q. Which pharmacy do you use?
A. CVS on West Butler.
Q. Have you ever been hospitalized before other than that one week at Carolina Behavioral Health?
A. No, I haven't.
Q. And that one week at Carolina Behavioral, was that voluntary?
A. Yes.
Q. Any other medical providers that you have seen in the last ten years or so that we haven't talked about? Any other specialists, chiropractors, any other doctors?
A. No, sir.
Q. All right. Well, let's talk now about your work accident. June 8, 2020, is that the correct date?
A. Yeah, it's 6/8/20.

Q. Well, tell me what happened that day.
A. I was on the cart. We were called to come down, that I have to come and help. So we was down, and from what I remember, I was on a cart going to my pocket for my locks. Then I was going down the stairs, and I went down.
Q. So you were walking down the stairs?
A. Yes.
Q. And you were reaching in your pocket for a lock?
A. Yes, for my locks.
Q. What are locks?
A. The locks are for -- we got to lockout, tag-out. We got to do that before we get inside the machine, so I was on my way doing that to where I could start cleaning the cart.
Q. What caused you to fall? Why did you fall?
A. I don't know. I still don't know.
Q. How far up were you when you fell?
A. I just remember going down. I was about to walk down the stairs and I fell.
Q. Were you just like starting to go down, or were you almost to the bottom?
A. I was going down, and I had my hand in my pocket looking for my locks, see, because we had an hour to get everything ready, so I was in a rush.

Q. So were you going down them quickly?
A. When I was falling, I did, yes.
Q. But, I mean, when you were walking before you fell?
A. Oh.
Q. You said you were in a rush?
A. Yes.
Q. Well, I'm just trying to figure out what caused you to fall. Like did your foot hit something? Did you trip?
A. I think I missed a step or something. I don't know. I'm trying to figure that out. I've been thinking about that lately. I talked to my wife to that point.
Q. You talked to her just trying to figure out how you fell?
A. Yes, because it was embarrassing.
Q. Did anybody see it?
A. Yes.
Q. Who was that?
A. McKayla and Phillipe.
Q. Were they co-workers?
A. Yes.
Q. What happened after you fell?
A. Well, Phillipe was coming to make sure I was okay, and I just got back up and walked on.

Q. How did you go down? Like describe to me how you fell. Did you twist anything? What did you land on?
A. Yes, I twisted. I remember twisting.
Q. What twisted?
A. My hip, my body. Like when I was walking, I remember this was the foot that I missed when I came falling.
Q. Your right foot?
A. Yes.
Q. Your right foot missed a step or mis-stepped somehow?
A. Yes.
Q. And that's what caused you to fall?
A. Yes.
Q. And then you said you twisted. What do you mean you twisted, like what part of your body?
A. My hip. Yes, my hip. I twisted and tried to catch myself.
Q. How did you land on the ground?
A. On my back.
Q. Were you able to get yourself up?
A. Yes.
Q. And Phillipe came over and checked on you?
A. Yes.

Q. And then what did you do?
A. He didn't come all the way. He just was walking towards me, and I just got up and finished putting the lock on the thing.
Q. Were you having any pain at that time?
A. Yes, that's why I reported it straight to Chad.
Q. Who is Chad?
A. He's the safety guy.
Q. So you went and put the locks on. Then did you go straight to Chad?
A. Yes, when I seen him. I seen him, because when we are down, he usually comes and walks around the plant after we are down and stuff. Then when I seen him, I told him. He said he is going to get me, bring me a paper back, so I just started back doing what I was told to do.
Q. How long was it between when you fell and when you saw Chad?
A. Maybe like about 15, 20 minutes later.
Q. So you were just working during that time?
A. Yes.
Q. All right. Where were you having pain at that time?
A. In my back and in my hip.
Q. Which hip?
A. On my right side.

Q. And what part of your back?
A. My lower back. But the pain, it radiated up to my mid-section of my back.
Q. Up to your what?
A. To my mid-section of my back.
Q. Oh, okay. Did Chad have you fill out a report?
A. Yes.
Q. And then you started treating with WorkWell, Occupational Health?
A. Correct.
Q. About a week later maybe?
A. Yes.
Q. What have they done for you over there?
A. Gave me some pain medicine, had me to bend over, and put me on light duty.
Q. Is the last time you saw them July 6th, or have you seen them since then?
A. I seen them like three times already, three or four times.
Q. What did they do the last time you saw them? Did they send you for an MRI?
A. Yes, the last time.
Q. Of your back?
A. Yes.
Q. Have you had the MRI yet?

A. Yes.
Q. And when was that?
A. It was on Tuesday of this week.
Q. So the 28th?
A. Yes. It was supposed to have been tomorrow, but they changed it to the 28th.
Q. Do you know why they moved it up?
A. I do not know.
Q. Did you ask, or did they just call you and say, hey, we're going to change it?
A. They just called.
Q. Has anybody told you the result of that yet?
A. No, the doctor hasn't.
Q. Did the radiologist or somebody at the --
A. Yes. They said something about an annular bulge.
Q. Is that what you said they told you the last time, too?
A. Yes.
Q. Do you know if it's at the same level or if it's the same bulge; do you know?
A. I don't know.
Q. When do you see the doctor next?
A. Today at 2:00.
Q. And that's WorkWell, again?
A. Yes.

Q. Have you seen any other doctors related to this accident?
A. No, I haven't.
Q. Do you have any appointments scheduled to see anybody other than Workwell?
A. Not at this time.
Q. What are your work restrictions right now?
A. I can't lift no more than ten pounds, push, pull, or climb.
Q. What do they have you doing at Fitesa?
A. Well, they still have me climbing, pushing, pulling things. I mean, the first time they had me on sedentary work, but they said they didn't have no work for me, so I was out for two weeks. Then he put me on light duty to go back. I can only lift ten pounds, no pushing, pulling, no strenuous things like that.
Q. But you said they have you doing those things?
A. Yes, because their light duty ain't the doctor's light duty. That's why I say I do what I got to do.
Q. What specific things do they have you doing that are outside of your restrictions?
A. Like the other day, I climbed up something like a 10-step ladder into the Omega to help clean it out, because it was down for that whole week. I was

pushing a cart that is 198 pounds.
Q. Is it on wheels?
A. Yes, it's on wheels, so it makes it kind of easier. But I have to ask for them to help me dump it when I used to do it myself, so they come and help me.
Q. When they asked you to climb in the Omega to clean it out, did you tell them that you are not allowed to climb?
A. Oh, they know. I gave them the thing.
Q. Who was it, specifically, that asked you to climb in there?
A. Andre.
Q. And he is aware of your restrictions?
A. Yes.
Q. He's your direct supervisor?
A. Yes.
Q. Did you say anything when he asked you to climb in there?
A. I have kids to feed, so I just do what I'm told.
Q. All right. So you climbed into the Omega that one time, and you were pushing this cart around?
A. Yes.
Q. Any other things, specifically, that they have had you do that violate your restrictions?
A. When I try to push the bails into the BOL, but I

just do it.
Q. Anything else?
A. That's all.
Q. Before we started your deposition, your lawyer told me that you are getting written up or docked or something when you go to your therapy appointments. Tell me about that.
A. Yes. They actually have given me points because of that.
Q. Like attendance points?
A. Yeah, attendance points.
Q. Do they know you are going to physical therapy for your Workers' Compensation?
A. Yes, I let them know.
Q. Who was it you talked to about it?
A. I talked to Andre and my team leader, Anthony.
Q. What did they say?
A. They said, oh, okay.
Q. Did they stop giving you points after you talked to them?
A. Like last week, I only had two-and-a-half. But now I looked at my check stub today, and it's 5.75.
Q. You get a point every time you miss, or what?
A. I guess, yes.
Q. Is there anything else that you would have gotten

points for other than physical therapy visits in that time?

A. No, because I always be at work. I don't miss days of work.

Q. Did you talk to them about the point increase after you saw it? I guess what I'm getting at is, after you told them that you saw that you're getting points for your therapy visits, have you stopped getting points for your therapy visits?

A. Like Matthew, he's the H.R. that works there, and he's the one -- I guess he's saying that I'm going to be pointed for it.

Q. So he just said that's what is going to happen?

A. Yes. He said it's still going to be a point.

Q. Have you ever missed work because you have some other appointment outside of Workers' Compensation? Do you know if you get points for that?

A. No, because I would do it on my days off.

Q. You wouldn't schedule it during work?

A. Right.

Q. But do you know if that did happen, that if you were scheduled to work and you had to go to the doctor, would you get an attendance point?

A. I would have PTO hours then, but I don't have any now. I would use that if I had a doctor's

appointment on that day.
Q. If you didn't have PTO, would you get an attendance point if you had to leave work when you are scheduled to go to a doctor's appointment?
A. I'm pretty sure, yes.
Q. Well, let's talk about what problems you still have today from this accident. The last note I have from WorkWell was back from July 6th, so it was 24 days ago. I guess you have been back at least one time since then?
A. Uh-huh [affirmative].
Q. At that point the note said, "The right hip strain almost completely resolved." Are you still having any issues with the right hip now?
A. Yes.
Q. Tell me what kind of problems you have with your hip.
A. A sharp pain, and it goes around from my groin into my hip. It started bothering my back even more, then my ankle.
Q. What ankle?
A. My ankle right here [indicating] from the way I have to walk. It's starting to bother that, again.
Q. So you're saying you are limping because of your right hip pain, and that is causing left ankle

problems now?
A. Yeah, right here in my ankle. It's right here [indicating].
Q. Your right ankle as well?
A. Yes.
Q. So both ankles?
A. Yes.
Q. So you believe that you have been limping because of your right hip pain, and it's causing both ankles to hurt now?
A. I wasn't hurting before.
Q. Your ankles weren't hurting before?
A. Uh-uh [negative].
Q. No?
A. I was pulling and doing everything.
Q. So earlier when I asked you where you had pain after the accident, it was your right hip and your low back; then the lower back also went up to your mid-back, you said?
A. Right, correct.
Q. But now you're also having problems in both of your ankles?
A. Yeah. It's starting to bother me, but they won't say nothing about it.
Q. What do you mean they won't say nothing about it?

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A. No, I don't say nothing about it, because it's not important.
Q. Is it something that you think you need medical treatment for?
A. NO.
Q. When did your ankle problems begin?
A. From when I was trying to catch myself from falling.
Q. So you had ankle pain on the day of the accident?
A. After.
Q. I'm confused now. Do you think your ankle pain is from your fall, or do you think it's from the way you have been walking afterwards?
A. The way I have been walking after.
Q. So what I'm asking is, how long was it before you started noticing pain in your ankles from walking funny?
A. Maybe like two weeks later, maybe longer.
Q. Has your right hip been getting better since the accident, been getting worse, or has it just stayed the same the whole time?
A. It's getting better.
Q. So it's been gradually getting better since your accident happened? I'm talking about your right hip.
A. Like right now it hurts when I walk. It's like one

minute I'm thinking that I'm better; then the next minute it starts back with the sharp pain.

Q. Are you still having pain in your low back?

A. Yes.

Q. And where is that located?

A. What do you mean? I don't understand what you mean.

Q. Like where in your low back? Is it like at your belt line? Is it on the right side? Is it right in the middle where your spine is?

A. It's my whole lower back that is bothering me, but it radiates to my mid-back to my mid-section.

Q. So is it like around your belt line, or is it just above your belt line?

A. It's above my belt line.

Q. And it goes all the way across your low back?

A. Yes.

Q. Does it still radiate up to your mid-back at all?

A. When I be doing work. Actually, with physical therapy and when I go to work, that's when I feel it the most.

Q. That's when you feel it radiate up to your mid-back?

A. The most.

Q. How far up your back does it go?

A. To the mid-section. Yeah, from the mid-section.

Q. Like right in the middle?

A. Yes, on the right side.
Q. Is there like one spot on your back where you have pain more than other places? Do you know what I mean? Does it feel like that annular bulge is in one specific spot that you could point to, or do you just have general pain across the whole low back?
A. It bothers my whole lower back.
Q. Okay. So your right hip, your low back radiating up to your mid-back, and then you told me that your ankles have started hurting. Any other issues you are having right now related to this accident?
A. That's all.
Q. On the zero-to-ten scale, you know, where zero is no pain at all and ten is the worst pain you can imagine, what is your right hip pain on average?
MR. HARTMAN:
Object to the form. You can answer.
WITNESS CONTINUES:
A. A six.
Q. How about your low back, same question?
MR. HARTMAN:
Same objection.
WITNESS CONTINUES:
A. A seven.
Q. Are you prescribed medication by WorkWell for your

pain?
A. Yes.
Q. And what is that?
A. Pain medicine and a muscle relaxer. I can't think of the names of it right now.
Q. So there are two?
A. Yes. I can't take the muscle relaxer until I go to bed at night.
Q. All right. Do you take any other medications at this time?
A. I don't.
Q. We talked earlier about your 2018 claim from Draexlmaier. You indicated you had had some low back pain, that you were treating with a chiropractor, I guess, up until about two months after you started with Fitesa, correct?
A. Uh-huh [affirmative].
Q. After that time, did you have any problems with your low back?
A. Are you saying at any time did I have it after the chiropractor?
Q. That's right, after the chiropractor released you or after you quit going to the doctor.
A. No, I didn't.
Q. No more problems at all?

A. No, sir.
Q. When you started work for Fitesa, you were having problems with your low back when you began working there in September?
A. Maybe for that week. Then I started going to the chiropractor more, and it fixed the problem.
Q. Did that interfere with your ability to do your job at all?
A. No, sir, because I'm a hard worker, and I know I have to do it for my kids.
Q. Have you ever had any problems with your right hip before this work accident?
A. I have not.
Q. How about since your work accident, so after June 8th, have you had any other accidents, any other injuries, any other falls, anything like that?
A. No, sir.
Q. What do you do outside of work? Do you have hobbies, things you enjoy doing?
A. I spend time with my kids and my wife.
Q. Any other specific hobbies you have, or are there any other things you do in your free time if you are not with your family?
A. We used to go to the movie theater and stuff like that, but we can't really do that right now. That's

pretty much all really.

Q. Have you been on any vacations since this work accident happened?

A. No, sir.

Q. Are you still able to do all your own personal stuff, stuff around the house, yard work? And if you're not, who is doing that for you?

A. My wife and kids.

Q. They're doing the yard work now?

A. [Indicates affirmative response.]

Q. Did you do it before this accident?

A. Yes.

Q. Any issues driving your car?

A. If I'm driving for a long time, it bothers me.

Q. Your back?

A. Yes, and my hip.

Q. And your hip?

A. Yes.

Q. All right.

MR. GOHEAN:

Mr. Young, that's all the questions I have. I appreciate your time.

MR. HARTMAN:

I don't have any questions.

DEPOSITION CONCLUDED AT APPROXIMATELY 10:57 A.M.

STATE OF SOUTH CAROLINA)

) C E R T I F I C A T E

COUNTY OF GREENVILLE)

I, Kathleen M. Gula, notary public in and for the State of South Carolina, acting as court reporter, do hereby certify that, pursuant to agreement and/or notice in the foregoing cause, the deposition of Rusty Lee Young was taken by me at Greenville, South Carolina, on Thursday, July 30, 2020.

I further certify that the said Rusty Lee Young was first duly sworn to testify as herein above shown and the testimony of said deponent was reduced to writing.

I further certify that I am neither counsel nor attorney to either of the parties in said litigation nor interested in the event of the cause.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 13th day of August, 2020.

_____

Kathleen M. Gula

Notary Public for South Carolina

My Commission Expires 12/19/29

Prior Claim:
Deposition Transcript of Claimant – WCC# 1806973

APA # 11

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1806973

EMPLOYEE/CLAIMANT: RUSTY YOUNG

EMPLOYER: DAA DRAEXLMAIER OF AMERICA, LLC

CARRIER: PROPERTY & CASUALTY INSURANCE COMPANY OF HARTFORD

DEPOSITION OF RUSTY YOUNG

PURSUANT TO NOTICE, THE WITHIN DEPOSITION OF RUSTY YOUNG WAS TAKEN BY THE EMPLOYER/CARRIER ON THE 20TH DAY OF JUNE, 2019, COMMENCING AT THE HOUR OF 11:16 A.M. AT THE LAW OFFICES OF MCCRAVY NEWLON & STURKIE LAW FIRM, 2 BUTTERNUT DRIVE, GREENVILLE, SOUTH CAROLINA, ATTENDED BY COUNSEL AS FOLLOWS:

VICKIE M. HESTER, CVR

APPEARANCES

JASON L. STURKIE, ESQUIRE, OF THE FIRM
MCCRAVY NEWLON & STURKIE LAW FIRM, PA
1629 BYPASS 72 NE
GREENWOOD, SOUTH CAROLINA 29649
ATTORNEY FOR THE CLAIMANT,

WESLEY J. SHULL, ESQUIRE, OF THE FIRM
WILLSON JONES CARTER & BAXLEY, PA
872 S. PLEASANTBURG DRIVE
GREENVILLE, SOUTH CAROLINA 29607
ATTORNEY FOR THE EMPLOYER/CARRIER.

ALSO ATTENDING:
Robert Lindsay

I N D E X

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EXHIBITS:
NONE MARKED

OBJECTIONS:
NONE

* DIGITAL RECORDING RETAINED FOR SIX (6) MONTHS FROM DATE OF CERTIFICATION.

PURSUANT TO NOTICE AND/OR AGREEMENT TO TAKE DEPOSITIONS, THE WITHIN DEPOSITION WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, BY CONSENT OF ALL PARTIES AT THE OFFICES OF MCCRAVY NEWLON & STURKIE LAW FIRM, GREENVILLE, SOUTH CAROLINA.

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STIPULATIONS:

IT IS AGREED BY AND BETWEEN COUNSEL FOR THE PARTIES AS FOLLOWS:

1. THE DEPOSITION IS BEING TAKEN PURSUANT TO THE SOUTH CAROLINA RULES OF CIVIL PROCEDURE.
2. THE READING AND SIGNING OF THE DEPOSITION TRANSCRIPT ARE RESERVED BY THE WITNESS AND THE PARTIES.

* * * * * * * * * * * * * * * *

THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE MATTER HEREIN:

RUSTY YOUNG

BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

EXAMINATION BY MR. SHULL:

Q. All right, Mr. Young. I'm Wes Shull, and I represent Draexlmaier and their Workers' Compensation carrier in your Workers' Comp claim.

And I'm here to take your deposition today. Have you ever had your deposition taken like this before?

A. I haven't -- I haven't never had one.

Q. All right. Well, I'm sure Jason did a good job of telling you what I'm going to do. But basically I'm going to ask yo a bunch of questions about your claim off of this outline. It takes about an hour, give or take about ten or 15 minutes either way. This nice lady here takes down everything we say word for word and types it out in a Q and A form into something called a transcript. And, you know, it's basically kind of like a bound book. And I tell everybody that if we ever have a hearing -- there was one scheduled for July 11th, and I just found out it's not going to happen. But if there's a hearing or a trial, I or the attorney that are representing Draexlmaier will have a copy of the transcript, and we can use it at the hearing or at the trial. Okay?

A. Yes.

Q. All right. I've got to get you to say yes or no. Because when she types up uh-huh, it looks a whole lot like uh-uh. And I also want to tell you that if you want to take a break to use the restroom or get more water, I'll be happy to let you do that. You

just can't discuss your testimony while we're on break since we've started this thing.

A. Okay.

Q. All right. Rusty -- is Rusty short for anything?

A. It's not.

Q. All right. Rusty Lee, L-e-e?

A. Yes.

Q. Young?

A. Yes, sir.

Q. Address?

A. 10 Yakutata Drive.

Q. Ooh.

A. Yes, I know. 10, Y-a-k-u-t-a --

Q. Yakuta?

A. Y-a-k-u-t-a-t-a.

Q. Okay. Yakutata Drive, where is that, sir?

A. Between Piedmont and Mauldin in --

Q. Is it in -- what's your address there? Is it Mauldin?

A. It's 29605.

Q. That sounds like Greenville.

A. Like Greenville. Greenville. We're staying there.

Q. Date of birth?

A. February 12th, 1987.

Q. That makes you 32?

A. Yes.
Q. Social Security number? And before you answer, I'll ask that the court reporter redact it from the record so it's just a line of X's in the transcript.
A. Okay. XXX-XX-XXXX.
Q. Are you on any medications?
A. I take Glucosamine, Tylenol. As at this moment I do.
Q. All right. And that's over the counter?
A. Yes.
Q. No prescription medications for anything?
A. Not anymore.
Q. Are you married?
A. Yes.
Q. Who is the lucky lady?
A. Kiera Richardson, K-i-e-r-a, R --
Q. Richardson?
A. Yes.
Q. All right. What does Ms. Kiera do?
A. She's a nurse.
Q. Any other marriages?
A. First one.
Q. Have you got any kids?
A. Yes.
Q. How many?

A. Three boys.
Q. All right. What are their names and ages, sir?
A. Jaylon, he's 12.
Q. Jay?
A. Jaylon, J-a-y-l-o-n.
Q. Jaylon --
A. Young.
Q. -- Young, 12. All right, sir.
A. Tyshawn Garnett.
Q. T-y --
A. S-h-a-w-n.
Q. Garnett?
A. And Aiden --
Q. How old is Tyshawn?
A. Oh, he's six. Turns seven this --
Q. Aiden, A --
A. Four. Aiden Young, A-i-d-e-n.
Q. How old is Aiden?
A. He's four.
Q. All right. Any other possible dependents? Have you got elderly parents, anybody?
A. I do not.
Q. All right. Who all lives with you there at Yakutata Drive?
A. That's it. My wife and my two sons, Jaylon and

Aiden.
Q. Do you pay child support on Tyshawn?
A. I do not.
Q. He lives with his mother?
A. Yes.
Q. How far did you go in school?
A. I finished high school.
Q. You graduated?
A. Yes. I went back to -- actually to graduate.
Q. You got a GED?
A. I went -- I got my high school diploma in the Job Corps.
Q. Okay.
A. I finished in Job Corps.
Q. Where is Job Corps.
A. Schenck Job Corps in Pisgah Forest, North Carolina.
Q. When was that?
A. '09 to '10.
Q. So 2010 is when you got your high school diploma?
A. Yes.
Q. Did you go to school somewhere around here, or are you from up in --
A. I'm from Greer.
Q. From Greer?
A. Yes. I went to Greer High.

Q. Through what grade?
A. Ninth.
Q. And that would have been what year that you stopped Greer High School?
A. When I stopped?
Q. I'm just trying to figure out if there was a gap between Greer and Pisgah.
A. Oh, it was a big one. Yeah, I went back -- I went back when I was 23-24 -- 23. But I stopped going to school when I was 18 -- when I turned 18.
Q. Okay. Any particular reason why you stopped Greer High School?
A. Not really. I didn't really have the support that I needed really so -- to keep me going.
Q. Just tired of school?
A. At that moment. I didn't know how important it was until later.
Q. Okay. So you have your high school diploma, not your GED. Any other certificates or training or --
A. I have a lot of them from Job Corps. I can't recall all of them though. I have a lot.
Q. Any other education? Any classes?
A. Trade in welding.
Q. Welding, and where was that?
A. At Job Corps. Schenck Job Corps.

R. 0805

Q. How do you spell Schenck? She's going to ask you.
A. S-c-h-e-n-c-k.
Q. Up in Forest --
A. Pisgah Forest.
Q. All right. Any other type of education?
A. Not at this moment.
Q. Got your CDL or anything like that?
A. (Shakes head side to side.)
Q. All right. Here's what I need from you. I need to know --
A. I mean no -- no, sir.
Q. Okay. I need to know your work history. And what I need to know from you, you can start in 2010 -- excuse me, when did you say you stopped school?
A. I started working when I turned 18. I started -- it was around 2005.
Q. There we go. You can start in 2005 and work your way up, or you can start in 2019 and work your way back. I just need to know where all you remember working, the name of the employers, about how long you were there. And when I say about, I do not need the exact specific dates. And what you did.
A. Okay. In 2005 I worked at KFC.
Q. How long were you there, sir, about?
A. Two years.

Q. So from '05 to '07 roughly?
A. Yes.
Q. Cook?
A. Yes. And I worked the cash register too. I did both.
Q. All right.
A. After that I worked at McDonald's.
Q. These are all local?
A. Yes. That was in Greer.
Q. How long were you there, sir?
A. McDonald's, I was there for a year. And you said you want to know their -- my supervisor that was working there at KFC was Jackie.
Q. I don't need to know that.
A. Okay.
Q. I just need to know what you did.
A. Oh, okay. Okay.
Q. What did you do at McDonald's, cook?
A. Yes. I -- yes.
Q. All right. That gets us to about 2008. Do you remember where you worked after that?
A. Then I worked at Hardee's and Copper River. No, I worked at Jack In The Box. I worked at all of them, but I didn't work at Hardee's that long.
Q. All right. You were at Jack In The Box next for how

long?
A. For about a year.
Q. So until about '09?
A. Yes.
Q. And then you --
A. And I worked at Copper River too. I worked at Copper River and -- and Jack In The Box at the same time.
Q. All right. Until about 2009?
A. Yes.
Q. What did you do at Copper River?
A. Dishwasher.
Q. All right.
A. And then right before I -- and Ingles -- I worked at Ingles. But I didn't work there --
Q. You mentioned another -- you mentioned Hardee's.
A. Yes, I worked at Hardee's probably about a week or two. I didn't -- I didn't stay there that long.
Q. You didn't like it?
A. No, sir.
Q. All right. And then you worked at Ingles?
A. Yeah.
Q. Ingles in Greer?
A. In -- in Cherrydale.
Q. What did you do there, sir?

A. I was doing stocking.
Q. How long was that?
A. They didn't give me a long time there. They said I wasn't moving fast enough, so I didn't like that. So I ended up getting fired. My first time getting fired. So I was only there about two weeks.
Q. All right.
A. And that's when I signed up for Job Corps.
Q. And you were at Job Corps for a couple, three -- couple of years?
A. One year.
Q. So 2010 to 2011? Well, you said you --
A. '09 to '10.
Q. All right.
A. 2009 to 2010.
Q. All right. Where did you work after Job Corps?
A. I went to Lee's Welding.
Q. Where is that?
A. That was on -- Lee's Welding was in -- it's in Greer and Lyman area.
Q. What did you do there? You welded?
A. Yes, welded.
Q. Welded what?
A. We welded panels for buildings like for hospitals in Jacksonville.

Q. All right. How long were you there, sir?
A. On and off for two years. It was work when they had it.
Q. Did you work somewhere else while that was going on?
A. And I worked at BMW. I was with a temp service, Lumbee.
Q. What's the name of the temp service?
A. Lumbee.
Q. L-u --
A. M-b-e-e.
Q. Lumbee Temp Service. And what did you do at BMW?
A. I checked sun roof. I used gauges to make sure it was seated flush good, just right how it's supposed to be.
Q. You were an inspector of sun roofs?
A. Yes.
Q. How long was that?
A. Six months.
Q. All right. Where else have you worked?
A. Then I got with AER.
Q. AER?
A. Yes. American Electronic Recycling.
Q. Where are they, sir?
A. In Duncan.
Q. What did you do there?

A. I would destroy electronic equipment with silicones, separated plastic boards.
Q. You ran some sort of machine that did that?
A. Yes.
Q. You didn't do that with your bare hands?
A. Oh, no. Well, at first they did. Then they came up with a idea of doing it faster and better.
Q. Some sort of crushing machine?
A. Yes, that's exactly what it -- yes.
Q. How long were you there, sir?
A. Three months.
Q. What year was that?
A. I started Draexlmaier at -- it was around 2012 I started --
Q. You started Draexlmaier in 2012?
A. Yes. And that was at -- in the same month.
Q. All right. So that was -- the employment just prior to Draexlmaier was at AER?
A. Yes.
Q. All right. When did you start Draexlmaier?
A. 2012 July the 20th.
Q. What did they hire you to do?
A. I was on the IP line. We put IP's together. We actually received IP's, and then we put parts on it.
Q. What are IP's?

A. IP's is instrumental panels -- instrument panels for BMWs.
Q. And when you say instrument panels, are you talking about fuse box panels or fuse panels?
A. Just like the whole disk. Like the whole thing.
Q. It goes in the car somewhere?
A. Yes, in the front.
Q. So like the dashboard?
A. Yes.
Q. It goes behind the dashboard?
A. That's on top of it. Like the whole mold like where the mileage --
Q. Instrument panel, the dashboard?
A. Yes.
Q. All right. I'm making that harder than it really is. And what did you do? You did -- you put them together. So it was an assembly process?
A. Yes, assembly.
Q. Now, we're here about a January 31st, 2018 work accident date. Is that the right day -- about the right day?
A. Yes.
Q. Okay. And was that the same job you were working in January of 2018?
A. It wasn't.

Q. What were you moved to?
A. We had started a new thing in a new building that they built. I worked on -- I started on the IP line again, but then they moved me up to another part of the place where making the skins and completing it and then putting it all on. Then I went to IP foaming. And I went to IP foaming in -- because Irvin said that I was fast and that they could use me because I was a fast learner, I learned fast. And I didn't let no obstacles get in my way because of my height or anything like that. So I didn't turn that down. I was also a yes person. So I --
Q. IP foam was a different assembly line?
A. Yes, it was.
Q. Making what, foam?
A. Making -- the IP's actually brought it to our -- they brought what they had someone else doing to our job so we wouldn't have to have no side people doing our job.
Q. How tall are you?
A. I'm five three with my shoes off. Five four with them on.
Q. So you're five three. And how much do you weigh?
A. Now I weigh -- I weigh like 250. But back then I weighed 222-223.

Q. You think you gained some weight?
A. Yeah, you can say yes.
Q. All right. So they put you on this new foam line. That's what you were doing on January 31st, 2018?
A. Yes.
Q. All right. How much were you earning? How much did you earn?
A. Like money?
Q. Money.
A. They -- eventually they had to fight for us to get more money, so we ended up getting 16.50. And then we started getting -- they started paying operator two because they turned me into a operator two making 18.
Q. How many hours a week were you working in an average week?
A. We worked 12 hours a day, four days a week if it was our day. And then we worked on Sunday.
Q. That's a sin.
A. Yeah, I -- I got --
Q. So we have to fill out a form --
A. So it was like five 12's.
Q. Five 12's would be 60 hours a week.
A. Yes.
Q. Is that about how much you think you worked?

A. It was sometime -- like if I had my five days, I wouldn't have to work five 12's. I'd just work four. And sometime they asked me to come in.

BY MR. SHULL:

(To Mr. Sturkie): You don't mind if I show him the 20, do you?

EXAMINATION RESUMED BY MR. SHULL:

Q. All right, this is a Form 20. This is the form that they have to complete. And they add up all your wages in the four quarters preceding the quarter in which the injury occurred.

A. Uh-huh.

Q. So your injury was in the first quarter of 2018. So basically they just added up everything you made in 2017. And it says you made 39,336.81, and divided that by 52 to get 756.47 as your average weekly wage. Would you agree that your gross average weekly wage was -- and I'm not asking you to wed yourself to it by the nickel or the penny, but we'll say about 757.60 in an average week is your gross?

A. I was getting paid at -- what year?

Q. This is 2017.

A. 2017 I was making 15.05.

Q. So $15 an hour and working about how many hours a week in 2017?

A. It was the same because we was getting -- we was getting ready to change over. We was working the lines like -- they was getting ready for the transition over. So when we was getting ready for the transition over, we was working more hours to get the rest of the order out that needed to be out before we started our new project.
Q. Did the hours go up and down on the week -- based on the week?
A. It did. Like sometimes we worked ten hours. Then we -- then we started going to 12's.
Q. Okay. Who was your direct supervisor?
A. It was at that time Michael Landrum and John Ratliff.
Q. R-a-t-l-i-f-f-e?
A. Ratliff. I'd say R-a-t-l-i-f-f.
Q. You had two supervisors?
A. Yes.
Q. All right. And are you still employed there?
A. They still have me there -- they send me like my check stubs. So I see they gave me another raise.
Q. So you're getting paid by Draexlmaier?
A. No, Workers' Comp.
Q. Okay. You're not getting check stubs, but they send you

A. They're just sending me showing where I brought zero home.
Q. All right. You worked some after the accident I believe. And then --
A. Yes, I worked five months after.
Q. And then you had surgery by Dr. Womack, right?
A. Yes, sir.
Q. Are you -- are you back to work? Are you back working?
A. I'm not.
Q. Okay. This looks like you worked until August of '18. So that was when Dr. Womack's surgery was I'm assuming?
A. August 16.
Q. So last worked August 16, 2018, right?
A. My last day of work was August the 10th. Like they put me out of work because I couldn't work no longer because it was unbearable.
Q. All right. Are you currently on any work restrictions?
A. They say I'm not now. They just -- but they also said for me -- I need to change my career, maybe I need to think about that.
Q. Who says that to you?
A. The doctor.

Q. Dr. Womack?
A. No. The doctor from occupational health.
Q. That is Dr. Houmann, H-o-u-m-a-n-n?
A. Short -- I mean short man?
Q. I don't know. Paul Houmann?
A. I don't remember the name. I have notes at the house with the name.
Q. Did he put anything in writing with regard to what you could or couldn't do physically?
A. He did not.
Q. He just told you that you need to think about getting into another line of work?
A. Like being a truck driver or something like that.
Q. Where you're sitting more?
A. Yes.
Q. How much do you have to stand doing the work at Draexlmaier?
A. We get three breaks. We get two ten-minute breaks and one 30-minute break. So we be standing at least for like three hours before we get our first break.
Q. So in a ten-hour shift how much standing do you do?
A. We stand the whole time until we go on our breaks. Like we -- like we come in at -- whenever we do ten-hour shifts, like we come in at eight o'clock. We'll go on break at ten. And 6:30 breaks we go in

--- we go around 9:30 or ten too.
Q. How long are the breaks?
A. First break ten minutes.
Q. So you get how many breaks per shift?
A. First break ten minutes. Then you going to get a lunch break. Then get another ten-minute break.
Q. So it's ten minutes, then 30 minutes for lunch, and then ten minutes?
A. (Nods head up and down.)
Q. And that's how many breaks you get for your shift?
A. Yes.
Q. And other than that you're standing?
A. Yes, sir.
Q. Well, I guess you could stand for lunch if you wanted to, right?
A. Well, in that area of where I got hurt I had to jump. So that's why -- that's how I got hurt in IP Foam.
Q. Okay. Did Dr. Womack ever say that you shouldn't do any kind of work, or put you on any kind of restrictions with regard to lifting or walking or standing or anything like that? I know he probably did right after the surgery.
A. Uh-huh.
Q. But I'm talking about when you last saw him. And

I've got that that was February.
A. The last -- she actually --
Q. She?
A. Yes. It was a nurse practitioner.
Q. The physician's assistant?
A. Yes. She -- I always seen her after the operation actually. And she said that I could go back to work with no restrictions because it looked good. And then when I was in therapy for several months, that's where I was finding what all I can do and I cannot do.
Q. All right. Well, I've got that you last saw Piedmont Ortho in February, February 22nd. And I don't expect you to remember dates. But do you -- did anybody say anything to you about work restrictions or work limitations at that visit that you can recall?
A. At which date now?
Q. When you last treated at Piedmont Ortho, which was in February I believe, did they say anything to you about work restrictions or work limitations? Is that last note --
A. They -- she --
Q. I'm sorry. You went back in March. You went back in March, and then you went back in April; is that

right?
A. Yes.
Q. I'm sorry. I was wrong about that. When you last -- - when you last were there, did they tell you anything about permanent work restrictions or limitations?
A. They said that I should get on some inserts -- I would need inserts from the operation and the way my -- the way it's done. I have a arch in one foot.
Q. But as far as physical work limitations or restrictions, did they put you on any?
A. They did at first. They still -- they had me out for six months and they released me.
Q. No, I'm talking about when you last saw them. That's what I'm trying to get to.
A. No. He -- she released me.
Q. To full duty?
A. Yes, she did.
Q. Okay. All right. At the last visit. Have you been contacted by anybody at Draexlmaier about coming back to work?
A. I have not.
Q. Okay. If you were offered your old job back, would you go and work it?
A. Yes.

Q. Do you think you could?
A. I really can't say because, I mean, the way I'm -- the way I am, I don't know if I will be able to get back to one percent of doing -- I can't say.
Q. At the time of the accident on January 31st, 2018 that was your only employment? That was your only job?
A. Yes.
Q. Okay. All right. Let me get a little more background from you. Any other Workers' Comp claims other than this one we're sitting in here talking about today?
A. No, sir.
Q. Any on-the-job injuries for which you did not necessarily file a claim?
A. No, sir.
Q. All right. And the initial injury was to your left ankle; is that correct?
A. Yes, sir.
Q. All right. Any other body part that you feel like is bothering you because of that accident?
A. Yes, my knee and my lower back.
Q. Which knee?
A. My left knee. My -- inside of my knee. And on both sides of my knees, but my left knee hurts more than

my right knee. So they just --
Q. Left knee?
A. Yes.
Q. Back?
A. And my lower back.
Q. Low back. All right. Left knee, left ankle, low back. And any other body part?
A. That's all.
Q. Your right knee is not bothering you?
A. Not as much as my left knee.
Q. Well, does it bother you at all?
A. Yes, like the inside. Same place.
Q. How often does it bother you?
A. Often. Very often.
Q. Every day?
A. It's every day, yes.
Q. All right. When did the right knee pain start?
A. After the following months of -- I can't really recall. But I didn't -- I reported it around January or February. And it was -- they started handling it around August. So it was already hurting, but I was thinking if I got my ankle fixed that all the pain would go away. But --
Q. So your right knee started hurting you when?
A. I can't recall.

Q. Did you report it to your medical providers?
A. Yes, I did. But they said they couldn't really do nothing about it because they just got to handle what Workers' Comp doing. So they didn't --
Q. When did your left knee start to bother you or start to become painful?
A. I can't recall.
Q. And I take it you got an MRI to that knee, right?
A. Yes, sir.
Q. I think. Is it still bothering you, your left knee?
A. Yes.
Q. And your back, when did that start?
A. I can't recall. But I know I -- I reported -- I told them. But they said they cannot really -- they told me the same thing.
Q. You had an MRI for your back too I think?
A. Yes.
Q. Anybody discuss with you the results of the MRIs of the back or the left knee?
A. Yes, they did.
Q. What did they tell you?
A. With my knee I have a large amount of cartilage missing from the side what's hurting it. And a annular bulge in my back that was causing the pain, a annular bulge in my back.

Q. An annular bulge?
A. Yes.
Q. All right. Had any motor vehicle accidents?
A. No, sir. Not recently.
Q. Well, any that you remember?
A. Back when I was young, with my mama. But it wasn't nothing happened really.
Q. When was that would you say?
A. I was probably about 14.
Q. Any injuries from that?
A. My mama got hurt, but I didn't.
Q. Any personal injury lawsuits?
A. Not that I know of.
Q. Any prior -- before January 31st, 2018 hospitalizations?
A. No, sir. I was in the hospital 16 turning 17 like for a house fire. I had got burned.
Q. Okay. You got burned in a house fire?
A. Yes.
Q. When you were 16?
A. Yes. I turned 17 in the hospital.
Q. And you got burned where?
A. On my face and my shoulder.
Q. Okay. I don't see any --
A. Yeah, I got --

Q. You don't have any residual issues from that?
A. Oh, yeah. Well, I have the scars on my back still from where I had a wife-beater on.
Q. Okay. You had a wife-beater on when you got burned?
A. Yes, sir.
Q. All right. Any surgeries other than this one for your ankle?
A. No, sir.
Q. Any prior -- when I say prior, I mean before January 31st, 2018. Any prior back pain?
A. No, sir.
Q. No back problems at all?
A. Not -- not -- no, sir.
Q. Any prior left knee problems or pain?
A. At this moment?
Q. Before January 31st, 2018?
A. No, sir.
Q. Any prior right knee before this?
A. No, sir.
Q. Before January 31st, 2018?
A. No, sir.
Q. Any prior left ankle?
A. No, sir.
Q. Before January 31st, 2018?
A. No, sir.

Q. No treatment for any of those body parts before this injury?
A. No, sir.
Q. All right. Were you on any medications at the time of the accident?
A. No, sir.
Q. Who is your -- do you have a primary care provider or family doctor?
A. I do. But I haven't been in a year.
Q. Who is it?
A. Dr. K.
Q. Do you know the first name?
A. Christian.
Q. And how do you spell K?
A. It start with a K. I can't pronounce it or spell it --
Q. Oh, is it a foreigner?
A. Yes, sir.
Q. Dr. K, do you know the name of his practice?
A. Internal Medicine.
Q. And he's in what city?
A. In Mauldin.
Q. Have you ever treated for him -- with him for any of these body parts, your back, your left knee, your right knee or your left ankle?

A. I have not.
Q. Ever treated with a chiropractor?
A. I went to Envy Massage place once.
Q. I don't think that counts as a chiropractor.
A. That's all.
Q. Ever applied for any kind of disability?
A. I have not, no, sir.
Q. And tell me how you -- how the accident happened.
A. Okay. When I was on IP foaming the part that I had to reach was over my head. And I had to jump to reach it to make it suction in.
Q. To make it suction in?
A. Yes.
Q. What does that mean?
A. Like it -- it got sucked to the mold, and then they had a plastic down here at the bottom that go over it. So once it go down, they send foam in it and complete the IP.
Q. You had to kind of push it, jump and hit it?
A. Yes, jump and hit it.
Q. How high up was it?
A. Maybe like -- I had to jump maybe like five or six inches.
Q. Off the ground?
A. Yes.

Q. And when you came down, you landed at a different angle, or how --
A. Yes, I landed on my ankle. It went in. Because I had to jump like -- at least like a hundred and sometime times a day while I was at -- on that station. So when I came down.
Q. All right. And when you -- when you landed you had pain in the ankle?
A. Yes. I thought I couldn't walk at all.
Q. Did you have pain anywhere else?
A. Not at that time, no, sir.
Q. So it wasn't until later that you had the --
A. Yes, when I --
Q. -- pain in your knees and in your back?
A. Yes.
Q. Were there any witnesses?
A. Ms. Kathy.
Q. Who is she?
A. Sir?
Q. Who is she?
A. She was a employee that was there. She checked the parts, made sure wasn't no voids or anything in it and no scratches on it.
Q. She was another inspector?
A. She was a inspector.

Q. Do you remember her last name?
A. I do not. I'm sorry.
Q. When did you report the accident?
A. I reported it -- I almost said 2015 -- on 2/15.
Q. Why did you wait for --
A. Because I thought --
Q. -- 16 days?
A. Because I thought I could walk it off. And it got worse and worse.
Q. Did you tell anybody about it in between it happening and 2/15?
A. Not that I recall.
Q. You didn't tell your wife or anybody?
A. Oh, yes, I told her. I tell her everything.
Q. Just not anybody at work necessarily?
A. Not that.
Q. All right. I've got your first treatment date was August 16th. Is that right?
A. For the operation?
Q. When was the first time you got treatment for this?
A. Oh --
Q. Excuse me. I've got that your first treatment date was at -- March 27th is when you started at Piedmont Ortho. And then you started at -- was that your -- when you first start treatment was at Piedmont

Ortho?

A. Yes. Because Dr. McDonald sent me to get a MRI. And my wife had looked up this place if I can go get checked for -- for my ankle.

Q. Well, you treated -- I'm sorry, you treated MGC Immediate Care Pelham on 2/8. Is that where the employer sent you?

A. No. They said since it was already -- everything was about done, that I could stick with them. They didn't send me anywhere.

Q. That's where Dr. McDonald is, Medical Group of the Carolinas?

A. Dr. McDonald sent me for a MRI because he gave me a x-ray. He said the x-ray was good, but he seen that I was -- it was swelling in my ankle. So he put me in a boot and wrote a note saying for me to be on light duty, couldn't lift over 20 pounds. I was in a boot.

Q. All right. On a scale of one to ten, with ten being that you need to be taken to the hospital bad, where do you rate the pain in your left ankle?

A. Six to seven.

Q. Left knee?

A. Six to seven.

Q. Back?

A. Maybe a six.
Q. The right knee?
A. I'd say my right knee like a five.
Q. All right. And if you had 100 percent of each one of these body parts -- which you did, right, because you didn't have any prior problems with them?
A. Right.
Q. If you had 100 percent before this happened on January 31st, 2018, how much would you say you have left on a percentage basis of your left ankle?
A. I can't jump far. I can't stand on my tippy toe like I do on this one (indicates). I can't do that at this moment. I -- I tried to run, but I can't. Because I used to race my son. So...
Q. Can you give me a percentage?
A. Maybe 40-50 percent.
Q. Forty to 50 percent left?
A. (Nods head up and down.)
Q. Yes?
A. Yes, sir.
Q. Okay. You don't have to say sir.
A. Oh, that just me. I do that.
Q. I know. I do it too. So that means you lost about 50 to 60 percent if my math is right?
A. Yes, sir.

Q. All right. I'm going to ask you the same question for your left knee, your back and your right knee. How much do you think you have left of your left knee percentage-wise?
A. I can't get my -- I can't get my cartilage back. Maybe 40.
Q. And what about your back?
A. Around 60.
Q. So you lost about 40 with the back?
A. Yes. But my -- yes.
Q. What about your knee -- right knee?
A. I really haven't had a MRI on this side, so I really couldn't tell you.
Q. Don't know?
A. I really don't.
Q. All right. Outstanding medicals that you had to pay for this injury? Have you got any outstanding medical bills that you had to pay that haven't been paid?
A. That haven't been paid?
Q. Yeah.
A. I haven't got no mail yet.
Q. All right. Any out-of-pockets that you did pay?
A. Not that I can recall.
Q. All right.

A. I bought stuff like Bio-Freeze and stuff like that. And Icy Hot and stuff like that. So I don't know that.
Q. Well, anything that was prescribed by a doctor?
A. That was prescribed actually. Well, they told me to get it. So...
Q. Anything else?
A. I bought some inserts, but they're not -- I bought the cheap kind of inserts. So they don't do too much.
Q. How much did they cost you?
A. It was about like $20.
Q. Any other problems that we haven't discussed?
A. Not -- not at this moment.
Q. Have you got a criminal record?
A. I do not.
Q. Have you got any treatment for substance abuse ever?
A. Yes, I have.
Q. Okay. Was that at Job Corps?
A. No.
Q. Okay. Where was that?
A. You -- you talking about whether I -- for --
Q. Substance abuse. Any kind of drug or substance abuse?
A. Yes. I have like last year, '17 and '16 -- 2016.

Q. 2016 you treated for substance abuse where?
A. Well, actually it was at -- I can't think of it. I can't recall at the -- at this moment.
Q. What were you treated for?
A. Depression.
Q. Okay. So that wasn't necessarily for substance abuse?
A. And -- and I had cocaine abuse in 2016.
Q. All right. Are you off of the cocaine?
A. Oh, yes. That's my past.
Q. All right. Drink alcohol?
A. Occasionally.
Q. How many drinks a week on average?
A. Maybe one or two.
Q. Nicotine or tobacco products?
A. This is my second day actually off. But I didn't used to smoke, then I started back smoking last year.
Q. How many packs of cigarettes do you smoke?
A. I was smoking Black & Milds. A Black & Mild will last me like two days.
Q. One cigar will last you two days?
A. Yes. And -- but this is my second day I haven't been smoking though.
Q. All right. Any kind of hobbies, sports?

A. I like to play with my kids. I used to --
Q. Play basketball?
A. Football.
Q. You never played basketball?
A. I have played basketball, yes.
Q. Have you played since the injury?
A. I have not. I went on the basketball court and showed my son how to stand and shoot.
Q. Where was that?
A. That was at Spring -- in Mauldin. It's a park in Mauldin.
Q. Okay. Before the accident did you play a lot of basketball, before January 31st?
A. In high school I did.
Q. But not necessarily before this accident?
A. No, sir.
Q. Any other hobbies or anything like that?
A. It have became a hobby of mine. I read my Bible and stuff like that.
BY MR. SHULL:
Are you going to ask any questions, Jason?
BY MR. STURKIE:
No.
BY MR. SHULL:
You're done. I appreciate it.

(THERE BEING NO FURTHER QUESTIONS, THIS DEPOSITION WAS CONCLUDED AT THE HOUR OF 12:04 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1806973
EMPLOYEE/CLAIMANT: RUSTY YOUNG

EMPLOYER: DAA DRAEXLMAIER AUTOMOTIVE OF AMERICA, LLC

CARRIER: PROPERTY & CASUALTY INSURANCE COMPANY OF HARTFORD

I, VICKIE M. HESTER, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 42 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING DEPOSITION OF RUSTY YOUNG TAKEN ON THE 20TH DAY OF JUNE, 2019.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL DEPOSITION WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 30TH DAY OF JUNE, 2019.

Vickie Hester

VICKIE M. HESTER
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 7/30/2023

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

Employment/Personnel Records

APA # 12

1/5/22 @ 11a

CONFLUENCE OUTDOOR

Employment Application

Answer all questions completely. Any false statement is cause for rejection of your application or discharge from employment. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State, or Local Fair Employment Practices Law. All employment offers are contingent on your being able to provide proof of your legal right to work in the U.S. As part of our policy, it is standard procedure to perform a criminal background check on someone we are considering for employment.

PERSONAL INFORMATION

Last Name	First	Middle
Young	Rusty	

Present Address: 10 Yakutata Drive

City	State	Zip	Contact Phone Number
Greenville	SC	29605	(864) 640-1858

Email: youngrusty11@yahoo.com

If hired, can you furnish proof that you are over 18 yrs. of age? Yes ✓ No ____

Have you ever been employed under a different name? Yes ____ No (circled)
If yes, please provide the name(s) used:

Are you legally authorized to work in the United States for any employer?
Yes ✓ No ____
Note: If hired, a Form I-9, Employment Eligibility Verification form to verify identity and eligibility to work in the United States must be completed at the start of employment.

Do you have friends or relatives working for the Company?
Yes ____ No ✓
If "Yes," give name(s) & relationship:

IF EMPLOYED, I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION ARE TERMINABLE AT WILL; MY EMPLOYMENT IS FOR NO DEFINITE PERIOD; AND EMPLOYMENT AND COMPENSATION MAY BE TERMINATED BY EITHER THE COMPANY OR ME AT ANY TIME FOR ANY REASON WHATSOEVER WITH OR WITHOUT GOOD CAUSE, WITH OR WITHOUT PRIOR NOTICE.
I understand (RY) (initials)

MASSACHUSETTS APPLICANTS ONLY: Under Massachusetts law, an employer is prohibited from making written inquiries of an applicant about his or her criminal history on the initial written application. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND ON THIS APPLICATION TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties.

CALIFORNIA APPLICANTS ONLY: Pursuant to California law, do not provide any information requested below concerning misdemeanors. Please be advised that felony criminal convictions will not be considered unless they are relevant to the position for which you are applying. Also, California applicants must not provide information related to any marijuana-related offenses that occurred over two years prior to the date of this application.

ALL OTHER APPLICANTS: Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? Yes ____ No ✓ If "Yes," state the nature of the crime(s), when and where convicted [and the disposition of the case]:

(Note: Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, or referrals to and participation in any pretrial or post trial diversion programs.)

Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation? Yes ✓ No ____
If "No," describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to stat and agility tests.)

EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime?
Moulding		17-19/hr	Yes ✓ No ____

Type of employment Desired: Full-Time ✓ Part-Time ____ Seasonal ____

Days and hours available for work: Day Shift ✓ Afternoon Shift ____ Night Shift ____

Are your available for work on weekends? Yes ✓ No ____

EDUCATION INFORMATION

Name of School, City and State	Course of Study/Major	Dates Attended	Did you Graduate?	Date Graduated	Name of Degree or Diploma
High School: Ashworth High	General Education		(Yes) No	2010	High School Diploma
College/University: N.J. Brockman	Theology	Aug. 2020-present	Yes No still in school		
Graduate/Professional			Yes No		
Trade/Technical or Correspondence: Job Corp Pisgah Forest	Welding		Yes No	2010	Welding Cert.

5	Employer Company Name	Phone ( )	From Mo./Yr.	To Mo./Yr.
	Address	Your Position or Job Title	Starting Pay $ Per Hr/Mo/Yr	Ending Pay $ Per Hr/Mo/Yr
	Name & Title of Last Supervisor	Type of Business	Exact Reason for Leaving:	
	Summarize the Type of Work Performed & Job Responsibilities		May we contact this employer for a reference? Yes _____ No _____ Later _____ If no, please explain:	

REFERENCES

List below 3 persons, not related to you who have knowledge of your work performance within the last 5 years. Include supervisors, coworkers and peers.

Name	Relationship	Email address	Telephone	Yrs. Known
Kiera Richardson		kierarichardson@rocketmail.com	864-535-1304	16
Betty Clark			864-518-0446	

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

X Rusty Young
Signature of Applicant

12/30/2021
Date

CONFLUENCE OUTDOOR

Have you had a major illness or injury in the last five (5) years? If none, state "none." Please list any physicians and dates when applicable.

None.

Do you have any physical defects or impairments which preclude you from performing certain kinds of work? If yes, describe such defects and specific work limitations. If these limitations have been prescribed by a medical provider, please provide the name of said medical provider.

I have a metal Screw in Left ankle, but the doctor cleared me over three years ago.

Are you taking any prescribed drugs that can inhibit or impair your ability to perform the job that you have been offered? If yes, state the medication and the reason for taking it, as well as the prescribing medical provider.

NO

Have you ever been treated for drug addiction or alcoholism? If yes, identify the medical care provider and dates of treatment.

NO

CONFLUENCE OUTDOOR

Rusty Young
10 Yakutata Drive
Greenville, SC 29605

3.75 Reg

6/18/22

January 5, 2022

00057770

Dear Rusty,

I am pleased to offer you the position of Molding Operator for Confluence Outdoor, INC. We have discussed the opportunities at Confluence Outdoor, and we are enthusiastic about the contributions we believe you will make to the Company's success. In this role, you will report to Jason Gerisch, Shift Manager. You will be working 1st shift, and your scheduled work hours will be 7:00am to 3:00pm, Monday – Friday**.

Your 'total rewards and compensation' for this position will include the following components:

- **Base wages**: $16.00 per hour and overtime premium of 1/2 your hourly rate or as otherwise mandated by state law, as earned (both subject to all applicable federal, state, and local withholding).

- **Paid-Time-Off**: You will be eligible for one week of vacation, accrued on a per pay period basis beginning immediately, with accrued balance available for use in accordance with provisions of the prevailing policy. Current policy requires that you complete ninety (90) days of employment to be eligible to use accrued vacation time. Upon reaching your one-year anniversary, you will begin accruing vacation time at a rate of two weeks per year. You are also eligible to receive up to twenty-four (24) hours of sick time per year, prorated based on your date of hire.

- **Benefits**: You will be eligible to participate in the Confluence Outdoor benefit plans (medical, dental, vision, disability, and 401(k) plan) effective the first day of the month after your hire date. Please note for any benefits governed by formal plan documents and summary plan descriptions, the terms of those documents govern. You will also be eligible to purchase Confluence Outdoor products at a discount and to use company boats from the employee fleet from April through September each year. To the extent that any information regarding benefits in this letter conflicts with the actual plan documents and summary plan descriptions, those documents control. The Company reserves the right to modify, amend, or terminate any benefit plan or its contributions to any benefit plan at any time.

This offer is contingent upon your ability to provide the proper documentation to establish your identity and eligibility for employment required under the Immigration Reform & Control Act of 1986, the satisfactory results of requisite background/reference checks and passing a drug screen. We recommend that you wait until satisfactory completion of the required checks and screenings listed before you resign from your current employer. You will be required to sign the Confluence Outdoor Confidentiality and Intellectual Property Agreement.

You represent and warrant to Confluence Outdoor that you are not subject to any agreement limiting your ability to compete, solicit customers or employees, or use or disclose confidential information that would be violated by your acceptance of this offer and performance of your obligations to Confluence Outdoor.

Confluence Outdoor maintains a tobacco and drug free work environment. Use of any tobacco product or controlled substance on company property is strictly prohibited.

Patient Name: Young, Rusty Lee
Patient ID: E15740001 (EPIC)

Date of Birth: **12-Feb-1987**
Age: **35 years**
Gender: **male**
Accession Number: **GVL117662401**
Location: **Piedmont Ortho Associates**
Referring Physician: **Amy Hunt**

Study Date: 19-Jul-2022 15:14
Procedure Types: **MRI CERVICAL SPINE WO CONTRAST**

Verified

MR MRI CERVICAL SPINE WO CONTRAST

History: Cervicalgia ... Paresthesia ... Myelopathy, cervical region; Other cervical disc displacement, ... region. Right shoulder pain
since ... Right-sided ... No surgery.

Exam: ...

Technique: ... and ... sagittal ... and ... weighted sequences are available for ...

Comparison: ...

Findings:

There is evidence ... spondylosis. Degenerative disc signal present C2-3
through C6-7 with ... and 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

Patient: Rusty Young ID: E15740041 (EPIC) Study Date: 19-Jul-2022 15:14

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 [illegible] radiculopathy.

Atlanto-axial [illegible]

PHYSICIAN Jason Kelly
19-Jul-2022 16:04

CONFLUENCE OUTDOOR

Human Resources
Termination Checklist

Employee Name: Rusty Young

Date of Hire: 1/11/2022 Termination Date: 3/11/2022

Job Title: Molder

Payroll:

N/A Check Accrual Balances for Vacation Balances
✓ Print Attendance Points (Save on Share Drive)
✓ Check Payroll Deductions
- N/A Uniforms
- N/A Tools
- N/A EE Purchases
- YES Benefits
- N/A Garnishments

Office Staff/Production

_____ Remove network/building access
_____ Collect company property
_____ Collect Office keys
_____ Exit Interview (if possible…)
_____ Collect Badge/Deactivate Badge
✓ Pull Employee Folder
_____ Distribute final check
_____ Email IT
_____ Collect company property
✓ Pull I9
✓ Complete ESF

Human Resources Completed on: 4/1/2022 By: T. Wilmot

Forwarded to Payroll on: _____ By: _____ Payroll received on: 3/21/22 By: CB

Forwarded to IT on: _____ By: _____ Payroll IT on: _____ By: _____

HD 1/11/2022

Employee Status Form (ESF)

Employee Name:	**Rusty Young**
Type of change required?	**Termination** 618182
Date change is effective?	**3/11/2022**

**Refer to Job Change/Termination Reason list on page 2 for additional options*

Data to be Updated — NO VAC PAYOUT

Field Description	Current Data	New Data
Employee Type	Benefits Elected	
Worksite*		Final Check
*If remote worker, state working in?		
Cost Center Code & Description	511601 Kayak Molding 1st	~~0~~
Reporting Manager	Jason Gerisch	
Job Code		
Core Job Title	Molder	
*Eligible for Overtime Pay?		
*Shift / Differential		
Full/Part-Time/Seasonal	No Uniforms No Tools	
Scheduled Work Hours		
Annual Base Salary		
Hourly Rate		
Employee Status	Termination	
Termination Date	3/11/2022	
Reason for Termination	For Cause	
Pay Through Date	3/11/2022	
Last Day Worked	3/11/2022	
Final Vacation Hours Owed		
Severance/Sal Cont Offered?		
OK to Rehire? ___		
If Promo, list new direct reports:		
If Term, list direct reports w new manager:		

Approval Signature	Signature	Date
Manager		
Human Resources		3/16/2022

**After completing an investigation, it was determined Rusty should be terminated for inappropriate conduct/threatening behavior

Employee review/Initials:

353

Employee Status Form (ESF)	
Employee Name:	**Rusty Young**
Type of change required?	**Termination**
Date change is effective?	**3/11/2022**

***Refer to Job Change/Termination Reason list on page 2 for additional options*

Data to be Updated

Field Description	Current Data	New Data
Employee Type		
Worksite*		
*If remote worker, state working in?		
Cost Center Code & Description		
Reporting Manager		
Job Code		
Core Job Title		
*Eligible for Overtime Pay?		
*Shift / Differential		
Full/Part-Time/Seasonal		
Scheduled Work Hours		
Annual Base Salary		
Hourly Rate		
Employee Status	Termination	
Termination Date	3/11/2022	
Reason for Termination	For Cause	
Pay Through Date	3/11/2022	
Last Day Worked	3/11/2022	
Final Vacation Hours Owed		
Severance/Sal Cont Offered?		
OK to Rehire? ___		
If Promo, list new direct reports:		
If Term, list direct reports w new manager:		

Approval Signature	Signature	Date
Manager		
Human Resources		3/16/2022

**After completing an investigation, it was determined Rusty should be terminated for inappropriate conduct/threatening behavior

Employee review/initials:

359

i5270 - Confluence Outdoor
CONFLUENCE OUTDOOR CO., INC

EMPLOYEE TERMINATION REPORT

Rusty Lee Young

This report displays all active earnings, deductions, memo calculations, and garnishments that have scheduled amounts. Upon termination 'Save', a stop date will be added to these records.
If the 'Inactivate All Direct Deposits' option is selected, upon termination 'Save' all employee direct deposit records will be updated to the 'Inactive' status.
The Company Assets section displays all assets that have not been returned. This section is informational only. No action is performed upon 'Save'.

Employee Identification

Name: Rusty Lee Young
Address: 10 Yakutata Dr
GREENVILLE, SC 29605-6087
SSN: XXX-XX-7770
Emp #: 618182

Company Assets

Earnings

Memos

Title	Type	Value
Dental ER	Amount	6.62
Med Base ER	Amount	258.92

Deductions

Title	Type	Value	Balance	Arrears
401K Roth	Percent	6.0000	0.00	0.00
Dental EE	Amount	7.40	0.00	0.00
EE Life	Amount	2.22	0.00	0.00
SP Life	Amount	1.11	0.00	0.00
CH Life	Amount	0.78	0.00	0.00
FSA Medical	Amount	10.84	0.00	0.00
LTD	Amount	7.17	0.00	0.00
Med Base EE	Amount	257.19	0.00	0.00
EE AD&D	Amount	0.83	0.00	0.00
CH AD&D	Amount	0.14	0.00	0.00
SP AD&D	Amount	0.42	0.00	0.00
Aflac Acci	Amount	16.67	0.00	0.00
Aflac CI	Amount	17.43	0.00	0.00
Aflac HI	Amount	23.98	0.00	0.00
Tools	Amount	27.75	0.00	0.00
Badge	Amount	10.00	0.00	0.00

Garnishments

Leave Accruals

Plan Title	Type	Accrual Rate	Balance
Sick Production	Sick	0	24.00
Vacation	Vacation	0	6.16

Direct Deposit

Seq	Deposit Type	Account #	Status	Deposit Value
0	Checking	####2265	Active	Remaining Net

Absences

CONFLUENCE OUTDOOR

POST OFFER
MEDICAL QUESTIONNAIRE

Have you ever had or been treated for any of the following conditions or diseases?

- ☐ Epilepsy
- ☐ Diabetes
- ☐ Cardiac Disease (heart trouble)
- ☐ Meniscectomy (knee surgery)
- ☐ Amputation of foot, leg, arm or hand
- ☐ Vision loss
- ☐ Residual disability from poliomyelitis (polio)
- ☐ Cerebral palsy
- ☐ Multiple sclerosis
- ☐ Parkinson's disease
- ☐ Patellectomy (removal of knee cap)
- ☐ Ruptured cruciate ligament (knee)
- ☐ Hemophilia
- ☐ Chronic osteomyelitis (bone infection)
- ☐ Surgical or spontaneous fracture
- ☐ Hyperinsulin (low blood sugar)
- ☐ Muscular dystrophy
- ☐ Thrombophlebitis (inflammation of a vein with a blood clot formed in the vein)
- ☐ Herniated intervertebral disc (slipped disc)
- ☐ Surgical removal of an intervertebral disc or spinal fusion
- ☐ Back pain or back injury
- ☐ Total deafness
- ☐ Hearing loss
- ☐ High blood pressure
- ☐ Arthritis
- ☐ Tuberculosis
- ☐ Sickle Cell Anemia

Please list any condition, injury or disease for which you have been treated in the past three (3) years. If no treatment has been provided, state "none." Please list any medical providers and dates when applicable.

None

Have you ever been hospitalized? If so, for what condition? If you have not been hospitalized, state "no." Please list any physicians or hospitals and dates when applicable.

NO

Have you ever been treated for any mental or psychological condition? If no such treatment has been received, state "none." Please list any physicians and dates when applicable.

For depression over Four years Ago

Is there any health-related reason you may not be able to perform the job you have been offered? If yes, please explain.

None

CONFLUENCE OUTDOOR

POST JOB OFFER MEDICAL HISTORY QUESTIONNAIRE

I herewith affirm that Confluence Outdoor has made me an offer of employment conditioned on the satisfactory completion of this questionnaire and, if necessary, within the discretion of the employer, a medical examination. The purpose of this inquiry is to determine whether I currently have the physical or mental qualifications necessary to perform the job that has been offered, whether and what accommodations may be necessary, whether I can perform the job without posing a direct threat to the health or safety of myself or others and for the purpose and reasons stated on the attached questionnaire.

This information will be kept confidential in a separate medical file, apart from my personnel file. I herewith affirm that the questions as found in the attached medical questionnaire have not been asked by me of anyone with Confluence Outdoor until after I have signed this statement and been offered a job.

It is the intention of Confluence Outdoor to comply with the Americans with Disabilities Act, Equal Employment Opportunity laws, and all other state and federal laws governing post-offer/pre-employment inquiries, including the Genetic Information Nondiscrimination Act of 2008. This questionnaire does not request or require that you disclose any genetic information, including your family medical history, the results of your or a family member's genetic test(s), the fact that you or a family member sought or received genetic services, genetic information concerning a fetus or embryo, or any other form of genetic information.

Name: Rusty Young

Social Security Number: 249-65-7770

Signature: Rusty Young

Date: 01/05/2022

Witness: [signature]

Piedmont Orthopaedic Associates

APA # 13

06/01/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL

Amb Encounter Report (continued)

Problem List (continued) as of 6/1/2022

Date Reviewed: 6/1/2022

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

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 6/1/2022

Allergies as of 6/1/2022

No Known Allergies

Never Reviewed

Immunizations Administered as of 6/1/2022

No immunizations on file.

Patient History

Medical as of 6/1/2022

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 6/1/2022

None

06/01/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)

Surgical as of 6/1/2022 (continued)

Family as of 6/1/2022

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 6/1/2022

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 6/1/2022

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 6/1/2022

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

Drug Use as of 6/1/2022

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

Sexual Activity as of 6/1/2022

None

Activities of Daily Living as of 6/1/2022

None

Occupational as of 6/1/2022

None

Socioeconomic as of 6/1/2022

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

06/01/2022 - Office Visit in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)

Socioeconomic as of 6/1/2022 (continued)

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
							American	

Medications

Medications the Patient Reported Taking

	Disp	Refills	Start	End
methylPREDNISolone (MEDROL, PAK,) 4 MG tablet (Taking)	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

Medications at Start of Encounter

	Disp	Refills	Start	End
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 Medications

	Disp	Refills	Start	End
methylPREDNISolone (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

Medication Orders

methylPREDNISolone (MEDROL, PAK,) 4 MG tablet [1372775703] Status: **Active**

Electronically signed by: **Karington Beaty, MA on 06/01/22 1523**
Ordering user: Karington Beaty, MA 06/01/22 1523
Authorized by: Alan W Duncan, APRN - CNP
Cosigning events
Electronically cosigned by Alan W Duncan, APRN - CNP 06/01/22 1541 for Ordering
Frequency: 06/01/22 - Until Discontinued

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

06/15/2022 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)

Medical as of 6/15/2022

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 6/15/2022

None

Family as of 6/15/2022

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 6/15/2022

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 6/15/2022

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 6/15/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes				

Drug Use as of 6/15/2022

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

Sexual Activity as of 6/15/2022

None

06/15/2022 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
Amb Encounter Report (continued)

Sexual Activity as of 6/15/2022 (continued)

Activities of Daily Living as of 6/15/2022

None

Occupational as of 6/15/2022

None

Socioeconomic as of 6/15/2022

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
methylPREDNISolone (MEDROL, PAK,) 4 MG tablet 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
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			4/5/2022	7/12/2022
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				

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

Notes (continued)

Encounter Notes

Telephone Encounter by Karington Beaty, MA at 6/20/2022 5:05 PM

Author: Karington Beaty, MA
Filed: 6/20/2022 5:06 PM
Editor: Karington Beaty, MA (Medical Assistant)
Service: —
Encounter Date: 6/15/2022
Author Type: Medical Assistant
Status: Signed

Returned call and left a voicemail.

Telephone Encounter by Alan W Duncan, APRN - CNP at 6/20/2022 11:53 AM

Author: Alan W Duncan, APRN - CNP
Filed: 6/20/2022 11:54 AM
Editor: Alan W Duncan, APRN - CNP (Nurse Practitioner)
Service: —
Encounter Date: 6/15/2022
Author Type: Nurse Practitioner
Status: Signed

Need clarification on what this patient needs

Telephone Encounter by Karington Beaty, MA at 6/17/2022 4:39 PM

Author: Karington Beaty, MA
Filed: 6/17/2022 4:41 PM
Editor: Karington Beaty, MA (Medical Assistant)
Service: —
Encounter Date: 6/15/2022
Author Type: Medical Assistant
Status: Signed

New message:

desiree w/ mccravy newlon left msg for status of questionnaire sent in ph#3962296

Telephone Encounter by Heather T Norris, MA at 6/17/2022 4:18 PM

Author: Heather T Norris, MA
Filed: 6/17/2022 4:18 PM
Editor: Heather T Norris, MA (Medical Assistant)
Service: —
Encounter Date: 6/15/2022
Author Type: Medical Assistant
Status: Signed

Allen pt

Telephone Encounter by Jennifer M Ledwell at 6/15/2022 3:22 PM

Author: Jennifer M Ledwell
Filed: 6/15/2022 3:24 PM
Editor: Jennifer M Ledwell (Technician)
Service: —
Encounter Date: 6/15/2022
Author Type: Technician
Status: Signed

desiree w/ mccravy newlon left msg for status of questionnaire sent in ph#3962296

No form specified.

Sexuality and Gender Identity

Sexuality

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

Gender Identity

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

Telephone
6/15/2022

Outgoing Call

	Provider	Department	Center
6/20/2022 5:04 PM	Alan W Duncan, APRN - CNP	GVL PIEDMONT ORTHOPAEDICS - INTERNATIONAL	GVL AMB

Reason for Call

Other

Call Documentation

Karington Beaty, MA at 6/20/2022 5:05 PM

Status: Signed

Returned call and left a voicemail.

Alan W Duncan, APRN - CNP at 6/20/2022 11:53 AM

Status: Signed

Need clarification on what this patient needs

Karington Beaty, MA at 6/17/2022 4:39 PM

Status: Signed

New message:

desiree w/ mccravy newlon left msg for status of questionnaire sent in ph#3962296

Call Documentation (continued)

Heather T Norris, MA at 6/17/2022 4:18 PM

Status: Signed

Allen pt

Jennifer M Ledwell at 6/15/2022 3:22 PM

Status: Signed

desiree w/ mccravy newlon left msg for status of questionnaire sent in ph#3962296

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)

06/15/2022 - Telephone in BON SECOURS PIEDMONT ORTHOPEDICS - INTERNATIONAL
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**

Greenville Memorial Hospital

APA # 14

5/10/2016 - ED in Emergency Department-Greenville Memorial Hospital

Reason for Visit

Chief Complaints *[last edited by Ristich, Loraine G, RN on 5/10/2016 1407]*

- Suicidal
- Hallucinations

Visit Diagnoses *[last edited by Godbee-Stephens, Nanette L, NP on 5/10/2016 1731]*

Name	Code	Is ED?
Polysubstance abuse (HCC) (primary)	F19.10	Yes
Suicidal ideations	R45.851	Yes

Hospital Problems

Name	Code	Date Noted	Date Resolved	Present on Admission?	Last Updated By	Last Updated On
Polysubstance abuse (HCC)	F19.10	05/10/2016	—	Yes	Godbee-Stephens, Nanette L, NP	05/10/2016 1731
Suicidal ideations	R45.851	05/10/2016	—	Exempt from POA reporting	Godbee-Stephens, Nanette L, NP	05/10/2016 1731

Visit Information

Admission Information

Arrival Date/Time:	05/10/2016 1328	Admit Date/Time:	05/10/2016 1330	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-healthcare Facility	Admit Category:	
Means of Arrival:	Walk/ambulated	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	PRISMA HEALTH	Unit:	Emergency Department-Greenville Memorial Hospital
Admit Provider:		Attending Provider:	Mahoney, Joseph Peter, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Transfer to Another Facility	--	Godbee-Stephens, Nanette L, NP	Tue May 10, 2016 5:32 PM	Rusty Lee Young should be transferred out to Carolina Behavioral Center, Accepting MD: Dr Snipes

Discharge Information

Date/Time: 05/10/2016 1926 Disposition: Psychiatric Hospital Destination: —
Provider: — Unit: Emergency Department-Greenville Memorial Hospital

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
			Follow discharge instructions provided by Carolina Behavioral Center on discharge	

Level of Service

Level of Service
HC PR ER LEVEL V

Medication List

Medication List

Medication List (continued)

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

ED Provider Note

ED Provider Notes by Mahoney, Joseph Peter, MD at 5/10/2016 1419

Author: Mahoney, Joseph Peter, MD
Filed: 5/10/2016 3:13 PM
Editor: Mahoney, Joseph Peter, MD (Physician)
Service: —
Date of Service: 5/10/2016 2:19 PM
Author Type: Physician
Status: Signed

History

Chief Complaint

Patient presents with

- Suicidal
- Hallucinations

HPI
29yo male presents to ED with reported auditory and visual hallucinations yesterday. Became upset with wife because he thinks she is being unfaithful. Wife reports yesterday he put a gun to his head. Pt denies all of this. No reported history of mental illness. Reports alcohol, THC and cocaine use, all within the past 24 hours. Pt denies headache, neck stiffness, photophobia, fevers, chills, cough/URI symptoms, focal weakness/paresthesias, N/V/D.
History reviewed. No pertinent past medical history.

History reviewed. No pertinent past surgical history.

History reviewed. No pertinent family history.

History

Substance Use Topics

- Smoking status: Current Some Day Smoker
- Smokeless tobacco: Not on file
- Alcohol Use: 3.6 oz/week
  6 Cans of beer per week

Review of Systems
Negative except as listed in the History of Present Illness

Physical Exam

BP 149/86 mmHg | Pulse 128 | Temp(Src) 98.7 °F (37.1 °C) (Oral) | Resp 16 | Ht 1.626 m (5' 4") | Wt 90.719 kg (200 lb) | BMI 34.31 kg/m2 | SpO2 98%

ED Provider Note (continued)

Physical Exam
Constitutional: He appears well-developed and well-nourished. No distress.
HENT:
Mouth/Throat: Oropharynx is clear and moist.
Eyes: EOM are normal. Pupils are equal, round, and reactive to light. No scleral icterus.
Neck: Neck supple. No JVD present.
Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub. No murmur heard.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. There is no tenderness.
Musculoskeletal:
No acute extremity abnormalities.
Neurological:
Awake, alert. GCS 15. CN II-XII grossly intact. No gross/lateralizing motor deficits.

Skin: Skin is warm and dry. No rash noted.
Psychiatric: His behavior is normal. He is not aggressive, not hyperactive, not actively hallucinating and not combative Thought content is paranoid and delusional. Cognition and memory are normal. He expresses impulsivity and inappropriate judgment. He expresses no homicidal and no suicidal ideation. He expresses no suicidal plans and no homicidal plans.
Mood: upset Affect: mildly irritated, otherwise calm and cooperative. Speech is normal, although does have intermittent looseness of associations.
Nursing note and vitals reviewed.

ED Course
Procedures

MDM

Results for orders placed or performed during the hospital encounter of 05/10/16

Alcohol Plasma (Medical Only)

Result	Value	Ref Range
Alcohol, Serum	145 (H)	<10 mg/dL

Basic Metabolic Panel (BMP)(BMET)

Result	Value	Ref Range
Sodium	137	133-144 mmol/L
Potassium	3.2 (L)	3.4-5.1 mmol/L
Chloride	102	101-111 mmol/L
CO2	22	20-30 mmol/L
BUN	10	7-21 mg/dL
Calcium	9.1	8.5-10.4 mg/dL
Creatinine	1.21	0.72-1.25 mg/dL
Glucose	118 (H)	74-99 mg/dL
Anion Gap	13	6-16 mmol/L
eGFR	80	>59 mL/min

Complete Blood Count

Result	Value	Ref Range
WBC	12.2 (H)	4.0-11.5 TH/mm3
RBC Count	5.30	4.50-5.90 Mil/mm3
Hemoglobin	14.9	13.5-17.5 g/dL
Hematocrit	44.8	41.0-53.0 %
MCV	84.6	80.0-100.0 fL

ED Provider Note (continued)

MCH	28.1	26.0-34.0 pg
MCHC	33.2	31.0-37.0 g/dL
RDW	13.8	12.0-16.0 %
Platelets	333	125-400 Th/mm3
MPV	7.3	6.9-10.6 fL
Neutrophils %	72.1	%
Lymphocytes %	20.1	%
Monocytes %	7.4	%
Eosinophils %	0.1	%
Basophils %	0.3	0.0-2.0 %
Neutrophils Absolute	8.8 (H)	1.4-6.6 TH/mm3
Lymphocytes Absolute	2.5	1.0-3.5 TH/mm3
Monocytes Absolute	0.9	<1.0 TH/mm3
Eosinophils Absolute	0.0	<0.7 TH/mm3
Basophils Absolute	0.0	<0.1 TH/mm3

Update Notes
Pt placed on ITC pending SW consultation. Discussed with Dr rochester at checkout.

Joseph Peter Mahoney, MD
05/10/16 1513

Electronically signed by Mahoney, Joseph Peter, MD at 5/10/2016 3:13 PM

Attribution Key
Attribution information is not available for this note.

ED Notes

ED Notes by Ristich, Loraine G, RN at 5/10/2016 1408

Author: Ristich, Loraine G, RN
Filed: 5/10/2016 2:10 PM
Editor: Ristich, Loraine G, RN (Registered Nurse)
Service: —
Date of Service: 5/10/2016 2:08 PM
Author Type: Registered Nurse
Status: Signed

Pt brought in by spouse; spouse states "this is not my husband". Pt has been having auditory and visual hallucinations and put gun to head yesterday.

Electronically signed by Ristich, Loraine G, RN at 5/10/2016 2:10 PM

Attribution Key
Attribution information is not available for this note.

ED Notes by Irby, Mary K, LCSW at 5/10/2016 1622

Author: Irby, Mary K, LCSW
Filed: 5/10/2016 4:28 PM
Service: —
Date of Service: 5/10/2016 4:22 PM
Author Type: Counselor
Status: Signed

05/10/2016 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Notes (continued)

Editor: Irby, Mary K, LCSW (Counselor)

Met with pt's wife who reported that pt has been paranoid stating that she is seeing someone else. She stated that pt has been snorting and smoking crack. She stated that pt has a gun in front of their son and threaten to shoot self because he felt that she did not want him anymore on yesterday. She stated that pt agreed to come to the ED today because he wanted her to be examine to determine if she has been unfaithful to her..

Electronically signed by Irby, Mary K, LCSW at 5/10/2016 4:28 PM

Attribution Key

Attribution information is not available for this note

ED Notes by Irby, Mary K, LCSW at 5/10/2016 1755

Author: Irby, Mary K, LCSW
Filed: 5/10/2016 5:56 PM
Editor: Irby, Mary K, LCSW (Counselor)
Service: —
Date of Service: 5/10/2016 5:55 PM
Author Type: Counselor
Status: Signed

Pt accepted to CCBH by Dr. Snipes. Moblecare has been called for transport.

Electronically signed by Irby, Mary K, LCSW at 5/10/2016 5:56 PM

Attribution Key

Attribution information is not available for this note

ED Care Timeline

Patient Care Timeline (5/10/2016 13:28 to 5/10/2016 19:26)

5/10/2016	Event	Details	User
13:28	Patient arrived in ED		Carroll, Heather Nicole, RN
13:28:53	Patient expected in ED		Carroll, Heather Nicole, RN
13:28:58	Arrival Complaint	Hallucinations; SI	
13:29	Travel and Exposure Screening	**Travel Screening** Traveled outside the U.S. in the last month?: No **Exposure Screening** Contact with someone with a communicable disease in the last month such as Measles, Influenza, etc.?: No	Carroll, Heather Nicole, RN
13:29	Quick Triage	**Quick Triage** Quick Triage: Yes	Carroll, Heather Nicole, RN
13:29:04	Trigger for Triage Start		Carroll, Heather Nicole, RN
13:29:04	Triage Started		Carroll, Heather Nicole, RN
13:29:04	Chief Complaints Updated	Psychiatric Evaluation	Carroll, Heather Nicole, RN
13:30:28	Initial ED Admission	To room C 309	Carroll, Heather Nicole, RN
13:30:28	Patient roomed in ED		Carroll, Heather Nicole, RN

ED Care Timeline (continued)

13:51	Travel and Exposure Screening	**Travel Screening** Traveled outside the U.S. in the last month?: No **Exposure Screening** Contact with someone with a communicable disease in the last month such as Measles, Influenza, etc.?: No	Ristich, Loraine G, RN
13:52:16	Home Medications Reviewed		Ristich, Loraine G, RN
13:54	Acuity	**Acuity** Patient Acuity: 2	Ristich, Loraine G, RN
13:54:07	History Reviewed	Sections Reviewed: Medical, Surgical, Family, Alcohol, Drug Use, Sexual Activity	Ristich, Loraine G, RN
13:55:12	Acuity 2 Selected		Ristich, Loraine G, RN
14:00	Collect Lavender Top Completed	*Lavender Top* - Type: **Blood** ; Source: **Blood**	Moroshan, Alexandru, EMT
14:00	Collect Light Green Top Completed	*Light Green Top* - Type: **Blood** ; Source: **Blood**	Moroshan, Alexandru, EMT
14:00	Specimens Collected	Light Green Top - ID: **16GMH-131A1443** Type: **Blood** Lavender Top - ID: **16GMH-131H0666** Type: **Blood** Alcohol Plasma (Medical Only) - ID: **16GMH-131A1498** Type: **Blood** Basic Metabolic Panel (BMP)(BMET) - ID: **16GMH-131A1498** Type: **Blood** Complete Blood Count - ID: **16GMH-131H0686** Type: **Blood**	Moroshan, Alexandru, EMT
14:00	$ Venipuncture	**Venipuncture (Phlebotomy)** Site: Left Specimen Status: Sent for analysis How tolerated?: Tolerated well	Moroshan, Alexandru, EMT
14:00	Specimens Collected	Rainbow Draw - ID: **16GMH-131A1443** Type: **Blood** Complete Blood Count - ID: **16GMH-131H0686** Type: **Blood**	
14:02	Triage Completed		Ristich, Loraine G, RN
14:02	Acuity/Destination	**Acuity/Triage Complete (ESI)** Patient Acuity: 2 Triage Complete: Triage complete **Other flowsheet entries** Safe in Home: Yes	Ristich, Loraine G, RN
14:02	Height and Weight	**Height and Weight** Height: 162.6 cm (64") Weight: 90.7 kg (200 lb)	Ristich, Loraine G, RN

ED Care Timeline (continued)

14:02	Custom Formula Data	**Height and Weight** Adjusted Body Weight (kg): 71.81 kg BMI (Calculated): 34.3 BSA (Calculated - sq m): 2.02 sq meters BMI (Calculated): 34.3 Weight in (lb) to have BMI = 25: 145.3 IBW/KG (calculated) : 59.2 **Anthropometrics** BMI Classification: Obesity Grade I Ideal Body Weight: 58.8 Ideal Body Weight: 58.8 kg **Adult IBW/VT Calculations** Low Range Vt 6mL/kg : 355.2 mL/kg Adult Moderate Range Vt 8mL/kg : 473.6 mL/kg Adult High Range Vt 10mL/kg: 592 mL/kg **Other flowsheet entries** Target weight:: 146 lbs IBW/kg (Calculated) Male: 59.2 kg IBW/kg (Calculated) FEMALE: 54.7 kg	Ristich, Loraine G, RN
14:02:16	**Chief Complaints Updated**	**Hallucinations** **Suicide Attempt** ~~Psychiatric Evaluation~~	Ristich, Loraine G, RN
14:03:05	**Acuity 2 Selected**		Ristich, Loraine G, RN
14:04:17	**Lab Ordered**	URINALYSIS, RAINBOW DRAW	Ristich, Loraine G, RN
14:04:17	**Orders Placed**	Lab - Rainbow Draw; Urinalysis - Clean Catch	Mahoney, Joseph Peter, MD
14:04:52	**Lab Ordered**	RAINBOW DRAW	Ristich, Loraine G, RN
14:04:52	**Orders Placed**	Lab - Rainbow Draw	Mahoney, Joseph Peter, MD
14:05:04	**Lab Ordered**	LIGHT GREEN TOP	Ristich, Loraine G, RN
14:05:04	**Lab Ordered**	LAVENDER TOP	Ristich, Loraine G, RN
14:05:04	**Print Label for Rainbow Draw Completed**	Type: **Blood** ; Source: **Blood** Rainbow Draw ; Rainbow Draw	Ristich, Loraine G, RN
14:07	**Chief Complaints Updated**	**Suicidal** Hallucinations ~~Suicide Attempt~~	Ristich, Loraine G, RN
14:07	**Vital Signs**	**Vital Signs** Temp: 98.7 °F (37.1 °C) Temp src: Oral Heart Rate: 128 Heart Rate Source: Automated Resp: 16 SpO2: 98 % O2 Device: None (Room air) BP Method: Automatic Patient Position: Sitting **Vitals Timer** Restart Vitals Timer: Yes	Ristich, Loraine G, RN
14:07	**Custom Formula Data**	**Relevant Labs and Vitals** Temp (in Celsius): 37.1	Ristich, Loraine G, RN
14:07:17	**Allergies Reviewed**		Ristich, Loraine G, RN
14:08	**Vital Signs**	○ **Vital Signs** BP: 149/86	Ristich, Loraine G, RN

05/10/2016 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Care Timeline (continued)

14:08:19	ED Specimen Collect		Ristich, Loraine G, RN
14:08:19	ED Specimen Collect		Ristich, Loraine G, RN
14:08:43	Orders Acknowledged	New - Rainbow Draw	Moroshan, Alexandru, EMT
14:08:45	Orders Acknowledged	New - Rainbow Draw	Moroshan, Alexandru, EMT
14:08:56	ED Notes	Pt brought in by spouse; spouse states "this is not my husband". Pt has been having auditory and visual hallucinations and put gun to head yesterday.	Ristich, Loraine G, RN
14:09	First Provider Evaluation of Patient		Mahoney, Joseph Peter, MD
14:09	First Provider Evaluation	First Provider Evaluation Time File First Provider Evaluation Time: File	Mahoney, Joseph Peter, MD
14:09:28	Assign Attending	Joseph Peter Mahoney, MD assigned as Attending	Mahoney, Joseph Peter, MD
14:09:30	Assign Physician		Mahoney, Joseph Peter, MD
14:10:49	Lab Ordered	PSYCH URINE DRUG SCREEN, MEDICAL WITHOUT CONFIRMATION, CBC FOR ER, BASIC METABOLIC PANEL (BMP)(BMET), ALCOHOL PLASMA (MEDICAL ONLY)	Mahoney, Joseph Peter, MD
14:10:49	Orders Placed	Lab - Alcohol Plasma (Medical Only); Basic Metabolic Panel (BMP)(BMET); Complete Blood Count; Psych UDS Medical without Conf Consult - Consult to Case Management/Social Work	Mahoney, Joseph Peter, MD
14:10:53	Social Work Consult Ordered		Mahoney, Joseph Peter, MD
14:29:25	Lab Ordered	CBC AUTO DIFF FOR ER	Alzamora, Mary T
14:30:42	Orders Discontinued	Rainbow Draw (05/10/16 1405)	Alzamora, Mary T
14:30:42	Print Label for Rainbow Draw Discontinued	*Rainbow Draw*	Alzamora, Mary T
14:39	Complete Blood Count Resulted	**Abnormal Result** Collected: **5/10/2016 14:00** Last updated: **5/10/2016 14:39** Status: **Final result**	Lab, Background User
14:39	Complete Blood Count Resulted	**Abnormal Result** Collected: **5/10/2016 14:00** Last updated: **5/10/2016 14:39** Status: **Final result** WBC: **12.2 TH/mm3 ^** [Ref Range: 4.0 - 11.5] RBC: **5.30 Mil/mm3** [Ref Range: 4.50 - 5.90] Hemoglobin: **14.9 g/dL** [Ref Range: 13.5 - 17.5] Hematocrit: **44.8 %** [Ref Range: 41.0 - 53.0] MCV: **84.6 fL** [Ref Range: 80.0 - 100.0] MCH: **28.1 pg** [Ref Range: 26.0 - 34.0] MCHC: **33.2 g/dL** [Ref Range: 31.0 - 37.0] RDW-CV: **13.8 %** [Ref Range: 12.0 - 16.0] Platelets: **333 TH/mm3** [Ref Range: 125 - 400] MPV: **7.3 fL** [Ref Range: 6.9 - 10.6] Neutrophils, %: **72.1 %** Lymphocytes, %: **20.1 %** Monocytes, %: **7.4 %** Eosinophils %: **0.1 %** Basophils %: **0.3 %** [Ref Range: 0.0 - 2.0] Neutrophils, Abs: **8.8 TH/mm3 ^** [Ref Range: 1.4 - 6.6] Lymphocytes, Abs: **2.5 TH/mm3** [Ref Range: 1.0 - 3.5] Monocytes, Abs: **0.9 TH/mm3** [Ref Range: <1.0] Eosinophils, Abs: **0.0 TH/mm3** [Ref Range: <0.7] Basophils, Abs: **0.0 TH/mm3** [Ref Range: <0.1]	Lab, Background User
14:39:09	Lab Resulted	(Final result) CBC FOR ER	Lab, Background User
14:39:09	Lab Resulted	(Final result) CBC AUTO DIFF FOR ER	Lab, Background User

05/10/2016 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Care Timeline (continued)

14:43	**Collect Psych UDS Medical without Conf Completed**	*Psych UDS Medical without Conf* - Type: **Urine**; Source: **Urine, Clean Catch**	Caudill, Ronald Jr., RN
14:43	**Collect Urinalysis - Clean Catch Completed**	*Urinalysis - Clean Catch* - Type: **Urine**; Source: **Urine, Clean Catch**	Caudill, Ronald Jr., RN
14:43	**Specimens Collected**	Urinalysis - Clean Catch - ID: **16GMH-131U0119** Type: **Urine** Psych UDS Medical without Conf - ID: **16GMH-131A1533** Type: **Urine**	Caudill, Ronald Jr., RN
14:43:24	**Print Label for Psych UDS Medical without Conf Completed**	*Psych UDS Medical without Conf* - Type: **Urine**; Source: **Urine, Clean Catch**	Caudill, Ronald Jr., RN
14:43:24	**Print Label for Urinalysis - Clean Catch Completed**	*Urinalysis - Clean Catch* - Type: **Urine**; Source: **Urine, Clean Catch**	Caudill, Ronald Jr., RN
14:43:34	**ED Specimen Collect**		Ristich, Loraine G, RN
14:43:34	**ED Specimen Collect**		Mahoney, Joseph Peter, MD
14:52:58	**Assign Nurse**	Ronald Caudill Jr., RN assigned as Registered Nurse	Caudill, Ronald Jr., RN
14:53:05	**Orders Acknowledged**	New - Urinalysis - Clean Catch; Alcohol Plasma (Medical Only); Basic Metabolic Panel (BMP)(BMET); Complete Blood Count; Psych UDS Medical without Conf; Consult to Case Management/Social Work	Caudill, Ronald Jr., RN
14:54	**Alcohol Plasma (Medical Only) Resulted**	**Abnormal Result** Collected: **5/10/2016 14:00** Last updated: **5/10/2016 14:54** Status: **Final result** Alcohol, Medical: **145 mg/dL** ^ [Ref Range: <10]	Lab, Background User
14:54	**Basic Metabolic Panel (BMP)(BMET) Resulted**	**Abnormal Result** Collected: **5/10/2016 14:00** Last updated: **5/10/2016 14:54** Status: **Final result** Sodium: **137 mmol/L** [Ref Range: 133 - 144] Potassium: **3.2 mmol/L** ^ [Ref Range: 3.4 - 5.1] Chloride: **102 mmol/L** [Ref Range: 101 - 111] CO2: **22 mmol/L** [Ref Range: 20 - 30] BUN: **10 mg/dL** [Ref Range: 7 - 21] Calcium: **9.1 mg/dL** [Ref Range: 8.5 - 10.4] Creatinine: **1.21 mg/dL** [Ref Range: 0.72 - 1.25] Glucose: **118 mg/dL** ^ [Ref Range: 74 - 99] Anion Gap: **13 mmol/L** [Ref Range: 6 - 16] eGFR: **80 mL/min** [Ref Range: >59]	Lab, Background User
14:54:52	**Lab Resulted**	(Final result) BASIC METABOLIC PANEL (BMP)(BMET)	Lab, Background User
14:54:52	**Lab Resulted**	(Final result) ALCOHOL PLASMA (MEDICAL ONLY)	Lab, Background User
15:00	**Lavender Top Resulted**	Collected: **5/10/2016 14:00** Last updated: **5/10/2016 15:00** Status: **Final result**	Lab, Background User
15:00:11	**Lab Resulted**	(Final result) LAVENDER TOP	Lab, Background User
15:02	**Patient Belongings**	**Patient Belongings at Bedside** Clothing: Shirt; Shorts; Belt; Underpants	Ristich, Loraine G, RN
15:13:43	**ED Provider Notes**	Note filed at this time	Mahoney, Joseph Peter, MD
15:15:09	**Orders Placed**	Behavioral Health Services - Behavorial Health Hold	Rochester, Angel Alisha Lee, MD

ED Care Timeline (continued)

15:17	Intake History&Screening	**Problems/Somatic Symptoms** Behavior Changes: Mood Swings; Poor Impulse Control Insomnia: Initial (Pt reports that he has been up all day) Appetite: (None reported) Anxiety: Excessive Worry (Pt thinks his wife is cheating on him) Depressive Symptoms: No problems reported or observed Mania Symptoms: Flight of ideas; Poor judgment Hallucinations: (pt denies) Delusions: (pt denies) **Prior to Admission Status Screening** Lives With: Spouse; Children Support Systems: Spouse; Family; Children Type of Residence: Private residence External Services Use?: No Financial needs: None Patient Expects to be Discharged to: Same as current Discharge Transportation Mode: Family **Abuse/Legal History** History of Sexualized Behaviors?: No History of Sexual Offenses?: No Legal History?: No **Previous Psychiatric/Chemical Dependency Treatment** Previous Psychiatric/Chemical Dependency Treatment: (No treatment reported) **Suicide Risk Evaluation and Protective Factors** Is Patient at Risk for Suicide?: No Suicide Risk Comments: Pt denies SI. However there was an incident with a gun which pt's mother stated it was not loaded Access to Firearms?: No (gun taken away.) **Homicide Risk Evaluation and Protective Factors** Is Patient at Risk to Harm Others?: No Homicide Risk Comments: NO HI reported Access to Firearms?: No Homicidal Protective Factors: Children; Family support Patient's Risk for Homicide is Judged to be: Moderate Rationale For Above Decision: None reported **Homicide Risk and Protective Factors** Homicidal Protective Factors: Children; Family support Patient's Risk for Homicide is Judged to be: Moderate Rationale For Above Decision: None reported **Abuse Screening** Abuse/Neglect Indicators Observed: No **Risky Behaviors Screening** Assault Behavior?: No **Mental Status** Orientation Level: Oriented X4 General Appearance: Well groomed Speech Characteristics: Normal Motor Activity: Normal During Interview Patient Appears: Cooperative; Pleasant Mood Characteristics: Calm; Depressed; Guarded Thought Characteristics: Blocking; Circumstantial; Delusional; Guarded Judgement: Poor Insight: Poor Recent Memory: Poor Remote Memory: Fair **Referral and Disposition** Referred To: Adult **Intake History and Screening Complete and Reviewed** Intake Assessment Complete: Yes Intake Assessment Reviewed: Yes	Irby, Mary K, LCSW
15:18:23	Registration Completed		Sarah, Carter

05/10/2016 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Care Timeline (continued)

15:26	**Urinalysis - Clean Catch Resulted**	Collected: **5/10/2016 14:43** Last updated: **5/10/2016 15:27** Status: **Final result** Color, UA: **Straw** [Ref Range: AMB] Clarity, UA: **Clear** [Ref Range: Clear] Specific Gravity, UA: **1.003** [Ref Range: 1.003 - 1.035] pH, UA: **6.0** [Ref Range: 4.6 - 8.0] Leukocyte Esterase, UA: **Negative** [Ref Range: Negative] Nitrite, UA: **Negative** [Ref Range: Negative] Protein, UA: **Negative mg/dL** [Ref Range: Neg] Glucose, UA: **Negative mg/dl** [Ref Range: Negative] Ketones, UA: **Negative mg/dL** [Ref Range: Negative] Urobilinogen, UA: **<2.0 eu/dl** [Ref Range: 0.2, 1.0, <2.0] Bilirubin, UA: **Negative mg/dL** [Ref Range: Negative] Blood, UA: **Negative** [Ref Range: Negative]	Lab, Background User
15:27	**Lab Resulted**	(Final result) URINALYSIS	Lab, Background User
15:29:02	**Orders Placed**	Medications - potassium chloride (Klor Con) ER tablet 40 mEq Behavioral Health Services - Behavorial Health Hold	Rochester, Angel Alisha Lee, MD
15:40:56	**Remove Attending**	Joseph Peter Mahoney, MD removed as Attending	Mahoney, Joseph Peter, MD
15:40:56	**Assign Attending**	Angel Alisha Lee Rochester, MD assigned as Attending	Mahoney, Joseph Peter, MD
15:40:56	**Assign Physician**		Mahoney, Joseph Peter, MD
16:09	**Psych UDS Medical without Conf Resulted**	**Abnormal Result** Collected: **5/10/2016 14:43** Last updated: **5/10/2016 16:09** Status: **Final result** Amphetamine Scrn, Urine: **Negative** [Ref Range: Negative] Benzodiazepine Scrn, Urine: **Negative** [Ref Range: Negative] Cocaine Scrn, Urine: **Positive** ! [Ref Range: Negative] (This drug class detected by initial screen. Interference is possible. No further testing will be performed. Confirmatory testing may be performed upon request. Specimen will be discarded in 7 days) Opiate (High Sens) Scrn, Urine: **Negative** [Ref Range: Negative] Cannabinoid Scrn, Urine: **Negative** [Ref Range: Negative]	Lab, Background User
16:09:08	**Lab Resulted**	(Final result) PSYCH URINE DRUG SCREEN, MEDICAL WITHOUT CONFIRMATION	Lab, Background User
16:14:54	**Orders Completed**	Consult to Case Management/Social Work	Irby, Mary K, LCSW
16:22:56	**ED Notes**	**Met with pt's wife who reported that pt has been paranoid stating that she is seeing someone else. She stated that pt has been snorting and smoking crack. She stated that pt has a gun in front of their son and threaten to shoot self because he felt that she did not want him anymore on yesterday. She stated that pt agreed to come to the ED today because he wanted her to be examine to determine if she has been unfaithful to her..**	Irby, Mary K, LCSW
17:06:12	**Behavioral Note Filed**	Bev Health filed by Angel Alisha Lee Rochester, MD	Rochester, Angel Alisha Lee, MD
17:32:40	**Transfer Disposition Selected**	ED Disposition set to Transfer to Another Facility	Godbee-Stephens, Nanette L, NP
17:32:40	**Disposition Selected**		Godbee-Stephens, Nanette L, NP

ED Care Timeline (continued)

17:33	**Prisma Health - Upstate - Transfer to another facility**	**Section 1: Physician Certification - TO BE COMPLETED BY MD** Transferring facility: Greenville Memorial Hospital Patient Condition: Patient stabilized Reason for Transfer: Qualified clinical personnel or service unavailable Benefits of Transfer: Necessities available at receiving facility; Staff of receiving facility are capable of providing the level of care needed Risks of Transfer: Time delay; Deterioration; Accidents or delays ; Worsening condition The following has been done:: The receiving facility has available space and qualified personnel for the treatment of the patient.; The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.; The receiving facility will be provided with appropriate medical records of the examination and treatment of the patient. MD Certification: Patient examined and risks explained **Other flowsheet entries** Check ONE of the following.: The patient has been stabilized such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from, or occur during, transfer	Godbee-Stephens, Nanette L, NP
17:33:23	**AVS Printed**		Godbee-Stephens, Nanette L, NP
17:33:23	**AVS Printed**	AVS AVS	Godbee-Stephens, Nanette L, NP
17:34	Nurse EMTALA Doc	**Section 2: Nurse Certification - TO BE COMPLETED BY NURSE** Accepting Hospital: CCBH Accepting Physician: Dr Snipes Facility Representative Accepting Transfer: Dr Snipes Report given to RN/Department:: Amanda Patient Belongings Disposition: Sent with patient Transport Mode: (police) **NURSE DOCUMENTATION - Vitals Before Transfer (ICU/ED: within 30 min; Behavioral Health/Med Surg: within 60 min)** Transfer Date: 05/10/16 **NURSE DOCUMENTATION - Transfer Checklist** Accepting Hospital: CCBH Accepting Physician: Dr Snipes **Other flowsheet entries** Location of Accepting Physician: CCBH Provisional Diagnosis (N/A if Clinical Impression has been Selected): SI Primary Nurse: Ron RN Report Received by: Amanda RN Sending Physician: Dr Rochestor	Caudill, Ronald Jr., RN
17:51:20	**Assign Nurse**	James C Foster IV, RN assigned as Registered Nurse	Foster, James C IV, RN
17:55:29	**ED Notes**	**Pt accepted to CCBH by Dr. Snipes. Moblecare has been called for transport.**	Irby, Mary K, LCSW
17:58	**ED Quick Updates**	**Quick Updates** Quick Updates: Patient given food/meal tray; Patient is resting comfortably	Foster, James C IV, RN
18:40:05	**Remove Nurse**	James C Foster IV, RN removed as Registered Nurse	Foster, James C IV, RN
19:24:13	**Remove Nurse**	Ronald Caudill Jr., RN removed as Registered Nurse	Caudill, Ronald Jr., RN
19:24:13	**Assign Nurse**	Elizabeth Ruth Lee, RN assigned as Registered Nurse	Caudill, Ronald Jr., RN
19:26	**Patient discharged**		Lee, Elizabeth Ruth, RN

ED Care Timeline (continued)

Consult Notes

Consults

Irby, Mary K, LCSW at 5/10/2016 1609

Author: Irby, Mary K, LCSW | Service: — | Author Type: Counselor
Filed: 5/10/2016 4:14 PM | Date of Service: 5/10/2016 4:09 PM | Status: Signed
Editor: Irby, Mary K, LCSW (Counselor)

Consult Orders

1 Consult to Case Management/Social Work [23811444] ordered by Mahoney, Joseph Peter, MD at 05/10/16 1410

Pt is a 29 year old male who was brought to the ED who presented to the Ed by his wife and mother due to hallucinating and threaten to shoot self with a gun. Pt not willing to discuss gun only to say that his wife is cheating on him.

Pt placed on papers for acute psych tx

Electronically signed by Irby, Mary K, LCSW at 5/10/2016 4:14 PM

Attribution Key

Attribution information is not available for this note

Labs

Rainbow Draw (Final result)

Electronically signed by: **Ristich, Loraine G, RN on 05/10/16 1404** Status: **Completed**
Ordering user: Ristich, Loraine G, RN 05/10/16 1404 | Ordering provider: Mahoney, Joseph Peter, MD
Authorized by: Mahoney, Joseph Peter, MD | Ordering mode: Per Protocol: Cosign Required
Cosigning events
Electronically cosigned by Mahoney, Joseph Peter, MD 05/10/16 1409 for Ordering
Frequency: STAT STAT 05/10/16 1404 - 1 occurrence | Class: Unit Collect
Quantity: 1 | Lab status: Final result
Instance released by: Ristich, Loraine G, RN (auto-released) 5/10/2016 2:04 PM

Questionnaire

Question	Answer
Light Green	1 Tube
Lavender	1 Tube

Specimen Information

ID	Type	Source	Collected By
16GMH-131A1443	Blood	Blood	05/10/16 1400

Rainbow Draw

Light Green Top — Result status: No result

Ordering provider: Lutz, Martin Edward, MD 05/10/16 1405 | Order status: Canceled
Discontinued by: Lab, Background User 04/08/19 0046 [Never received into lab -- Backlog specimens] | Filed on: 04/08/19 0046
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400 | Resulting lab: GMH HOSPITAL LAB
CLIA number: 42D0665869

Lavender Top — Resulted: 05/10/16 1500, Result status: Final result

Labs (continued)

Ordering provider: Lutz, Martin Edward, MD 05/10/16 1405
Filed by: Lab, Background User 05/10/16 1500
Resulting lab: GMH HOSPITAL LAB
Order status: Completed
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Rainbow Draw

Light Green Top — Result status: No result

Ordering provider: Lutz, Martin Edward, MD 05/10/16 1405
Discontinued by: Lab, Background User 04/08/19 0046 [Never received into lab -- Backlog specimens]
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869
Order status: Canceled
Filed on: 04/08/19 0046
Resulting lab: GMH HOSPITAL LAB

Lavender Top — Resulted: 05/10/16 1500, Result status: Final result

Ordering provider: Lutz, Martin Edward, MD 05/10/16 1405
Filed by: Lab, Background User 05/10/16 1500
Resulting lab: GMH HOSPITAL LAB
Order status: Completed
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Light Green Top (Discontinued)

Status: **Discontinued**

Order placed as a reflex to Rainbow Draw ordered on 05/10/16 at 1404
Ordering user: Ristich, Loraine G, RN 05/10/16 1404
Authorized by: Lutz, Martin Edward, MD
Frequency: Timed Once 05/10/16 1404 - 1 occurrence
Quantity: 1
Discontinued by: Lab, Background User 04/08/19 0046 [Never received into lab – Backlog specimens]
Ordering provider: Lutz, Martin Edward, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Ristich, Loraine G, RN 5/10/2016 2:05 PM

Specimen Information

ID	Type	Source	Collected By
16GMH-131A1443	Blood	Blood	Moroshan, Alexandru, EMT 05/10/16 1400

Lavender Top (Final result)

Status: **Completed**

Order placed as a reflex to Rainbow Draw ordered on 05/10/16 at 1404
Ordering user: Ristich, Loraine G, RN 05/10/16 1404
Authorized by: Lutz, Martin Edward, MD
Frequency: Timed Once 05/10/16 1404 - 1 occurrence
Quantity: 1
Instance released by: Ristich, Loraine G, RN 5/10/2016 2:05 PM
Ordering provider: Lutz, Martin Edward, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
16GMH-131H0666	Blood	Blood	Moroshan, Alexandru, EMT 05/10/16 1400

Lavender Top — Resulted: 05/10/16 1500, Result status: Final result

Ordering provider: Lutz, Martin Edward, MD 05/10/16 1405
Filed by: Lab, Background User 05/10/16 1500
Resulting lab: GMH HOSPITAL LAB
Order status: Completed
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Alcohol Plasma (Medical Only) (Final result)

Status: Completed

Electronically signed by: **Mahoney, Joseph Peter, MD on 05/10/16 1410**
Ordering user: Mahoney, Joseph Peter, MD 05/10/16 1410
Authorized by: Mahoney, Joseph Peter, MD
Frequency: STAT Add-on STAT 05/10/16 1411 - 1 occurrence
Quantity: 1
Ordering provider: Mahoney, Joseph Peter, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result
Instance released by: Mahoney, Joseph Peter, MD (auto-released) 5/10/2016 2:10 PM

Specimen Information

ID	Type	Source	Collected By
16GMH-131A1498	Blood	Blood	Moroshan, Alexandru, EMT 05/10/16 1400

Alcohol Plasma (Medical Only) (Abnormal) — Resulted: 05/10/16 1454, Result status: Final result

Ordering provider: Mahoney, Joseph Peter, MD 05/10/16 1410
Filed by: Lab, Background User 05/10/16 1454
Resulting lab: GMH HOSPITAL LAB
Order status: Completed
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869

Narrative:

Increased levels of Lactic Acid and LD in samples may cause falsely elevated plasma alcohol results due to methodology interference

Components

Component	Value	Reference Range	Flag	Lab
Alcohol, Medical	145	<10 mg/dL	H^	GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Basic Metabolic Panel (BMP)(BMET) (Final result)

Status: Completed

Electronically signed by: **Mahoney, Joseph Peter, MD on 05/10/16 1410**
Ordering user: Mahoney, Joseph Peter, MD 05/10/16 1410
Authorized by: Mahoney, Joseph Peter, MD
Frequency: STAT Add-on STAT 05/10/16 1411 - 1 occurrence
Quantity: 1
Ordering provider: Mahoney, Joseph Peter, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Labs (continued)

Instance released by: Mahoney, Joseph Peter, MD (auto-released) 5/10/2016 2:10 PM

Specimen Information

ID	Type	Source	Collected By
16GMH-131A1498	Blood	Blood	Moroshan, Alexandru, EMT 05/10/16 1400

Basic Metabolic Panel (BMP)(BMET) (Abnormal) — Resulted: 05/10/16 1454, Result status: Final result

Ordering provider: Mahoney, Joseph Peter, MD 05/10/16 1410
Filed by: Lab, Background User 05/10/16 1454
Resulting lab: GMH HOSPITAL LAB

Order status: Completed
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
Sodium	137	133 - 144 mmol/L		GMH
Potassium	3.2	3.4 - 5.1 mmol/L	L	GMH
Chloride	102	101 - 111 mmol/L		GMH
CO2	22	20 - 30 mmol/L		GMH
BUN	10	7 - 21 mg/dL		GMH
Calcium	9.1	8.5 - 10.4 mg/dL		GMH
Creatinine	1.21	0.72 - 1.25 mg/dL		GMH
Glucose	118	74 - 99 mg/dL	H	GMH
Anion Gap	13	5 - 16 mmol/L		GMH
eGFR	80	>59 mL/min		GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Complete Blood Count (Final result) — Status: Completed

Electronically signed by: **Mahoney, Joseph Peter, MD on 05/10/16 1410**
Ordering user: Mahoney, Joseph Peter, MD 05/10/16 1410
Authorized by: Mahoney, Joseph Peter, MD
Frequency: STAT Add-on STAT 05/10/16 1411 - 1 occurrence
Quantity: 1

Ordering provider: Mahoney, Joseph Peter, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Instance released by: Mahoney, Joseph Peter, MD (auto-released) 5/10/2016 2:10 PM

Specimen Information

ID	Type	Source	Collected By
16GMH-131H0686	Blood	Blood	05/10/16 1400

Complete Blood Count

Complete Blood Count (Abnormal) — Resulted: 05/10/16 1439, Result status: Final result

Ordering provider: Mahoney, Joseph Peter, MD 05/10/16 1429
Filed by: Lab, Background User 05/10/16 1439
Resulting lab: GMH HOSPITAL LAB

Order status: Completed
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.2	4.0 - 11.5 TH/mm3	H	GMH
RBC	5.30	4.50 - 5.90 Mil/mm3		GMH

Labs (continued)

Hemoglobin	14.9	13.5 - 17.5 g/dL			GMH
Hematocrit	44.8	41.0 - 53.0 %			GMH
MCV	84.6	80.0 - 100.0 fL			GMH
MCH	28.1	26.0 - 34.0 pg			GMH
MCHC	33.2	31.0 - 37.0 g/dL			GMH
RDW-CV	13.8	12.0 - 16.0 %			GMH
Platelets	333	125 - 400 Th/mm3			GMH
MPV	7.3	6.9 - 10.6 fL			GMH
Neutrophils, %	72.1	%			GMH
Lymphocytes, %	20.1	%			GMH
Monocytes, %	7.4	%			GMH
Eosinophils %	0.1	%			GMH
Basophils %	0.3	0.0 - 2.0 %			GMH
Neutrophils, Abs	8.8	1.4 - 6.6 TH/mm3	H ^		GMH
Lymphocytes, Abs	2.5	1.0 - 3.5 TH/mm3			GMH
Monocytes, Abs	0.9	<1.0 TH/mm3			GMH
Eosinophils, Abs	0.0	<0.7 TH/mm3			GMH
Basophils, Abs	0.0	<0.1 TH/mm3			GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Complete Blood Count

Complete Blood Count (Abnormal)

Resulted: 05/10/16 1439, Result status: Final result

Ordering provider: Mahoney, Joseph Peter, MD 05/10/16 1429
Filed by: Lab, Background User 05/10/16 1439
Resulting lab: GMH HOSPITAL LAB

Order status: Completed
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.2	4.0 - 11.5 TH/mm3	H ^	GMH
RBC	5.30	4.50 - 5.90 Mil/mm3		GMH
Hemoglobin	14.9	13.5 - 17.5 g/dL		GMH
Hematocrit	44.8	41.0 - 53.0 %		GMH
MCV	84.6	80.0 - 100.0 fL		GMH
MCH	28.1	26.0 - 34.0 pg		GMH
MCHC	33.2	31.0 - 37.0 g/dL		GMH
RDW-CV	13.8	12.0 - 16.0 %		GMH
Platelets	333	125 - 400 Th/mm3		GMH
MPV	7.3	6.9 - 10.6 fL		GMH
Neutrophils, %	72.1	%		GMH
Lymphocytes, %	20.1	%		GMH
Monocytes, %	7.4	%		GMH
Eosinophils %	0.1	%		GMH
Basophils %	0.3	0.0 - 2.0 %		GMH
Neutrophils, Abs	8.8	1.4 - 6.6 TH/mm3	H ^	GMH
Lymphocytes, Abs	2.5	1.0 - 3.5 TH/mm3		GMH
Monocytes, Abs	0.9	<1.0 TH/mm3		GMH

Labs (continued)

Eosinophils, Abs	0.0	<0.7 TH/mm3	—	GMH
Basophils, Abs	0.0	<0.1 TH/mm3	—	GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Complete Blood Count (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count ordered on 05/10/16 at 1410
Ordering user: Mahoney, Joseph Peter, MD 05/10/16 1410
Authorized by: Mahoney, Joseph Peter, MD
Frequency: Timed Once 05/10/16 1411 - 1 occurrence
Quantity: 1
Instance released by: Alzamora, Mary T 5/10/2016 2:29 PM
Ordering provider: Mahoney, Joseph Peter, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
16GMH-131H0686	Blood	Blood	Moroshan, Alexandru, EMT 05/10/16 1400

Complete Blood Count (Abnormal)

Resulted: 05/10/16 1439, Result status: Final result

Ordering provider: Mahoney, Joseph Peter, MD 05/10/16 1429
Filed by: Lab, Background User 05/10/16 1439
Resulting lab: GMH HOSPITAL LAB
Order status: Completed
Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.2	4.0 - 11.5 TH/mm3	H^	GMH
RBC	5.30	4.50 - 5.90 Mil/mm3	—	GMH
Hemoglobin	14.9	13.5 - 17.5 g/dL	—	GMH
Hematocrit	44.8	41.0 - 53.0 %	—	GMH
MCV	84.6	80.0 - 100.0 fL	—	GMH
MCH	28.1	26.0 - 34.0 pg	—	GMH
MCHC	33.2	31.0 - 37.0 g/dL	—	GMH
RDW-CV	13.8	12.0 - 16.0 %	—	GMH
Platelets	333	125 - 400 Th/mm3	—	GMH
MPV	7.3	6.9 - 10.6 fL	—	GMH
Neutrophils, %	72.1	%	—	GMH
Lymphocytes, %	20.1	%	—	GMH
Monocytes, %	7.4	%	—	GMH
Eosinophils %	0.1	%	—	GMH
Basophils %	0.3	0.0 - 2.0 %	—	GMH
Neutrophils, Abs	8.8	1.4 - 6.6 TH/mm3	H^	GMH
Lymphocytes, Abs	2.5	1.0 - 3.5 TH/mm3	—	GMH
Monocytes, Abs	0.9	<1.0 TH/mm3	—	GMH
Eosinophils, Abs	0.0	<0.7 TH/mm3	—	GMH
Basophils, Abs	0.0	<0.1 TH/mm3	—	GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

Labs (continued)

16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

HIV Grant (18-64) GMH only (Final result) Status: **Completed**

Electronically signed by: **Fiske, Staci on 05/11/16 1013**
Ordering user: Fiske, Staci 05/11/16 1013
Authorized by: Rochester, Angel Alisha Lee, MD
Frequency: STAT Add-on STAT 05/11/16 1014 - 1 occurrence
Quantity: 1
Instance released by: Fiske, Staci (auto-released) 5/11/2016 10:13 AM

Ordering provider: Rochester, Angel Alisha Lee, MD
Ordering mode: Per Protocol: No Cosign Required
Class: Unit Collect
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
16GMH-131A1498	Blood	Blood	Moroshan, Alexandru, EMT 05/10/16 1400

HIV Grant (18-64) GMH only (Normal) Resulted: 05/11/16 1116, Result status: Final result

Ordering provider: Rochester, Angel Alisha Lee, MD 05/11/16 1013
Filed by: Lab, Background User 05/11/16 1116
Resulting lab: GMH HOSPITAL LAB

Order status: Completed

Collected by: Moroshan, Alexandru, EMT 05/10/16 1400
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
HIV 1,2 Ag/Ab Combo	Non-Reactive	Non-Reactive S/CO	—	GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Rainbow Draw (Discontinued) Status: **Discontinued**

Electronically signed by: **Ristich, Loraine G, RN on 05/10/16 1404**
Ordering user: Ristich, Loraine G, RN 05/10/16 1404
Authorized by: Mahoney, Joseph Peter, MD
Cosigning events
Electronically cosigned by Mahoney, Joseph Peter, MD 05/10/16 1409 for Ordering
Frequency: STAT STAT 05/10/16 1405 - 1 occurrence
Quantity: 1

Ordering provider: Mahoney, Joseph Peter, MD
Ordering mode: Per Protocol: Cosign Required
Class: Unit Collect
Instance released by: Ristich, Loraine G, RN (auto-released) 5/10/2016 2:04 PM

Discontinued by: Alzamora, Mary T 05/10/16 1430 [Other - see comment for details (added to a1498)]

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood	—

Urinalysis - Clean Catch (Final result) Status: **Completed**

Electronically signed by: **Ristich, Loraine G, RN on 05/10/16 1404**
Ordering user: Ristich, Loraine G, RN 05/10/16 1404
Authorized by: Mahoney, Joseph Peter, MD
Cosigning events
Electronically cosigned by Mahoney, Joseph Peter, MD 05/10/16 1409 for Ordering
Frequency: STAT STAT 05/10/16 1404 - 1 occurrence
Quantity: 1

Ordering provider: Mahoney, Joseph Peter, MD
Ordering mode: Per Protocol: Cosign Required
Class: Unit Collect
Lab status: Final result

Labs (continued)

Instance released by: Ristich, Loraine G, RN (auto-released) 5/10/2016 2:04 PM

Specimen Information

ID	Type	Source	Collected By
16GMH-131U0119	Urine	Urine, Clean Catch	Caudill, Ronald Jr., RN 05/10/16 1443

Urinalysis - Clean Catch

Resulted: 05/10/16 1526, Result status: Final result

Ordering provider: Mahoney, Joseph Peter, MD 05/10/16 1404
Filed by: Lab, Background User 05/10/16 1527
Resulting lab: GMH HOSPITAL LAB

Order status: Completed
Collected by: Caudill, Ronald Jr., RN 05/10/16 1443
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
Color, UA	Straw	AMB		GMH
Clarity, UA	Clear	Clear		GMH
Specific Gravity, UA	1.003	1.003 - 1.035		GMH
pH, UA	6.0	4.6 - 8.0		GMH
Leukocyte Esterase, UA	Negative	Negative		GMH
Nitrite, UA	Negative	Negative		GMH
Protein, UA	Negative	Neg mg/dL		GMH
Glucose, UA	Negative	Negative mg/dl		GMH
Ketones, UA	Negative	Negative mg/dL		GMH
Urobilinogen, UA	<2.0	0.2, 1.0, <2.0 eu/dl		GMH
Bilirubin, UA	Negative	Negative mg/dl		GMH
Blood, UA	Negative	Negative		GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Psych UDS Medical without Conf (Final result)

Status: **Completed**

Electronically signed by: **Mahoney, Joseph Peter, MD on 05/10/16 1410**
Ordering user: Mahoney, Joseph Peter, MD 05/10/16 1410
Authorized by: Mahoney, Joseph Peter, MD
Frequency: STAT STAT 05/10/16 1411 - 1 occurrence
Quantity: 1

Ordering provider: Mahoney, Joseph Peter, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Instance released by: Mahoney, Joseph Peter, MD (auto-released) 5/10/2016 2:10 PM

Specimen Information

ID	Type	Source	Collected By
16GMH-131A1533	Urine	Urine, Clean Catch	Caudill, Ronald Jr., RN 05/10/16 1443

Psych UDS Medical without Conf (Abnormal)

Resulted: 05/10/16 1609, Result status: Final result

Ordering provider: Mahoney, Joseph Peter, MD 05/10/16 1410
Filed by: Lab, Background User 05/10/16 1609
Resulting lab: GMH HOSPITAL LAB

Order status: Completed
Collected by: Caudill, Ronald Jr , RN 05/10/16 1443
CLIA number: 42D0665869

Narrative:
AMPHETAMINE CUTOFF LEVEL: 1000 ng/mL
METAMPHETAMINE CUTOFF LEVEL: 1000 ng/mL

BENZODIAZEPINE CUTOFF LEVEL: 200 ng/mL

CANNABINOIDS CUTOFF LEVEL: 50 ng/mL

Labs (continued)

COCAINE METAB. CUTOFF LEVEL: 300 ng/mL

CODEINE CUTOFF LEVEL: 300 ng/mL
MORPHINE CUTOFF LEVEL: 300 ng/mL

Components

Component	Value	Reference Range	Flag	Lab
Amphetamine Scrn, Urine	Negative	Negative		GMH
Benzodiazepine Scrn, Urine	Negative	Negative		GMH
Cocaine Scrn, Urine	Positive	Negative	A !	GMH
Comment: This drug class detected by initial screen. Interference is possible. No further testing will be performed. Confirmatory testing may be performed upon request. Specimen will be discarded in 7 days				
Opiate (High Sens) Scrn, Urine	Negative	Negative		GMH
Cannabinoid Scrn, Urine	Negative	Negative		GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GMH HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	01/29/15 1131 - 04/21/17 1418

Other Orders

Behavioral Health Services

Behavorial Health Hold (Discontinued)

Status: Discontinued

Electronically signed by: **Rochester, Angel Alisha Lee, MD on 05/10/16 1515**
Ordering user: Rochester, Angel Alisha Lee, MD 05/10/16 1515
Authorized by: Rochester, Angel Alisha Lee, MD
Frequency: STAT Routine 05/10/16 1516 - 1 occurrence
Quantity: 1

Ordering provider: Rochester, Angel Alisha Lee, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Rochester, Angel Alisha Lee, MD (auto-released) 5/10/2016 3:15 PM

Discontinued by: Discharge Provider, Automatic 05/10/16 2127 [Patient Discharged]

Questionnaire

Question	Answer
Type of Behavorial Health Hold?	ITC

Behavorial Health Hold (Discontinued)

Status: Discontinued

Electronically signed by: **Rochester, Angel Alisha Lee, MD on 05/10/16 1529**
Ordering user: Rochester, Angel Alisha Lee, MD 05/10/16 1529
Authorized by: Rochester, Angel Alisha Lee, MD
Frequency: STAT Routine 05/10/16 1521 - 1 occurrence
Quantity: 1

Ordering provider: Rochester, Angel Alisha Lee, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Rochester, Angel Alisha Lee, MD (auto-released) 5/10/2016 3:29 PM

Discontinued by: Discharge Provider, Automatic 05/10/16 2127 [Patient Discharged]

Questionnaire

Question	Answer
Type of Behavorial Health Hold?	ITC

Consult

Consult to Case Management/Social Work (Completed)

Status: Completed

Electronically signed by: **Mahoney, Joseph Peter, MD on 05/10/16 1410**

Other Orders (continued)

Ordering user: Mahoney, Joseph Peter, MD 05/10/16 1410
Authorized by: Mahoney, Joseph Peter, MD
Frequency: STAT Routine 05/10/16 1411 - 1 occurrence
Quantity: 1

Ordering provider: Mahoney, Joseph Peter, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahoney, Joseph Peter, MD (auto-released) 5/10/2016 2:10 PM

Questionnaire

Question	Answer
Reason for Consult	Suicide

Medications

potassium chloride (Klor Con) ER tablet 40 mEq (Discontinued)

Status: Discontinued

Electronically signed by: Rochester, Angel Alisha Lee, MD on 05/10/16 1529
Ordering user: Rochester, Angel Alisha Lee, MD 05/10/16 1529
Authorized by: Rochester, Angel Alisha Lee, MD
Frequency: STAT Once 05/10/16 1545 - 1 occurrence
Discontinued by: Discharge Provider, Automatic 05/10/16 2127 [Patient Discharged]
Admin instructions: Swallow whole. Do not cut, crush or chew
Package: 0245-0041-89

Ordering provider: Rochester, Angel Alisha Lee, MD
Ordering mode: Standard
Class: Normal

Coding Summary

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
800000542818 - YOUNG,RUSTY LEE	CIGNA [2800]	None	None

Admission Information

Arrival Date/Time:	05/10/2016 1328	Admit Date/Time:	05/10/2016 1328	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-healthcare Facility	Admit Category:	
Means of Arrival:	Walk/ambulated	Primary Service:	Emergency Medicine	Secondary Service:	
Transfer Source:		Service Area:	PRISMA HEALTH	Unit:	Emergency Department-Greenville Memorial Hospital
Admit Provider:		Attending Provider:	Rochester, Angel Alisha Lee, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/10/2016 1926	Psychiatric Hospital	None	None	Emergency Department-Greenville Memorial Hospital

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

Code	Description	Comments
R44.1	Visual hallucinations	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
R45.851	Suicidal ideations				
[Principal]					
F14.10	Cocaine abuse, uncomplicated				
F10.10	Alcohol abuse, uncomplicated				

Coding Summary (continued)

F17.210 Nicotine dependence, cigarettes, uncomplicated

CPT®/HCPCS Codes

Code	Modifiers	Date	Qty	Performing Provider	APC	Exp Reimb	Px Event
99285 (CPT®)	25	05/10/2016	1	Rochester, Angel Alisha Lee, MD	05025	463.17	
Description: Emergency dept visit high severityandthreat func; (-25 Signif E/M same phys/day)							
81003 (CPT®)	XU	05/10/2016	1	Rochester, Angel Alisha Lee, MD	19949	0.00	
Description: +CHG URINALYSIS, AUTO, W/O SCOPE; (-XU Unusual Non-Overlap Svc)							

END OF REPORT

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital

Reason for Visit

Chief Complaint *[last edited by Taylor, Khadijah Cherie, RN on 7/7/2017 0339]*

- Psychiatric Evaluation (involuntary emergency admission)

Visit Diagnosis *[last edited by Lommel, Karen Marie, DO on 7/7/2017 1418]*

Name	Code	Is ED?
Psychosis, unspecified psychosis type (HCC) (primary)	F29	Yes

Hospital Problem

Name	Code	Date Noted	Date Resolved	Present on Admission?	Last Updated By	Last Updated On
Adjustment disorder with disturbance of emotion	F43.29	07/07/2017	—	Unknown	Warren, Calvert Glendon, MD	07/07/2017 1202

Visit Information

Admission Information

Arrival Date/Time:	07/07/2017 0338	Admit Date/Time:	07/07/2017 0338	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-healthcare Facility	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	PRISMA HEALTH	Unit:	Emergency Department-Greenville Memorial Hospital
Admit Provider:		Attending Provider:	Depp, Timothy Bradshaw, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Transfer to Another Facility	—	Lommel, Karen Marie, DO	Fri Jul 7, 2017 2:16 PM	Rusty Lee Young should be transferred out to CCBH - Dr. Snipes

Discharge Information

Date/Time: 07/07/2017 1612 Disposition: Psychiatric Hospital Destination: —
Provider: — Unit: Emergency Department-Greenville Memorial Hospital

Medication List

Medication List

ⓘ **This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Provider Note

ED Provider Notes by Mitchell, Kathleenm, PA at 7/7/2017 0351

Author: Mitchell, Kathleen
Filed: 7/7/2017 5:00 AM
Editor: Mitchell, Kathleen

Service: Emergency Medicine
Date of Service: 7/7/2017 3:51 AM

Author Type: Physician Assistant
Status: Attested
Cosigner: Depp, Timothy Bradshaw, MD at 7/7/2017 11:13 PM

Attestation signed by Depp, Timothy Bradshaw, MD at 7/7/2017 11:13 PM

Attending Attestation:
This patient was seen, evaluated, and treated by the APP. My involvement in this patient's care was limited to indirect supervision. I was immediately available for both consult and direct evaluation of the patient if requested by the APP during the time that the patient was in the emergency department.

History

Chief Complaint

Patient presents with

- Psychiatric Evaluation
  involuntary emergency admission

Patient is a 30 y.o. male presenting with **mental health disorder**.
History provided by: **Patient**
Language interpreter used: **No**
Mental Health Problem
Presenting symptoms: **no agitation**
Patient accompanied by: **Child**
Onset quality: **Unable to specify**
Context: **drug abuse (possible)**, **noncompliance** and **stressful life event**
Relieved by: **None tried**
Worsened by: **Nothing tried**
Associated symptoms: **no anxiety**, **no appetite change**, **no chest pain** and **no euphoric mood**
Risk factors: **hx of mental illness**

Pt is a 30 yo BM with a hx of schizophrenia and cocaine abuse who presents here on Part 1 brought in by police. WP requested by wife for threatening words, delusional, paranoid, and hallucinations. Patient state that he stayed several days a CCBH last year. Pt admits that he is not taking any medications because "they ran out". I called CCBH for collaborative information. His stay there was 9 days and his discharge dx was schizophrenia. Pt states that he thinks his wife is cheating on him. When I asked him why, he said he had proof on his phone, but his phone was dead. I kindly charged his phone for him and his proof was a picture of a man "giving the bird" on facebook and when he got home his house smelled like weed. This story is possibly true but cannot be substantiated at this time.

Past Medical History

Diagnosis	Date
• Alcohol abuse	

History reviewed. No pertinent past surgical history.

History reviewed. No pertinent family history.

Social History

Substance Use Topics

- Smoking status: Current Some Day Smoker -- 0.10 packs/day
- Smokeless tobacco: None

- Alcohol Use: Yes
  Comment: Drink when he don't work, he work 4 days a week.

Review of Systems
Constitutional: Negative for fever, chills and appetite change.
HENT: Negative for congestion and sinus pressure.
Respiratory: Negative for chest tightness, shortness of breath and wheezing.
Cardiovascular: Negative for chest pain and palpitations.
Gastrointestinal: Negative for nausea and vomiting.
Genitourinary: Negative for dysuria and hematuria.
Musculoskeletal: Negative for back pain and neck stiffness.
Skin: Negative for wound.
Psychiatric/Behavioral: Negative for confusion and agitation. The patient is not nervous/anxious

Physical Exam
There were no vitals taken for this visit.

Physical Exam
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.
HENT:
Head: Normocephalic and atraumatic.
Eyes: Pupils are equal, round, and reactive to light.
Cardiovascular: Normal rate, regular rhythm and normal heart sounds.
Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes.
Musculoskeletal: Normal range of motion. He exhibits no edema or tenderness.
Neurological: He is alert and oriented to person, place, and time.
Skin: Skin is warm and dry. He is not diaphoretic.
Psychiatric: His mood appears not anxious. His speech is not rapid and/or pressured, not delayed and not tangential. Thought content is paranoid (questionably). He does not exhibit a depressed mood. He expresses no homicidal and no suicidal ideation. He expresses no suicidal plans and no homicidal plans.

ED Course
Procedures

MDM
Number of Diagnoses or Management Options
Diagnosis management comments: Patient has a history of schizophrenia and is self reportedly not taking any of his medications. He is brought here on part 1 and for psychiatric assessment. Despite superficial discussion seeming relatively normal, I have high suspicion that the reasons patient was brought here on part 1 (delusions, threatening words, paranoia, mood swings) have some validity. I would prefer to wait for further collaboration of social work and psychiatry for final determination papers hold status. Routine lab work has been ordered. Social work consult has been placed.

Amount and/or Complexity of Data Reviewed
Clinical lab tests: reviewed and ordered

Risk of Complications, Morbidity, and/or Mortality
Presenting problems: high
Diagnostic procedures: high

ED Provider Note (continued)

Management options: high

Patient Progress
Patient progress: stable

Labs Reviewed - No data to display

Electronically signed by Mitchell, Kathleen at 7/7/2017 5:00 AM
Electronically signed by Depp, Timothy Bradshaw, MD at 7/7/2017 11:13 PM

Attribution Key
Attribution information is not available for this note.

ED Provider Notes by Casey, Ashley Nicole, NP at 7/7/2017 1256

Author: Casey, Ashley Nicole, NP
Filed: 7/7/2017 1:01 PM
Editor: Casey, Ashley Nicole, NP (Nurse Practitioner)
Service: —
Date of Service: 7/7/2017 12:56 PM
Author Type: Nurse Practitioner
Status: Attested
Cosigner: Lommel, Karen Marie, DO at 7/7/2017 1:30 PM

Attestation signed by Lommel, Karen Marie, DO at 7/7/2017 1:30 PM

Patient discussed with me at length throughout the morning while on shift. Patient's history is veyr concerning and the key collateral information provides insight into the reason he meets criteria for inpatient hospitalization. I understand this is different than psych SW and psychiatrist note, but significant collateral information has since been obtained and this patient meets criteria for involuntary inpatient psychiatric hospitalization as described in NP Casey's note. Patient presented with this identical scenario one year ago (delusion of wife cheating on him), but now with violent behaviors (cutting up the couch and found with pistol in his vehicle). I am concerned about the wife's safety given this patient's presentation and history. On exam patient INITIALLY appears to have goal-directed, appropriate responses, but with progression of the interview becomes derailed in thought process and perseverates on his wife cheating on him but becomes much more difficult to follow in thought process. Therefore, I placed him on Part II of commitment application and discussed with Psych SW who will pursue inpatient hospitalization.

Karen Lommel, DO, MHA, MS
Diplomate of the American Board of Psychiatry and Neurology (Adult and Child Psychiatry)
Departments of Emergency Medicine and Psychiatry

ED Update Note:

Subjective: Mr. Rusty Young is a 30 year old male who initially presented to the Emergency Department on Part I of White Papers by his wife for increased paranoia, hallucinations, and delusions at home. Today, he is resting quietly in his room at present. He presents with flat affect. When asked why he is here at the Emergency Department, he states, "My wife, she's been cheating on me," but he couldn't provide an actual reason as to what brought him to the Emergency Department. He goes on to explain that he has given her too much over the years and, "she wants to have her cake and eat it, too." At the end of the interview, he trails off and states, "Jesus is the leader of my life. He will lead the way." He denies any suicidal or homicidal ideation. He denies any auditory or visual hallucinations. He denies any current physical concerns at present.

ED Provider Note (continued)

Objective:

Vitals: BP 146/86 mmHg | Pulse 109 | Temp(Src) 98.6 °F (37 °C) | Resp 20 | Ht 1.626 m (5' 4") | Wt 90.719 kg (200 lb) | BMI 34.31 kg/m2 | SpO2 93%

Physical Exam:
General Appearance - Well appearing, and in no acute distress.
Mental Status - Alert, oriented to person, place, and time.
HENT- Normocephalic, atraumatic. Mucous membranes moist, no nasal congestion
Chest - Clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry.
Heart - RRR, no murmurs, rubs, clicks or gallops.
Abdomen - Soft, nontender, nondistended, normal bowel sounds present.

Assessment:
1. History of Schizophrenia

Plan:
1. Patient on White Papers and is currently awaiting Psychiatry consult.

1215 Patient's wife, Kiera Richardson, who filed Part I White Papers contacted. She states that patient began acting bizarrely approximately one week ago with increased paranoia. She reports that he has been making statements about hurting people around him because he thinks people are doing wrong against him and he thinks people are sleeping with her. He has had increasing paranoia that she is cheating on him. She states that a few days ago he took a knife and cut open the couch because he thought that people were touching her genitalia and they were living in the couch. She also states that he recently left the house, rented a UHaul truck and put two TVs and a laptop from their home in the UHaul and drove around with the TVs and the laptop in the truck for several hours. She reports that he hasn't been going to work for the last 10 days and has been lying about going to work. She states that he presented with similar behavior approximately one year ago, was admitted to CCBH, and was discharged on Abilify and Trazodone. He didn't take the medication after being discharged because a friend told him it would make him crazy, per her. After he cut the couch open, she began feeling nervous and took her two children to her parents' home and they have been staying there.

She reports that she has noticed he has been taking colorful pills out of a plastic baggy that he has been buying off the street. She also suspects he has been using cocaine because he has had intermittent nose bleeds over the last couple of weeks and he does have a history of using cocaine. She reports that they have been together on and off for the last 12 years, but married for the last 2 years. He started using drugs around age 18, went to job corps and staying clean for several years up until last year. She states they have had recent stressors of dealing with their mortgage and having to use their savings account over the last several months and he has been increasingly depressed regarding their financial situation. He currently works at an automotive plant and he feels that his job is very stressful. He recently tried to switch positions, but was denied the transfer and has also been depressed regarding that. She states that he has always voiced frustration that his parents divorced when he was 13 years old and he was left without a father. She states, "He constantly talks about it and won't let it go."

Electronically signed by Casey, Ashley Nicole, NP at 7/7/2017 1:01 PM
Electronically signed by Lommel, Karen Marie, DO at 7/7/2017 1:30 PM

Attribution Key
Attribution information is not available for this note.

ED Provider Notes by Lommel, Karen Marie, DO at 7/7/2017 1421
Author: Lommel, Karen Marie, DO Service: — Author Type: Physician

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Provider Note (continued)

Filed: 7/7/2017 2:26 PM
Editor: Lommel Karen Marie, DO (Physician)
Date of Service: 7/7/2017 2:21 PM
Status: Signed

Patient accepted for admission by Dr. Snipes at CCBH. Appreciate Inpatient psychiatry involvement.

Karen M Lommel, DO
07/07/17 1426

Electronically signed by Lommel, Karen Marie, DO at 7/7/2017 2:26 PM

Attribution Key

Attribution information is not available for this note

ED Notes

ED Notes by Deangelo, Jeanette Marie at 7/7/2017 0601

Author: Deangelo, Jeanette Marie
Filed: 7/7/2017 6:01 AM
Editor: Deangelo, Jeanette Marie (Counselor)
Service: Case Management
Date of Service: 7/7/2017 6:01 AM
Author Type: Counselor
Status: Signed

Psych consult team aware of consult; consult initiated. Chart and clinical information reviewed with ED provider.

Electronically signed by Deangelo, Jeanette Marie at 7/7/2017 6:01 AM

Attribution Key

Attribution information is not available for this note.

ED Notes by Respass, Mollie R, RN at 7/7/2017 1444

Author: Respass, Mollie R, RN
Filed: 7/7/2017 2:44 PM
Editor: Respass, Mollie R, RN (Registered Nurse)
Service: —
Date of Service: 7/7/2017 2:44 PM
Author Type: Registered Nurse
Status: Signed

Report called to Ashley at CCBH.

Electronically signed by Respass, Mollie R, RN at 7/7/2017 2:44 PM

Attribution Key

Attribution information is not available for this note.

ED Care Timeline

Patient Care Timeline (7/7/2017 03:38 to 7/7/2017 16:12)

7/7/2017	Event	Details	User
03:37:47	Bed was Held		Taylor, Khadijah Cherie, RN
03:38	Patient arrived in ED		Taylor, Khadijah Cherie, RN
03:38	Initial ED Admission	To room C 035	Taylor, Khadijah Cherie, RN
03:38:20	Patient expected in ED		Taylor, Khadijah Cherie RN

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Care Timeline (continued)

03:38:35	Patient roomed in ED		Taylor, Khadijah Cherie, RN
03:38:35	ED Notes	Bed: C 035 Expected date: Expected time: Means of arrival: Comments: Patient in room	Taylor, Khadijah Cherie, RN
03:39	Travel and Exposure Screening	**Travel Screening** Traveled outside the U S in the last month?: No **Exposure Screening** Contact with someone with a communicable disease in the last month such as Measles, Influenza, etc.?: No	Taylor, Khadijah Cherie, RN
03:39:42	Trigger for Triage Start		Taylor, Khadijah Cherie, RN
03:39:42	Triage Started		Taylor, Khadijah Cherie, RN
03:39:42	Chief Complaints Updated	Psychiatric Evaluation (involuntary emergency admission)	Taylor, Khadijah Cherie, RN
03:39:54	Allergies Reviewed		Taylor, Khadijah Cherie, RN
03:42	Sepsis Screening	**Sepsis Screening** Does the patient have 2 SIRS criteria and a known suspected infection?: No	Taylor, Khadijah Cherie, RN
03:42	Acuity/Destination	**Acuity/Triage Complete (ESI)** Patient Acuity: 2 **Other flowsheet entries** Safe in Home: No	Taylor, Khadijah Cherie, RN
03:42	Suicide Risk	**Risk of Suicide Questionnaire (RSQ-4)** Are you here because you tried to hurt yourself?: No In the past week, have you been having thoughts about killing yourself?: No Have you ever tried to hurt yourself in the past other than this time?: No Has something very stressful happened to you in the past few weeks?: No	Taylor, Khadijah Cherie, RN
03:42:16	History Reviewed	Sections Reviewed: Medical, Surgical, Tobacco, Alcohol, Drug Use, Social Documentation, Family	Taylor, Khadijah Cherie, RN
03:42:24	Home Medications Reviewed		Taylor, Khadijah Cherie, RN
03:42:37	Acuity 2 Selected		Taylor, Khadijah Cherie, RN
03:42:37	Triage Completed		Taylor, Khadijah Cherie, RN
03:43	Custom Formula Data	**Fall Risk Scale** Fall Risk Calculated Score: 0 (Morse)	Taylor, Khadijah Cherie, RN
03:43	Fall Risk	**Morse Fall Risk** History of Falling (within the last 3 months): No Secondary Diagnosis: No Ambulatory Aids: None/bedrest/nurse assist Intravenous Therapy/Saline Lock: No Gait/Transferring: Normal/bedrest/wheelchair Mental Status: Oriented to own ability Score: 0	Taylor, Khadijah Cherie, RN
03:43:49	Assign Nurse	Khadijah Cherie Taylor, RN assigned as Registered Nurse	Taylor, Khadijah Cherie, RN

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Care Timeline (continued)

03:46	**First Provider Evaluation of Patient**		Mitchell, Kathleen
03:46	**First Provider Evaluation**	**First Provider Evaluation Time** File First Provider Evaluation Time: File	Mitchell, Kathleen
03:46:41	**Assign Mid-level**	Kathleenm Mitchell, PA assigned as Physician Assistant	Mitchell, Kathleen
03:46:43	**Assign Physician**		Mitchell, Kathleen
03:52:45	**Assign Attending**	Timothy Bradshaw Depp, MD assigned as Attending	Depp, Timothy Bradshaw, MD
03:52:47	**Assign Physician**		Depp, Timothy Bradshaw, MD
03:58	**Vital Signs Triage**	○ **Vital Signs** Temp: 98.6 °F (37 °C) Heart Rate: **109 !** Resp: 20 SpO2: 93 % BP: 146/86 **Vitals Timer** Restart Vitals Timer: Yes **Height and Weight** Height: 162.6 cm (64") Weight: 90.7 kg (200 lb)	Taylor, Khadijah Cherie, RN
03:58	**Custom Formula Data**	**Height and Weight** Adjusted Body Weight (kg): 71.81 kg BMI (Calculated): 34.3 BSA (Calculated - sq m): 2.02 sq meters BMI (Calculated): 34.3 Weight in (lb) to have BMI = 25: 145.3 IBW/KG (calculated) : 59.2 **Anthropometrics** BMI Classification: Obesity Grade I Ideal Body Weight: 58.8 Ideal Body Weight: 58.8 kg **Adult IBW/VT Calculations** Low Range Vt 6mL/kg : 355.2 mL/kg Adult Moderate Range Vt 8mL/kg : 473.6 mL/kg Adult High Range Vt 10mL/kg: 592 mL/kg **Other flowsheet entries** Target weight:: 146 lbs Unitless Weight: 90.72 Unitless Height: 1.63 IBW/kg (Calculated) Male: 59.2 kg IBW/kg (Calculated) FEMALE: 54.7 kg	Taylor, Khadijah Cherie, RN
03:59	**Focused Assessment**	**Airway** Airway (WDL): Within Defined Limits **Breathing** Breathing (WDL): Within Defined Limits **Circulation** Circulation (WDL): Within Defined Limits **Disability** Disability (WDL): Within Defined Limits	Taylor, Khadijah Cherie, RN

ED Care Timeline (continued)

03:59	Patient Observation Safety Sweep Checklist	**Room Safety Sweep - Complete for all patients placed on suicidal/homicidal/violent precautions in the ER or any inpatient unit (does not apply to MIP) Complete on admission; At caregiver change; After visitors leave room; and at return from any test/proc** Please indicate situation: At time of admission Visually inspect all areas of room including drawers, bed linens and bathroom: Yes Remove ALL sharp objects, weapons and excess linens: Yes Remove room corded telephone: Yes Remove Garbage container and all plastic bags: Yes Remove all detachable/removable hanging risk items, unless medically necessary: Yes Remove personal items: Yes Request disposable dietary items: Yes Rearrange furniture : Yes Secure and lock windows: Room has no windows Maintain constant, direct observation at all times. Bathroom door must remain open while toileting and bathing. Reasonable attempts will be made to respect privacy: Yes Monitor items brought in by family and visitors, remove items considered unsafe and return to the visitor when they leave: Yes	Taylor, Khadijah Cherie, RN
04:01	Psychosocial	**Psychosocial** Psychosocial (WDL): Within Defined Limits **Safety** Self Injurious Thoughts: Denies Thoughts of Harming Others: Denies	Taylor, Khadijah Cherie, RN
04:01	Broset Scale	**Broset Scale** Confusion: No Irritability: No Boisterous: No Verbal Threat: No Physical Attacks: No Attacks on Objects: No Total: 0	Taylor, Khadijah Cherie, RN
04:01	Patient Belongings	**Patient Belongings Sent to Safe** Belongings Sent to Safe: Electronics; Personal Belongings Electronics: Cell phone Personal Belongings: Keys; ID Card; Wallet; Money (Comment); Credit/Debit Card ($381.34) **Patient Belongings Outside of Room** Belongings Outside of Room: Clothing Clothing: Shorts; Shirt; Socks; Other (Comment) (shoes)	Taylor, Khadijah Cherie, RN
04:15:13	Registration Started		Carter, Coco
04:23:53	Lab Ordered	URINALYSIS, ALCOHOL PLASMA (MEDICAL ONLY), BASIC METABOLIC PANEL (BMP)(BMET), PSYCH URINE DRUG SCREEN, MEDICAL WITHOUT CONFIRMATION, COMPREHEN METABOLIC PANEL (CMP)	Mitchell, Kathleen
04:23:53	Orders Placed	Lab - Comprehen Metabolic Panel (CMP); Psych UDS Medical without Conf; Basic Metabolic Panel (BMP)(BMET); Alcohol Plasma (Medical Only); Urinalysis Consult - ED Consult to Psych Social Work	Mitchell, Kathleen
04:23:54	Social Work Consult Ordered		Mitchell, Kathleen
04:30:10	Orders Acknowledged	New - Comprehen Metabolic Panel (CMP)	Taylor, Khadijah Cherie, RN
04:30:11	Orders Acknowledged	New - Basic Metabolic Panel (BMP)(BMET)	Taylor, Khadijah Cherie, RN

ED Care Timeline (continued)

04:30:12	Orders Acknowledged	New - Alcohol Plasma (Medical Only)	Taylor, Khadijah Cherie, RN
04:30:46	Orders Acknowledged	New - Urinalysis	Taylor, Khadijah Cherie, RN
04:35:05	Registration Completed		Carter, Coco
04:49:06	Print Label for Alcohol Plasma (Medical Only) Completed	*Alcohol Plasma (Medical Only)* - Type: **Blood**; Source: **Blood**	Taylor, Khadijah Cherie, RN
04:49:06	Print Label for Basic Metabolic Panel (BMP)(BMET) Completed	*Basic Metabolic Panel (BMP)(BMET)* - Type: **Blood**; Source: **Blood**	Taylor, Khadijah Cherie, RN
04:49:06	Print Label for Comprehen Metabolic Panel (CMP) Completed	*Comprehen Metabolic Panel (CMP)* - Type: **Blood**; Source: **Blood**	Taylor, Khadijah Cherie, RN
05:06	Collect Alcohol Plasma (Medical Only) Completed	*Alcohol Plasma (Medical Only)* - Type: **Blood**; Source: **Blood**	Taylor, Khadijah Cherie, RN
05:06	Collect Basic Metabolic Panel (BMP)(BMET) Completed	*Basic Metabolic Panel (BMP)(BMET)* - Type: **Blood**; Source: **Blood**	Taylor, Khadijah Cherie, RN
05:06	Collect Comprehen Metabolic Panel (CMP) Completed	*Comprehen Metabolic Panel (CMP)* - Type: **Blood**; Source: **Blood**	Taylor, Khadijah Cherie, RN
05:06	Specimens Collected	Comprehen Metabolic Panel (CMP) - ID: **17GMH-188A0295** Type: **Blood** Basic Metabolic Panel (BMP)(BMET) - ID: **17GMH-188A0295** Type: **Blood** Alcohol Plasma (Medical Only) - ID: **17GMH-188A0295** Type: **Blood**	Taylor, Khadijah Cherie, RN
05:06:52	ED Specimen Collect		Mitchell, Kathleen
05:06:52	ED Specimen Collect		Mitchell, Kathleen
05:06:52	ED Specimen Collect		Mitchell, Kathleen
05:14:56	Print Label for Psych UDS Medical without Conf Completed	*Psych UDS Medical without Conf* - Type: **Urine**; Source: **Urine, Unspecified Source**	Taylor, Khadijah Cherie, RN
05:14:56	Print Label for Urinalysis Completed	*Urinalysis* - Type: **Urine**; Source: **Urine, Voided**	Taylor, Khadijah Cherie, RN
05:25	Collect Psych UDS Medical without Conf Completed	*Psych UDS Medical without Conf* - Type: **Urine**; Source: **Urine, Unspecified Source**	Taylor, Khadijah Cherie, RN
05:25	Collect Urinalysis Completed	*Urinalysis* - Type: **Urine**; Source: **Urine, Voided**	Taylor, Khadijah Cherie, RN
05:25	Specimens Collected	Psych UDS Medical without Conf - ID: **17GMH-188A0323** Type: **Urine** Urinalysis - ID: **17GMH-188U0017** Type: **Urine** Urine Microscopic - ID: **17GMH-188U0017** Type: **Urine**	Taylor, Khadijah Cherie, RN
05:25:48	ED Specimen Collect		Mitchell, Kathleen
05:25:56	ED Specimen Collect		Mitchell, Kathleen

ED Care Timeline (continued)

05:32	Comprehen Metabolic Panel (CMP) Resulted	**Abnormal Result** Collected: **7/7/2017 05:06** Last updated: **7/7/2017 05:32** Status: **Final result** Sodium: **140 mmol/L** [Ref Range: 133 - 144] Potassium: **3.5 mmol/L** [Ref Range: 3.4 - 5.1] Chloride: **107 mmol/L** [Ref Range: 101 - 111] CO2: **21 mmol/L** [Ref Range: 20 - 30] Anion Gap: **12 mmol/L** [Ref Range: 6 - 16] BUN: **15 mg/dL** [Ref Range: 7 - 21] Creatinine: **1.11 mg/dL** [Ref Range: 0.72 - 1.25] Glucose: **113 mg/dL** ^ [Ref Range: 74 - 99] Calcium: **9.1 mg/dL** [Ref Range: 8.5 - 10.4] AST: **39 U/L** [Ref Range: 5 - 51] ALT: **42 U/L** [Ref Range: 1 - 55] Alkaline Phosphatase: **86 U/L** [Ref Range: 32 - 125] Protein, Total: **8.1 g/dL** [Ref Range: 6.0 - 8.3] Albumin: **3.8 g/dL** [Ref Range: 3.5 - 5.0] Bilirubin, Total: **0.5 mg/dL** [Ref Range: 0.1 - 1.2] eGFR: **89 mL/min** [Ref Range: >59] eGFR African American: **>90 mL/min** [Ref Range: >59]	Lab, Background User
05:32	Basic Metabolic Panel (BMP)(BMET) Resulted	**Abnormal Result** Collected: **7/7/2017 05:06** Last updated: **7/7/2017 05:32** Status: **Final result** Sodium: **140 mMol/L** [Ref Range: 133 - 144] Potassium: **3.5 mMol/L** [Ref Range: 3.4 - 5.1] Chloride: **107 mMol/L** [Ref Range: 101 - 111] CO2: **21 mMol/L** [Ref Range: 20 - 30] BUN: **15 mg/dL** [Ref Range: 7 - 21] Calcium: **9.1 mg/dL** [Ref Range: 8.5 - 10.4] Creatinine: **1.11 mg/dL** [Ref Range: 0.72 - 1.25] Glucose: **113 mg/dL** ^ [Ref Range: 74 - 99] Anion Gap: **12 mMol/L** [Ref Range: 6 - 16] eGFR: **89 mL/min** [Ref Range: >59] eGFR African American: **>90 mL/min** [Ref Range: >59]	Lab, Background User
05:32	Alcohol Plasma (Medical Only) Resulted	**Abnormal Result** Collected: **7/7/2017 05:06** Last updated: **7/7/2017 05:32** Status: **Final result** Alcohol, Medical: **29 mg/dL** ^ [Ref Range: <10]	Lab, Background User
05:32:03	Lab Resulted	(Final result) COMPREHEN METABOLIC PANEL (CMP)	Lab, Background User
05:32:03	Lab Resulted	(Final result) BASIC METABOLIC PANEL (BMP)(BMET)	Lab, Background User
05:32:03	Lab Resulted	(Final result) ALCOHOL PLASMA (MEDICAL ONLY)	Lab, Background User
05:42	Urinalysis Resulted	**Abnormal Result** Collected: **7/7/2017 05:25** Last updated: **7/7/2017 05:42** Status: **Final result** Color, UA: **Yellow** [Ref Range: AMB] Clarity, UA: **Clear** [Ref Range: Clear] Specific Gravity, UA: **1.018** [Ref Range: 1.003 - 1.035] pH, UA: **5.0** [Ref Range: 4.6 - 8.0] Leukocyte Esterase, UA: **Negative** [Ref Range: Negative] Nitrite, UA: **Negative** [Ref Range: Negative] Protein, UA: **Negative mg/dL** [Ref Range: Negative] Glucose, UA: **Negative mg/dl** [Ref Range: Negative] Ketones, UA: **5 mg/dL** ! [Ref Range: Negative] Urobilinogen, UA: **<2.0 eu/dl** [Ref Range: <2.0] Bilirubin, UA: **Negative mg/dL** [Ref Range: Negative] Blood, UA: **Negative** [Ref Range: Negative] (Ascorbic acid detected which decreases urine hemoglobin results)	Lab, Background User
05:42:46	Lab Ordered	URINE MICROSCOPIC	Interface, Lab Instrument Results In
05:42:46	Orders Placed	Lab - Urine Microscopic	Interface, Lab Instrument Results In
05:42:49	Lab Resulted	(Final result) URINALYSIS	Lab, Background User
05:45	Urine Microscopic Resulted	Collected: **7/7/2017 05:25** Last updated: **7/7/2017 05:45** Status: **Final result** WBC, UA: **2 /HPF** [Ref Range: 0 - 3] RBC, UA: **<1 /HPF** [Ref Range: 0 - 2] Squamous Epithelial, UA: **1 /HPF** [Ref Range: 0 - 4] Mucus, UA: **Occasional** [Ref Range: None Seen, 1+, Rare, Occasional, Few]	Lab, Background User
05:45:07	Lab Resulted	(Final result) URINE MICROSCOPIC	Lab, Background User
06:01:39	ED Notes	Psych consult team aware of consult; consult initiated. Chart and clinical information reviewed with ED provider	Deangelo, Jeanette Marie

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Care Timeline (continued)

06:05	Psych UDS Medical without Conf Resulted	Collected: 7/7/2017 05:25 Last updated: 7/7/2017 06:05 Status: Final result Amphetamine Scrn, Urine: Negative [Ref Range: Negative] Benzodiazepine Scrn, Urine: Negative [Ref Range: Negative] Cocaine Scrn, Urine: Negative [Ref Range: Negative] Opiate (High Sens) Scrn, Urine: Negative [Ref Range: Negative] Cannabinoid Scrn, Urine: Negative [Ref Range: Negative]	Lab, Background User
06:05:33	Lab Resulted	(Final result) PSYCH URINE DRUG SCREEN, MEDICAL WITHOUT CONFIRMATION	Lab, Background User
06:48	ED Quick Updates	**Quick Updates** Quick Updates: Patient is resting comfortably Quick Updates - Free Text: Business office was paged approx. 0530 about picking up patients belongings. As of now, they have not obtained patient belongings. Will attempt to call them back.	Taylor, Khadijah Cherie, RN
07:15	Care Handoff	**Handoff Review** Report: Given to next shift RN **Other flowsheet entries** Name of person accepting or giving report: Mollie, RN	Taylor, Khadijah Cherie, RN
07:16:32	Remove Nurse	Khadijah Cherie Taylor, RN removed as Registered Nurse	Taylor, Khadijah Cherie, RN
07:16:32	Assign Nurse	Mollie R Respass, RN assigned as Registered Nurse	Taylor, Khadijah Cherie, RN
07:16:40	Assign Mid-level	Ashley Nicole Casey, NP assigned as Nurse Practitioner	Casey, Ashley Nicole, NP
07:16:43	Assign Physician		Casey, Ashley Nicole, NP
07:20:41	Remove Attending	Timothy Bradshaw Depp, MD removed as Attending	Depp, Timothy Bradshaw, MD
07:20:41	Team Member Assigned	Karen M Lommel, DO assigned as Consulting Physician	Depp, Timothy Bradshaw, MD
07:25:16	Assign Attending	Karen M Lommel, DO assigned as Attending	Lommel, Karen Marie, DO
07:25:18	Assign Physician		Lommel, Karen Marie, DO
07:35	ED Quick Updates	**Quick Updates** Quick Updates: Patient is resting comfortably Quick Updates - Free Text: Mary,SW at bedside	Respass, Mollie R, RN
07:35:23	Orders Placed	Consult - ED Consult to Psychiatry (Physician)	Miller, Danielle N, PA
07:35:25	Psych Consult Ordered		Miller, Danielle N, PA

ED Care Timeline (continued)

07:40	Intake History&Screening	**Problems/Somatic Symptoms** Major Life Areas: (Pt is a 30 year old male who was brough to the Ed on part one for bizzare behavioral. Pt denies SI/HI. pt states wife did this to try to make him stay with her. but he is not going back) Behavior Changes: (no problems reported) Insomnia: (none reported) Depressive Symptoms: No problems reported or observed Mania Symptoms: No problems reported or observed Hallucinations: (pt denies) Delusions: (pt denies) **Prior to Admission Status Screening** Lives With: Friends (pt reports that the last six days has been living with his four year old son instead of his wife of two years) Support Systems: Family Type of Residence: Private residence External Services Use?: No Financial needs: None Patient Expects to be Discharged to: Same as current **Abuse/Legal History** History of Sexualized Behaviors?: No History of Sexual Offenses?: No Legal History?: No **Previous Psychiatric/Chemical Dependency Treatment** Previous Psychiatric/Chemical Dependency Treatment: Inpatient Inpatient Facility: CCBH Treatment Date: 07/07/16 Compliant with Medications: No Describe: pt stated he ran out of meds **Suicide Risk Evaluation and Protective Factors** Is Patient at Risk for Suicide?: No Access to Firearms?: No; Yes Explain: pt reports that his baby moma has his gun Patient's Risk for Suicide is Judged to be: Mild **Suicide Risk and Protective Factors** Patient's Risk for Suicide is Judged to be: Mild **Homicide Risk Evaluation and Protective Factors** Is Patient at Risk to Harm Others?: No Patient's Risk for Homicide is Judged to be: Mild **Homicide Risk and Protective Factors** Patient's Risk for Homicide is Judged to be: Mild **Abuse Screening** Abuse/Neglect Indicators Observed: No **Risky Behaviors Screening** Assault Behavior?: No **Mental Status** Orientation Level: Oriented X4 General Appearance: Equal to stated age Speech Characteristics: Normal Motor Activity: Normal During Interview Patient Appears: Cooperative; Pleasant Mood Characteristics: Calm Thought Characteristics: Normal/Logical Judgement: Fair Insight: Fair Recent Memory: Fair Remote Memory: Good	Irby, Mary K, LCSW
07:47	**Remove Midlevel**	Kathleenm Mitchell, PA removed as Physician Assistant	Miller, Danielle N, PA
07:52:10	**Deposit Attempted**		Hicks, Delores W
07:52:49	**Orders Acknowledged**	New - Psych UDS Medical without Conf	Respass, Mollie R, RN

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Care Timeline (continued)

08:28:08	**Social Work Consult Update Completed**	*ED Consult to Psych Social Work*	Irby, Mary K, LCSW
08:48	**ED Quick Updates**	**Quick Updates** Quick Updates: Patient given PO fluids; Patient given food/meal tray	Respass, Mollie R, RN
10:42:16	**Home Medications Reviewed**		Simpson, Sunshine
10:43:50	**ED Provider Notes**	Note originally filed at this time	Casey, Ashley Nicole, NP; Cosign required
11:32:56	**Home Medications Reviewed**		Nicholson, Ann Dawson, RPH
11:53:13	**Orders Placed**	Nursing - Patient Observation Consult - Consult to Pharmacy Behavioral Health Services - ED Behavioral Health Hold	Lommel, Karen Marie, DO
11:53:14	**Behavioral Health Hold**		Lommel, Karen Marie, DO
12:05:25	**Orders Completed**	ED Consult to Psychiatry (Physician)	Warren, Calvert Glendon, MD
12:56:43	**ED Provider Notes**	Note filed at this time	Casey, Ashley Nicole, NP; Cosign required
12:58:05	**Orders Completed**	ED Consult to Psych Social Work	Warren, Calvert Glendon, MD
13:30:40	**ED Attestation Note Filed**	ED Prov Note filed by Karen M Lommel, DO	Lommel, Karen Marie, DO
13:30:40	**Logix - Billing**	ED Prov Note filed by Karen M Lommel, DO	Lommel, Karen Marie, DO
13:30:40	**ED Provider Notes**	Note filed at this time	Casey, Ashley Nicole, NP; Cosigned by Lommel, Karen Marie, DO
13:37:51	**Orders Acknowledged**	New - ED Consult to Psych Social Work; ED Consult to Psychiatry (Physician); ED Behavioral Health Hold; Consult to Pharmacy; Patient Observation	Kirk, Alyssa, RN
13:44	**Purpose for Patient Observation**	**Patient Observation- Complete every 15 min for suicidal/homicidal/violent patient or every 2 hours for Protection from injury** Purpose for Observation: Suicidal/Homicidal/Violent (q 30 min) Behavior/Activity: Calm; Cooperative (sitting in room)	Kirk, Alyssa, RN
14:16:42	**Transfer Disposition Selected**	ED Disposition set to Transfer to Another Facility	Lommel, Karen Marie, DO
14:16:42	**Disposition Selected**		Lommel, Karen Marie, DO

ED Care Timeline (continued)

14:20	Prisma Health - Upstate - Transfer to another facility	**Section 1: Physician Certification - TO BE COMPLETED BY MD** Transferring facility: Greenville Memorial Hospital Accepting Physician: Dr. Snipes Provisional Diagnosis (N/A if Clinical Impression has been Selected): CCBH Patient Condition: Benefit outweighs risk Reason for Transfer: Qualified clinical personnel or service unavailable Benefits of Transfer: Necessities available at receiving facility Risks of Transfer: Time delay; Deterioration; Worsening condition; Discomfort; Accidents or delays The following has been done: The receiving facility has available space and qualified personnel for the treatment of the patient.; The receiving facility will be provided with appropriate medical records of the examination and treatment of the patient.; The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.; The patient will be transferred by qualified personnel and transportation equipment, as required. MD Certification: Patient examined and risks explained Sending MD: Dr. Lommeo **Section 2: Nurse Certification- TO BE COMPLETED BY NURSE** Accepting Physician: Dr. Snipes	Lommel, Karen Marie, DO
14:25:58	Patient transferred	From room C 035 to room C 039	Noone, Dorothy Turner, RN
14:25:59	Assign Nurse	Dorothy Turner Noone, RN assigned as Registered Nurse	Noone, Dorothy Turner, RN
14:26:22	ED Provider Notes	Note filed at this time	Lommel, Karen Marie, DO
14:34	Prisma Health - Upstate - Transfer to another facility	Section 2: Nurse Certification- TO BE COMPLETED BY NURSE Facility Representative Accepting Transfer: Dr.Snipes Report given to RN/Department:: Ashley Copies of Medical Records Sent: Transfer form Patient Belongings Disposition: Sent with patient Medications Reviewed with Next Provider of Service: Yes Transport Mode: Other (Comment) Transported by (Company and Unit #) aka the Transportation Vehicle: GHS Police Level of Care: BLS **NURSE DOCUMENTATION - Vitals Before Transfer (ICU/ED: within 30 min; Behavioral Health/Med Surg: within 60 min)** Transfer Date: 07/07/17 Transfer Time: 1436 **Other flowsheet entries** Location of Accepting Physician: CC BH Primary Nurse: Mollie, rn	Respass, Mollie R, RN
14:37	Prisma Health - Upstate - Transfer to another facility	**NURSE DOCUMENTATION - Vitals Before Transfer (ICU/ED: within 30 min; Behavioral Health/Med Surg: within 60 min)** Heart Rate: 88 BP: 146/81	Respass, Mollie R, RN
14:44:07	ED Notes	Report called to Ashley at CCBH.	Respass, Mollie R, RN
14:45	Remove Nurse	Mollie R Respass, RN removed as Registered Nurse	Noone, Dorothy Turner, RN
15:08	Care Handoff	**Handoff Review** Report: Bedside shift report given to next shift RN **Other flowsheet entries** Name of person accepting or giving report: Allison,RN	Noone, Dorothy Turner, RN
15:18:46	Remove Nurse	Dorothy Turner Noone, RN removed as Registered Nurse	Noone, Dorothy Turner, RN
15:23:08	Assign Nurse	Allison Dyer Holcombe, RN assigned as Registered Nurse	Holcombe, Allison Dyer, RN

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital (continued)

ED Care Timeline (continued)

15:57	Vital Signs	○ **Vital Signs** Temp: 98.3 °F (36.8 °C) Temp src: Oral Heart Rate: 90 Resp: 16 BP: **155/91** ! BP Location: Right arm BP Method: Automatic Patient Position: Sitting Critical Warning Response: Primary RN aware **Oxygen Therapy** SpO2: 100 % O2 Device: None (Room air) Pulse Oximetry Type: Spot Check **Vitals Timer** Restart Vitals Timer: Yes **Pain Assessment** Verbal Pain Score: 0- none	Holcombe, Allison Dyer, RN
15:57	**Custom Formula Data**	**Relevant Labs and Vitals** Temp (in Celsius): 36.8	Holcombe, Allison Dyer, RN
15:59	**Prisma Health - Upstate - Transfer to another facility**	**NURSE DOCUMENTATION - Vitals Before Transfer (ICU/ED: within 30 min; Behavioral Health/Med Surg: within 60 min)** Transfer Time: 1600 **Other flowsheet entries** Primary Nurse: Allison, RN	Holcombe, Allison Dyer, RN
16:04:36	**Assign Attending**	Angel Alisha Lee Rochester, MD assigned as Attending	Rochester, Angel Alisha Lee, MD
16:04:38	**Assign Physician**		Rochester, Angel Alisha Lee, MD
16:12	**Patient discharged**		Holcombe, Allison Dyer, RN

Consult Notes

Consults

Irby, Mary K, LCSW at 7/7/2017 0745

Author: Irby, Mary K, LCSW
Filed: 7/7/2017 8:28 AM
Editor: Irby, Mary K, LCSW (Counselor)

Service: Case Management
Date of Service: 7/7/2017 7:45 AM

Author Type: Counselor
Status: Attested
Cosigner: Warren, Calvert Glendon, MD at 7/7/2017 12:58 PM

Consult Orders
1. ED Consult to Psych Social Work [23811462] ordered by Mitchell, Kathleenm, PA at 07/07/17 0423

Attestation signed by Warren, Calvert Glendon, MD at 7/7/2017 12:58 PM

I have personally seen and examined this patient and participated in his/her care. I have also reviewed all pertinent clinical information, including history, physical exam, orders placed, and discharge plan/disposition. I have personally spoken with the Psychiatric Social Worker and reviewed the evaluation, diagnoses and recommendations / treatment plan.

Recommendations: Patient is appropriate for discharge home at this time.

CARC Consult Note

Education Information:
School Name:
School Grade/Year:
Special Education Classes?:

Admission Type:

Chief Complaint:

Chief Complaint
Patient presents with
- Psychiatric Evaluation
  involuntary emergency admission

Problems/Somatic Symptoms:
Major Life Areas: (Pt is a 30 year old male who was brough to the Ed on part one for bizzare behavioral. Pt denies SI/HI. pt states wife did this to try to make him stay with her. but he is not going back)
Behavior Changes: (no problems reported)
Insomnia: (none reported)
Minimum Hours Slept:
Maximum Hours Slept:
Appetite:
Anxiety:
Depression Symptoms: No problems reported or observed.
Mania Symptoms: No problems reported or observed.
Hallucinations: (pt denies)
Delusions: (pt denies)
Child/Adolescent Issues:

Mental Status:
Orientation Level: Oriented X4
General Appearance: Equal to stated age
Speech Characteristics: Normal
Motor Activity: Normal
During Interview Patient Appears: Cooperative, Pleasant
Mood Characteristics: Calm
Thought Characteristics: Normal/Logical
Judgement: Fair
Insight: Fair
Recent Memory: Fair
Remote Memory: Good
Other:

Assessment of Prior to Admission Status:
Lives With: Friends (pt reports that the last six days has been living with his four year old son instead of his wife of two years)
Support Systems: Family
Type of Residence: Private residence
External Services Use?: No, Type of Services:
Financial Needs: None

Consult Notes (continued)

Patient Expects to be Discharged to: Same as current
Discharge Transportation Mode:
Discharge Transporter Name:

Previous Psychiatric/Chemical Dependency Treatment:
Previous Psychiatric/Chemical Dependency: Inpatient
Last Appointment Date:
Compliant with Appointments:
Compliant with Medications: No pt stated he ran out of meds

Family Psych History: History reviewed. No pertinent family history.

Suicide Risk Evaluation:
Is Patient at Risk for Suicide?: No
Suicide Risk Evaluation:
Suicide Risk Comments:
Access to Weapons?: No, Yes pt reports that his baby moma has his gun, Family Contacted?:

Suicide Risk and Protective Factors:
Risk Factors for Imminent Suicidal Behaviors:
Suicide Protective Factors:
Patient's Risk for Suicide is Judged to be: Mild
Rationale for Above Decision:

Homicide Risk Evaluation:
Is Patient at Risk to Harm Others?: No
Homicide Risk Evaluation:
Homicide Risk Comments:
Access to Weapons?:

Homicide Risk and Protective Factors:
Risk Factors for Homicidal Behaviors:
Homicidal Protective Factors:
Patient's Risk for Homicide is Judged to be: Mild
Rationale for Above Decision:

Suicidality/Homicidality:
Who was Called:

Drug Details & Substance History:

Substances

Smoking Status	Amount
Current Some Day Smoker	0.1 packs/day for 0 years

Smokeless Tobacco Status
Unknown

Alcohol Use	Amount
Yes	N/A

Consult Notes (continued)

Drink when he don't work, he work 4 days a week.

Drug Use	Frequency
No	N/A

Abuse/Legal:
History of Sexualized Behaviors?: No
History of Sexual Offenses?: No Prior Treatment Provider(s):
Legal History?: No, List Legal Issues: , Probation Officer/Phone #:
Additional Information:

Abuse Assessment:
Abuse/Neglect Indicators Observed: No, Abuse/Neglect Indicators: , Abuse/Neglect Type: , Comments:

Abuse Risk Assessment:
Assault Behavior?: No
Risk Taking Behaviors:

Clinical Impression: Pt is alert and oriented with no signs of delusions. Attempted to call pt's wife and grandmother for more information but was not able to reach them

Recommendation: Psych consult requested to assist with dispo

Electronically signed by Irby, Mary K, LCSW at 7/7/2017 8:28 AM
Electronically signed by Warren, Calvert Glendon, MD at 7/7/2017 12:58 PM

Attribution Key
Attribution information is not available for this note.

Warren, Calvert Glendon, MD at 7/7/2017 1205

Author: Warren, Calvert Glendon, MD | Service: Psychiatry | Author Type: Physician
Filed: 7/7/2017 12:05 PM | Date of Service: 7/7/2017 12:05 PM | Status: Signed
Editor: Warren, Calvert Glendon, MD (Physician)

Consult Orders
1. ED Consult to Psychiatry (Physician) [23811469] ordered by Miller, Danielle N, PA at 07/07/17 0735

Consult Note

Name: Rusty Lee Young
MRN: 970288805
Admission Date: 7/7/2017
Date of Consult: 7/7/2017

Adjustment disorder with disturbance of emotion

Consult Notes (continued)

Assessment & Plan
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

Psychiatric Consultation

Date of Service: 07/07/2017

Reason for Consultation: Assess the patient for disposition

Physician Ordering Consultation: Karen M Lommel, DO

Attending Psychiatrist: Calvert Glendon Warren, MD

Identifying Data: Rusty Lee Young is a 30 y.o. male

Chief Complaint: "My wife is trying to do the same thing again"

HPI:

Rusty Lee Young is a 30 y.o. male who presents with reports of suicidal ideations and delusions. Patient presented to the emergency department involuntarily . Information from this evaluation was obtained through a review of available medical records and an interview with the patient . Patient's wife was contacted by social work staff earlier for collateral information. Patient's wife is currently unavailable for comment. Patient's grandmother is also on available for comment.

Patient was previously seen in the emergency department for similar complaint and he returns to the emergency department with reports generated by his wife and on commitment papers for; delusions, violence, and threatening behavior. Social work team member who saw patient within one week ago reports that patient's wife denied that the patient was making threats at that time and was only concerned about delusions presumably based on the patient's assertions that she was being unfaithful. Patient reports that he has evidence that his wife may have been unfaithful and documented pitchers of a male individual in his home with his wife (patient reports that he provided a photograph to the emergency physician during an earlier visit). Patient admitted to becoming agitated and severely damaging a couch during a dispute, but stated "it's my couch and I plan to replace it". Over the past 2 weeks patient denied depressed mood, insomnia, anorexia, poor concentration, suicidal ideations, auditory or visual hallucinations, and mood swings. Patient reports that he believes his wife is making false statements and was surprised when he was transferred to the emergency department. He denies current suicidal or homicidal ideations. On examination the patient does not appear to have delusions or psychoses.

Past Psychiatric History:
Patient's prior psychiatric hospitalizations include 1 admission to Carolina Center for behavioral health in 2016. . Patient reports that he spent between 6 and 7 days and was given medications, but discontinued these medications shortly after discharge. Patient Does not have a psychiatrist. Patient Does not have a psychotherapist. Patient's family psychiatric history is negative for psychiatric illness.

Prior psychiatric medication trials: Patient cannot recall the name of the medication tried during his stay at CCBH a

Family History:
History reviewed. No pertinent family history.

Social History:
- Living Situation: 1 family home, patient recently moved into the home of the mother of his 4-year-old son
- Parents: Unknown
- Siblings: Unknown
- Education: graduated high school
- Employment Status: employed

Trauma History:
Denies

Substance Use History:
Patient endorses using: cocaine
Use of Alcohol: minimal use
Use of Caffeine: denies use
Use of OTC: Denies

Past Medical History:
Past Medical History

Diagnosis	Date
• Alcohol abuse	

Past Surgical History:
History reviewed. No pertinent past surgical history.

Medications :
Home Medications 7/7/17
1132
Not on File

Allergies:
No Known Allergies

Review of Systems:
A fourteen point review of systems was performed and is unchanged from admission, unless noted in the interval history.

Laboratory Data/Imaging:
labs are reviewed, up to date and normal,

RECENT LABS:

CBC:

Lab Results		
Component	Value	Date
WBC	12.2*	05/10/2016
HGB	14.9	05/10/2016
HCT	44.8	05/10/2016
MCV	84.6	05/10/2016
PLT	333	05/10/2016

Consult Notes (continued)

Chem 7:

Lab Results

Component	Value	Date
NA	140	07/07/2017
NA	140	07/07/2017
K	3.5	07/07/2017
K	3.5	07/07/2017
CL	107	07/07/2017
CL	107	07/07/2017
CO2	21	07/07/2017
CO2	21	07/07/2017
CREATININE	1.11	07/07/2017
CREATININE	1.11	07/07/2017
BUN	15	07/07/2017
BUN	15	07/07/2017

LFTs:

Lab Results

Component	Value	Date
BILITOT	0.5	07/07/2017
ALBUMIN	3.8	07/07/2017
AST	39	07/07/2017
ALT	42	07/07/2017
PROT	8.1	07/07/2017

HA1C: No results found for: HGBA1C

Lipids: No results found for: CHOL, HDL, LDLCALC, TRIG

Vitamin B12: No results found for: VITAMINB12

Folate: No results found for: FOLATE

Thyroid function studies: No results found for: TSH, T3TOTAL, T4TOTAL, THYROIDAB

RPR: No results found for: RPR

UA

Recent Labs

	07/07/17 0525
COLORU	Yellow
CLARITYU	Clear
BILIRUBINUR	Negative
KETONESU	5 *
LABSPEC	1.018
BLOODU	Negative
PROTEINUR	Negative
UROBILINOGEN	<2.0
NITRITE	Negative
LEUKOCYTESUR	Negative
RBCU	<1
WBCU	2

Consult Notes (continued)

	SQUAMEPIU	1

EtOH:

Lab Results		
Component	Value	Date
ALCOHOL	29*	07/07/2017

Urine Tox:

SYMPATHOMIMETIC AMINES			
Date	Value	Ref Range	Status
07/07/2017	Negative	Negative	Final

BENZODIAZEPINE URINE QUAL			
Date	Value	Ref Range	Status
07/07/2017	Negative	Negative	Final

CANNABINOID SCREEN, URINE			
Date	Value	Ref Range	Status
07/07/2017	Negative	Negative	Final

COCAINE (METABOLITE)			
Date	Value	Ref Range	Status
07/07/2017	Negative	Negative	Final

OPIATE SCRN, URINE (HIGH SENSITIVITY)			
Date	Value	Ref Range	Status
07/07/2017	Negative	Negative	Final

IMAGING:
No results found.

Mental Status Evaluation:
Temp: [98.6 °F (37 °C)] 98.6 °F (37 °C)
Heart Rate: [109] 109
Resp: [20] 20
BP: (146)/(86) 146/86 mmHg
SpO2: [93 %] 93 %

A. Constitutional:
General appearance: appropriate eye contact
Behavior: normal

B. Musculoskeletal:
Strength and tone: No tics or tremors noted.
Gait and Station: Patient in bed

C. Mental Status:
Speech: normal pitch and normal volume
Language: fluent and spontaneous without dysarthric features
Thought process: normal
Thought content: optimistic

Sensorium: Clear
Insight: good
Judgment: good
Orientation: person, place and time/date

Consult Notes (continued)

Attention/Concentration: grossly intact
Memory: recent and remote memory intact
Fund of knowledge: Intact and appropriate
Mood: "I don't know how to feel"
Affect: normal
Suicidality: Denies suicidal ideation, intent or plan.
Homicidality: Denies homicidal ideation, intent or plan

Calvert Warren M.D.

Electronically signed by Warren, Calvert Glendon, MD at 7/7/2017 12:05 PM

Attribution Key

Attribution information is not available for this note.

Labs

Comprehen Metabolic Panel (CMP) (Final result)

Status: Completed

Electronically signed by: Mitchell, Kathleen on 07/07/17 0423
Ordering user: Mitchell, Kathleen 07/07/17 0423
Authorized by: Mitchell, Kathleenm, PA
Frequency: Routine Routine 07/07/17 0423 - 1 occurrence
Quantity: 1
Instance released by: Mitchell, Kathleen (auto-released) 7/7/2017 4:23 AM

Ordering provider: Mitchell, Kathleenm, PA
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
17GMH-188A0295	Blood	Blood	Taylor, Khadijah Cherie, RN 07/07/17 0506

Comprehen Metabolic Panel (CMP) (Abnormal)

Resulted: 07/07/17 0532, Result status: Final result

Ordering provider: Mitchell, Kathleenm, PA 07/07/17 0423
Filed by: Lab, Background User 07/07/17 0532
Resulting lab: GHS GREENVILLE MEMORIAL HOSPITAL LAB

Order status: Completed
Collected by: Taylor, Khadijah Cherie, RN 07/07/17 0506
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	133 - 144 mmol/L	—	GMH
Potassium	3.5	3.4 - 5.1 mmol/L	—	GMH
Chloride	107	101 - 111 mmol/L	—	GMH
CO2	21	20 - 30 mmol/L	—	GMH
Anion Gap	12	6 - 16 mmol/L	—	GMH
BUN	15	7 - 21 mg/dL	—	GMH
Creatinine	1.11	0.72 - 1.25 mg/dL	—	GMH
Glucose	113	74 - 99 mg/dL	H	GMH
Calcium	9.1	8.5 - 10.4 mg/dL	—	GMH
AST	39	5 - 51 U/L	—	GMH

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital (continued)

Labs (continued)

ALT	42	1 - 55 U/L		GMH
Alkaline Phosphatase	86	32 - 125 U/L		GMH
Protein, Total	8.1	6.0 - 8.3 g/dL		GMH
Albumin	3.8	3.5 - 5.0 g/dL		GMH
Bilirubin, Total	0.5	0.1 - 1.2 mg/dL		GMH
eGFR	89	>59 mL/min		GMH
eGFR African American	>90	>59 mL/min		GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GHS GREENVILLE MEMORIAL HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	04/21/17 1418 - 04/06/18 0921

Basic Metabolic Panel (BMP)(BMET) (Final result)

Status: Completed

Electronically signed by: Mitchell, Kathleen on 07/07/17 0423
Ordering user: Mitchell, Kathleen 07/07/17 0423
Authorized by: Mitchell, Kathleenm, PA
Frequency: STAT STAT 07/07/17 0424 - 1 occurrence
Quantity: 1
Instance released by: Mitchell, Kathleen (auto-released) 7/7/2017 4:23 AM

Ordering provider: Mitchell, Kathleenm, PA
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
17GMH-188A0295	Blood	Blood	Taylor, Khadijah Cherie, RN 07/07/17 0506

Basic Metabolic Panel (BMP)(BMET) (Abnormal)

Resulted: 07/07/17 0532 Result status: Final result

Ordering provider: Mitchell, Kathleenm, PA 07/07/17 0423
Filed by: Lab, Background User 07/07/17 0532
Resulting lab: GHS GREENVILLE MEMORIAL HOSPITAL LAB

Order status: Completed
Collected by: Taylor, Khadijah Cherie, RN 07/07/17 0506
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	133 - 144 mMol/L		GMH
Potassium	3.5	3.4 - 5.1 mMol/L		GMH
Chloride	107	101 - 111 mMol/L		GMH
CO2	21	20 - 30 mMol/L		GMH
BUN	15	7 - 21 mg/dL		GMH
Calcium	9.1	8.5 - 10.4 mg/dL		GMH
Creatinine	1.11	0.72 - 1.25 mg/dL		GMH
Glucose	113	74 - 99 mg/dL	H^	GMH
Anion Gap	12	6 - 16 mMol/L		GMH
eGFR	89	>59 mL/min		GMH
eGFR African American	>90	>59 mL/min		GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GHS GREENVILLE MEMORIAL HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	04/21/17 1418 - 04/06/18 0921

Alcohol Plasma (Medical Only) (Final result)

Labs (continued)

Status: Completed

Electronically signed by: Mitchell, Kathleen on 07/07/17 0423
Ordering user: Mitchell, Kathleen 07/07/17 0423
Authorized by: Mitchell, Kathleenm, PA
Frequency: STAT STAT 07/07/17 0424 - 1 occurrence
Quantity: 1
Instance released by: Mitchell, Kathleen (auto-released) 7/7/2017 4:23 AM

Ordering provider: Mitchell, Kathleenm, PA
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
17GMH-188A0295	Blood	Blood	Taylor, Khadijah Cherie, RN 07/07/17 0506

Alcohol Plasma (Medical Only) (Abnormal)

Resulted: 07/07/17 0532, Result status: Final result

Ordering provider: Mitchell, Kathleenm, PA 07/07/17 0423
Filed by: Lab, Background User 07/07/17 0532
Resulting lab: GHS GREENVILLE MEMORIAL HOSPITAL LAB
Narrative:
Results are for medical purposes only.

Order status: Completed
Collected by: Taylor, Khadijah Cherie, RN 07/07/17 0506
CLIA number: 42D0665869

Increased levels of Lactic Acid and LD in samples may cause falsely elevated plasma alcohol results due to methodology interference.

Components

Component	Value	Reference Range	Flag	Lab
Alcohol, Medical	29	<10 mg/dL	H^	GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GHS GREENVILLE MEMORIAL HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	04/21/17 1418 - 04/06/18 0921

Psych UDS Medical without Conf (Final result)

Status: Completed

Electronically signed by: Mitchell, Kathleen on 07/07/17 0423
Ordering user: Mitchell, Kathleen 07/07/17 0423
Authorized by: Mitchell, Kathleenm, PA
Frequency: Routine Routine 07/07/17 0423 - 1 occurrence
Quantity: 1
Instance released by: Mitchell, Kathleen (auto-released) 7/7/2017 4:23 AM

Ordering provider: Mitchell, Kathleenm, PA
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
17GMH-188A0323	Urine	Urine, Unspecified Source	Taylor, Khadijah Cherie, RN 07/07/17 0525

Psych UDS Medical without Conf (Normal)

Resulted: 07/07/17 0605, Result status: Final result

Ordering provider: Mitchell, Kathleenm, PA 07/07/17 0423
Filed by: Lab, Background User 07/07/17 0605
Resulting lab: GHS GREENVILLE MEMORIAL HOSPITAL LAB
Narrative:
Results are for medical purposes only.
AMPHETAMINE CUTOFF LEVEL: 1000 ng/mL
METAMPHETAMINE CUTOFF LEVEL: 1000 ng/mL

BENZODIAZEPINE CUTOFF LEVEL: 200 ng/mL

CANNABINOIDS CUTOFF LEVEL: 50 ng/mL

COCAINE METAB CUTOFF LEVEL: 300 ng/mL

Order status: Completed
Collected by: Taylor, Khadijah Cherie, RN 07/07/17 0525
CLIA number: 42D0665869

Labs (continued)

CODEINE CUTOFF LEVEL: 300 ng/mL
MORPHINE CUTOFF LEVEL: 300 ng/mL

Components

Component	Value	Reference Range	Flag	Lab
Amphetamine Scrn, Urine	Negative	Negative		GMH
Benzodiazepine Scrn, Urine	Negative	Negative		GMH
Cocaine Scrn, Urine	Negative	Negative		GMH
Opiate (High Sens) Scrn, Urine	Negative	Negative		GMH
Cannabinoid Scrn, Urine	Negative	Negative		GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GHS GREENVILLE MEMORIAL HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	04/21/17 1418 - 04/06/18 0921

Urinalysis (Final result)

Status: Completed

Electronically signed by: Mitchell, Kathleen on 07/07/17 0423
Ordering user: Mitchell, Kathleen 07/07/17 0423
Authorized by: Mitchell, Kathleenm, PA
Frequency: STAT STAT 07/07/17 0424 - 1 occurrence
Quantity: 1
Instance released by: Mitchell, Kathleen (auto-released) 7/7/2017 4:23 AM

Ordering provider: Mitchell, Kathleenm, PA
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
17GMH-188U0017	Urine	Urine, Voided	Taylor, Khadijah Cherie, RN 07/07/17 0525

Urinalysis (Abnormal)

Resulted: 07/07/17 0542, Result status: Final result

Ordering provider: Mitchell, Kathleenm, PA 07/07/17 0423
Filed by: Lab, Background User 07/07/17 0542
Resulting lab: GHS GREENVILLE MEMORIAL HOSPITAL LAB

Order status: Completed
Collected by: Taylor, Khadijah Cherie, RN 07/07/17 0525
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
Color, UA	Yellow	AMB		GMH
Clarity, UA	Clear	Clear		GMH
Specific Gravity, UA	1.018	1.003 - 1.035		GMH
pH, UA	5.0	4.6 - 8.0		GMH
Leukocyte Esterase, UA	Negative	Negative		GMH
Nitrite, UA	Negative	Negative		GMH
Protein, UA	Negative	Negative mg/dL		GMH
Glucose, UA	Negative	Negative mg/dl		GMH
Ketones, UA	5	Negative mg/dL	A !	GMH
Urobilinogen, UA	<2.0	<2.0 eu/dl		GMH
Bilirubin, UA	Negative	Negative mg/dL		GMH
Blood, UA	Negative	Negative		GMH

Comment: Ascorbic acid detected which decreases urine hemoglobin results

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GHS GREENVILLE	Stafford, Jesse R,	701 Grove Rd.	04/21/17 1418 - 04/06/18 0921

Labs (continued)

MEMORIAL HOSPITAL LAB	MD	GREENVILLE SC 29605

Urine Microscopic (Final result) Status: Completed

Order placed as a reflex to Urinalysis ordered on 07/07/17 at 0423
Ordering user: Interface, Lab Instrument Results In 07/07/17 0542
Authorized by: Mitchell, Kathleenm, PA
Frequency: Routine Routine 07/07/17 0543 - 1 occurrence
Quantity: 1
Instance released by: Interface, Lab Instrument Results In (auto-released) 7/7/2017 5:42 AM
Ordering provider: Mitchell, Kathleenm, PA
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
17GMH-188U0017	Urine	Urine, Voided	Taylor, Khadijah Cherie, RN 07/07/17 0525

Urine Microscopic (Normal) Resulted: 07/07/17 0545, Result status: Final result

Ordering provider: Mitchell, Kathleenm, PA 07/07/17 0542
Filed by: Lab, Background User 07/07/17 0545
Resulting lab: GHS GREENVILLE MEMORIAL HOSPITAL LAB
Order status: Completed
Collected by: Taylor, Khadijah Cherie, RN 07/07/17 0525
CLIA number: 42D0665869

Components

Component	Value	Reference Range	Flag	Lab
WBC, UA	2	0 - 3 /HPF	—	GMH
RBC, UA	<1	0 - 2 /HPF	—	GMH
Squamous Epithelial, UA	1	0 - 4 /HPF	—	GMH
Mucus, UA	Occasional	None Seen, 1+, Rare, Occasional, Few	—	GMH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - GMH	GHS GREENVILLE MEMORIAL HOSPITAL LAB	Stafford, Jesse R, MD	701 Grove Rd. GREENVILLE SC 29605	04/21/17 1418 - 04/06/18 0921

Other Orders

Behavioral Health Services

ED Behavioral Health Hold (Discontinued) Status: Discontinued

Electronically signed by: Lommel, Karen Marie, DO on 07/07/17 1153
Ordering user: Lommel, Karen Marie, DO 07/07/17 1153
Authorized by: Lommel, Karen Marie, DO
Frequency: STAT Routine 07/07/17 1154 - 1 occurrence
Quantity: 1
Ordering provider: Lommel, Karen Marie, DO
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Lommel, Karen Marie, DO (auto-released) 7/7/2017 11:53 AM

Discontinued by: Discharge Provider, Automatic 07/07/17 1818 [Patient Discharged]

Consult

ED Consult to Psych Social Work (Completed) Status: Completed

Electronically signed by: Mitchell, Kathleen on 07/07/17 0423
Ordering user: Mitchell, Kathleen 07/07/17 0423
Authorized by: Mitchell, Kathleenm, PA
Ordering provider: Mitchell, Kathleenm, PA
Ordering mode: Standard

Other Orders (continued)

Frequency: STAT Routine 07/07/17 0423 - 1 occurrence
Quantity: 1

Class: Hospital Performed
Instance released by: Mitchell, Kathleen (auto-released) 7/7/2017 4:23 AM

Questionnaire

Question	Answer
Reason for Consult?	Psychosis
Reason for Consult?	care plan

ED Consult to Psychiatry (Physician) (Completed)

Status: **Completed**

Electronically signed by: **Miller, Danielle N, PA on 07/07/17 0735**
Ordering user: Miller, Danielle N, PA 07/07/17 0735
Authorized by: Miller, Danielle N, PA
Frequency: STAT Routine 07/07/17 0735 - 1 occurrence
Quantity: 1

Ordering provider: Miller, Danielle N, PA
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Miller, Danielle N, PA (auto-released) 7/7/2017 7:35 AM

Questionnaire

Question	Answer
Reason for Consult?	schizophrenia, delusional, paranoid
Did you contact the consulting physician?	No
Enter call back information for consultant to contact requesting provider	Emergency Department

Order comments: NOTE: Consult Psych SW first, please

Consult to Pharmacy (Completed)

Status: **Completed**

Electronically signed by: **Lommel, Karen Marie, DO on 07/07/17 1153**
Ordering user: Lommel, Karen Marie, DO 07/07/17 1153
Authorized by: Lommel, Karen Marie, DO
Frequency: STAT Routine 07/07/17 1154 - 1 occurrence
Quantity: 1

Ordering provider: Lommel, Karen Marie, DO
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Lommel, Karen Marie, DO (auto-released) 7/7/2017 11:53 AM

Questionnaire

Question	Answer
Help with medication dosing - please indicate drug	Medication Reconciliation
Indication for Treatment	Emergency Department

Nursing

Patient Observation (Discontinued)

Status: **Discontinued**

Electronically signed by: **Lommel, Karen Marie, DO on 07/07/17 1153**
Ordering user: Lommel, Karen Marie, DO 07/07/17 1153
Authorized by: Lommel, Karen Marie, DO
Frequency: STAT Routine 07/07/17 1154 - 1 occurrence
Quantity: 1

Ordering provider: Lommel, Karen Marie, DO
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Lommel, Karen Marie, DO (auto-released) 7/7/2017 11:53 AM

Discontinued by: Discharge Provider, Automatic 07/07/17 1818 [Patient Discharged]

Questionnaire

Question	Answer
Reason for Observation	SI / HI / At Risk Violence
Type of Observation	Shared Observation

Coding Summary

Account Information

07/07/2017 - ED in Emergency Department-Greenville Memorial Hospital (continued)

Coding Summary (continued)

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
800002800745 - YOUNG,RUSTY LEE	BCBS OF SOUTH CAROLINA [800]	None	None

Admission Information

Arrival Date/Time:	07/07/2017 0338	Admit Date/Time:	07/07/2017 0338	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-healthcare Facility	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency Medicine	Secondary Service:	
Transfer Source:		Service Area:	PRISMA HEALTH	Unit:	Emergency Department-Greenville Memorial Hospital
Admit Provider:		Attending Provider:	Rochester, Angel Alisha Lee, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
07/07/2017 1612	Psychiatric Hospital	None	None	Emergency Department-Greenville Memorial Hospital

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

Code	Description	Comments
F29	Unspecified psychosis not due to a substance or known physiological condition	
F17.210	Nicotine dependence, cigarettes, uncomplicated	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
F29 [Principal]	Unspecified psychosis not due to a substance or known physiological condition				
F17.210	Nicotine dependence, cigarettes, uncomplicated				

Live Well Chiropractic

APA # 15

Live Well

Chiropractic & Rehabilitation Clinic

Dr. Manuel A. Izquierdo
Tel (864) 627-HEAL (4325)
Fax (864) 627-7711

OUR PROFESSIONAL AND PERSONAL CONCERN IS JUST TWO THINGS, YOUR HEALTH AND OUR REPUTATION. THEREFORE, WE ACCEPT ONLY THOSE PATIENTS WE SINCERELY BELIEVE WE CAN HELP.

PATIENT INFORMATION (PLEASE PRINT and COMPLETE ALL INFORMATION)

Today's Date 10/17/19 Tel.# Home 864-640-1858 Tel.# Work _____

Name Young (LAST) Rusty (FIRST) Lee (MIDDLE) Birth Date 2/12/52 ☒ MALE ☐ FEMALE ☐ STUDENT

Address 10 Yakutata Drive City Mauldin

State SC Zip 29605 E-Mail Address Youngrusty1@yahoo.com

Soc. Sec. # 249-65-7770

☒ Married ☐ Single ☐ Divorced ☐ Widowed No. of Children _____

Employer Fitesa Occupation _____

Name of Spouse or Parent, if patient is minor _____

Spouse / Parents Birth Date _____ Soc. Sec. # _____ Work Phone _____

Spouse / Parent Employed by _____

Spouse/Parent Employment Address _____

HOW DID YOU HEAR ABOUT LIVE WELL CHIROPRACTIC? ☐ Yellow Page Ad ☐ Signage ☒ Referral

We want to express our appreciation to the person who kindly referred you to us!

Name of referrant Karen Richardson

Previous Chiropractic Care ☒ **YES** ☐ **NO** **Aprox. Date** _____ **Dr.** _____

WE CAN SUBMIT CHARGES TO YOUR INSURANCE COMPANY. YOU ARE RESPONSIBLE FOR DEDUCTIBLE AMOUNTS NOT MET, ALL CO-PAYMENTS AT TIME OF VISIT AND ANY OUTSTANDING BALANCE OF YOUR ACCOUNT. THANK YOU!

Person Responsible for Account: ☑ SELF ☐ SPOUSE ☐ PARENT IF **OTHER** or **AUTO ACCIDENT**: (Please Circle)

Mode of Payment: ☒ Cash ☐ Check ☐ Credit Card ☐ Care Credit ☐ Insurance ☐ Workman's Comp.

Patient's Insurance Company Blue Cross Blue Shield

$20

Neck & Low Back Pain Disability Index Questionnaire

Live Well Chiropractic

140-A Bridges Road · Mauldin, SC 29662 · Phone 864-627-9326 · Fax 864-627-7733 · dontlivewith.com

Please read: This questionnaire is designed to enable us to understand how much your neck and low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE, WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

Section 1 – Pain Intensity

A. I have NO pain at the moment
B. My pain is MINIMAL and tolerated, it is annoying but does not limit my physical performance.
C. Pain is SLIGHT and tolerated, it causes some limitations on my physical performance.
D. I experience MODERATE pain, which causes a significant limitation on my physical performance of activities.
E. I experience SEVERE pain, which reduces my capability to perform any activity.

Section 2 – Sitting/Driving

A. I am able to assume a sitting position for an indefinite period of time without pain
B. I can sit down or drive for an indefinite period of time, but it causes some pain.
C. I am restricted to one hour of sitting/driving due to pain.
D. Due to pain, I am only able to sit for 30 minutes.
E. Pain restricts me from sitting/driving for longer than 10 minutes.
F. I am unable to sit or drive due to pain.

Section 3 – Lifting

A. I am able to lift heavy objects without pain.
B. I am able to lift heavy objects, but it causes some pain.
C. I am unable to lift heavy objects off the floor. However, I can manage if they are at table height.
D. Due to pain, I am not able to lift heavy objects. However, light to medium weight objects are manageable.
E. Pain restricts lifting only very lightweight objects.
F. I am unable to lift any objects of any weight at all.

Section 4 – Standing

A. I am able to stand without pain.
B. I am able to stand for an indefinite period of time, but it causes pain.
C. I am restricted to one hour of standing due to pain.
D. Due to pain, I am only able to stand for 30 minutes.
E. Pain restricts standing for longer that 10 minutes.
F. I am unable to stand due to pain.

Section 5 – Work

A. I can do as much work as I want to.
B. I can only do my usual work, but no more.
C. I can do most of my usual work, but no more.
D. I cannot do my usual work.
E. I can hardly do any work at all.

Section 6 – Ambulation

A. I am able to walk any distance without pain restrictions.
B. I am limited to walk one mile due to pain restrictions.
C. I am limited to ½ mile of walking due to pain.
D. Due to pain, I am restricted to walking less than ¼ mile.
E. I require the use of crutches or a cane to assist walking.
F. I remain in bed most of the time due to pain.

Section 7 – Headaches

A. I have no headaches at all.
B. I have slight headaches, which come infrequently.
C. I have moderate headaches, which come infrequently.
D. I have moderate headaches, which come frequently.
E. I have severe headaches, which come frequently.
F. I have headaches almost all the time.

Section 8 – Sleeping

A. I sleep well in a normal fashion.
B. I sleep well at night, as long as I use sleeping pills.
C. I fail to accomplish more than 6 hours of sleep.
D. I fail to accomplish more than 4 hours or sleep.
E. I fail to accomplish more than 2 hours of sleep.
F. Pain prevents sleep.

Section 9 – Sexual Function

A. I do not engage in sexual activities.
B. I am able to engage in normal sexual activities without pain.
C. I am able to participate sexually, but it creates some pain.
D. I engage normally in sexual activities, but it is very painful.
E. I am restricted in sexual activities due to pain.
F. Pain has created a near absent sex life.
G. Due to pain, I abstain from sexual activities.

Section 10 – Social Recreational Activities

A. I am enjoying a normal, active social life without pain restrictions.
B. The presence of pain affects only the more energetic activities of my social life (bowling, golfing, sports, etc.).
C. I participate in a normal social life, but pain is increased during most activities.
D. Pain restricts all of my social activities, therefore, I do not go as often.
E. I am restricted to social activities at home due to pain.
F. Due to pain, I do not participate in any social activities.

OVER

SIGNATURE: 680 **DATE:**

52

Live Well

Dr. Manuel A. Izquierdo
Tel: (864) 627-HEAL (4325)
Fax: (864) 627-7733

In compliance with Medicare requirements for the government EHR incentive program

First Name: Rusty **Last Name:** Young

Email address: Youngrusty11@Yahoo.com

Preferred method of communication for patient reminders (Circle one): Email / Phone / Mail

DOB: 02/12/87 **Gender (Circle one):** Male / Female **Preferred Language:** English

Smoking Status (Circle one): Every Day Smoker / Occasional Smoker / Former Smoker / Never Smoked

CMS requires providers to report both race and ethnicity

Race (Circle one): American Indian or Alaska Native / Asian / Black or African American / White (Caucasian) Native Hawaiian or Pacific Islander / Other / I Decline to Answer

Ethnicity (Circle one): Hispanic or Latino / Not Hispanic or Latino / I Decline to Answer

Are you currently taking any medications? (Please include regularly used over the counter medications)

4 Aleves and 2 Tylenol	

Do you have any medication allergies?

NO			

☐ **I choose to decline receipt of my clinical summary after every visit** *(These summaries are often blank as a result of the nature and frequency of chiropractic care.)*

Patient Signature: Rusty Young Date: 10/17/13

[redacted]

P-99
BFM 140/88 322
681
W-260 H-5'4"

R. 0918

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty DOB: 02/12/1987
Ins Co BC/BS Pol # Insured FQK993671948551

Date 10/17/2019
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 10/17/2019
Chief Complaint: an acute lumbar, left lumbar and right lumbar complaint since 9/26/2019.
- Frequency/Quality: Constant discomfort described as aching, diffuse, annoying and pulling
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 8/10 (10/10 being most severe).
- Modifying factors: Relieved by: over the counter medication and aggravated by: carrying, squatting, stretching, walking and standing
- Previous episodes: confirms past episodes
- Previous care: over-the-counter medications
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment, lifting and standing has become difficult due to bending over, exercising and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Systems Review: Rusty reports status of condition(s) below which may relate to complaint(s):
- Musculoskeletal: Other than presenting musculoskeletal complaints patient reports pins or screws and foot/ankle pain.
- Neurological: Other than presenting complaints patient reports depression.
- Head & ENT: Reports no head and ENT complaints.
- Cardiovascular: Reports no cardiovascular complaints.
- Respiratory: Reports no respiratory complaints.
- Gastrointestinal: Reports no gastrointestinal complaints.
- Genitourinary: Reports no genitourinary complaints.
- Endocrine: Reports no endocrine complaints.
- Derma./Hemo: Reports no dermatological or hemopoietic complaints.

Past, Family and Social History:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty DOB: 02/12/1987
Ins Co BC/BS Pol # Insured FQK993671948551

Date 10/17/2019
Provider [redacted] *** continued from previous page ***

- Past Health History:
- Surgery: OTHER Ankle left screw
- Medications: none reported
- Illnesses: Denies Hx of diabetes, cancer, hypertension and progressive neurological disorders
- Accidents: resulting in fracture(s) - Ankle left screw

- Family and Social History:
- Family History: Denies Hx of diabetes, cancer, hypertension and progressive neurological disorders.
- Work Habits: no change in work habits since condition began.
- Social Habits: No change is social habits since injury and Does not smoke, drink alcohol, or take rec. drugs.
- Exercise Habits: no changes in exercise habits.
- Diet and Nutrition: no changes in diet or nutrition, unrestricted, 2 to 3 meals a day and balanced.

Complaint #2: an acute left ankle complaint since 1/1/2018.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5-4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment and walking has become difficult due to driving car, exercising, lifting objects, walking and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
After the subjective evaluation of the patient's chief complaint was assessed, I recommended the following procedures:

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Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty DOB: 02/12/1987
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Thermographic Scanning to assess if the causes of the patient's symptoms are related to a neuro-physiologic deficiency.

Radiographic study of the areas of chief complaint: the study will include an upper cervical series, in order to distinguish upper cervical misalignments that have the potential to detrimentally affect the neuro-spinal system.

Orthopedic and Neurological Evaluation to assess the neuro-biomechanical cause and effects of the patient's chief complaint.

The use of the Whirlpool to afford the patient a degree of relief until their condition is fully assessed.

Take an anti-inflammatory enzyme to begin the breakdown of the soft tissue swelling.

Further recommendations will be made after the initial findings are evaluated.

Assessment:
Diagnosis:
Upon a thorough review of Mr. Young's intake history, subjective interview and objective chiropractic, neurological and orthopedic examinations was performed on 10/17/2019, along with any analysis of supplemental testing results (including xray, neurological or electronic diagnostic tests if included), the following is a list of diagnostic impressions for his current condition:(M99.03) Segmental and somatic dysfunction of lumbar region, (M54.5) Low back pain, (M25.572) Pain in left ankle and joints of left foot. This diagnosis may change as Mr. Young's condition changes during their course of care.

Plan:
There are two options for controlling or correcting the vertebral subluxations in your spine, and a third wellness option.

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( ) 1. Acute Program. Vertebral Subluxation Initial Control. A six week program designed to eliminate the pain and stabilize the attending vertebral subluxation.

( ) 2. Corrective Program. Vertebral Subluxation Rehabilitative Correction. A thorough four to six month program that works to correct the health robbing vertebral subluxation. This program includes pain control correction of spinal subluxations, and two sets of progress radiographs to document the re-alignment. Plan includes therapeutic exercise, nutritional education, along with information on healthful rest, and a health mental disposition.

( ) 3.Wellness Program. A program designed for those who want to sustain their correction and enjoy subluxation free living.

APPOINTMENTS

To be made two weeks in advance. You will receive a list of your appointments as a reminder.

Are you unable to keep an appointment? Please calls us, somebody else can take your time slot.

Please plan to be at your appointment about five minutes prior to our schedule.

RULES OF ACCEPTANCE

1. Joint cooperation between the patient and Doctor Izquierdo
2. Attend the next scheduled Health Class held every 2nd Thursday 7:00 - 8:30 pm
3. Make us aware of any medications you are taking, prescribed or over the

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counter.
4. Notify us immediately of any health problems you may have while under our care.
5. Practice the Golden Rule of Health by telling others how you have been helped by Specific Chiropractic at Live Well Chiropractic and Rehabilitation Center.

Diagnosis
M99.03: Segmental and somatic dysfunction of lumbar region
M54.5: Inactive 10-01-21 - Low back pain
M25.572: Pain in left ankle and joints of left foot

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Phone: 864-627-4325
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Patient: Young, Rusty DOB: 02/12/1987
Ins Co BC/BS Pol # Insured FQK993671948551

Date 10/21/2019
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 10/21/2019 2ND VISIT DR EXPLAIN X RAY &ADJUST ACCORDINGLY.
Chief Complaint: an acute lumbar, left lumbar and right lumbar complaint since 9/26/2019.
- Frequency/Quality: Constant discomfort described as aching, diffuse, annoying and pulling
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: over the counter medication and aggravated by: carrying, squatting, stretching, walking and standing
- Previous episodes: confirms past episodes
- Previous care: over-the-counter medications
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment, lifting and standing has become difficult due to bending over, exercising and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute left ankle complaint since 1/1/2018.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment and walking has become difficult due to driving car, exercising, lifting objects, walking and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

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Patient: Young, Rusty DOB: 02/12/1987
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Date 10/21/2019
Provider [redacted], DC

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Objective:

Daily Objective Findings:
- *Spinal Restriction(s)/Subluxation(s):* sacrum, right pelvis, left L5, left L3, T5, left T1 and left C1
- *Extraspinal Restrictions/Subluxations:* left ankle.
- *Pain/Tenderness:* lumbo-sacral and upper to mid cervical
- *Postural Analysis:* high left shoulder.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; lumbar and posterior cervical (neck).
- *ROM Concern(s):* entire lumbar spine was recorded as mildly reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:
- **Chief Complaint:** lumbar
  - **Primary Treatment:** Drop Table - Chiropractic Manipulative Therapy (CMT) to the sacrum, right pelvis, left L5, left L3, T5, left T1 and left C1 spinal level(s).
  - **Advised**
    - *Tx Effect:* Treatment rendered without incident and responding as expected.
    - *Next Visit:* continue with treatment plan as scheduled

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Date 10/21/2019

Provider [redacted] *** continued from previous page ***

Diagnosis
M99.03: Segmental and somatic dysfunction of lumbar region
M54.5: Inactive 10-01-21 - Low back pain
M25.572: Pain in left ankle and joints of left foot

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Phone: 864-627-4325
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Patient: Young, Rusty DOB: 02/12/1987
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Date 10/22/2019
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 10/22/2019
Chief Complaint: an acute lumbar, left lumbar and right lumbar complaint since 9/26/2019.
- Frequency/Quality: Constant discomfort described as aching, diffuse, annoying and pulling
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (,when jogging 6/10) (10/10 being most severe).
- Modifying factors: Relieved by: over the counter medication and aggravated by: carrying, squatting, stretching, walking and standing
- Previous episodes: confirms past episodes
- Previous care: over-the-counter medications
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment, lifting and standing has become difficult due to bending over, exercising and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute left ankle complaint since 1/1/2018.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment and walking has become difficult due to driving car, exercising, lifting objects, walking and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

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Objective:

Daily Objective Findings:
- *Spinal Restriction(s)/Subluxation(s):* sacrum, right pelvis, left L5, left L3, T5, left T1 and left C1
- *Extraspinal Restrictions/Subluxations:* left ankle.
- *Pain/Tenderness:* lumbo-sacral and upper to mid cervical
- *Postural Analysis:* high left shoulder.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; lumbar and posterior cervical (neck).
- *ROM Concern(s):* entire lumbar spine was recorded as mildly reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:
- **Chief Complaint:** lumbar
- **Primary Treatment:** Drop Table - Chiropractic Manipulative Therapy (CMT) to the sacrum, right pelvis, left L5, left L3, T5, left T1 and left C1 spinal level(s).
- **Advised**
  - *Tx Effect:* Treatment rendered without incident and responding as expected.
  - *Next Visit:* continue with treatment plan as scheduled

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Patient: Young, Rusty **DOB:** 02/12/1987
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Date 10/22/2019
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Diagnosis M99.03: Segmental and somatic dysfunction of lumbar region
M54.5: Inactive 10-01-21 - Low back pain
M25.572: Pain in left ankle and joints of left foot

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Phone: 864-627-4325
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Patient: Young, Rusty DOB: 02/12/1987
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Date 10/25/2019
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 10/25/2019
Chief Complaint: an acute lumbar, left lumbar and right lumbar complaint since 9/26/2019.
- Frequency/Quality: Constant discomfort described as aching, diffuse, annoying and pulling
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (,when jogging 6/10) (10/10 being most severe).
- Modifying factors: Relieved by: over the counter medication and aggravated by: carrying, squatting, stretching, walking and standing
- Previous episodes: confirms past episodes
- Previous care: over-the-counter medications
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment, lifting and standing has become difficult due to bending over, exercising and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute left ankle complaint since 1/1/2018.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 8/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment and walking has become difficult due to driving car, exercising, lifting objects, walking and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

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Date 10/25/2019
Provider [redacted] A. Izquierdo, DC

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Objective:

Daily Objective Findings:
- *Spinal Restriction(s)/Subluxation(s):* sacrum, right pelvis, T5, left C1, right L5, right L3, right C7 and right T1
- *Extraspinal Restrictions/Subluxations:* left ankle.
- *Pain/Tenderness:* lumbo-sacral and upper to mid cervical
- *Postural Analysis:* high left shoulder.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; lumbar and posterior cervical (neck).
- *ROM Concern(s):* entire lumbar spine was recorded as mildly reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:
- **Chief Complaint:** lumbar
- **Primary Treatment:** Drop Table - Chiropractic Manipulative Therapy (CMT) to the sacrum, right pelvis, T5, left C1, right L5, right L3, right T1 and right C7 spinal level(s).
- **Advised**
  - *Tx Effect:* Treatment rendered without incident and responding as expected.
  - *Next Visit:* continue with treatment plan as scheduled

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Patient: Young, Rusty **DOB:** 02/12/1987
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Date 10/25/2019

Provider [redacted] *** continued from previous page ***

Diagnosis M99.03: Segmental and somatic dysfunction of lumbar region
M54.5: Inactive 10-01-21 - Low back pain
M25.572: Pain in left ankle and joints of left foot

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Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty DOB: 02/12/1987
Ins Co BC/BS Pol # Insured FQK993671948551

Date 10/31/2019
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 10/31/2019
Chief Complaint: an acute lumbar, left lumbar and right lumbar complaint since 9/26/2019.
- Frequency/Quality: Constant discomfort described as Sore
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 5/10 (,when jogging 6/10) (10/10 being most severe).
- Modifying factors: Relieved by: chiropractic adjustment and aggravated by: carrying, squatting, stretching, walking and standing
- Previous episodes: confirms past episodes
- Previous care: over-the-counter medications
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment, lifting and standing has become difficult due to bending over, exercising and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute left ankle complaint since 1/1/2018.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: confirms past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment and walking has become difficult due to driving car, exercising, lifting objects, walking and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

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Patient: Young, Rusty | DOB: 02/12/1987
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Date 10/31/2019

Provider [redacted] A. Izquierdo, DC

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Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* sacrum, T5, left C1, right L3, right T1, left pelvis, left L5 and left C7
- *Extraspinal Restrictions/Subluxations:* left ankle.
- *Pain/Tenderness:* lumbo-sacral and upper to mid cervical
- *Postural Analysis:* high left shoulder.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; lumbar and posterior cervical (neck).
- *ROM Concern(s):* entire lumbar spine was recorded as mildly reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- **Chief Complaint:** lumbar
- **Primary Treatment:** Drop Table - Chiropractic Manipulative Therapy (CMT) to the sacrum, T5, left C1, right L3, right T1, left pelvis, left L5 and left C7 spinal level(s).
- **Advised**
  - *Tx Effect:* Treatment rendered without incident and responding as expected.
  - *Next Visit:* continue with treatment plan as scheduled

Diagnosis
M99.03: Segmental and somatic dysfunction of lumbar region
M54.5: Inactive 10-01-21 - Low back pain
M25.572: Pain in left ankle and joints of left foot

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Patient: Young, Rusty DOB: 02/12/1987
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Date 11/04/2019
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 11/4/2019
Chief Complaint: an acute lumbar, left lumbar and right lumbar complaint since 9/26/2019.
- Frequency/Quality: Constant discomfort described as Sore
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (,when jogging 1/10) (10/10 being most severe).
- Modifying factors: Relieved by: chiropractic adjustment and aggravated by: carrying, squatting, stretching, walking and standing
- Previous episodes: confirms past episodes
- Previous care: over-the-counter medications
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment, lifting and standing has become difficult due to bending over, exercising and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute left ankle complaint since 1/1/2018.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: confirms past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment and walking has become difficult due to driving car, exercising, lifting objects, walking and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

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Date 11/04/2019
Provider [redacted] A. Izquierdo, DC *** continued from previous page ***

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* sacrum, T5, left C1, right L3, right T1, left pelvis, left L5 and left C7
- *Extraspinal Restrictions/Subluxations:* left ankle.
- *Pain/Tenderness:* lumbo-sacral and upper to mid cervical
- *Postural Analysis:* high left shoulder.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; lumbar and posterior cervical (neck).
- *ROM Concern(s):* entire lumbar spine was recorded as mildly reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- **Chief Complaint:** lumbar
- **Primary Treatment:** Drop Table - Chiropractic Manipulative Therapy (CMT) to the sacrum, T5, left C1, right L3, right T1, left pelvis, left L5 and left C7 spinal level(s).
- **Advised**
  - *Tx Effect:* Treatment rendered without incident and responding as expected.
  - *Next Visit:* continue with treatment plan as scheduled

Diagnosis
M99.03: Segmental and somatic dysfunction of lumbar region
M54.5: Inactive 10-01-21 - Low back pain
M25.572: Pain in left ankle and joints of left foot

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Phone: 864-627-4325
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Patient: Young, Rusty DOB: 02/12/1987
Ins Co BC/BS Pol # Insured FQK993671948551

Date 11/08/2019
Provider [redacted]

Subjective:
HISTORY: 11/8/2019
Chief Complaint: an acute lumbar, left lumbar and right lumbar complaint since 9/26/2019.
- Frequency/Quality: Constant discomfort described as Sore
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: chiropractic adjustment and aggravated by: carrying, squatting, stretching, walking and standing
- Previous episodes: confirms past episodes
- Previous care: over-the-counter medications
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment, lifting and standing has become difficult due to bending over, exercising and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute left ankle complaint since 1/1/2018.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: confirms past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment and walking has become difficult due to driving car, exercising, lifting objects, walking and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

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Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty DOB: 02/12/1987
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Date 11/08/2019
Provider [redacted] *** continued from previous page ***

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* sacrum, T5, left C1, right L3, right T1, left pelvis, left L5 and left C7
- *Extraspinal Restrictions/Subluxations:* left ankle.
- *Pain/Tenderness:* lumbo-sacral and upper to mid cervical
- *Postural Analysis:* high left shoulder.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; lumbar and posterior cervical (neck).
- *ROM Concern(s):* entire lumbar spine was recorded as mildly reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- **Chief Complaint:** lumbar
- **Primary Treatment:** Drop Table - Chiropractic Manipulative Therapy (CMT) to the sacrum, T5, left C1, right L3, right T1, left pelvis, left L5 and left C7 spinal level(s).
- **Advised**
  - *Tx Effect:* Treatment rendered without incident and responding as expected.
  - *Next Visit:* continue with treatment plan as scheduled

Diagnosis
M99.03: Segmental and somatic dysfunction of lumbar region
M54.5: Inactive 10-01-21 - Low back pain
M25.572: Pain in left ankle and joints of left foot

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Patient: Young, Rusty DOB: 02/12/1987
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Date 11/14/2019
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 11/14/2019 Rusty comes with headache
Chief Complaint: an acute lumbar, left lumbar and right lumbar complaint since 9/26/2019.
- Frequency/Quality: Constant discomfort described as Sore
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: chiropractic adjustment and aggravated by: carrying, squatting, stretching, walking and standing
- Previous episodes: confirms past episodes
- Previous care: over-the-counter medications
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment, lifting and standing has become difficult due to bending over, exercising and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute left ankle complaint since 1/1/2018.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: confirms past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment and walking has become difficult due to driving car, exercising, lifting objects, walking and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

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Patient: Young, Rusty DOB: 02/12/1987
Ins Co BC/BS Pol # Insured FQK993671948551

Date 11/14/2019

Provider [redacted] *** continued from previous page ***

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, right T1, left C7, right L5 and right L4
- *Extraspinal Restrictions/Subluxations:* left ankle.
- *Pain/Tenderness:* lumbo-sacral and upper to mid cervical
- *Postural Analysis:* high left shoulder.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; lumbar and posterior cervical (neck).
- *ROM Concern(s):* entire lumbar spine was recorded as mildly reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- **Chief Complaint:** lumbar
- **Primary Treatment:** Drop Table - Chiropractic Manipulative Therapy (CMT) to the left C1, right T1, left C7, right L5 and right L4 spinal level(s).
- **Advised**
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

Diagnosis
M99.03: Segmental and somatic dysfunction of lumbar region
M54.5: Inactive 10-01-21 - Low back pain
M25.572: Pain in left ankle and joints of left foot

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty DOB: 02/12/1987
Ins Co BC/BS Pol # Insured FQK993671948551

Date 11/22/2019
Provider [redacted]

Subjective:
HISTORY: 11/22/2019
Chief Complaint: an acute lumbar, left lumbar and right lumbar complaint since 9/26/2019.
- Frequency/Quality: Constant discomfort described as Sore
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: chiropractic adjustment and aggravated by: carrying, squatting, stretching, walking and standing
- Previous episodes: confirms past episodes
- Previous care: over-the-counter medications
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment, lifting and standing has become difficult due to bending over, exercising and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute left ankle complaint since 1/1/2018.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: confirms past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains employment and walking has become difficult due to driving car, exercising, lifting objects, walking and standing when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty DOB: 02/12/1987
Ins Co BC/BS Pol # Insured FQK993671948551

Date 11/22/2019
Provider [redacted] A. Izquierdo, DC *** continued from previous page ***

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, right T1, left C7, right L5, right L4, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left ankle.
- *Pain/Tenderness:* lumbo-sacral and upper to mid cervical
- *Postural Analysis:* high left shoulder.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; lumbar and posterior cervical (neck).
- *ROM Concern(s):* entire lumbar spine was recorded as mildly reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- **Chief Complaint:** lumbar
- **Primary Treatment:** Drop Table - Chiropractic Manipulative Therapy (CMT) to the left C1, right T1, left C7, right L5, right L4, left pelvis and sacrum spinal level(s).
- **Advised**
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

Diagnosis
M99.03: Segmental and somatic dysfunction of lumbar region
M54.5: Inactive 10-01-21 - Low back pain
M25.572: Pain in left ankle and joints of left foot

Dr. Manuel A. Izquierdo
Tel: (864) 627-LIVE-ALL (5435)
Fax: (864) 627-7755

Live Well Clinic

OUR PROFESSIONAL AND PERSONAL CONCERN IS JUST TWO THINGS, YOUR HEALTH AND OUR REPUTATION. THEREFORE, WE ACCEPT ONLY THOSE PATIENTS WE SINCERELY BELIEVE WE CAN HELP.

PATIENT INFORMATION (PLEASE PRINT and COMPLETE ALL INFORMATION)

Today's Date [illegible] Tel.# Home [illegible] Tel.# Work [illegible]

Name [illegible] (LAST) Kristy (FIRST) Lee (MIDDLE) Birth Date Feb 14 1991 ☐ MALE ☐ FEMALE ☐ STUDENT

Address [illegible] City Greenville SC

State SC Zip [illegible] E-Mail Address [illegible]

Soc. Sec. # [illegible]

☐ Married ☐ Single ☐ Divorced ☐ Widowed No. of Children [illegible]

Employer [illegible] Occupation N/A

Name of Spouse or Parent, if patient is minor [illegible]

Spouse / Parents Birth Date [illegible] Soc. Sec. # [illegible] Work Phone [illegible]

Spouse / Parent Employed by [illegible]

Spouse/Parent Employment Address [illegible]

HOW DID YOU HEAR ABOUT LIVE WELL CHIROPRACTIC? ☐ Yellow Page Ad ☐ Signage ☐ Referral

We want to express our appreciation to the person who kindly referred you to us!

Name of referrant [illegible]

Previous Chiropractic Care ☐ **YES** ☐ **NO Aprox. Date** [illegible] **Dr.** [illegible]

WE CAN SUBMIT CHARGES TO YOUR INSURANCE COMPANY. YOU ARE RESPONSIBLE FOR DEDUCTIBLE AMOUNTS NOT MET, ALL CO-PAYMENTS AT TIME OF VISIT AND ANY OUTSTANDING BALANCE OF YOUR ACCOUNT. THANK YOU!

Person Responsible for Account: ☐ SELF ☐ SPOUSE ☐ PARENT IF **OTHER** or **AUTO ACCIDENT**: (Please Circle)

Mode of Payment ☐ Cash ☐ Check ☐ Credit Card ☐ Care Credit ☐ Insurance ☐ Workman's Comp.

Patient's Insurance Company [illegible]

South Carolina Diagnostic Imaging
www.SCDiag.com

Innervision Medical Imaging Eastside
One Marcus Drive, Greenville, SC 29615
p: (864) 242-2020 f: (864) 240-5776

PATIENT NAME: Young, Rusty
DOB: 02/12/1987
MRN: 08-1298303
PHONE:864-640-1858
PHYSICIAN: James Paul Behr, MD
EXAM DATE: 11/17/2020

EXAM: MR Right Hip Without Contrast

REASON FOR EXAM: M25.551 - Pain in right hip

COMPARISON: MRI right hip 08/11/2020.

TECHNIQUE: Multi-sequence, multi-planar imaging was obtained through the RIGHT hip unenhanced.

FINDINGS: Chronic and age indeterminate findings are present. Again seen is marrow edema of the right pubic bone. Again seen are findings of arthritis at the symphysis pubis. Again seen are findings of mild bilateral hip DJD. No hip fracture. Normal hamstring tendon origins. Normal right gluteus minimus and medius tendon insertions. Normal right iliopsoas, obturator, and piriformis tendon insertions. No iliopsoas or trochanteric bursitis. No evidence for ischiofemoral impingement. Normal prostate gland, seminal vessels, and urinary bladder.

Normal right hip joint fluid volume. No confirmed right labral tear. Mild thinning of the cartilage of the left hip joint. Small subchondral cysts of the lateral aspect of the acetabular roof. Symmetric sciatic nerves. No sacroiliitis.

PATIENT NAME: Young, Rusty
DOB: 02/12/1987
EXAM: MR Right Hip Without Contrast
EXAM DATE: 11/17/2020

IMPRESSION: Arthritis at the symphysis pubis with mild improved marrow edema since the prior study. No new findings.

Jeffrey Shramek, MD

*** THIS IS AN ELECTRONICALLY VERIFIED REPORT ***
11/18/2020 11:33 AM: Jeffrey Shramek, MD

JS/js
DD: 11/18/2020 11:28 am
DT: 11/18/2020 11:33 am
Accession #: 08-4100243

Live Well [redacted]

Tel: (864) 627-HEAL (4325)
Fax: (864) 627-7733

In compliance with *requirements for the government EHR incentive program*

First Name: Kristy **Last Name:** Young

Email address: kristyn[illegible]@yahoo.com

Preferred method of communication for patient reminders (Circle one): Email / Phone / Mail

DOB: [redacted] **Gender (Circle one):** (Male / Female **Preferred Language:** English

Smoking Status (Circle one): Every Day Smoker / Occasional Smoker / Former Smoker / Never Smoked

CMS requires providers to report both race and ethnicity

Race (Circle one): American Indian or Alaska Native / Asian / Black or African American / White (Caucasian) Native Hawaiian or Pacific Islander / Other / I Decline to Answer

Ethnicity (Circle one): Hispanic or Latino / Not Hispanic or Latino / I Decline to Answer

Are you currently taking any medications? (Please include regularly used over the counter medications)

Flexeril 5mg	
Ibuprofen	

Do you have any medication allergies?

☐ **I choose to decline receipt of my clinical summary after every visit** *(These summaries are often blank as a result of the nature and frequency of chiropractic care.)*

Patient Signature Kristy Young Date: 4/6/21

[redacted]

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 04/06/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
Mr. Rusty Young entered the office today 4/6/2021 for complaint(s) resulting from a automobile vs. automobile incident having completed the patient intake questionnaire. The questionnaire was reviewed and annotated by the examining provider as needed. The completed questionnaire is in the patient's permanent digital file and available for review. He signed consent for evaluation and possible treatment of injuries sustained as the result of the accident that occurred on or about 4/3/2021.

Mechanism of Injury:
Rusty was positioned as driver of the vehicle, and when questioned about wearing seatbelts, he replied he was restrained. An air bag did not deploy. Rusty reports that he was looking ahead, but cannot be certain at the time of the impact. Rusty did strike left foot,ankle against the door. Patient related he did not receive a head injury and did not lose consciousness.

The patient's vehicle impact location was on the left side (driver's side) and on the rear left side. The patient's vehicle movement was moving forward. Estimated speed of patient's vehicle was moving at a moderate speed (between 25 and 40 MPH). The damage assessment of the patient's vehicle was some visible damage. The other vehicle's movement was described as turning left with an estimated speed noted as unknown. Estimated damage assessment of the other vehicle was unknown. The patient's vehicle was not towed from the scene.

Police did arrive at the scene and an accident report was completed. EMS was at the scene. Rusty drove to hospital with his 3 chhildren as his wife was transported in ambulance from the scene and the following has occurred: not treated since accident. Patient complains at the time of the accident he felt aching and "tightness" at the front of left ankle and left side of left foot and supplemental complaints of anxiety and tightness in neck. Rusty states that since the date of the accident the overall condition and complaints have deteriorated daily functioning at work/home.

*** continued from previous page ***

HISTORY:

Chief Complaint: an acute lower thoracic, left lower thoracic and right lower thoracic complaint due to the accident on 4/3/2021.

- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.

- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.

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Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 04/06/2021
Provider [redacted] A. Izquierdo, DC *** continued from previous page ***

- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.

- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Systems Review: Rusty reports status of condition(s) below which may relate to complaint(s):

- Musculoskeletal: Other than presenting musculoskeletal complaints patient reports no additional musculoskeletal complaints and denies the

*** continued from previous page ***

following: implants, pins or screws.
- Neurological: Other than presenting complaints patient reports dizziness,foggy thinking.
- Head & ENT: Reports no head and ENT complaints.
- Cardiovascular: Reports no cardiovascular complaints.
- Respiratory: Reports no respiratory complaints.
- Gastrointestinal: Reports no gastrointestinal complaints.
- Genitourinary: Reports urgency.
- Endocrine: Reports no endocrine complaints.
- Derma./Hemo: Reports no dermatological or hemopoietic complaints.

Past, Family and Social History:

- Past Health History:
- Surgery: ankle repair
- Medications: none reported
- Illnesses: Denies Hx of diabetes, cancer, hypertension and progressive neurological disorders
- Accidents: resulting in sprains/strains ,tore 2 tendons and a ligament in work accident 2018

- Family and Social History:
- Family History: diabetes, heart disease and high blood pressure.
- Work Habits: N/A,not working at the moment.Will start the 4/19/21.
- Social Habits: light tobacco smoker and is a social drinker.
- Exercise Habits: walking but not since accident.
- Diet and Nutrition: 2 to 3 meals a day, balanced and restricted calories.

Objective:

After the subjective evaluation of the patient's chief complaint was assessed, I recommended the following procedures:

Thermographic Scanning to assess if the causes of the patient's symptoms are related to a neuro-physiologic deficiency.

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Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/06/2021
Provider [redacted] A. Izquierdo, DC *** continued from previous page ***

Radiographic study of the areas of chief complaint: the study will include an upper cervical series, in order to distinguish upper cervical misalignments that have the potential to detrimentally affect the neuro-spinal system.

Orthopedic and Neurological Evaluation to assess the neuro-biomechanical cause and effects of the patient's chief complaint.

The use of the Whirlpool to afford the patient a degree of relief until their condition is fully assessed.

Take an anti-inflammatory enzyme to begin the breakdown of the soft tissue swelling.

Further recommendations will be made after the initial findings are evaluated.

Range of Motion (ROM) testing - Due to restrictions demonstrated in the cervical and/or lumbar spine, active range of motion testing procedures were performed today using the ZERO-NEUTRAL, GRAVITY-BASED SFTR (Sagittal Frontal Transverse Rotation) Method from the AMA Guidelines to the Evaluation of Permanent Impairment, Fifth Ed., 2001. These restrictions are ratable impairments set by the AMA Guides to the Evaluation of Permanent Impairment, 5th Ed., 2001. The individual test measurements and their calculated impairments are objective tests that will be repeated periodically to demonstrate/monitor progress or lack there of and to help us determine if there is permanent loss of function.

Musculoskeletal - Range of Motion - Cervical - *Active*

-Flexion:	40/60 degrees without pain, stiffness or radiation
-Extension:	60/55 degrees with pain
-Left Lat. Flexion:	40/40 degrees with pain
-Right Lat. Flexion:	30/40 degrees with pain
-Left Rotation:	40/80 degrees with pain
-Right Rotation:	65/80 degrees without pain, stiffness or radiation

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Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/06/2021

Provider [redacted] Izquierdo, DC

*** continued from previous page ***

Musculoskeletal - Range of Motion - Thoraco-Lumbar - *Active*

-Flexion:	70/90 degrees with pain
-Extension:	15/30 degrees with pain
-Left Lat. Flexion:	15/35 degrees with pain
-Right Lat. Flexion:	15/35 degrees with pain
-Left Rotation:	20/30 degrees with pain
-Right Rotation:	20/30 degrees with pain, stiffness and radiation

Ortho-*Straight Leg Raiser Test* performed bilaterally. Patient indicated moderate pain on the right lumbo-sacral joint at 40 degrees.
Ortho-*Straight Leg Raiser Test* performed bilaterally. Patient indicated mild pain on the left lumbo-sacral joint at 60 degrees.
Ortho-*Nachlas' Test* performed bilaterally. Patient indicated mild to moderate pain on the left and right, greater on the right lumbo-sacral area.

Ely's Heel to Buttock Test:
Ely's Heel to Buttock Test was positive bilaterally. This test is a two stage test done with the patient in a prone position. First the knee is flexed to the opposite buttock. Then the thigh is hyperextended. A positive test is indicative of one of the following: a hip lesion; irritation of the iliopsoas muscle or its sheath; inflammation of the lumbar nerve roots; or the presence of lumbar nerve root adhesions.

The Hibb's test:
The Hibb's Test was positive bilaterally. With the patient prone, the examiner stabilizes the pelvis on the side nearest to him by placing one hand firmly on the dorsum of the iliac bone; with the other hand around the patient's ankle, he flexes the opposite knee to a right angle. From this position the examiner slowly pushes the leg laterally causing strong internal rotation of the femoral head. This test is done bilaterally and the production of the pelvic pain reveals a positive test. An increased in pain was noted in the left sacroiliac and right sacroiliac region that was rated as a Grade 1: Mild pain behavior noticed and when asked. His movement was observed to be guarded.

*** continued from previous page ***

Other lumbar orthopedic tests performed were; Kemp's test positive

Assessment:
Diagnosis:
Upon a thorough review of Mr. Young's intake history, subjective interview and objective chiropractic, neurological and orthopedic examinations was performed on 4/6/2021, along with any analysis of supplemental testing results (including xray, neurological or electronic diagnostic tests if included), the following is a list of diagnostic impressions for his current condition:(S23.3XXA) Sprain of ligaments of thoracic spine, initial encounter, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine, (S33.5XXA) Sprain of ligaments of lumbar spine, initial encounter, (M99.04) Segmental and somatic dysfunction of sacral region, (M25.551) Pain in right hip, (M25.572) Pain in left ankle and joints of left foot, (S13.4XXA) Sprain of ligaments of cervical spine, initial encounter, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.2) Cervicalgia. This diagnosis may change as Mr. Young's condition changes during their course of care.

Plan:
Therapeutic Treatment Plan:
The current treatment plan will be implemented but will be modified as needed depending on clinical observation.

The acute inflammatory stage is the first of three phases of healing. This stage can last between 46-72 hours with associated swelling, redness, warmth and pain. During the acute phase of care we recommend seeing him 2 time per week for 4-8 weeks to administer chiropractic adjustments as per that visits observations and findings.

Goals:
- decrease swelling and edema
- decrease pain

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Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/06/2021
Provider [redacted]

*** continued from previous page ***

- break up scar tissue and fibrous adhesions
- decrease muscle spasms
- increase active range of motion
- increase passive range of motion
- restore biomechanical integrity
- prevent re-injury

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/08/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 04/08/2021
2nd visit: Dr explains X-Rays and adjust accordingly
Chief Complaint: an acute lower thoracic, left lower thoracic and right lower thoracic complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
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Phone: 864-627-4325
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Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/08/2021
Provider [redacted] *** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Daily Objective Findings:

140-A Bridges Road
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Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/08/2021

Provider [redacted] *** continued from previous page ***

- *Spinal Restriction(s)/Subluxation(s):* right T1, right T2, left C7 and left C1
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/8.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- **Chief Complaint:**
  - **Primary Treatment:** Diversified- Chiropractic Manipulative Therapy (CMT) to the right C1, left L5, right T2, right T1 and left C7 spinal level(s). left shoulder
  - **Advised**
    - *Tx Effect:* Treatment rendered without incident and responding as expected.
    - *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
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Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/08/2021

Provider [redacted] *** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newton,Strukie Law | Pol #: | Insured ID:

Date 04/09/2021
Provider [redacted] A. Izquierdo, BC

Subjective:
HISTORY: 04/09/2021

Chief Complaint: an acute lower thoracic, left lower thoracic and right lower thoracic complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/09/2021
Provider [redacted] A. Izquierdo, DC *** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Daily Objective Findings:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/09/2021

Provider [redacted] A. Izquierdo, DC *** continued from previous page ***

- *Spinal Restriction(s)/Subluxation(s):* right T1, right T2, left C7, left C1, left L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/8.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- **Chief Complaint:**
  - **Primary Treatment:** Diversified- Chiropractic Manipulative Therapy (CMT) to the right C1, left L5, right T2, right T1 and left C7 spinal level(s). left shoulder
  - **Advised**
    - *Tx Effect:* Treatment rendered without incident and responding as expected.
    - *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/09/2021

Provider [redacted] *** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/12/2021
Provider [redacted] A. Izquierdo, BC

Subjective:
HISTORY: 04/12/2021

Chief Complaint: an acute lower thoracic, left lower thoracic and right lower thoracic complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/12/2021
Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 1/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Daily Objective Findings:

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- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, right T1, right T2, T5, left L3, right L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/8.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, right T1, right T2, T5, left L3, right L5, sacrum and left pelvis spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/12/2021

Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/13/2021
Provider [redacted], DC

Subjective:
HISTORY: 04/13/2021

Chief Complaint: an acute lower thoracic, left lower thoracic and right lower thoracic complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.

- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.

- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate

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pain on the right.

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, right T1, T5, left L3, right L5, sacrum, left pelvis and left T2
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/8.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- **Primary Treatment:** Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, T5, left L3, right L5, sacrum, left pelvis, right T1 and left T2 spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/13/2021

Provider [redacted] *** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 04/15/2021
Provider [redacted] A. Izquierdo, BC

Subjective:
HISTORY: 04/15/2021

Chief Complaint: an acute lower thoracic, left lower thoracic and right lower thoracic complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/15/2021
Provider [redacted] *** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 4.5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate

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pain on the left and right (equal).

Daily Objective Findings:
- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, right T1, right L5, sacrum, left pelvis and right T2
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, right L5, sacrum, left pelvis, right T1 and right T2 spinal level(s). left shoulder
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty **Acct #:** 13966 **DOB:** 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law **Pol #:** **Insured ID:**

Date 04/15/2021

Provider [redacted] *** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/19/2021
Provider [redacted]

Subjective:
HISTORY: 04/19/2021

Rusty went to the ER this weekend with his ankle .They are referring him to Ortho Dr.

Chief Complaint: an acute lower thoracic, left lower thoracic and right lower thoracic complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects,

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lying down and sitting when he does this for more than 3 minutes.
No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 8-9/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/19/2021
Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Objective:
Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate pain on the left and right (equal).

Daily Objective Findings:
- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, right T1, right L5, sacrum, left pelvis and right T2
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, right L5, sacrum, left pelvis, right T1 and right T2 spinal level(s). left shoulder
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/19/2021

Provider [redacted]

*** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/22/2021
Provider [redacted] A. Izquierdo, BC

Subjective:
HISTORY: 04/22/2021

Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

*** continued from previous page ***

Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate pain on the left and right (equal).

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, right T1, right L5, sacrum, left pelvis and right T2
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- **Primary Treatment:** Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, right L5, sacrum, left pelvis, right T1 and right T2 spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty **Acct #:** 13966 **DOB:** 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law **Pol #:** **Insured ID:**

Date 04/22/2021

Provider [redacted] *** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/29/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 04/29/2021

Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/29/2021
Provider [redacted], BC

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

*** continued from previous page ***

Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate pain on the left and right (equal).

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, right T1, right L5, sacrum, left pelvis, right T2 and left C7
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, right L5, sacrum, left pelvis, right T1, right T2 and left C7 spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 04/29/2021

Provider [redacted]

*** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/03/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 05/03/2021

Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newton,Strukie Law | Pol #: | Insured ID:

Date 05/03/2021
Provider [redacted] A. Izquierdo, DC *** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/03/2021

Provider [redacted] *** continued from previous page ***

Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate pain on the left and right (equal).

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, right T1, right L5, sacrum, left pelvis, right T2 and left C7
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, right L5, sacrum, left pelvis, right T1, right T2 and left C7 spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty	Acct #: 13966	DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law	Pol #:	Insured ID:

Date 05/03/2021

Provider [redacted] *** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/06/2021
Provider [redacted]

Subjective:
HISTORY: 05/06/2021
Rusty had a sharp spasm in his back going from his upper thoracic into his lumbar area (05/06/2021)
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

*** continued from previous page ***

No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/06/2021

Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Objective:

Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate pain on the left and right (equal).

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, right T1, right L5, sacrum, left pelvis, right T2 and left C7
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, right L5, sacrum, left pelvis, right T1, right T2 and left C7 spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newion,Strukie Law | Pol #: | Insured ID:

Date 05/06/2021

Provider [redacted] *** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/10/2021
Provider [redacted]

Subjective:
HISTORY: 05/10/2021
Rusty has had more pain because of his gait being off with the boot.
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate pain on the left and right (equal).

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, right T1, right T4, right T5, left T6, right L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, right L5, sacrum, left pelvis, right T1, right T2 and left C7 spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/10/2021

Provider [redacted]

*** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/13/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 05/10/2021
Rusty has had more pain because of his gait being off with the boot.
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

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Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate pain on the left and right (equal).

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, left T1, right L4, right L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, left T1, right L4, right L5, sacrum and left pelvis spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/13/2021

Provider [redacted]

*** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 05/14/2021
Provider [redacted]

Subjective:
HISTORY: 05/14/2021
Rusty has had more pain because of his gait being off with the boot.
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:
Date 05/14/2021
Provider [redacted], DC

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.

- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.

- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 05/14/2021
Provider [redacted]

*** continued from previous page ***

Ortho-*Gaenslen's Test* performed bilaterally. Patient indicated moderate pain on the left and right (equal).

Daily Objective Findings:
- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, left T1, right L4, right L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, left T1, right L4, right L5, sacrum and left pelvis spinal level(s). left shoulder
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/14/2021

Provider [redacted], DC

*** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/17/2021
Provider [redacted]

Subjective:
HISTORY: 05/17/2021
Rusty has had more pain because of his gait being off with the boot.
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/17/2021
Provider [redacted]

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: radiating to front side on right 5/10
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 7/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newion,Strukie Law | Pol #: | Insured ID:

Date 05/17/2021
Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C7, left T1, right L4, right L5, sacrum, left pelvis and right C1
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C7, left T1, right L4, right L5, sacrum, left pelvis and right C1 spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/17/2021

*** continued from previous page ***

Provider [redacted]

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/20/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 05/20/2021
Rusty has had more pain because of his gait being off with the boot.
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

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Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/20/2021 *** continued from previous page ***
Provider [redacted]

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C7, left T1, right L4, right L5, sacrum, left pelvis and right C1
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C7, left T1, right L4, right L5, sacrum, left pelvis and right C1 spinal level(s). left shoulder

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty **Acct #:** 13966 **DOB:** 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law **Pol #:** **Insured ID:**

Date 05/20/2021

*** continued from previous page ***

Provider [redacted]

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/24/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 05/24/2021
Rusty has had more pain because of his gait being off with the boot.
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

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Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

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- Complaint #5: posterior head (Headache) sharp discomfort.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/24/2021
Provider [redacted]

*** continued from previous page ***

- **Subjective/Patient Assessment:** Rusty stated this complaint has worsened since the last visit. He reports his ability to participate with personal care (washing, dressing, etc.) has worsened with this complaint while performing household chores. 6/10 reported using the Visual Analog Scale.

Objective:
Daily Objective Findings:
- *Spinal Restriction(s)/Subluxation(s):* left C7, left T1, right L4, right L5, sacrum, left pelvis and right C1
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C7, left T1, right L4, right L5, sacrum, left pelvis and right C1 spinal level(s). left shoulder
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/24/2021

Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

- *Next Visit:* continue with treatment plan as scheduled

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 05/27/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 05/27/2021
rusty had trouble sleeping last night due to pain in his back (05/27/2021)

Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

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No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

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- **Complaint #5:** posterior head (Headache) sharp discomfort.
- **Subjective/Patient Assessment:** Rusty stated this complaint has improved since the last visit. He reports his ability to participate with personal care (washing, dressing, etc.) has improved with this complaint while performing household chores. 1/10 HASN'T HAD ONE

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, right L1, right L3, right L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- **Chief Complaint:**
  - **Primary Treatment:** Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, right L1, right L3, right L5, sacrum and left pelvis spinal level(s). left shoulder
  - **Advised**

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 05/27/2021
Provider [redacted] A. Izquierdo, DC

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- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 06/01/2021
Provider [redacted] A. Izquierdo, BC

Subjective:
HISTORY: 06/01/2021
rusty had trouble sleeping again last night due to pain in his lower back and left hip (06/01/2021)

Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 6/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects,

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lying down and sitting when he does this for more than 3 minutes.
No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 06/01/2021

Provider [redacted] A. Izquierdo, DC

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- **Complaint #5:** posterior head (Headache) sharp discomfort.
- **Subjective/Patient Assessment:** Rusty stated this complaint has stayed the same since the last visit. He reports his ability to participate with personal care (washing, dressing, etc.) has stayed the same with this complaint while performing household chores. 1/10 HASN'T HAD ONE ... resolved

Objective:
Daily Objective Findings:
- *Spinal Restriction(s)/Subluxation(s):* left C1, right L1, right L3, right L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- **Chief Complaint:**
- **Primary Treatment:** Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, right L1, right L3, right L5, sacrum and left pelvis spinal level(s). left shoulder
- **Advised**

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukle Law | Pol #: | Insured ID:

Date 06/01/2021
Provider [redacted], DC

*** continued from previous page ***

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 06/04/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 06/04/2021
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip and right sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

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Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Daily Objective Findings:

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- *Spinal Restriction(s)/Subluxation(s):* left C1, right L1, right L3, right L5, sacrum, left pelvis, left T1 and left C7
- *Extraspinal Restrictions/Subluxations:* left shoulder.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, right L1, right L3, right L5, sacrum, left pelvis, left C7 and left T1 spinal level(s). left shoulder
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty **Acct #:** 13966 **DOB:** 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law **Pol #:** **Insured ID:**

Date 06/04/2021

Provider [redacted] A. Izquierdo, DC

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Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

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Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/08/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 06/08/2021
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 4/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
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Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/08/2021

Provider [redacted] *** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Daily Objective Findings:

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- *Spinal Restriction(s)/Subluxation(s):* left C1, right L1, right L3, right L5, sacrum, left pelvis, left T1, left C7 and T5
- *Extraspinal Restrictions/Subluxations:* left foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, right L1, right L3, right L5, sacrum, left pelvis, left C7, left T1 and T5 spinal level(s). left foot
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/08/2021

*** continued from previous page ***

Provider [redacted]

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/10/2021
Provider [redacted]

Subjective:
HISTORY: 06/10/2021
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 3-5/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 06/10/2021
Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Daily Objective Findings:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/10/2021

Provider [redacted] *** continued from previous page ***

- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, right T1, T5, left T6, right L1, right L3, right L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, right T1, T5, left T6, right L1, right L3, right L5, sacrum and left pelvis spinal level(s). left foot
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/10/2021

Provider [redacted] *** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/15/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 06/15/2021
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Daily Objective Findings:

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- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, right T1, T5, left T6, right L1, right L3, right L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, right T1, T5, left T6, right L1, right L3, right L5, sacrum and left pelvis spinal level(s). left foot
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/15/2021

Provider [redacted] *** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/18/2021
Provider [redacted], DC

Subjective:
HISTORY: 06/18/2021
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/18/2021

Provider [redacted], DC

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Daily Objective Findings:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/18/2021

Provider [redacted], DC

*** continued from previous page ***

- *Spinal Restriction(s)/Subluxation(s):* left C1, left C7, right T1, T5, left T6, right L1, right L3, right L5, sacrum and left pelvis
- *Extraspinal Restrictions/Subluxations:* left foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the left C1, left C7, right T1, T5, left T6, right L1, right L3, right L5, sacrum and left pelvis spinal level(s). left foot
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/18/2021

Provider [redacted]

*** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/22/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 06/22/2021
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

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Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 1/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 3/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:
Daily Objective Findings:

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- *Spinal Restriction(s)/Subluxation(s):* T5, right L1, right L3, right L5, sacrum, left pelvis and left C1
- *Extraspinal Restrictions/Subluxations:* left foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the T5, right L1, right L3, right L5, sacrum, left pelvis and left C1 spinal level(s). left foot
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/22/2021

Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 06/25/2021
Provider [redacted], DC

Subjective:
HISTORY: 06/25/2021
Rusty has been realised from his orthopedist. Rusty had a headache last night, it woke him up at night. Rusty says he took Tylenol but it didn't help 6/10 (06/25/2021)
Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 1/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 1/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects,

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lying down and sitting when he does this for more than 3 minutes.
No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has improved since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

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Objective:
Daily Objective Findings:
- *Spinal Restriction(s)/Subluxation(s):* T5, right L1, right L3, right L5, sacrum, left pelvis and left C1
- *Extraspinal Restrictions/Subluxations:* left foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:
Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:
Today's Treatment:
- Chief Complaint:
- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the T5, right L1, right L3, right L5, sacrum, left pelvis and left C1 spinal level(s). left foot
- Advised
- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/25/2021

Provider [redacted]

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Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/29/2021
Provider [redacted] A. Izquierdo, DC

Subjective:
HISTORY: 06/29/2021

Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 1-2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has worsened since the onset and the pain scale is presently rated 1-2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 06/29/2021
Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 06/29/2021

Provider [redacted] *** continued from previous page ***

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* T5, right L5, sacrum, left pelvis and left C1
- *Extraspinal Restrictions/Subluxations:* left foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the T5, right L5, sacrum, left pelvis and left C1 spinal level(s). left foot

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty **Acct #:** 13966 **DOB:** 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law **Pol #:** **Insured ID:**

Date 06/29/2021

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Provider [redacted]

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty Acct #: 13966 DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law Pol #: Insured ID:

Date 07/01/2021
Provider Manuel A. Izquierdo, DC

Subjective:
HISTORY: 07/01/2021

Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: radiating to right foot
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1-2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has not changed since the onset and the pain scale is presently rated 1-2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 07/01/2021
Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* T5, right L5, sacrum, left pelvis and left C1
- *Extraspinal Restrictions/Subluxations:* left foot and right foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the T5, right L5, sacrum, left pelvis and left C1 spinal level(s). left foot

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 07/01/2021

*** continued from previous page ***

Provider [redacted]

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 07/06/2021
Provider [redacted]

Subjective:
HISTORY: 07/06/2021

Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: radiating to right foot
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1-2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1-2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 07/06/2021
Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* T5, right L5, sacrum, left pelvis and left C1
- *Extraspinal Restrictions/Subluxations:* left foot and right foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced with pain noted.

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the T5, right L5, sacrum, left pelvis and left C1 spinal level(s). left foot

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:*

Rusty is approaching Maximum Medical Improvement, or MMI. We will begin further spacing out the time between treatments in order to determine the stability of their condition and the need for ongoing supportive care. Frequency of care is estimated at approximately 1 time(s) per month and eventually released from active care and will seen on a "As Needed" basis.

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 07/06/2021
Provider [redacted] A. Izquierdo, DC

*** continued from previous page ***

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 07/09/2021
Provider [redacted]

Subjective:
HISTORY: 07/09/2021

Chief Complaint: an acute lower thoracic, left lower thoracic, right lower thoracic, left lumbar, lumbar and right lumbar complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp; shuring
- Radiation of symptoms: radiating to right foot
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1-2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains lifting has become difficult due to lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #2: an acute right posterior pelvis/hip, right sacroiliac and left sacroiliac complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as sharp
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1-2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sleeping, sitting, standing, walking and traveling and/or driving has become difficult due to driving car, lifting objects, lying down and sitting when he does this for more than 3 minutes.

No additional concerns related by patient.

*** continued from previous page ***

Complaint #3: an acute posterior cervical (neck) complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms:
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 1/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains sitting and sleeping has become difficult due to getting to sleep, lifting objects and looking over shoulder when he does this for more than 3 minutes.

No additional concerns related by patient.

Complaint #4: an acute left ankle complaint due to the accident on 4/3/2021.
- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 2/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking and standing has become difficult due to getting in/out of chair when he does this for more than 3 minutes.

No additional concerns related by patient.

Objective:

*** continued from previous page ***

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* T5 and left C1
- *Extraspinal Restrictions/Subluxations:* left foot and right foot.
- *Pain/Tenderness:* cervico-thoracic and lumbo-sacral
- *Postural Analysis:* high left shoulder and short left leg (pelvic deficiency)1/4.
- *Muscle Spasm(s):* normal muscle tone muscle spasms in the following areas; posterior cervical (neck) and lumbar.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as within normal limits without pain noted.

Musculoskeletal - Range of Motion - Cervical - *Active*

-Flexion:	60/60 degrees without pain, stiffness or radiation
-Extension:	55/55 degrees without pain, stiffness or radiation
-Left Lat. Flexion:	40/40 degrees without pain, stiffness or radiation
-Right Lat. Flexion:	40/40 degrees without pain, stiffness or radiation
-Left Rotation:	80/80 degrees without pain, stiffness or radiation
-Right Rotation:	80/80 degrees without pain, stiffness or radiation

Musculoskeletal - Range of Motion - Thoraco-Lumbar - *Active*

-Flexion:	90/90 degrees without pain, stiffness or radiation
-Extension:	30/30 degrees without pain, stiffness or radiation
-Left Lat. Flexion:	35/35 degrees without pain, stiffness or radiation
-Right Lat. Flexion:	35/35 degrees without pain, stiffness or radiation
-Left Rotation:	20/30 degrees without pain and with stiffness
-Right Rotation:	30/30 degrees without pain, stiffness or radiation

Assessment:

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because he is reporting less discomfort and is

140-A Bridges Road
Mauldin, SC 29662
Phone: 864-627-4325
Fax: 864-627-7733

Patient: Young, Rusty | Acct #: 13966 | DOB: 02/12/1987
Ins Co: McCravy,Newlon,Strukie Law | Pol #: | Insured ID:

Date 07/09/2021

Provider [redacted], DC

*** continued from previous page ***

showing improved function.

Plan:

Today's Treatment:

- Chief Complaint:

- Primary Treatment: Diversified- Chiropractic Manipulative Therapy (CMT) to the T5 and left C1 spinal level(s). left foot

- Advised

- *Tx Effect:* Treatment rendered without incident, responding as expected and Examination performed without incident.

- *Next Visit:* released from care,MMI with residuals The patient is to be seen on a "per needed basis". The patient has been given instructions on self-help. If after performing the directives, the problem continues, they have been advised to call our office for an appointment.

Diagnosis
S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine
S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter
M99.04: Segmental and somatic dysfunction of sacral region
M25.551: Pain in right hip
M25.572: Pain in left ankle and joints of left foot
S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
M99.01: Segmental and somatic dysfunction of cervical region
M54.2: Cervicalgia

E-mail Communication Between Parties

APA # 16

Geri L. Lell

From: Ramona Dillard <rdillard@mccravylaw.com>
Sent: Monday, October 31, 2022 5:02 PM
To: Geri L. Lell
Cc: Lesa Jefferies
Subject: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young- Confluence Outdoor Inc.

Hello Geri,

Rusty has looked at the videos and he didn't see where he was injured. He is thinking that it happened around 11:00 am so can we get video from 10:45 am-11:15 am?

Thank you,
Ramona

Geri L. Lell

From: Geri L. Lell
Sent: Tuesday, November 1, 2022 9:18 AM
To: 'Ramona Dillard'
Cc: Lesa Jefferies; Ben Renfrow
Subject: RE: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young- Confluence Outdoor Inc.

Good Morning,

The video provided is from 10:52 a.m. to 11:07 a.m. I will check to see if they have any additional video around that time.

wjcb willson jones carter & baxley

Geri L. Lell
Paralegal

email: glleII@wjcblaw.com
phone: 864.527.3291
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607

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From: Ramona Dillard <rdillard@mccravylaw.com>
Sent: Monday, October 31, 2022 5:02 PM
To: Geri L. Lell <glleII@wjcblaw.com>
Cc: Lesa Jefferies <ljefferies@mccravylaw.com>
Subject: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young- Confluence Outdoor Inc.

Hello Geri,

Rusty has looked at the videos and he didn't see where he was injured. He is thinking that it happened around 11:00 am so can we get video from 10:45 am-11:15 am?

Thank you,
Ramona

Geri L. Lell

From: Jason Sturkie <jason.sturkie@mccravylaw.com>
Sent: Monday, November 14, 2022 9:55 AM
To: Willie J. Peters, III
Cc: Ben Renfrow; Ramona Dillard; Lesa Jefferies; Geri L. Lell
Subject: RE: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young

Willie, I believe he told my staff that the video is just a few minutes after his injury. Can you ask them to send the 30 minutes prior?

Jason Sturkie / Attorney
jason.sturkie@mccravylaw.com

McCravy, Newlon, Sturkie and Clardy Law Firm
(864) 388-9100 / (864) 388-9104
Offices Located In:
Greenwood / Anderson / Greenville / Laurens / Saluda / Spartanburg
http://www.mccravylaw.com

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From: Willie J. Peters, III <wjpeters@wjcblaw.com>
Sent: Tuesday, November 08, 2022 1:59 PM
To: Jason Sturkie <jason.sturkie@mccravylaw.com>
Cc: Ben Renfrow <bmrenfrow@wjcblaw.com>; Ramona Dillard <rdillard@mccravylaw.com>; Lesa Jefferies <ljefferies@mccravylaw.com>; Geri L. Lell <gllell@wjcblaw.com>
Subject: RE: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young

Thanks, Jason. I believe that's all the video we have, based on Mr. Young's report of when the alleged injury occurred. We're working on getting additional dates for Mr. Duncan's deposition.

wjcb willson jones carter & baxley

Willie J. Peters, III
Attorney

email: wjpeters@wjcblaw.com
phone: 864.603.5662
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607

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From: Jason Sturkie <jason.sturkie@mccravylaw.com>
Sent: Monday, November 7, 2022 10:24 AM
To: Willie J. Peters, III <wjpeters@wjcblaw.com>
Cc: Ben Renfrow <bmrenfrow@wjcblaw.com>; Ramona Dillard <rdillard@mccravylaw.com>; Lesa Jefferies <ljefferies@mccravylaw.com>
Subject: Rusty Young

Willie,

I hope you and the family are doing well. It was a pleasure meeting your wife at comp camp. Just a follow up on a couple things.

1) The video you sent us did not show the injury and the client asked that you send video from a few minutes later.
2) We postponed the last hearing so you guys could take the doctor's depo but I don't see where one has been set yet.

We have a new hearing coming up 12/13 so I was just following up on these items. Thanks.

Jason Sturkie / Attorney
jason.sturkie@mccravylaw.com

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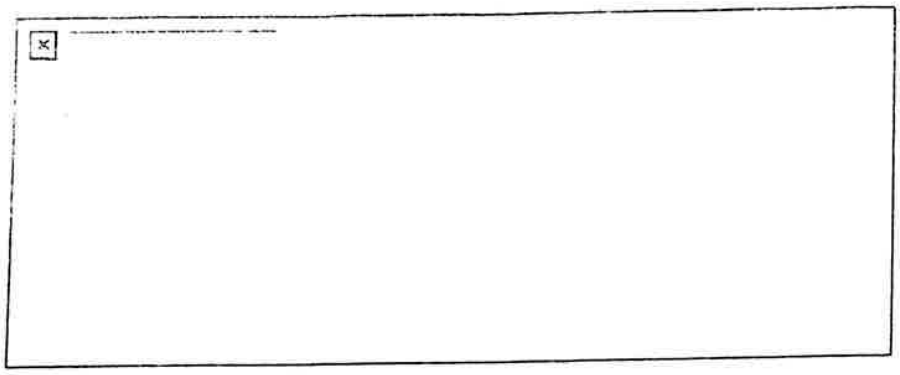

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Geri L. Lell

From: Geri L. Lell
Sent: Monday, November 14, 2022 2:12 PM
To: 'Jason Sturkie'; Ben Renfrow; Willie J. Peters, III
Cc: Ramona Dillard; Lesa Jefferies
Subject: RE: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young

I am not refusing. I am advising you that based off the time your client reported, the employer maintained video around the time of the alleged injury. Our office has provided you with the video that we have and that the employer has. They only maintained a brief time before 11 a.m. and a brief time after 11 a.m., since that is the time reported to them.

wjcb willson jones carter & baxley

Geri L. Lell
Paralegal

email: gllell@wjcblaw.com
phone: 864.527.3291
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607

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From: Jason Sturkie <jason.sturkie@mccravylaw.com>
Sent: Monday, November 14, 2022 1:17 PM
To: Geri L. Lell <gllell@wjcblaw.com>
Cc: Ramona Dillard <rdillard@mccravylaw.com>; Lesa Jefferies <ljefferies@mccravylaw.com>
Subject: RE: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young

So are you refusing to give 10:30am to 11:00am?
He watched the video and believes he was injured just prior to the video sent to us, so I'd ask for 10:30am to 11:00am.

Jason Sturkie / Attorney
jason.sturkie@mccravylaw.com

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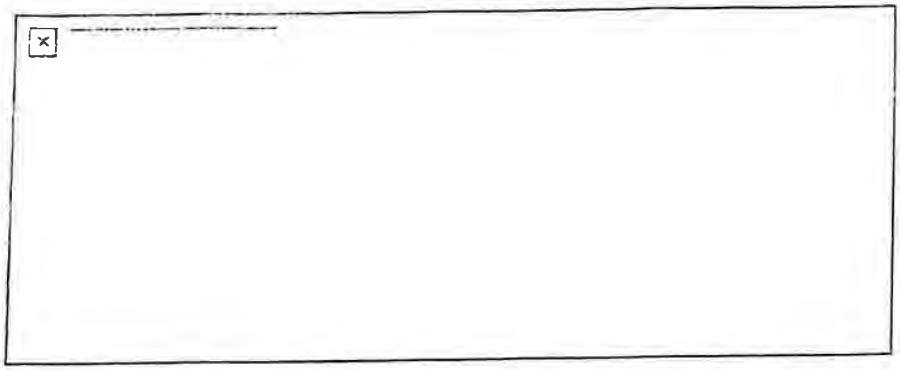

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From: Geri L. Lell <gllell@wjcblaw.com>
Sent: Monday, November 14, 2022 10:27 AM
To: Jason Sturkie <jason.sturkie@mccravylaw.com>; Willie J. Peters, III <wjpeters@wjcblaw.com>
Cc: Ben Renfrow <bmrenfrow@wjcblaw.com>; Ramona Dillard <rdillard@mccravylaw.com>; Lesa Jefferies <ljefferies@mccravylaw.com>
Subject: RE: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young

We have provided all the video that is available from around the time the claimant alleges his injury occurred. The video provides approximately 7 to 8 minutes on either side of the 11 a.m. time that the claimant alleges his injury occurred.

wjcb willson jones carter & baxley

Geri L. Lell
Paralegal

email: gllell@wjcblaw.com
phone: 864.527.3291
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607

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Sent: Monday, November 14, 2022 9:55 AM
To: Willie J. Peters, III <wjpeters@wjcblaw.com>
Cc: Ben Renfrow <bmrenfrow@wjcblaw.com>; Ramona Dillard <rdillard@mccravylaw.com>; Lesa Jefferies <ljefferies@mccravylaw.com>; Geri L. Lell <gllell@wjcblaw.com>
Subject: RE: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young

Willie, I believe he told my staff that the video is just a few minutes after his injury. Can you ask them to send the 30 minutes prior?

Jason Sturkie / Attorney
jason.sturkie@mccravylaw.com

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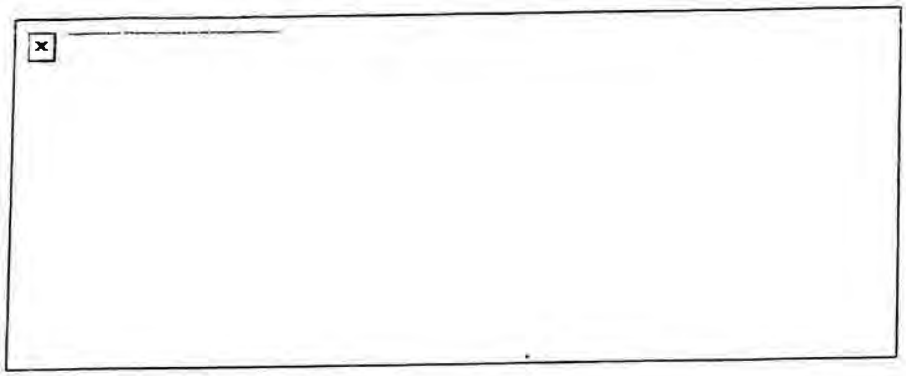

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Cc: Ben Renfrow <bmrenfrow@wjcblaw.com>; Ramona Dillard <rdillard@mccravylaw.com>; Lesa Jefferies <ljefferies@mccravylaw.com>; Geri L. Lell <gllell@wjcblaw.com>
Subject: RE: Rusty L. Young vs. Confluence Outdoor, Inc. A00429427: Rusty Young

Thanks, Jason. I believe that's all the video we have, based on Mr. Young's report of when the alleged injury occurred. We're working on getting additional dates for Mr. Duncan's deposition.

wjcb willson jones carter & baxley

Willie J. Peters, III
Attorney

email: wjpeters@wjcblaw.com
phone: 864.603.5662
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607

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Sent: Monday, November 7, 2022 10:24 AM

To: Willie J. Peters, III <wjpeters@wjcblaw.com>
Cc: Ben Renfrow <bmrenfrow@wjcblaw.com>; Ramona Dillard <rdillard@mccravylaw.com>; Lesa Jefferies <ljefferies@mccravylaw.com>
Subject: Rusty Young

Willie,

I hope you and the family are doing well. It was a pleasure meeting your wife at comp camp. Just a follow up on a couple things.

1) The video you sent us did not show the injury and the client asked that you send video from a few minutes later.
2) We postponed the last hearing so you guys could take the doctor's depo but I don't see where one has been set yet.

We have a new hearing coming up 12/13 so I was just following up on these items. Thanks.

Jason Sturkie / Attorney
jason.sturkie@mccravylaw.com

McCravy, Newlon, Sturkie and Clardy Law Firm
(864) 388-9100 / (864) 388-9104
Offices Located In:
Greenwood / Anderson / Greenville / Laurens / Saluda / Spartanburg
http://www.mccravylaw.com

This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately, and do not forward this message to any other person.

Piedmont Comprehensive Pain Management

APA # 17

PCPMG
Piedmont Comprehensive Pain Management Group, LLC

Piedmont Comprehensive Pain Management Group, LLC
100 Healthy Way, Suite 1260, Anderson, SC 29621 • (T) 864-225-3551 • (F) 864-328-0328
3 St. Francis Drive, Suite 480, Greenville, SC 29601 • (T) 864-269-4416 • (F) 864-269-8989

THIS FORM MUST BE COMPLETED

Name: Young (Last) Rusty (First) L (M. Initial) Date of Birth: 02/12/1987 (MM/DD/YYYY) Age: 35

Social Security Number: 249-65-7770 (XXX-XX-XXXX) Sex: M (M/F) Race: B Marital Status: Married

Patient's Street Address: 10 Yakutata Drive (Street) Greenville (City) SC (State) 29605 (Zip Code)

Contact Phone Numbers: ____ (Home) (864)640-1858 (Cell) (864)535-1304 (Work)

Primary Email Address: Youngrusty11@yahoo.com

Emergency Contact Information: Kiera Richardson (Full Name) (864)640-1858 (Telephone Number) wife (Relationship)

Employer: Cintas Job Title: ____

Parent/Spouse's Information: Kiera Richardson (Full Name) 11.23.87 (DOB) ____ (Social Security Number)

Primary Care Physician: ____ (Name of Doctor/ Practice) ____ (Office Telephone Number)

Who referred you to our office? Piedmont Orthopedic (Name of Doctor/ Practice) ____ (Office Telephone Number)

Reason for Referral: neck/shoulder pain

Any relatives treated by PCPMG? ____ (Please list full names/relationship)

Insurance Information (Include Medicare/Medicaid):

Primary Insurance Company: BCBS (Company Name) / ____ (ID Number) / ____ (Group Number)

Insured: self (Name of Insured (if self, please write "Self")) n/a (Relationship to insured (N/A if "self")) Cintas (Employer)

Secondary Insurance Company: ____ (Company Name) / ____ (ID Number) / ____ (Group Number)

Insured: ____ (Name of Insured (if self, please write "Self")) ____ (Relationship to insured (N/A if "self")) ____ (Employer)

Prescription Drug Coverage: ____ (Company Name) / ____ (ID number)

____ (Rx BIN) / ____ (Rx PCN) / ____ (Rx GRP)

Is this a Workers' Compensation Claim? Y (Y/N) Is this an Auto Liability Claim? ____ (Y/N) Date of Accident: 03/08/22 (mm/dd/yyyy)

Is an attorney involved? Y (Y/N) If yes, Jason Sturkie (Attorney Name) ____ (Attorney Telephone Number)

All professional services rendered are charged to the patient. Insurance forms will be completed upon request. PLEASE READ AND SIGN: I hereby authorize my insurance companies to pay any benefits due directly to Piedmont Comprehensive Pain Management Group, LLC and also authorize Piedmont Comprehensive Pain Management Group, LLC to release any medical information necessary to process my medical insurance. I understand that I will be responsible for any balance not paid by my insurance.

Patient Signature: ____ Date: ____

THIS FORM MUST BE COMPELTED

Name: Rusty Young **Date of Birth:** 02/12/1987

Medical History:
Past or present medical conditions (circle all that apply):

Angina	Diabetes	Psychiatric Problems
(Arthritis)	Hepatitis	Stroke
Bleeding Disorders	Hypertension	Ulcers
Cancer	Kidney Problems	Herpes Zoster / Shingles
Cardiac Abnormalities	Lung Disease	Other:_____

Are you currently on any anticoagulants (blood thinners)? ☐Yes ☑No

Previous Surgeries:

Date:	Hospital:	Procedure:
2019	Bon Secours	Ankel

Diagnostic Studies Performed: 07-19-2022

	Date:	Location:
X-Rays	03-16-2022	AFC Urgent Care 1800 Agusta Rd
MRI	April 4 2022	Piedmont Orthopaedic 35 International Dr
Myelogram		
CT Scan		
EMG/NCV		

Previous Pain Treatments: ****This is required for Procedure Authorization****

Type of Treatment	Yes	If Yes, Beneficial?	No	If yes, approximate dates received
Physical Therapy	✓	Somewhat		
Massage				
Heat/Cold				
TENS/E-stim Unit				
Nerve Blocks/Steroid Injections				
Spinal Cord Stimulator Implant				
Infusion Pump				
Hospitalization for pain control				
Emergency room visits for pain control	✓	no		

1. Have you ever been to another pain clinic? (Y) / N If yes, where, and when?(list all) Dr. Behr, Spartanburg 2020

2. Since your condition began, which individuals have you consulted for treatment and pain relief? Please Circle:
Acupuncturist Cardiologist Chiropractor Dermatologist Neurologist Neurosurgeon
Ophthalmologist Orthopedic Surgeon ENT Endocrinologist Primary Care Physician Gastroenterology
General Surgeon Gynecologist Hypnotist Psychiatrist/Psychologist Radiologist Rheumatology

THIS FORM MUST BE COMPLETED

Universal Medication Form

Today's Date:	**Address:**
Name: Busty Young	10 Yakutata Drive
Phone Number: 864-640-1858	
Birth Date: 02/12/1987	
Emergency Contact & Phone number: Kiera Richardson 867-535-1814	

Pharmacy Name: CVS - W. Butler SW Corner Ashmore Bridge Rd	**Pharmacy Phone Number:**

Allergic To / Describe Reaction:	**Allergic To / Describe Reaction:**
NKDA	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

DATE STARTED	NAME OF MEDICATION / DOSE	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)	DATE STOPPED	Notes: Reason for Taking / Doctor Name
	Wellbutrin 300	Take 1 by mouth daily		
	Ibuprofen 800mg	1 by mouth three times a day as needed.		

8

689

Name: Rusty Young Date of Birth: 02/12/1987

Medication History: Please indicate current or past use of the following medications:
Please circle variation if applicable.

NSAIDS:

Aspirin/ Excedrin/Goody Powder	☐Current ☐Past	Celecoxib/Celebrex	☐Current ☐Past
Naproxen/Aleve/Vimovo/Naprelan	☐Current ☐Past	Meloxicam/Mobic/Vivlodex	☐Current ☐Past
Ibuprofen/Advil/Motrin/Duexis	☐Current ☐Past	Nabumetone/Relafen	☐Current ☐Past
Diclofenac/Arthrotec/Voltaren/Zipsor/Zorvolex/Cambia	☐Current ☐Past Use		
Other: _____			☐Current ☐Past

Opioids:

Oxycodone/Percocet/OxyContin/Xtampza	☐Current ☐Past	Codeine/Tylenol#3	☐Current ☐Past
Hydrocodone/Vicodin/Lortab/Hysingla/Zohydro	☐Current ☐Past	Tramadol/Ultracet	☐Current ☐Past
Methadone	☐Current ☐Past		
Morphine/Kadian/MS Contin/Morphabond	☐Current ☐Past	Fentanyl	☐Current ☐Past
Hydromorphone/Dilaudid/Exalgo	☐Current ☐Past	Belbuca/Butrans	☐Current ☐Past
Suboxone/Subutex/Zubsolv/Buprenorphine	☐Current ☐Past	Levorphanol	☐Current ☐Past
Tapentadol/Nucynta	☐Current ☐Past		
Other: _____			☐Current ☐Past

Muscle Relaxers:

Cyclobenzaprine/Flexeril	☐Current ☐Past	Methocarbamol/Robaxin	☐Current ☐Past
Tizanidine/Zanaflex	☐Current ☐Past	Baclofen/Lioresal	☐Current ☐Past
Metaxalone/Skelaxin	☐Current ☐Past	Chlorzoxazone/Lorzone	☐Current ☐Past
Other: _____			☐Current ☐Past

Neuropathic Pain:

Gabapentin/Neurontin/Horizant/Gralise	☐Current ☐Past	Pregabalin/Lyrica	☐Current ☐Past
Amitriptyline/Elavil	☐Current ☐Past	Nortriptyline/Pamelor	☐Current ☐Past
Duloxetine/Cymbalta	☐Current ☐Past	Doxepin/Silenor	☐Current ☐Past
Topiramate/Topamax	☐Current ☐Past	Levetiracetam/Keppra	☐Current ☐Past
Other: _____			☐Current ☐Past

Opioid Induced Constipation

Naloxegol/Movantik	☐Current ☐Past	Naldemedine/Symproic	☐Current ☐Past	Fiber/BeneFiber	☐Current ☐Past
Lupiprostone/Amatiza	☐Current ☐Past	Polyethylene Glycol/Miralax	☐Current ☐Past	Docusate/Senna	☐Current ☐Past
Methylnaltrexone/Relistor	☐Current ☐Past	Linaclotide/Linzess	☐Current ☐Past	Bisacodyl/Dulcolax	☐Current ☐Past
Other: _____					☐Current ☐Past

Name: Rusty Young **Date of Birth:** 02/12/1987

Review of Systems:
Please check any of the following symptoms which you have experienced:

Constitutional:	☐Fatigue ☑Weight Gain	☐Weight Loss
Cardiac:	☐Chest Pain ☐Leg Swelling	
Pulmonary:	☐Shortness of Breath	☐Recent Upper Respiratory Infection
Gastrointestinal:	☐Nausea ☐Vomiting	☐Constipation ☐Heartburn
Neurological:	☑Numbness ☑Weakness ☑Headaches more than one per week	☐Seizures
Musculoskeletal:	☑Joint Pain ☑Joint swelling	☑Neck Pain ☐Low-back pain
Psychiatric:	☐Sleeping difficulties	☐Thoughts of suicide
Genitourinary:	☐Difficulty with urination ☑Sexual Difficulties	☐Burning or painful urination ☐Urinary/Bowl Incontinence
Eyes:	☐Changes in vision	
Ears, Nose, Mouth Throat:	☐Changes in hearing	

☐Reviewed by physician **Physician Signature:** _____

Social History:

1. Are you currently working? ☑Yes ☐No Number of years worked? _____
2. Job Description (heavy lifting or physical exertion involved?): _____
3. Education level? ☐Grade Completed: _____ ☑Graduated High School
   ☐Some College ☐Graduated College ☐Advanced Degree
3. Have you been off work previously for a similar problem? ☐Yes ☐No
   If yes above, did you return to work following your injury? ☐Yes ☐No
4. Are you receiving workers' compensation? ☐Yes ☐No
   Are you receiving disability income? ☐Yes ☐No
5. Do you smoke? ☐Yes ☑No If yes, how much per day? _____
6. Do you drink alcohol? ☑Yes ☐No If yes, how much per day? once a month
7. Do you use marijuana? ☐Yes ☐No If yes, how much per day? _____
8. **Any history of alcohol or drug abuse in you or your family members?** ☑Yes ☐No
   If yes, please specify: _____
9. Do you regularly use sleeping pills, tranquilizers or painkillers? ___Yes ✓No
   If yes above, what type? _____
10. Have you ever sought psychiatric help (if so, who and when)? n/a

Name: Rusty L Young Date of Birth: 02-12-1987

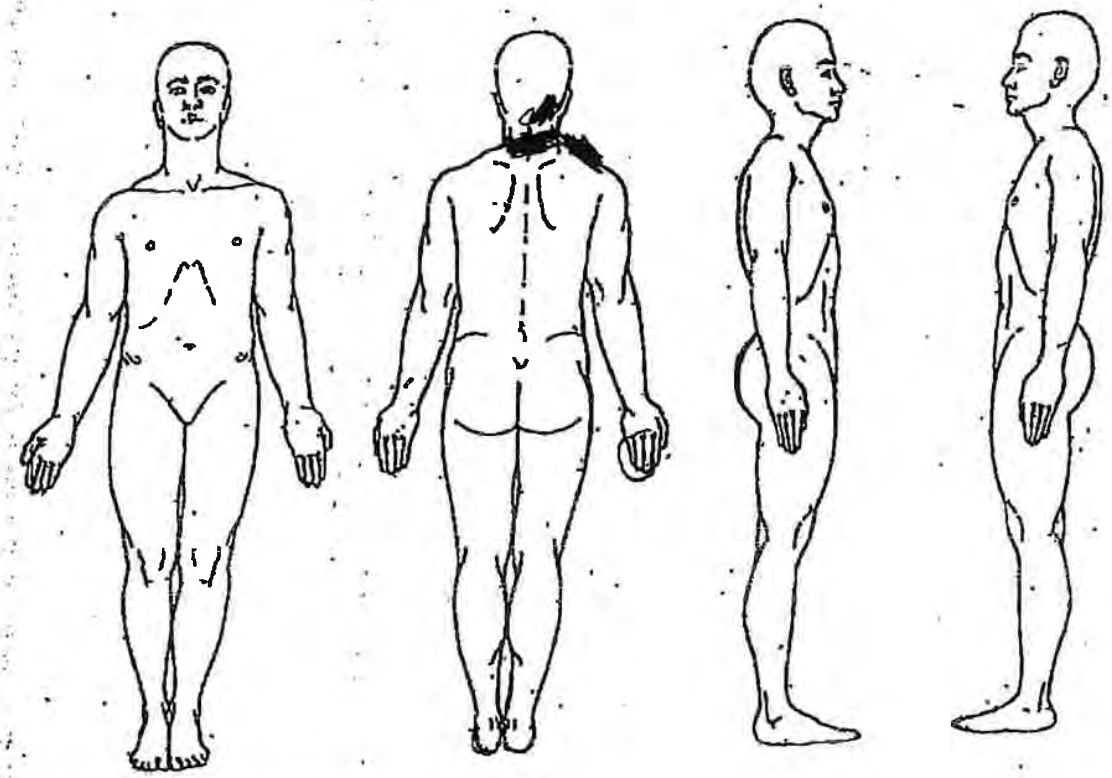
Pain Questionnaire:

1. Where is your pain? Right Shoulder & Neck
2. When did your pain begin? 03-08-2022
3. Have you had similar problems in the past (if yes, when)? NO
4. What do you think is the cause of your pain? _____
5. Is the pain related to an on-the-job injury (if yes, date of injury)? 03-08-2022
6. Describe the quality of your pain (aching, burning, throbbing, stabbing, sharp, etc.) _____
7. Does your pain occur in separate attacks or episodes and how long does each episode tend to last? Separate. My neck is a steady pain. My shoulder hurts in certain motion.
8. Is the pain worse in the morning or evening? Through the night.
9. What relieves your pain? When I take tylenol and Ibuprofen. Just for a little while.
10. What causes or increases your pain? Certain motion
11. Is any part of your body numb (if yes, which part)? Yes My fingers get numb and tingly
12. Do you exercise more than 3 times per week? NO
13. What effect has your pain had on your activity level? Decrease my activity
14. Has your pain affected your relationship with friends or family? Not able to play with my kids or be intimate with my wife.
15. How has your pain affected your emotions? My family says I am more irritable
16. What do you want from your pain treatment? Be Specific: I don't want to take pills for the rest of my life.
17. What do you expect from your pain treatment? Be Specific: Not having headaches and tingling and numbness in my finger tips. Be able to use my dominant side without pain.

11

Name: Rusty L Young Date of Birth: 02-12-1987

Your Pain: Please indicate where your pain is by shading in the figures below



Your Pain Level:

At your Best:	0 (No Pain)				(Moderate Pain) 5					(Worst Possible Pain) 10
Please Circle:	0	1	2	3	(4)	5	6	7	8	9	10
At your Worst:	0 (No Pain)				(Moderate Pain) 5					(Worst Possible Pain) 10
Please Circle:	0	1	2	3	4	5	6	(7)	8	9	10

Jason L. Sturkie

McCRAVY NEWLON STURKIE CLARDY LAW FIRM P.A.

Respond to:
Greenville Office:
2 Buttermut Dr.
Greenville, SC 29605
(864)388-9100
(864)388-9104 - Facsimile

August 8, 2022

Piedmont Comprehensive Pain Management
3 St. Francis Drive, Suite 480
Greenville, SC 29601

RE: Rusty Young

To Whom it May Concern:

Please be advised that we represent Mr. Rusty Young for alleged Workers' Compensation injuries with injury date of March 8, 2022. Up to this point, his Workers' Compensation claim has been totally denied. We are pursuing remedies through the South Carolina Workers' Compensation Commission. Please call if you have any questions.

Respectfully Submitted,

McCRAVY, NEWLON, STURKIE & CLARDY
LAW FIRM, P.A.

Jason L. Sturkie, Esquire

JLS/ddm
Enclosures
cc: Rusty Young

269-9989

HITECH RECORDS REQUEST Bills

Dear Records Custodian;

I am a patient of Piedmont Comprehensive Pain, my date of birth is 2/12/1987. I request copies of:

✓ any and all my medical records for the requested dates of service below.

✓ itemized billing records for the requested dates of service below.

Please provide the records in electronic format in the Adobe Acrobat.pdf format.

Please send the electronic records to my legal representative, Jason Sturkie.

McCravy, Newlon and Sturkie Law Firm, P.A.
1629 Bypass 72 NE
Greenwood, SC 29649
864-388-9100/864-388-9104 (fax)
athomason@mccravylaw.com

I FURTHER AUTHORIZE YOU AND YOUR VENDOR, IF APPLICABLE, TO COMMUNICATE DIRECTLY WITH ANYONE FROM THE MCCRAVY, NEWLON AND STURKIE LAW FIRM, P.A. REGARDING ALL ISSUES RELATED TO THIS REQUEST INCLUDING AUTHORIZATION OF THE COST-BASED CHARGES AND THE TIME FRAME FOR PROVIDING THE RECORDS TO THEIR OFFICE.

Rusty Lee Young
PATIENT SIGNATURE

9-12-22
DATE

Rusty Lee Young
PATIENT PRINTED NAME

PATIENT SOCIAL SECURITY #: 249-65-7770

DATES OF SERVICE REQUESTED: 3/18 | 22 to the present

LOX
09-14-22
JP

695

Certain Pleadings From Case

APA # 18

Date Recv: 03/21/2022

Jason L. Sturkie

McCRAVY NEWLON STURKIE CLARDY LAW FIRM P.A.

Respond to:

Greenville Office
2 Butternut Dr
Greenville, SC 29605
(864)295-6031
(864)283-6530 - Facsimile

COPY

March 16, 2022

S.C. Workers' Compensation Commission
Attn: Claims Department
P.O. Box 1715
Columbia, SC 29202-1715

Re:	WCC File No:	Not yet established
	Employee:	Rusty Young
	Employee's Address:	10 Yakutata Drive Greenville, SC 29605
	Employee's Telephone No:	(864) 640-1858
	SSN:	249-65-7770
	Date of Injury:	3/8/2022
	Type of Injury/Part of Body Injured:	right shoulder, right arm, right hand/fingers
	Description of Accident:	Claimant was injured while pulling and lifting.
	Geographic Location of Accident:	Greenville County, SC
	Employer:	Confluence Outdoor Inc. 575 Mauldin Rd., Greenville, SC29607
	Insurance Carrier:	Great American Alliance Insurance Company PO Box 4080 Clinton, IA 52733

Dear Sir/Madam:

Pursuant to South Carolina Code Section 42-15-40, this letter is to advise of my representation of the employee named above in a claim for injuries covered by the Workers' Compensation Act and to establish a claim prior to the running of the statute of limitations. We are filing a Form 50 and certificate reflecting proof of service on the insurance carrier referenced above. **We are not** requesting a hearing at this time. Please return a filed copy of these documents to my office in the provided self-addressed, stamped envelope.

By copy of this letter, we are notifying the Employer/Carrier of our representation.

Respectfully submitted,

McCRAVY, NEWLON, STURKIE& CLARDY
LAW FIRM, P.A.

Jason L. Sturkie, Esquire
Attorney

JLS/dm
Enclosures
cc: Rusty Young
Great American Alliance Insurance Company

Date Recv: 03/21/2022

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: Not yet established
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Rusty Young SSN: 249-65-7770
Address: 10 Yakutata Drive
City: Greenville State: SC Zip: 29605
Home Phone: (864) 640 - 1858 Work Phone: ( ) -

Employer's Name: Confluence Outdoor Inc.
Address: 575 Mauldin Rd.
City: Greenville State: SC Zip: 29607
Insurance Carrier: Great American Alliance Insurance Company

Preparer's Name: Jason L. Sturkie, Esq. Law Firm: McCravy, Newlon, Sturkie & Clardy Law Firm, P.A. Preparer's Phone #: (864) 388 - 9100

A claim for workers' compensation benefits is made based on the following grounds:

☑ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to 8 (Part(s) of Body Injured) on 3/8/2022 (Month/Day/Year) in Greenville county, state of SC.
2. Body part(s) affected are: right shoulder, right arm, right hand/fingers
   Briefly describe how the accident occurred. Claimant was injured while pulling and lifting.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 3/8/2022 (Month/Day/Year) in the following manner:
   Notified Safety
- ☑ 7. Due to injury, the claimant is in need of (check one):
  - ☐ (a) medical examination and treatment for: ____
  - ☑ (b) additional medical examination and treatment for: right shoulder, right arm, right hand/fingers
- ☑ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
  3/11/22 - Cont
- ☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
  - ☐ (1) General Disability: ☐ Total ☐ Partial
  - ☐ (2) Specific Disability: ☐ Total ☐ Partial
  - ☐ (3) Wage Loss
  - 9a. Claimant at MMI: ☐ Yes ☑ No
- ☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
  - 10a. At the time of the injury, the Claimant was paid weekly wages of TBD, and demands accounting of days worked and wages earned as provided by law.
  - 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
    None other than the above named employer.
- 11. Further grounds or unusual aspects of claim:
  None known at this time.
  - 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
    AFC Urgent Care, Greenville, SC.
  - 11b. To the best of your knowledge, did you have any prior permanent disability? No
    If yes, describe: ____
- 12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☑ 13. **I am filing a claim. I am not requesting a hearing at this time.** Estimated time needed for hearing: _____
- ☐ 14. **I am requesting a hearing. A $50 fee is required.**

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Great American Alliance Insurance Company **address** PO Box 4080 Clinton, IA 52733 **on the** 16 **day of** Mar 2022, **by** ☐ **first class postage** ☑ **certified mail** ☐ **personal service** ☐ **electronic service**

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

Preparer's Signature	Attorney for Claimant (Title)	jason.sturkie@mccravylaw.com (Email)	March 16, 2022 (Date)

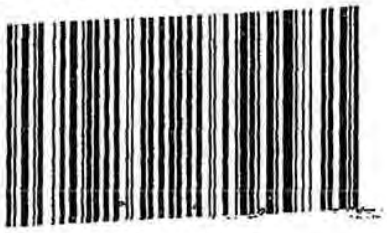
Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

50
853

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

CERTIFIED MAIL



7018 0040 0000 4050 4984

GREENVILLE SC 296
16 MAR 2022 PM

FIRST-CLASS

US POSTAGE PITNEY BOWES

ZIP 29649
02 7H
0001255993

$ 007.33⁰

MAR 16 2022

McCRAVY NEWLON STURKIE CLARDY
LAW FIRM P.A.
1629 By-Pass 72 NE
Greenwood, SC 29649

Great American Alliance Insurance Company
PO Box 4080
WC Carrier Code 00372
Clinton, IA 52733

52733-408080
854

Jason L. Sturkie

McCRAVY NEWLON STURKIE CLARDY LAW FIRM P.A.

Respond to ■

Greenville Office
2 Butternut Dr
Greenville, SC 29605
(864)295-6031
(864)283-6530 - Facsimile

COPY

June 23, 2022

S.C. Workers' Compensation Commission
Judicial Department
P.O. Box 1715
Columbia, SC 29202-1715

RE: Rusty Young v. Confluence Outdoor Inc.
WCC File No: 2202565

Dear Sir or Madam:

Enclosed please find a Form 50, **amended to request a hearing**, $50.00 filing fee, and certificate reflecting proof of service on the carrier/attorney. Please return a filed copy of these documents to my office in the provided self-addressed, stamped envelope.

Respectfully Submitted,

McCRAVY, NEWLON, STURKIE & CLARDY
LAW FIRM, P.A.

Jason L. Sturkie, Esquire

JLS/dm
Enclosures
cc: Rusty Young
Benjamin Renfrow, Esq.

AMENDED

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: 2202565
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Rusty Young SSN: 249-65-7770
Address: 10 Yakutata Drive
City: Greenville State: SC Zip: 29605
Home Phone: (864) 640 - 1858 Work Phone: ( ) -

Employer's Name: Confluence Outdoor Inc
Address: 575 Mauldin Rd.
City: Greenville State: SC Zip: 29607
Insurance Carrier: Great American Alliance Insurance Company

Preparer's Name: Jason L. Sturkie, Esq. Law Firm: McCravy, Newlon, Sturkie & Clardy Law Firm, P.A. Preparer's Phone #: (864) 388 - 9100

A claim for workers' compensation benefits is made based on the following grounds:

☑ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

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   Briefly describe how the accident occurred. Claimant was injured while pulling and lifting.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 3/8/2022 (Month/Day/Year) in the following manner:
   Notified Safety
7. ☑ Due to injury, the claimant is in need of (check one):
   ☐ (a) medical examination and treatment for: _____
   ☑ (b) additional medical examination and treatment for: right shoulder, right arm, right hand/fingers
8. ☑ Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
   3/11/22 - Cont.
9. ☐ Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
   ☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
   9a. Claimant at MMI: ☐ Yes ☑ No
10. ☐ Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
    10a. At the time of the injury, the Claimant was paid weekly wages of TBD, and demands accounting of days worked and wages earned as provided by law.
    10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
    None other than the above named employer.
11. Further grounds or unusual aspects of claim:
    None known at this time.
    11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
    AFC Urgent Care, St. Francis Eastside, and Piedmont Orthopaedic Associates, Greenville, SC.
    11b. To the best of your knowledge, did you have any prior permanent disability? No
    If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
13. ☑ **I am filing a claim. I am not requesting a hearing at this time.** Estimated time needed for hearing: _____
14. ☐ **I am requesting a hearing. A $50 fee is required.**

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Benjamin Renfrow, Esq., Willson Jones Carter & Baxley, P.A.
address 325 Rocky Slope Rd., Suite 201 Greenville, SC 29607 **on the** 23 **day of** June **20**22**, by** ☑ **first class postage** ☐ **certified mail** ☐ **personal service** ☐ **electronic service**

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

Preparer's Signature	Attorney for Claimant Title	jason.sturkie@mccravylaw.com Email	June 23, 2022 Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

50
AMENDED 856

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

Jason L. Sturkie

McCRAVY NEWLON STURKIE CLARDY LAW FIRM P.A.

Respond to: ■

Greenville Office
2 Butternut Dr
Greenville, SC 29605
(864)295-6031
(864)283-6530 - Facsimile

March 17, 2023

S.C. Workers' Compensation Commission
Attn: Judicial Department
P.O. Box 1715
Columbia, SC 29202-1715

Re:	WCC File No:	2202565
	Employee:	Rusty Young
	Employee's Address:	10 Yakutata Drive, Greenville, SC 29605
	Employee's Telephone No:	864-640-1858
	SSN:	249-65-7770
	Date of Injury:	3/8/2022
	Type of Injury/Part of Body Injured:	right shoulder, right arm, right hand/fingers & neck
	Description of Accident:	Claimant was injured while pulling and lifting
	Geographic Location of Accident:	Greenville County, SC
	Employer:	Confluence Outdoor Inc. 575 Mauldin Rd., Greenville, SC 29607
	Insurance Carrier:	Great American Alliance Insurance Company PO Box 4080, Clinton, IA 52733

Dear Sir/Madam:

Pursuant to South Carolina Code Section 42-15-40, this letter is to advise of my representation of the employee named above in a claim for injuries covered by the Workers' Compensation Act and to establish a claim prior to the running of the statute of limitations. We are filing a Form 50 and certificate reflecting proof of service on the insurance carrier referenced above. We are requesting a hearing at this time. Our filing fee check of $50.00 is enclosed. Please return a filed copy of these documents to my office in the provided self-addressed, stamped envelope.

By copy of this letter, we are notifying the Employer/Carrier of our representation.

Respectfully submitted,

McCRAVY, NEWLON, STURKIE & CLARDY
LAW FIRM, P.A.

Jason L. Sturkie, Esquire
Attorney

JLS/
Enclosures
cc: Rusty Young

Amended

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: 2202565
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Rusty Young SSN: 249-65-7770 Employer's Name: Confluence Outdoor Inc.

Address: 10 Yakutata Drive Address: 575 Mauldin Rd.

City: Greenville State: SC Zip: 29605 City: Greenville State: SC Zip: 29607

Home Phone: (864)640 - 1858 Work Phone: ( ) - Insurance Carrier: Great American Alliance Insurance Company

Preparer's Name: Jason L. Sturkie, Esq Law Firm: McCravy, Newlon, Sturkie & Clardy Law Firm, P.A. Preparer's Phone #: (864) 388 - 9100

A claim for workers' compensation benefits is made based on the following grounds:

☑ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to 9 (Part(s) of Body Injured) on 3/8/2022 (Month/Day/Year) in Greenville county, state of SC.
2. Body part(s) affected are: right shoulder, right arm, right hand/fingers, neck
   Briefly describe how the accident occurred. Claimant injured while pulling and lifting
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 3/8/2022 (Month/Day/Year) in the following manner:
   Notified Safety

☑ 7. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: _____

☑ (b) additional medical examination and treatment for: right shoulder, right arm, right hand/fingers, neck

☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

9a. Claimant at MMI: ☐ Yes ☑ No

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of $ 560.00, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None other than the aboved named employer.

11. Further grounds or unusual aspects of claim:
None known at this time.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
AFC Urgent Care, St. Francis Eastside, Piedmont Orthopaedic, Piedmont Comprehensive Pain Management, and Carolina Orthopaedic

11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13. **I am filing a claim. I am not requesting a hearing at this time.** Estimated time needed for hearing: 1 Hour

☑ 14. **I am requesting a hearing. A $50 fee is required.**

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Benjamin Renfrow, Esq., Wilson Jones Carter & Baxley, P.A.
address 25 Rocky Slope Rd. Suite 204 Gvl., SC **on the** 10 **day of** March **20**23**, by** ☑ **first class postage** ☐ **certified mail** ☐ **personal service** ☐ **electronic service**

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

Preparer's Signature	Attorney for Claimant (Title)	jason.sturkie@mccravylaw.com (Email)	March 17, 2023 (Date)

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

~~50~~ 859
Amended 859

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