

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

SC Court of Appeals

Appellate Case No.: 2014-001217

Thomas Contreras, Employee/Claimant, Appellant,

v.

St. John's Fire District, Employer, and
State Accident Fund, Carrier, Respondents.

RECORD ON APPEAL

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Volume I

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STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

W.C.C. FILE NO. 0822640

THOMAS CONTRERAS,

Claimant,)

v.)

ST. JOHNS FIRE DISTRICT
COMMISSION,)

Employer,)

STATE ACCIDENT FUND,)

Carrier.

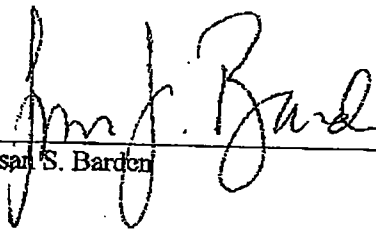
CONSENT ORDER

That this matter was set on Form 50/51 and Form 21. Prior to the hearing, the parties reached the following agreement:

1. That the Claimant has an admitted injury to his right shoulder and has been treated by Dr. DeMarco for his shoulder;
2. That the Claimant is not at maximum medical improvement;
3. That the Claimant is authorized to return to Dr. DeMarco for additional treatment and surgery;
4. That this file shall be returned to general files and shall be reset at the request of either party.

IT IS SO ORDERED.

Commission

c  _____ ation
Susan S. Barden

This March 19, 2012


WE SO MOVE:

CLAWSON & STAUBES, LLC


Margaret M. Urbanic, Esquire
Attorney for Employer/Carrier

WE SO CONSENT:

HOWELL AND CHRISTMAS, LLC


Gary Christmas, Esquire
Attorney for Claimant

CERTIFICATE OF SERVICE

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

By Kristi L. Love on March 19, 2012

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

Thomas Contreras,)
)
 Claimant,)
)
 vs.)
)
 St. John's Fire District,)
)
 Employer,)
 and)
 State Accident Fund,)
 Carrier, Defendants.)

ORDER & AWARD

HEARING:

Held on May 14, 2013, in Summerville, South Carolina, per notices timely and properly served upon all parties of interest.

APPEARANCES:

Gary Christmas, Esquire, Howell & Christmas, LLC, Charleston County, South Carolina, appearing on behalf of Claimant.

Margaret M. Urbanic, Esquire, Clawson & Staubes, LLC, Charleston County, South Carolina, appearing on behalf of Defendants.

PURPOSE OF HEARING:

To determine issues pursuant to Forms 50 and 51.

DECISION & ORDER:

The Honorable Gene McCaskill

FILED:

August 27, 2013.

STIPULATIONS

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.
2. Notice of the hearing was properly and timely served upon all parties in interest.
3. Venue, set in Charleston County, is proper as agreed by the parties.
4. The Claimant sustained admitted injuries to his right shoulder.

STATEMENT OF THE CASE

This matter is before the Commission pursuant to the Claimant's Form 50 and defendants' Form 51. Claimant contends that (1) he sustained permanent partial wage loss pursuant to S.C. Code Ann. §42-9-20 as a result of sustaining injuries to his right shoulder, right upper extremity, right bicep and right clavicle as a result of his October 8, 2008, accident at work; (2) he was dually employed at the time of his accident at work and therefore, is entitled to a higher average weekly wage of \$1,174.20, with a corresponding compensation rate of \$782.83, which equates to the maximum compensation rate for the year of 2008, in the amount of \$661.29; (3) the injury to his right shoulder affects his right upper extremity and right bicep; (4) he is entitled to temporary partial wage loss from January 21, 2011, through May 15, 2011; (5) he is entitled to permanent partial wage loss from May 25, 2011, through May 10, 2013; (6) is seeking a lump sum payment of any award; (6) is seeking apportionment language under James vs. Anne's, Inc., 390 S.C. 188, 701 S.E.2d 730 to be placed in the Order of his case; (7) is entitled to lifetime medical care and treatment and is also seeking past and future medical care and treatment pursuant to 42-15-60 and/or Dodge vs. Brucoli, Clark, Layman, Inc., 334 SC 574, 514 SE2d 593 (Ct. App. 1999);

and finally, (8) he is entitled to reimbursement for travel to and from causally related medical treatment and he is entitled to reimbursement for any and all out of pocket expenses.

By defendants Form 51 – Employer’s Answer to Request for Hearing, defendants only admit Claimant’s injuries to his right shoulder and denied any and all other body parts to include, right upper extremity, right bicep and right clavicle. Defendants also deny that (1) Claimant suffers from wage loss pursuant to S.C. Code Ann. §42-9-20; and (2) that he is not entitled to his award in lump sum and should receive same in weekly benefits.

APA SUBMISSIONS AND EXHIBITS

Claimant by and through his counsel, provided Submissions as required by Regulation 67-612. The Submissions were entered into evidence pursuant to the Administrative Procedures Act and received without objection. The APA Submissions are as follows:

On Behalf of Claimant:

<u>APA</u>	<u>NOTICE OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u># OF PAGES</u>
1	Jean Hutchinson, Vocational Evaluator	10/12/11	8 (1-8)
2	Dr. Charles Hughes, Hughes Orthopaedics	10/6/11	6 (9-14)
3	Dr. James DeMarco	10/24/12 - 8/6/10	39 (15-53)
4	Diagnostic Medical Reports	3/29/12 - 3/8/06	24 (54-73.8)
5	Dr. David Jaskwich	5/5/10 - 12/19/08	11 (78-88)
6	Dr. James Spearman	12/3/08	1 (89)

7	Atlantic Occupational Health	11/19/08 - 10/14/08	3 (90-93)
8	Roper St. Francis	03/24/11 - 11/17/05	42 (94-135)
9	Physical Therapy	7/19/12 - 10/30/08	98 (136-224)

Exhibits

<u>APA</u>		<u>DATE</u>	<u># OF PAGES</u>
10	State Budget and Control Board and Other Selected Documents From Claimant's Personnel File	2011 - 2008	40 (225-264)
11	Claimant's Wage Information	2012 - 2007	5 (265-269)
12	Claimant's Form 20, from His Second Employer, AMF Bowling Centers, Wherein at the Time of His Workers' Compensation Accident He Had an Average Weekly Wage of \$1180.72, with a Corresponding Compensation Rate of \$120.49	2008-2007	2 (269.5-271)
13	Claimant's Form 20 from His Second Employer, AMF Bowling Centers, Wherein Claimant Now Has an Average Weekly Wage of \$60.65, with a Corresponding Compensation Rate of \$40.44	2013-2012	2 (272-273)
14	Claimant's Analysis for His Combined Average Weekly Wage and Compensation Rate and Analysis for Back Due Temporary Partial and/or Permanent Partial Benefits	2013-2011	26 (274-299)

On Behalf of Defendants:

<u>APA</u>	<u>NOTICE OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u># OF PAGES</u>
1	Dr. David Jaskwhich	12/12/08 – 10/28/09	00001-00010
2	Dr. James DeMarco	9/24/10 – 8/7/12	00011-00023
3	Charleston Physical Therapy	10/29/08 – 10/30/08	00024-00027
4	Roper Hospital	10/11/10	00028-00044
5	St. Francis Hospital	10/8/08	00045-00051
6	Dr. Donald Olofsson	8/26/09	00052-00054
7	Dr. James Taggart	1/20/09	00055
8	Dr. James DeMarco Physician's Statement 14B	9/4/12	00056

Exhibits

<u>APA</u>		<u>DATE</u>	<u># OF PAGES</u>
A	Claimant's Deposition 4/29/13	4/29/13	
B	Form 19	12/13/06	

EVIDENCE OF THE CASE

The record includes the testimony of Claimant, Thomas Contreras. Further, Claimant and defendants submitted medical records into evidence through APA Submissions and also submitted Exhibits.

Testimony of Claimant, Thomas Contreras:

Claimant was sworn in and testified that he is fifty-one (51) years of age, that he only has a high school diploma from 1979, that he does not have a four (4) year degree, does not have a two (2) year degree and does not have any technical college or training of any kind. Claimant testified that prior to his work accident that he has never worked in an office setting, has no computer training of any kind and has never been trained in Quickbooks, Excel, PowerPoint, Adobe or Outlook. Claimant testified that he has worked for employer for twenty-two (22) years and seven (7) months, that he has never had any write ups for dishonesty, that he has no criminal record and that he has no history of drug or alcohol abuse. Claimant testified that he has been married for twenty-eight (28) years and that he has two (2) children. Claimant testified that he was in the Army for four (4) years and three (3) months and that he was honorably discharged as a Class E-4.

Claimant testified that prior to working for the fire department as a firefighter that he worked for Domino's Pizza delivering pizzas and making pizzas, that he worked for Home Depot, that he worked at AMF Bowling Alley and that he also installed fireplaces. Claimant testified that all the jobs that he worked previously were physical jobs and required the use of both of his shoulders and arms. He testified that while installing fireplaces, he was required to place the fireplaces in the hole that was made for them and was also required to run pipes through the

chimney. With regard to Claimant's job at Domino's Pizza, he testified that he worked as a pizza delivery driver and that he also put the pizza boxes together. He testified that if he was helping to make pizza dough, that he would have to grab the dough, flatten the dough out and place cheese on same. Claimant testified that he does not think that he would be able to return to any of his previous jobs given the permanent work restrictions he has now which include no lifting more than twenty (20) pounds and no overhead use of the right arm. Claimant testified that he would not be able to perform any of his prior work because of the lifting requirements for said jobs, lifting overhead requirements and repetitive motion required for both of his arms.

Claimant testified that his job with the fire department as a Captain required him to perform the same type of work that every firefighter is required to perform, to include physical requirements. Claimant testified that his job as a Firefighter required him to meet physical standard NFPA, which includes policies regarding hearing, lifting and sight. Claimant testified that some of the physical requirements required by the NFPA require him to lift a one-hundred and sixty-five (165) pound dummy during physical fitness tests. Claimant testified that his job as a firefighter requires the ability to function and react quickly, calmly, and also requires physical demands that he is no longer able to perform since his work accident and injuries. With regard to Claimant's job as a Firefighter, he testified that he can no longer lift ladders, raise ladders or carry generators since his work accident. Claimant testified that he is right hand dominant.

Claimant testified that his job requires physical training and that on the day of his accident at work, he was bench pressing weights and heard a popping sound when he went upward causing injury to his right shoulder and right bicep. Claimant testified that on a pain scale of zero (0) to ten (10), zero (0) being no pain and ten (10) being the worst pain, that the pain in his right

shoulder is a seven (7), that on his worse day the pain is a seven (7), and that on his best day the pain feels like a five (5). Claimant testified that the pain in his right bicep is a seven (7), and on his best day it is a five (5). Claimant testified that he has pain and spasms in his right shoulder and that his shoulder gets very tight. Claimant testified that there is never a time that he does not feel pain into his right shoulder or right bicep and that it is always constant. Claimant testified that around the year of 2006, he injured his left shoulder at work when he was lifting weights. Claimant testified that prior to this work related accident he had no physical restrictions or limitation with regard to his ability to lift with his right shoulder and right arm.

Claimant testified that prior to this work-related accident he has never had any pain or symptoms to his right shoulder or right bicep. Claimant testified that prior to his work accident he had no problem with range of motion in his right shoulder, but that he does now because he cannot hold his shoulder in an upward position. Claimant testified that he has pain in the front and back of his right bicep and pointed to the front of his bicep near the bend of his elbow. Claimant testified that prior to his work-related accident he did not have any problems with strength in his right shoulder but that he does now because if he lifts his shoulder up same causes pain and his right bicep will spasm.

The Claimant testified that as a result of his work accident he had four (4) surgeries to his right shoulder and three (3) injections to his right shoulder. Claimant testified that he still experiences pain to his right shoulder after his four (4) surgeries and that the pain is permanent.

Claimant testified that at the time of his accident at work he was also working for AMF Bowling Alley and has worked there for about twelve (12) years. Claimant testified that after review of the Form 20 from St. John's (which reflects an average weekly wage of \$993.49, and a

corresponding compensation rate of \$662.36) and the Form 20 from AMF (which reflects an average weekly wage of \$180.72, and a corresponding compensation rate of \$120.49), that same is correct. The Claimant testified that he was terminated by St. John's on January 21, 2011. He testified that in January of 2013, his hours increased at the bowling alley from about four (4) hours to seventeen (17) hours per week and that he typically gets about fourteen (14) hours per week. He testified that he earned \$1,610.08, while working at the bowling alley from January of 2013, through March of 2013. Claimant testified that he now earns about \$9.18 an hour working for the bowling alley. He testified that when he retired as a Fire fighter he wanted to go into a manager position at the bowling alley. Claimant testified that when the managerial position opened up at the bowling alley that Claimant was not hired for same because the employer gave same to another manager who already lived in Charleston. Claimant testified that if the bowling alley would have tried to give him a chance to perform that job that he would have tried same. Claimant testified that at the time of his work accident he also operated snack machines which were located in fire stations. Claimant testified that he has performed this work since 1995 and is not claiming an additional average weekly wage or compensation rate. Claimant testified that he has not made any money on the snack machines and that he has actually lost money on same because of the injury to his shoulder. Claimant testified that he owns about six (6) snack machines that he takes care of which are located in fire stations and that he delivers the snacks to the fire stations and restocks the machines. Claimant testified that he has broken even on this business and has not incurred any type of monetary profit for same. He testified that he devotes about three (3) hours a week to his snack machine business and that there is a potential prospect for snack machines to be turned into a real income for him. Claimant also testified that he also

helps take care of his two (2) year old grand-daughter, while his daughter is in school, on an occasional basis when his daughter calls in.

Claimant testified that he is still trying to obtain full employment even though he is still working for the bowling alley. He testified that he has tried to obtain work at Wal-Mart and CarMax and that he also applied for two federal jobs but that no company has hired him. Claimant testified that with regards to his failed attempts to find work that he did not get the job at Wal-Mart because he took a test and did not pass same. Claimant testified that he was looking into a job with the Federal Government in the immigration department because he is fluent in Spanish and that said salary ranged from \$58,000 to \$90,000.00. Claimant testified that the other job for the Federal Government was a finance clerk position which had a salary of \$39,000.00 to \$40,000.00 per year, and that he has not heard back with regards to either of those federal jobs. Claimant testified that the federal jobs would be sit down behind the desk type positions, and that he thinks that he can do that type of work sitting behind a desk. Claimant testified that he has done everything he knows to do in order to try and find work fulltime but that he has not been hired. Claimant testified that he is earning less money now than at the time of his work related accident. He testified that he has tried to obtain fulltime employment since being terminated from the fire department in January of 2011, but that hat he has not been hired.

Claimant testified that if he were physically able to work at the fire department that he would but that that he is not physically able to do so because he would not be able to pass the physical agility test due to his work restrictions and limitations. Claimant testified that if Wal-Mart, CarMax, or any Federal job became available and he was hired for any of them that he

would try his best to perform those jobs. Claimant testified that with regards to the jobs at Wal-Mart and CarMax that he is not sure if he would really be able to perform those jobs but that he does not know unless he tries. Claimant testified that if there is a job available that was within his permanent work restrictions that he would be working for same now but that no such job has been made available to him.

Claimant testified that prior to his work related accident he used to vacuum, dust, and clean windows at his home but that he cannot do same anymore because it causes pain in his right shoulder and bicep. Claimant testified that he does not have any problems dressing himself. Claimant testified that he is able to perform some yard work at his home such as raking leaves, washing the car and occasionally doing the dishes. He testified that he tried trimming and cutting the bushes in his yard but that he is was not able to finish same. Claimant testified that he is right hand dominant but that since his work accident he drives left handed and does not keep his right hand on the steering wheel anymore because moving it back and forth causes pain in his right shoulder and right bicep. Claimant testified that he would like to continue the treatment that authorized treating physician, Dr. DeMarco, has recommended for him, to include medications, pain management, injections, tens unit, repeat diagnostics, physical therapy and office visits.

Claimant testified that he has not been back in to see Dr. DeMarco since August of 2012, and that he is not taking any pain medication currently. Claimant testified that he signed up for a gym membership but that he has not gone for a long period of time. Claimant testified that he thought about going back to school to study in human resources but he has not been able to do so due to financial reasons. Claimant testified that he has never applied for Social Security Disability.

With regards to Claimant raking the leaves, he testified that prior to the accident at work, he never had any problems with pain in his shoulder while doing that. Claimant testified that prior to his work accident, he did not have any problems with doing the dishes, washing the car or yard work, but that he has problems doing those activities now, and that he cannot perform them pain free. Claimant testified now that when he rakes, his shoulder moves back and forth and it gets stiff and causes his bicep to hurt. He testified that when he rakes the leaves he has to take breaks, and he breaks every thirty (30) to forty-five (45) minutes. Claimant testifies that he does not have the money or ability to pay to go get educated in human resources and that even if he was able to obtain training for same, that he is not sure that he would be able to do it. Claimant testified that it was his plan to try and find a fulltime job, since he was terminated in January 2011, but that it has been two (2) years since he was terminated, and he has still not been able to find work fulltime.

During his employment with employer, Claimant testified that he received an award from employer for the most improved over a one year span and that he was also given a Citizens Award from Bank of America. He testified that he was promoted to Captain of the Fire Department.

Claimant testified that he is in charge of his own bank accounts, handles his own financial affairs and makes his own decisions for himself regarding food, clothing and shelter. He testified that he has never been deemed by any court to be incompetent.

Claimant testified that he injured his left shoulder at work in 2006, when he was lifting weights at the fire station, that he filed a workers' compensation claim for same, and that he received \$19,000.00 for the injury to his left shoulder. Claimant testified that after his left

shoulder injury at work he was able to return to work fulltime and full duty and was able to perform all of job requirements.

REVIEW OF MEDICAL EVIDENCE

A review of the medical evidence reveals that the Claimant was evaluated by Jean Hutchinson on October 10, 2011. Vocational Specialist opines on October 12, 2011, that “[I]n considering these aforementioned factors, approaching advanced age, high school level of education with training through the Fire Department, past work experience as a fire department chief, bowling alley clerk, vending machine tender, and landscape laborer, and significant physical limitations and ongoing pain of more than three years’ duration, I am of the opinion that [Claimant] is unable to perform the required job tasks of his former work as a fire department chief, is unable to return to his past employment as a landscape laborer, and does not have transferable skills to perform other work that is within his residual functional capacity. I am of the opinion that [Claimant] is able to continue working as a bowling alley clerk and he indicated that he earns approximately \$8.00 per hour and is currently working five hours per week. He noted that he continues to work as a vending machine tender (vending machines in fire stations) once per month. [Claimant] continues to be employed on a part-time basis, limited basis despite his injury and subsequent physical limitations and restrictions. This continued employment is contingent upon accommodations by the current employer upon which [Claimant] cannot count on for which there is no contract. These accommodations may end at any time if the accommodated situation is not of benefit to the employer. [Claimant] cannot expect this type of accommodation or treatment by subsequent employers. I am of the opinion that he has therefore sustained a loss as to his competitiveness and access to the open job market when compared to

other non-injured job seekers. With the restrictions placed on him by his physicians, he is appropriate for selected work at the sedentary exertional level. [Claimant is fortunate to have an understanding employer who has tailored a job to meet his physical restrictions. Should this job cease, should his supervisor or job duties change, or should his physical problems become worse, I am of the opinion that [Claimant] would be in jeopardy with regard to locating suitable employment and would incur a loss of future earning capacity. [Claimant] continues to experience significant physical limitations and pain. Should these issues resolve to the point (where he has more function and stamina, he may be appropriate for further job placement in sedentary positions. [Claimant] can expect to earn at or near minimum wage (\$7.25 - \$8.00 per hour) and would continue to experience a significant loss of earning capacity" (APA #1).

A review of the medical evidence reveals that the Claimant underwent an independent medical evaluation by Dr. Charles Hughes on October 6, 2011. Dr. Charles Hughes opined on October 6, 2011, that most probably and to a reasonable degree of medical certainty (1) Mr. Contreras' injury to his right shoulder, right upper extremity, right bicep, and clavicle, are caused by and/or aggravated by the injuries he sustained in his October 8, 2008 accident at work; (2) Claimant's injury to his right shoulder affects his right upper extremity by way of pain and tenderness into his right biceps and clavicle as a result of his October 8, 2008 accident at work; (3) Claimant has permanent physical work restrictions to his right shoulder, right upper extremity, right bicep and clavicle as a result of the injuries that he sustained at work on October 8, 2008, to include no climbing, no pushing, no horizontal lifting, no overhead activities, no pulling, and no lifting more than ten pounds with the right arm; (4) Claimant has permanent physical work restrictions to his right shoulder, right upper extremity and right bicep to include no more pushing

than one (1) minute at a time, no pulling for one (1) minute at a time, no horizontal lifting for one (1) minute at a time; and (5) That Claimant sustained a fourteen (14%) percent permanent impairment to his right shoulder and an additional ten (10%) percent permanent impairment to right upper extremity for his distal clavicle AC joint injury (APA #2).

A review of the medical evidence reveals Claimant was evaluated by authorized treating physician Dr. James DeMarco from August 6, 2010, through October 24, 2012. Via a 14B – Physician’s Statement, dated September 4, 2012, and May 16, 2011, Dr. DeMarco opines that Claimant will not be able to return to his prior occupation as a result of the injuries he sustained at work on October 8, 2008. He further opines on September 4, 2012, that Claimant sustained a nine percent (9%) permanent impairment to his right upper extremity which converts to a fifteen percent (15%) permanent impairment to his right shoulder as a result of his October 8, 2008, accident at work. He opined on May 16, 2011, that Claimant sustained an eleven percent (11%) permanent impairment to his right shoulder as a result of this October 8, 2008 accident at work. He opined on October 24, 2012 and October 8, 2012 that most probably and to reasonable degree of medical certainty; (1) Claimant’s injuries to his right shoulder and right upper extremity, (right bicep) are caused by and/or aggravated by the injuries that he sustained in his October 8, 2008 accident at work; (2) That Claimant’s injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right bicep as a result of his October 8, 2008 accident at work; and (3) Claimant will need continued medical care and treatment to his right shoulder, right upper extremity, right bicep and clavicle to include medications, pain management clinic, injections, tens unit, repeat diagnostic, physical therapy, and follow up visits with his office which will tend to lessen Claimant’s period of disability. On August 7, 2012,

Claimant was placed at maximum medical improvement. Dr. DeMarco opines on August 7, 2012, that Claimant has work restrictions to include no lifting more than 40 pounds with both hands, no lifting more than 20 pounds with the right arm overhead and no carrying or pushing more than 50 pounds with both hands. On August 7, 2012, he opines that Claimant sustained a nine percent (9%) permanent impairment to his right upper extremity (Dr. DeMarco opined that this breaks down to three percent (3%) for biceps atrophy, an additional three percent (3%) for loss of internal rotation; an additional two percent (2%) for loss of forward flexion and an additional one percent (1%) for pain and muscle spasm. He opines that Claimant may require future treatment consisting of repeat corticosteroid injections, anti-inflammatories and/or physical therapy if Claimant's condition regresses (APA #3).

A review of the medical evidence reveals that Claimant underwent four (4) surgeries to his right shoulder as a result of his accident at work. Claimant underwent Surgery 1 to his right shoulder January 29, 2009, for right shoulder pain and superior labral tear with bursitis, right shoulder superior labral tear, anterior-posterior consisting of right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum and bone, and arthroscopic repair of superior labrum anterior-posterior tear. Claimant underwent Surgery 2 to his right shoulder October 1, 2009, for right shoulder pain and impingement status post labral repair consisting of right shoulder arthroscopy with extensive debridement of suture, labrum, bursa, and bone. Claimant underwent Surgery 3 on October 11, 2010, for right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament, right shoulder intra-articular synovitis, right shoulder type one (1) superior labrum anterior to posterior tear, right shoulder subacromial impingement syndrome and bursitis, and right shoulder acromioclavicular joint osteoarthritis

consisting of right shoulder subacromial decompression and bursectomy, right shoulder acromioclavicular joint resection, and right shoulder major debridement of a superior labrum anterior to posterior tear, intrarticular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval tissue. Claimant underwent Surgery 4 to his right shoulder on March 29, 2012, for right shoulder coracoid impingement, right shoulder intra-articular synovitis adhesions, right shoulder subacromial impingement with adhesions, right shoulder long headed biceps tendinopathy, consisting of right shoulder major debridement of intra-articular synovitis with coracoid decompression, right shoulder subacromial decompression and bursectomy, and right shoulder long head of the biceps tenodesis. An MRI of Claimant's right shoulder dated December 12, 2008 revealed supraspinatus tendinitis, probable superior labral tear, and moderate AC joint arthrosis. An MRI of Claimant's right shoulder dated August 26, 2009, revealed mild articular-sided irregularity of the supraspinatus and infraspinatus tendons suggesting low grade articular-sided partial tear versus prior resurfacing, mild tendinopathy of the supraspinatus and infraspinatus tendons, irregularity of the glenoid labrum from the 9 o'clock through the 5 o'clock position suggesting prior repair or resurfacing versus a nondisplaced labral tear, mild tendinopathy of the intra-articular portion of the biceps tendon, mild to moderate osteoarthritis of the acromioclavicular joint and mild osteoarthritis of the glenohumeral joint, and postoperative changes (APA #4).

A review of the medical evidence reveals that Claimant was evaluated by authorized treating physician, Dr. David Jaskwich, from December 19, 2008, through May 5, 2010. On May 5, 2010, Dr. Jaskwich opines the Claimant has reached maximum medical improvement and sustained a ten percent (10%) permanent impairment rating to the right shoulder which was

based upon the fact Claimant has consistent pain, soreness, and weakness in the right shoulder. He opines that Claimant has permanent work restrictions of no lifting more than twenty-five (25) pounds, lifting overhead and occasional lifting fifty (50) pounds at waist level, and no more lifting than fifty (50) pounds in general. Dr. Jaskwhich opines that given those permanent work restrictions same would include Claimant from being able to pass his physical and agility test for work which requires him to be able to drag one hundred seventy-five (175) pounds (APA #5).

A review of the medical evidence reveals that Claimant was evaluated by Dr. James Spearman on December 3, 2008. Claimant present to Dr. Spearman on December 3, 2008 with right shoulder pain, and right shoulder weakness in abduction of supraspinatus, crepitus and pain on ROM. Dr. Spearman recommended that Claimant undergo an MRI and kept Claimant on light duty work restriction until his return (APA #6).

A review of the evidence reveals that Claimant was treated by Atlantic Occupational Health from October 14, 2008, through November 19, 2008. On November 9, 2008, Claimant was referred to an orthopaedic specialist for his right shoulder injuries. He was diagnosed with a right shoulder strain. On October 29, 2008, and on October 14, 2008, Claimant was referred for physical therapy (APA #7).

A review of the medical evidence reveals that Claimant was evaluated by Roper St. Francis Hospital from November 17, 2005, through March 24, 2011. On October 28, 2008, Claimant reported to the St. Francis Hospital emergency room with right shoulder pain which came from lifting weights while working. Claimant was diagnosed with a soft tissue injury to the posterior right shoulder and provided medications for same. Claimant was also diagnosed with bicipital tendonitis of the right shoulder (APA #8).

A review of the medical evidence reveals that Claimant underwent physical therapy from October 30, 2008, through July 19, 2012. Claimant treated at physical therapy for right shoulder supraspinatus and infraspinatus tendons. Claimant was released from physical therapy at Charleston Physical Therapy on July 9, 2012 after achieving all goals. Claimant also underwent physical therapy with Rehabilitation Centers of Charleston and was discharged on September 9, 2010 (APA #9).

REVIEW OF EXHIBITS

A review of the Exhibits submitted by Claimant are as follows: (1) State Budget and Control Board and Other Selected Documents From Claimant's Personnel File; (2) Claimant's Wage Information; (3) Claimant's Form 20, from His Second Employer, AMF Bowling Centers, Wherein at the Time of His Workers' Compensation Accident He Had an Average Weekly Wage of \$1180.72, with a Corresponding Compensation Rate of \$120.49; (4) Claimant's Form 20 from His Second Employer, AMF Bowling Centers, Wherein Claimant Now Has an Average Weekly Wage of \$60.65, with a Corresponding Compensation Rate of \$40.44; and (5) Claimant's Analysis for His Combined Average Weekly Wage and Compensation Rate and Analysis for Back Due Temporary Partial and/or Permanent Partial Benefits. A review of the Exhibits submitted by defendants are as follows: (1) Claimant Deposition 4/29/13; and (2) Form 19 12/13/06.

FINDINGS OF FACT

Based upon the greater weight of the evidence, including the testimony of Claimant, Thomas Contreras, the medical reports, restrictions, and other documentary evidence submitted by the respective parties pursuant to the Administrative Procedures Act, the Commission file

relative to this claim, and the credibility of all the evidence and testimony submitted, this Commissioner therefore makes the following findings of fact:

1. That, Claimant, Thomas Contreras, and employer, St. Johns Fire District Commission (hereinafter "St. Johns"), were subject to the South Carolina Workers' Compensation Act, at the time of the accidental injury.
2. That, the relationship of employer/employee existed between Claimant, Thomas Contreras, and employer, St. Johns, at the time of Claimant's work-related accident.
3. That, I find, that on or about October 8, 2008, Claimant suffered injury by accident, arising out of in the course and scope of employment, wherein he injured his right shoulder and right upper extremity (Authorized treating orthopedic surgeon Dr. James DeMarco APA #3, pp. 16-17; Orthopedic surgeon Dr. Charles Hughes APA #2, p. 9).
4. That, Defendants have provided the Claimant medical care and treatment for his injuries, including four (4) right shoulder surgeries.
5. That, authorized treating orthopaedic surgeon, Dr. James DeMarco, opines on his 14-B medical statements dated September 4, 2012, and May 16, 2011, that Claimant is unable to return to work at his past employment. (defendants' APA #8, p. 00056 and APA #3, p.15).
6. That, at the time of Claimant's work accident, he was working for two (2) employers; (a) St. Johns; and (b) AMF Bowling Centers (hereinafter "AMF") (APA #11, 12, and 13; and Hearing Tr. p. 25, ll. 20-22).

7. That I find that Claimant's combined earnings from his dual employment with St. Johns and AMF equates to an average weekly wage of one-thousand one hundred seventy four dollars and twenty cents (\$1,174.20) and a corresponding compensation rate of six-hundred sixty one dollars and twenty nine cents (\$661.29) (the maximum compensation rate for 2008 which is the year in which Claimant was injured on the job) (APA 11, pp. 265-269 and APA #12, pp. 269.5-271).
8. That, Claimant's job at the St. Johns fire department, which he held for over twenty-two (22) years, is physical by description (APA #10, pp. 228-230).
9. That, Claimant's last day of work with employer St. Johns was on January 21, 2011, after he was approved for early retirement due to his final physician's report stating that he was unable to return to work as a firefighter (APA #10, p. 231).
10. That, all of Claimant's jobs, prior to his work with the fire department, were also physical in nature (Hearing Tr. p. 17, l. 18-p. 18, l. 23).
11. That, since being unable to return to work with employer St. Johns, Claimant has continued to work as a desk clerk at the AMF bowling alley for fourteen (14) hours per week (Hearing Tr. p. 27, ll. 1-5 and p. 35, ll. 13-15).
12. That, since being unable to return to work with employer St. Johns, Claimant has actively searched for other employment. Claimant applied for a management position at the AMF bowling alley where he works when it became available; however, despite Claimant having worked at the bowling alley for twelve (12)

years, he did not get the job as manager of the bowling alley (Hearing Tr. p. 35, ll. 16-24 and p. 43, ll. 12-25).

13. That, Claimant also has looked for other employment, took a test at Wal-Mart and failed said test and that he applied at CarMax, but that he was not hired. Claimant also applied for "a couple" of Federal jobs, but that he has yet to get an answer from any of these job applications (Hearing Tr. p. 28, l. 14-p. 29, l. 11; p. 36, l. 3-p. 37, l. 11; p. 47, ll. 6-13; and p. 48, ll. 6-23).

14. That, Claimant also has a small vending machine route which he works once per month. Those machines are located in area fire houses. Claimant testified that he makes little or no income from this route (Hearing Tr. p. 27, l. 21-p. 28, l. 13 and p. 37, l. 18-p. 39, l. 1).

15. That, the Claimant was fifty-one (51) years old at the time of the hearing.

16. That, Claimant is a high school graduate (1979).

17. That, Claimant is married with two (2) children.

18. That, Claimant is a US Army veteran who was honorably discharged.

19. That, pursuant to the opinion of authorized treating orthopaedic surgeon, Dr. James DeMarco, Claimant cannot return to his employment with the employer St. Johns (APA #3, p. 15 and defendants APA #8, p. 00056). Authorized treating surgeon DeMarco's opinion that Claimant cannot return to his past employment is corroborated by the uncontroverted and only vocational assessment in the record provided by certified rehabilitation counselor, Jean R. Hutchinson (APA #1, pp. 7-8). Vocational expert, Hutchinson, is of the opinion that Claimant cannot return

to his past employment and that Claimant will now only be able to earn at or near minimum wage (APA #1, pp. 7-8). Furthermore, orthopaedic surgeon, Dr. Charles Hughes, also opines that Claimant can return to his prior employment (APA #2, p. 14).

20. That, defendants did not choose to submit a vocational evaluation in this case.
21. That, based on the record as a whole, the greater weight of the evidence, leads to the conclusion that Claimant cannot return to his previous employment with employer, St. Johns. Additionally, I find that Claimant, as he is today, cannot and will not find similar employment with another fire department.
22. That, given the Claimant's present physical condition, past work experience, age, education and skill set (he has no computer skills), I find that Claimant can only expect to earn minimum wage at his employment going forward.
23. That, based on the record as a whole, I conclude that the greater weight of the evidence, dictates that the Claimant has suffered permanent partial wage loss, pursuant to S.C. Code Ann. §42-9-20. Accordingly, I further find that Claimant is entitled to the compensation computation as allowed pursuant to the statute.
24. That, prior to Claimant's work accident and injuries, he was able to earn and had an average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents (\$1,174.21) per week. That, as a result of Claimant's work related injuries, I find that Claimant is now only able to earn minimum wage (\$7.25 x 40 hours per week) which equates to two-hundred and ninety dollars (\$290) per week.

25. That, I find that, given Claimant's pre-accident average weekly wage and earning capacity was one-thousand one hundred seventy four dollars and twenty one cents (\$1,174.21), and given that I find that Claimant's post work accident earning capacity is only two-hundred and ninety (\$290.00) dollars per week, I find that Claimant has suffered and will continue to suffer wage loss in the amount of eight hundred eighty eight dollars and twenty one cents (\$884.21) per week (Claimant's Average Weekly Wage of \$1,174.21 minus his new post accident wages of \$290.00 per week).

26. Accordingly, pursuant to S.C. Code Ann. §42-9-20, Claimant is entitled to, and defendants shall pay, an award of permanent partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of Claimant's eight-hundred eighty four dollars and twenty one cents (\$884.21) loss of earning capacity per week which equates to five-hundred eighty nine dollars and forty seven cents (\$589.47) per week (which equates to a total amount of \$153,262.20). Furthermore, I find that Claimant is entitled to said five-hundred eighty nine dollars and forty seven cents (\$589.47) per week for a total of two-hundred and sixty (260) weeks (Pursuant to S.C. Code Ann. §42-9-20 Claimant can receive 340 weeks of compensation for wage loss). By a separate finding in this Order, Claimant is entitled to eighty (80) weeks of Temporary Partial Wage Loss. Accordingly, Claimant has two-hundred and sixty (260) weeks of partial wage loss available to him under the statute for permanent partial wage loss (340 weeks minus 80 weeks). Accordingly, Claimant is entitled to, and defendants shall pay Claimant one-hundred fifty three thousand

two hundred sixty two dollars and twenty cents (\$153,262.20 [wage loss of \$589.47 times 260 weeks]) to Claimant for permanent total wage loss. Again, said benefits are not to be paid to Claimant in lump sum and shall be paid to Claimant in the amount of five-hundred eighty nine dollars and forty seven cents (\$589.47) per week over a 260 week period.

27. That, Claimant is entitled to a lump sum payment for any and all past due temporary partial disability benefits due.

28. That, furthermore, Claimant is entitled to, and that Defendants shall pay Claimant, temporary partial wage loss in the amount of sixty-six and two-thirds percent ($66\frac{2}{3}\%$) of his average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents (\$1,174.21) minus the actual amount of wages that he earned for each week worked as demonstrated by Claimant's Exhibit APA #13, p. 274-276 (average weekly wage minus actual earnings) for eighty (80) weeks for the period of January 21, 2011 through August 7, 2012. Based upon Claimant's pre-accident wages he should have earned ninety-three thousand nine hundred thirty six dollars and eighty cents (\$93,936.80) during said eighty (80) weeks; however, his actual earnings were only two-thousand seven hundred and one dollar and one cent (\$2,701.10) during said eighty (80) weeks. Accordingly, Claimant is entitled to, and defendants shall pay Claimant, sixty-thousand eight hundred twenty three dollars and eighty cents (\$60,823.80) for his past temporary partial wage loss over eighty (80) weeks ($\$93,936.80$ minus $\$2,701.10 = \$91,235.70$; two-thirds of $\$91,235.70 = \$60,823.80$).

29. That, with regard to Claimant's permanent partial wage loss award, the Claimant is only entitled to a lump sum payment of said award as it applies to the payment of Claimant's attorney's fees and case costs and the remaining benefits shall be paid to him in weekly installments. Accordingly, subject to Commission approval of Claimant's Form 61 and Form 61A, Claimant's attorney shall be entitled to \$71,362.00 in attorney's fees (this is based upon 1/3 of Claimant's total award in the amount of \$214,086.00 [Claimant's award of \$153,262.20, for future wage loss, divided by three = attorney's fees of \$51,087.40; plus Claimant's award of \$60,823.80, for permanent partial wage loss, divided by three = attorney's fees of \$20,274.60 = total attorney's fees of \$71,362.00]), and \$3,381.77, for case cost reimbursement.

30. That, Claimant shall be entitled, and Defendants shall pay, for Claimant's past causally related medical care and treatment. Medical payment shall be made by the Defendants to the medical provider, the Claimant, or his insurance carrier, or to Medicare/Medicaid, if those expenses have been previously paid by them.

31. That, I find that authorized orthopedic surgeon, Dr. James DeMarco, opined on "check the box" forms dated October 8, 2012, and October 24, 2012, that Claimant is in need of future medical care and treatment in the form of medications, pain management clinic, injections, tens unit, repeat diagnostic imaging, physical therapy and follow up office visits as a result of his August 8, 2008, accident at work. He further opined that said medical treatment would tend to lessen Claimant's period of disability. Dr. DeMarco, does not opine on his

14-B issued on May 16, 2011, that Claimant will need future medical care and treatment; however, he opines differently on his October 8, 2012, and October 24, 2012, check the box reports and I give more weight to the opinions given in said reports given that they were provided at a later date than the 14-B, were provided closer to Claimant's hearing date and more accurately reflect Claimant's current condition and need for future medical care and treatment.

32. That Claimant is entitled to, and Defendants shall pay, for all causally related future medical care and treatment for Claimant pursuant to S.C. Code Ann. §42-15-60, Dodge vs. Brucoli, Clark, Layman, Inc., 334 SC 574, 514 SE2d 593 (Ct. App. 1999) and any other authority under the Act as I find that said medical treatment will tend to lessen Claimant's period of disability.

33. That Claimant reached maximum medical improvement as of August 7, 2012.

34. That I find that Claimant is entitled to the following allocation of his benefits of \$214,086.00, pursuant to James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006):

- a. \$78,518.43 in compromise of disputed future disability benefits at the rate of \$55.10 per week commencing May 14, 2013, for a period of 27.40 years; representing Claimant's life expectancy pursuant to Section 19-1-150 of the S.C. Code of Laws and pursuant to Section 42-9-10 and 42-9-20 of the S.C. Code of Laws as interpreted by the S.C. Supreme Court decision of James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006).

- b. \$71,362.00 as attorney's fees per written agreement between Claimant and attorney.
- c. \$3,381.77 in cost advances and expenses.
- d. \$0.00 towards the payment of future medical benefits.
- e. \$60,823.80, for past temporary partial wage loss.

CONCLUSIONS OF LAW

1. That this case is governed by the terms and provisions of the South Carolina Workers' Compensation Act.
2. That S.C. Code Ann. 42-1-40 is applicable in defining "average weekly wages."
3. That S.C. Code Ann. 42-1-100 is applicable in defining compensation.
4. That S.C. Code Ann. 42-1-120 is applicable in defining disability.
5. That S.C. Code Ann. 42-1-130 is applicable in defining employee.
6. That S.C. Code Ann. 42-1-140 is applicable in defining employer.
7. That S.C. Code Ann. 42-1-150 is applicable in defining employment.
8. That S.C. Code Ann. 42-1-160 is applicable in defining injury and personal injury.
9. That S.C. Code Ann. 42-9-10 is applicable in defining "the amount of compensation for total disability."
10. That S.C. Code Ann. 42-9-30 is applicable in determining "the amount of compensation and period of disability" for injuries.
11. That S.C. Code Ann. 42-15-60 is applicable in determining "medical, surgical, hospital and other treatment."

12. That S.C. Code Ann. 42-70-40 is applicable in "governing the conduct of hearing and rendering of awards."

ORDER

NOW, THEREFORE, IT IS ORDERED:

1. That, based on the record as a whole, I conclude that the greater weight of the evidence, dictates that the Claimant has suffered permanent partial wage loss, pursuant to S.C. Code Ann. §42-9-20. Accordingly, I further find that Claimant is entitled to the compensation computation as allowed pursuant to the statute.
2. Accordingly, pursuant to S.C. Code Ann. §42-9-20, Claimant is entitled to, and defendants shall pay, an award of permanent partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of Claimant's eight-hundred eighty four dollars and twenty one cents (\$884.21) loss of earning capacity per week which equates to five-hundred eighty nine dollars and forty seven cents (\$589.47) per week (which equates to a total amount of \$153,262.20). Furthermore, I find that Claimant is entitled to said five-hundred eighty nine dollars and forty seven cents (\$589.47) per week for a total of two-hundred and sixty (260) weeks (Pursuant to S.C. Code Ann. §42-9-20 Claimant can receive 340 weeks of compensation for wage loss). By a separate finding in this Order, Claimant is entitled to eighty (80) weeks of Temporary Partial Wage Loss. Accordingly, Claimant has two-hundred and sixty (260) weeks of partial wage loss available to him under the statute for permanent partial wage loss (340 weeks minus 80 weeks). Accordingly, Claimant is entitled to, and defendants shall pay Claimant one-hundred fifty three thousand

two hundred sixty two dollars and twenty cents (\$153,262.20 [wage loss of \$589.47 times 260 weeks]) to Claimant for permanent total wage loss. Again, said benefits are not to be paid to Claimant in lump sum and shall be paid to Claimant in the amount of five-hundred eighty nine dollars and forty seven cents (\$589.47) per week over a 260 week period.

3. That, Claimant is entitled to a lump sum payment for any and all past due temporary partial disability benefits due.
4. That, furthermore, Claimant is entitled to, and that Defendants shall pay Claimant, temporary partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of his average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents (\$1,174.21) minus the actual amount of wages that he earned for each week worked as demonstrated by Claimant's Exhibit APA #13, p. 274-276 (average weekly wage minus actual earnings) for eighty (80) weeks for the period of January 21, 2011 through August 7, 2012. Based upon Claimant's pre-accident wages he should have earned ninety-three thousand nine hundred thirty six dollars and eighty cents (\$93,936.80) during said eighty (80) weeks; however, his actual earnings were only two-thousand seven hundred and one dollar and one cent (\$2,701.10) during said eighty (80) weeks. Accordingly, Claimant is entitled to, and defendants shall pay Claimant, sixty-thousand eight hundred twenty three dollars and eighty cents (\$60,823.80) for his past temporary partial wage loss over eighty (80) weeks (\$93,936.80 minus \$2,701.10 = \$91,235.70; two-thirds of \$91,235.70 = \$60,823.80).


5. That, with regard to Claimant's permanent partial wage loss award, the Claimant is only entitled to a lump sum payment of said award as it applies to the payment of Claimant's attorney's fees and case costs and the remaining benefits shall be paid to him in weekly installments. Accordingly, subject to Commission approval of Claimant's Form 61 and Form 61A, Claimant's attorney shall be entitled to \$71,362.00 in attorney's fees (this is based upon 1/3 of Claimant's total award in the amount of \$214,086.00 [Claimant's award of \$153,262.20, for future wage loss, divided by three = attorney's fees of \$51,087.40; plus Claimant's award of \$60,823.80, for permanent partial wage loss, divided by three = attorney's fees of \$20,274.60 = total attorney's fees of \$71,362.00]), and \$3,381.77, for case cost reimbursement.
6. That, Claimant shall be entitled, and Defendants shall pay, for Claimant's past causally related medical care and treatment. Medical payment shall be made by the Defendants to the medical provider, the Claimant, or his insurance carrier, or to Medicare/Medicaid, if those expenses have been previously paid by them.
7. That Claimant is entitled to, and Defendants shall pay, for all causally related future medical care and treatment for Claimant pursuant to S.C. Code Ann. §42-15-60, *Dodge vs. Bruccoli, Clark, Layman, Inc.*, 334 SC 574, 514 SE2d 593 (Ct. App. 1999) and any other authority under the Act as I find that said medical treatment will tend to lessen Claimant's period of disability to include medications, pain management clinic, injections, tens unit, repeat diagnostic imaging, physical

therapy and follow up office visits as recommended by authorized treating physician, Dr. James DeMarco.

8. That I find that Claimant is entitled to the following allocation of his benefits of \$214,086.00, pursuant to James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006):

- a. \$78,518.43 in compromise of disputed future disability benefits at the rate of \$55.10 per week commencing May 14, 2013, for a period of 27.40 years; representing Claimant's life expectancy pursuant to Section 19-1-150 of the S.C. Code of Laws and pursuant to Section 42-9-10 and 42-9-20 of the S.C. Code of Laws as interpreted by the S.C. Supreme Court decision of James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006).
- b. \$71,362.00 as attorney's fees per written agreement between Claimant and attorney.
- c. \$3,381.77 in cost advances and expenses.
- d. \$0.00 towards the payment of future medical benefits.
- e. \$60,823.80, for past temporary partial wage loss.

AND IT IS SO ORDERED.


Commissioner Gene McCaskill

**APPELLATE PANEL DECISION AND ORDER
OF THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**

WCC NUMBER 0822640

THOMAS CONTRERAS

V.

ST. JOHN'S FIRE DISTRICT, EMPLOYER

STATE ACCIDENT FUND, CARRIER

HEARING:

DECEMBER 16, 2013

APPEARANCES:

**RESPONDENT-CLAIMANT WAS
REPRESENTED BY GARY CHRISTMAS
APPELLANT-CARRIER WAS REPRESENTED
BY MARGARET M. URBANIC**

This case was originally heard back on May 14, 2013, on Forms 50/51. As a result of the hearing, the Single Commissioner made the following findings of fact:

1. That, Claimant, Thomas Contreras, and employer, St. Johns Fire District Commission (hereinafter "St. Johns"), were subject to the South Carolina Workers' Compensation Act, at the time of the accidental injury.
2. That, the relationship of employer/employee existed between Claimant, Thomas Contreras, and employer, St. Johns, at the time of Claimant's work-related accident.
3. That, I find, that on or about October 8, 2008, Claimant suffered injury by accident, arising out of in the course and scope of employment, wherein he injured his right shoulder and right upper extremity (Authorized treating orthopedic surgeon Dr. James DeMarco APA #3, pp. 16-17; Orthopedic surgeon Dr. Charles Hughes APA #2, p. 9).
4. That, Defendants have provided the Claimant medical care and treatment for his injuries, including four (4) right shoulder surgeries.
5. That, authorized treating orthopedic surgeon, Dr. James DeMarco, opines on his 14-B medical statements dated September 4, 2012, and May 16, 2011, that Claimant is unable to return to work at his past employment. (Defendants' APA #8, p. 00056 and APA #3, p.15).
6. That, at the time of Claimant's work accident, he was working for two (2) employers; (a) St. Johns; and (b) AMF Bowling Centers (hereinafter "AMF") (APA #11, 12, and 13; and Hearing Tr. p. 25, ll. 20-22).

7. That I find that Claimant's combined earnings from his dual employment with St. Johns and AMF equates to an average weekly wage of one-thousand one hundred seventy four dollars and twenty cents (\$1,174.20) and a corresponding compensation rate of six-hundred sixty one dollars and twenty nine cents (\$661.29) (the maximum compensation rate for 2008 which is the year in which Claimant was injured on the job) (APA 11, pp. 265-269 and APA #12, pp. 269.5-271).
8. That, Claimant's job at the St. Johns fire department, which he held for over twenty-two (22) years, is physical by description (APA #10, pp. 228-230).
9. That, Claimant's last day of work with employer St. Johns was on January 21, 2011, after he was approved for early retirement due to his final physician's report stating that he was unable to return to work as a firefighter (APA #10, p. 231).
10. That, all of Claimant's jobs, prior to his work with the fire department, were also physical in nature (Hearing Tr. p. 17, l. 18-p. 18, l. 23).
11. That, since being unable to return to work with employer St. Johns, Claimant has continued to work as a desk clerk at the AMF bowling alley for fourteen (14) hours per week (Hearing Tr. p. 27, ll. 1-5 and p. 35, ll. 13-15).
12. That, since being unable to return to work with employer St. Johns, Claimant has actively searched for other employment. Claimant applied for a management position at the AMF bowling alley where he works when it became available; however, despite Claimant having worked at the bowling alley for twelve (12) years, he did not get the job as manager of the bowling alley (Hearing Tr. p. 35, ll. 16-24 and p. 43, ll. 12-25).

13. That, Claimant also has looked for other employment, took a test at Wal-Mart and failed said test and that he applied at CarMax, but that he was not hired. Claimant also applied for "a couple" of Federal jobs, but that he has yet to get an answer from any of these job applications (Hearing Tr. p. 28, l. 14-p. 29, l. 11; p. 36, l. 3-p. 37, l. 11; p. 47, ll. 6-13; and p. 48, ll. 6-23).
14. That, Claimant also has a small vending machine route which he works once per month. Those machines are located in area fire houses. Claimant testified that he makes little or no income from this route (Hearing Tr. p. 27, l. 21-p. 28, l. 13 and p. 37, l. 18-p. 39, l. 1).
15. That, the Claimant was fifty-one (51) years old at the time of the hearing.
16. That, Claimant is a high school graduate (1979).
17. That, Claimant is married with two (2) children.
18. That, Claimant is a US Army veteran who was honorably discharged.
19. That, pursuant to the opinion of authorized treating orthopedic surgeon, Dr. James DeMarco, Claimant cannot return to his employment with the employer St. Johns (APA #3, p. 15 and defendants APA #8, p. 00056). Authorized treating surgeon DeMarco's opinion that Claimant cannot return to his past employment is corroborated by the uncontroverted and only vocational assessment in the record provided by certified rehabilitation counselor, Jean R. Hutchinson (APA #1, pp. 7-8). Vocational expert, Hutchinson, is of the opinion that Claimant cannot return to his past employment and that Claimant will now only be able to earn at or near minimum wage (APA #1, pp. 7-8). Furthermore, orthopedic surgeon, Dr. Charles

Hughes, also opines that Claimant can return to his prior employment (APA #2, p. 14).

20. That, defendants did not choose to submit a vocational evaluation in this case.
21. That, based on the record as a whole, the greater weight of the evidence, leads to the conclusion that Claimant cannot return to his previous employment with employer, St. Johns. Additionally, I find that Claimant, as he is today, cannot and will not find similar employment with another fire department.
22. That, given the Claimant's present physical condition, past work experience, age, education and skill set (he has no computer skills), I find that Claimant can only expect to earn minimum wage at his employment going forward.
23. That, based on the record as a whole, I conclude that the greater weight of the evidence, dictates that the Claimant has suffered permanent partial wage loss, pursuant to S.C. Code Ann. §42-9-20. Accordingly, I further find that Claimant is entitled to the compensation computation as allowed pursuant to the statute.
24. That, prior to Claimant's work accident and injuries, he was able to earn and had an average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents (\$1,174.21) per week. That, as a result of Claimants work related injuries, I find that Claimant is now only able to earn minimum wage (\$7.25 x 40 hours per week) which equates to two-hundred and ninety dollars (\$290) per week.
25. That, I find that, given Claimant's pre-accident average weekly wage and earning capacity was one-thousand one hundred seventy four dollars and twenty one cents (\$1,174.21), and given that I find that Claimant's post work accident earning

capacity is only two-hundred and ninety (\$290.00) dollars per week, I find that Claimant has suffered and will continue to suffer wage loss in the amount of eight hundred eighty eight dollars and twenty one cents (\$884.21) per week (Claimant's Average Weekly Wage of \$1,174.21 minus his new post accident wages of \$290.00 per week).

26. Accordingly, pursuant to S.C. Code Ann. §42-9-20, Claimant is entitled to, and defendants shall pay, an award of permanent partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of Claimant's eight-hundred eighty four dollars and twenty one cents (\$884.21) loss of earning capacity per week which equates to five-hundred eighty nine dollars and forty seven cents (\$589.47) per week (which equates to a total amount of \$153,262.20). Furthermore, I find that Claimant is entitled to said five-hundred eighty nine dollars and forty seven cents (\$589.47) per week for a total of two-hundred and sixty (260) weeks (Pursuant to S.C. Code Ann. §42-9-20 Claimant can receive 340 weeks of compensation for wage loss). By a separate finding in this Order, Claimant is entitled to eighty (80) weeks of Temporary Partial Wage Loss. Accordingly, Claimant has two-hundred and sixty (260) weeks of partial wage loss available to him under the statute for permanent partial wage loss (340 weeks minus 80 weeks). Accordingly, Claimant is entitled to, and defendants shall pay Claimant one-hundred fifty three thousand two hundred sixty two dollars and twenty cents (\$153,262.20 [wage loss of \$589.47 times 260 weeks]) to Claimant for permanent total wage loss. Again, said benefits are not to be paid to Claimant in lump sum

and shall be paid to Claimant in the amount of five-hundred eighty nine dollars and forty seven cents (\$589.47) per week over a 260 week period.

27. That, Claimant is entitled to a lump sum payment for any and all past due temporary partial disability benefits due.

28. That, furthermore, Claimant is entitled to, and that Defendants shall pay Claimant, temporary partial wage loss in the amount of sixty-six and two-thirds percent ($66\frac{2}{3}\%$) of his average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents (\$1,174.21) minus the actual amount of wages that he earned for each week worked as demonstrated by Claimant's Exhibit APA #13, p. 274-276 (average weekly wage minus actual earnings) for eighty (80) weeks for the period of January 21, 2011 through August 7, 2012. Based upon Claimant's pre-accident wages he should have earned ninety-three thousand nine hundred thirty six dollars and eighty cents (\$93,936.80) during said eighty (80) weeks; however, his actual earnings were only two-thousand seven hundred and one dollar and one cent (\$2,701.10) during said eighty (80) weeks. Accordingly, Claimant is entitled to, and defendants shall pay Claimant, sixty-thousand eight hundred twenty three dollars and eighty cents (\$60,823.80) for his past temporary partial wage loss over eighty (80) weeks ($\$93,936.80$ minus $\$2,701.10 = \$91,235.70$; two-thirds of $\$91,235.70 = \$60,823.80$).

29. That, with regard to Claimant's permanent partial wage loss award, the Claimant is only entitled to a lump sum payment of said award as it applies to the payment of Claimant's attorney's fees and case costs and the remaining benefits shall be paid to him in weekly installments. Accordingly, subject to Commission approval

of Claimant's Form 61 and Form 61A, Claimant's attorney shall be entitled to \$71,362.00 in attorney's fees (this is based upon 1/3 of Claimant's total award in the amount of \$214,086.00 [Claimant's award of \$153,262.20, for future wage loss, divided by three = attorney's fees of \$51,087.40; plus Claimant's award of \$60,823.80, for permanent partial wage loss, divided by three = attorney's fees of \$20,274.60 = total attorney's fees of \$71,362.00]), and \$3,381.77, for case cost reimbursement.

30. That, Claimant shall be entitled, and Defendants shall pay, for Claimant's past causally related medical care and treatment. Medical payment shall be made by the Defendants to the medical provider, the Claimant, or his insurance carrier, or to Medicare/Medicaid, if those expenses have been previously paid by them.
31. That, I find that authorized orthopedic surgeon, Dr. James DeMarco, opined on "check the box" forms dated October 8, 2012, and October 24, 2012, that Claimant is in need of future medical care and treatment in the form of medications, pain management clinic, injections, tens unit, repeat diagnostic imaging, physical therapy and follow up office visits as a result of his August 8, 2008, accident at work. He further opined that said medical treatment would tend to lessen Claimant's period of disability. Dr. DeMarco, does not opine on his 14-B issued on May 16, 2011, that Claimant will need future medical care and treatment; however, he opines differently on his October 8, 2012, and October 24, 2012, check the box reports and I give more weight to the opinions given in said reports given that they were provided at a later date than the 14-B, were provided

closer to Claimant's hearing date and more accurately reflect Claimant's current condition and need for future medical care and treatment.

32. That Claimant is entitled to, and Defendants shall pay, for all causally related future medical care and treatment for Claimant pursuant to S.C. Code Ann. §42-15-60, Dodge vs. Bruccoli, Clark, Layman, Inc., 334 SC 574, 514 SE2d 593 (Ct. App. 1999) and any other authority under the Act as I find that said medical treatment will tend to lessen Claimant's period of disability.

33. That Claimant reached maximum medical improvement as of August 7, 2012.

34. That I find that Claimant is entitled to the following allocation of his benefits of \$214,086.00, pursuant to James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006):

- a. \$78,518.43 in compromise of disputed future disability benefits at the rate of \$55.10 per week commencing May 14, 2013, for a period of 27.40 years; representing Claimant's life expectancy pursuant to Section 19-1-150 of the S.C. Code of Laws and pursuant to Section 42-9-10 and 42-9-20 of the S.C. Code of Laws as interpreted by the S.C. Supreme Court decision of James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006).
- b. \$71,362.00 as attorney's fees per written agreement between Claimant and attorney.
- c. \$3,381.77 in cost advances and expenses.
- d. \$0.00 towards the payment of future medical benefits.
- e. \$60,823.80, for past temporary partial wage loss.

The Employer/Carrier timely filed a Form 30 raising the following issues:

Whether the Single Commissioner erred in Finding of Fact #9 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #19 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #21 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #22 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #23 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #24 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #25 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #26 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #28 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in ordering that the Claimant suffered a permanent partial wage loss;

Whether the Single Commissioner erred in ordering the calculation of the permanent partial wage loss;

Whether the Single Commissioner erred in ordering temporary partial wage loss as a form 17 has been signed and filed with the Commission;

Whether the Single Commissioner erred in the calculation of temporary total wage loss

In an appellate review, the Panel shall, pursuant to 42-17-50, review the Decision and Order weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and Conclusions of Law consistent with or inconsistent with those of the Single Commissioner. After careful review of the case including the Commission's file and arguments and briefs of counsel, the Appellate panel by unanimous decision Affirms in part, Reverses in Part and Remands the Decision and Order of the Hearing Commissioner. The Appellate Panel makes the following Findings of Fact:

1. That the South Carolina Workers' Compensation Commission has jurisdiction over this matter.
2. That all parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act and that jurisdiction and venue are proper.
3. That an employer/ employee relationship existed between the Claimant and employer, St. John's Fire District at the time of the accident.
4. Claimant suffered an injury to his right shoulder on October 8, 2008 in the course and scope of his employment.
5. That, authorized treating orthopedic, Dr. DeMarco opines on his 14-B medical statements dated September 4, 2012 and May 16, 2011, that Claimant is unable to return to work at his past employment.
6. That, the Defendants have provided the Claimant with medical care and treatment for his

injuries, including four right shoulder surgeries.

7. That Dr. DeMarco, the authorized treating orthopedic surgeon, issued a rating on August 7, 2012. Dr. DeMarco found that the Claimant had a 9% permanent partial impairment to the shoulder and that this included 3% biceps atrophy, 3% for loss of internal rotation, 2% for loss of forward flexion and 1% for pain and muscle spasm. There is no separate rating to the upper extremity.
8. Dr. Hughes, an orthopedist, performed an IME at the Claimant's request and issued a 14% permanent impairment rating to the Claimant's right shoulder and a 10% rating for the Claimant's clavicle injury.
9. That, Claimant's last day of work with the employer was January 21, 2011, after he was approved for early retirement due to his final physician's report stating that he was unable to return to work as a firefighter. (APA #10, p. 231).
10. That the Single Commissioner did not find the clavicle compensable and that issue was not appealed.
11. That, at the time of Claimant's work accident, he was working for two (2) employers; (a) St. Johns; and (b) AMF Bowling Centers (hereinafter "AMF") (APA #11, 12, and 13; and Hearing Tr. p. 25, ll. 20-22).
12. That we find that Claimant's combined earnings from his dual employment with St. Johns and AMF equates to an average weekly wage of one-thousand one hundred seventy four dollars and twenty cents (\$1,174.20) and a corresponding compensation rate of six-hundred sixty one dollars and twenty nine cents (\$661.29) (the maximum compensation rate for 2008 which is the year in which Claimant was injured on the job) (APA 11, pp. 265-269 and APA #12, pp. 269.5-271).

13. That, Claimant's job at the St. Johns fire department, which he held for over twenty-two (22) years, is physical by description (APA #10, pp. 228-230).
14. That, all of Claimant's jobs, prior to his work with the fire department, were also physical in nature (Hearing Tr. p. 17, l. 18-p. 18, l. 23).
15. That, since being unable to return to work with employer St. Johns, Claimant has continued to work as a desk clerk at the AMF bowling alley for fourteen (14) hours per week (Hearing Tr. p. 27, ll. 1-5 and p. 35, ll. 13-15).
16. That, since being unable to return to work with employer St. Johns, Claimant has actively searched for other employment. Claimant applied for a management position at the AMF bowling alley where he works when it became available; however, despite Claimant having worked at the bowling alley for twelve (12) years, he did not get the job as manager of the bowling alley (Hearing Tr. p. 35, ll. 16-24 and p. 43, ll. 12-25).
17. That, Claimant also has looked for other employment, took a test at Wal-Mart and failed said test and that he applied at CarMax, but that he was not hired. Claimant also applied for several Federal jobs, but that he has yet to get an answer from any of these job applications (Hearing Tr. p. 28, l. 14-p. 29, l. 11; p. 36, l. 3- p. 37, l. 11; p. 47, ll. 6-13; and p. 48, ll. 6-23).
18. That, Claimant also has a small vending machine route which he works once per month. Those machines are located in area fire houses. Claimant testified that he makes little or no income from this route (Hearing Tr. p. 27, l. 21-p. 28, l. 13 and p. 37, l. 18-p. 39, l. 1).
19. That, pursuant to the opinion of the authorized treating orthopedic surgeon, Dr. DeMarco, Claimant cannot return to his employment with the employer, St. John's. (APA #3, p. 15 and Defendants' APA #8, p. 56). Dr. DeMarco's opinion that Claimant cannot return to

his past employment is corroborated by the uncontroverted and only vocational assessment in the record provided by certified rehabilitation counselor, Jean Hutchinson. (APA #1, pp. 7-8). Vocational expert, Hutchinson, is of the opinion that Claimant cannot return to his past employment as a firefighter.

20. That, based on the record as a whole, the greater weight of the evidence, leads to the conclusion that Claimant cannot return to his previous employment with employer, St. John's Fire District. Additionally, Claimant cannot and will not find similar employment with another fire department.
21. That, the Claimant was fifty-one (51) years old at the time of the hearing.
22. That, Claimant is a high school graduate (1979).
23. That, Claimant is married with two (2) children.
24. That, Claimant is a US Army veteran who was honorably discharged.
25. That, the Claimant was paid temporary total benefits from October 18, 2010 through September 25, 2011. Temporary total benefits were suspended as a signed Form 17 was filed on September 30, 2011.
26. No credit was requested by the Defendants and that issue was not raised before the Single Commissioner.
27. Claimant is entitled to a lump sum payment for any and all past due temporary partial disability benefits due.
28. That, Claimant shall be entitled, and Defendants shall pay, for Claimant's past causally related medical care and treatment. Medical payment shall be made by the Defendants to the medical provider, the Claimant, or his insurance carrier, or to Medicare/Medicaid, if those expenses have been previously paid by them.

29. That, we find that authorized orthopedic surgeon, Dr. James DeMarco, opined on "check the box" forms dated October 8, 2012, and October 24, 2012, that Claimant is in need of future medical care and treatment in the form of medications, pain management clinic, injections, tens unit, repeat diagnostic imaging, physical therapy and follow up office visits as a result of his August 8, 2008, accident at work. He further opined that said medical treatment would tend to lessen Claimant's period of disability. Dr. DeMarco, does not opine on his 14-B issued on May 16, 2011, that Claimant will need future medical care and treatment; however, he opines differently on his October 8, 2012, and October 24, 2012, check the box reports and we give more weight to the opinions given in said reports given that they were provided at a later date than the 14-B, were provided closer to Claimant's hearing date and more accurately reflect Claimant's current condition and need for future medical care and treatment.
30. That Claimant is entitled to, and Defendants shall pay, for all causally related future medical care and treatment for Claimant pursuant to S.C. Code Ann. §42-15-60, Dodge vs. Bruccoli, Clark, Layman, Inc., 334 SC 574, 514 SE2d 593 (Ct. App. 1999) and any other authority under the Act as we find that said medical treatment will tend to lessen Claimant's period of disability.
31. That Claimant reached maximum medical improvement as of August 7, 2012.
32. That the Claimant's injury is limited to the right shoulder.
33. Claimant is entitled to an award under 42-9-30 for the right shoulder.
34. That Claimant is entitled to allocation language pursuant to James v. Anne's, 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills v. Orr, 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006).

That the Appellate Panel makes the following Conclusions of Law:

S.C. Code Ann. Section 42-1-40 defines average weekly wage in this state and Section 42-1-50 defines for the preceding year.

S.C. Code Ann. Section 42-1-120 defines disability.

S.C. Code Ann. Section 42-1-130 defines Employee.

S.C. Code Ann. Section 42-1-140 defines Employer.

S.C. Code Ann. Section 42-1-150 defines Employment.

S.C. Code Ann. Section 42-1-160 defines an injury by accident arising out of and in the course and scope of employment.

S.C. Code Ann. Section 42-9-30 governs the amount of compensation paid for specific disability.

S.C. Code Ann. Section 42-15-20 governs timely notice to the Employer.

S.C. Code Ann. Section 42-9-10 determines benefits when the incapacity to work is total.

S.C. Code Ann. Section 42-15-60 defines medical treatment to be furnished including lifetime medical benefits for a prosthetic device.

S.C. Code Ann. Section 42-1-400 defines "work which is a part of the owner's trade, business or occupation."


ORDER

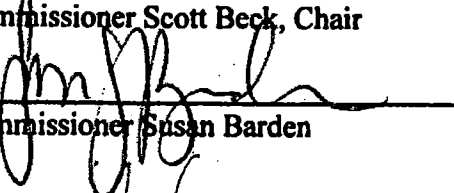
IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:


The order of the Single Commissioner is hereby affirmed in part, reversed in part and remanded by this Appellate Panel. This case shall be remanded to the Jurisdictional Commissioner for a determination of an award to the Claimant's right shoulder under 42-9-30.

IT IS SO ORDERED this 5th day of May, 2014, at Columbia, South Carolina.

SOUTH CAROLINA WORKER'S

By: 
Commissioner Scott Beck, Chair

By: 
Commissioner Susan Barden

By: 
Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Kim Falls on May 5, 2014

Claimant's Name: Mr. Thomas Contreras SSN: 1-7473 Employer's Name: St Johns Fire Dist Comm
Address: _____ Address: PO Box 56
City: Charleston State: SC Zip: 29407 City: Johns Island State: SC Zip: 29457
Home Phone: (843) 324-5387 Work Phone: () Insurance Carrier: State Accident Fund
Preparer's Name: James G. Christmas Law Firm: Howell & Christmas, LLC. Preparer's Phone Number: (843) 849-2800

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

A Claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: October 08, 2008

Injury Illness Repetitive Trauma

1 a. The claimant sustained an injury to his right shoulder, right upper extremity, right glenohumeral ligament, right clavicle, right scapula, right lateral deltoid, right bicep and right distal clavicle on October 08, 2008 in Charleston County, state of South Carolina.

1 b. Body part(s) affected are: See number 1 a. above.

Briefly describe how the accident occurred: Claimant was performing daily workout by way of lifting weights causing injury to himself.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the employer on 10/08/2008 in the following manner:
Claimant informed his supervisor. month/day/year

6. Due to injury, the claimant is in need of (check one):

(a) medical examination and treatment for those injuries indicated in #1a above.

(b) additional medical examination and treatment for those indicated in #1a above.

7. Due to injury, claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: to be determined

8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)

(1) General Disability Total (2) Specific Disability Total
 (3) Wage Loss Partial To be determined Partial

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

10 a. At the time of injury, the claimant was paid weekly wages of \$Form 20 Requested, and demands accounting of days worked and wages earned as provided by law.

10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident:
Upon information and belief, employer.

11 a. Further grounds of claim:

To determine whether Claimant's injuries to his right shoulder, right upper extremity, right glenohumeral ligament, right clavicle, right scapula, right lateral deltoid, right bicep and right distal clavicle were caused by and/or were aggravated by his October 8, 2008, accident at work. To determine whether Claimant's injuries to his right shoulder affects his right upper extremity as a result of his October 8, 2008, accident at work. To determine whether Claimant sustained permanent partial wage loss pursuant to S.C. Code Ann. §42-9-20, 334 SC 574, 514 SE2d 593 (Ct. App. 1999). To determine Claimant's correct average weekly wage and compensation rate. To determine whether Claimant is entitled to the difference between his correct and incorrect compensation rate for all the periods he has been paid benefits to date. To determine whether Claimant is entitled to reimbursement for traveling to and from causally related medical treatment and whether he is entitled to reimbursement for any and all out of pocket expenses. Claimant requests the Commission to approve allocation of proposed settlement proceeds over his/her life expectancy pursuant to Section 19-1-150 of the South Carolina Code of Laws, and Section 42-9-10 of the South Carolina Workers' Compensation Act, 1976, as amended, and as interpreted by the South Carolina Supreme Court in the decision of Utica-Mohawk Mills vs. Orr, 227 SC 226, 87 SE2d 589. Claimant and Claimant's attorney seek a lump sum payment of any Award. To determine whether Claimant is entitled to any and all other benefits due under the Act.

11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident

11 c. To the best of your knowledge, did you have any prior permanent disability? Upon information and belief, left shoulder.
If yes, describe:

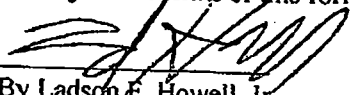
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

13 a. I am filing a claim. I am not requesting a hearing at this time.

13 b. I am requesting a hearing. A \$25.00 fee is required.

14. Estimated time needed for Hearing: 30 minutes.

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


By Ladson F. Howell, Jr.,
For Gary Christmas
Preparer's Signature

Attorney For Claimant gc@howell&christmas.com
Title E-Mail

October 28, 2011
Date

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

WCC FORM # 50

Rev. Date 9/07

South Carolina Workers' Compensation Commission

1612 Marion Street P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov

WCC #: 0822640
Carrier File #: 2008-4604
Carrier Code #: 500 SF
Employer FEIN #: 576008015

Thomas Contreras	7473	St. Johns Fire District Commission
Claimant's Name	SSN	Employer's Name
Charleston, SC 29407		P.O. Box 56 Johns Island, SC 29457
Address	City State Zip	Address
843-769-4429		State Accident Fund
Home Phone #	Work Phone #	Insurance Carrier
Margaret M. Urbanic	CLAWSON AND STAUBES, LLC	(843) 577-2026
Preparer's Name	Law Firm	Phone #

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

1. It is (Admitted) that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Admit as to right shoulder only.
2. It is (Admitted) that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: Admit as to right shoulder only.
3. It is (Admitted) that the relationship of employer and employee existed at the time in question. The reasons for denial are: As to right shoulder only.
4. It is (Admitted) that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: Admit as to right shoulder only.
5. It is (Admitted) that notice of injury was given the employer. The reasons for denial are: As to right shoulder only.
6. It is (Denied) that the employee (needs) (is entitled to additional) medical care as a result of injury. The reasons for denial are: Claimant has been rated and released.
7. It is (Denied) that the employee is entitled to temporary total disability for the period(s) of: Carrier requests credit for overpayment as appropriate.
8. It is (Denied) that the employee is permanently disabled. The reasons for denial are: Permanency, if any, to be determined.
9. It is (Denied) that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ Form 20 applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: See attached.
12. Estimated time needed for hearing: One hour

I certify that I have served this document pursuant to R.67-212 by delivering a copy to :

Gary Christmas, Esquire, Howell & Christmas, LLC, P.O. Box 1896, Mt. Pleasant, SC 29465

Name Address

on the 28 day of November, 2011 by [] first class mail; [] personal service, [] certified mail.

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

Preparer's Signature	Attorney Title	Purbanic@clawsonandstaubes.com	11/28/11
		Email	Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

ATTACHMENT TO FORM 51

Thomas Contreras v. St. Johns Fire District Commission

W.C.C. NUMBER 0822640

11. Further contentions or grounds of defense are: All affirmative and specific defenses (see Reg. 67-603), including, but not limited to §42-1-360, § 42-9-60, § 42-15-20, § 42-15-40, § 42-17-90; and, upon information and belief, fraud in the application for employment pursuant to Cooper v. McDevitt & Street Co., 260 S.C. 463, 196 S.E.2d 833 (1973); election of remedies; intervening trauma; no compensable injury by accident under § 42-1-160; upon information and belief, the degree of disability, if any, attributable to this injury is speculative; upon information and belief, claimant's problems are personal in nature and not work-related; defendant-insurer reserves the right to amend this Answer and plead any applicable additional defenses.

Claimant's Name: Mr. Thomas Contreras SSN: 7473 Employer's Name: St Johns Fire Dist Comm
Address: Address: PO Box 56
City: Charleston State: SC Zip: 29407 City: Johns Island State: SC Zip: 29457
Home Phone: (843) 324-5387 Work Phone: () Insurance Carrier: State Accident Fund
Preparer's Name: Gary Christmas Law Firm: Howell & Christmas, LLC. Preparer's Phone Number: (843) 849-2800

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

A Claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: October 08, 2008
 Injury Illness Repetitive Trauma

1 a. The claimant sustained an injury to his right shoulder, right upper extremity, right glenohumeral ligament, right clavicle, right scapula, right lateral deltoid, right bicep and right distal clavicle on October 08, 2008 in Charleston County, state of South Carolina

1 b. Body part(s) affected are: See number 1 a. above.

Briefly describe how the accident occurred: Claimant doing daily workout lifting weights causing injury to himself.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the employer on 10/8/2008 in the following manner: Claimant informed employer.

month/day/year

6. Due to injury, the claimant is in need of (check one):

(a) medical examination and treatment for those injuries indicated in #1a above.

(b) additional medical examination and treatment for those indicated in #1a above.

7. Due to injury, claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: to be determined

8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)

(1) General Disability Total

(2) Specific Disability Total

(3) Wage Loss Partial

To be determined Partial

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

10 a. At the time of injury, the claimant was paid weekly wages of \$Form 20 Requested, and demands accounting of days worked and wages earned as provided by law.

10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident: Upon information and belief, employer, vending machine tender and bowling alley.

11 a. Further grounds of claim:

To determine whether Claimant's injuries to his right shoulder, right upper extremity, right glenohumeral ligament, right clavicle, right scapula, right lateral deltoid, right bicep and right distal clavicle were caused by and/or were aggravated by his October 8, 2008, accident at work. To determine whether Claimant's injuries to his right shoulder affects his right upper extremity as a result of his October 8, 2008, accident at work. To determine whether Claimant sustained permanent partial wage loss pursuant to S.C. Code Ann. §42-9-20. Claimant is seeking past and future medical care and treatment pursuant to §42-15-60 and/or Dodge vs. Bruccoli, Clark, Layman, Inc., 334 SC 574, 514 SE2d 593 (Ct. App. 1999). To determine Claimant's correct average weekly wage and compensation rate. To determine whether Claimant is entitled to the difference between his correct and incorrect compensation rate for all the periods he has been paid benefits to date. To determine whether Claimant is entitled to reimbursement for traveling to and from causally related medical treatment and whether he is entitled to reimbursement for any and all out of pocket expenses. Claimant requests the Commission to approve allocation of proposed settlement proceeds over his /her life expectancy pursuant to Section 19-1-150 of the South Carolina Code of Laws, and Section 42-9-10 of the South Carolina Workers' Compensation Act, 1976, as amended, and as interpreted by the South Carolina Supreme Court in the decision of Utica-Mohawk Mills vs. Orr, 227 SC 226, 87 SE2d 589. Claimant and Claimant's attorney seek a lump sum payment of any Award. To determine whether Claimant is entitled to any and all other benefits due under the Act.

11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: AOH Occupational Health, LLC, "Industrial Medicine Specialists", P.O. Box 62945, North Charleston, SC 29419-2945, Bon Secours St. Francis Hospital, 2095 Henry Tecklenburg Drive, Charleston, SC 29414, Charleston Physical Therapy, 349 Folly Rd., Charleston, SC 29412, Rehabilitation Centers of Charleston, RCC - Lone Tree, 586 Lone Tree Dr., (All Med Rec Reqs to Lone Tree), Mt. Pleasant SC 29464, Roper Hospital, 316 Calhoun Street, Charleston, SC 29401, Sports Plus - Tricom North Charleston, 2880 Tricom Street Suite B, North Charleston SC 29406, Tricounty Radiology Assoc - Tricom Diagnostic, 2851 Tricom Street, Charleston SC 29406, Dr. James DeMarco, Palmetto Orthopaedics of Charleston, 180 Wingo Way, Suite 301, Mt. Pleasant SC 29464, Dr. Marshall Hay, Palmetto Orthopaedics of Charleston, 615 Wesley Drive, #100, Charleston SC 29407, Dr. Charles Hughes, Hughes Orthopedic Consultants, LLC 950 Houston Northcutt Blvd., Ste. 101, Watermark Plaza, First Floor, Mt. Pleasant SC 29464, Dr. David Jaskwich, Lowcountry Orthopaedics, 2880 Tricom Street, North Charleston, SC 29406, Jean Hutchinson, Vocational Consultant, 715 North Godfrey Park Place, Charleston, SC 29407, Suzanne Wilds, D.C., 1649 Savannah Hwy, Ste E, Charleston SC 29407.

11 c. To the best of your knowledge, did you have any prior permanent disability? Upon information and belief, left shoulder.
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

13 a. I am filing a claim. I am not requesting a hearing at this time.

13 b. I am requesting a hearing. A \$25.00 fee is required.

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

[Signature] Attorney For Claimant gc@howellandchristmas.com February 12, 2013
Preparer's Signature Title E-Mail Date

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

WCC FORM # 50

Rev. Date 9/07



Claimant's Name: Thomas Contreras SSN: 7473 Employer's Name: St. Johns Fire District Commission
 Address: _____ Address: P.O. Box 56
 City: Charleston State: SC Zip: 29407 City: Johns Island State: SC Zip: 29457
 Home Phone: () - Work Phone: () - Insurance Carrier: State Accident Fund
 Date of Injury: 10/08/08 Preparer's Name: Ellen Goodwin, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5891

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows: Date of Injury or Illness: 10/08/08

1. It is Admitted the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants admit injury to the right shoulder only; however, extent of injury and all other body parts affected are denied.
2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: _____
3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are: _____
4. It is Admitted at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: _____
5. It is Admitted notice of injury was given the employer. The reasons for denial are: _____
6. It is Denied the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: Claimant rated by Dr. DeMarco on 08/07/12.
7. It is Denied the employee is entitled to temporary total disability for the period(s) of : To be determined.
8. It is Denied the employee is permanently disabled. The reasons for denial are: Disability, if any, to be determined by W.C.C.
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$993.49 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: _____
12. Estimated time needed for hearing: 30 minutes

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Gary Christmas, Esquire Judicial Director, SCWCC
 Address: P.O. Box 1896, Mt. Pleasant, SC 29465 P.O. Box 1715, Columbia, SC 29202-1715

on the 28th day of February, 2013 by first class mail personal service certified mail.
 I verify the contents of this form are accurate and true to the best of my knowledge.

Ellen Goodwin Feb. 28, 2013
 Preparer's Signature Date
 _____ Asst. Chief Counsel Egoodwin@saf.sc.gov
 Title Email

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

and all other benefits due under the Act. In the alternative, to determine the extent of Claimant's disability pursuant to S.C. Code Ann. §42-9-30.

5. Legal issues involved: See number 4 above.
6. Unusual aspects: None.
7. Witnesses (designate if expert):* Claimant, Thomas Contreras and witness, Geneva McCaully. Claimant reserves the right to call any and all witnesses listed by defendant. Claimant reserves the right to supplement the Form 58 with a Form 20 - Statement of Earnings of Injured Employee. from Claimant's second employer, AMF Triangle Lanes.
8. Exhibits: Please see attached.
9. Medical evidence (indicated report pursuant to R.67-612; deposition or appearance): Please see attached.
10. Name, address, and specialty, if any, of the treating physician: Please see attached.
11. Impairment rating(s); body part(s); physician and date of opinion: _____

Vocational Specialist opines on October 12, 2011, that "[I]n considering these aforementioned factors, approaching advanced age, high school level of education with training through the Fire Department, past work experience as a fire department chief, bowling alley clerk, vending machine tender, and landscape laborer, and significant physical limitations and ongoing pain of more than three years' duration, I am of the opinion that [Claimant] is unable to perform the required job tasks of his former work as a fire department chief, is unable to return to his past employment as a landscape laborer, and does not have transferable skills to perform other work that is within his residual functional capacity. I am of the opinion that [Claimant] is able to continue working as a bowling alley clerk and he indicated that he earns approximately \$8.00 per hour and is currently working five hours per week. He noted that he continues to work as a vending machine tender (vending machines in fire stations) once per month. [Claimant] continues to be employed on a part-time basis, limited basis despite his injury and subsequent physical limitations and restrictions. This continued employment is contingent upon accommodations by the current employer upon which [Claimant] cannot count on for which there is no contract. These accommodations may end at any time if the accommodated situation is not of benefit to the employer. [Claimant] cannot expect this type of accommodation or treatment by subsequent employers. I am of the opinion that he has therefore sustained a loss as to his competitiveness and access to the open job market when compared to other non-injured job seekers. With the restrictions placed on him by his physicians, he is appropriate for selected work at the sedentary exertional level. [Claimant] is fortunate to have an understanding employer who has tailored a job to meet his physical restrictions. Should this job cease, should his supervisor or job duties change, or should his physical problems become worse, I am of the opinion that [Claimant] would be in jeopardy with regard to locating suitable employment and would incur a loss of future earning capacity. [Claimant] continues to experience significant physical limitations and pain. Should these issues resolve to the point where he has more function and stamina, he may be appropriate for further job placement in sedentary positions. [Claimant] can expect to earn at or near minimum wage (\$7.25 - \$8.00 per hour) and would continue to experience a significant loss of earning capacity" (APA #1).

Dr. Charles Hughes opines on October 6, 2011, that he does not think Claimant will be able to return to his prior occupation as a Firefighter. He opines that Claimant has permanent work restrictions to include no pushing with his right upper extremity for more than 1 minute at a time, no pulling with his right upper extremity for more than 1 minute at a time, no horizontal lifting with the right upper extremity for more than 1 minute at a time, no lifting more than 10 pounds, restricted climbing, restricted pushing, restricted horizontal lifting, restricted overhead activities and restricted pulling. He opines that Claimant sustained a 14% permanent impairment to his right shoulder and an additional 10% permanent impairment to his upper extremity for his distal clavicle injury (a-c joint). He opines that Claimant will require future medical care and treatment as a result of his October 8, 2008, accident at work to include follow up visits with orthopaedic surgeon, injections, physical therapy, anti-inflammatory medications, repeat diagnostics and pain management clinic. Dr. Hughes opines that Claimant's injuries to his right shoulder, right upper extremity, right biceps and right clavicle were caused by and/or were aggravated by his October 8, 2008, accident at work. He further opines that Claimant's injuries to his right shoulder affects his right upper extremity by way of pain and tenderness into his right biceps and right clavicle as a result of his October 8, 2008, accident at work (APA #2).

Authorized treating physician, Dr. James DeMarco, opines on May 16, 2011, via a 14B - Physician's Statement, that "The Claimant is unable to return to work at his or her current employment." He further opines on October 24, 2012, that Claimant will require future medical care and treatment to include medications, pain management clinic, injections, tens unit, repeat diagnostics, physical therapy and follow up visits with his office. He further opines that Claimant's injuries to his right shoulder, right upper extremity and right biceps were caused by and/or were aggravated by his October 8, 2008, accident at work. He also opines that Claimant's injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right biceps as a result of his October 8, 2008, accident at work. He opines that Claimant sustained an 11% permanent impairment to his right shoulder as a result of his October 8, 2008, accident at work (APA #3).

12. I am amending my Form 50/51 in the following manner: _____

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

Signature: 

E-Mail: gc@howellandchristmas.com

Date of Hearing: May 14, 2013, @ 2:30 p.m.

Time needed for Hearing: 30 minutes

On Behalf of Claimant Employer

File this form and proof of service on the opposing party according to R.67-611 and R. 67-212. Do not send medical reports.

*Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form #58.

Rev. Date 9/07

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Pre-Hearing Brief

5	Dr. David Jaskwhich	5/5/10 - 12/19/08	11 (78-88)
6	Dr. James Spearman	12/3/08	1 (89)
7	Atlantic Occupational Health	11/19/08 - 10/14/08	3 (90-93)
8	Roper St. Francis	03/24/11 - 11/17/05	42 (94-135)
9	Physical Therapy	7/19/12 - 10/30/08	98 (136-224)

EXHIBITS

<u>APA</u>		<u>DATE</u>	<u># OF PAGES</u>
10	State Budget and Control Board and Other Selected Documents From Claimant's Personnel File	2011 - 2008	40 (225-264)
11	Claimant's Wage Information	2012 - 2007	5 (265-269)

Claimant requests that the Commission file be made a part of the record; Claimant reserves the right to offer rebuttal evidence and exhibits.

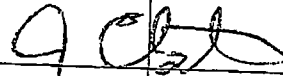
YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

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 evidence on behalf of the employee,

Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee: Claimant, Thomas Contreras and witness, Geneva McCauly. Claimant reserves the right to call any and all witnesses listed by Defendant.

HOWELL & CHRISTMAS, LLC



Gary Christmas, Esquire
Post Office Box 1896
Mt. Pleasant, South Carolina 29465
Telephone: (843) 849-2800
Facsimile: (843) 884-2007
E-mail: gc@howellandchristmas.com
ATTORNEYS FOR CLAIMANT

Dated this 29th day of April, 2013
Mt. Pleasant, South Carolina.

JEAN R. HUTCHINSON, M.ED., CRC, CVE
Vocational Consultant

715 N. Godfrey Park Place
Charleston, S.C. 29407

(843)766-1418
Fax(843)763-0501

EMPLOYABILITY EVALUATION

PERSONAL DATA:

Name: Thomas Conteres
Date of Birth: (50 years of age)
Marital Status: Married
Height: 5'8"
Weight: 215 pounds
Date of Injury: October 8, 2008
Date Interviewed: October 10, 2011
Date of Report: October 12, 2011

EDUCATIONAL BACKGROUND:

Mr. Conteres stated that he graduated from high school and took numerous training courses through the Fire Department. He served in the United States Army for four and one-half years. Mr. Conteres has a current driver's license, but noted increased pain when driving longer distances.

WORK HISTORY:

Mr. Conteres reported the following work experience: After his discharge from the United States Army, he worked as a painter, fireplace installer, newspaper deliverer, and pizza deliverer. Mr. Conteres then worked as a carpet cleaner and painter. He next worked for the St. Johns Fire Department for twenty-two years, last working as captain. Mr. Conteres also worked part-time as a landscape laborer for approximately ten years, as a vending machine tender ten years, and as a front desk clerk at a bowling alley for eight years. Mr. Conteres last worked for the St. Johns Fire Department in October, 2010. He continues to work as a vending machine tender once per month and as a desk clerk at a bowling alley five hours per week.

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DESCRIPTION OF ACCIDENT/INJURY/CONDITION:

Mr. Conteres was injured on October 8, 2008, while employed as a fire fighter. He stated that as he was exercising as required on his shift and lifting weights, he felt a "pop" with significant pain in his right shoulder. Mr. Conteres went to the ER at the hospital and has since undergone physical therapy, shoulder injections, left shoulder arthroscopy with SLAP repair and debridement on January 26, 2009, right subacromial injections, corticosteroid injection in the right bicipital groove and anterior subacromial space, right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum, and bone and arthroscopic repair of superior labrum anterior-posterior SLAP tear on January 29, 2009, right shoulder arthroscopy with extensive of suture, labrum, bursa, and bone debridement on October 1, 2009, and right shoulder major debridement of a superior labrum anterior to posterior tear, intra-articular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval tissue, right shoulder subacromial decompression and bursectomy, and right shoulder acromioclavicular joint resection on October 11, 2010. He has diagnoses (right shoulder) of mild articular-sided irregularity of the supraspinatus and infraspinatus tendon suggesting low grade articular-sided partial tear versus prior resurfacing, mild tendinopathy of the supraspinatus and infraspinatus tendons, irregularity of the glenoid labrum suggesting prior repair or resurfacing versus a nondisplaced labral tear, mild tendinopathy of the intra-articular portion of the biceps tendon, mild to moderate osteoarthritis of the acromioclavicular joint and mild osteoarthritis of the glenohumeral joint, right superior labral tear - anterior-posterior with bursitis, thickening of middle glenohumeral ligament and superior coracohumeral ligament, intra-articular synovitis, type I superior labrum anterior to posterior tear, subacromial impingement syndrome and bursitis, and acromioclavicular joint osteoarthritis.

At the present time, Mr. Conteres states that he continues to have pain in his right shoulder that he described as "stabbing" with "sharp" pain radiating up to the top of his shoulder. He also noted "aching" pain in his left shoulder from overuse. Mr. Conteres stated that any increase in activity or movement of his right arm will cause an increase in pain as will rainy weather. For limited and temporary relief of pain, he noted that he takes medications, uses ice packs, and props/supports his arm while sitting.

With regard to functional activities, Mr. Conteres reported the following: In walking, he noted that he now cannot allow his right arm to swing naturally. Mr. Conteres stated that he now cannot run, jump, negotiate rough or uneven terrain, climb a ladder, reach up, out, or

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around to the back without pain, or lift/carry more than approximately ten pounds from table/waist level. He noted that he is more comfortable sitting if his right arm can be supported.

With regard to activities of daily living, Mr. Conteres stated that he now performs some light cooking tasks. He noted difficulty sleeping in that he "tosses and turns" and he cannot sleep through the night, resulting in fatigue and irritability. Mr. Conteres reported that he remains independent in self-care tasks, but requires more time to perform them. He stated that he now performs some light yardwork tasks, but has difficulty using vibrating tools. Mr. Conteres noted that he now cannot perform home maintenance or auto repair tasks or enjoy his former hobbies of bowling and fishing.

DESCRIPTION OF USUAL OCCUPATIONS:

Most recently and for approximately twenty-two years, Mr. Conteres worked as a fire fighter, last working as chief. In this work, he drove three types of fire trucks, kept logs and wrote reports, trained new workers, and fought fires. Mr. Conteres' department covered Johns Island, Wadmalaw Island, Kiawah Island, and Seabrook Island. Additionally, it was necessary for him to pass a physical fitness test each year and accomplish such tasks as dragging a one-hundred-sixty-five pound dummy. The 1991 Edition determine the Dictionary of Occupational Titles defines this job as:

FIRE CAPTAIN (373.134-010)

"Supervises and coordinates activities of company of FIRE FIGHTERS assigned to specific firehouse: Inspects station house, buildings, grounds, and facilities, and examines fire trucks and equipment, such as ladders and hoses, to ensure compliance with departmental maintenance standards. Responds to fire alarms and determines from observation nature and extent to fire, condition of building, danger to adjacent buildings, and source of water supply, and directs fire fighting crews accordingly. Trains subordinates in use of equipment and methods of extinguishing all types of fires. Evaluates efficiency of personnel. Inspects commercial establishments in assigned district and reports fire hazards or safety violations to FIRE INSPECTOR. Compiles report of each fire call, listing location, type, probable cause, estimated damage, and disposition. May respond to emergency calls to render first aid. May recommend corrective measures for fire hazards or safety violations to building owners. May conduct fire drills for occupants of buildings. May supervise and coordinate

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activities of fire companies fighting multiple alarm fire until relieved by superiors. May write and submit proposal for new equipment or modification of existing equipment to superiors..."

FIRE FIGHTER (373.364-010)

"Controls and extinguishes fires, protects life and property, and maintains equipment as volunteer or employee of city, township, or industrial plant: Responds to fire alarms and other emergency calls. Selects hose nozzle, depending on type of fire, and directs stream of water or chemicals onto fire. Positions and climbs ladders to gain access to upper levels of buildings or to assist individuals from burning structures. Creates openings in buildings for ventilation or entrance, using ax, chisel, crowbar, electric saw, *core cutter*, and other power equipment. Protects property from water and smoke by use of waterproof salvage covers, smoke ejectors, and deodorants. Administers first aid and artificial respiration to injured persons and those overcome by fire and smoke. Communicates with superior during fire, using portable two-way radio. Inspects buildings for fire hazards and compliance with fire prevention ordinances. Performs assigned duties in maintaining apparatus, quarters, buildings, equipment, grounds, and hydrants. Participates in drills, demonstrations, and courses in hydraulics, pump operation and maintenance, and firefighting techniques. May fill fire extinguishers in institutions or industrial plants. May issue forms to building owners, listing fire regulations violations to be corrected. May drive and operate firefighting vehicles and equipment. May be assigned duty to marine division of fire department and be designated Firefighter, Marine."

Other significant work experience for Mr. Conteres has been as a bowling alley clerk, vending machine tender, and landscape laborer. The 1991 Edition of the Dictionary of Occupational Titles describes these jobs as:

DESK CLERK, BOWLING FLOOR (340.367-010)

"Assigns bowling alleys to patrons and collects fees: Reserves alleys for bowling league or individual. Issues score sheets and alley numbers to patrons. Inspects alleys to ensure that bowling equipment is available. Observed players to determine misuse of alleys or other equipment. Records number of games played and receipts collected. Rents bowling shoes to patrons."

VENDING MACHINE COIN COLLECTOR (292.483-010)

"Drives truck over established route to collect money from and refill coin-operated

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amusement-game machines, jukeboxes, and vending machine that dispense merchandise, such as cigarettes, coffee, food, beverages, and candy: Loads truck with supplies according to written or verbal instructions. Drives truck to establishment, collect coins, refills machine, cleans inside of machines that dispense food or beverages, and records amount of money collects. Turns in money to cashiering department at completion of route and unload truck. Reports malfunctioning machine to maintenance department for repair. May perform minor repairs or adjustments on machines, using handtools, to correct malfunctions. May promote installation of new or additional coin-operated machine at locations of customers or potential customers. May be designated according to type of machine serviced..."

LABORER, LANDSCAPE (408.687-014)

"Moves, soil, equipment, and materials, digs holes, and performs related duties to assist LANDSCAPE GARDNER in landscaping grounds: Digs holes for plants and trees, using pick and shovel. Mixes fertilizer or lime with dirt in bottom of holes to enrich soil, places plants or trees in holes, and adds dirt to fill holes. Attaches wires from planted trees to stakes to support trees. Hauls or spreads topsoil, using wheelbarrow and rake. Waters lawns, trees, and plants, using portable sprinkler system, hose, or watering can. Spreads straw over seeded soil to prevent movement of seeds and soil. Builds forms for concrete borders, using lumber, hammer, and nails. Mixes and pours cement for garden borders. Places decorative stones and plants flowers in garden areas. Mows lawns, using power mower."

Mr. Conteres' past work experience is consistent with these definitions.

EVALUATION SUMMARY:

In determining employability, it is necessary to consider many factors. These factors include age, educational background, past work experience and transferable skills, and physical limitations and pain.

Mr. Conteres is fifty years of age. His age may affect his ability to adjust to a significant number of jobs in the national economy.

Mr. Conteres graduated from high school and had training through the Fire Department. Education at this level refers to abilities in reasoning, arithmetic, and language skills that would enable the individual to perform the required job tasks of semi-skilled through skilled work.

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Relevant past work experience for Mr. Conteres has been as fire department chief, bowling alley clerk, vending machine tender, and landscape laborer. The 1991 Edition of the Dictionary of Occupational Titles further defines these jobs as follows:

Work as a fire department chief is defined as very heavy, skilled work. Very heavy work involves lifting objects weighing more than one hundred pounds at a time with frequent lifting or carrying of objects weighing fifty pounds or more. Skilled work requires qualifications in which an individual uses judgment to determine the machine and manual operations to be performed in order to obtain the proper form, quality, or quantity of material to be produced. Skilled work may require laying out work, estimating quality, determining the suitability and needed quantities of materials, making precise measurements, reading blueprints or other specifications, or making necessary computations or mechanical adjustment to control or regulate the work. Dealing with people, facts, or figures or abstract ideas at a high level of complexity may be required as well.

Work as a bowling alley clerk is defined as light, semi-skilled work. Light work is defined as the ability to lift twenty pounds occasionally and up to ten pounds frequently. The abilities to walk and stand to a significant degree, to sit and push or pull arm or leg controls, or to work at a production rate are also required. Semi-skilled work is work which needs some skills, but does not require the more complex work duties. Semi-skilled work may require alertness and close attention to watching machine processes; inspecting, testing, or otherwise looking for irregularities; or tending or guarding equipment, property, materials, or persons against loss, damage, or injury. Coordination and dexterity may be necessary in the performance of repetitive tasks as well.

Work as a vending machine tender is defined as medium, semi-skilled work. Medium work requires the ability to lift fifty pounds and to frequently carry twenty-five pounds. Semi-skilled work is work which needs some skills, but does not require the more complex work duties. Semi-skilled work may require alertness and close attention to watching machine processes; inspecting, testing, or otherwise looking for irregularities; or tending or guarding equipment, property, materials, or persons against loss, damage, or injury. Coordination and dexterity may be necessary in the performance of repetitive tasks as well.

Work as a landscape laborer is defined as heavy, unskilled work. Heavy work involves lifting no more than one hundred pounds at a time with frequent lifting and carrying of objects weighing up to fifty pounds. Unskilled work is work which needs little or no

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judgement in the performance of simple duties that can be learned on the job in a short period of time. No acquired work skills can be attributed to unskilled work.

Transferability of skills applies to work skills which a person has demonstrated in vocationally relevant past jobs that can be used to meet the requirements of other jobs. Transferability of skills is most probable and meaningful among jobs requiring similar skills, when similar tools and machines are utilized, and when similar processes and services are involved. Jobs of transferability for Mr. Conteres may include other work in protective service, delivery driving, stocking, and inventory.

Mr. Conteres has significant physical limitations. In an office note dated July 14, 2010, Dr. David H. Jaskwich indicates that Mr. Conteres has permanent restrictions of twenty-five pounds maximum overhead lifting and occasional fifty pounds lifting from waist level. Dr. Jaskwich is of the opinion that Mr. Conteres would be unable to pass his physical agility test which requires him to be able to drag about one hundred seventy-five pounds. In an office note dated August 6, 2010, Dr. James R. DeMarco indicates that Mr. Conteres has restrictions of light duty with no overhead lifting, no lifting of more than twenty-five pounds to shoulder level, and no lifting of more than fifty pounds to waist level. Dr. DeMarco notes that he is unsure if Mr. Conteres will be able to go back to being a firefighter or not.

On a form dated January 21, 2011, Dr. DeMarco indicates that Mr. Conteres may not return to work and this is permanent. In an office note dated January 21, 2011, Dr. DeMarco notes that Mr. Conteres is not going to be able to return to being a firefighter. On a Physician's Statement Form 14B dated May 16, 2011, Dr. DeMarco indicates that Mr. Conteres is unable to return to work at his current employment.

On a Questionnaire dated October 6, 2011, Dr. Charles Hughes indicates that Mr. Conteres has restrictions to include climbing, pushing, pulling, and horizontal lifting for one minute at a time, overhead activities, and lifting more than ten pounds with the right arm. Dr. Hughes also noted that Mr. Conteres is limited in strength and endurance secondary to his right arm impairment and AC joint resection and will need further medical treatment to include office visits, injections, physical therapy, and medications.

In considering these aforementioned factors, approaching advanced age, high school level of education with training through the Fire Department, past work experience as a fire department chief, bowling alley clerk, vending machine tender, and landscape laborer, and

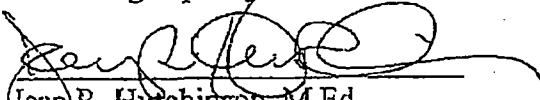
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Employability Evaluation
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significant physical limitations and ongoing pain of more than three years' duration, I am of the opinion that Mr. Conteres is unable to perform the required job tasks of his former work as a fire department chief, is unable to return to his past employment as a landscape laborer, and does not have transferable skills to perform other work that is within his residual functional capacity. I am of the opinion that Mr. Conteres is able to continue working as a bowling alley clerk and he indicated that he earns approximately \$8.00 per hour and is currently working five hours per week. He noted that he continues to work as a vending machine tender (vending machines in fire stations) once per month.

Mr. Conteres continues to be employed on a part-time, limited basis despite his injury and subsequent physical limitations and restrictions. This continued employment is contingent upon accommodations by the current employer upon which Mr. Conteres cannot count or for which there is no contract. These accommodations may end at any time if the accommodated situation is not of benefit to the employer. Mr. Conteres cannot expect this type of accommodation or treatment by subsequent employers. I am of the opinion that he has therefore sustained a loss as to his competitiveness and access to the open job market when compared to other non-injured job seekers. With the restrictions placed on him by his physicians, he is appropriate for selected work at the sedentary exertional level.

Mr. Conteres is fortunate to have an understanding employer who has tailored a job to meet his physical restrictions. Should this job cease, should his supervisor or job duties change, or should his physical problems become worse, I am of the opinion that Mr. Conteres would be in jeopardy with regard to locating suitable employment and would incur a loss of future earning capacity.

Mr. Conteres continues to experience significant physical limitations and pain. Should these issues resolve to the point where he has more function and stamina, he may be appropriate for further job placement in sedentary positions. Mr. Conteres can expect to earn at or near minimum wage (\$7.25 - \$8.00 per hour) and would continue to experience a significant loss of earning capacity.


Jean R. Hutchinson, M.Ed.
Certified Rehabilitation Counselor
Certified in Vocational Evaluation
October 12, 2011

RE: Client: Thomas Contreras
DOB:
SS #:
D/A: On Or About October 8, 2008

(1) Most probably and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder, right upper extremity, right biceps and clavicle are caused by and/or aggravated by the injuries he sustained in his October 8, 2008, accident at work;

YES NO []

Explain, if necessary: _____

(2) Most probably and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder affects his right upper extremity by way of pain and tenderness into his right biceps and clavicle as a result of his October 8, 2008, accident at work;

YES NO []

Explain, if necessary: _____

(3) Most probably and to a reasonable degree of medical certainty, Mr. Contreras has permanent physical restrictions to his right shoulder, right upper extremity, right biceps and clavicle as a result of the injuries he sustained at work on October 8, 2008 (please specifically address Mr. Contreras' limitations with regard to lifting, pushing, pulling, climbing, walking);

YES NO []

RESTRICTIONS

Bending	_____	Walking	_____
Twisting	_____	Running & Cutting	_____
Squatting	_____	Sitting/Standing	_____
Climbing	<input checked="" type="checkbox"/>	Horizontal Lifting	<input checked="" type="checkbox"/>
Stooping	_____	Overhead Activities	<input checked="" type="checkbox"/>
Pushing	<input checked="" type="checkbox"/>	Pulling	<input checked="" type="checkbox"/>

No lifting over 1, 5, 10, 15, 20, 25, 50 lbs. R arm Sedentary Work Only

Explain, if necessary: Limited strength and endurance
secondary to Right arm impairment
and A-C jt. resection

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RE: Client: Thomas Contreras
DOB:
SS #:
D/A: On Or About October 8, 2008

- (4) Most probably and to a reasonable degree of medical certainty, Mr. Contreras has limitations to his right shoulder, right upper extremity, right biceps and clavicle as a result of his October 8, 2008, accident at work, as follows:

PUSHING for minutes at a time
PULLING for minutes at a time
HORIZONTAL LIFTING for minutes at a time
MUST CHANGE POSITION every minutes

YES NO

Explain, if necessary: _____

- (5) Most probably and to a reasonable degree of medical certainty, Mr. Contreras has permanent impairment to his right shoulder, right upper extremity, right biceps and clavicle as a result of his October 8, 2008, accident at work, as follows:

RIGHT SHOULDER 14 %
RIGHT UPPER EXTREMITY %
RIGHT BICEPS %
Distal CLAVICLE (A-C jt) 10 % upper extremity

YES NO

Explain, if necessary: _____

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- (6) Most probably and to a reasonable degree of a medical certainty, Mr. Contreras will need continued medical care and treatment to his right shoulder, right upper extremity, right biceps and clavicle (surgery, medications, pain management clinic, injections, tens unit, repeat diagnostics, physical therapy, follow up visits with your office) and whether this treatment would "tend to lessen his period of disability;"

YES NO

Explain, if necessary: MAY need flw visits with
Orthopedic surgeon, injections, PT, NSAID's
No surgery in foreseeable future.

Charles Hughes
Dr. Charles Hughes

10/6/2011
Date

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Hughes Orthopaedic Consultants, L.L.C.

Charles H. Hughes Jr., M.D., F.A.A.O.S.

Board-certified Orthopaedic Surgeon

INDEPENDENT MEDICAL EVALUATION

PATIENT NAME: THOMAS CONTRERAS
DATE OF BIRTH:
DATE OF EXAM: October 6, 2011
DATE OF INJURY: October 8, 2008
ATTORNEY: James G. Christmas

HISTORY OF PRESENT ILLNESS: This patient is a 50-year-old gentleman on whom I have been asked to perform an independent medical evaluation for the right shoulder. I have reviewed provided records, including office notes from Dr. Jaskwhich of Lowcountry Orthopaedics and Dr. James DeMarco. I have also reviewed intraoperative findings, MRI reports, and office notes involving the care for the above-named patient.

This patient is a 50-year-old gentleman who was a fire fighter for 23 years for the Charleston Fire Department. He was lifting weights, which is a job requirement for one hour daily, when he injured the shoulder. This occurred in 2008. He was evaluated in the emergency room and subsequently referred to Atlantic Occupational Health Center. He underwent physical therapy and was then referred to Dr. Jaskwhich for evaluation. The date of the original injury was 10/08/2008.

The patient underwent an MRI scan, which demonstrated a probable superior labral tear. He underwent surgery by Dr. Jaskwhich on 09/29/2009. At that time, he had a repair of the SLAP tear as well as debridement of the bursa, synovium, labrum, and bone. The patient underwent further physical therapy, but continued to have pain and catching of the shoulder. He then underwent a second operation by Dr. Jaskwhich on 10/01/2009. At that time, Dr. Jaskwhich removed the previous sutures and performed more extensive debridement of the labrum. A repair of the labrum was not performed at that time.

During this time, the patient was on light duty, mainly performing clerical work around the Firehouse, but no physical activities. He underwent further physical therapy. He was last seen on 07/14/2010 by Dr. Jaskwhich. During his treatment, it was noted that he had AC joint arthritis and pain over the AC joint, but no surgery was performed on this area. He was also noted to have longhead of the biceps pain. Intraoperatively, the articular side was normal on both arthroscopies. During both surgeries, the rotator cuff was normal and no rotator cuff tears were seen.

The patient subsequently sought a second opinion with Dr. DeMarco, who is also an orthopaedic surgeon. The patient was seen and evaluated on 08/06/2010. At that time, he continued to have significant pain and extreme limitation of internal rotation. He had further work-up, which included review of an MRI scan, which was done on 08/26/2009. There was a partial low-grade articular-sided partial tear of the supraspinatus and tendinopathy of the biceps tendon. There was mild to moderate osteoarthritis of the AC joint. After attempted injections for pain relief and physical therapy, Dr. DeMarco felt as though the patient was not responding adequately and recommended another operation.

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(continued)

Watermark Plaza
950 Houston Northcutt, Suite 101
Mount Pleasant, SC 29464



Office: 843.478.5156
Fax: 866.457.8335
HughesIME@yahoo.com

Hughes Orthopaedic Consultants, L.L.C.

Charles H. Hughes Jr., M.D., F.A.A.O.S.

Board-certified Orthopaedic Surgeon

CONTRERAS, THOMAS

DOB:

IME: 10/06/2011

PAGE TWO

This surgery was performed on 10/11/2010, it was noted that the intraarticular biceps tendon to be intact. The undersurface of the rotator cuff was within normal limits. The previously debrided SLAP tear was further debrided, but was not repairable. There was some superficial irritation noted on the rotator cuff, but no full thickness tear was noted. During this operation, the AC joint was examined and noted to be quite osteophytic. There was no cartilage present. Therefore, a distal clavicle resection of 10 to 12 millimeters of the distal clavicle was carried out. The subacromial space was also further decompressed and bursectomy carried out. The patient continued physical therapy.

The patient's last visit with Dr. DeMarco was on 01/21/2011. At that time, he was released from a worker's compensation standpoint, but instructed to return for further injections as needed. At that time, he was told that he would not be able to return to work as a fire fighter as a result of his permanent restrictions. He was assigned an 11% right shoulder impairment by Dr. DeMarco. He was told that if he had exacerbations of his pain, he may need injections, anti-inflammatories or repeat physical therapy.

REVIEW OF SYSTEMS: The patient has a lot of pain in the morning as well as pain with overhead activities. He has very little ability to use his arm before it becomes fatigued. He is able to do some underhand bowling, but very little overhead or forward work. He retired with disability on 01/21/2011 after he was unable to perform the physical agility test or physical fitness, which is required in order to continue his job as a fire fighter.

PAST MEDICAL HISTORY: The patient had no previous right shoulder problems prior to this accident. He did have a left shoulder surgery the year before by Dr. Jaskwhich, with a satisfactory outcome.

MEDICATIONS: Celebrex 200 mg once a day, which he gets from his primary care physician. He takes Advil as needed with Biofreeze and ice.

PHYSICAL EXAMINATION: The patient is alert and oriented x 3.

NECK: Supple. No lateralizing sign. He has full flexion, extension, as well as side-to-side movement of the neck.

HEENT: Pupils are equal and reactive to light and accommodation.

CHEST: Chest wall is nontender.

ABDOMEN: Soft.

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(continued)

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Hughes Orthopaedic Consultants, L.L.C.

Charles H. Hughes Jr., M.D., F.A.A.O.S.

Board-certified Orthopaedic Surgeon

CONTRERAS. THOMAS

DOB:

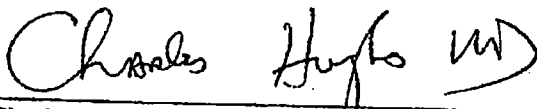
IME: 10/06/2011

PAGE FOUR

WORK RESTRICTIONS: I do not believe the patient will ever return to his former occupation as a fire fighter due to the vigorous nature of his job. He will always be limited with regards to climbing, pushing, pulling, and overhead activities. It is my recommendation that he not lift more than 10 pounds with the right upper extremity. It is my medical opinion, to a reasonable degree of medical certainty, that these restrictions are permanent and will not improve with time.

FUTURE MEDICAL TREATMENT: As far as medical care, I do believe the patient will need follow-ups with an orthopaedic surgeon with possible injections, physical therapy, nonsteroidal anti-inflammatories. I do not believe any surgery is indicated in the foreseeable future.

Thank you for your attention concerning this patient. Please let me know if there are any further questions.



Charles H. Hughes, M.D., F.A.A.O.S.

CHH/cjs

14

Watermark Plaza
950 Houston Northcutt, Suite 101
Mount Pleasant, SC 29464



Office: 843.478.5156
Fax: 866.457.8335
HughesIME@yahoo.com



Physician's Statement

Claimant's Name: Thomas Contreras
 Physician's Name: James R DeMarco
 Practice/Clinic: Palmetto Orthopaedics
 Preparer's Name: Fay Jennings
 Phone: (803)896-5853

Employer's Name: ST JOHNS FIRE DIST COMM
 Insurance Carrier: State Accident Fund
 SCWCC File No: 0822640

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 10/08/2008

Date of first office visit: _____ Date of last visit: _____

Diagnosis or nature of injury or illness: _____

Body part(s) injured: _____ Body part(s) affected: _____

Date of Maximum Medical Improvement: _____

Based on the **AMA Guidelines**, the claimant has sustained a 11 % medical impairment to Right Shoulder injured body part(s) and a _____ % medical impairment to _____ other affected body part(s).

- The claimant is able to return to work without restriction.
- The claimant is able to return to work with the following restrictions:

The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:
 will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).
 will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

[Signature]
Treating Physician

5/18/11
Date

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October 5, 2012
Page 1

RE: Client: Thomas Contreras
DOB:
SS #:
D/A: On Or About October 8, 2008

(1) Most probably, and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder and right upper extremity, (right biceps) are caused by and/or aggravated by the injuries he sustained in his October 8, 2008, accident at work;

YES NO []

Explain, if necessary: _____

(2) Most probably and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right biceps as a result of his October 8, 2008, accident at work;

YES NO []

Explain, if necessary: _____

(3) Most probably and to a reasonable degree of a medical certainty, Mr. Contreras will need continued medical care and treatment to his right shoulder, right upper extremity, right biceps and clavicle (surgery, medications, pain management clinic, injections, tens unit, repeat diagnostics, physical therapy, follow up visits with your office) and whether this treatment would "tend to lessen his period of disability;"

YES NO []

Explain, if necessary: Subj NOT WITHIN A REASONABLE
DEGREE OF MEDICAL CERTAINTY

Dr. James DeMarco

10-24-12
Date

OCT-08-2012 10:52 From:

To:6068053

Page:3/3

October 5, 2012
Page 1

RE: Client: Thomas Contreras
DOB:
SS #:
D/A: On Or About October 8, 2008

(1) Most probably, and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder and right upper extremity, (right biceps) are caused by and/or aggravated by the injuries he sustained in his October 8, 2008, accident at work;

YES NO []

Explain, if necessary: _____

(2) Most probably and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right biceps as a result of his October 8, 2008, accident at work;

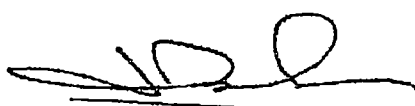
YES NO []

Explain, if necessary: _____

(3) Most probably and to a reasonable degree of a medical certainty, Mr. Contreras will need continued medical care and treatment to his right shoulder, right upper extremity, right biceps and clavicle (surgery, medications, pain management clinic, injections, tens unit, repeat diagnostics, physical therapy, follow up visits with your office) and whether this treatment would "tend to lessen his period of disability;"

YES NO []

Explain, if necessary: _____



Dr. Charles Hughes

10/8/12

Date

Dr. James DeMauro

17



CONTRERAS, THOMAS J

50 Y old Male, DOB:

CHARLESTON, SC-29407

Home: 843-324-5387 /

Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS

COOPERTIC Payer ID: PAPER

Appointment Facility: Palmetto Ortho Of Chas W Ashly

08/07/2012

JAMES R DEMARCO, MD

Current Medications

Flector 1.3 % Patch cut and apply 1 patch to affected area every 12 hours
Medication List reviewed and reconciled with the patient

Past Medical History

No Medical History.

Surgical History

right shoulder scope 20120329
right shoulder scope 20101011

Family History

Daughter(s): alive
Son(s): alive
Spouse: alive

Social HistoryWork History:

Current Work Status

Patient is *employed but not currently working*Job Title *Firefighter*Tobacco Use:

Tobacco Use/Smoking

Are you a *nonsmoker*Drugs/Alcohol:

Alcohol Screen

Did you have a drink containing alcohol in the past year? *Yes*How often did you have a drink containing alcohol in the past year? *2 to 3 times a week (3 points)*How many drinks did you have on a typical day when you were drinking in the past year? *1 or 2 drinks (0 point)*How often did you have 6 or more drinks on one occasion in the past year? *Never (0 point)*Points *3*Interpretation *Negative***Allergies**

PENICILLINS

Latex

Hospitalization/Major**Reason for Appointment**

1. EST PATIENT WC

History of Present IllnessSymptom(s):

Mr Contreras is here for follow up on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery we have done on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament from a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. He has finished up supervised PT at Charleston PT on Wesley Drive and is doing well. he still gets some muscles spasms and pain if he leans on his arm, but nothing terrible. He uses Flector Patches, but has stopped the Celebrex.

Other Medical Providers/Suppliers:

CC Note to Workers Comp and Charleston PT Wesley Drive.

ExaminationShoulder Exam:

ROM

Right ATE *145*Right ER at 0 *45*Right IR at 0 *L2*Right ER at 90 *90*Right IR at 90 *45*

Rotator Cuff

Right IS *5/EXT 50/ADD 60*Right Napolean *5*Right SS *5*

Impingement

Right Hawkins *Negative*Right Reverse Hawkin's *Negative*General Examination:

The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact.

Patient: CONTRERAS, THOMAS J DOB:

Progress Note: JAMES R DEMARCO.

MD 08/07/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Diagnostic Procedure

No Hospitalization History.

Review of Systems

General/Constitutional:

Sleep disturbance denies. Weight change denies.

Endocrine:

Thyroid problem denies.

Respiratory:

Shortness of breath denies.

Cardiovascular:

Leg/ankle Swelling denies. Blood clots in lungs denies. Dizziness denies.

Gastrointestinal:

Reflux denies.

Hematology:

Bleeding problems denies.

Musculoskeletal:

Comments See HPI for details.

Neurologic:

Seizures denies. Weakness denies.

Numbness denies.

Psychiatric:

Depression denies. Anxiety denies.

Dermatology:

Skin rash denies. Poor wound healing denies.

Motor function was also intact distally.

Assessments

1. Shoulder pain - 7/9.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/8/2008-work comp

Treatment

1. Shoulder pain

At this point the patient is at MMI and has permanent partial restrictions of less than 40 pounds of overhead lifting with both hands and no more than 20 pounds with his right arm overhead. Less than 50 pounds of two-handed carrying and pushing and pulling. he can do a light to medium level job. He has permanent partial impairment of 9%. 3% for biceps atrophy, 3% for loss of internal rotation, 2% for loss of forward flexion and 1% for pain and muscle spasm. I do not predict any further surgical intervention in the next year however if he regresses with his pain he may need repeat corticosteroid injections, anti-inflammatories and/or physical therapy.

this is all within a reasonable degree of medical certainty and is determined by the evaluation of permanent impairment fifth edition AMA press.

Follow Up

prn

Electronically signed by JAMES DEMARCO MD, MD on 08/07/2012 at 04:27 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashtly
615 WESLEY DR
CHARLESTON, SC 29407-7206
Tel: 843-884-0302
Fax: 843-606-8053

Patient: CONTRERAS, THOMAS J DOB:

MD 08/07/2012

Progress Note: JAMES R DEMARCO,

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

20



CONTRERAS, THOMAS J

50 Y old Male, DOB: _____

CHARLESTON, SC-29407

Home: 843-324-5387

Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS

COOPERTTC Payer ID: PAPER

Appointment Facility: Palmetto Ortho Of Chas W Ashly

06/26/2012

JAMES R DEMARCO, MD

Current Medications

Celebrex 200 MG Capsule 1 capsule Once a day
 Flector 1.3 % Patch cut and apply 1 patch to affected area every 12 hours
 Medication List reviewed and reconciled with the patient

Past Medical History

No Medical History.

Surgical History

right shoulder scope 20120329
 right shoulder scope 20101011

Family History

Daughter(s): alive
 Son(s): alive
 Spouse: alive

Social HistoryWork History:

Current Work Status

Patient is employed but not currently working

Job Title Firefighter

Tobacco Use:

Tobacco Use/Smoking

Are you a nonsmoker

Drugs/Alcohol:

Alcohol Screen

Did you have a drink containing alcohol in the past year? Yes

How often did you have a drink containing alcohol in the past year? 2 to 3 times a week (3 points)

How many drinks did you have on a typical day when you were drinking in the past year? 1 or 2 drinks (0 point)

How often did you have 6 or more drinks on one occasion in the past year? Never (0 point)

Points 3

Interpretation Negative

Allergies

PENICILLINS

Latex

Reason for Appointment

1. EST PATIENT WC

History of Present IllnessSymptom(s):

Mr Contreras is here for follow up on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament from a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. He has been attending supervised physical therapy with Charleston PT on Wesley Drive and uses Celebrex and Flector patches to help with pain. Today he comes in doing really well. he's been working with Jesse in PT who he loves. His pain is minimal but she has been getting spasms around his bicep.

Other Medical Providers/Suppliers:

CC Note to Workers Comp and Charleston PT Wesley Drive.

ExaminationShoulder Exam:

ROM

Right ATE 145

Right ER at 0 45

Right IR at 0 L2

Right ER at 90 90

Right IR at 90 45

Rotator Cuff

Right IS 5/EXT 50/ADD 60

Right Napoleon 5

Right SS 5

Impingement

Right Hawkins Negative

Right Reverse Hawkin's Negative

General Examination:

The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis and mild edema. There is no evidence of DVT in the upper extremity.

Patient: CONTRERAS, THOMAS J DOB: _____

Progress Note: JAMES R DEMARCO,

MD 06/26/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

21

Hospitalization/Major Diagnostic Procedure

No Hospitalization History.

Review of Systems

General/Constitutional:

Sleep disturbance denies. Weight change denies.

Endocrine:

Thyroid problem denies.

Respiratory:

Shortness of breath denies.

Cardiovascular:

Leg/ankle Swelling denies. Blood clots in lungs denies. Dizziness denies.

Gastrointestinal:

Reflux denies.

Hematology:

Bleeding problems denies.

Musculoskeletal:

Comments See HPI for details.

Neurologic:

Seizures denies. Weakness denies. Numbness denies.

Psychiatric:

Depression denies. Anxiety denies.

Dermatology:

Skin rash denies. Poor wound healing denies.

The upper extremity was grossly neurologically and vascularly intact. Motor function was also intact distally.

Assessments

1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/8/2008-work comp

Treatment

1. Shoulder pain

Continue Flector Patch, 1.3 %, cut and apply 1 patch to affected area, Transdermal, every 12 hours

He continues doing very well. Continue with physical therapy for the next 4-6 weeks Charleston PT. Follow up with me in 6 weeks at that point he should be at MMI that right shoulder with an impairment it looks like it's going to be around 5-7% to the right upper cavity. Pulley to review his permanent partial restrictions on his return.

Referral To: Physical Therapy Charleston (WA) Physical Therapy Reason:

2. Others

Continue Celebrex Capsule, 200 MG, 1 capsule, Orally, Once a day

Follow Up

6 Weeks

Electronically signed by JAMES DEMARCO MD, MD on 06/26/2012 at 04:19 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
615 WESLEY DR
CHARLESTON, SC 29407-7206
Tel: 843-884-0302
Fax: 843-606-8053

Patient: CONTRERAS, THOMAS J DOB: _____ Progress Note: JAMES R DEMARCO, MD 06/26/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

22



CONTRERAS, THOMAS J

50 Y old Male, DOB: 1

CHARLESTON, SC-29407

Home: 843-324-5387

Insurance: THOMAS

COOPERTTC Payer ID: PAPER

Guarantor: CONTRERAS, THOMAS J

Appointment Facility: Palmetto Ortho Of Chas W Ashly

05/14/2012

JAMES R DEMARCO, MD

Current Medications

Celebrex 200 MG Capsule 1 capsule Once a day
Medication List reviewed and reconciled with the patient

Past Medical History

No Medical History.

Surgical History

right shoulder scope 20120329
right shoulder scope 20101011

Family History

Daughter(s): alive
Spouse: alive

Social History

Tobacco Use:

Tobacco Use/Smoking
Are you a nonsmoker

Drugs/Alcohol:

Alcohol Screen

Did you have a drink containing alcohol in the past year? *Yes*

How often did you have a drink containing alcohol in the past year? *2 to 3 times a week (3 points)*

How many drinks did you have on a typical day when you were drinking in the past year? *1 or 2 drinks (0 point)*

How often did you have 6 or more drinks on one occasion in the past year? *Never (0 point)*

Points 3

Interpretation *Negative*

Allergies

PENICILLINS

Latex

Hospitalization/Major

Diagnostic Procedure

No Hospitalization History.

Review of Systems

General/Constitutional:

Reason for Appointment

1. ESTABLISHED PAT

History of Present Illness

Symptom(s):

Mr Contreras is here for his post op on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament form a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. In his last visit we set him up with supervised PT at Charleston PT on Wesley Drive. He is taking Celebrex to help with pain. He is doing very well and is making improvements. He has done 2 supervised PT visits.

Other Medical Providers/Suppliers:

CC Note to Workers Comp and Charleston PT Wesley Drive.

Examination

Shoulder Exam:

ROM

Right ATE 140

Right ER at 0 45

Right IR at 0 L5

Right ER at 90 80

Right IR at 90 40

Rotator Cuff

Right IS 5

Right Napoleon 5

Right SS 4

Impingement

Right Hawkins *Negative*

Right Reverse Hawkin's *Negative*

General Examination:

The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact.

Patient: CONTRERAS, THOMAS J DOB: 1

Progress Note: JAMES R DEMARCO.

MD 05/14/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

23

Sleep disturbance denies. Weight change denies.

Endocrine:

Thyroid problem denies.

Respiratory:

Shortness of breath denies.

Cardiovascular:

Leg/ankle Swelling denies. Blood clots in lungs denies. Dizziness denies.

Gastrointestinal:

Reflux denies.

Hematology:

Bleeding problems denies.

Musculoskeletal:

Comments See HPI for details.

Neurologic:

Seizures denies. Weakness denies. Numbness denies.

Psychiatric:

Depression denies. Anxiety denies.

Dermatology:

Skin rash denies. Poor wound healing denies.

Motor function was also intact distally.

Assessments

1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/8/2008-work comp

Treatment

1. Shoulder pain

Start Flector Patch, 1.3 %, cut and apply 1 patch to affected area, Transdermal, every 12 hours, 30, Refills 03
He is doing very well. Continue with therapy. He feels like he is not getting as much therapy as he did prior is he reports that not doing ice or heat or manual massage. I wrote an note for them to continue to do that or add it if need be. I gave him prescription for fleck or patches for a morning pain over the biceps and anterior shoulder. Followup with me in 5-6 weeks.

Referral To: Physical Therapy Charleston (Wesley Dr) Physical Therapy

Reason:

2. Others

Continue Celebrex Capsule, 200 MG, 1 capsule, Orally, Once a day

Follow Up

6 Weeks



Electronically signed by JAMES DEMARCO MD, MD on 05/15/2012 at 08:19 AM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
615 WESLEY DR
CHARLESTON, SC 29407-7206
Tel: 843-884-0302
Fax: 843-606-8053

Patient: CONTRERAS, THOMAS J DOB: Progress Note: JAMES R DEMARCO, MD. 05/14/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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CONTRERAS, THOMAS J

50 Y old Male, DOB:

CHARLESTON, SC-29407

Home: 843-324-5387

Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS

COOPERTTC Payer ID: PAPER

Appointment Facility: Palmetto Ortho Of Chas W Ashly

04/23/2012

JAMES R DEMARCO, MD

Current Medications

Celebrex 200 MG Capsule 1 capsule Once a day
Celebrex capsules
Medication List reviewed and reconciled with the patient

Past Medical History

No Medical History.

Surgical History

right shoulder scope 20120329
right shoulder scope 20101011

Family History

Daughter(s): alive
Spouse: alive

Social History

Tobacco Use:

Tobacco Use/Smoking

Are you a nonsmoker

Drugs/Alcohol:

Alcohol Screen

Did you have a drink containing alcohol in the past year? *Yes*

How often did you have a drink containing alcohol in the past year? *2 to 3 times a week (3 points)*

How many drinks did you have on a typical day when you were drinking in the past year? *1 or 2 drinks (0 point)*

How often did you have 6 or more drinks on one occasion in the past year? *Never (0 point)*

Points 3

Interpretation *Negative*

Allergies

PENICILLINS

Latex

Hospitalization/Major

Diagnostic Procedure

No Hospitalization History.

Review of Systems

Reason for Appointment

1. ESTABLISHED PAT-rt shld

History of Present Illness

Symptom(s):

Mr Contreras is here for his post op on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament from a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. He unfortunately had an incident two weeks ago where he moved his arm a certain way, heard a pop, and experienced some additional swelling and bruising. We told him there was unfortunately not much that could be done about it. Other than that he is doing very well. He has done the 5 post op exercises and is ready to start supervised PT. He had previously gone to Charleston PT in Mt Pleasant.

Other Medical Providers/Suppliers:

CC Note to Workers Comp and Charleston PT Wesley Drive.

Examination

Shoulder Exam:

ROM

Right ATE 90

Right ER at 0 40

Right IR at 0 *Sacrum*

Right ER at 90 50

Right IR at 90 30

Rotator Cuff

Right IS 4

Right Napoleon 3

Right SS 3 *No deformity to the long head of the biceps.*

Impingement

Right Hawkins *Negative*

General Examination:

The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis

Patient: CONTRERAS, THOMAS J DOB:

Progress Note: JAMES R DEMARCO.

MD 04/23/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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General/Constitutional:

Sleep disturbance denies. Weight change denies.

Dermatology:

Skin rash denies. Poor wound healing denies.

Endocrine:

Thyroid problem denies.

Respiratory:

Shortness of breath denies.

Cardiovascular:

Leg Swelling denies. Blood clots denies. Dizziness denies.

Gastrointestinal:

Reflux denies.

Hematology:

Bleeding problems denies.

Musculoskeletal:

Comments See HPI for details.

Neurologic:

Seizures denies. Weakness denies.

Numbness denies.

Psychiatric:

Depression denies. Anxiety denies.

and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact. Motor function was also intact distally.

Assessments

1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/8/2008-work comp

Treatment

1. Shoulder pain

He is doing well right now. Continue to protect that arm and the long head of the biceps t.i.d. since. Physical therapy Charleston PT a note was written for at least the next 8-10 weeks. See him back in about 3-4 weeks. In a sling for the next couple weeks. He can do a light duty/sedentary job.

Referral To: Physical Therapy Charleston (WA) Physical Therapy

Reason: **PLEASE CALL PATIENT TO SCHEDULE APPOINTMENT|**PLEASE CALL/FAX APPOINTMENT DETAILS TO OFFICE.

Follow Up

4 Weeks

Electronically signed by JAMES DEMARCO MD, MD on 04/23/2012 at 04:47 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
615 WESLEY DR
CHARLESTON, SC 29407-7206
Tel: 843-884-0302
Fax: 843-606-8053

Patient: CONTRERAS, THOMAS J DOB: MD 04/23/2012 Progress Note: JAMES R DEMARCO, MD

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Cheryl PT

PALMETTO ORTHOPAEDICS OF CHARLESTON, P.A.
Weddell H. Gilmore, III, M.D. * R. Marshall Hay, M.D. * James R. DeMerco, M.D. * Heather McIntosh, M.D.

180 Wingo Way, Suite 301
Mt. Pleasant, SC 29464
(843) 884-0502
(843) 849-9308 Fax

615 Wesley Drive, Suite 100
Charleston, SC 29407
(843) 763-2857
(843) 763-2868 Fax

PALMETTO ORTHOPAEDICS SHOULDER THERAPY PRESCRIPTION

Name: Thomas Contreras Date: 4-23-12

Diagnosis: Left/Right Rotator Cuff Tear /Tendonitis Infraspinatus Suprascapularis Subscapularis Biceps

Surgery: _____ Date of Surgery: _____
TEAROTOMY
CONTRACTURE DECOMPRESSION

PENDULUMS TABLE/WALL STRETCHES PULLEYS SUPINE STICK SAD

ROM:

PROM AAROM AAROM without gravity (supine) AROM vs: gravity @ 6 weeks

P's 3/29/12

RESTRICTIONS/GOALS:

FORWARD FLEXION SUPINE/SITTING > 130° @ 6 weeks post-op
 EXTERNAL ROTATION @ 0° ABDUCTION > 40° @ 6 weeks post-op
 EXTERNAL ROTATION @ 90° ABDUCTION _____ @ _____ weeks post-op
 INTERNAL ROTATION @ 0° ABDUCTION (behind back) L3-4 level @ 6 weeks post-op
 INTERNAL ROTATION @ 90° ABDUCTION _____ @ _____ weeks post-op
 ABDUCTION IN SCAPULAR PLANE > 100° @ 6 weeks post-op

STRENGTHENING: ISOMETRICS

SUPRASPINATUS
INFRASPINATUS
SUBSCAPULARIS
BICEPS
SCAPULAR STABILIZERS

ISOTONICS

If surgery
Start at
6 weeks
post-op

ISOKINETICS

If surgery
Start at
10 weeks
post-op

GO SLOWEST AND PROTECT

SCAPULAR RHYTHM STABILIZATION:

SCAPULAR RHYTHM, RETRACTION & DEPRESSION, POSTURE

JOINT MOBILIZATIONS

CLOSED/OPEN CHAIN SCAPULAR STABILIZATION

CORE EXERCISES

POSTERIOR CAPSULAR STRETCHING (sleeper, IR, crossover)

SPORTS SPECIFIC ACTIVITIES: _____

HANDS ON MANUAL STRETCHING FOR ADHESIVE CAPSULITIS/ CONTRACTURES

MODALITIES:

HEAT
ULTRASOUND
IONTOPHORESIS
SOFT TISSUE/SCAR MOBILIZATION

CRYOTHERAPY
E-STIM
TRANSVERSE FRICTION MASSAGE

EDEMA CONTROL
TENS
TAPING

FREQUENCY 2-3 TIMES A WEEK FOR 8 WEEKS.

Unless otherwise stated, goals for ROM and motor function should be equal to the uninjured side.

Signature: _____



CONTRERAS, THOMAS J

50 Y old Male, DOB:
CHARLESTON, SC-29407
Home: 843-324-5387

Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS
COOPERTIC Payer ID: PAPER
Appointment Facility: Palmetto Ortho Of Chas W Ashly

04/03/2012

JAMES R DEMARCO, MD

Current Medications

Celebrex capsules
Medication List reviewed and reconciled with
the patient

Past Medical History

No Medical History.

Allergies

PENICILLINS
Latex

Review of Systems

General/Constitutional:

Sleep disturbance denies. Weight
change denies.

Dermatology:

Skin rash denies. Poor wound
healing denies.

Endocrine:

Thyroid problem denies.

Respiratory:

Shortness of breath denies.

Cardiovascular:

Leg Swelling denies. Blood
clots denies. Dizziness denies.

Gastrointestinal:

Reflux denies.

Hematology:

Bleeding problems denies.

Musculoskeletal:

Comments See HPI for details.

Neurologic:

Seizures denies. Weakness denies.
Numbness denies.

Psychiatric:

Depression denies. Anxiety denies.

Reason for Appointment

1. POST OPERATION-rt shoulder

History of Present Illness

Symptom(s):

Mr Contreras is here for his post op on his right shoulder. On
3/29/12, he had arthroscopic major debridement of intra-articular
synovitis with coracoid decompression, subacromial decompression
and bursectomy, and long head of biceps tenodesis. This is the second
surgery on this shoulder. On 10/11/10, he has an arthroscopic SAD and
excision of glenohumeral ligament from a previous SLAP repair and
debridement. This is all result of a workers comp injury that took place
on 10/8/2008. He is doing fairly well at this point. he is using the
thermotech machine for pain and has stopped taking his percocet.

Examination

General Examination:

The patient's shoulder was examined. The wounds were clean and
dry. There is no evidence of infection. There was expected ecchymosis
and mild edema. There is no evidence of DVT in the upper extremity.
The upper extremity was grossly neurologically and vascularly intact.
Motor function was also intact distally.

Assessments

1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major
debridement of intra-articular synovitis with coracoid decompression,
subacromial decompression and bursectomy, and long head of biceps
tenodesis. DOI 10/8/2008-work comp

Treatment

1. Shoulder pain

We discussed the surgical procedure with the patient. We discussed the
patient's need for pain management. We went over the appropriate
restrictions. They are going to do the standard postop exercises. We did
not go over the patient's intraoperative pictures. we will need to do that
next time. We went over 4 of the 5 postop exercises but did not include
internal rotation exercises.
CC a note the workers comp.

Follow Up

3 Weeks

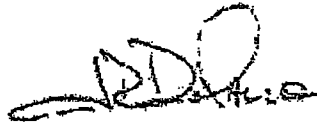
Patient: CONTRERAS, THOMAS J DOB: (

Progress Note: JAMES R DEMARCO,

MD 04/03/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

28



Electronically signed by JAMES DEMARCO MD, MD on
04/03/2012 at 04:51 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
615 WESLEY DR
CHARLESTON, SC 29407-7206
Tel: 843-884-0302
Fax: 843-606-8053

Patient: CONTRERAS, THOMAS J DOB: MD 04/03/2012 Progress Note: JAMES R DEMARCO, MD

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS
James R. DeMarco, MD

615 Wesley Drive
Suite 100
Charleston, SC 29407
(843) 763-2857 Office
(843) 763-2868 Fax

Patient Name: CONTRERAS, THOMAS
DOB: 1
CHART: 3-64-06-7

Date of Service: 11/22/2011

MR 7473

CHIEF COMPLAINT: Status post right shoulder SAD and excision of glenohumeral ligament from a previous SLAP repair and debridement. Date of surgery 10/11/2010. Worker's comp. Mr. Contreras returns today. He was having a flareup of pain. I last saw him in May. He ran out of Celebrex, started hurting some more. Thera-Band exercises seemed to be a hit or a miss with him; can help or they can flare him up. He did some yardwork this past weekend, and his shoulder has become somewhat painful. He still has pain over the anterior aspect of the shoulder even when he just hangs it down or reaches behind him in extended position. It gets flared up by the simplest of procedures, whether it is lifting or doing light yardwork; even if he comes off the Celebrex, he continues to have pain and discomfort.

PHYSICAL EXAM: General cervical shoulder shows ATE of 140. ER 50. IR to L3 with some pain. SARER 85. SIR of 55. Extension 55 with pain. Abduction 110. Adduction 60. Supraspinatus 4+. He has continued tenderness over the long head of the biceps and coracoid. Positive coracoid impingement symptoms. Tenderness over the AC joint, 1. Infraspinatus 5. Subscap 5. Hawkins 0. Reverse Hawkins 0. Elbows, wrists and neuro reveal full range of motion appropriate for the patient's age without tenderness, effusion, instability, ecchymosis, edema, atrophy or spasticity.

PLAN: At this point, Mr. Contreras continues to complain persistently of long head of the biceps and bicipital groove pain. There is approximately a 5 cm section of the long head of the biceps that we are unable to visualize arthroscopically on a routine arthroscopy; however, on selected patients with persistent pain in this area, we will go and take down the transverse ligament and the bursal sac in this area and visualize the long head of the biceps and certainly at this point do a biceps tenodesis on him. I would also do a coracoid decompression to take off the impingement that he is getting from his coracoid onto the anterior subscapularis and bicipital groove area. He has failed injections, it has been over a year, he continues having pain, and the 1 thing about him is that he has been completely consistent with where his pain is, directly over the bicipital groove. We looked at his biceps in the intraarticular portion. I pulled in as much of the biceps into the joint, and this is typically what we do, and in that region it appeared normal and so I did not decide to look further or release anything. We did remove his previous sutures from his previous repair and did a bursectomy and decompression, an AC joint resection. This did help with some of the other pain, but he is left with biceps pain which now needs to be addressed. This is still considered as worker's comp injury as directly and causally related to his injury on 10/08/2008. This is absolutely the last thing that can be done in the shoulder, and after doing a tenodesis, a coracoid decompression, I told him whatever pain or discomfort is left in the shoulder he will have to live with. We will need to get clearance from worker's comp, and his postoperative course would be similar with physical therapy a couple times a week starting around 4-5 weeks postoperatively and going for about 6 or 8 weeks. If we can get this done, I will see him in the end of December for the surgery.

James R. DeMarco, MD



JRD/jf

DD: 11/22/2011 4:38:00 PM

DT: 11/23/2011 8:20:45 AM

16122350

cc: Worker's comp
David Seignious, MD

30

1 of 1

678-985-4874

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 11-22-11

Patient Name: Thomas Contreras was seen in our office on 11/22/11 with a diagnosis of FLURT SHOULDER

Work Related Injury? NO YES, DOI: 10-8-2008

RETURN TO WORK STATUS:

FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

RETURN DATE _____

MAY NOT RETURN TO WORK UNTIL Follow-up

RETURN APPOINTMENT FOR RE-EVALUATION _____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

NO LIFTING MORE THAN _____ LBS.

NO OVERHEAD LIFTING

GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____ HOURS/DAY*****
 MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
*****NO MORE THAN _____ HOURS/DAY*****

LIMITED USE OF: _____


NO USE OF: _____

SCHOOL EXCUSE:

RETURN TO SCHOOL ON: _____

NO PE AND/OR SCHOOL SPORTS UNTIL _____

.....
ADDITIONAL COMMENTS: _____

PHYSICIAN SIGNATURE: 

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464
Phone: (843) 884-0302 Fax: (843) 849-9308

31

615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

CONTRERAS, THOMAS

DATE OF BIRTH: _____

05/31/11

PAGE 2

PLAN: He has had a flare up of pain and we talked about his sleeping position. He has some bicipital tendinitis and anterior shoulder stiffness. We provided a corticosteroid injection and I recommended an exercise program with Thera-Bands. He is using hand weights and I want him to use Thera-Bands in addition to the light weights. I don't want him using 10-pound weights right now. He will work on rotator cuff strengthening with either 5- or 7-pound weights. He will continue with ice treatments and anti-inflammatories and we will see him back on a p.r.n. basis. There are no changes in his work restrictions and his permanent partial impairment.

James R. DeMarco, M.D. /af
CC: Workers' Compensation
DD: 05/31/11
DT: 06/01/11



Palmetto Orthopaedics
of Charleston
ROBERT S. L. B. S. N. E. J. S. P. T. S. K. J. A. N. S.

7473 WA

CONTRERAS, THOMAS

DATE OF BIRTH:

05/31/11

CHIEF COMPLAINT: Status post right shoulder SAD, excision of glenohumeral [UNCLEAR] previous SLAP repair and debridement. DOS: 10/11/10, Workers' Compensation.

HISTORY: Mr. Contreras returns today. He is having some anterior shoulder pain and discomfort that is worse after sleeping, as he sleeps with his arm elevated over his head. He gets a lot of stiffness and soreness if he does too much with it. He is not having as much pain during the day. He is retired at this point. He does home exercises with light weights.

PHYSICAL EXAMINATION: Exam shows ATE of 140, ER 50, IR to L2-3, SAR ER 85, SAR IR 55, extension 55, abduction 110, adduction 60, supraspinatus 4+, infraspinatus 5, and subscap 5. Tenderness is noted over the long head of the biceps and anterior acromion. Incisions are well healed and he is neurologically and vascularly intact.

PROCEDURE: After discussing with the patient the benefits and risks of a subacromial injection, the patient's right shoulder was sterilely prepped. Then 80 mg of Depo-Medrol and 4 cc of lidocaine were injected without difficulty. The patient tolerated the procedure well.

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7473 WA

CONTRERAS, THOMAS

DATE OF BIRTH: NOT PROVIDED

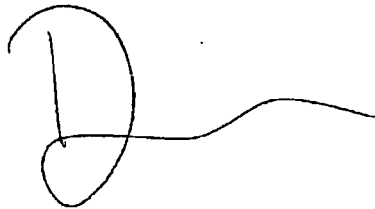
01/21/11

ADDENDUM: Mr. Contreras has an 11% permanent shoulder impairment and a 7% right upper extremity impairment, which is converted to a 4% whole person impairment.

James R. DeMarco, M.D. /af

DD: 03/01/11

DT: 03/02/11



5-31-11: f/w rt shld
DAS 12/14/12
- shilvery sore

31

Almetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

7473 WA

CONTRERAS, THOMAS

01/21/11

DOB: _____

CHIEF COMPLAINT: Unchanged from previous. DOS: 10/11/10 WC.

HISTORY: Mr. Contreras shoulder is doing fairly well. He is about 4-5 weeks away from retirement at this point. His paper work is in. He feels he is still unable to go back to work. His inflammation and discomfort from being shocked has gone down. He is finishing up his therapy.

PHYSICAL EXAM: He has ATE of 140, ER 50 and IR to L2. SAR ER is 90, SAR IR 55. He has extension of 55, abduction 110 and adduction 60. Rotator cuff strength is 5/5. Supraspinatus is 4+, infraspinatus and subscap are 5. He has some tenderness over the long head of the biceps and anterior clavicle. There is a well healed incision. He is neurologically and vascularly intact.


PLAN: I will keep him out of work. He is in the last 4-5 weeks of retirement and I don't want him to go back and get re-injured. He is doing well at this point. He is not going to be able to return to being a fire fighter. If he needs final permanent restrictions, then he would have to undergo a functional capacity evaluation. He has permanent partial impairment of 7 percent to the right upper extremity, as defined by *The AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition. This converts to 11 percent right shoulder impairment. There is no foreseeable intervention required within the next year for surgery. If he has any other exacerbation of his pain, he may need injections, anti-inflammatories or repeat physical therapy. I will see him back on a prn basis.

James R. DeMarco, M.D. /lm

CC: Workers' Compensation
Charleston PT

DD: 01/21/11

DT: 01/24/11



35

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

7473 WA

CONTRERAS, THOMAS

12/17/10

DOB;

CHIEF COMPLAINT: Status post right shoulder SAD and excision of glenohumeral ligament from previous SLAP repair and debridement. DOS: 10/11/10 WC.

HISTORY: Mr. Contreras is doing therapy and his motion is progressing. He still has pain and discomfort around the long head of his biceps and lateral deltoid. He has pain getting behind his back. He actually got shocked by his light switch and pulled his arm back. This created more pain, inflammation and discomfort.

PHYSICAL EXAM: He has ATE of 130, ER 45 degrees and IR to L3 with pain. His rotator cuff is intact except for supraspinatus of 4+. Infraspinatus and subscap are 5. He has tenderness over the long head of his biceps.

PLAN: He is out of work until I see him back in 4-5 weeks. We will continue him in therapy. He is getting really near retirement and has retirement papers. I have opted to keep him out of work until we can get this straightened out. There is no reason to send him back at any level if he is going to be retiring in 2-4 weeks. However, if his paperwork gets stalled and he hasn't retired, we will send him back to light duty on his return. He will continue therapy until I see him back.

James R. DeMarco, M.D. /lm

CC: Workers' Compensation

Charleston PT

DD: 12/17/10

DT: 12/20/10



30

Palmetto Orthopaedic
of Charleston
ROPER ST. FRANCIS PHYSICIANS

7473 WA

CONTRERAS, THOMAS

11/10/10

DOB:

CHIEF COMPLAINT: Status post right shoulder SAD and excision of the glenohumeral ligament with previous SLAP repair and debridement. DOS: 10/11/10. WC.

HISTORY: Mr. Contreras continues doing well. He has been doing his five post-op exercises with no severe pain or discomfort.

PHYSICAL EXAM: Exam shows table stretch to 125 degrees, ER 45 degrees and IR to L4. His rotator cuff is grossly intact. He is neurologically and vascularly intact.

PLAN: We will get him into supervised PT with Charleston PT. He has his restrictions. He will remain out of work until I see him back in about four weeks. I don't think he is going to be able to go back to being a full-time, full-duty firefighter. I think that after both his shoulders were injured he will not be able to do heavy lifting. However, on his return in four weeks, we will get him back to a light duty desk job activity, no lifting more than 10 lb and minimal overhead lifting.

James R. DeMarco, M.D. /Im

CC: Workers' Compensation

Charleston PT

DD: 11/10/10

DT: 11/11/10



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Palmetto Orthopaedic
of Charleston
ROPER ST. FRANCIS PHYSICIANS

7473WA

CONTRERAS, THOMAS

10/20/10


DOB: _____

CHIEF COMPLAINT: Status post right shoulder SAD and excision of glenohumeral ligament with previous SLAP repair and debridement. DOS: 10/11/10. WC.

HISTORY: Mr. Contreras is doing well. He has been using his ice machine and has had minima pain and discomfort. He has no new complaints.

PHYSICAL EXAM: He has well healed incisions with no evidence of infection. There is the expected amount of ecchymosis, no evidence of DVT. He is neurologically and vascularly intact distally.

PLAN: We did not go over his intra-op pictures. We will need to do that next time. We did go over his restrictions. He is out of work until I see him back in three weeks. He has enough pain medication. We went over his five post-op exercises. We will see him back in three weeks for recheck.

James R. DeMarco, M.D. 

CC: Workers' Compensation

DD: 10/20/10

DT: 10/21/10

3y

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

7473 MP

CONTRERAS, THOMAS

09/24/10

DOB: ' _____

CHIEF COMPLAINT:

1. Right shoulder loss of internal rotation, status-post SLAP repair and removal of sutures with debridement.
2. Long head of the biceps tendinopathy by exam.
3. No evidence of significant rotator cuff pathology.
4. Significant impingement syndrome. DOI: 10/08/08 WC.

HISTORY: Mr. Contreras is still having pain and discomfort in his right shoulder. He is at the point where he is about to give up on getting back into being a firefighter. He has had discomfort that is certainly worse on the right than the left. He still has a little bit on the left. He wants to talk about non-surgical vs. surgical options. He has been doing some physical therapy but really hasn't progressed well with that. He takes some over-the-counter medications. He has some pain with sleep. He is still on restrictions at work.

PHYSICAL EXAM: Exam is recorded on the shoulder exam sheet and is basically unchanged from previous exams. He has ATE of 155, IR to L3-4 and ER 45. SAR ER is 80, SAR IR 20. His rotator cuff strength is 5. Hawkin's is 1, reverse Hawkin's 0 and O'Brien's 0. Partial tear is 0. His elbows and wrists are normal. He is neurologically and vascularly intact. Skin and lymphatics are normal. DTRs are equal bilaterally.

PLAN: The risks and benefits of non-surgical vs. surgical treatment were discussed. The patient has undergone and failed several conservative measures, including a home exercise program, therapy, injections, medications and activity modification. I feel that the benefits of surgery outweigh the risks involved. The patient agrees with this. We talked about the details of the surgical procedure. The patient was given handouts and we discussed the risks and benefits of surgery. We talked about the pre-, peri-op and post-op course and the expected intra-operative and post-operative experience and rehab. I went over the need for pre-operative medical clearance. We gave the patient handouts detailing all of this and all questions were answered. He is as good as he is going to get if he doesn't have surgery. I think he deserves one additional look. He is stiff.

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CONTRERAS, THOMAS

08/06/10

CHIEF COMPLAINT: Right shoulder injury. DOI: 10/08/08. WC
HISTORY: Mr. Contreras is a 49-year-old gentleman who has been seen previously by Dr. Jaskwich at Lowcountry Orthopedics for an on-the-job injury from 10/08/08. He originally injured it at the fire station where he worked lifting weights. He now has pain over the right shoulder. He describes the pain as being sharp throughout the day. It is worse in the morning. If he does anything significant with the shoulder it bothers him. MRI was performed at Lowcountry that showed no evidence of full thickness tear. There was a possible superior labral tear. He then underwent surgery for that. He continued to have pain despite therapy, activity modification and work restrictions. Dr. Jaskwich took him back to the OR on 10/01/09 and did a debridement of the sutures, labrum and intra-articular synovium and bursa. He did not reattach the labrum and felt there was enough attachment to be adequate. No other abnormalities were noted. There were no rotator cuff tears. Mr. Contreras comes in today with continued pain and discomfort, as noted. On May 5, 2010, he was restricted in his physical training. There was no recommendation for any further surgical intervention.

PAST MEDICAL HISTORY: His past medical history, past surgical history, medications, family history, social history and review of systems is recorded on the patient information sheet and has been reviewed by me. He is on Allegra, Advair, Celebrex, and Lovastatin. He has high blood pressure, high cholesterol, asthma and diabetes. Social history shows he is a firefighter and is married. He does not smoke or drink.

ALLERGIES: Penicillin, Latex.

PHYSICAL EXAM: He is an alert, pleasant male in no apparent distress. The cervical, thoracic and lumbar spine is evaluated and shows normal range of motion with normal alignment without obvious scoliosis, step off, deformity, edema, atrophy or muscle spasm. He has negative Spurling's, axial compression and Lhermitte's. The cervical spine and the right and left shoulders were examined for tenderness, range of motion, scapular dyskinesia, rotator cuff strength, biceps injury, impingement signs, slap lesions and instability and are recorded in detail on the shoulder assessment sheet. In summary, the pertinent findings reveal tenderness in the AC joint of 1, bicipital groove 1. He has ATE of 155, IR to L3 and ER 45. SAR ER is 90, SAR IR 20. Supraspinatus, infraspinatus and Napoleon's are 5. Partial tear is 0, O'Brien's 0, Hawkin's 1 and reverse Hawkin's 0.

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CONTRERAS, THOMAS

08/06/10

PAGE 2

His elbows and wrists are normal. He is neurologically and vascularly intact. Skin and lymphatics are normal. DTRs are equal bilaterally. Gait and station are normal.

IMAGING: MRI from 08/26/09 is reviewed and shows mild edema in the subscapularis. The subscapularis is intact. There is significant thickening of the glenohumeral ligament. AC joint is intact. There is no evidence of significant anterior or posterior labral injury. No rotator cuff tear is noted. There are some abnormalities of the angle of the biceps but it does appear attached on the most superior side. It appears to be fairly normal except for that small fragmentation inferiorly, likely post-surgical or it could be a suture. The biceps is within the groove. There is no atrophy of the cuff noted. The intra-articular portion of the biceps is within normal limits.

X-rays of his right shoulder show normal glenohumeral joint space. There is moderate AC joint narrowing with some sclerosis. There are no acute fractures, avulsions or dislocations. There are no blastic or lytic lesions.

PROCEDURE: After sterilely prepping the anterior bicipital groove and anterior subacromial space, we injected 80 mg of Depo-Medrol. We split it between the two areas. He tolerated this procedure well.

ASSESSMENT:

1. Right shoulder loss of internal rotation, status-post SLAP repair and then removal of sutures with debridement.
2. Long head of the biceps tendinopathy by exam.
3. No evidence of significant rotator cuff pathology.

PLAN: We provided him with a corticosteroid injection in the bicipital groove and anterior subacromial space. His main problem is loss of internal rotation. He lacks internal rotation in both the abducted position and in the neutral position. He has decreased anterior quadrant flexibility and decreased excursion of the anterior deltoid, pectoralis and long head of the biceps. I don't feel he needs surgical intervention at this point. I think he needs therapy to work on stretching, almost all stretching of the anterior quadrant, pectoralis, long head of the biceps and internal rotation stretching, including sleeper stretches and internal rotation and behind-the-back stretching with cross over stretching as well.

u1

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CONTRERAS, THOMAS
08/06/10
PAGE 3

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This was all written in a PT note. He will continue on light duty with no overhead lifting, no lifting more than 25 lb to shoulder level and no lifting more than 50 lb. to waist level. We will keep him off the truck. I am not sure he will be able to go back to being a firefighter or not. Both of his shoulders are involved and both are painful and he has some weakness issues. We will know over the next 6-12 weeks whether he will be disabled from a full line of duty. He may need to retrain into a lighter demand job.

James R. DeMarco, M.D. /lm

CC: Workers' Compensation

David Seignious, M.D. 557-1050

David Jaskwhich, M.D. 797-3633

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 1-21-11

Patient Name: Thomas Conteras was seen in our office on today with a diagnosis of the shoulder

Work Related Injury? NO YES, DOI: Oct 2008

RETURN TO WORK STATUS:

FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

RETURN DATE _____

MAY NOT RETURN TO WORK UNTIL permanent

RETURN APPOINTMENT FOR RE-EVALUATION _____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

NO LIFTING MORE THAN _____ LBS.

NO OVERHEAD LIFTING

GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____ HOURS/DAY*****

MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)

*****NO MORE THAN _____ HOURS/DAY*****

LIMITED USE OF: _____

NO USE OF: _____

SCHOOL EXCUSE:

RETURN TO SCHOOL ON: _____

NO PE AND/OR SCHOOL SPORTS UNTIL _____

.....
ADDITIONAL COMMENTS:
.....

PHYSICIAN SIGNATURE: [Signature] 1-21-11

180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464
Phone: (843) 884-0302 Fax: (843) 849-9308

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615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 12-17-10

Patient Name: Thomas Contreras was seen in our office on today with a diagnosis of fluright shoulder

Work Related Injury? NO YES, DOI: 10/8/08

RETURN TO WORK STATUS:

FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

RETURN DATE _____

MAY NOT RETURN TO WORK UNTIL after eval in next appt

RETURN APPOINTMENT FOR RE-EVALUATION 4 weeks

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

NO LIFTING MORE THAN _____ LBS.

NO OVERHEAD LIFTING

GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____ HOURS/DAY*****
 MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)

*****NO MORE THAN _____ HOURS/DAY*****

LIMITED USE OF: _____

NO USE OF: _____

SCHOOL EXCUSE:

RETURN TO SCHOOL ON: _____

NO PE AND/OR SCHOOL SPORTS UNTIL _____

**.....
ADDITIONAL COMMENTS:**

PHYSICIAN SIGNATURE: 

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
30 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464
Phone: (843) 884-0302 Fax: (843) 849-9508 LM
615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 11/10/10

Patient Name: Thomas Contreas was seen in our office on today with a diagnosis of flirt. Shoulder

Work Related Injury? NO YES, DOI: 10/8/08

RETURN TO WORK STATUS:

FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

RETURN DATE _____

MAY NOT RETURN TO WORK UNTIL after follow up appointment in 3 weeks

RETURN APPOINTMENT FOR RE-EVALUATION _____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

NO LIFTING MORE THAN _____ LBS.

NO OVERHEAD LIFTING

GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____ HOURS/DAY*****
 MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
*****NO MORE THAN _____ HOURS/DAY*****

LIMITED USE OF: _____

NO USE OF: _____

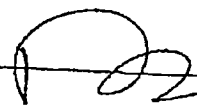
SCHOOL EXCUSE:

RETURN TO SCHOOL ON: _____

NO PE AND/OR SCHOOL SPORTS UNTIL _____

ADDITIONAL COMMENTS:

will re-evaluate @ flur in 3 weeks

PHYSICIAN SIGNATURE: 

RCC

Palmetto Orthopaedics Physical Therapy Prescription

Waddell H. Gilmore, MD

R. Marshall Hay, MD

James R. Demarco, MD

Name: Thomas Contreras

Date: 9-3-10

Diagnosis: SAWE

Surgery: _____ Date: _____

Evaluate & Treat

ROM:

PROM _____ AROM _____

As tolerated See Below

AAROM

Stretching:

Strengthening:

Modalities:

- Heat Cryotherapy Edema Control Ultrasound E-Slim
- TENS Iontophoresis Phonophoresis Deep neuromuscular massage
- Traction Whirlpool Taping Soft tissue mobilization/scar massage

Teach daily home exercise program

Aquatic Therapy

Back School

Work Conditioning: Details _____

2 -> Add LIGHT total body exercise program + core strength

Specific areas:

Shoulder:

ROM:

Internal rotation @ 90° abduction - goal _____ External rotation @ 90° abduction - goal _____

Muscles:

Deltoid External Rotation Abduction goal _____ Internal Rotators Scapular stabilizers

Misc:

Long head of biceps Other _____ Posterior capsular stretching Posture & scapular retraction training

Hip:

ROM:

Internal rotation goal _____ External rotation goal _____ Flexion goal _____

Muscles:

Extension goal _____ Abduction goal _____ Adduction goal _____

Misc:

Hip flexors Hip Extensors Abductors Adductors Quads Hamstrings

Knee:

ROM:

Extension goal _____ Flexion goal _____

Muscles:

Quads VMO Hamstrings IT Band Gastro/soleus

Misc:

Patellar mobilization Short arc quad strengthening Straight leg raise

Ankle:

ROM:

Dorsiflexion goal _____ Plantar flexion goal _____

Muscles:

Gastro/soleus Anterior tibialis Posterior tibialis Peroneals

Special Recommendations: _____

Frequency: 2 times a week for 6^{to} weeks.

Unless otherwise stated, goals for ROM & motor function should be equal to the uninjured side.

Signature: _____

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~~XXXXXXXXXX~~

~~XXXXXXXXXX~~

Charleston
PT
WA

PALMETTO ORTHOPAEDICS OF CHARLESTON, P.A.
Waddell H. Gilmore, III, M.D. • R. Marshall Hay, M.D. • James R. DeMarco, M.D. • Heather McIntosh, M.D.

180 Wingo Way, Suite 301
Mt. Pleasant, SC 29464
(843) 884-0302
(843) 849-9308 Fax

615 Wesley Drive, Suite 100
Charleston, SC 29407
(843) 763-2857
(843) 763-2868 Fax

PALMETTO ORTHOPAEDICS SHOULDER THERAPY PRESCRIPTION

Name: Thomas Contreras Date: 11/10/10

Diagnosis: ~~Left~~ ~~Right~~ Rotator Cuff Tear / Tendinitis Infraspinatus Supraspinatus Subscapularis
Surgery: SLAP Repair E/p SAD (R) SH + excision previous SLAP repair Date of Surgery: _____

PENDULUMS TABLE/WALL STRETCHES PULLEYS SUPINE STICK

ROM:
 PROM AAROM AAROM without gravity (supine) AROM vs. gravity @ 6 weeks

RESTRICTIONS/GOALS:

FORWARD FLEXION SUPINE/SITTING >130° @ 6 weeks post-op
 EXTERNAL ROTATION @ 0° ABDUCTION >40° @ 6 weeks post-op
 EXTERNAL ROTATION @ 90° ABDUCTION _____ @ _____ weeks post-op
 INTERNAL ROTATION @ 0° ABDUCTION (behind back) L3-4 level @ 6 weeks post-op
 INTERNAL ROTATION @ 90° ABDUCTION _____ @ _____ weeks post-op
 ABDUCTION IN SCAPULAR PLANE >100° @ 6 weeks post-op

STRENGTHENING: ISOMETRICS	ISOTONICS	ISOKINETICS	GO SLOWEST AND PROTECT
SUPRASPINATUS <input checked="" type="checkbox"/>	If surgery	If surgery	<input type="checkbox"/>
INFRASPINATUS <input checked="" type="checkbox"/>	Start at	Start at	<input type="checkbox"/>
SUBSCAPULARIS <input checked="" type="checkbox"/>	6 weeks	10 weeks	<input type="checkbox"/>
BICEPS <input checked="" type="checkbox"/>	post-op	post-op	<input type="checkbox"/>
SCAPULAR STABILIZERS <input checked="" type="checkbox"/>			<input type="checkbox"/>

SCAPULAR RHYTHM STABILIZATION:
SCAPULAR RHYTHM, RETRACTION & DEPRESSION, POSTURE
JOINT MOBILIZATIONS
CLOSED/OPEN CHAIN SCAPULAR STABILIZATION
CORE EXERCISES
POSTERIOR CAPSULAR STRETCHING (sleeper, IR, crossover)

SPORTS SPECIFIC ACTIVITIES: _____

HANDS ON MANUAL STRETCHING FOR ADHESIVE CAPSULITIS/ CONTRACTURES

MODALITIES: HEAT CRYOTHERAPY EDEMA CONTROL
 ULTRASOUND E-STIM TENS
 IONTOPHORESIS TRANSVERSE FRICTION MASSAGE
 SOFT TISSUE/SCAR MOBILIZATION TAPING

FREQUENCY 2-3 TIMES A WEEK FOR 6-8 WEEKS.
Unless otherwise stated, goals for ROM and motor function should be equal to the uninjured side.

Signature: _____

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ROPER ST. FRANCIS HEALTHCARE

Incident/Accident/Date of Onset Form

Information Required by HIPPA when Services are Related to any
Type of Accident/Injury/Incident or onset of Pain

Name of Patient: THOMAS CONTRERAS

Patient's HPP Guarantor #: _____ Patient's HPP Account#: _____

Patient's Date of Birth: _____

Type of Accident/Incident: Please check one:

Auto Accident

Note: If auto accident, State where accident occurred is required: State: _____

Employment Related

None of the above (Example: Woke up with Back Ache)

Other: Please specify: _____

Accident/Incident Information

Date of Accident/Incident: 10/2009

If not accident: Date of Onset or Illness/Symptoms: _____

Approximate time of Accident/Incident: 1600

Where accident Occurred: (i.e.: grocery store, Car, Bus, etc.): FINE STATION

Brief description of how accident/incident occurred or how onset of symptoms occurred:
LIFTING WEIGHTS

Type of Injury/Illness: (include body part/s) Example: Sprain of foot:
TORN LABRUM

If employment related: Please provide us with the following information:

1. Name of Employer: ST. JOHNS F.D.
2. Name of Contact: (Name of person who handles work injuries at patient's work):
DESY BIGDA
3. Contact Phone Number (include area code): 813-559-9194
4. Work Comp Policy/Claim #: _____
5. Name and address of Work Comp Carrier:

6. Name of Adjuster: LAYE JENNINGS
7. Work Comp Carrier Phone # (include area code) 803-896-5853

Name of person providing information: THOMAS CONTRERAS

Relationship to Patient: _____

Date: 8/16/10

Employee's Signature: T. Contreras

(Examples of diagnosis requiring accident/onset date: fracture, sprain or strain, auto accident, work related injury, fall, contusion, wound, laceration, back pain, etc. all 800 to 900 Dx codes require this information)

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Patient Identification

Last Name: CONTOMAS
 First Name: THOMAS Mr. Mrs. Miss SSN: 1-7973
 Middle: _____ Other title CAPT. Date of Birth: _____
 (Doctor, General, the III, etc...)
 Marital Status: Married Single Separated Divorced Widowed Sex: Male Female
 Student Status: Full Part N/A School: _____ Relationship to Guarantor: _____
 Employment: Full Part None Employer: ST. JOHN'S F.O. Phone: () _____
 Address: (This practice will send all correspondence to this address unless you provide us an alternate address below)
 Street: 3327 MAYBANK HWY City: CHAS State: SC Zip: 29407
 Phone: (843) 324-5387 (RSFH will contact you at this number unless you provide us an alternate number below)
 May we leave a general voice message for appointment reminders at this contact phone number? Yes No
 May we leave a general voice message for normal test results at this contact phone number? Yes No
 In Case of Emergency Contact Name RENEE CONTOMAS
 Relationship WIFE Home Phone (843) 367-8018 Work Phone (843) 724-6603

Guarantor/Responsible Party (if different from patient)

Last Name: ST. JOHN'S F.O. Mr. Mrs. Miss SSN: _____
 First Name: _____ Other title _____ Date of Birth: ____/____/____
 Middle: _____ (Doctor, General, the III, etc...)
 Address: 3327 MAYBANK HWY Sex: Male _____ Female _____
 City: ST. JOHN'S ISL State: SC Zip: 29455 Phone: Home () _____
 Phone: Work (843) 559-9194
 (Complete only if you want the Practice to communicate with you at an address/phone different than you provided above)
 Alternate Address: _____ Alternate Phone: () _____
 City: _____ State: _____ Zip: _____

Primary Insurance

Secondary Insurance

Primary Insurance		Secondary Insurance	
Member/Policyholder (if different from patient)	Member/Policyholder (if different from patient)	Member/Policyholder (if different from patient)	Member/Policyholder (if different from patient)
Member/Policyholder ID# _____	Member/Policyholder ID# _____	Member/Policyholder ID# _____	Member/Policyholder ID# _____
Date of Birth _____	Date of Birth _____	Date of Birth _____	Date of Birth _____
Insurance Co. Phone Number () _____	Insurance Co. Phone Number () _____	Insurance Co. Phone Number () _____	Insurance Co. Phone Number () _____
Group # _____	Group # _____	Group # _____	Group # _____
Insurance Co. Address (Street Address/ P.O. Box) _____	Insurance Co. Address (Street Address/ P.O. Box) _____	Insurance Co. Address (Street Address/ P.O. Box) _____	Insurance Co. Address (Street Address/ P.O. Box) _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____

NEW PATIENT INFORMATION

Name: THOMAS CONTASAS Date: 8/0/10

Age: 49 DOB: _____ Sex: Male Female

Family MD: D. SEIGNIOUS Referring MD: WORKER COMP.

CHIEF COMPLAINT / HISTORY OF PRESENT ILLNESS

Date of onset of injury/problem: 2008 10-8-2008

Describe your current orthopaedic problem/ injury: SHOULDER PAIN, I HAD TWO SURGERIES.

Is your problem/injury related to: (please check)

Auto-accident Work-related accident Other accident Litigation pending

Location (Example bottom of foot, left hand, etc): RIGHT SHOULDER

Quality (Example: throbbing, numb, etc): SHARP PAIN

Severity (Example: intolerable, dull, sharp, etc): SHARP

Duration (Example: all day, few minutes, all night, etc): ALL DAY

Timing (Example: upon rising, at end of day, etc): A.M

Context (Example: while typing, after exercising, etc): WHILE DOING ANYTHING

Modifying Factors (Example: what improves or worsens symptoms, etc): NOTHING

Associated Signs & Symptoms (Example: tingling, stiffness, etc): STIFF PRESSURE

MEDICATIONS
(Please list all long-term medications, current medications, over-the-counter drugs and herbal preparations)

ALLERGIA, ANVAIN
CELEBRAX, LOVASTATIN

Are you currently taking Coumadin, Plavix, Aspirin, or other blood thinner? YES NO

ADVERSE & ALLERGIC DRUG REACTIONS (please check)

None Penicillin Sulfa Drugs Other, please list:

Reaction: ITCHING HIVES

(OVER)

PAST MEDICAL HISTORY

Have you ever or do you currently have any of the following? Please check all that apply:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stomach Ulcers | <input type="checkbox"/> Stroke | <input type="checkbox"/> Rheumatoid Arthritis |
| <input checked="" type="checkbox"/> High Cholesterol | <input type="checkbox"/> GI Disease | <input type="checkbox"/> Seizure/Epilepsy | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Heart Attack / MI | <input type="checkbox"/> Hepatitis/Liver Disease | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Psoriasis |
| <input checked="" type="checkbox"/> Asthma | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Depression | <input type="checkbox"/> Back/Neck Pain |
| <input type="checkbox"/> Sleep Apnea | <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> MRSA | <input type="checkbox"/> Lyme Disease |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Pulmonary Embolus | <input type="checkbox"/> HIV/AIDS | <input checked="" type="checkbox"/> Latex Allergy |

Other medical problems: _____

Past Surgery/Procedures: (type and dates) SHOULDER LEFT + RIGHT
RIGHT FOOT, NASAL

Any problem with the following types of anesthesia? (please check)

General IV Sedation Local Dental Anesthesia

If you checked any of the above types of anesthesia, please explain the problem:

FAMILY HISTORY (check any family illnesses)

Diabetes Bleeding problems Anesthesia Problems Other (describe below): _____

SOCIAL HISTORY

Are you working now? YES NO What is your occupation? FIRE FIGHTER

Single Married Widowed Live Alone Live With Others

Do you smoke tobacco? YES NO How much? _____ # of years? _____

Do you drink alcohol? YES NO How much? _____

History of substance abuse? YES NO If yes, please describe _____

Pregnant or could be pregnant? YES NO

REVIEW OF SYSTEMS

Height: _____ Weight: 500

Please circle and describe the symptoms that pertain to you:

- YES Constitutional (fever, weight loss, night sweats, etc.): _____
- YES HEENT (vision issue, dizzy/poor balance, head ache, etc.): _____
- YES Heart (chest pain, murmur, irregular beats, etc.): _____
- YES Vascular (edema, claudication, varicose veins, etc.): _____
- YES Respiratory (asthma, shortness of breath, cough, etc.): _____
- YES Gastrointestinal (GI) (appetite, diarrhea, constipation, etc.): _____
- YES Urinary (problems urinating, incontinence, etc.): _____
- YES Musculoskeletal (arthritis, stiffness, etc.): _____
- YES Skin (acne, rash, sores, etc.): S
- YES Neurological (seizures, weakness, numbness, fainting, etc.): _____
- YES Psychiatric (depression, mood liability, other): _____
- YES Endocrine (hot/cold intolerance, excess sweating, etc): _____
- YES Hematol Q Q (bleeding tendency, anemia): _____

Patient ID#: _____ AGE: 44 Occupation FINTECHER

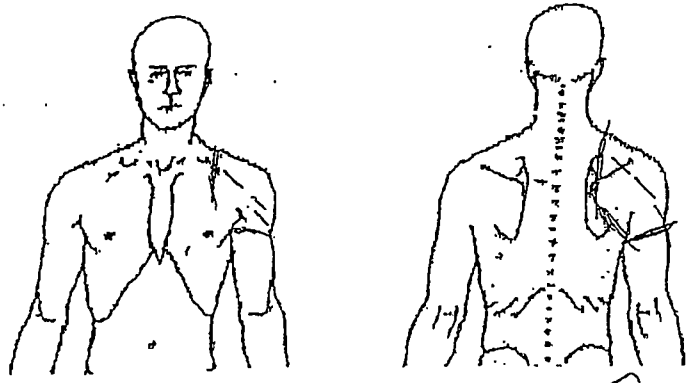
Are you right handed or left handed? (circle one) RIGHT LEFT

Date of onset of pain or injury (Give a specific date, if possible) 10/2008

Describe in detail the nature of the injury SHOULDER PAIN PRESSURE POTENTIAL

Using these symbols, mark the area on your body where you feel the described sensations.

ACHING △△△△△ NUMBNESS ==== PINS & NEEDLES 0000 BURNING XXX OTHER ---



Rate your pain on the scale: (circle one) Lowest 1 2 3 4 5 6 7 8 9 10 Highest

What makes the pain worse? REST MY ARM ON SOMETHING 6 USING A MOUSE ON A COMPUTER

What makes the pain better? NOTHING

Do you have pain at night? Describe it: YES SHARP

Do you have neck pain? (circle one) YES NO Numbness or tingling in your arms? (circle one) YES NO

Have you had any previous injuries to your shoulder, neck or elbow on this side? (circle one) YES NO
If yes, describe: _____

Have you previously had physical therapy for this particular problem? (circle one) YES NO
If yes, when and where was the therapy give? _____

Have you previously had injections for this problem? (circle one) YES NO
If yes, when and did the injection help? _____

What medications do you take for pain? (List all over-the-counter and prescription medications)
VELEBNER

What is the most active thing you do with your arms, i.e. sports, chores, home repair or work related activity?
WORK ON COMPUTER, BOWLING, FISHING.

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ROPER ST. FRANCIS HEALTHCARE

Incident/Accident/Date of Onset Form

Information Required by HIPPA when Services are Related to any Type of Accident/Injury/Incident or onset of Pain

Name of Patient: THOMAS CONTRERAS

Patient's HPP Guarantor #: _____ Patient's HPP Account#: _____

Patient's Date of Birth: _____

Type of Accident/Incident: Please check one:

Auto Accident

Note: If auto accident, State where accident occurred is required: State: _____

Employment Related

None of the above (Example: Woke up with Back Ache)

Other: Please specify: _____

Date of Accident/Incident: 10/2007 Accident/Incident Information

If not accident: Date of Onset or Illness/Symptoms: _____

Approximate time of Accident/Incident: 1600

Where accident Occurred: (i.e.: grocery store, Car, Bus, etc.): FINE STATION

Brief description of how accident/incident occurred or how onset of symptoms occurred:
LIFTING WEIGHTS

Type of Injury/Illness: (include body part/s) Example: Sprain of foot:
TORN LABRUM

If employment related: Please provide us with the following information:

1. Name of Employer: ST. JOHNS F.D.
2. Name of Contact: (Name of person who handles work injuries at patient's work):
DESY BIGDA
3. Contact Phone Number (include area code): 813-559-9144
4. Work Comp Policy/Claim #: _____
5. Name and address of Work Comp Carrier:

6. Name of Adjuster: FAYE JENNINGS
7. Work Comp Carrier Phone # (include area code): 803-896-5853

Name of person providing information: THOMAS CONTRERAS

Relationship to Patient: _____

Date: 8/6/10

Employees Signature: T. Contreras

(Examples of diagnosis requiring accident/onset date: fracture, sprain or strain, auto accident, work related injury, fall, contusion, wound, laceration, back pain, etc. all 800 to 900 Dx codes require this information)

Primary Physician:

Patient: CONTRERAS, THOMAS DOB: (

Sex: male Tel: 843-324-5387

Report Name: OPERATIVE REPORT

Accession ID: 2018614

REPORT

SERVICE: Orthopedics.

ATTENDING: Dr. James DeMarco

ASSISTANT: None.

PREOPERATIVE DIAGNOSIS (ES):

1. Right shoulder coracoid impingement.
2. Right shoulder intra-articular synovitis and adhesions.
3. Right shoulder subacromial impingement with adhesions.
4. Right shoulder long head of biceps tendinopathy.

POSTOPERATIVE DIAGNOSIS (ES):

1. Right shoulder coracoid impingement.
2. Right shoulder intra-articular synovitis and adhesions.
3. Right shoulder subacromial impingement with adhesions.
4. Right shoulder long head of biceps tendinopathy.

PROCEDURE(S) PERFORMED:

1. Right shoulder major debridement of intra-articular synovitis with coracoid decompression. (CPT code 29823)
2. Right shoulder subacromial decompression and bursectomy. (CPT code 29826)
3. Right shoulder long head of the biceps tenodesis. (CPT code 29828)

ANESTHESIA: General with interscalene block by Dr. Julius Ivester

ESTIMATED BLOOD LOSS: Minimal.

IMPLANTS: Arthrex 8 mm x 20 mm biceps tenodesis screw.

COMPLICATIONS: None.

INDICATIONS: Mr. Contreras is a 50-year-old gentleman who had an on the job accident and underwent previous shoulder arthroscopy. He continued to have anterior coracoid and long head of the biceps pain and has failed all conservative management. He understands the risks and benefits of surgical intervention and wishes to proceed.

DESCRIPTION OF OPERATION: The patient was brought to the operating room, induced with general anesthesia after receiving interscalene block. He was given preoperative antibiotics. DVT prophylaxis applied to the legs. A time out was called and confirmed. Exam under anesthesia showed forward flexion of 170 degrees, external rotation 90 degrees, and internal rotation

of 60 degrees. The right shoulder was then double prepped and draped in the usual sterile manner.

Standard anterior and posterior portals were established into the joint. The cartilage surfaces showed some grade II and III changes on the midportion the glenoid. There was a very small area of grade III changes on the upper anterior humeral head. The remainder of the cartilage surfaces, glenoid and humeral head were within normal limits. The subscapularis looked completely normal. The undersurface of the rotator cuff looked normal. Biceps was seen to have some tendinopathic changes. The rotator interval showed some scar tissue adhesion as well as synovitis anteriorly, superiorly and posteriorly. There was some mild labral fraying posteriorly and inferiorly as well as superiorly.

Through an anterior portal with a 4.5 mm shaver and ArthroCare Wand, debridement was carried out of the synovium. The rotator interval was released and the adhesions released anteriorly as well. We then did a debridement around the coracoid until it was well delineated, and with a 5.5 mm bur, decompression of the coracoid was made taking off approximately 4-5 mm of bone until a space between the subscap and coracoid was adequate. When we had completed there, we then tenotomized the biceps and marked the rotator interval with a PDS suture. We went in the subacromial space. A mild amount of bursitis was encountered. This was removed through the posterolateral portal with the shaver and ArthroCare Wand. We recessed residual portion of the CA ligament. The rotator cuff was intact. We did an undersurface smoothing of the acromion and AC joint to take off any small rough areas, but the space was otherwise adequate. Then opened up the rotator interval with a 15 blade through an anterolateral portal and took the biceps out the portal and whipstitched it with a fiber whipstitch. We subsequently drilled an 18.5 mm tunnel _____ PassPort cannula and placed the tendon into the drill hole, affixing it to the hole with an 8 mm screw. We then over tied the whipstitch with one of the stay sutures within the screw. This covered up the screw and applied gentle fixation to the tendon. Then cleaned up the subacromial space, took final pictures, closed the portals with 3-0 nylon and large Steri-Strips. Dressed the wound sterilely and awoke the patient and brought him to the recovery room in stable. No complication. Sponge and needle counts were correct. Total surgical time was 1 hour 15 minutes.

James DeMarco, MD

IR: ras DD: 03/29/2012 11:06 A TD: 03/29/2012 12:25 P JOB#: 00177708
DOC#: 2018614

cc: James DeMarco, MD

Roper Hospital
OPERATIVE REPORT
10/11/2010

MSR# 11139235
CONTRERAS, THOMAS
000774899
James DeMarco, MD
Page 1

MP # 7413
w/c

SERVICE: Orthopedics.

ATTENDING: Dr. James DeMarco.

ASSISTANT: None.

PREOPERATIVE DIAGNOSES:

1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis.
3. Right shoulder type 1 superior labrum anterior to posterior tear.
4. Right shoulder subacromial impingement syndrome and bursitis.
5. Right shoulder acromioclavicular joint osteoarthritis.

POSTOPERATIVE DIAGNOSES:

1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis. 727.00
3. Right shoulder type 1 superior labrum anterior to posterior tear. 840.7
4. Right shoulder subacromial impingement syndrome and bursitis. 726.2 726.19
5. Right shoulder acromioclavicular joint osteoarthritis. 715.11

OPERATION:

- ③. Right shoulder major débridement of a superior labrum anterior to posterior tear, intra-articular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval tissue. (CPT code 29823)
- ②. Right shoulder subacromial decompression and bursectomy. (CPT code 29826)
- ②. Right shoulder acromioclavicular joint resection (CPT code 29824).

ANESTHESIA: General with interscalene block.
ANESTHESIOLOGIST: Dr. Elden Sherman.

ESTIMATED BLOOD LOSS: Minimal.

IMPLANTS: None.

COMPLICATIONS: None.

HISTORY: Mr. Contreras is a 49-year-old gentleman who had an on the job injury as a firefighter and still had pain and discomfort in the right shoulder despite two previous arthroscopies. He had a previous repair superior labrum that did not help. The hardware was then removed a débridement was carried out. He is continuing to have pain and discomfort over that area. He has failed all forms of conservative management including injections, therapy, anti-inflammatories, activity modifications and job restrictions. He has signed a consent and wishes to proceed.

James DeMarco, MD

10/8/8
G# 17-00070-9406
SO
coll

Roper Hospital
OPERATIVE REPORT
10/11/2010

CONTRERAS, THOMAS
000774899
James DeMarco, MD
Page 2

DESCRIPTION OF OPERATION: The patient was brought to the operating room, induced with general anesthesia after receiving an interscalene block. He was given preoperative antibiotics. DVT prophylaxis applied to legs. He was placed in the beach chair position. Time out was called and confirmed. His right arm was then double prepped and draped in the usual sterile manner.

Standard anterior and posterior portals were established into the joint. Chondral surfaces, humeral head and glenoid were within normal limits. He did show some grade 1 to 2 changes on the glenoid but he had normal bare spots on the glenoid and posterior humeral head. There was type 1 SLAP tear and fraying. There was no instability to the superior labrum. The biceps was pulled and the joint seemed to be completely normal. There was significant thickening of the middle glenohumeral ligament with induration of the tissues anteriorly. No previous hardware sutures could be found. The upper subscapularis was intact though again there was encasing of the subscapularis with the superior and middle glenohumeral ligaments keeping it from moving freely, and some of this tissue did interfere also with the biceps gliding in and out of the bicipital groove. The undersurface of the rotator cuff including supraspinatus, infraspinatus, teres minor, were all within normal limits. The axillary pouch showed no loose bodies and there was no significant synovitis inferiorly. Posteriorly there was some labral fraying but was otherwise within normal limits. Went through anterior portal. Good débridement was carried out of the synovium. The undersurface of the type 1 SLAP tear, the middle glenohumeral and superior coracohumeral ligaments were released back to a stable and much more flexible border. We were able to see that in full internal and external rotation there was no undue pulling on the biceps like it was at the beginning of the case prior to the resection. Once we were happy with the débridement within the joint in the subacromial space there was seen to be a mild amount of bursitis. This was removed with the shaver and ArthroCare Wand through both the posterior and lateral portal. The CA ligament was recessed and there was a type 2+ sloping acromion. There was some bursal sided rotator cuff fraying but no significant tearing into the cuff. There was no full thickness or significant partial thickness tear. We then used the 5.5 mm bur and acromioplasty was performed utilizing posterior chamfer technique. Once we were satisfied with the acromioplasty, the AC joint was examined and seen to be quite osteophytic and there was no cartilage present. Therefore, we did a distal clavicle resection taking out about 10 to 12 mm distal clavicle through posterior and then a direct anterior approach with the bur. We checked this from orthogonal views and made sure that the resection was complete and parallel. Once satisfied with that, went in the subacromial space, drained the area after doing a final cleanup, closed the portals with 3-0 nylon, large Steri-Strips. Took the arm through a full range of motion to make sure that was no restrictions and dressed the wound sterilely, awoke the patient and brought to the recovery room in stable condition. No complication. Sponge and needle counts were correct. Total surgical time was 1 hour and 15 minutes.

James DeMarco, MD

cc: James DeMarco, MD TR: res DD: 10/11/2010 2:35 P TD: 10/12/2010 1:17 P JOB#: 001464086 DOC#: 1828476

James DeMarco, MD

57

PATIENT: CONTRERAS, THOMAS
MEDICAL RECORD #: 2889
DATE OF SURGERY: 10/01/09
SURGEON: David Jaskwhich, M.D.
ASSISTANT: Amy Stanton, PA-C
ANESTHESIA: General/Scalene block
PREOPERATIVE DIAGNOSIS: Right shoulder pain and impingement status post labral repair. (726.10)
POSTOPERATIVE DIAGNOSIS: Right shoulder pain and impingement status post labral repair. (726.10)
OPERATION: Right shoulder arthroscopy with extensive debridement of suture, labrum, bursa and bone. (29823)
ESTIMATED BLOOD LOSS: Minimal
FLUIDS: Less than 500

INDICATIONS: The patient is a 40-year-old gentleman who underwent a SLAP repair of the right shoulder. He continues to have pain and catching when he circumducts the shoulder.

PROCEDURE: The patient was taken to the operating room and anesthesia was administered. The right shoulder was prepped and draped in the usual sterile fashion after a block was administered. The posterior portal was then established. A survey of the joint was performed.

ARTHROSCOPIC FINDINGS: The glenohumeral cartilage surfaces were intact. The labrum was found to have evidence of repair. The suture was in good position overlaying the labrum. The underlying labrum had not healed itself although it was clearly opposed to the glenoid neck. There was mild synovitis around the suture anchor. The subscapularis was intact and the biceps tendon itself was intact. The biceps was pulled in the joint and found to be intact with no evidence of tearing.

An anterior portal was established. The suture was removed. The labrum was debrided taking it back away from the joint. Although the labrum was peeled back across the top of the glenoid, decision was made not to repair given the fact that a prior repair was done and the labrum did not seal. The glenoid neck was debrided. A limited synovectomy was carried out to remove the reddened tissue. The scope was then removed and the portals were closed with nylon. A sterile dressing was applied.

Lowcountry Outpatient Surgery Center
OPERATIVE REPORT

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PATIENT: CONTRERAS, THOMAS
MEDICAL RECORD #: 2889
DATE OF SURGERY: 10/01/09

The patient was then transferred to PACU in stable condition.
The first assistant was essential for completion of the case.

DAVID JASKWHICH, M.D.

DD: 10/01/09
DT: 10/02/09
DJ/ETS:ftw 1001-002

PATIENT: CONTRERAS, THOMAS

MEDICAL RECORD #: 2889

DATE OF SURGERY: 01/29/09

SURGEON: David Jaskwhich, M.D.

ASSISTANT: Jason Trigiani, PA-C

ANESTHESIA: Scalene block/General

PREOPERATIVE DIAGNOSIS: 1. Right shoulder pain and superior labral tear with bursitis. (726.10)
2. Right shoulder superior labral tear, anterior-posterior (SLAP).

POSTOPERATIVE DIAGNOSIS: 1. Right shoulder pain and superior labral tear with bursitis. (726.10)
2. Right shoulder superior labral tear, anterior-posterior (SLAP).

OPERATION: 1. Right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum and bone. (29823)
2. Arthroscopic repair of superior labrum anterior-posterior (SLAP) tear. (29807)

ESTIMATED BLOOD LOSS: Minimal

FLUIDS: Less than 500

INDICATIONS: The patient is a 47-year-old gentleman with a superior labral tear and inflammation of the right shoulder who has failed conservative treatment.

PROCEDURE: The patient was taken to the operating room and anesthesia was administered. He was taken to the operating room and placed in the decubitus position. The right arm was suspended in 10 pounds of traction. The right arm was then prepped and draped in the usual sterile fashion. A posterior portal was established and a survey of the joint was performed.

ARTHROSCOPIC FINDINGS: The glenohumeral joint cartilage surfaces were intact. There was a superior labral tear with a Buford complex anteriorly and some fraying of the anterior labrum from the 3 o'clock to the 5 o'clock position. The biceps tendon itself was intact. The rotator cuff was intact. In the subacromial space there was evidence of a significant bursitis present and thickening of the bursa and redness.

A subacromial decompression was carried out with excision of bursa and excision of bone in the subacromial space. The cuff was inspected and found to be intact from the bursal side.

The subacromial space was entered. The labrum was débrided as was the neck of the glenoid and débrided back to stable tissue. The Buford complex was identified. The anterior labrum was débrided as well. The superior labrum was

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Lowcountry Outpatient Surgery Center

OPERATIVE REPORT

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PATIENT: CONTRERAS, THOMAS
MEDICAL RECORD #: 2889
DATE OF SURGERY: 01/29/09

débrided in the area of the superior labral tear and it appeared to be unstable. Decision was made to proceed with a limited repair of the SLAP tear.

A large working portal was placed anteriorly. A 2.9 Bioraptor anchor was placed at the 12 o'clock position and the superior labrum was secured with a suture anchor into its natural position. Care was taken to avoid undue tension on the biceps tendon and the Buford complex was not closed.

The scope was then removed. The portals were closed with nylon. A sterile dressing was applied.

The patient was transferred to PACU in stable condition.

The first assistant was essential for completion of the case providing assistance with retraction and positioning of the arm.

DAVID JASKWHICH, M.D.

DD: 01/29/09
DT: 01/30/09
DJ/ETS:ftw 0129-015

TriCounty Radiology Associates

(843) 829-0600
North Charleston
Summerville
West Ashley

PATIENT: Contreras, Thomas
DOB: _____
MRN: 412212
PHYSICIAN: David Jaskwlich, MD
DATE: 8/26/2009

EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Surgery in January with persistent pain. Injury to shoulder lifting weights one year ago. Surgery in January 2009. Continued pain.

TECHNIQUE: Following standard right shoulder arthrogram, axial T1 proton density, axial, sagittal and coronal, coronal T1-weighted with and without fat sat MRI images of the right shoulder obtained on a high-field 1.5 Tesla MRI.

CONTRAST: Please see report of right shoulder arthrogram for contrast dosing.

FINDINGS: The arthrogram and MRI procedures are both limited by motion artifact and several series repeated on the MRI secondary to motion. The fluid signal in the anterior aspect of the deltoid is related to anesthesia as the patient moved during the examination and approximately three attempts were made at arthrogram with the final attempt successful for an intra-articular injection. The amount of contrast in the joint had resorbed and decompressed prior to the MRI examination. Some of the contrast decompressed beneath the subscapularis muscle, and this can be seen as a variant of normal.

There is mild to moderate osteoarthritis of the acromioclavicular joint. The acromion is type II. No Hill-Sachs or Bankart deformities. Postoperative change identified of the labrum. There is thickening and irregularity of the anterior labrum and thickening of the middle glenohumeral ligament. This may be related to prior resection or a nondisplaced labral tear from the 2 o'clock through the 5 o'clock position. There is some contrast inhibition at the 2 o'clock through the 3 o'clock position. Trace fluid in the subdeltoid bursa suggesting mild bursitis. No significant contrast in the subdeltoid bursa. The minimal contrast anteriorly is related to the injection site. Mild undersurface irregularity suggesting low grade articular-sided partial tear or prior resurfacing. Minimal increased signal in the supraspinatus and infraspinatus tendons consistent with tendinopathy. No significant brightening on the T2-weighted images. This is consistent with tendinopathy. The subscapularis and two minor tendons appear intact. The biceps tendon is in the expected location. The intra-articular portion of the biceps tendon demonstrates a mild increased signal and mild thickening suggesting tendinopathy. No significant muscular atrophy or edema of the supraspinatus, infraspinatus, subscapularis or two minor muscles. There is also irregularity of the superior labrum from the 9 o'clock to 12 o'clock position again suggesting prior repair or a nondisplaced tear. Mild osteoarthritis of the glenohumeral joint.

The MRI and the arthrogram portions of the examination were limited by motion artifact. Several series of the MRI were repeated secondary to motion artifact and several attempts at the arthrogram were made secondary to motion during that examination.

IMPRESSION:

1. Mild articular-sided irregularity of the supraspinatus and infraspinatus tendons suggesting low grade articular-sided partial tear versus prior resurfacing.
2. There is also mild tendinopathy of the supraspinatus and infraspinatus tendons. No full thickness tendon tear is seen.
3. Irregularity of the glenoid labrum from the 9 o'clock through the 5 o'clock position suggesting prior repair or resurfacing versus a nondisplaced labral tear. Recommend correlation with prior operative note.
4. Mild tendinopathy of the intra-articular portion of the biceps tendon.
5. Mild to moderate osteoarthritis of the acromioclavicular joint and mild osteoarthritis of the glenohumeral joint.
6. Postoperative changes noted.

David E. Olofsson, DO
DO/1b

Page 1 of 2

le 2

Patient Name: Contreras, Thomas

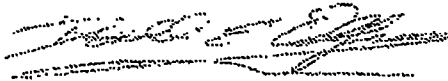
MRN: 412212

EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

DU: 8/27/2009 / DT: 8/27/2009

JOB: 8784919

This document has been reviewed and electronically signed by



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TriCounty Radiology Associates

(843) 525-0600
North Charleston
Summerville
West Ashley

PATIENT: Contreras, Thomas
DOB:
MRN: 412212
PHYSICIAN: David Jaskwich, MD
DATE: 8/26/2009

EXAM: ARTHROGRAM RIGHT SHOULDER PRIOR TO MRI

HISTORY: Right shoulder pain.

PROCEDURE: During the patient interview and discussion, risks, benefits and indications of shoulder arthrogram were discussed. Risks including but not limited to bleeding, infection, and possible examination failure and need for repeat were discussed. The patient expressed understanding and gave verbal and written consent to proceed. Following standard sterile prep and drape and utilizing approximately 3 cc of 1% lidocaine without epinephrine for local superficial and deep soft tissue anesthesia, a 22-gauge needle was passed into the glenohumeral joint under fluoroscopic monitoring. Injection of approximately 1 cc of Isovue 300 iodinated contrast to ensure the intraarticular position of the needle. Then, injection of gadolinium contrast performed to achieve good glenohumeral joint distension. Approximately 10 cc of the standard gadolinium mixture was instilled into the shoulder joint. Standard gadolinium contrast mixture was obtained by combining 15 cc of gadolinium solution drawn of a mixture of 0.2 cc of Magnevist gadolinium contrast and 50 cc of normal saline at an approximate 1:200 dilution, and this was mixed with 5 cc of 0.25% bupivacaine. The needle was removed and hemostasis achieved. Limited FluoroSpot images were obtained to document the intraarticular contrast. The patient tolerated the procedure well with no immediate complications. The patient was dismissed to the MRI for subsequent imaging.

IMPRESSION:

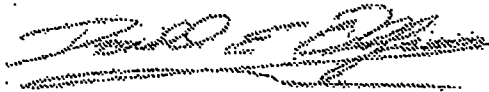
1. Post right shoulder arthrogram. Please see report of MRI for complete dictation.
2. Difficult arthrogram secondary to mild patient motion during the examination. Small amount of iodine contrast instilled in the subdeltoid bursa and the gadolinium contrast was verified under direct fluoroscopic guidance to be within the glenohumeral joint.
3. The MRI was delayed by approximately 30 minutes secondary to technical factors and prolonged imaging of the patient prior to this examination. Some of the contrast resorb prior to the MRI images.

Donald E. Olofsson, DO
DO / lb

DD: 8/26/2009 / DT: 8/26/2009

JOB: 8779254

This document has been reviewed and electronically signed by



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Lowcountry Orthopaedics and Sports Medicine

93 A Springview Lane
Summerville, SC 29485
Phone: (843)797-5050

NAME: CONTRERAS, THOMAS	DATE OF EXAM: 12/12/2008
DOB:	Patient No: 105794
Physician: SPEARMAN, JAMES	

MRI RIGHT SHOULDER

HISTORY: Right shoulder rotator cuff tendinitis.

TECHNIQUE: Routine MRI of the shoulder was performed on a 1.0 Tesla GE MRI utilizing fat saturated axial PD, oblique coronal T1, oblique coronal fat saturated PD and T2, and oblique sagittal PD/T2 sequences.

FINDINGS: The patient was imaged in mild internal rotation. The anterior supraspinatus tendon demonstrates irregularity without a defect and no confirmation of a full-thickness rotator cuff tear. The appearance of the supraspinatus does suggest tendinitis. There is no atrophy of the rotator cuff muscles.

No glenohumeral joint effusion. No significant fluid in the subacromial/subdeltoid bursa.

The long head biceps tendon is grossly intact. Deformity of the superior glenoid labrum posterior to the biceps labral anchor is suspicious for a tear and there is question of a tiny para-labral cyst medial and superior. Remaining labrum is unremarkable.

The AC joint demonstrates moderate degenerative changes and hypertrophic bone formation. There is a curved acromion.

IMPRESSION:

1. Supraspinatus tendinitis. No evidence of a full-thickness rotator cuff tear.
2. Probable superior labral tear.
3. Moderate AC joint arthrosis.

James A. Thesing, D.O.
Electronic Signature - Final Report

DD: 12/12/2008/DT: 12/14/2008

Reports are Considered Preliminary until Marked with Electronic Signature

US

Bon Secours St. Francis Hospital

Name: CONTRERAS, THOMAS
Exam Date: 10/08/08 2016
Ord. Phy.: TAYLOR-MD, STEVEN J

MR#: C000774899
DOB:
Pt. Phone#: (843) 769-4429
Ord. Phy.#: (843) 402-1037
Phy. Fax #: 8434021295

TAYLOR-MD, STEVEN J
2095 HENRY TECKLENBURG DR
DEPT OF EMERGENCY MED
CHARLESTON SC 29414

Acct_Nbr : C0828201311
Pat_Type : ERC

Chk-in #	Order	Exam
2084545	0001	30274 XR SHOULDER 2 VIEW MIN*R

Ord Diag: ;injury

RIGHT SHOULDER, THREE VIEWS: 10/08/08

COMPARISON: None

INDICATION: Injury, pain

FINDINGS:

No fracture, dislocation, lytic or sclerotic osseous lesion. No significant glenohumeral joint change. There is minimal hypertrophic change at the AC joint. The visualized thorax is normal.

IMPRESSION:

Minimal hypertrophic change at the AC joint; otherwise negative right shoulder series.

dk

Transcriptionist- DONNA L KAUTH
Reading Radiologist- MATTHEW J BRADY-MD
Releasing Radiologist- MATTHEW J BRADY-MD
Released Date Time- 10/08/08 2224

FINAL

Page 1

2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

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PRINTED BY: franwe DATE 9/30/2011

P130

Bon Secours St. Francis Hospital

Name: CONTRERAS, THOMAS J
Exam Date: 11/17/05 1931
Ord. Phy.: RENK-MD, GEOFFREY E

MR#: C000774899
DOB:
Pt. Phone#: (843) 769-4429
Ord. Phy.#: (843) 401-1037
Phy. Fax #: (843) 402-1295

RENK-MD, GEOFFREY E
2095 HENRY TECKLENBERG DR
DEPT OF EMERGENCY MED
CHARLESTON SC 29414

Acct_Nbr : C0532101274
Pat_Type : ERC

Chk-in #	Order	Exam
1375875	0001	30274 XR SHOULDER 2 VIEW MIN*L

Ord Diag: 719.49-JOINT PAIN-MULT JTS

LEFT SHOULDER: 11/17/05

CLINICAL HISTORY: Shoulder dislocation.

AP, oblique, and transscapular views of the left shoulder region demonstrate the bony structures in this area to be intact, without evidence of acute fracture/dislocation.

prj

Transcriptionist- PAULINE R JOHNSON
Reading Radiologist- FORREST C HAM-MD
Releasing Radiologist- FORREST C HAM-MD
Released Date Time- 11/18/05 1700

FINAL DUPLICATE

Page 1

2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

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ANESTHESIA: 10/1320, 1400, 1430, 1500

REVERSED SUCRILATE PROTOCOL

TIME	1:11	1:14	1:16	1:18	1:20
FiO2	0.21	0.21	0.21	0.21	0.21
MAP	60	60	60	60	60
HR	70	70	70	70	70
BP	100/60	100/60	100/60	100/60	100/60
SpO2	100	100	100	100	100
TEMP	36.5	36.5	36.5	36.5	36.5
EKG Lead	II	III	aVF	V1	V5

TV RATE: 12-14 PIP

Spont (SV) Assist (AV) Contr (CV)

DATE: 1/29/09 ROOM #: 1

PRE-PROCEDURE: Patient identified, Chart reviewed, Questioning, Permit signed

OTHER: Mask GA, LMA 5, One Lung Vent, BB, DLETT

MONITORS: EKG, O2 Monitor, BP, Pulse Ox, ETCO2, Stethoscope, Sphygmometer, Temperature: esophagus/skin/blood/rectal, Neuro Stimulator, Eyes protected

INDUCTION: Preoxygenation, IV Induction, Inhal Induct, RSI

WARMING MEASURES: Fluid, Convective, Mattress, Blankets, Head cover, Circuit

REMARKS: 1315 - pt. consulted w/ no R/O/B of P.O.P. 400 pte. consulted for blocked 2 NAAC 1339 - pt. in O.R. 1346 - smooth IV note 1356 - incision 15:04 - lighh 15:06 - 1510 to pier 15:08 - 1512 STIMULATED

Present at Induction
Present at Emergence
Present at All Key Portions

NUMBERS FOR REMARKS: [Handwritten numbers]

IV FLUIDS: [Handwritten notes]

WARMED DIAGNOSIS: [Handwritten notes]

(R) SHOULDER D.I.D. Or pat 9.7.11

AGE: 47 HT: 5'11" WT: 225 TEMP: 37.8 B/P: 130/80 P: 78 R: 78

HEART: RLL LUNGS: C, AB

ALLERGIES: PEN, Latex, Rubber

PATIENT SAFETY: Armbands - 50, Eye Care, Orientation, Fourn's, Pressure points checked & padded

PRE-MED: ALLOCIN leading IV @ 1318

REMARKS: [Handwritten notes]

PATIENT POSITION: Supine, R/Lateral decubitus, Prone, Lateral decubitus, Lithotomy

FLUIDS STARTED: [Handwritten notes]

GIVEN: [Handwritten notes]

REGIONAL: Spinal, Epidural, Peripheral Nerve Block, Other: [Handwritten notes]

TECHNICS: MAC, General, Regional

SURGEON: JASKWICH, D. CONCURRENT: [Handwritten notes]

ASAC: [Handwritten notes]

CRNA: [Handwritten notes]

SANA: [Handwritten notes]

Area	Begin	End	Total	OP Start	OP End
1315	15:12			1356	15:07

QUALITY: Extreme Age, Hypothermia, Hypotension, Emergencies, Bubbles Induct, After Induct

OPERATOR: (R) SHOULDER ARTHROSCOPY W/ SCAP

CONTRERAS, THOMAS 47 yrs. M
Charleston, SC 29407
(843) 769-4429 2889
Jaskwisch MD, David H

07/29/09

PREANESTHESIA EVALUATION		
Proposed Surgery: (L) SHOULDER ARTHROSCOPY	Age: 47	BP:
Allergies: DKD → hives LATEX → hives	Sex: M	Pulse:
Current Medications: BENICAR, GLUCOPHAGE, ALLCERA, TRICOR, SYMBICORT, PREVACID	Ht: 70"	Resp.:
Comments:	Wt: 225#	Temp.:
	LABORATORY STUDIES	
	Date:	PT:
	> 16.3 <	PTT:
		BUN:
		PFT:
		ABG:
		HCG:
		UA:
	FBS 94	Other: A2
History from: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Significant Other <input type="checkbox"/> Communication/Language Problem <input type="checkbox"/> Parent/Guardian <input checked="" type="checkbox"/> Chief <input type="checkbox"/> Poor Historian		
CARDIOVASCULAR <input checked="" type="checkbox"/> cardiac s/s <input checked="" type="checkbox"/> transfusion hx	RESPIRATORY <input checked="" type="checkbox"/> 1/2 TOB <input checked="" type="checkbox"/> INHC	
ENDOCRINE - INCLUDING HEPATIC <input checked="" type="checkbox"/> liver <input checked="" type="checkbox"/> thyroid <input checked="" type="checkbox"/> DM x 10 yrs, Accu-checks non-...	GI <input checked="" type="checkbox"/> GERD - well managed on Prevacid	
CENTRAL NERVOUS <input checked="" type="checkbox"/> SZ <input checked="" type="checkbox"/> H.A. <input checked="" type="checkbox"/> DVA/TIA	GU <input checked="" type="checkbox"/> ...	
DENTAL STATUS <input checked="" type="checkbox"/>	PRIOR ANESTHESIA COMPLICATIONS PATIENT AND/OR FAMILY NAME PSH = NAME	
OCULAR STATUS <input checked="" type="checkbox"/>	PROPOSED ANESTHETIC GA + Propofol block	
Tobacco Use: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, 1/2 Pack/Day for 17 yrs	DATE: 1.29.09	MO: 9
Special Drug Use: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Frequency: 10 yrs	TIME: 1315	CRNA: [Signature]
Special Use: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Frequency: 10 yrs		
PRE-INDUCTION EVALUATION		
Vital Signs: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable	See Anesthesia Record	ASA: 1 (2) 3 4 5 E
Physical Status Changes: None		
Risks/Benefits/Complications Explained and Understood <input checked="" type="checkbox"/>		
Pre-Induction check of equipment and supplies for availability, cleanliness, sterility and proper functioning completed by [Signature]		Title of last oral intake: [Signature]
Date: 1.29.09	Time: 1315	Signature: [Signature]
POST-ANESTHESIA VISIT		PATIENT IDENTIFICATION
PRESENCE OR ABSENCE OF COMPLICATIONS AK, JSS, SPONTAN, Pain, A. OXAL, EC, MAC, ...		CONTRERAS, THOMAS 47 yrs. M. Charleston, SC 29407 (843) 759-4429 2889 Jaskwich MD, David H
Signature: [Signature] Date/Time: 1.29.09 69/S, 20		01/29/09

Bon Secours St. Francis Hospital Imaging Services

Name: CONTRERAS, THOMAS
Exam Date: 11/18/10 1638
Ord. Phy.: OHLSON-MD, BLAKE

MR#: C000774899
DOB:
Pt. Phone#: (843) 769-4429
Ord. Phy.#: (843) 958-2500
Phy. Fax #: 8439582680

OHLSON-MD, BLAKE
2093 HENRY TECKLENBURG DR
SUITE 200
CHARLESTON SC 29414

Acct_Nbr : C1032200100
Pat_Type : OPC

Chk-in #	Order	Exam	
2654161	0001	36228	MR EXT LWR ANY JT W/O CTRST MRI*L Ord Diag: OCP TALUS

MRI EXAMINATION OF THE LEFT FOOT: 11/18/10

TECHNICAL: Sagittal T1 FSE T2 fat saturation, axial T1 FSE T2 fat saturation, coronal T1 FSE T2 fat saturated images were obtained.

HISTORY: Evaluate for OCD of the talus.

FINDINGS:

There is no marrow signal abnormality or focal sclerosis in the talus to suggest OCD. The talar dome is intact. There is no other marrow signal abnormality. The medial flexor tendons are intact. Lateral peroneal tendons are intact. Achilles tendon intact. Plantar fascia unremarkable. Sinus tarsi unremarkable. No significant joint effusion. Anterior talofibular and posterior talofibular ligaments intact. Medial deltoid ligament intact.

IMPRESSION:

No evidence of osteochondritis dissecans of the talus. Otherwise unremarkable MRI examination of the left ankle.

sr

Transcriptionist- SHIRLEY RODGERS
Reading Radiologist- CATHERINE JOHNSON GOUGH-MD
Releasing Radiologist- CATHERINE JOHNSON GOUGH-MD
Released Date Time- 11/19/10 1710

FINAL

Page 1

Bon Secours St. Francis Hospital Imaging Services
2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

Bon Secours St. Francis Hospital

Name: CONTRERAS, THOMAS
Exam Date: 11/14/08 1019
Ord. Phy.: PASTIS JR-MD, NICHOLAS

MR#: C000774899
DOB:
Pt. Phone#: (843)769-4429
Ord. Phy.#: (843)763-3360
Phy. Fax #: 8437633038

PASTIS JR-MD, NICHOLAS
2097 HENRY TECKLENBURG
SUITE 305 WEST
CHARLESTON SC 29414

Acct_Nbr : C0831900691
Pat_Type : OPC

Chk-in #	Order	Exam	
2111084	0001	35172	CT MAXILLOFACIAL W/O CONTRAST Ord Diag: CHRONIC SINUSITIS

CT SCAN OF THE PARANASAL SINUSES: 11/14/08

CLINICAL HISTORY: Chronic sinusitis

Helical axial CT images were obtained through the paranasal sinuses plus coronal reformatted images, without intravenous contrast.

There is mild mucosal thickening inferiorly in the right maxillary sinus, with focal sites of density, discrete convex margins at the inferior to lateral aspect of the right maxillary sinus as well (probable underlying mucous retention cysts). Only minimal mucosal thickening is visualized medially in the left maxillary sinus. Also minimal mucosal thickening anteriorly in the sphenoid sinus, otherwise clear. Mild mucosal thickening in the right frontal sinus with opacification at the right inferior frontal recess.

There are postsurgical changes with previous removal of the superior medial contours of the maxillary sinuses, including the uncinate processes, and ethmoidectomy. Remaining ethmoid cavities appear relatively clear. There is also apparent absence of portions of the anterior aspects of the inferior turbinates. The nasal septum approximates the midline, minimally to the right anteriorly. Just superior to the frontal sinus extending to the left of midline there appears to be a focal site of somewhat rounded increased density within the diploic space of the frontal calvarium (axial image #27, coronal image #8).

IMPRESSION:

1. Previous paranasal sinus surgery including middle meatal antrostomies and ethmoidectomy.
2. Mild mucosal thickening and probable associated mucous retention cysts in the right maxillary sinus.

FINAL

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2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

Bon Secours St. Francis Hospital

Name: CONTRERAS, THOMAS
Exam Date: 11/14/08 1019
Ord. Phy.: PASTIS JR-MD, NICHOLAS

MR#: C000774009
DOB:
Pt. Phone#: (843) 769-4429
Ord. Phy.#: (843) 763-3360
Phy. Fax #: 8437633038

PASTIS JR-MD, NICHOLAS
2097 HENRY TECKLENBURG
SUITE 305 WEST
CHARLESTON SC 29414

Acct_Nbr : C0831900691
Pat_Type : OPC

Checkin-Exam Code Summary
2111084-35172

3. Mild mucosal thickening at the right inferior frontal recess - remainder of the sinuses appear relatively clear with minimal mucosal thickening in the left maxillary and sphenoid sinuses.

4. Just superior to the left aspect of the frontal sinuses, there appears to be a rounded site of somewhat increased density in the diploic space of the frontal calvarium, nonspecific but possessing discrete benign appearing margins.

dk

Transcriptionist- DONNA L KAUTH
Reading Radiologist- FORREST C HAM-MD
Releasing Radiologist- FORREST C HAM-MD
Released Date Time- 11/14/08 1601

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P136

Bon Secours St. Francis Hospital

Name: CONTRERAS, THOMAS
Exam Date: 09/27/07 1409
Ord. Phy.: RENK-MD, GEOFFREY E

MR#: C000774899
DOB:
Pt. Phone#: (843) 769-4429
Ord. Phy.#: (843) 401-1037
Phy. Fax #: (843) 402-1295

RENK-MD, GEOFFREY E
2095 HENRY TECKLENBERG DR
DEPT OF EMERGENCY MED
CHARLESTON SC 29414

Acct_Nbr : C0727000980
Pat_Type : ERC

Chk-in #	Order	Exam	
1825209	0001	30110	XR ANKLE 3 VIEW MIN*L Ord Diag: ;ANKLE PAIN

LEFT ANKLE: 09/27/07

COMPARISON: None

Three views were done. Significant soft tissue swelling is seen laterally. No fracture or dislocation is seen. Ankle mortise is intact.

IMPRESSION:

Soft tissue swelling with no fracture appreciated.

aw

Transcriptionist- MARY A WEST
Reading Radiologist- JAMES W MELTON-JR-MD
Releasing Radiologist- JAMES W MELTON-JR-MD
Released Date Time- 09/27/07 1656

FINAL

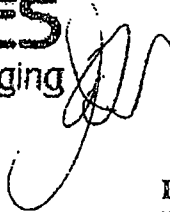
Page 1

2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

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105794

Tricounty
RADIOLOGY ASSOCIATES
Specialists In Outpatient Imaging



James Spearman, MD
2270 Ashley Crossing Drive
Charleston, SC 29414

PATIENT: Contreras, Thomas
Phone #: 843-769-4429
ID Number: 412212
Birthdate:

7.19.06 @ 150 P
JCT M.O.

EXAM: MRI OF THE LEFT HIP

EXAM DATE: 7/13/2006

CLINICAL HISTORY: Left hip pain. Labral tear.

TECHNIQUE: Coronal T1 weighted, coronal STIR, coronal double-echo proton density and T2 weighted fat saturation, axial double-echo proton density and T2 weighted, sagittal proton density fat saturation images were obtained.

FINDINGS:

Left hip joint: There is no evidence of hip joint effusion or loose body. No evidence of subchondral edema signal or cystic change at the left hip. No evidence of marrow edema signal to indicate fracture or stress reaction of the femoral neck. No evidence of abnormal fluid signal to indicate iliopsoas or trochanteric bursitis. I do not see any evidence of acetabular labral tear. Gluteus tendon insertions appear unremarkable.

Bones: No evidence of fracture or osseous contusion. Unremarkable appearance of the right hip joint. No other osseous abnormality is demonstrated.

Musculotendinous structures: There is no evidence of musculotendinous injury. Specifically, no evidence of muscle tear, hematoma, or other edema pattern. No evidence of abnormal muscle atrophy.

Intrapelvic contents: There is no free fluid within the pelvis. No evidence of a discrete intrapelvic mass.

Neurovascular structures: No evidence of cyst, mass, or other compression upon the portions visualized of left sciatic or femoral nerves.

IMPRESSION:


- 1. Unremarkable MRI examination of the left hip joint. Specifically, no evidence of a discrete acetabular labral tear.

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Ashley Crossing East Cooper North Charleston West Ashley

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ASSOCIATES**
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Contreras, Thomas ID#: 412212

2. No other abnormalities are identified.

Kevin Snyder, MD /mlg
Dictated on 07/13/2006

Job # 3144403


This document has been electronically reviewed and signed.

Kevin E. Snyder, M.D.

Page 2 of 1

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703.4

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 **RADIOLOGY
ASSOCIATES**
Specialists In Outpatient Imaging

David Seignious, MD
3314 Maybank Hwy
Johns Island, SC 29455

PATIENT: Contreras, Thomas
Phone #: 843-769-4429
ID Number: 412212
Birthdate:

EXAM: RADIOGRAPHS OF LEFT HIP AND LUMBAR SPINE

EXAM DATE: 5/23/2006

CLINICAL HISTORY: Left sciatic area pain. Left hip pain.

TECHNICAL INFORMATION: Frontal and frogleg lateral radiographs of the left hip.

FINDINGS:

No acute fracture or dislocation. Left hip joint space appears well-maintained. No other osseous or joint abnormalities.

IMPRESSION: Unremarkable radiographs of the left hip.

Lumbar Spine: Frontal and lateral radiographs of the lumbar spine. Three totals images were obtained.

Evaluation of vertebral body alignment is within normal limits. There is no fracture or paravertebral soft tissue swelling. Disc heights appear relatively well-maintained throughout the lumbar spine. Changes of spondylosis at L3-4 and L4-5. No other osseous or disc abnormalities.

IMPRESSION: Changes of degenerative spondylosis without significant disc height loss at the L3-4 and L4-5 levels.

Kevin Snyder, MD/rc
Dictated on 05/23/06

Job # 2991023

This document has been electronically reviewed and signed.

Kevin E. Snyder, M.D.

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Ashley Crossing East Cooper North Charleston West Ashley

736

105794

PATIENT: CONTRERAS, THOMAS

MEDICAL RECORD #: 2889

DATE OF SURGERY: 03/08/06

SURGEON: David Jaskwhich, M.D.

ANESTHESIA: Scalene block/IV sedation

PREOPERATIVE DIAGNOSIS: Left shoulder pain with superior labrum anterior and posterior lesion (SLAP) tear. (840.7)

POSTOPERATIVE DIAGNOSIS: Left shoulder pain with superior labrum anterior and posterior lesion (SLAP) tear. (840.7)

OPERATION: Left shoulder arthroscopy with debridement and arthroscopic repair of superior labrum anterior and posterior lesion (SLAP) lesion. (29807)

INDICATIONS: The patient is a 44-year-old gentleman who felt a popping in his shoulder when lifting weights last year. He has had continuous pain.

PROCEDURE: The patient was taken to the operating room and placed in the decubitus position. A scalene block was administered to the left arm. The left arm was then suspended in ten pounds of traction. The left arm was prepped and draped in the usual sterile fashion.

A posterior portal was established and a survey of the joint was performed. The glenohumeral cartilage surfaces were intact. The rotator cuff was intact. The biceps tendon had an area that was partially frayed. The superior labrum, both anterior and posterior, appeared to be torn loose and peeled back from the glenoid and had an unstable appearance to it. There was some fraying underneath the labrum as well. An anterior portal was established. The labrum was debrided as was the neck of the glenoid to provide a bony bed. After probing the SLAP lesion it was determined that it was unstable and merited going forward with repair. The portion of the biceps tendon that was frayed was debrided as well. The subacromial space was then entered. A bursectomy was carried out. The rotator cuff was probed and found to be stable and intact.

Next, repair of the SLAP lesion was carried out. Through the anterior portal at the 11 o'clock position a bioabsorbable suture anchor, 2.9, was placed. Bioraptor was used. The 11 o'clock position on the labrum was then anchored at this point. Using an accessory superior portal another suture anchor was placed at the 1 o'clock position. This was again secured to the labrum and tightened down. The labrum was then probed and found to be stable.

The scope was then removed. The portals were closed with nylon. Sponge and needle counts were correct. The patient was awakened and transferred to PACU in stable condition.

DAVID JASKWHICH, M.D.

DD: 03/08/06

DT: 03/08/06

DJ/ETS:bkf 0308-007

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Lowcountry Outpatient Surgery Center
OPERATIVE REPORT

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

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05/05/10 (Continued)

The only restriction would be no physical training test because that may put too much of a demand on his shoulder, both the right and left. I will see him back in six to eight weeks. We talked about the fact that he may be limited in his treatment and may not be able to get much better. I would certainly not recommend any additional surgery. I will see him back in six to eight weeks and see how he is doing. DHJ/ETS:kp (05/07) 0505-032/mlh

07/14/10: **SUBJECTIVE:** The patient is here for followup of his bilateral shoulder surgery. He is about the same that he was on his last shoulder. It is sore from time to time. He is able to do most things but when he tries to pick up anything heavy the shoulder give him pain. He tried to bowl the other day and by the second game the shoulder was burning. He has pain over the AC joint of the shoulder.

IMPRESSION:

4. Right shoulder pain, status post right shoulder arthroscopy, superior labrum anterior and posterior lesion (SLAP) repair.
5. Status post right shoulder arthroscopy and debridement.
6. Status post left shoulder superior labrum anterior and posterior lesion (SLAP) repair.

PLAN: He has reached maximum medical improvement. I would recommend permanent restrictions of 25 pounds of maximum lifting overhead and occasional 50 pounds at waist level, certainly nothing more than that without causing more damage to his shoulder. This would include him not being able pass his physical agility test, which requires him to be able to drag about 175 pounds. I am hoping that he will be able to find some work capacity in the fire department, otherwise he may need to be ported out. He will require a 10 percent impairment rating of the right shoulder, 60 percent of the whole person. This is based on the fact that he has persistent pain, soreness, and weakness in the right shoulder. I will see him back here as needed. DHJ/ETS:trw (07/18) 0714-054/la

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

117587473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: ■

PAGE: Seventeen

05/05/10 (Continued):

The only restriction would be no physical training test because that may put too much of a demand on his shoulder, both the right and left. I will see him back in six to eight weeks. We talked about the fact that he may be limited in his treatment and may not be able to get much better. I would certainly not recommend any additional surgery. I will see him back in six to eight weeks and see how he is doing. DHJ/ETS:kp (05/07) 0505-032/mh

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: 1

PAGE: Sixteen

117587473

02/24/10: **SUBJECTIVE:** The patient is here for followup of his right shoulder SLAP repair, 10/01/09. He has been on 45 pounds of lifting. He is more comfortable. He did some lifting the other day at home and his shoulder was sore for a day or two. He feels like he may be ready to try full duty, but is still concerned about the PT test.

PHYSICAL EXAMINATION: Good range of motion of the shoulder. Mild discomfort but good strength.

PLAN: I am going to let him go to full duty. I do not want him taking a physical fitness test for another three or four months, until June 2010. I will see him back in four months for a recheck. Other than that he is back to full duty, with the exception of the PT test. He has not yet reached MMI. DHJ/ETS:trw (02/26) 0225-035

05/05/10: **CHIEF COMPLAINT:** Follow up on right shoulder pain.

HISTORY OF PRESENT ILLNESS: Thomas is back. He continues to have pain in the right shoulder. He has pain over the front of the deltoid. He is unable to do much in the way of heavy lifting. He was working in the yard the other day and thinks he may have aggravated the shoulder. It is not feeling better since his second surgery.

PHYSICAL EXAMINATION: He has tenderness over the anterior biceps tendon and some pain with flexion and mild popping noted there. He also complains of some discomfort when I move the left shoulder.

IMPRESSION:

Right shoulder pain, status post shoulder arthroscopy and débridement with superior labrum anterior and posterior (SLAP) repair times two.
Left shoulder pain, recurrent.

TREATMENT/PLAN: We talked a little bit about what may be going on with this shoulder. I do not believe he would benefit from any additional surgery. First of all, I think he is probably about as good as he is going to get. I am going to inject him today with Depo-Medrol and Marcaine under sterile conditions right along the biceps tendon. I will continue to have him work at full duty and he seems to be okay with that.

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE

David H. Jaskwhich, M.D.

117587473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

PAGE: Fifteen

10/28/09 (Continued):

PLAN: I will put him back to light duty with 10 pounds of lifting to waist level with nothing overhead. He can go ahead and drive. We will see him back here in five weeks. He can continue physical therapy for now. He has not reached MMI yet. DHJ/ETS:smh (11/02) 1030-002

11/30/09: **SUBJECTIVE:** Status post right shoulder scope and debridement.

HISTORY OF PRESENT ILLNESS: The patient is back, doing great. He is comfortable. He still has some soreness and some weakness in the arm. Most of the pain is anteriorly.

PHYSICAL EXAMINATION: He is able to abduct and flex nearly fully. He has mild tenderness anteriorly. Strength is 4+/5.

PLAN: He is to continue physical therapy and start a strengthening phase. Increase him to 25 pounds of lifting with nothing overhead. He has not reached MMI. I will see him back here in two months. DHJ/ETS:tw (12/02) 1201-001

01/27/10: **SUBJECTIVE:** The patient is back, improving. He has good motion and good strength. He still has some mild soreness and popping in the shoulder from time to time.

PHYSICAL EXAMINATION: Full range of motion of the shoulder, good strength, mild discomfort with abduction and flexion.

PLAN: I am going to continue to put him on restrictions with 25 pounds of lifting and occasional overhead. I do not want him doing the physical fitness test yet at work. I will see him back in a month, at which point we will anticipate the possibility of him going back to full duty. He has not yet reached MMI. DHJ/ETS:tw (01/28) 0127-024

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

PAGE: Fourteen

9/25/08 (Continued):

ordered at this time. The patient will proceed with surgery. We will see him back postoperatively in our clinic. AS/ETS:kp (09/28) 0928-010

10/09/09: The patient presents for a one-week postoperative of right shoulder scope with débridement done by Dr. Spearman.

HISTORY OF PRESENT ILLNESS: The patient is doing well. He has fairly good range of motion. The details of the procedure were discussed. Pictures were reviewed.

PHYSICAL EXAMINATION: The patient's incisions are healed nicely. There is no erythema, swelling, or drainage.

ASSESSMENT: Status post right shoulder scope with débridement.

PLAN: The patient is going to come out of the sling. He is going to go to some physical therapy to work on range of motion and we will have him follow up with Dr. Spearman in our clinic in three weeks. The patient has asked to be released to light duty; therefore, we will go ahead and put him on some light duty with specific instructions of what he can and cannot do. AS/ETS:kp (10/15) 1012-029

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE

David H. Jaskwich, M.D.

117589473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

PAGE: Thirteen

09/02/09 (Continued):

PHYSICAL EXAMINATION: He has pain with forward flexion. Positive O'Brien test. Mild popping and discomfort as I circumduct the shoulder. There is a definite palpable pop in the shoulder as I bring the arm up from external rotation to internal rotation.

DIAGNOSTIC IMAGING: MRI is reviewed of the right shoulder. The anchor is in place. The labrum is in the proper position, although it does not appear to be fully healed at this point. No other abnormality noted except for some tendinosis in the rotator cuff.

IMPRESSION: Right shoulder pain, possible persistent labrum tear.

PLAN: He has definite symptoms and continues to have pain here seven months after surgery. There are a couple of options. Given the amount of discomfort that he is having at this point that is reproducible, we are going to go back in for a right shoulder arthroscopy for a second look with debridement. It may well be that the sutures is in place in the labrum, but the labrum has not fully healed and continues to catch. At which point, he will need the sutures removed and the labrum débrided back to a stable rim. He will be in a sling for about a week or two afterwards. I do not anticipate having to repair anything. I have given him Darvocet and some Celebrex for pain. I will see him back here at the time of surgery. He continues at full duty. He has not reached MVA. It will take a while just like any other business. DH/JCS:mh (09/06) 209022004

09/25/09: **HISTORY OF PRESENT ILLNESS:** The patient is a 48-year-old male who presents for H&P prior to a right shoulder arthroscopy with débridement to be done by Dr. Jaskwich on 10/01/09.

PLAN: Risks and complications as well as the postoperative course have been discussed with the patient and all questions have been answered. The patient has signed an informed consent and it will be copied to the chart. Preoperative EKG will be obtained from the beginning of this year. The patient has been instructed to be NPO after midnight the night before surgery. Full H&P can be found written out in the Lowcountry Outpatient Surgery Center H&P sheet. No further preoperative has been

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

117589473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

PAGE: Fourteen

9/25/09 (Continued):

ordered at this time. The patient will proceed with surgery. We will see him back postoperatively in our clinic. AS/ETS:kp (09/28) 0928-010

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE

David H. Jaskwich, M.D.

117589473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: 1

PAGE: Thirteen

09/02/09 (Continued):

PHYSICAL EXAMINATION: He has pain with forward flexion. Positive O'Brien test. Mild popping and discomfort as I circumduct the shoulder. There is a definite palpable pop in the shoulder as I bring the arm up from external rotation to internal rotation.

DIAGNOSTIC IMAGING: MRI is reviewed of the right shoulder. The anchor is in place. The labrum is in the proper position, although it does not appear to be fully healed at this point. No other abnormality noted except for some tendinosis in the rotator cuff.

IMPRESSION: Right shoulder pain, possible persistent labrum tear.

PLAN: He has definite symptoms and continues to have pain here seven months after surgery. There are a couple of options. Given the amount of discomfort that he is having at this point that is reproducible, we are going to go back in for a right shoulder arthroscopy for a second look with debridement. It may well be that the sutures is in place in the labrum, but the labrum has not fully healed and continues to catch. At which point, he will need the sutures removed and the labrum debrided back to a stable rim. He will be in a sling for about a week or two afterwards. I do not anticipate having to repair anything. I have given him Darvocet and some Celebrex for pain. I will see him back here at the time of surgery. He continues at full duty. He has not reached MMI. It will take a while just like any other business. DHJ/ETS:smh (09/03) 0902-004

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE

David H. Jaskwich, M.D.

117589473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

PAGE: Twelve

6/26/09 (Continued):

PLAN: He will continue with regular duty. I will see him back here in two months. We talked about the possibility of having the suture become impinged in the joint. He has not yet reached MMI. DHJ/tg (7/1)

08/05/09: SUBJECTIVE: The patient is here for followup of a right shoulder arthroscopy and SLAP repair done in January '09. He still has some soreness when he lifts the arm up overhead. He was disconnecting an extension cord the other day that was stuck and the jerking motion caused him some discomfort. He has pain when he wakes up in the morning. He has discomfort with both abduction and flexion. He is back to full duty, but says the shoulder is sore all of the time.

PHYSICAL EXAMINATION: He has a positive O'Brien test. There is a positive impingement sign. There is pain with abduction and flexion. The strength is 5-/5.

IMPRESSION: Status post right shoulder superior labrum anterior and posterior lesion (SLAP) repair in January '09 with persistent pain.

PLAN: He may well have either a partial healing of the labrum or some impingement from one of the sutures. He seems to have plateaued over the last two months with no improvement. We talked about the option of continued conservative treatment. He says he is having daily pain. I really do not feel like he has improved at all over the last several weeks. My recommendation at this point would be to proceed with an arthrogram of the right shoulder and ensure that the labrum is actually fully repaired. I will see him back afterwards to go over the results. DHJ/ETS:tw (08/07) 0807-020

09/02/09: CHIEF COMPLAINT: Mr. Contreras continues to have a fair amount of pain in his shoulder.

HISTORY OF PRESENT ILLNESS: It pops and catches several times a day, especially when he lifts the arm up overhead or reaches in front. For example, he tried to put his jacket on the other day at work and felt a lot of pain at that point. He is not taking any medications except for Advil.

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

CM# 117589473

PAGE: Eleven

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

04/20/09: SUBJECTIVE: The patient is back, doing well. He is making slow progress, but still progress. He noticed the other day he was able to do some stuff that he has not been able to before.

PHYSICAL EXAMINATION: He has range of motion to about 130° or 140° with mild discomfort with overhead. The strength is 4+/5.

IMPRESSION: Right shoulder superior labrum anterior and posterior lesion (SLAP) repair on 01/29/09.

PLAN: He is making progress, but slow progress. He is to continue with physical therapy. I am going to continue to put him on restrictions at work with 15 pounds of lifting and limited overhead lifting. I will see him back here in six weeks. He has not yet reached MMI. DHJ/ETS:tw (04/21) 0421-016

06/01/09: SUBJECTIVE: The patient is back for follow up of his right shoulder. She is definitely making improvement. He is much more comfortable.

PHYSICAL EXAMINATION: He has good motion, still a little stiffness with internal rotation. His strength is improving.

PLAN: At this point he feels like he is ready to go back to full duty. The only concern is his RIT training. It sounds fairly physical and they have had several injuries with that training. I believe it is reasonable to hold him off of that. At this point I am going to put him back to full duty with the exception of RIT training. He can hold off on physical therapy for now. He can start a weightlifting program on his own as long he progresses slowly. I will see him back here in two months for follow up. He has not reached MMI. DHJ/ETS:tw (06/02) 0602-001

6/26/09: Thomas is back. He is having a little softness in the arm, especially lifting overhead or away from the body. He tried to reach forward the other day and it was uncomfortable. It still seems like there is a small hot spot in the shoulder. He actually had one episode the other day where the shoulder popped and he felt like something was getting caught. He has had full ROM with minimal pain.

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE

David H. Jaskwich, M.D.

117589473

PAGE: Eleven

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

3/23/09 --(Continued):

Continue with anti-inflammatories as well. We'll see him back in four weeks for recheck. DHJ/la (3/25)

04/20/09: **SUBJECTIVE:** The patient is back, doing well. He is making slow progress, but still progress. He noticed the other day he was able to do some stuff that he has not been able to before.

PHYSICAL EXAMINATION: He has range of motion to about 130 or 140 degrees with mild discomfort with overhead. The strength is 4+/5

IMPRESSION: Right shoulder superior labrum anterior and posterior lesion (SLAP) repair on 01/29/09.

PLAN: He is making progress, but slow progress. He is to continue with physical therapy. I am going to continue to put him on restrictions at work with 15 pounds of lifting and limited overhead lifting. I will see him back here in six weeks. He has not yet reached MMI. DHJ/ETS:trw (04/21) 0421-016

06/01/09: **SUBJECTIVE:** The patient is back for followup of his right shoulder. She is definitely making improvement. He is much more comfortable.

PHYSICAL EXAMINATION: He has good motion, still a little stiffness with internal rotation. His strength is improving.

PLAN: At this point he feels like he is ready to go back to full duty. The only concern is his RIT training. It sounds fairly physical and they have had several injuries with that training. I believe it is reasonable to hold him off of that. At this point I am going to put him back to full duty with the exception of RIT training. He can hold off on physical therapy for now. He can start a weightlifting program on his own as long he progresses slowly. I will see him back here in two months for followup. He has not reached MMI. DHJ/ETS:trw (06/02) 0602-001

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

KRA
10/25/08
CP
Jaskwich
B. Jaskwich

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

PAGE: Ten

2/9/08 (Continued):

PHYSICAL EXAMINATION: The incision looks good.

PLAN: I am going to get him into physical therapy. He wants to go back to light duty tomorrow. He can drive short distances without the sling. I do not want him to do any overhead lifting with the arm. I will see him back in three weeks for recheck. DHJ/tg (2/11)

3/2/09: Thomas is here today for follow up of right shoulder arthroscopy and SLAP repair. He is finally making progress. He had a lot of spasm over the past couple of weeks, but that seems to have resolved at this point. He is much more comfortable. Physical therapy notes show forward flexion to 130° improved from 64° from the first visit.

PHYSICAL EXAMINATION: There is mild tenderness along the deltoid, good ROM.

PLAN: I will see him back here in a month. I will continue to put him in light duty at work. He will start some strengthening per protocol and ease out of the sling. DHJ/tg (3/4)

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MAR. 31. 2009 1:45PM

NO. 815 P. 2

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

*Kelly
10/28/09
St Johns
Erect
2/28/10*

PATIENT: Thomas Contreras
CHART NO: 105784
DOB:

PAGE: Ten

2/9/09 (Continued):

PHYSICAL EXAMINATION: The incision looks good.

PLAN: I am going to get him into physical therapy. He wants to go back to light duty tomorrow. He can drive short distances without the sling. I do not want him to do any overhead lifting with the arm. I will see him back in three weeks for recheck. DHJ/tg (2/11)

3/2/09: Thomas is here today for follow up of right shoulder arthroscopy and SLAP repair. He is finally making progress. He had a lot of spasm over the past couple of weeks, but that seems to have resolved at this point. He is much more comfortable. Physical therapy notes show forward flexion to 130° improved from 64° from the first visit.

PHYSICAL EXAMINATION: There is mild tenderness along the deltoid, good ROM.

PLAN: I will see him back here in a month. I will continue to put him in light duty at work. He will start some strengthening per protocol and ease out of the sling. DHJ/tg (3/4)

3/23/09: Thomas is back and doing better. He still has pain in the front of his deltoid area and some stiffness in the shoulder. He still has difficulty sleeping on the right side.

PHYSICAL EXAMINATION:

He can flex about to 130. Abduct to about 90. Strength is 4+/5 with mild discomfort. He has tenderness over the anterior deltoid fibers.

PLAN: He'll continue his PT. I'm going to put him at light duty, no overhead lifting, 10 pounds lifting with the right arm. D/C use of the sling. He has not yet reached MMI. I anticipate these sx's to resolve as soon as the stiffness is gone out of the shoulder.

St

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwich, M.D.

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: :

PAGE: Nine

12/19/08: CHIEF COMPLAINT: Thomas is here for follow up of his right shoulder MRI.

DIAGNOSTIC IMAGING: MRI was done on 12/12/08 shows a superior labral tear with no evidence of a rotator cuff tear.

HISTORY OF PRESENT ILLNESS: He has had a prior SLAP repair of the left side two years ago and is doing fine from the standpoint of the shoulder. He has similar symptoms on the right consisting of a popping and catching in the shoulder and discomfort with lifting overhead.

IMPRESSION: Superior labral tear of the right shoulder.

PLAN: We will schedule him for right shoulder arthroscopy, débridement, and possible repair of the labrum, if there appears to be anything repairable. He understands the risks of infection, nerve and/or muscle damage, persistent pain and soreness, and limitations of the shoulder. He also understands it will be about three months before he is back to any kind of heavy overhead lifting. I will continue him on light duty for now. He has not yet reached MMI. DHJ/ETS:kp (12/23) 1222-018*

1/20/09: Pt is here for preop H&P prior to left shoulder arthroscopy with SLAP repair and debridement by Dr. Jaskwich at LOSC on 1/26/09. Full H&P has been performed and has been documented on the LOSC sheet in the pt's chart. Risks, benefits and details of the operation have been discussed with the pt. The pt expresses understanding and wishes to proceed. Informed consent has been signed and placed in the pt's chart. All questions have been answered. I have instructed the pt to be NPO the night before surgery. He has also been instructed that this is an outpatient procedure and he will need a ride home the day of surgery as well as someone to be with him 24 hrs postop. An EKG, CXR and BMP were ordered preop. Pt verbalizes understanding of his surgical treatment plan as well as the postop course and elects to proceed. AB/la (1/22)

2008-4604

To: Faye Jennings / Marlene Scott
Fax: 803-412-2153 / 877-710-2667
Date: 5/5/10

Lowcountry Orthopaedics & Sports Medicine
Phone: 843.797.5050 Fax: 843.764.2668

Kra
10/8/08
Chart #: 117587473
St. WISPE
District

RETURN TO WORK RECOMMENDATIONS

Employee: Thomas Contreras
Injury Date: 10/8/08

Claim #: 117587473
Next Appt: 4/23/10 @ 8:25

- Work related
- Not work related

Diagnosis: Rt Shoulder
7/26/10

Work Status

- Return to regular duty on, Date: 5/5/10
- Unable to return to regular duty.
- Modified duty if available, Date: _____
- Discharged from current care on, Date: _____
- Return for follow up if needed with Dr. _____
- Permanent Restrictions: _____
- Requires sedentary position.

Physical Ability

- Restricted standing, walking:
 Never Occasional Frequently Tolerated
- Restricted climbing, bending, stooping:
 Never Occasional Frequently Tolerated
- Limited use of right left hand/arm.

- Patient must wear brace/cast.
- Other: _____

No PT test

- Driving yes no
- Alternate position (sit, stand, walk...)

Recommendations

(Please give W/C copies of all orders.)

Radiograph Studies: _____
Diagnostic Tests: _____
Surgery: _____
Physical Therapy: _____
Consult to Dr: _____

- Weight lifting restrictions:
R 0# 1-15# 16-35# 36-50#
L 0# 1-15# 16-35# 36-50#
- Overhead work:
 Never Occasional Frequently Tolerated

Patient has hasn't reached MMI Expected MMI date: _____

Physician Signature: _____ Date: 5/5/10

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee's signature: _____ Date: _____

WHITE - CHART YELLOW - WORK COMP PINK - PATIENT

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
James D. Spearman, M.D.

17589473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

PAGE: Eight

12/3/08: CONSULTING PHYSICIAN: James Connolly, M.D.

Worker's Compensation-DOI: 10/8/08

HISTORY OF PRESENT ILLNESS: This is a 47 YOM with right shoulder pain. The patient has a history of right shoulder pain post lifting weights back in October. He presents today for evaluation and treatment.

PAST MEDICAL HISTORY/REVIEW OF SYSTEMS: On the chart and reviewed, signed and dated today's date.

PHYSICAL EXAMINATION:

Vital signs:

Height 5'8"

Weight 228 lbs

Upper extremities: Left shoulder shows full ROM without pain, swelling or instability.

Right shoulder shows mild weakness in abduction of supraspinatus, crepitus and pain on ROM.

RADIOGRAPHIC REVIEW: X-rays showed decreased subacromial space. The patient also has positive cross over maneuver as well as tenderness over the AC joint. Again, there is evidence of significant AC arthritis on x-ray.

PLAN: I recommend that we go ahead and obtain an MRI to rule out a rotator cuff tear. We will see him back after the MRI. I will keep him on light duty until he returns. JDS/tg (12/10)

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ATLANTIC OCCUPATIONAL HEALTH, INC.
"Industrial Medicine Specialist"

PO Box 62945
North Charleston, SC 29419-2945
843-207-7130
843-207-8633 Fax NOV 19 2008
800-948-8020

To: Chief Carter
Fax# 550-3687
From: CP
of Pages 1

324-5987

Patient Return Report Date _____ Time In 8:00 Time Seen 8:15 Time Out _____

Name: Thomas Contreras Employer: St. Johns HCA

S.S.#: 7473 Date of Injury: 10-8-08 Date of Last Visit: 10-14-08

Diagnosis: Shoulder Strain

Patient Statement of Condition: IT STATES THAT THE PT HE HAD AT ISLAND PHYSICAL THERAPY MADE THE PAIN WORSE. HIS PAIN IS UNCONTROLLABLE. LEVEL OF PAIN IS 5/10 - 7/10

Vital Signs BP _____ Pulse _____ Temp _____ Resp _____

Physical Exam See note from Dr. [unclear]

Today - still on furl date - no pain e abduction, difficulty putting on jacket - inserts on sleeves his previous ortho who managed his rotator cuff tear 7 or 8 years ago

Additional Laboratory / X-ray Exam joint abduction - 90°

Treatment and/or Disposition rest / ext rotation

Imp Shoulder Strain
misdiagnosed / vs tear

Plan Ortho consult

Impression of Patient Progress or Condition: Left message chief [unclear]

Work Status: Regular Duty Light Duty (See Physical Capacities Form) Off Work
Return Status: Return Visit (Date) after release Discharged Discharged with residual (See Physical Capacities Form)
Return For: Physician Visit Physical Rehabilitation Physical Therapy

Physician Signature: [Signature]

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ATLANTIC OCCUPATIONAL HEALTH, INC.

3625 W. Montague Ave.
N Charleston, SC 29418
843-207-7130

NAME Thomas Coutreas DATE 10/22/08

ADDRESS _____

Rx

Shoulder strain

PT 3x weekly

Please Label

Refill _____ Times

BE...

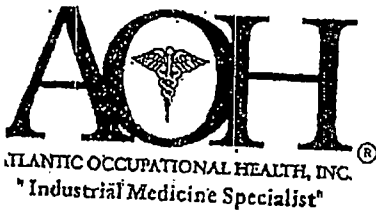
Dispense as Written

OEA #

License #

Substitution Permitted

92



PO Box 62945
North Charleston, SC 29419-2945
843-207-7130
843-207-8633 FAX
800-948-8020
OCT 14 2008
BY: [Signature]

To: Chief Carter
Fax # 0559-3687
From: CP
of Pages 1

Patient Return Report Date OCT 14 2008
Name: Tomm, Contreas Time In 8:00 Time Seen 8:25 Time Out _____
S.S.#: 1473 Employer: St. Johns PD
Diagnosis: Shoulder Strain Date of Injury: 10-8-08 Date of Last Visit: 10-9-08

Patient Statement of Condition: States that he still has sharp pain when lifting or raising arm over head w/o (P)
Vital Signs BP _____ Pulse _____ Temp _____ Resp _____
Physical Exam _____

Continues to pain (D)
PE unchanged - no rotator cuff tear
abd - w/ w/ rotator cuff w/ w/ restriction

Additional Laboratory / X-ray Exam

Treatment and/or Disposition

Advised round of PT -
we cannot employer will
not allow PT @ AOH
Had Rotator cuff tear + PT
in (D) shoulder 2 years ago
- consult with early w/ investigate

Impression of Patient Progress or Condition:

will contact pt re results/
shoulder strain vs tear decision

Work Status: Regular Duty Light Duty (See Physical Capacities Form) Off Work
Return Status: Return Visit (Date) see above Discharged Discharged with residual (See Physical Capacities Form)
Return For: Physician Visit Physical Rehabilitation Physical Therapy

Physician Signature: TS Secuor MD

OCT 14 2008 AB

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS	Account Number: 0828201311
Medical Rec. Number: 000774899	Birthdate:
Arrival Date: 10/08/2008 18:49	Primary MD: Patient has no PCP
Visit Date: 10/08/2008 19:01	

Vital Signs/Data

Time	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
19:01	98.1 F Oral	89 /min	18 /min	165/97 mm hg.	98% on Room air	7/10

Allergies

No known allergies (VS2 10/08/2008 19:01)

Chief Complaint

Soft tissue injury to posterior right shoulder. (VS2 10/08/2008 19:01)

Pre-Hospital Treatment

Patient arrived by private transportation. (VS2) 10/08/2008 19:01

Triage

- 4-Non-urgent (VS2 10/08/2008 19:01)
- No language barrier. (VS2 19:01)
- History comes from patient. (VS2 19:01)
- Onset of symptoms was about hrs ago. (VS2 19:01)
- Patient has no history of tobacco use. (VS2 19:01)
- Patient denies use of alcohol. (VS2 19:01)
- Patient denies illicit drug use. (VS2 19:01)
- Patient is triaged to the Main ER WH. (VS2 19:01)

Height/Weight

Hgt: 68 inch (VS2 10/08/2008 19:01)
Wgt: 103.6 kg (VS2 19:01)

Current Medications

Patient is on medications. (VS2 10/08/2008 19:01)

Nursing Assessment

GENERAL

NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (VS2) 10/08/2008 19:01

MENTAL STATUS

Normal ambulatory status. Alert, oriented and fully verbal. (DD4) 10/08/2008 20:21

NEUROLOGIC

Alert and oriented x3. Speech clear. Responds to commands. Moves all extremities. (DD4) 10/08/2008 20:21

SKIN

Skin is warm, dry and intact with normal color and turgor. The skin over the right shoulder is intact without visible abrasion or laceration. There is pain and swelling noted over the right shoulder. No active bleeding noted over the right shoulder. No local drainage. (DD4) 10/08/2008 20:21

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Emergency Department Chart

Patient Name: CONTRERAS, THOMAS
Medical Rec. Number: 000774899
Arrival Date: 10/08/2008 18:49
Visit Date: 10/08/2008 19:01

Account Number: 0828201311
Birthdate:
Primary MD: Patient has no PCP

Nursing Assessment

HEENT

Eyes, ears and nose without visible drainage. Swallowing without difficulty. No reported change in hearing. No reported change in vision. (DD4) 10/08/2008 20:21

PULMONARY

Bilateral breath sounds clear. Respirations regular and unlabored. Mucous membranes and nail beds pink. (DD4) 10/08/2008 20:21

CARDIAC

Pulse regular, no complaint of chest pain. Peripheral pulses palpable. No peripheral edema. Capillary refill less than 2 seconds. (DD4) 10/08/2008 20:21

ABDOMINAL

Abdomen soft, non-distended, non-tender. Bowel sounds audible. No complaint of nausea, vomiting, diarrhea, or constipation. (DD4) 10/08/2008 20:21

GU

Able to empty bladder without dysuria. No complaint of frequency or urgency. (DD4) 10/08/2008 20:21

SOFT TISSUE

Neurovascular exam intact. Normal upper extremity capillary refill (less than 2 sec). Normal radial pulse. (DD4) 10/08/2008 20:21

Clinician History of Present Illness

right shoulder pain possibly from lifting wts (VS2) 10/08/2008 19:01 Exam started at 20:05 Presenting problem started few hours ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. No direct trauma. Patient developed injury while lifting weights. The skin over the right shoulder is intact. No active bleeding or abrasions. Patient complains of pain over the right shoulder. Had a characteristic pulling/reaching type of injury to the right shoulder. No history to suggest any head injury. The patient states that this problem is job related. (SJT) 10/08/2008 20:05

Past Medical and Surgical History

HTN-hypertension; Hypercholesterolemia; NIDDM; Asthma; S/P Shoulder surgery left (VS2) 10/08/2008 19:01

Review of Systems

Except as noted all other ROS negative. (SJT) 10/08/2008 20:05

Physical Exam

GENERAL:

The patient is a middle aged adult male in no acute distress. No evidence of significant external trauma. Vital signs OK. Vital signs reviewed. Alert. The patient appears to be comfortable. (SJT) 10/08/2008 20:05

PULMONARY:

Unlabored respiration - No respiratory distress. No evidence of local chest wall tenderness or external injury. (SJT) 10/08/2008 20:05

NEUROLOGIC:

No motor deficit. No sensory deficit. Alert. (SJT) 10/08/2008 20:05

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Emergency Department Chart

Patient Name: CONTRERAS, THOMAS	Account Number: 0828201311
Medical Rec. Number: 000774899	Birthdate: |
Arrival Date: 10/08/2008 18:49	Primary MD: Patient has no PCP
Visit Date: 10/08/2008 19:01	

Physical Exam

MUSCULOSKELETAL:

The patient has mild to moderate joint pain with movement of the right shoulder. Moderately tender to palpation over the right shoulder. No evidence of soft tissue swelling over the right shoulder. No palpable effusion over the right shoulder. The area over the right shoulder shows no sign of contusion. No evidence of hematoma at this site. The overall exam surrounding the right shoulder is consistent with a mild to moderate sprain/strain. Normal AC joint exam. Normal clavicular exam. Humeral head palpable with no defect. Abnormal biceps tendon exam: Normal rotator cuff and bursa exam of the shoulder. Normal shoulder alignment. Distal neurovascular exam normal. The biceps tendon is tender to palpation along the course of the bicipital groove. Contraction of the biceps causes pain along the course of the long head of the biceps tendon. Normal exam of the supraspinatus muscle and tendon. The superior bursa of the shoulder is normal with no evidence of effusion. (SJT) 10/08/2008 20:05

SKIN:

The right elbow is non tender and the patient has a normal adjacent chest wall exam surrounding this shoulder. The skin over the right shoulder is intact with no lacerations or significant abrasions. Skin color is normal. (SJT) 10/08/2008 20:05

SOFT TISSUE:

The rest of the soft tissue exam is normal. (SJT) 10/08/2008 20:05

Progress Notes

The exam supports a bicipital tendinitis. (SJT) 10/08/2008 20:05

Primary Diagnosis

Bicipital Tendonitis, right shoulder (SJT 10/08/2008 20:19)

Non-Drug Orders

PATIENT SPECIFIC DATA weight: 103.60kg/228.4lb;

Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)

PATIENT SPECIFIC DATA height: 172.72cm/68.0in;

Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)

XR SHOULDER 2 VIEW MIN injury Right

Entered (ER 10/08/2008 20:15) In Progress (ER 20:34) MD Sign (SJT 20:15) Notes: Taken to X-ray. Returns from X-ray, (DD4 20:03)

Results

XR SHOULDER 2 VIEW MIN injury Right - films were reviewed by me. (SJT 10/08/2008 20:55)
No radiographic evidence of acute fracture. (SJT 20:55)

No radio-opaque foreign body noted. (SJT 20:55)

No significant degenerative or osteoporotic changes on plain films. (SJT 20:55)

Normal joint space. (SJT 20:55)

Disposition

Patient discharged from department. Condition at discharge - stable. I have reviewed the chart of THOMAS CONTRERAS and it is ready for final disposition - STEVEN J TAYLOR-MD MD. (SJT) 10/08/2008 20:33 Patient discharged from department. Discharged home. Left department with family. Verbalizes understanding of after-care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. A disposition has been done for THOMAS CONTRERAS. The dispositioning nurse is DORIS L DAVIS HN (electronic signature). Patient removed from Tracking Board by DORIS L DAVIS RN. (DD4) 10/08/2008 21:06

Print Date: 10/08/2008 21:07

Confidential Medical Record

PRINTED BY: [Signature] DATE

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS

Medical Rec. Number: 000774899

Arrival Date: 10/08/2008 18:49

Visit Date: 10/08/2008 19:01

Account Number: 0828201311

Birthdate:

Primary MD: Patient has no PCP

Discharge Instructions

SHOULDER PAIN

Your exam shows your shoulder pain is due to one of several possible conditions. Tendinitis, bursitis, or an injury to the tendons that surround the joint (the rotator cuff) can all cause similar pain and difficulty moving the shoulder. All these conditions can also lead to a "frozen" immobile shoulder if they are not treated properly. The treatment of these problems is similar:

*Rest the shoulder and avoid any painful movements for the next week. Use a sling for comfort if needed

*Apply ice packs every few hours to the shoulder for 2-3 days; then begin heat treatments to improve motion when the pain is better.

*Medicine to reduce inflammation and pain is often very helpful.

*Cortisone-like medicine injected into the bursa or around an inflamed tendon can also bring prompt relief. This is usually considered if rest, ice, and medications do not bring relief.

*Shoulder rehabilitation exercises are important in preventing a frozen joint. When your pain improves you should bend forward and gently swing your arm like a pendulum 3-4 times daily to help restore motion. Please see your doctor for further care as advised. Rarely shoulder pain is caused by heart problems; call your doctor, 911, or the emergency room right away if you have severe chest pain, weakness, sweating, breathing difficulty, or nausea.

Additional Instructions

Limit position or activity that makes pain worse. Cold packs to tender area 3-4 times a day. No heat. Take Ibuprofen (Motrin) 800mg (4 tablets) at 11PM, 7AM, 3PM for 1 week. This can recur, so be careful with weight lifting in the future. (SJT) 10/08/2008 20:33

Diagnosis Codes

726.12 Bicipital Tendonitis Primary Diagnosis: Y
250.00 NIDDM
272.4 Hypercholesterolemia
401.1 Borderline diastolic BP determination this visit
401.1 Moderate elevation of systolic BP this visit
401.9 Hx of Hypertension
493.90 Asthma
719.41 Local tenderness to palpation over right shoulder
719.41 Pain involving the right shoulder
719.41 Pain with movement of right shoulder
726.12 Bicipital tendonitis
840.9 Sprain/strain of the right shoulder
959.2 Soft tissue injury posterior right shoulder
E917.9 Blunt shoulder injury
E927 Lifting injury
V13.8 NIDDM

CPT Codes

73030-52
94760
99284
99455

97

Print Date: 10/08/2008 21:07

Confidential Medical Record

PRINTED BY: [REDACTED] DATE: 10/20/2011

P164

Page 4 of 5

Staff Legend

DD4 DORIS DAVIS RN

SJT STEVEN TAYLOR-MD MD

VSZ VICKIE SMITH RN

984

Print Date: 10/08/2008 21:07

Confidential Medical Record

PRINTED BY: [REDACTED] DATE

Page 5 of 5

8/30/2011

P165

MR#: 000774899 DOB: CONTRERAS, THOMAS J
St Francis STC
PHYS: EOEN-PA, KATE S

(Patient Id)

ICCT#: 11074-00119

03/24/11

REHABILITATION SERVICES PHYSICAL THERAPY PLAN OF CARE 03/24/11

MEDICAL DIAGNOSIS: 312 Ankle sprain TREATMENT DIAGNOSIS: Ankle Pain
Date of Onset: 1 1/2 ago -> Ankle Ex
Special Instructions: Gentle AROM - DF, PF - NO Aggressive Inv/Ex Difficulty in walking

Functional Level Prior to Admission: (1) walking & ADL's @ Ankle (1)
Begin prog. WB 50% in boot - tran. to 100% WB in boot as pain allows.
gentle strengthening.

- Functional Impairments/Problems
- Unable walking & WB activity
 - Unable to bowl or fish
 - ↑ Effusion
 - ↓ Strength
 - ↓ ROM

Physical Therapy Treatment Plan	
<input checked="" type="checkbox"/>	Home Exercise Program
<input type="checkbox"/>	Posture/Body Mechanics Training
<input checked="" type="checkbox"/>	Neuromuscular Re-education
<input type="checkbox"/>	Work Hardening
<input type="checkbox"/>	Lumbar/Cervical Stabilization
<input checked="" type="checkbox"/>	Soft Tissue Massage/MFR
<input checked="" type="checkbox"/>	Joint Mobilization
<input type="checkbox"/>	Lumbar/Cervical Traction
<input checked="" type="checkbox"/>	Therapeutic Exercise
<input type="checkbox"/>	Iontophoresis
<input checked="" type="checkbox"/>	Gait Training
<input checked="" type="checkbox"/>	Functional Training
<input checked="" type="checkbox"/>	Moist Heat/Ice
<input checked="" type="checkbox"/>	Ultrasound
<input checked="" type="checkbox"/>	Electrical Stimulation
<input type="checkbox"/>	US/ES
<input type="checkbox"/>	Whirlpool
<input type="checkbox"/>	Aquatic Therapy
<input checked="" type="checkbox"/>	<u>VASO</u> Joint Compression
<input type="checkbox"/>	Other

Short Term Goals: (30) Days

1. (1) AHEP
2. Tol AROM DF to -3-5°
3. Tol AROM PF (1) = R
4. Minimal to no effusion

Long Term Goals: (90) Days

1. Tol. WB out of boot to prog gait activity.
2. 3K @ ankle joint.
3. Amb ↑ ↓ stairs reciprocally
4. Return to bowling & fishing activity.

POTENTIAL FOR GOAL ACHIEVEMENT: Good

FREQUENCY: 2x week

DURATION: 90 Days
Date: 3/24/11 Time: 3:30

Signature of Therapist: Wendy Reed, ATC

I certify that the above named patient is under my care and supervision, and that the care described above is reasonable and medically necessary for this patient.

Physician's Comments

Authent cated by
Flake Ohlenn, M.D.
On 03/24/2011 01:50:51 PM

Signature of Physician:

Date: _____ Time: _____

Origin: 1/11
Revised: 3/16; 5/09



SCANNED
99

REHABILITATION SERVICES DISCHARGE SUMMARY

MR#: 000774899: DOB:
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S



ACCT#: 11074-00118 03/24/11

NAME: _____
ACCT #: _____
MD: _____

DISCHARGE DATE: 6/17/11

DIAGNOSIS: Ankle instability (impingement)

PERIOD OF TIME PATIENT SEEN: FROM 3/24 TO 5/31 # OF VISITS 18

S: Please refer to last PN on
pt's last visit

O: _____

A: SHORT TERM GOALS = _____ WEEKS LONG TERM GOALS = _____ WEEKS

COMMENTS: _____

P: D/C

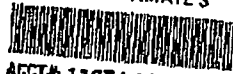
THANK YOU FOR THIS REFERRAL.

SIGNED Whitely Reed P/OT/SLP
MTJ

01/2/11



SEARCHED () INDEXED ()



"Tommy"

General Ortho Evaluation

Date: 3/24/11

Primary Diagnosis: s/p (L) ankle scope

Treatment Diagnosis: (L) Ankle (R) Difficulty in walking

Occupation/Recreation: Retired

Hx/Subjective: 49 y/o male, s/p (L) ankle scope 2/24/11. Pt referred to initiate PT @ WKS s/p.

Previous treatment for current problem: prev PT @ RCC prior to sx, p initial ankle fx.

Prior Level of Function: _____

Precautions: _____

MRI / X-Ray / Other: (B)

Pain Scale (0-10; 10 being worst) Current: 7/10 → 1° (P) along anterior ankle, subtalar jt line.

Range of Motion: _____ WNL _____ WFL

Limitations: _____

ANKLE ROM	(L)	(R)	Effusion	(L)	(R)
(K)F	-15°	+10°	fig 8:	55.3cm	54cm
PF	+40°	+70°			
INV	16°	35°			
EV	10°	38°			

Other Joint: _____ WNL _____ WFL

Limitations: (B) tight HS → unable to long sit well

Strength: _____ WNL _____ WFL

Limitations: NOT TESTED.

Sensation: (C)

Posture: (C)

Palpation: (C)

Special Tests: (C)

Equipment (braces, supports, etc.): walking boot

Observation (girth, edema, skin problems, etc.): girth - see above

- Incisions clean & intact & no drainage. pt presents w/ (C) crepitus, gait training

Transfers/Gait: v 10 min for 25-50% WB + WB amb c boot

Coordination/Balance: (C) using step to + slight step through

Functional Limitations: gait pattern c (B) catches

↳ see POC

Functional Limitations: see POC

Treatment/Response: Eval x 15 min; Gait Training x 10 min;
Merlex per flex sheet x 20 min; HEP;
Vaso comp. to foot x 10 min

Reviewed Diagnosis and Anatomy Yes No

Rx Plan was discussed with Patient Family/Caregiver

Patient/Family/Caregiver Training: Exercises/Activity taught to Patient Family/Caregiver

Patient/Family/Caregiver demonstrates understanding and performs correctly

Written copy of instruction(s) given

Other:

Assessment: (for problem list and goals see Plan of Care) Pt is a good
candidate for skilled PT

Patient Goal(s): ↓ pain & be able to bowl & fish

Plan: see P.O.C

Whitely Reed PT, ATC
PHYSICAL THERAPIST

3/24/11

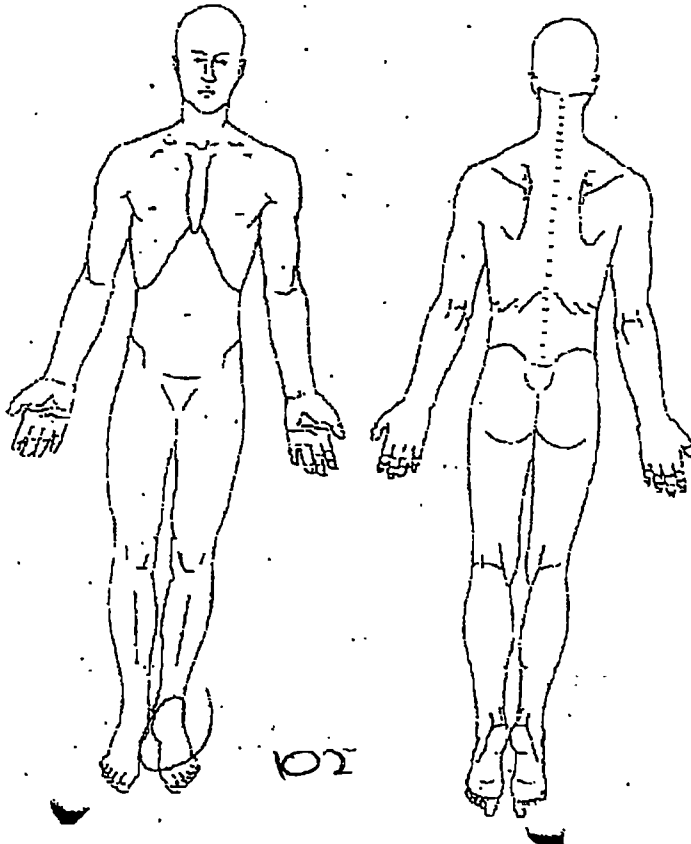
DATE

MR#: 000774889 DOB:
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119

03/24/11



MR#: 000774899 DOB#
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119 03/24/11

REHABILITATION SERVICES PATIENT INFORMATION SHEET

NAME: THOMAS CONTRERAS

TELEPHONE#: (home) 843-769-4029

DATE: 3/24/11

(work/cell) 843-327-5387

REFERRING PHYSICIAN: DR. DILSON

NEXT DOCTOR'S APPOINTMENT 4/18/11

WHAT TYPE OF WORK DO YOU DO? RESTAURANT

WHAT IS YOUR PHYSICAL PROBLEM/WHY DID YOUR DOCTOR SEND YOU FOR THERAPY? (If you have had recent surgery, please give type of surgery and date) ANKLE SURGERY

WHEN AND HOW DID THIS PROBLEM START? 1.5 YEARS AGO

DOES THIS PROBLEM INTERFERE WITH YOUR NORMAL DAILY ACTIVITIES? (If yes, please explain) WALKING, JUMPING

WHAT PREVIOUS THERAPY HAVE YOU HAD? PHYSIO

WHAT MEDICATIONS DO YOU TAKE AND WHEN? ALLERBID, LOVASTATIN

PLEASE LIST ANY PAST SURGERIES: ANKLE, SHOULDER X 4

DO YOU HAVE ANY METAL IMPLANTS: (such as IUD, wires, pins, screws, artificial joints) NO

DRUG ALLERGIES: (such as xylocaine, betadine/iodine, chlorine, cortisone, etc.) PENICILLIN

DO YOU HAVE ANY OTHER INFORMATION OR HEALTH PROBLEMS YOUR THERAPIST SHOULD KNOW?

- | | | |
|---|--|---|
| <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Blood Pressure Problems |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Pregnancy | <input checked="" type="checkbox"/> Asthma |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Other |

If you have checked any of the above, please explain:

WHAT DO YOU HOPE THERAPY WILL DO FOR YOUR PROBLEM?

DO YOU HAVE ANY LEARNING BARRIERS THAT WE NEED TO BE AWARE OF? NO

HOW DO YOU LEARN BEST? VISUAL DEMONSTRATION / OTHER

IS THERE ANYTHING ELSE YOU WISH TO ADD?

MAY WE CONTACT YOU AFTER THERAPY FOR FOLLOW-UP? YES

IF SO, WHAT NUMBER SHOULD WE USE TO CONTACT YOU AND IS THERE ANYONE ELSE WE SHOULD TALK TO REGARDING YOUR CARE? 843-327-5387

MAY WE LEAVE YOU A MESSAGE? YES NO

Revised: 9-09



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PN 0111
NS 1/13/11

MO FLOW 6/16/11

MR: 00074899 DOB: 1
CONTRERAS, THOMAS J
St Francis
PHYS: EDEN-PA, KATE S

① Ankle s/p scope



General Therapeutic Exercise Log

ACCT#: 11074-00119 03/24/11

Date (across)	4/20/11	4/22	4/23/11	4/29/11	5/6/11	5/12/11	5/17/11	HEP ISSUED
Treatment (below)	Level 5 5 MIN	Level 5 10 min	Level 5 10 min	Level 6 10 min	Level 6 10 min	Level 6 10 min	Level 6 10 min	
ankle pumps	x30	HEP	—	HEP	—	—	—	
ankle circles			—	—	—	—	—	
Seated gastro stretch		stand 3x30	standing 20 sec x3	standing 3x30	wedge 3x30	wedge 3x30	wedge 30 sec x3	
seated DF/PF		HEP	—	HEP	—	—	—	
top crunches		+	—	—	—	—	—	
gait training		—	—	—	—	—	—	
standing weight		—	—	—	—	—	—	
A-Z	rice bucket 1x	rice bucket 1x	rice bucket 1x	rice bucket see notes	—	—	—	
seated PF/heel raise		—	—	—	—	—	—	
weighted PF/DF	#2 30	—	—	—	—	—	—	
SLR ABD		—	—	—	—	—	—	
BAPS BOARD	Level 2 30 EACH	—	—	Level 5 30x20	—	—	—	
rice bucket	A-Z 1x	rice bucket 50x	rice bucket 50x	rice bucket 50x	rice bucket 50x	rice bucket 50x	rice bucket 50x	
wall slides		—	—	—	—	—	—	
Step-ups fwd/lat		small 20x	small 20x	small 20x	large 20x	large 20x	large 20x	
Retro step-up		small 20x	small 20x	small 20x	large 20x	large 20x	large 20x	
Heel Raises		2x10	2x10	2x10	2x10	2x10	2x10	
Tandem Balance		immed	immed	immed	immed	immed	immed	
Lat Amb. foam beam		1x	1x	1x	1x	1x	1x	
Elb Amb. foam beam		1x	1x	1x	1x	1x	1x	
Standing DF		2x10	2x10	2x10	2x10	2x10	2x10	
Weighted EV (SL)		3x10	3x10	3x10	3x10	3x10	3x10	
Direct toe ext. stretch		—	—	—	—	—	—	
SL Balance		—	—	—	—	—	—	
PF stretch		—	—	—	—	—	—	
Boss w/ weight shifts	F/B/lat	—	—	—	—	—	—	
Boss Balance		—	—	—	—	—	—	

Origin: 4210

Direct
Direct
Direct



4/18/11

spankie scope 2/24"

Gentle ARM DF/PF; no agg. invol EV -> prog
 we 50% to 100% in boot as pain allows
 gentle strengthening

Patient Identifier

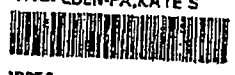
* PT unable to use T-be
 * Allergy *

General Therapeutic Exercise Log

Date (across) Treatment (below)	3/24	3/28	4/1	4/4	4/6	4/11	4/13	HEP ISSUED
Ankle Pumps	30x	30x	30+	30x	30x	x30	x30	
Gentle Circles	low 10x ea	30x ea	30x ea	30x ea	20x ea	x30 ea	x30 ea	
Seated Gastroc stre	3x30	3x30	3x30	3x30	3x30	3x30	3x30	
Seated DF/PF	20x	20x	5x30	5x30	5x30	5x30	5x30	
Toe Crunches	2x30	2x30	3x30	3x30	3x30	3x30	3x30	
Standing Weight	20x	HEP	HEP	-	-	-	-	
Agit training	10'	-	✓	-	-	-	-	
Nu-step	10min	10min	10min	10min	10min	10min	10min	
Quad sets	20x3	20x2	HEP	-	-	-	-	
SLR	2x10	2x10	3x10	3x10	3x10	3x10	3x10	
A-Z	1x	1x	1x	1x	1x	1x	1x	
Seated PF/heel raise	2x10	2x15	3x12	3x10	3x10	3x10	3x10	
PF/DF	2x10	3x10	3x10	3x10	3x10	3x10	3x10	
SLR Abd	2x10	3x10	3x10	3x10	3x10	3x10	3x10	
Rice Bucket	2x30	2x30	2x30	2x30	2x30	2x30	2x30	
Wall Slides	3x10	3x10	3x10	3x10	3x10	3x10	3x10	
HS stretch	3x30	3x30	3x30	3x30	3x30	3x30	3x30	
Seated PF stretch	3x30	3x30	3x30	3x30	3x30	3x30	3x30	
BARB BOARD								

Origin: 4710

MR#: 001774898 DOB:
 CONTRERAS, THOMAS J
 St Francis
 STC
 PHYS: EDEN-PA, KATE S



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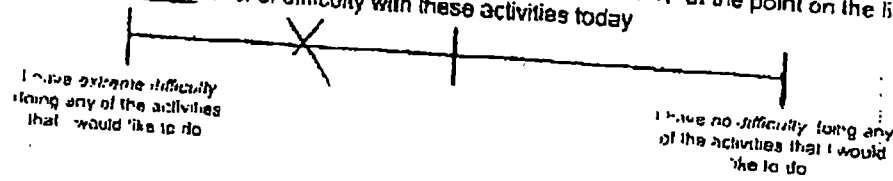
ICCTA: 11074-00119 03/24/11

OPTIMAL INSTRUMENT

Difficulty-Baseline

Instructions: Please circle the level of difficulty you have for each activity today.

	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat						
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/sloping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking-short distance	1	2	3	4	5	9
10. Walking-long distance	1	2	3	4	5	9
11. Walking-outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9
22. Thinking about all of the activities you would like to do, please mark an "X" at the point on the line that best describes your overall level of difficulty with these activities today						



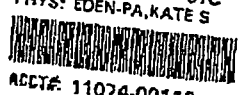
23 From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs, kneel, and hop without any difficulty, you would choose 1 12 2 8 3 13)

1 ... 2 ... 3 ...

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Adapted/revise in July 2005 and August 2006 with permission of APTA from Gurdione JA, Mielenz TJ, De Vellis RF. et al. Development and testing of a self-report instrument to measure actions. Optimal Physical Therapy Improvement in Movement Assessment Log (OPTIMAL) Phys Ther 2005;85:514-530

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 MR#: 000774899 DOB: ()
 CONTRERAS, THOMAS J
 St Francis STC
 PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119 03/24/11

Whitney Road

Date: 4/22/2011



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1. Without moving your knees or hips lift the bottom of your foot upward as far as you can
2. Hold _____ seconds
3. _____ repetitions _____ times per day



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1. Walk on heels with toes as low as the floor
2. Hold on to wall for support if necessary
3. _____ repetitions _____ times per day



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1. Stand with feet 12 inches apart
2. Raise up slowly onto your toes as high as you can
3. Hold _____ seconds
4. _____ repetitions _____ times per day



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1. Press your body against a wall as shown with feet behind
2. Push the body slowly down until the heels touch the floor
3. Lean into wall as shown so that you feel a strain
4. Hold _____ seconds
5. _____ repetitions _____ times per day

MR#: 000774899 DOB: 1/1/1950
 CONTRERAS, THOMAS J
 St Francis STC
 PHYS: EDEN-PA, KATE S



ACET#: 11074-00119

03/24/11

by



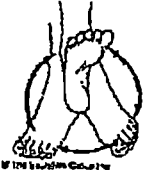
1. Pull ankle up toward your body as far as possible
2. Hold _____ seconds
3. Move your toes away from your body
4. Hold _____ seconds
5. _____ repetitions _____ times per day

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1. Begin with feet flat on the floor with towel underneath
2. Keeping heels on floor repeatedly "stretch up" toes
3. Start: no you pull your toes equals one repetition
4. _____ repetitions _____ times per day

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1. Move your ankle around slowly in a large circle
2. Repeat in the opposite direction
3. _____ repetitions _____ times per day

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1. Assume position shown, with _____ heel closest to chair
2. Keep the whole foot flat on the floor
3. Move the knee forward and downward so that you feel a stretch
4. Hold _____ seconds
5. _____ repetitions _____ times per day

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1. Sit on floor with towel or strap around _____ heel as shown
2. Pull top of foot toward your body so that you feel a stretch
3. Hold _____ seconds
4. _____ repetitions _____ times per day

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MR#: 000774888 DOB: 6
 CONTRERAS, THOMAS J
 St Francis STC
 PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119 03/24/11

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SPINE AND SPORTS PROGRESS NOTE

DATE >	DATE:	DATE:	DATE:
TIME OUT:	5/24/11	5/26/11	5/31/11
EXERCISE:	3:45 Total Time: 50 1:35 Time ex 40' (16)	1:30 Total Time 35 2:25 Time ex 25' (17)	4:10 Total Time 45 3:55 Time ex 35 (18)
EXERCISE:	3: Exercises main is still not better than before last twisting event but better since last visit. (P) ~ 0/10	3: "Better" - No ankle pain currently. "Wounded bridge" (Yesterday) ankle was a little sore.	3: "Soft in AM" - The ex per flow sheet x 35 min & PT direct supervision & cueing to receive re-assessment for PT.
WORK HARDENING ADDIT (1 HOUR)	0: 201 presents 2 1° PT at post-injection medial malleolus ~ post. tibialis tendon also 2 printer fasciae & thumbing & balance therapy -> prev problem 1° to ankle sx.	0: Therapy per flow sheet x 25 min & PT cueing for ex. technique. Area. pt benefited ankle strengthening which pt did well.	0: VASG cold x 10 minutes to (L) foot/ankle
MODALITIES:	balance therapy -> prev problem 1° to ankle sx.	A: PT hard to hold the balance & pt allergy. no CID	A: See PN update - pt tel. R well.
ESTIM UNATTENDED	PT at post-injection medial malleolus & printer fasciae. L medial (ankle) x 8 min	A: PT hard to hold the balance & pt allergy. no CID	P: PT still good
ESTIM ATTENDED	100% 3.3 MHz @ 1.8u/cm	P: 70% 2 step ex as tel. by pt	6/6/11 - will await MRI orders.
FLUIDO	Ther ex x 30 min per flow sheet	Ultrasonic	Whitely Reed PT, ATC
IONTO	direct pt intervention	Adolendin	
MANUAL THERAPY	Vasa cold compress x 10 min to (R) foot/ankle.	0: vasa cold x 10 minutes to (R) ankle.	
MASS/MFR	A: (on) 2 on (L) & hold pt perform gentle ROM & strengthening which pt made no clear advancement of (P).		
TRACTION-MECH	P: PN due to flow by (L) & (R) ankle.		
US - PHONO			
US - SONOGRAPHIC			
EVAL 15 MIN			
EVAL 45 MIN			
RE-EVAL 15 MIN			
RE-EVAL 45 MIN			
03/16 revised			

MR#: 000774889 DOB:
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S



SCCT#: 11074-00119

03/24/11



SPINE AND SPORTS PROGRESS NOTE

PN

DATE >	DATE: 5/10/11	DATE: 5/17/11	DATE: 5/19/11
TIME IN:	1:55	1:45	1:45
TIME OUT:	1:55	2:45	1:45
VISIT #:	(13)		
EXERCISE:	PT states he can	S: Reports not been keeping him @	S: Not good - on ladder
THER EX-IND:	has pain all of	Home.	to clasp + twisted
THER EX SLP:	he "steps wrong".	O: THEREX PER KNOWSHEET v 00 mm	ankle + sharp (P) +
AQUA EX:	0: 10-30 min warmup	Assisted pt in gym + exercises	new JBT perfomance
AQUA SLP:	x 10 minutes.	for correct form. Rk ended F	current (P) ~ 5/10. J
FUNCTION TRAINING:	inexer per floor	RAMMATION = vasopneumatic	0: pt dem. pain ~
GAIT TRAINING:	sheet x 40 min	(3-75 min) x 10 min. to	medial distal lower
WORK HARDENING	x 10 min instruction +	(C) ankle.	leg ~ post. fibials +
INT (2 HOURS):	cueing per ex	A: Did well @ 215 = ball throw	mm / 10 min.
WORK HARDENING	progression + tech.	and volleyball.	* DF = 0°
ADDIT (1 HOUR):	vaso-cold compression	P: Combine P/O	RF = 50°
MODALITIES:	x 10 min work		INV = 20°
DIATHERMY:	A: prog. of c. dynamic		EV = 15°
ESTIM UNATTENDED:	stabilization +		* RT @ medial to mm
ESTIM ATTENDED:	proprioception ex:		+ slight (P) post. distal
FLUIDO:	RT for Rk well +		to mm. 1° RT ~ ATF
ICE / CRYOCUFF:	some ankle soreness.		at period.
IONTO:	W/P + ice.		phases per floor
MANUAL THERAPY:	P: produce data visit		sheet x 40 min
MASS / MFR:	cont + current		for ankle ROM
MOIST HEAT:	P.O.C.		phono x 8 min 20%
TRACTION - MECH:	chute held		3.3 mhz 1.5 cm
US / ESTIM:	PT, R/O.		VASO cold compression
US - PHONO:			to ankle / foot
VASOPNEUMATIC:			x 15 min.
EVALS:			Reassessment time
EVAL 15 MIN:			with Rk, Lk
EVAL 30 MIN:			A: ↓ Rk to modalities
EVAL 45 MIN:			→ to injury cast of
EVAL 60 MIN:			(C) ankle (C) today;
RE-EVAL 15 MIN:			PT R/O + on
RE-EVAL 30 MIN:			(C) ATF + phono.
RE-EVAL 45 MIN:			P: 2 see P/O
OTHER:			5 cont per P/O
03/06 revised			cont. M.D. 5/16/11

MR#: 00074899 DOB: (St Francis)
 CONTRERAS, THOMAS J
 St Francis
 PHYS: EDEN-PA, KATE S

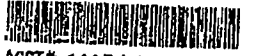
4CCT#: 11074-00119 .03/24/11

SPINE AND SPORTS PROGRESS NOTE

DATE >	DATE: 4/29/11	DATE: 4/29/11	DATE: 5/6/11
TIME OUT:	1:50 2:25 TIMER OFF: 80 min TOTAL RX TIME: 45 min	11:25 12:20 TOTAL TIME: 55 TIMED BY: 35'	2:55 3:50 TOTAL TIME: 55 TIMED BY: 35'
EXERCISE:	S: Reports no new clo's or issues today.	S: Pt reports pain ~3/10	S: Pt states he has
THER FX SUP	O: Therex PER FLOWHEET x 30 min. Assisted pt. in gym = exercises for correct form and safety.	O: Adduct. Pt's 2/10-7/10. At distal metatarsal joints + has some swelling.	O: OLD currently. Pt reports he has
AQUA SUP	Rx ended @ 2:25 PM. Rx ended @ 2:25 PM. Rx ended @ 2:25 PM.	O: NO-STEP warm-up x 10 minutes.	O: NO-STEP warm-up x 10 minutes.
GAIT TRAINING	A: Pt is re increased discomfort or pain during Rx - tolerated all activities well.	Therex per flow sheet x 35 min	Therex per flow sheet x 35 min
WORK HARDENING ADDIT (1 HOUR)	P: Continue POC.	P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
MODALITIES:		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
ESTIM UNATTENDED		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
FLUIDO		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
IONTO		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
MASS/MFR		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
TRACTION - MECH		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
US - PHONO		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
EVAL 15 MIN		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
EVAL 45 MIN		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
RE-EVAL 15 MIN		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.
RE-EVAL 45 MIN		P: Pt has 2 clo pain at 1st & 2nd toe	P: Pt continues to tolerate prog.



MA#: D00774899 DOB: J
 CONTRERAS, THOMAS J
 St Francis STC
 PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119 03/24/11

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SPINE AND SPORTS PROGRESS NOTE

(PN)

DATE >	DATE: 4/15/11	DATE: 4-20-11	DATE: 4/22/11
TIME IN:	11:00	2:15	12:00
TIME OUT:	11:30	3:00	1:00
VISIT #:			
EXERCISE:			
THER EX IND:	2	1	3
THER EX SUP:			
AQUA EX:			
AQUA SUP:			
FUNCT TRAINING:			
GAIT TRAINING:			
WORK HARDENING INT (2 HOURS):			
WORK HARDENING ADDIT (1 HOUR):			
MODALITIES:			
DIATHERMY:			
ESTIM UNATTENDED:			
ESTIM ATTENDED:			
FLUIDO:			
ICE / CRYOCUFE:			
IONTO:			
MANUAL THERAPY:			
MASS / MFR:			
MOIST HEAT:			
TRACTION - MECH:			
US / ESTIM:			
VIS - PHONO:			
VASOPNEUMATIC:			
EVALS:			
EVAL 15 MIN:			
EVAL 30 MIN:			
EVAL 45 MIN:			
EVAL 60 MIN:			
RE-EVAL 15 MIN:			
RE-EVAL 30 MIN:			
RE-EVAL 45 MIN:			
OTHER:			

Results to new jobs.
 THEREX PER FLOW SHEET
 x 30 MIN. Ankle at 2
 exercises for correct form
 and safety. Rx ended 2
 GAMERADON 2 Vasopneumatic
 x 15 min to L foot
 A. L ANKLE PROM: PF: -5°
 PF: 45°
 IV: 20°
 EV: 10°
 No new issues or clots

P: Continue Rx
 Continue Rx
 J. Smith PTA

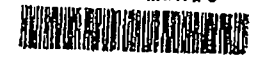
PT SAYS that he
 almost went to the ER
 last night 2° L ankle, foot
 and leg pain. Today pain
 is 7/10. Boot was removed
 on Monday.
 PT performed 5 minute
 warmup on level 5, AS
 NUSUP x 5 min. P/L gentle
 exercises to ROM
 and strength in the
 L ankle. Ended tx
 2 vasopneumatic
 and compression
 to L ankle 2. pt in
 supine and max
 pressure.
 A: pt c 1 pain since
 removal of boot
 P: cont POC
 J. Smith PTA

addendum: therapy per
 flow sheet x
 15 minutes
 J. Smith PTA

PT states he is having
 S boot but clearing
 well.
 PT: NO-step warm-up
 x 10 min.
 Therex x 10 min
 e PT instruction per
 flow sheet.
 ICE x 10 min to
 L ankle.
 P: pt ok. Rx well 2
 POC of W/S & POC
 relative to
 P. Cat's prog. del scrio +
 W/S & POC of ATC



MR#: 000774898 DOB: 4
 CONTRERAS, THOMAS J
 St Francis STC
 PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119 03/24/11

REHABILITATION SERVICES PROGRESS NOTE

DATE >	DATE: 4/4/11	DATE: 4/6/11	DATE: 4/11/11
TIME OUT:	2:30 Total time: 50' 3:20 Timed ex: 40'	2:25 Total time 60' 3:25 Timed ex 50'	2:19 Timed Date: 38 min 3:15 Total Rx Time: 50 min
EXERCISE:	S: It's a lot better... I'm ready to give up the crutch & D: Pt presents amb. & single crutch using step through deutropatin. & menor per flow sheet x 40 min A: Pt using WB in boot & no P.O.P. Rx w/ oil.	S: It's better - been walking 3 crutch (@ home) D: Aut: Pt tol. amb in boot 3 crutch no P.O.P. Ther x per flow sheet x 50 min & PIVEROALS to ankle axes. VASOX 10 min & (comp. to (D) foot A: Pt prog. WB tolerance amb. & boot no A.S. Pt tol. prog. & exercise & had no sig. post ex session. D: cont & current P.O.C. Ulcer by deep P.O.P.	S: Reports no new issues. States he's compliant & HEP. D: THEREX PER FLOW SHEET x 35 min. Assisted pt. & exercises for core from Rx sheet & GAMERMAN & VAPORMATIC x 15 min to (D) foot A: Pt continues & progresses. No new obs of discomfort or pain & Rx. P: Continue POC J. [Signature] RPA
THER EX SLIP			
AQUA SLIP			
GAIT TRAINING			
ORTHOTIC TRAINING			
WC MOBILITY			
MODALITIES:			
ESTIM UNATTENDED			
FLUIDO			
IONTO			
MASS/MFR			
TRACTION-MECH			
US - PHONO			
VASONEUMATIC			
EVAL 15 MIN			

MR#: 000774898 DOB:
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S
10074-00119
03/24/11




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03/06

SPINE AND SPORTS PROGRESS NOTE

DATE >	DATE: 3/24/11	DATE: 3/28/11	DATE: 4/1/11
TIME IN:	8:30	8:50	1:10
TIME OUT:	12:35	12:35	1:55
VISIT #:	2	2	3
EXERCISE:	total time: 55'	total time 45'	total time 55'
THER EX IND:	timed Rx=30'	timed Rx 30'	timed Rx 45'
THER EX SUP:	(1) Eval 15 min	(2) 3. PT states "it feels better"	(3) 5. "A lot better" was in AM"
AQUA EX:	Gait training 10 min	0. P. presents and c PWB (L) using step through gait pattern.	0. Gait Training for transition to old catch.
AQUA SUP:	Therex per flow sheet x 10 min	Therex 4 30 min per flow sheet	Therex per flow sheet x 10 min
FUNCTION TRAINING:	Sheet x 10 min	PT verbal & tactile cues	PT verbal & tactile cues
GAIT TRAINING:	Vaso 2 comp. 10 min total	vaso w/ 15 min for P's attention control.	A. pt tel. active def of resistance ex 5
WORK HARDENING (2 HOURS):	See pt. eval	PT verbal & tactile cues	Di also tel PWB
WORK HARDENING ADDIT (1 HOUR):	Whitely lead PT. ATC	vaso w/ 15 min for P's attention control.	E. Catch and
MODALITIES:		A. progressed at PWB in both nu- step & NUB	P. C. E.
DIATHERMY:		Rem. a seated TOMB	Whitely lead PT. ATC
ESTIM UNATTENDED:		Exercises - pt fol. keyword end clo	addendum
ESTIM ATTENDED:		keyword end clo	0. Vaso 10 min to (L) foot.
FLUIDO:		keyword end clo	all
ICE / CRYOCUFF:		keyword end clo	
IONTO:		keyword end clo	
MANUAL THERAPY:		keyword end clo	
MASS / MFR:		keyword end clo	
MOIST HEAT:		keyword end clo	
TRACTION - MECH:		keyword end clo	
US / ESTIM:		keyword end clo	
US - PHONO:		keyword end clo	
VASOPNEUMATIC:		keyword end clo	
EVALS:			
EVAL 15 MIN:			
EVAL 30 MIN:			
EVAL 45 MIN:			
EVAL 60 MIN:			
RE-EVAL 15 MIN:			
RE-EVAL 30 MIN:			
RE-EVAL 45 MIN:			
OTHER:			

MR#: 000774888 DOB: CONTRERAS, THOMAS J St Francis STC PHYS: EDEN-PA, KATE S

 ACC7#: 11074-00119 03/24/11

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Roper Hospital
 316 Calhoun St.
 Charleston, SC 29401
 Phone: (843) 724-2870
 Fax: (843) 720-8482

St. Francis Hospital
 2095 Henry Teckdenburg Dr.
 Charleston, SC 29414
 Phone: (843) 402-2014
 Fax: (843) 402-1229

Roper Hospital - Berkeley
 730 Stony Landing Rd.
 Moncks Corner, SC 29461
 Phone: (843) 719-5578
 Fax: (843) 899-4897

Please call (843) 402-5100 to pre-register prior to your first appointment.

2011 2/27/11

Date: 4/12/11

Pt. Name: Thomas Contreras Pt. Phone #: _____

Referring Physician: On Un Pt. DOB: _____

Diagnosis: ANKLE INSTABILITY (Right) Request for: PT OT ST

Special Considerations: pt is weak from post-op Broom; general deconditioning, pre-op ortho, rom

Frequency of Treatment: All parts conditioning at 10 min post-op Duration: 6 wks

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Evaluate and Treat | <input checked="" type="checkbox"/> Exercise
Strengthening
ROM | <input checked="" type="checkbox"/> Modalities
Massage/MFR
Cryotherapy
Ultrasound
Electrical Stimulation
Iontophoresis | <input type="checkbox"/> Traction
Lumbar
Cervical |
| <input type="checkbox"/> Aquatic Therapy | Balance Training
Stretching
Proprioception | | |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> Lymphedema Treatment | <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Swallow Study/
Speech Therapy |

**I certify medical necessity for therapy services for the above named patient.

Physician Signature: [Signature] Date: _____ Time: _____
 (stamp not permitted)

MR#: 000774889 DOB:
 CONTRERAS, THOMAS J
 St Francis STC
 PHYS: EDEN-PA, KATE S



ACCT#: 11074-00119

03/24/11

**ROPER
 ST FRANCIS
 HEALTHCARE**

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MRA: 000774899 DOB: *
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN, PA, KATE S

[Patient]



ACCT#: 11074-00119

03/24/11

REHABILITATION SERVICES

St. Francis Hospital

Progress Update

Patient Name: Thomas Contreras Date: 4/13/11
Diagnosis: S/P Ankle scope
Physician: Dr. Eden

PHYSICAL OCCUPATIONAL / SPEECH THERAPY

PROGRESS UPDATE from 3/24/11 to 4/13/11

Treatment: Therapeutic Ex. program s/p Ankle scope

Therapist Comments: AROM L DF -5° Pain: 0/10 current
PF 45° @ Worst 3/10
INV 20° (tested in NUB)
EV 10° MMT: DF S15
Effusion - fig. 8 55 cm PF S15
INV 4+15
EV 4+15

Progression toward Goals:

- Goal 1 STG (1) MET LTG (1) - pt still in boot -> NO A.D needed.
- Goal 2 STG (2) MET LTG (2) - partially met
- Goal 3 STG (3) + (4) - partially met LTG (3) + (4) -> prog. towards.

Recommendations: Pt to flu a MD - will await MD orders.

7-11 Treatments in 30 days (which ever comes first)

Therapist Signature: Whitney Reed Date: 4/13/11 Time: 8:00
PT, MTC

Origin: 1/06
Revised: 4/10



SCANNED

Date:	Name	Acct. #	Financial Class	
06/23/11	CONTRERAS, THOMAS J	11074-00119	B - BLUE CROSS	
Sex	Birth Date	Adm Date	Dsch Date	LOS
M	49Y	03/24/11	06/22/11	90

Attending Physician: EDEN-PA, KATE S
 Discharge Status: H - H_OUTPT-SENT HOME
 Coder:

MDC: 23 FACTORS INFLUENCING HEALTH STATUS & CONTACTS WITH HEALTH SERVICES
 DRG: 946 REHABILITATION W/O CC/MCC

OUTLIER STATUS: N/A

DIAGNOSIS DESCRIPTION/POA	DIAGNOSIS DESCRIPTION/POA
1. (P) V57.1 PHYSICAL THERAPY NEC/	4. 719.7 DIFFICULTY IN WALKING/
2. 719.47 JOINT PAIN-ANKLE/	5. V45.89 POST-PROC STATES NEC/
3. 718.87 JT DERANGEMENT NEC-ANK/	

Reason for Visit: V57.1 PHYSICAL THERAPY NEC

PROCEDURE DESCRIPTION	DATE	SURGEON NAME
-----------------------	------	--------------

HCPCS DESCRIPTION	MODIFIER(S)	DATE	SURGEON	PRE	APC
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REHABILITATION SERVICES St. Francis Hospital

Progress Update

Patient Name Thomas Contreras Date 5/23/11

Diagnosis Ⓛ ankle spr scope

Physician Dr. Eden

PHYSICAL / OCCUPATIONAL / SPEECH THERAPY

PROGRESS UPDATE from 4/13/11 to 5/13/11

Treatment: dynamic ankle stabilization for Ⓛ ankle.

Therapist Comments: The pt has been tolerating Rx well. pt still has 1/2 on Ⓛ i "wrong step", still dem. some instability but pt does not have constant pain.

Progression toward Goals:

- Goal 1 } STG ① + ② MET LTG ① MET
- Goal 2 } 3 + 4 - progressing ③ MET
- Goal 3 } ② partially met
④ Not attempted yet.

Recommendations: CCA ± e current POC - MD
flw @ 6/11

7-10 Treatments or 30 days (whichever comes first)

Therapist Signature: Whitney Reed Date: 5/23/11 Time: _____
PT. ATC

Origin: 1-06
Revised: 4/10



SCANNED

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[Patient Ident]

ACCT#: 11074-00119

03/24/11

REHABILITATION SERVICES

St. Francis Hospital

Progress Update

Patient Name Thomas Contreras Date 5/31/11
Diagnosis Ankle Instability (Improvement)
Physician Dr. Ohlson

PHYSICAL / OCCUPATIONAL / SPEECH THERAPY

PROGRESS UPDATE from 5/13/11 to 5/31/11 FK WJHS

Treatment: Therapeutic Exercise program for
ankle ROM, strength, & stabilization.
MMT ① ankle all 5/5 @ no @ 10.

Therapist Comments: ① Ankle ARCM → DF ~ 2° (long sit); PF 55°
INV 25° EV 10°

Pain: current @ 10 "stiff"; ② @ worst 6/10 →
describes as "burning" along posterior
medial malleolus (posterior tibialis) &
lateral malleolus (medial pain > than
lateral ②) PTT at / ~ posterior talofibular ligament.

Progression toward Goals: - pt still @ r'd medial arch/plantar
+ great toe ② which limits
pt's tolerance to proprioceptive
training.

- Goal 1
- Goal 2 } STG ①, ②, ④ - met
 } ③ - partially met
- Goal 3 } LTG's ①, ②, ③ met, ④ - partially met.

Recommendations: PT to Ave MD 6/6/11 - will review
MD orders.

7-10 Treatments or 30 days (which ever comes first)

Therapist Signature: Christy Reed PT, ATC Date: 5/31/11 TI me: 10:00

Origin: 12/6
Revised: 4/10



SCANNED

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Date:	Name	Acct. #	Financial Class
11/26/10	CONTRERAS, THOMAS	10322-00100	B - BLUE CROSS
Sex	Birth Date	Age	Adm Date
M		49Y	11/18/10
			Dsch Date
			11/18/10
			LOS
			1

Attending Physician: OHLSON-MD, BLAKE
 Discharge Status: H - H_OUTPT-SENT HOME
 Coder: AMW

MDC: 08 DISEASES/DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
 DRG: 554 BONE DISEASES & ARTHROPATHIES W/O MCC

OUTLIER STATUS: N/A

DIAGNOSIS DESCRIPTION/POA
 1.(P) 732.7 OSTEOCHONDRIT DISSECAN/

Reason for Visit: 732.7 OSTEOCHONDRIT DISSECANS

PROCEDURE	DESCRIPTION	DATE	SURGEON NAME
1.(P) 88.94	MRI MUSCULOSKELETAL	11/18/10	GOUGH, CATHERINE JOHN SO

HCPCS	DESCRIPTION	MODIFIER(S)	DATE	SURGEON	PRE	APC
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Orthopaedic Imaging Order Sheet

Patient Name: Thomas Contreras

DOB: Diagonas:

Phone Number

Alternate Phone Number

Physician Signature

Date 11/8/10

11/17/2009

Head		Upper Extremity		History				
70861 w/o contrast	73231 Shoulder w/o contrast	R	U	Has the patient ever had an MRI?	Y N			
70863 w & w/o contrast	73223 Shoulder w & w/o contrast	R	U	Is the patient diabetic?	Y N			
70863 IAC w & w/o contrast	73221 Elbow w/o contrast	R	U	Does the patient have a history of kidney disease?	Y N			
Soft Tissue Neck		73225 Elbow w & w/o contrast	R	U	Is the patient on dialysis?	Y N		
70850 w/o contrast	73221 Wrist w/o contrast	R	U	Does the patient have a history of high blood pressure?	Y N			
70849 w & w/o contrast	73223 Wrist w & w/o contrast	R	U	Is the patient claustrophobic?	Y N			
Cervical Spine		Lower Extremity		73225 Wrist w/o contrast	R	U	Has the patient ever had cancer?	Y N
72141 w/o contrast	73721 Ankle w/o contrast	R	U	Does the patient have a cardiac pacemaker, artificial heart valve, or brain aneurysm clip?	Y N			
72158 w & w/o contrast	73723 Ankle w & w/o contrast	R	U	Does the patient have metal hardware in their body?	Y N			
Thoracic Spine		73721 Foot w/o contrast	R	U	Is the patient a current or former metal worker?	Y N		
72148 w/o contrast	73723 Foot w & w/o contrast	R	U	Has the patient ever had surgery on the affected area?	Y N			
72167 w & w/o contrast	73721 Hip w/o contrast	R	U	Does the patient have any implants?	Y N			
Lumbar Spine		73723 Hip w & w/o contrast	R	U	How long?	Y N		
72148 w/o contrast	73721 Knee w/o contrast	R	U	How long?	Y N			
72168 w & w/o contrast	73723 Knee w & w/o contrast	R	U	How long?	Y N			
Pelvis		Arthroplasty		73222 Shoulder w/o contrast	R	U	Is the patient undergoing physical therapy?	Y N
72192 w/o contrast	73222 Shoulder w/o contrast	R	U	73222 Wrist w/o contrast	R	U	If yes, for how long?	Y N
72197 w & w/o contrast	73222 Wrist w/o contrast	R	U	73222 Elbow w/o contrast	R	U	Has the patient had recent surgery or biopsies?	Y N
	73122 Hip w/o contrast	R	U	73122 Hip w/o contrast	R	U	Has the patient had a BUN or Creatinine performed in the last 90 days?	Y N
Other:							Were there any abnormal findings?	Y N
							Significant physical exam findings:	

Head		Upper Extremity		History		
70880 Temporal bone w/o contrast	73200 Shoulder w/o contrast	R	U	Is the patient diabetic?	Y N	
Soft Tissue Neck		73201 Shoulder w/o contrast	R	U	If the patient is diabetic, are they taking Glucophage, Metformin, or Glucosance?	Y N
70881 w/o contrast	73203 Shoulder w & w/o contrast	R	U	Does the patient have a lift/lift?	Y N	
70881 w/o contrast	73200 Elbow w/o contrast	R	U	Has the patient had a BUN or Creatinine performed in the last 90 days?	Y N	
70882 w & w/o contrast	73201 Elbow w/o contrast	R	U	Does the patient weigh more than 400 pounds?	Y N	
Cervical Spine		73202 Wrist w/o contrast	R	U	Were there any abnormal findings?	Y N
72128 w/o contrast	73201 Wrist w/o contrast	R	U	Significant physical exam findings:		
72128 w/o contrast	73202 Wrist w/o contrast	R	U			
72127 w & w/o contrast	73202 Wrist w & w/o contrast	R	U			
Thoracic Spine		Lower Extremity				
72128 w/o contrast	73700 Ankle w/o contrast	R	U			
72128 w/o contrast	73701 Ankle w/o contrast	R	U			
72130 w & w/o contrast	73702 Ankle w & w/o contrast	R	U			
Lumbar Spine		73700 Foot w/o contrast	R	U		
72131 w/o contrast	73701 Foot w/o contrast	R	U			
72132 w/o contrast	73702 Foot w/o contrast	R	U			
72132 w/o contrast	73702 Foot w & w/o contrast	R	U			
72132 w & w/o contrast	73700 Hip w/o contrast	R	U			
CT Guided Biopsy		73701 Hip w/o contrast	R	U		
	73702 Hip w & w/o contrast	R	U			
	73700 Knee w/o contrast	R	U			
	73701 Knee w/o contrast	R	U			
	73702 Knee w & w/o contrast	R	U			

OCD takes - are
Non union anterior
Process calcaneus.

Head		Upper Extremity		History	
78818 PET/CT Routine	78300 Bone Scan, Whole Body			Is the patient diabetic?	Y N
78816 PET/CT Whole body metastasis	78300 Bone Scan, Lumbar			If the patient is diabetic, are they taking Glucophage, Metformin, or Glucosance?	Y N
78808 Brain, Metabolic	78319 Bone Scan, 3-Phase			Does the patient have a lift/lift?	Y N
78808 Brain, Perfusion	78320 Bone Scan, Spot			Has the patient had a BUN or Creatinine performed in the last 90 days?	Y N
Other:				Was there any abnormal findings?	Y N
				Has the patient had any radiation or steroids?	Y N
				Has the patient had any recent surgeries or biopsies?	Y N
				Has the patient had a BUN or Creatinine performed in the last 90 days?	Y N

Appointment Date: Appointment Location: Appointment Time: Scheduled Time:

Attention: You must bring this written order with you to your appointment.

Roper St. Francis Healthcare - Outpatient Imaging Order Form

Patient's Name: Contreras, Thomas
 D.O.B.: _____

Physician Signature: [Signature] M.D.
 Physician's Name: Pastor M.D.
 Date: _____

Appointment Information
 Appointment Date: Fri Nov 18, 2008
 Arrival Time: 10 Scheduled Time: 10:30
 Location: St. Francis

Routine _____ Call Report _____
 Additional Report To: _____
 Call Report To: _____

You must bring this written order to your appointment.
 Payment is expected at the time service is rendered.

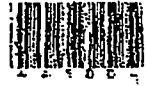
Scheduling Number
402-5000

ROUTINE X-RAYS	ULTRASOUND	MRA	MRI
74001 Abdomen, supine	76701 *Abdomen complete	70544 *Head w/o contrast	
74020 Abdomen flat & upright	76705 *Abdomen lit/sngl organ/quad	C8500 *Cervical w/ contrast	74181 w/o contrast
73610 Ankle 3 views R L	76645 Breast Bilateral Unilateral R L	C3940 *Abdomen, Reheals w/ contrast	74183 w & w/o contrast
71010 *Chest PA	76819 OB bin w/o non-stress test	C8910 *Abdomen, Aorta w/ contrast	
71920 *Chest PA & Lat	76801 OB complete <14 weeks single	C8912 *Lower Extremity w/ contrast R L	72195 w/o contrast
71022 *Chest PA/Lat w/diagonal views	76805 OB complete >14 weeks single	73225 *Upper Extremity w/ contrast R L	72197 w & w/o contrast
73876 Elbow, 2 views R L	76816 OB limited follow-up		72197 Phaslate with endorectal coil w & w/o contrast
73550 Femur, 1 views R L	76856 Pelvic Transabdominal & Transvaginal	74185 Abdominal w & w/o contrast	72195 Defecography w/o contrast
73140 Finger, 2+ views R L	76830 Pelvic Transabdominal	72191 Pelvis w & w/o contrast	70531 *w/o contrast
73630 Foot, 3+ views R L	76836 Pelvic Transvaginal	71375 *Chest w & w/o contrast	70533 w & w/o contrast
73090 Forearm, 2 views R L	76830 Pelvic Transvaginal	70496 Head w & w/o contrast	70533 IAC w/o contrast
73130 Hand, 31 views R L	76770 *Retroparietal complete	70498 Carotid w & w/o contrast	
73510 Hip unilateral, 2+ views R L	76775 *Retroparietal of single organ		
73520 Hip bilateral, 2+ views R L	76870 Scrotum/Testicles		
73440 Humerus, 2+ views R L	76536 Thyroid		
73560 Knee, 1-2 views R L	76872 Prostate		
71100 Ribs unilateral, 2 views R L			
72030 Shoulder, 2- views R L	76942 *Prostate Biopsy	71150 w/o contrast	72141 w/o contrast
70220 Sinuses complete, 3- views R L	Other Areas	70160 w/ contrast	72156 w & w/o contrast
		74370 w/o contrast	
73590 Tibia & Fibia, 2 views R L			72146 w/o contrast
73640 Toes, 2 views R L	MAMMOGRAPHY	71350 w/o contrast	72157 w & w/o contrast
73110 Wrist, 3+ views R L	*Diagnostic Mammography	71260 w/ contrast	
	*Diagnostic Unilateral Mammography R L	71270 w & w/o contrast	72148 w/o contrast
	*Screening Mammography		72158 w & w/o contrast
72050 Cervical Spine, 4+ views	*Screening Unilateral Mammography R L	72192 w/o contrast	
72052 Cervical Spine w/ flex &/or ext		72193 w/ contrast	73724 Ankle w/o contrast R L
72110 Lumbar Spine, 4- views	77031 Secretoric Biopsy R L	72194 w & w/o contrast	73721 Elbow w/o contrast R L
72106 Lumbar Spine AP & Lat	77032 Wire/Needle Localization R L		73721 Foot w/o contrast R L
72120 Lumbar w/ bending views	70645 *Ultrasound Breast R L	70450 w/o contrast	73721 Hip w/o contrast R L
72072 Thoracic Spine, 3 views	76942 Ultrasound Guided Biopsy R L	70460 w/ contrast	73721 Knee w/o contrast R L
	BONE DENSITY	73470 w & w/o contrast	73221 Shoulder w/o contrast R L
Myelogram: Cervical	*Bone Density	70480 IAC w/o contrast	73221 Wrist w/o contrast R L
Myelogram: Thoracic			
Myelogram: Lumbar	NUCLEAR MEDICINE		
Arthrogram:	78306 Bone Scan Whole Body	70490 w/o contrast	72059 Breast w & w/o contrast Bilat R
Venogram: R L	78300 Bone Scan Limited	70491 w/ contrast	0159T Pop. Proc w/ Contrast
	76315 Bone Scan 3-phase	70492 w & w/o contrast	77121 Breast Biopsy R L
GASTRO-INTESTINAL	78223 Duoda Scan (118)		
74201 Barium Esophm w/ contrast	78223 Duoda Scan w/ EF	70486 w/o contrast	75557 Morphology w/o contrast
74230 *Barium Cine Swallow	78701 Renal Scan w/ Bow Imaging	70487 Limited study	75558 Carotid Velocity Flow Mapping
74220 *Modified Swallow	78585 Lung Scan w/ ventilation perfusion		75561 Morphology w & w/o contrast
74283 Defecography	78465 Cardiac Stress Test	Cardiac Scoring	Other:
76409 Small Bowel Series	78006 Thyroid imaging w/ uptake		
74246 Upper GI	78472 Muga Scan	*PET/CT	
74245 UGI w/ Small Bowel Series	78264 Gastric Emptying	78488 *Brain, Metabolic	74415 IVP with nephrotomography
		78509 *Brain, Perfusion	

Diagnosis/Clinical History: Chronic sinusitis

**Indicates Medicare patients may be asked to sign a Advance Beneficiary Notice (ABN waiver) if the ordering diagnosis does not meet Medicare's Limited Coverage Criteria.*

Rev 3-8-2008



123

11 Roper Saint Francis Healthcare Bon Secours
EMERGENCY PHYSICIAN RECORD
 Foot or Ankle Injury (4)

MR#: 000774899 ERC
 CONTRERAS, THOMAS J
 DOB:
 PHYS: RENK-MD, GEOFFREY E



REG#: 07270-00980 09/22/07

TIME SEEN: 4:10 on arrival ROOM: 20 EMS Arrival
 HISTORIAN: patient spouse paramedics
 HX / EXAM LIMITED BY:

HPI

chief complaint: Injury to: right / left
 foot ankle leg knee thigh
 great toe 2nd toe 3rd toe 4th toe 5th toe

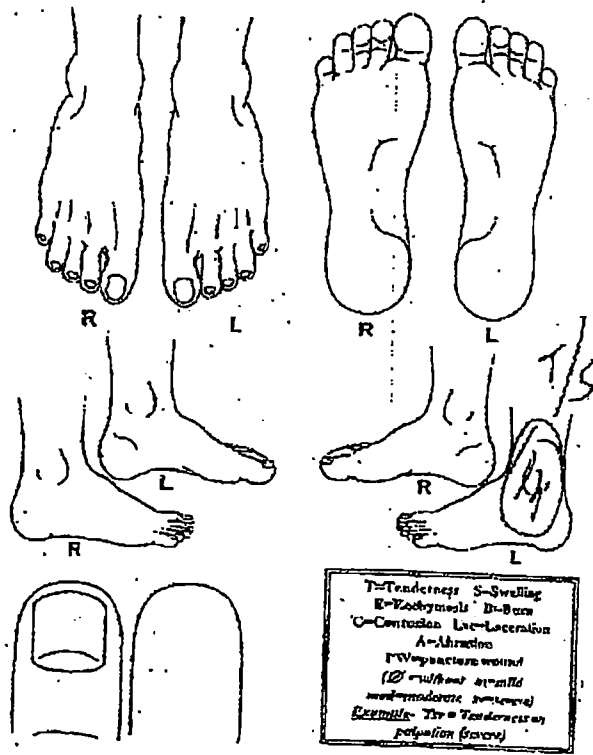
duration / occurred:
 just prior to arrival / today
 yesterday _____ days ago
 where: home neighbor's work school park street

severity of pain:
mild moderate severe
 worse / persistent since _____
 pain intermittent / lasting _____

context: felt winded direct blow stubbed laceration burn
 barefoot / wearing shoes
stuffed in shoe

associated symptoms: painful unable to bear weight
 snap / crack / pop sensation _____

ROS tingling / numbness distally suspected FB (skin lac)
 head / neck / other injuries recent illness



PAST HX negative prior injury
 diabetes Type 1 Type 2 diet / oral / insulin
None

Medx none / see nurses note
Allergies NKDA / see nurses note

GAIT
normal
 limited by pain / unable to bear weight
 analgesic gait _____
 gait not tested due to pain _____

NEURO
 sensation intact
 motor intact
 digital nerve deficit _____
 decreased fine touch abnml 2-point discrimin.
 peroneal nerve deficit _____
 post tibial nerve deficit _____

VASCULAR
 no vascular compromise
 pallor / cool skin / abnml cap refill _____
 pulse deficit _____
 dorsalis pedis post tibial

TENDONS
 tendon function normal
 tendon visualized / injury seen _____
 extensor flexor complete partial
 deficit in tendon function _____
 limited extension limited flexion _____

LEG / KNEE / THIGH
 uninjured above ankle
 see diagram _____
 tenderness soft-tissue / bony
 swelling _____
 deformity _____
 knee effusion _____
 limited ROM _____

Nursing Assessment Reviewed Vitals Reviewed Tetanus known UTD

PHYSICAL EXAM
General Appearance
 no acute distress mild / moderate / severe distress
 alert anxious / lethargic

EXTREMITIES

FOOT
 nml inspection see diagram
 non-tender tenderness soft-tissue / bony
 swelling / ecchymosis _____
 limited ROM _____
distal pain / functional deficit
 deformity _____
 nail injury _____
 complete / partial avulsion subungual hematoma _____

ANKLE
 nml inspection see diagram
 non-tender tenderness soft-tissue / bony
 normal ROM swelling / ecchymosis _____
 stable limited ROM _____
 deformity _____
 ligamentous instability _____

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SKIN see diagram
 warm, dry diaphoretic / cool / cyanotic

HEAD / ENT
 nml inspection tenderness
 pharynx nml swelling / ecchymosis

NECK / BACK
 nml inspection tenderness
 non-tender swelling / ecchymosis

CHEST
 non-tender tenderness
 no resp. distress swelling / ecchymosis
 breath sounds nml wheezes / rales / rhonchi

ABDOMEN
 non-tender tenderness / guarding
 no organomegaly

PROCEDURES

Wound Description / Repair

length	cm	location
linear	irregular	flap stellate
superficial	*subcut	*muscle through-and-through
contused tissue		
clean	contaminated	moderately / *heavily
distal NVT: nerve & vascular status intact no tendon injury		
anesthesia: local LET / tetracaine / adrenaline / cocaine mL		
marcaine 0.25% 0.5% lidoc 1% 2% epi / bicarb digital / metacarpal block		
prep:		
Shur-Cleans / Betadine		
irrigated / washed w/ saline		
minimal / mod. / *extensive	debrided	
wound explored	undermined	
foreign material removed	minimal / mod. / *extensive	
partially completely	wound margins revised	
minimal / mod. / *extensive	multiple flaps aligned	
no foreign body identified		
repair: Wound closed with: wound adhesive / steri-strips		
SKIN- #	-0	nylon / prolene / staples
interrupted running simple mattress (h/v)		
*NAIL BED- #	-0	vicryl / chromic
interrupted running simple mattress (h/v)		
OTHER- #	-0	
interrupted running simple mattress (h/v)		

*may indicate immediate repair may indicate complex repair

ANKLE

ace wrap / tape boot orthosis crutches post-op shoe
 air cast neoprene sleeve

splint sugar-tong / posterior OCL / Ortho-glass / plaster
 applied by ED Physician / Orthopedist / Tech
 examined post splint application NV intact alignment good

OTHER

toes "buddy-taped"
 subungual hematoma drained with electrocautery
 digital block lidocaine 1% mL marcaine 0.25% 0.5% mL
 foreign body removed with forceps with incision

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

R/L foot ankle fib/fibula toe
 normal / NAD DJD
 no fracture dislocation
 nml alignment soft-tissue swelling
 no foreign body foreign body
 fracture non-displaced displaced
 transverse oblique comminuted angulated
 impacted tars

Other study:

See separate report

PROGRESS

Tinc unchanged improved re-examined

✓ Rx given
 referred to / discussed with Dr.
 will see patient in ED / hospital / office in days

CLINICAL IMPRESSION Fall Alleged Assault

Contusion R/L knee ankle foot
 Hematoma great toe 2nd toe 3rd toe 4th toe 5th toe
 Laceration

Sprain / Strain / Dislocation
 Fracture R / L stabilized / restorative
 tibia distal / shaft / proximal
 fibula distal / shaft / proximal
 bimalleolar trimalleolar calus calcaneus
 navicular metatarsal phalanx: #

DISPOSITION- home admitted transferred
 CONDITION- unchanged improved stable

NP / PA
 MD / DO

Foot Injury - 12

MR#: 000774899 ERC
 CONTRERAS, THOMAS J
 DOB:
 PHYS: RENK-MD, GEOFFREY, E

ACCT#: 07270-00980 09/27/2011

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MR#: 000774899 ERC
 CONTRERA THOMAS J
 DOB:
 PHYS: RENK-MD, GEOFFREY E



MR#: 07270-00980 09/27/07

05
 Roper Saint Francis Healthcare
 Bon Secours
EMERGENCY NURSING RECORD
 Extremity Trauma

TRIAGE TIME: 1345
 (I) (II) (III) (IV) (V)

NAME: Thomas Contrera
 D.O.B.: AGE: 46 (M) F
 HISTORIAN: patient, paramedics, family
 ARRIVAL MODE: cap EMS, police
 PMD: none
 Tetanus Immunization: current / not current / date
 Pneumococcal Immunization: current / not current / date
 Influenza Immunization: current / not current / date

TREATMENT PTA: see EMS report IV O₂ c-collar backboard
 last blood glucose
 VITALS: Height 5'6 1/2 Weight 178 lbs
 BP 155/85 P 107 RR 20 temp 98.6
 SaO₂ 99% RA/O₂ TMOR Ax

PAIN LEVEL current: 10/10 max /10 acceptable /10
 scale used quality

CHIEF COMPLAINT: Pain & Swelling
 occurred hrs/days ago
 twisted ankle going yard work

INJURIES / PAIN
 R L
 shldr arm elbow forearm wrist hand fingers
 hip thigh knee leg ankle foot toes
 shldr arm elbow forearm wrist hand fingers
 hip thigh knee leg ankle foot toes

MECHANISM
 fall
 twisting
 direct blow / crush
 puncture wound
 animal bite
 GSW / stab wound
 burn
 cut with

ALLERGIES NKDA
 drug (PCN) ASA / sulfa / latex codeine / iodine
 food

MEDS	DOSE	FREQUENCY	LAST DOSE
Aspirin			
Acetophenone			
Hydrocodone			
Codeine			

PAST MEDICAL HX
 R/L handed (HTN) negative
 past surgeries: none diabetes insulin
 shoulder surgery

SOCIAL HX
 smoker ppd drugs / alcohol
 TB exposure / symptoms
 has been physically hurt or threatened by someone close

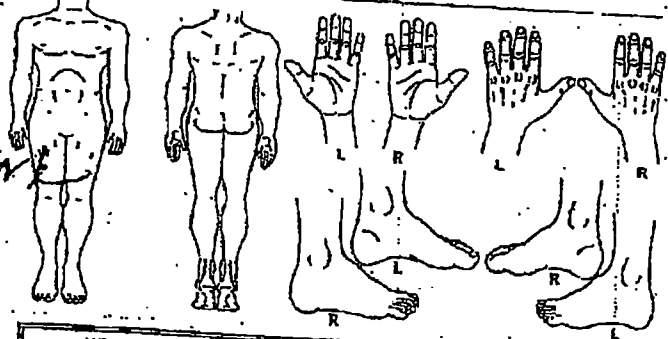
LMP: G P Ab pregnant / postmenop / hyst

Stephanie [Signature] RN/ LPN

TIME TO ROOM: 1345 ROOM: 22

INITIAL ASSESSMENT TIME: 1345
 GENERAL APPEARANCE
 no acute distress / alert / oriented x3
 mild / moderate / severe distress
 anxious / decreased LOC
 disoriented to person / place / time

*FUNCTIONAL / NUTRITIONAL ASSESSMENT
 independent ADL / appears well / nourished / hydrated
 assisted / total care
 obese / malnourished
 recent weight loss / gain
 CVS: skin warm & dry / cap refill less than 2 sec
 cool / diaphoretic
 pale / cyanotic
 cap refill greater than 2 sec



KEY: T=Tenderness S=Swelling E=Erythema D=Burn
 A=Abrasion V=Vesicles L=Laceration

UPPER EXTREMITIES see diagram
 no evidence of trauma / skin intact / non-tender / no deformity / full ROM / pulses nml
 active bleeding / deformity / ROM limited / pulse deficit
 LOWER EXTREMITIES see diagram
 no evidence of trauma / skin intact / non-tender / no deformity / full ROM / pulses nml
 active bleeding / deformity / ROM limited / unable to bear weight / pulse deficit

ADDITIONAL FINDINGS

INITIAL ACTIONS

TIME		INIT
	ID band applied	ID band verified
	c-collar	backboard
	disrobed / gowned	blanket provided
	ice pack	elevation / immobilization
	bandage applied	wet to dry dressing
	bed low position	side rails up x1 x2
	call light in reach	head of bed elevated

Nurse Signature
 ^ protocol available

ACTIONS

TIME	INIT
cleaned wound gauze / pressure dressing	
cardiac monitor	
pulse oximeter O ₂ ___ L via	
Accu-Chek	
ready for Dr eval. notified doctor / seen by Dr	
restraints see documentation	

IV STARTS

TIME	#	site	gauge	attempts	complications	INIT

IV / MEDICATION INFUSION RECORD Pump used: Yes / No

Start Time	Solution / Med	I/VPB	Rate ml / hr	Stop Time	Amount Infused	INIT
Response: no change improved						
Response: no change improved						
Response: no change improved						

IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

TIME	Medication	Dose	Route	Site	INIT
	Td / TT	0.5mL	IM		
	lot #: exp. date		manufac		
	1500 Puricef 5mg PO SA				
Response: no change improved					
Response: no change improved					
Response: no change improved					

PROCEDURES

TIME	INIT
laceration repair to	
assisted by:	
foreign body removed assisted by:	
assisted Dr with dislocation / fx reduction	
shoulder elbow MTP patella	
splint / sling applied arm leg short long	
type:	
assessed post-procedure	
nmf color / sensation / movement	
cleaned wound applied abx ointment	
1500 applied dressing / Band-Aid / elastic wrap	SA
1600 crunch training w/ proper return demonstration	SA
1630 to Xray w/ monitor / nurse / O ₂ / tech	SA
return to room	
report given to RAD tech	

MR#: 000774899 ERC
 CONTRERAS, THOMAS J
 DOB:
 PHYS: RENC, MD, GEOFFREY E



CC#: 07770-00980 09/27/07

VITAL SIGNS

TIME	BP	P	RR	T	SaO ₂	GCS	Path	Pupils	INIT
							/10		
							/10		
							/10		
							/10		

ADDITIONAL NOTES

1500 PA Posticly to Sept
 1630 back applied to Patient

INTAKE

OUTPUT

PROPERTY TO:

patient	family	security	safe	see patient belongings list:
---------	--------	----------	------	------------------------------

DISPOSITION

discharged home police nursing home ME funeral home
 verbal / written instructions / RX given to: patient *W. Man*
 verbalized understanding
 learning barriers addressed
 accompanied by / driver

admitted / transferred to

report to _____ time _____

transfer documentation completed

notified family / police / ME

left AMA / LWOT signed AMA sheet refused

physician notified of

Discharge Vitals				
BP	HR	RR	Temp	SaO ₂
pain level at discharge 3/10				

CONDITION

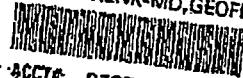
unchanged improved stable other

Depart Time 1500 Mode: walk crutches W/C stretcher ambulance

Discharge Nurse Signature *[Signature]*

Continuation Sheet

SIGNATURE	INITIAL
<i>[Signature]</i>	<i>[Initial]</i>
<i>[Signature]</i>	<i>[Initial]</i>



ORDER TIMES 1) _____ 2) _____ 3) _____ 4) _____

Laboratory

HEME PANEL CBC

BMP CMP

HEPATIC AMYLASE

LIPASE BNP

CPK MB TROP

PT PT/PTT

D-Dimer DIG LEVEL

ETOH UDS

URINE DIP CATH

U/A W/ MICRO

URINE C & S

RAPID FLU RAPID STREP

BLOOD C & S # _____

URINE β QUANT β

WET PREP Rh

GC/CHLAMYDIA

Prev Chart EKG

Imaging

CXR 2 V PORT

ABD SERIES

C SPINE R L

WRIST

FOOT

ANKLE

HIP

CT SCAN CONTRAST

HEAD NONE

ABD PELVIS IV

CHEST ORAL

APPY STONE PE

ULTRASOUND

PELVIS VENOUS

ABD DOPPLER

AORTA R L LE

Nursing

EKG

MONITOR

PULSE OX

INT

ABG R/A

O₂ _____ L/MIN NRB

N/C MASK

HHN - ALBUTEROL

2.5 MG 5 MG

REPEAT REPEAT

CONTINUOUS 10 MG/HR

HHN - ATROVENT

BEDSIDE GLUCOSE

ASA 325 mg P.O.

ASA @ home EMS

ASA CONTRAINDICATED

dT 0.5 cc IM

RECTAL TEMP

FOLEY

PELVIC SETUP

ABX ALLERGY:

Physician Calls

Name	Time	Response

IVF: NS _____ BOLUS _____ CC

RATE: _____ CC/HR UMDS x _____ min

Levaquin 750 mg IV Time _____

Rocephin one gram IV Time _____

Azithromycin 500 mg IV Time _____

Metoprolol 5 mg IV q5min*3 Time _____

β-blocker contraindicated DNR

Solumedrol 125 mg IV

Gloves 7 7.5 8 8.5 Iodiform

Suture: 3.0 4.0 5.0 6.0 Nylon Prolene Vicryl _____ Needle Lg Med Sm

Wound Management

Suture Set Stapler Knife #15 #11

Lidocaine Marcaine 0.25% 0.5% 1% 2%

1	Levaquin 500 mg PO qd	6	Preced 3/325 1m
2		7	
3	Act	8	
4	crystals	9	
5		10	

SIGNATURE/DATE/TIME: 1) _____ 2) _____

3/22/2007



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(on front, throat)

05 - Bon Secours St. Francis
EMERGENCY PHYSICIAN RECORD
 Shoulder Injury (4)

TIME SEEN: 1926 ROOM: 24 EMS Arrival
 HISTORIAN: patient spouse paramedics
 HX / EXAM LIMITED BY: _____

HPI chief complaint: Injury to right left
 shoulder arm neck

duration / occurred: <input checked="" type="checkbox"/> just prior to arrival <input type="checkbox"/> today <input type="checkbox"/> yesterday <input type="checkbox"/> _____ days PTA	where: <input type="checkbox"/> home <input type="checkbox"/> school <input type="checkbox"/> neighbor's <input type="checkbox"/> park <input checked="" type="checkbox"/> work <input type="checkbox"/> street
---	---

context: fell direct blow dislocated while raising arm
fell from white ladder
not work - lifting 160
back press

severity of pain: mild moderate severe

ROS tingling / numbness neck pain blow to head
 chest pain head / neck / other injuries

PAST HISTORY negative peptic ulcer R/HANDED
 prior injury other problems
MIAD 11/11 HTA

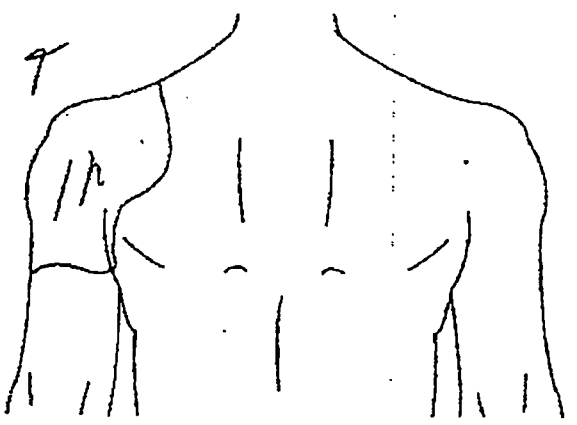
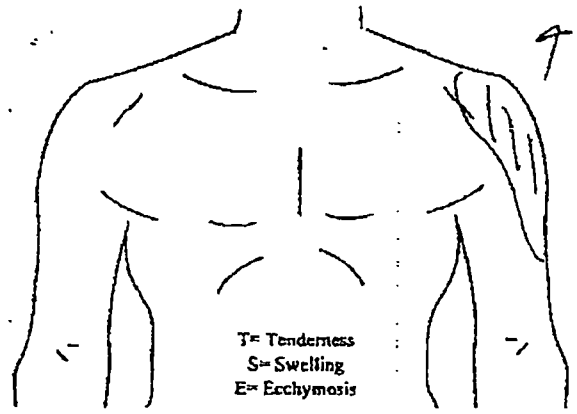
Meds- none see nurses note
 Allergies- NKDA see nurses note

Nurses note reviewed Tetanus immun. current Vital signs reviewed
PHYSICAL EXAM Alert

Distress: AD mild moderate severe

SHOULDER see diagram
 normal inspection tenderness soft-tissue / bony
 full ROM swelling
 no dislocation ecchymosis
 deformity
 clavicular deformity AC drop-off
 anterior fullness
 limited ROM
belia: adduction abduction
 internal rotation external rotation
limited: adduction abduction
 internal rotation external rotation
 flexion extension

UPPER EXTREM. see diagram
 uninjured below shoulder tenderness soft-tissue / bony
 swelling
 limited elbow ROM



NEURO sensory / motor deficit
 sensation intact weak arm abduction (deltoid)
 motor intact abnormal reflexes

VASCULAR abnml color / warmth / cap refill
 no vascular compromise brachial pulse deficit
 radial pulse deficit

SKIN diaphoretic / cool / cyanotic
 warm, dry

HEAD / ENT

nml inspection
 pharynx nml

tenderness _____
swelling _____
ecchymosis _____

NECK / BACK

nml inspection
 non-tender
 painless ROM

tenderness (C TRAP)
swelling _____
ecchymosis _____

CHEST

no resp. distress
 non-tender
 breath snds nml

tenderness _____
ecchymosis _____

ABDOMEN

non-tender
 no organomegaly

tenderness _____
guarding _____

REDUCTION OF SHOULDER DISLOCATION

IV sedation (see chart)
 Traction / Counter Traction
 Kocher maneuver
 Weights (_____ lbs)
 Scapular manipulation
 Other _____

POST-REDUCTION X-RAY

normal (anatomic position)
 not reduced Hill-Sachs fx

RECHECK POST-REDUCTION:

time: _____
 alert somnolent

OTHER

sling / shoulder immobilizer / clavicle strap
other _____

PROGRESS:

* See H.C.I.

Rx given RUARON

referred to / discussed with Dr. _____
will see patient in: office / ED / hospital

CLINICAL IMPRESSION: *Fall Alleged Assault*

Contusion / Hematoma / Sprain / Laceration
R/L shoulder forearm wrist
arm elbow hand
Fracture R/L clavicle scapula humerus head / neck / shaft
Shoulder Separation R/L 1st 2nd 3rd degree
Dislocated Shoulder R/L anterior posterior

(C) SHOULDER STABIL

DISPOSITION: home admitted transferred
CONDITION: unchanged improved stable

[Signature] NP / PA
MD / DO
 See Dictated Addendum

XRAYS Interp. by me Reviewed by me Discd w/radiologist

R/L Shoulder Clavicle

normal / NAD shoulder dislocation (anter/poster)
 nml alignment clavicular fracture
 no fracture AC joint separation 1° 2° 3°
 nml soft tissue humeral fracture
 fracture-dislocation (head / neck / shaft / greater tuberosity)
 Hill-Sachs fracture

HAW

Other study: _____

See separate report

05 Care Alliance - Bon Secours St. Francis
EMERGENCY NURSING RECORD
 Extremity Trauma

MR#: 00074899 RC 11/17/06
 CONTRERAS, MAS DOB;
 PHYS: RENK-MD, GEOFFREY E
 ACCT#: 05321-01274 FC: S

TRIAGE TIME 1905 emergent urgent non-urgent

NAME: Contreras, Thomas
 D.O.B. 09/25/1961 AGE: 44 M F
 HISTORIAN: patient paramedics family
 ARRIVAL MODE: car EMS police
 PMD: none See previous
 Tetanus Immunizations: current ^not current / date ~89 yrs ago
 Pneumococcal Immunization: current / ^not current / date
 Influenza Immunization: current / ^not current / date
 LAST TETANUS:

TREATMENT PTA see EMS report splint

CHIEF COMPLAINT Shoulder pain
 occurred just PTA 2 hrs ago while
lifting weights

INJURIES

<u>Latex</u> R	hip	* <u>shldr</u> L	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	f-arm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

PAIN LEVEL current: 7 / 10 max: / 10

MECHANISM
 fall _____ animal bite _____
 twisting _____ GSW / stab wound _____
 direct blow / crush _____ burn _____
 puncture wound _____ cut _____
 chemical exposure _____

VITALS time: 1905
 BP 156/100 P 86 RR 18 temp 97.9 IM O R Ax
 Height 5'10" Weight 95 kg
 O₂ Sat% 97% RA/O₂

ALLERGIES NKDA / PCN / ASA / sulfa / latex
Latex

MEDS	DOSE	FREQUENCY	LAST DOSE
<u>Glucophage</u>	<u>?</u>	<u>daily</u>	<u>11/17 am</u>
<u>Ator</u>	<u>?</u>	<u>" "</u>	<u>11/17 am</u>
<u>Allegra</u>	<u>?</u>	<u>" "</u>	<u>11/17 am</u>

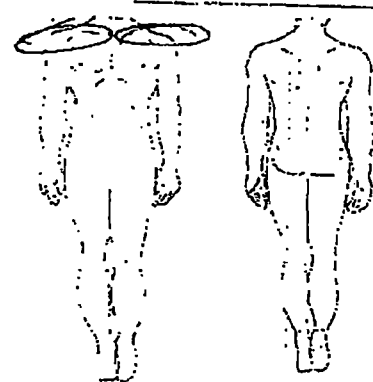
PAST HX negative
 R / L handed HTN diabetes: insulin
 past surgeries none Nasal Surgery
 smoker / drugs / alcohol _____
 TB exposure / symptoms _____
 has been physically hurt or threatened by someone close _____
 LNMP G P Ab pregnant / postmenopausal

TIME TO ROOM: 2000
 INITIAL ASSESSMENT TIME: ROOM: 24
 GENERAL APPEARANCE
 no acute distress
 alert / oriented x3
 c-collar / back board in place _____
 mild / moderate / severe distress _____
 anxious / decreased LOC _____
 disoriented to person / place / time _____

FUNCTIONAL / NUTRITIONAL ASSESSMENT
 appears well nourished
 independent ADL
 obese / malnourished _____
 assisted / total care _____

CVS
 skin warm & dry
 (fml) cap refill
 cool / diaphoretic _____
 pale / cyanotic _____
 cap refill greater than 2 sec _____

UPPER EXTREMITIES
 no evidence of trauma
 skin intact
 non-tender
 no deformity
 full ROM
 pulses nml
 see diagram _____
 laceration _____
 abrasion _____
 tenderness / ecchymosis _____
 deformity _____
 ROM limited _____
 pulse deficit _____



LOWER EXTREMITIES
 no evidence of trauma
 skin intact
 non-tender
 no deformity
 full ROM
 pulses nml
 see diagram _____
 laceration _____
 abrasion _____
 tenderness / ecchymosis _____
 deformity _____
 ROM limited _____
 pulse deficit _____

ADDITIONAL FINDINGS

Barbara Alexander LPN (RN) (3)

Nurse Signature: [Signature]

ACTIONS

TIME		INIT
	C-collar back board	
	ice pack / elevation warming measures	
	cleaned wound - applied gauze	
	set up suture tray	
	O ₂ _____ l via _____	
	pulse oximeter	
	cardiac monitor	
	Accu-Chek	
	TD / TT 0.5ml IM lot #:	
	exp. date manufacturer	
	<input checked="" type="checkbox"/> bed low position - side rails up x1 x2	DD
	<input checked="" type="checkbox"/> call light in reach <input checked="" type="checkbox"/> head of bed elevated	DD
	<input checked="" type="checkbox"/> ready for Dr eval. / notified doctor	DD
	restraints see documentation	

IV RECORD Pump used: Yes / No

Time	Solution	Site	Ga	Rate	Amt in	Dc'd	INIT

IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

Time	Medication	Dose	Rte	Site	INIT
	Response:				
	Response:				
	Response:				
	Response:				

PROCEDURES

TIME		INIT
	laceration repair by:	
	single / multiple layer arm hand leg foot	
	length after closure:	
	foreign body removed by:	
	simple complex foot hand	
	dislocation reduced by:	
	shoulder elbow MTP patella	
	splint applied arm leg short long	
	assessed post-procedure	
	color / sensation / movement	
	cleaned wound applied abx ointment	
	applied dressing / Band-Aid / elastic wrap	
	crutch training w/ proper return demonstration	
	to Xray monitor / nurse / G ₂ / tech	

VITAL SIGNS

TIME	BP	P	RR	T	O ₂ sat	Rhythm	INIT

PAIN REASSESSMENT

Time	Description	Level	INIT
		/10	
		/10	
		/10	
		/10	

ADDITIONAL NOTE

PA. Postick in to eval ID;
Xrays taken

INTAKE

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

PROPERTY TO:

patient family security safe see patient belongings list

DISPOSITION

discharged home police nursing home ME funeral home
 verbal / written instructions / Rx given to: patient
 verbalized understanding
 learning barriers addressed
 accompanied by / driver: self
 pain level at discharge: 2 / 10

admitted / transferred to _____
 report to _____ time _____
 transfer documentation completed
 notified family / police / ME _____
 left AMA / LWOT signed AMA sheet refused
 physician notified of: _____

CONDITION

unchanged improved stable other
 Depart Time: 2:30 Mode: walk crutches W/C stretcher ambulance

Discharge Nurse Signature: [Signature]

SIGNATURE	INITIAL
[Signature]	DD

ORDER TIMES 1) _____ 2) _____ 3) _____ 4) _____

Laboratory

- HEME PANEL CBC
- BMP CMP
- HEPATIC AMYLASE
- LIPASE BNP
- CPK MB TROP
- PT PT/PTT
- D-Dimer DIG LEVEL
- Rapid Strep
- ETOH UDS
- URINE DIP CATH
- U/A W/ MICRO
- URINE C & S
- BLOOD C & S # _____
- URINE β QUANT β
- WET PREP Rh
- GC/CHLAMYDIA
- _____
- _____
- _____
- _____
- OLD CHART EKG

Imaging

- CXR 2 V PORT
- ABD SERIES
- C SPINE R L
- WRIST
- FOOT
- ANKLE
- HIP
- _____
- _____
- _____
- CT SCAN CONTRAST
- HEAD NONE
- ABD PELVIS IV
- kidney stone ORAL
- appendix
- _____
- ULTRASOUND
- PELVIS VENOUS
- ABD DOPPLER
- AORTA R L LE

- EKG
 - MONITOR
 - PULSE OX
 - INT
 - ABG R/A
 - O₂ _____ L/MIN NR/B
 - N/C MASK
 - HHN - ALBUTEROL
 - 2.5 MG 5 MG
 - REPEAT REPEAT
 - CONTINUOUS 10 MG/HR
 - HHN - ATROVENT
 - BEDSIDE GLUCOSE
 - ASA 325 mg P.O.
 - ASA @ home EMS
 - ASA CONTRAINDICATED
 - dT 0.5 cc IM
 - RECTAL TEMP
 - FOLEY
 - PELVIC SETUP
- ABX ALLERGY:

Physician Calls

Name	Time	Response

- IVF: NS _____ BOLUS _____ CC
- RATE: _____ CC/HR DNR
- Tequin 400 mg IV Time _____
- Rocephin one gram IV Time _____
- Azithromycin 500 mg IV Time _____
- Metoprolol 5 mg IV q5min*3 Time _____
- β -blocker contraindicated

1 _____ 9 _____
 2 _____ 10 _____
 3 _____ 11 _____
 4 _____ 12 _____
 5 _____ 13 _____
 6 _____ 14 _____
 7 _____ 15 _____
 8 _____ 16 _____

SIGNATURE: 1) 

2) _____

133

Patient Referral Form

Don Secours St. Francis Hospital (ph. 462-1037, fax 462-1293)

Roper Mt. Pleasant Urgent Care (ph. 849-9339, fax 881-1297)

Charleston Emergency Services Referring Physician: (circle one)

- | | | |
|-------------------|--------------------|------------------|
| R. Anders, M.D. | F. Gitter, M.D. | R. Sparano, M.D. |
| M. Chag, M.D. | W. Kanich, M.D. | P. Stone, M.D. |
| K. Conger, M.D. | T. Paraschos, M.D. | S. Taylor, M.D. |
| S. Feingold, M.D. | G. Renk, M.D. | R. Warner, M.D. |

(patient sticker) was seen at: _____
(time)

Physician on-call: Michael

sent to CRTN Doc JH

E. D. Physician spoke with: _____

Pertinent labs/EKG: _____

Pertinent imaging studies: SHOULDER FILM

Therapeutic interventions: NSAID / ICE

Impression: SHOULDER PAIN ? SUBLUX

Proposed plan: To CRTN or PMD

Follow up needed in: 24 hrs. 48 hrs. 72 hrs. other: 7-10 days

Note: Please fax registration face sheet with this form

I authorize the referring physician/facility to release and forward all medical records pertaining to this medical condition.

(patient signature)

134

MHW: 0001/4030 ENC 11/1/03
CONTRERAS, THOMAS DOB: A
PHYS: RENK-MD, GEOFFREY E
ACCT#: 05321-01274 FC: S

**(BON SECOURS
ST FRANCIS HOSPITAL**

MR#: 000774899 ERC 11/17/05 -
CONTRERAS, THOMAS JOB#:

PHYS: RENK-MD, GEOFFREY E

ACCT#: 05321-01274 FC: S

EMERGENCY DEPT.

2095 Henry Tecklenburg Drive
Charleston, SC 29414
(843) 402-1037

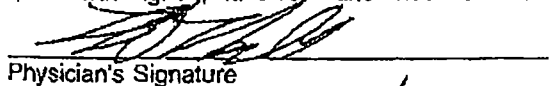
**AFTERCARE INSTRUCTIONS
GENERAL INSTRUCTION SHEET**

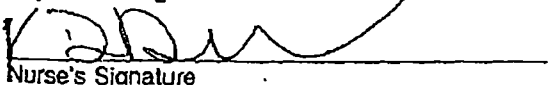
Follow-up Care:

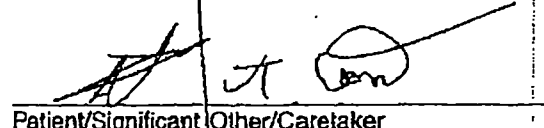
- Call or return to the E.D. as needed
 - Return to the E.D. in _____ days
 - Call Dr. _____ for an appointment in _____ days
- Address: _____
Phone Number: _____

- 1) ICE TO SHOULDER - 15min on 1hr off
- 2) Avoid Heavy lifting next 7-14 Days
- 3) ^{Tylenol 500} ~~Aspirin~~ - ~~see~~ only & hours for Discomfort
- 4) Follow up with Family MD in 7-10 Days
IF STILL Painful sooner if needed
OR NOT GETTING ANY BETTER
- 5) You may Follow up with CHARLSTA BOW & JT
if Discharge for CRUISE EVAL - CALL @ ~~800~~ - 853-3974 for
APPOINTMENT.

I, the undersigned, have read and understand the above instructions:


Physician's Signature


Nurse's Signature


Patient/Significant Other/Caretaker

If you have any questions about these instructions, please call the Emergency Dept. Our number is (843) 402-1037.

Physical Therapy

Discharge Summary

Patient: CONTRERAS, THOMAS

Date: Thursday, July 19, 2012

Pain

Physical Findings

Site #1: Joint Pain - Shoulder - Right; At Rest 0/10; With Activity 2/10; Sharp; Localized
 Exacerbating Factors: Movement & Lifting
 Relieving Factors: Ice to the affected area

Goal: Pain decreased by 25% in 2 weeks - MET
 Pain decreased by 50% 4 weeks - MET
 Pain decreased by 90% 8 weeks - 75% MET

Palpation

Location: Supraspinatus and Infraspinatus tendons

Findings: Normal

Location: Muscle - deltoid medial - Right

Findings: Normal

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

	Initial Eval Level				Final Level			
	Strength		Active ROM		Strength		Active ROM	
	Right	Left	Right	Left	Right	Left	Right	Left
Shoulder								
Flexion			135°	160°	4+		157°	171°
Extension			18°				85°	70°
Abduction			110°	120°	4+		131°	148°
Adduction								
Horizontal Abduction								
Horizontal Adduction								
Internal Rotation			60°	70°	5		72	L1
External Rotation			30°	45°	4+		72	65°

Assessment:

Assessment: Thomas Contreras is a 49 yr M who presents to PT w/p R SAD, and GH ligament excision on 10/11/10. He has had previous 2 other surgeries to R shoulder prior to 10/11/10 including SLAP repair. He was seen for 18 PT visits from focusing on improving strength, ROM, work and recreational abilities. He now demonstrates return to recreational activities and will return to work at light duty unless otherwise stated by MD. His strength and ROM show significant improvements as pain has also significantly reduced. He has achieved all goals at 90-100% and is appropriate for D/C at this time to independent HEP. Thank you.

Interventions (CPT Code)

Final Instructions to

Patient / Caregiver: Patient was given a home exercise program

7-19-12 *Jesse R. McGrady*
 Date Jesse R. McGrady PT
 State Lic #: 533

Software Reg #: KQ3ZZ-QA1WQ-QEMZZ-ZICD3

Physical Therapy

Discharge Summary

Patient: CONTRERAS, THOMAS

Date: Thursday, July 19, 2012

MR #: 84048

Provider: Charleston Physical Therapy

PT: Jesse R. McGrady PT

Provider #: 42-6536

Patient Information

Address: CHARLESTON, SC 29407

Birth Date: Physician: James DeMarco M.D.

Occupation: ST JOHNS FIRE DISTRICT

Physician Name:

Gender: Male

Num of Approved Visits: 6

Contact Person:

Medicare #:

Claim #: 032008004604

Onset Date of Medical 10/11/2010

Disorder - Shoulder - Bursae & Tendons - Specified - Other 726.19

Diagnosis with ICD-9:

Preferred Practice Musculoskeletal I: Impaired joint mobility, motor function, muscle performance, and ROM associated w/ bony or Pattern: soft tissue surgical procedures

Physical Therapy Pain - Shoulder - Joint 719.41

Diagnosis: Shoulder - Joint - Not Else Classified 719.51

Goals met:

Reasons for Discharge

Patient refuses further treatment:

Hospitalization:

Maximum Level Reached:

Patient expired:

Patient/Care Giver was given proper and timely notification of Discharge:

Yes No

No further physical therapy intervention is indicated at this time in this setting. Patient's physician has been notified that this patient has been discharged from physical therapist's care.

Yes No

Additional Discharge Information:

Discharge patient from physical therapy.

Functional Measures

Tolerance to IADLs

Initial Level: Moderate - Severe pain during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

Final Level: No pain nor limitation during and/or after a specific IADL affecting performance

Tolerance to Work Activities

Initial Level: Unable to perform specific work activity secondary to pain or limitation

Goal: Mild pain during and/or after a specific work activity affecting performance

Final Level: Mild pain during and/or after a specific work activity affecting performance

Tolerance to Recreation Activities

Initial Level: Severe pain and limitation in a specific recreational activity affecting performance

Goal: Mild pain and limitation in a specific recreational activity affecting performance

Final Level: Mild pain and limitation in a specific recreational activity affecting performance

Impairment Goals; Short Term:

Range of motion is improved by 25% in 2 weeks - Met

Increase strength - met

Motor function is improved in 2 weeks - Met

Soft tissue inflammation, or restriction is reduced by 25% in 2 weeks - met

Functional Goals; Long Term:

Restore Function-Met

IADL/work/recreational performance in related activities is improved to prior level of function

Received by CorVel Corporation 7/25/2012, 10:53:03 AM Pacific Time, 2069, Page 3 of 3
07/25/2012 14:00 Charleston Physical Therapy WA (FAX)8437663240

P.003/003

Physical Therapy

Discharge Summary

Page 2

Patient: CONTRERAS, THOMAS

Date: Thursday, July 19, 2012

Pain

Physical Findings

Site #1: Joint Pain - Shoulder - Right; At Rest 0/10; With Activity 2/10; Sharp, Localized
Exacerbating Factors: Movement & Lifting
Relieving Factors: Ice to the affected area

Goal: Pain decreased by 25% in 2 weeks - MET
Pain decreased by 50% 4 weeks - MET
Pain decreased by 90% 8 weeks - 75% MET

Palpation

Location: Supraspinatus and Infraspinatus tendons
Finding: Normal

Location: Muscle - deltoid medial - Right
Finding: Normal

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Shoulder	Initial Eval Level				Shoulder	Final Level			
	Strength		Active ROM			Strength		Active ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	
Flexion			135°	160°	Flexion	4+	157°	171°	
Extension			15°		Extension		65°	70°	
Abduction			110°	120°	Abduction	4+	131°	148°	
Horizontal Abduction					Horizontal Abduction				
Horizontal Adduction					Horizontal Adduction				
Internal Rotation			60°	70°	Internal Rotation	5	T2	L1	
External Rotation			30°	46°	External Rotation	4+	T2	65°	

Assessment:

Assessment: Thomas Contreras is a 49 yo M who presents to PT w/p R SAD, and GH ligament excision on 10/11/10. He has had previous 2 other surgeries to R shoulder prior to 10/11/10 including SLAP repair. He was seen for 18 PT visits from focusing on improving strength, ROM, work and recreational abilities. He now demonstrates return to recreational activities and will return to work at light duty unless otherwise stated by MD. His strength and ROM show significant improvements as pain has also significantly reduced. He has achieved all goals at 90-100% and is appropriate for D/C at this time to independent HEP. Thank you.

Interventions (CPT Code)

Final Instructions to

Patient / Caregiver: Patient was given a home exercise program

7-19-12 *Jesse R. McGrady*
 Date: Jesse R. McGrady PT
 State Lic #: 533
 Software Reg #: KQ3Z2-QA1WQ-QDMZZ-ZICD3

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Received by CorVel Corporation 7/25/2012, 10:53:03 AM Pacific Time, 2069, Page 2 of 3
07/25/2012 13:59 Charleston Physical Therapy NA (FAX)8437663240

P.002/003

Physical Therapy

Discharge Summary

Page 1

Patient: CONTRERAS, THOMAS

Date: Thursday, July 19, 2012

MR #: 84048

Provider: Charleston Physical Therapy

PT: Jesse R. McGrady PT

Provider #: 42-6536

Patient Information

Address: CHARLESTON, SC 29407 Birth Date: Physician: James DeMerto M.D.

Occupation: ST JOHNS FIRE DISTRICT

Physician Num:

Gender: Male

Num of Approved Visits: 6

Contact Person:

Medicare #:

Claim #: 032008004604

Onset Date of Medical Diagnosis with ICD-9: 10/11/2010

Disorder - Shoulder - Bursae & Tendons - Specified - Other 726.19

Preferred Practice: Musculoskeletal I: Impaired joint mobility, motor function, muscle performance, and ROM associated w/ bony or
Pattern: soft tissue surgical procedures

Physical Therapy Pain - Shoulder - Joint 719.41

Diagnosis: Shoulder - Joint - Not Else Classified 719.51

Goals met:

Reasons for Discharge

Patient refuses further treatment:

Hospitalization:

Maximum Level Reached:

Patient expired:

Patient/Care Giver was given proper and timely notification of Discharge:

Yes No

No further physical therapy intervention is indicated at this time in this setting. Patient's physician has been notified that this patient has been discharged from physical therapist's care.

Yes No

Additional Discharge Information:

Discharge patient from physical therapy.

Functional Measures

Tolerance to IADLs

Initial Level: Moderate - Severe pain during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

Final Level: No pain nor limitation during and/or after a specific IADL affecting performance

Tolerance to Work Activities

Initial Level: Unable to perform specific work activity secondary to pain or limitation

Goal: Mild pain during and/or after a specific work activity affecting performance

Final Level: Mild pain during and/or after a specific work activity affecting performance

Tolerance to Recreation Activities

Initial Level: Severe pain and limitation in a specific recreational activity affecting performance

Goal: Mild pain and limitation in a specific recreational activity affecting performance

Final Level: Mild pain and limitation in a specific recreational activity affecting performance

Impairment Goals; Short Term:

Range of motion is improved by 25% in 2 weeks - Met
Increase strength - met

Motor function is improved in 2 weeks - Met

Soft tissue inflammation, or restriction is reduced by 25% in 2 weeks - met

Functional Goals; Long Term:

Restore Function-Met

IADL/work/recreational performance in related activities is improved to prior level of function

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CHARLESTON PHYSICAL THERAPY

1730 Savannah Highway
Charleston, SC 29407

Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. Demarco
Patient Name/Acct #: Thomas Contessa - R Shoulder
Visits Attended: 19 Visits Scheduled: 19

Current Physical Therapy Treatments: AAROM \bar{c} pulley \bar{c} end range stretch.
AROM. Scapular stabilization exercises. \bar{c} strengthening of
RTC and acromioclavicular. Work on scapulo-humeral rhythm

Progress: Instruction in safe shoulder mechanics.
Excellent progress \bar{c} shld rehab. AROM: flex 155°, ext 65°, IR 2 hds,
ER @ abd 55°. Strength flex 4+, abd 4+, IR 5, ER 4+.
Restored scapulo-humeral rhythm.

Problems: None apparent. Needs to use safe shoulder body mechanics
He does mention periodic \bar{c} shld pain.

Recommendations: DC from PT to continue HEP

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call. Thank you,

Jessica M. Murphy PT 7-19-12
Therapist Signature Date

140



CHARLESTON PHYSICAL THERAPY

1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. Demarco
Patient Name/Acct #: Thomas Contreas
Visits Attended: 17 Visits Scheduled: 18

Current Physical Therapy Treatments: AA ROM = pulley = end range stretch in flex, scaption & H abd. IIR = HBD doorway stretch for external rotation. Scapular strengthening. RTC strengthening. Functional activities for scapulo-humeral timing.
PROGRESS: Excellent progress. Pain significantly ↓d.
ROM: flex 170° ext 65° Abd 170° IIR 4+ ER 65° at 0° abd.
Strength: flex 4+, ext 5, abd 4+, IIR 4+, ER 4+.

Problems:
No specific problems noted. Mentions more @ shld soreness in AMs.
Needs to use safe shld mechanics & improved postures

Recommendations:
See X1 = DC to HEP.

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call.

Jessie M. Grady PT 7-12-12
Therapist Signature Date

[Handwritten signature]



CHARLESTON PHYSICAL THERAPY

1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. DeMauro
Patient Name/Acct #: Thomas Contreras
Visits Attended: 16 Visits Scheduled: _____

Current Physical Therapy Treatments: AAROM @ pulley @ end range stretching into IR & ER. Scapular stabilization & strengthening. RTC strengthening @ dumbbells. Education in safe use of shld.

Progress: Excellent progress. Pain significantly ↓. ROM: Flex 170°, ext 65°, Abd 170°, ER 4, level, ER 65° @ 0° abd. Strength: flex 4+, abd 4+, IR 4+, ER 4+.

Problems: No specific problems noted. Pt compliant @ appts & HSP. Needs to think & use safe shld mechanics.

Recommendations: Continue PT as per your orders

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call.

Quinn McMaury PT 6-28-12
Therapist Signature Date



CHARLESTON PHYSICAL THERAPY

1730 Savannah Highway
Charleston, SC 29407

Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. Demaree

Patient Name/Acct #: Thomas Contreras

Visits Attended: 6 Visits Scheduled: 2

Current Physical Therapy Treatments:

- Ⓟ Shoulder ROM to pulley and cone (AAROM)
- Rotator Cuff Strengthening
- Hot Pack before treatment and Ice Post treatment

Progress:

- ↑ in ROM since IE
- ↓ swelling

Problems:

- ↓ strength and ROM
- Reports ↑ pain in morning

Recommendations:

Cont Per Protocol

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call.

Thomas Swift, PT 5/25/12
Therapist Signature Date

143

Physical Therapy Initial Evaluation / Examination

Patient: CONTRERAS, THOMAS

Date: Thursday, May 03, 2012

MR #: 84048

Provider: Charleston Physical Therapy

PT: Marilya M. Swygert PT, DPT, MHS

Provider #: 42-6536

Patient Information

Address:

CHARLESTON, SC 29407

Birth Date:

Physician: James DeMarco M.D.

Occupation: ST JOHNS FIRE DISTRICT

Physician Num:

Gender: Male

Num of Approved Visits: 6

Contact Person:

Medicare #:

Claim #: 032008004604

Rehabilitation Information / History

Onset Date of 10/11/2010

Disorder - Shoulder - Bursae & Tendons - Specified - Other 726.19

Medical Diagnosis with ICD9:

Preferred Practice Pattern: Musculoskeletal I: Impaired joint mobility, motor function, muscle performance, and ROM associated w/ bony or soft tissue surgical procedures

Physical Therapy Diagnosis: Pain - Shoulder - Joint 719.41

Shoulder - Joint - Not Else Classified 719.51

Recent Physical Therapy: None within the last sixty days

Prior Functional Status: Independent with no pain or limitation in ambulation, IADL's, work or recreation

Required Equipment: None

Weight Bearing Status: No restrictions

Safety Measures: Latex allergy

Rehab Prognosis: Excellent rehab potential to reach and maintain prior level of function

Mental Status: Alert and oriented in all spheres- cooperative and motivated

Concerns that led to PT: Decreased functional ability secondary to pain or increased pain

Systems Review, History: PMH: L shoulder surgery for similar injury, HTN, DM2, asthma, Left ankle repair.

Meds: allegra, lovastatin, celebrex

HPI: Initial pain/injury began 2 years ago with torn RC muscle ? And SLAP lesion . He is now s/p R SAD with glenohumeral ligament excision on 10/11/10. This is his 3rd surgery for R shoulder.

Patient has a history of behavioral health risks: NO

Patient / Caregiver concur with established goals: YES

Frequency of Exercise sessions per week: < 3

Emotional response to health status: FAIR

Reported Eating Habits: GOOD

Patient's communication skills: GOOD

Reported Sleeping Patterns: FAIR

Knowledge of Exercise and Fitness: GOOD

Reported Energy Level: GOOD

Patient is aware of and understands his/her diagnosis and prognosis: YES

Additional Pertinent Information: This is the 4th surgery on his right shoulder. The shoulder problems started on 10-8-2008. Dr. Demarco said he can go without a sling on Monday 5-7-12.

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PT

Physical Therapy

Initial Evaluation / Examination

Page 2

Patient: CONTRERAS, THOMAS

Date: Thursday, May 03, 2012

Functional Measures

Tolerance to IADLs

Current Level: Moderate - Severe pain during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

Tolerance to Work Activities

Current Level: Unable to perform specific work activity secondary to pain or limitation

Goal: Mild pain during and/or after a specific work activity affecting performance

Tolerance to Recreation Activities

Current Level: Severe pain and limitation in a specific recreational activity affecting performance

Goal: Mild pain and limitation in a specific recreational activity affecting performance

Functional characteristics and analysis:

Patient enjoys fishing, weight lifting, and bowling recreationally. He is currently unable. He is restricted from lifting >10# with either UE per MD - permanent restriction due to severity of injuries to B shoulders.

Functional LTG: 8-12 weeks

1. Patient to resume all recreational activities painfree.

Impairment Goals; Short Term:

Range of motion is improved by 25% in 2 weeks

Increase Strength by 25% in 2 weeks

Motor function is improved by 25% in 2 weeks

Soft tissue inflammation, or restriction is reduced by 25% in 2 weeks

Functional Goals; Long Term:

Restore Function

IADL/work/recreational performance in related activities is improved to prior level of function

Recreational performance in related activities is improved

Independence with home exercise program

Physical Findings

Pain

Site #1: Joint Pain - Shoulder - Right; At Rest 7/10; With Activity 10/10; Sharp; Localized

Exacerbating Factors: Lifting & Lying on side

Relieving Factors: Ice to the affected area & Rest

Goal: Pain decreased by 25% in 2 weeks

Pain decreased by 50% 4 weeks.

Pain decreased by 90% 8 weeks.

Palpation

Location: Supraspinatus and Infraspinatus tendons

Finding: Tenderness

Location: Muscle - deltoid medial - Right

Finding: Tenderness

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Initial Evaluation

Charleston Physical Therapy

141

Physical Therapy

Initial Evaluation / Examination

Patient: CONTRERAS, THOMAS

Date: Thursday, May 03, 2012

Shoulder	Initial Eval Level				Goal							
	Strength		Active ROM		Passive ROM		Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left
Flexion			135°		180°				165°		170°	
Extension				15°					40°			
Abduction				110°		120°			155°		160°	
Adduction												
Horizontal Abduction												
Horizontal Adduction												
Internal Rotation			80°		70°				70°		70°	
External Rotation			30°		45°				80°		75°	

Comments on Shoulder: Current; scap ret, table slides, pendulum

Assessment:

Thomas Contreras is a 49 yo M who presents to PT w/p biceps re-attachment with scapular dysfunction SAD. Patient demonstrates restrictions in A/PROM, poor postural awareness, decreased strength in R shoulder/RC musculature, and poor scapular stability which limit his ability to perform IADL, work and recreational activities. He will benefit from PT including manual techniques, stretching and strengthening exercises of R shoulder, scapular stabilization, postural instruction, and US pra for pain and to improve healing. Recommend 2-3x/week x 6-8 weeks. Thank you.

Interventions (CPT Code)

- Physical Therapy Initial Evaluation / Examination 97001
- Therapeutic Exercises - Therapeutic Procedure - 1+ Areas 97110
- Manual therapy techniques - joint mobilization and soft tissue massage 97140
- Ultrasound - Modality to 1+ Areas - Each 15 Min 97035

Frequency of PT: Two to three times

Duration of PT: 8 weeks

5-3-12 *Marlyn M. Swygert, PT, DPT*
 Date Marlyn M. Swygert PT, DPT, MHS
 State Lic #: 253

Software Reg #: HPDSA-PXZQP-PF811-WORFP

146

Fax:

Jan 20 2011 01:10 PM P007/007
Corvel Capture 3/15/2011

56

CHARLESTON PHYSICAL THERAPY;

Printed: 01/19/11

Encounter: 23830
Location: 01 WEST ASHLEY

Off:

TIN:

Nota:

Appt:

01/20/11 9:30am with: JODIE R
with:

NextAppt:

Case Remarks:

Case Id: 84048-01

THOMAS CONTRERAS

CHARLESTON, SC 29407

DoB:

Age: 49

Ph: (843)324-5387

Guarantor: THOMAS CONTRERAS

Case Type: WC

Bill Type: 2 Loc: 01 WEST ASHLEY

PtBal: 0.00

InsBal: 0.00

CaseTot: 0.00

AllCases: 0.00

Last Pat:

Dx1: 726.19 ROTATOR CUFF DIS NEC

Dx2: 728.2 MUSCULAR DISUSE ATROPHY

Dx3: 719.51 JT STIFFNESS NEC-SHLDER

Dx4: 719.41 JOINT PAIN-SHLDER

Insl: CORVEL

% Cop 0

Id1:

IE: 97001-145 PT Eval

97003-110 OT Eval

97002-77

PT Re-Eval

97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim

97014-32 Estim TENS

*97035-30 Ultrasound

*97140-53 Manual Therapy

97022-40 Whirlpool

*97110-57 Therapeutic Exercise

*97530-71 Functional Activity

97150 Group Therapeutic Procedure

97113-63 Aquatic Therapy

*97033-50 Ionto

*97012-32 Traction Mech.

*97116-50 Gait Training

97016-35 Vas

99707 Supply

97535-55 Self/Care Home Management Traini

*97112 Neuromuscular Re-Education

Splint

Charges \$171

Payments \$

Posted KB

(S) I bowled! I used a 12# ball. It feels stiff but no 12 pain
9:45/9:30 appt @ Dr. DeMarzo

(O) Therex per sheet

ABB T9, PROM Flex = 151°, ER = 12°, ABB1 = 131° (scap plane)

PROM: Flex = 171°, ER = 65°, IR = 71°; ABD =

supine ^{ABDA} Flex = 170° ABD = 148°

manual ER stretching 30-45° ABD x 5'

(A) ROM strength have improved to ~90% of previous function.
He has returned to bowling painfree. He is appropriate
for PIC @ this time.

(P) DIC to (D) Hal - will write/fax note to DeMarzo.

Therapist Signature:

Date 1/20/11

License # 5163

Time in: 9:30

Time out: 10:16

Discharge: 1/20/11

147

Fax:

Jan 10 2011 09:02 AM
Corvel Capture 3/15/2011

57

CHARLESTON PHYSICAL THERAPY

Printed: 01/17/11

Encounter: 23713

Location: 01 WEST ASHLEY

Note:

Off:

TIN:

Appt: 01/18/11 1:30pm With: JODIE R
NextAppt: 01/20/11 9:30am With: JODIE R

Case Remarks:

Case Id: 84048-01	Guarantor: THOMAS CONTRERAS	PtBal: 0.00
THOMAS CONTRERAS	Case Type: WC	IneBal: 0.00
CHARLESTON, SC 29407	Bill Type: 2 Loc: 01 WEST ASHLEY	CaseTot: 0.00
DOB: p Age: 49 Ph: (843)324-5387		AllCases: 0.00
		Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC	Encl: CORVEL	Idl:
Dx2: 728.2 MUSCULAR DISUSE ATROPHY	% Cop 0	
Dx3: 719.51 JT STIFFNESS NEC-SHLDER		
Dx4: 719.41 JOINT PAIN-SHLDER		

IE: 97001-145 PT Eval	97003-110 OT Eval	97002-77 PT Re-Eval	97004-56 OT Re-E
*15 Minute Unit			
*97032-36 Estim		*97033-50 Ionto	
97014-32 Estim TENS		*97012-32 Traction Mech.	
*97035-30 Ultrasound		*97116-50 Gait Training	
XI *97140-53 Manual Therapy		97016-35 Vas	
97022-40 Whirlpool		99707 Supply	
XII *97110-57 Therapeutic Exercise		97535-65 Self/Care Home Management Traini	
*97530-71 Functional Activity		*97112 Neuromuscular Re-Education	
97150 Group Therapeutic Procedure		Splint	
97113-63 Aquatic Therapy			

Charges \$ 667 Payments \$ _____ Posted KB

① My shoulder is doing ok - Pain 4/10

② Therex per sheet x 30'

Manual PROM ② AIT with end range holds IR/ER. AP glides GIII/IV in supine at end range IR and ER. Manual HARD stretch x30'
Encouraged patient to return to recreational activities including bowling fishing & throwing a ball.

③ Pt still clo 4/10 pain but able to complete therex with no difficulty. IR/ER inc following AP glides/manual therapy

④ See for one more tx session

Therapist Signature:

Date 1/18/11

License # 5763

Discharge:

148

CHARLESTON PHYSICAL THERAPY

Printed: 01/10/11

Encounter: 23405

Location: 01 WEST ASHLEY

Off:

TIN:

Appt: 01/11/11 9:30am With: JODIE R

NextAppt: 01/13/11 9:30am With: JODIE R

Case Remarks:

Case Id: 84048-01	Guarantor: THOMAS CONTRERAS	PtBal:	0.00
THOMAS CONTRERAS	Case Type: WC	InsBal:	0.00
CHARLESTON, SC 29407	Bill Type: 2 Loc: 01 WEST ASHLEY	CaseTot:	0.00
DOB:	Age: 49 Ph: (843)324-5387	AllCases:	0.00
		Last Pat:	

Dx1: 726.19 ROTATOR CUFF DIS NEC	Ins1: CORVEL	Id1:
Dx2: 728.2 MUSCULAR DISUSE ATROPHY	% Cop 0	
Dx3: 719.51 JT STIFFNESS NEC-SHLDER		
Dx4: 719.41 JOINT PAIN-SHLDER		

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E

*15 Minute Unit

- ___ *97032-36 Estim
- ___ 97014-32 Estim TENS
- ___ *97035-30 Ultrasound
- XI *97140-53 Manual Therapy
- ___ 97022-40 Whirlpool
- XZ *97110-57 Therapeutic Exercise
- ___ *97530-71 Functional Activity
- ___ 97150 Group Therapeutic Procedure
- ___ 97113-63 Aquatic Therapy
- ___ *97033-50 Ionto
- ___ *97012-32 Traction Mech.
- ___ *97116-50 Gait Training
- ___ 97016-35 Vas
- ___ 99707 Supply
- ___ 97535-65 Self/Care Home Management Traini
- ___ *97112 Neuromuscular Re-Education
- ___ Splint

Charges \$117. Payments \$ Posted KB

(S) Shoulder is OK.

(O) ABDOMINAL ROM @ 135, ABD 130° AER = T3 (B)

INIT 5/5 X ER 4/5

Supine PROM V 130, ABD 130, IR 60, 72/78, ER 75
TherEx per sheet 30 min, manual reassess (above), stretch IR
E AP @ end range c gain from 64-75°. ER c cont work to

R: end range.

(A) A/P ROM improved. Full strength X ER (15). Cont to report
fatigue c sustained overhead positions. Improved participation
today. 80% improvement for ADL/recreational tasks.

(P) Cont 2-3 more visits. Will return to work @ 1/21/11 @ light duty
if retire ment papers not yet completed.

Therapist Signature: [Signature] Date 1/11/11 License # 5163

Time in: 9:33 Time out: 10:18

Discharge:

149

Fax:

Loc Corvel Capture 2/22/2011

59

Tommy Contreras

Appt: 01/05/11 11:00am With: JODIE R
NextAppt: 01/11/11 9:30am With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS

Guarantor: THOMAS CONTRERAS
Case Type: WC

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

CHARLESTON, SC 29407

Bill Type: 2 Loc: 01 WEST ASHLEY

DoB: Age: 49 Ph: (843)324-5387

Dx1: 726.19 ROTATOR COFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Incl: CORVEL
% Cop 0

Idl:

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim
97014-32 Estim TENS
*97035-30 Ultrasound
*97140-53 Manual Therapy
97022-40 Whirlpool
*97110-57 Therapeutic Exercise
*97530-71 Functional Activity
97150 Group Therapeutic Procedure
97113-63 Aquatic Therapy

*97033-50 Ionto
*97012-32 Traction Mech.
*97115-50 Gait Training
97016-35 Vas
99707 Supply
97535-65 Self/Care Home Management Traini
*97112 Neuromuscular Re-Education
Splint

Charges \$ 171 Payments \$ Posted KB

(S) Shoulder is good - pain has been less for last 2 days. 4/10. 70% better.

(D) TherEx x 39! per sheet.

Discussed return to banking this weekend. 12# ball
to stretching + ice.

(A) Pt do inability to reach into high cabinets 2° pain but
is able to perform mult reps of v/scaption @ 6# @ no
difficulty. Pt also demo w/d motivation to complete full
set of w/d difficulty exercises (lat w/ shifts & overhead
press) Expressed concerns re: return to banking, throwing, fishing.

(P) Cont per re
Therapist Signature: [Signature]

Date: 1.05.11 License# 51163

Time in: 11:05 Time out: 11:45

Discharge:

1150

Fax:

Ja/Corvel Capture 2/24/2011

60

CHARLESTON PHYSICAL THERAPY

Printed: 12/30/10

Encounter: 23001

Location: 01 WEST ASHLEY

Off:

TIN:

Note:

Appt: 01/03/11 10:00am With: JODIE R

NextAppt: 01/05/11 11:00am With: JODIE R

Case Remarks:

Case Id: 84048-01

THOMAS CONTRERAS

Guarantor: THOMAS CONTRERAS

Case Type: WC

PtBal: 0.00

CHARLESTON, SC 29407

Bill Type: 2 Loc: 01 WEST ASHLEY

InsBal: 0.00

DOB:

Age: 49

Ph: (843)324-5387

CaseTot: 0.00

AllCases: 0.00

Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC

Insl: CORVEL

Idl:

Dx2: 728.2 MUSCULAR DISUSE ATROPHY

* Cop 0

Dx3: 719.51 JT STIFFNESS NEC-SHLDER

Dx4: 719.41 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval

97003-110 OT Eval

97002-77 PT Re-Eval

97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim

97014-32 Estim TENS

*97035-30 Ultrasound

*97140-53 Manual Therapy

97022-40 Whirlpool

*97110-57 Therapeutic Exercise

*97530-71 Functional Activity

97150 Group Therapeutic Procedure

97113-63 Aquatic Therapy

*97033-50 Ionto

*97012-32 Traction Mech.

*97116-50 Gait Training

97016-35 Vas

99707 Supply

97535-65 Self/Care Home Management Traini

*97112 Neuromuscular Re-Education

Splint

Charges \$ 114

Payments \$

Posted KB

S: Pain still 10/10.

O: TherEx per sheet x3/1.

Discussed Mng strengthening ex @ home to ↓ stiffness/pain.

A: No pain @ end of tx. tolerated A'd weight. Pain likely due to stiffness & ↓ d strengthening participation @ home.

P: Cont per POC - cont to progress.

Therapist Signature

[Handwritten Signature]

Date 1/03/11

License # 34123

Time in: 10:10

Time out: 10:46

Discharge:

BI

Fax:

OFF:

TIN:

Note:

Appt: 12/22/10 11:00am With: JODIE R
NextAppt: With:

Case Remarks:

Case Id: 84048-01
THOMAS CONTRERAS

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

CHARLESTON, SC 29407

DoB: Age: 49 Ph: (843)324-5387

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
% Cop 0
Idi:

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E
*15 Minute Unit

- *97032-36 Estim
- 97014-32 Estim TENS
- *97035-30 Ultrasound
- *97140-53 Manual Therapy
- 97022-40 Whirlpool
- *97110-57 Therapeutic Exercise
- *97530-71 Functional Activity
- 97150 Group Therapeutic Procedure
- 97113-63 Aquatic Therapy
- *97033-50 Ionto
- *97012-32 Traction Mech.
- *97116-50 Gait Training
- 97016-35 Vas
- 99707 Supply
- 97535-65 Self/Care Home Management Traini
- *97112 Neuromuscular Re-Education
- Splint

Charges \$ 167. Payments \$ Posted KB

- (S) Pain 5/10. Felt good til I put a shirt on.
- (O) Therex per sheet x 34! Manual x 10.
PT. GTH in neutral & end range R. GTH; longitudinal
GTH quad, TR, GTH to end range hold, manual lat stretch 2x30,
manual IS stretch 2x30
- (A) Difficulty w manual stretching as Athl is co-contraction
& resists PT. Pain remains mostly unchanged. Progressing
w resistance.
- (P) Cont per POC.

Therapist Signature: [Signature] Date 12/22/10 License # 3463
Time in: 10:41 Time out: 11:20 Discharge: [Signature]

CHARLESTON PHYSICAL THERAPY

Printed: 12/17/10

Encounter: 22577

Location: 01 WEST ASHLEY

Note:

X *Tommy Contreras*

Appt: 12/20/10 4:00pm With: JODIE R
NextAppt: 12/22/10 11:00am With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS

Guarantor: THOMAS CONTRERAS

Case Type: WC

PtBal: 0.00

CHARLESTON, SC 29407

Bill Type: 2 Loc: 01 WEST ASHLEY

InsBal: 0.00

DoB:

Age: 49

Ph: (843) 324-5387

CaseTot: 0.00

AllCases: 0.00

Last Pat:

Dx1: 728.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Insl: CORVEL
& Cop 0

Idl:

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E
*15 Minute Unit

- ___ *97032-36 Estim
- ___ 97014-32 Estim TENS
- ___ *97035-30 Ultrasound
- ___ *97140-53 Manual Therapy
- ___ 97022-40 Whirlpool
- X *97110-57 Therapeutic Exercise
- ___ *97530-71 Functional Activity
- ___ 97150 Group Therapeutic Procedure
- ___ 97113-63 Aquatic Therapy
- ___ *97033-50 Ionto
- ___ *97012-32 Traction Mech.
- ___ *97116-50 Gait Training
- ___ 97016-35 Vas
- ___ 99707 Supply
- ___ 97535-65 Self/Care Home Management Traini
- ___ *97112 Neuromuscular Re-Education
- ___ Splint

Charges \$ 111 Payments \$ _____ Posted KB

(S) My shoulder was really sore when I saw Demarco - didn't move as well.

(C) Turbex per sheet x 40'

(A) A pain @ visit @ MD limited ROM 20 getting shocked by light stich. Pain has since improved & tolerated all ex @ complaint today.

(P) Cont per prog.

Therapist Signature: [Signature] Date 12/20/10 License 5463
Time in: 4:05 Time out: 4:48 Discharge: _____

133

Fax:

Docu 1.6 Corvel Capture 2/24/2011

63

Tommy CONTRERAS

Appt: 12/16/10 10:15am With: JODIE R
NextAppt: 12/20/10 4:00pm With: JODIE R

Case Id: 84048-01 Guarantor: THOMAS CONTRERAS PtBal: 0.00
THOMAS CONTRERAS Case Type: WC InsBal: 0.00
Bill Type: 2 Loc: 01 WEST ASH CaseTot: 0.00
CHARLESTON, SC 29407 AllCases: 0.00
DoB: Age: 49 Ph: (843)324-5387 Last Pat:

Dx1 726.1 ROTATOR CUFF DIS NEC Ins1 CORVEL Id1
Dx2 728.2 MUSCULAR DISUSE ATROPHY & Co 0
Dx3 719.5 JT STIFFNESS NEC-SHLDER
Dx4 719.4 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval
*15 Minute Unit
*97032-36 Estim *97033-50 Ionto
97014-32 Estim TENS *97012-32 Traction Mech.
*97035-30 Ultrasound *97116-50 Gait Train
*97140-53 Manual Therapy 97016-35 Vas
97022-40 Whirlpool 99707 Supply
*97110-57 Therapeutic Exercise 97535-65 Self/Care Home Man
*97530-71 Functional Activity *97112 Neuromuscular Re-Edu
97150 Group Therapeutic Procedure Splint
97113-63 Aquatic Therapy

Charges \$167 Payments \$ Posted KB

(S) That's more today - 1/10. Sharp pain when I flipped light on yesterday.

(O) Therex per sheet c IFC estim 125lbs to ↓ pain during exercises & allow ↑ performance. Quadrant mob Gait ↑ Pain end range IR (S), ER, ER mob Gait ↑, Longitudinal manual x 9. Declined ice.

(A) ER=70, IR=60. Pain ↓ at end of tx 6/10 but was fatigued.

P: TO Demarco tomorrow @ 9:45 am. Cont x visits.

Therapist Signature: [Signature] Date: 12/16/10 5413 Lii
Time in: 10:17 Time out: 11:00 Discharge:

134

~~X~~ Tommy CONTRERAS

Appt: 12/13/10 11:00am With: JODIE R
Next Appt: 12/16/10 10:15am With: JODIE R

Case Id: 84048-01	Guarantor: THOMAS CONTRERAS	PtBal: 0.00
THOMAS CONTRERAS	Case Type: WC	InsBal: 0.00
CHARLESTON, SC 29407	Bill Type: 2 Loc: 01 WEST ASHLEY	CaseTot: 0.00
DoB:	Age: 49 Ph: (843)324-5387	AllCases: 0.00
		Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC	Ins1: CORVEL	Id1:
Dx2: 728.2 MUSCULAR DISUSE ATROPHY	* Cop 0	
Dx3: 719.51 JT STIFFNESS NEC-SHLDER		
Dx4: 719.41 JOINT PAIN-SHLDER		

IE: 97001-145 PT Eval	97003-110 OT Eval	97002-77 PT Re-Eval	97004-56 OT Re-E
*15 Minute Unit			
*97032-36 Estim		*97033-50 Ionto	
97014-32 Estim TENS		*97012-32 Traction Mech.	
*97035-30 Ultrasound		*97116-50 Gait Training	
*97140-53 Manual Therapy		97016-35 Vas	
97022-40 Whirlpool		99707 Supply	
XB *97110-57 Therapeutic Exercise		97535-65 Self/Care Home Management Traini	
*97530-71 Functional Activity		*97112 Neuromuscular Re-Education	
97150 Group Therapeutic Procedure		Splint	
97113-63 Aquatic Therapy			

Charges \$ 171. Payments \$ Posted KB

1s: Pain not constant now. Worst c overhead activity & still unable to sleep on R side. 6/10 VPRS.

0: Therex per sheet
✓ 174° P; A ✓ 150, PABD 132° P, A ABD 114, PIR = 56, PER = 45, AER = T2
HBB = T11

A tolerated strengthening in 0-90° elev. today & A pain.
A ROM esp HBB remains limited in ER @ ↓'d amts. Prod.

P: Will fax reassessment to MA for signature & to Corvel.

Therapist Signature: *Jodie R...* Date: 12/13/10 License: 51123

Time in: 11:07 Time out: 11:45 Discharge:

ISS

Fax:

Corvel Capture 1/25/2011 65

CHARLESTON PHYSICAL THERAPY

Printed: 12/03/10

Encounter: 21793

Location: 01 WEST ASHLEY

Note:

Appt: 12/06/10 11:45am With: JODIE R
NextAppt: 12/13/10 11:00am With: JODIE R

Tommy Contreras

Case Id: 84048-01
THOMAS CONTRERAS

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

CHARLESTON, SC 29405
DoB:

Age: 49 Ph: (843) 324-5387

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
& Cop 0

Idi:

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E
*15 Minute Unit

- *97032-36 Estim
- 97014-32 Estim TENS
- *97035-30 Ultrasound
- *97140-53 Manual Therapy
- 97022-40 Whirlpool
- *97110-57 Therapeutic Exercise
- *97530-71 Functional Activity
- 97150 Group Therapeutic Procedure
- 97113-63 Aquatic Therapy
- *97033-50 Ionto
- *97012-32 Traction Mech.
- *97116-50 Gait Training
- 97016-35 Vas
- 99707 Supply
- 97535-65 Self/Care Home Management Traini
- *97112 Neuromuscular Re-Education
- Splint

Charges \$ 110. Payments \$ Posted KB

SENT

S: Shoulder hurts w/10 today.

O: Therex per sheet x 20 min.

Manual: prone (D) GH (1) + ABD GH (1) + Supine AP (1) GH
GH (1) + ReAssess of (D) to ↓ pain x 5 reps, no A in ABD.
Quadrant GH (1) + @ apex & reassess to no further A in V/AB
x 20 min. Ice x 10 min (sitting)

A: Strengthening is limited by pain @ this time & pt reports
long "stop" @ ABD. Pain ↓ @ 4/10 to manual tx & ice
(1) pain free range.

P: Post per PDC.

Therapist Signature: *[Signature]*

Date: 12/03/10 License # 3963

Discharge:

156

CHARLESTON PHYSICAL THERAPY

Printed: 12/02/10

Encounter: 21720

Location: 01 WEST ASHLEY

off:

note:

Case Rm:

X Tommy CONTRERAS

Appt: 12/02/10 3:45pm With: JODIE R
NextAppt: 12/06/10 11:45am With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS

Guarantor: THOMAS CONTRERAS

PtBal: 0.00

Case Type: WC

InsBal: 0.00

Bill Type: 2 Loc: 01 WEST ASHLEY

CaseTot: 0.00

CHARLESTON, SC 29407

AllCases: 0.00

DoB:

Age: 49

Ph: (843)324-5367

Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC

Ins1: CORVEL

Id1:

Dx2: 728.2 MUSCULAR DISUSE ATROPHY

* Cop 0

Dx3: 719.51 JT STIFFNESS NEC-SHLDER

Dx4: 719.41 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval

97003-110 OT Eval

97002-77 PT Re-Eval

97004-56 OT Re-E

*15 Minute Unit

*97032-36 Estim

97014-32 Estim TENS

*97035-30 Ultrasound

1 *97140-53 Manual Therapy

97022-40 Whirlpool

2 *97110-57 Therapeutic Exercise

*97530-71 Functional Activity

97150 Group Therapeutic Procedure

97113-63 Aquatic Therapy

*97033-50 Ionto

*97012-32 Traction Mech.

*97116-50 Gait Training

97016-35 Vas

99707 Supply

97535-65 Self/Care Home Management Traini

*97112 Neuromuscular Re-Education

Splint

Charges \$ 167. Payments \$ Posted Na

(S) Shoulder is still there. Feels like pressure in the joint.
Will be rechecked on the 29th!

(O) TherEx per sheet x 25'. (R) Shldr mobs: AC jt dist G II/III 2x45", post.
glide G III 2x45", post glide C HADD G III/IV, lat distraction G III/IV 2x45".
Passive stretching in supine w/ ABD, HADD + ER. CCP in sitting to (R) shldr
x 10'.

(A) Med (P) + no restriction during all exercises. Good A/P ROM for the majority of shldr
movements c the exception of ER + HBS in which he has mild limitations.
Reports (P) + a "rubbing sensation" throughout all ROMs.

(P) Cont PT.

Therapist Signature:

Jodie R. PTOA

Date 12/02/10

License # 19623

Time in: 3:45

Time out: 4:10

Updated SPT

Discharge:

is 7

Fax:

No Corvel Capture 2/3/2011

67

Note:

X Tommy CONTRERAS

Appt: 11/30/10 11:00am With: JODIE R
NextAppt: With:

Case Id: 84048-01	Guarantor: THOMAS CONTRERAS	PtBal:	0.00
THOMAS CONTRERAS	Case Type: WC	InsBal:	0.00
CHAKLESTON, SC 29407	Bill Type: 2 Loc: 01 WEST ASHLEY	CaseTot:	0.00
DoB:	Age: 49 Ph: (843)324-5387	AllCases:	0.00
		Last Pmt:	

Dx1: 726.19 ROTATOR CUFF DIS NEC	Ins1: CORVEL	Id1:
Dx2: 728.2 MUSCULAR DISUSE ATROPHY	* Cop 0	
Dx3: 719.51 JT STIFFNESS NEC-SHLDER		
Dx4: 719.41 JOINT PAIN-SHLDER		

IE: 97001-145 PT Eval	97003-110 OT Eval	97002-77 PT Re-Eval	97004-56 OT Re-E
*15 Minute Unit			
*97032-36 Estim		*97033-50 Ionto	
97014-32 Estim TENS		*97012-32 Traction Mech.	
*97035-30 Ultrasound		*97116-50 Gait Training	
<i>XI</i> *97140-53 Manual Therapy		97016-35 Vas	
97022-40 Whirlpool		99707 Supply	
<i>XI</i> *97110-57 Therapeutic Exercise		97535-65 Self/Care Home Management Traini	
*97530-71 Functional Activity		*97112 Neuromuscular Re-Education	
97150 Group Therapeutic Procedure		Splint	
97113-63 Aquatic Therapy			

Charges \$ 167 Payments \$ _____ Posted KB 11/30

- S:* Almost called the MD Sat because it hurt so bad! Today 5/10 pain. Did not have ice or narcotics available. s/p 7 wks today
- O:* Ther Ex... per sheet x 32'
Manual PROM ✓, scaption, ER, IR, HAAD 2x30" ea.
Dist glides 6x15", inf glides 6x15" x 9'.
Ice to (R) shoulder x 15" (seated).
- A:* Progressed to isokinetics per MD protocol. Unable to use either hand due to allergy - FREE weight only. Normal A in exercises c. ex today but tolerated.
- P:* Cont per POC.

Therapist Signature: [Signature] Date 11/30/10 License # 5963
11:00 19:00

158

Fax:

Nov 22 2010 02:42am DDD9/HH9
LocaCorvel Capture 2/8/2011

68

Note:

Off:

TIN:

Appt: 11/19/10 4:00pm With: JODIE R

NextAppt: 11/30/10 11:00am With: JODIE R

Case Remarks:

Case Id: 84048-01	Guarantor: THOMAS CONTRERAS	PtBal: 0.00
THOMAS CONTRERAS	Case Type: WC	InsBal: 0.00
CHARLESTON, SC 29407	Bill Type: 2 Loc: 01 WEST ASHLEY	CaseTot: 0.00
DoB:	Age: 49 Ph: (843)324-5387	AllCases: 0.00
		Last Ent:

Dx1: 726.19 ROTATOR CUFF DIS NEC	Insl: CORVEL	Id1:
Dx2: 728.2 MUSCULAR DISUSE ATROPHY	* Cop 0	
Dx3: 719.51 JT STIFFNESS NEC-SHLDER		
Dx4: 719.41 JOINT PAIN-SHLDER		

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E
*15 Minute Unit

<input type="checkbox"/> *97032-36 Estim	<input type="checkbox"/> *97033-50 Ionto
<input type="checkbox"/> 97014-32 Estim TENS	<input type="checkbox"/> *97012-32 Traction Mech.
<input type="checkbox"/> *97035-30 Ultrasound	<input type="checkbox"/> *97116-50 Gait Training
<input checked="" type="checkbox"/> *97140-53 Manual Therapy	<input type="checkbox"/> 97016-35 Vas
<input type="checkbox"/> 97022-40 Whirlpool	<input type="checkbox"/> 9707 Supply
<input checked="" type="checkbox"/> *97110-57 Therapeutic Exercise	<input type="checkbox"/> 97535-65 Self/Care Home Management Traini
<input type="checkbox"/> *97530-71 Functional Activity	<input type="checkbox"/> *97112 Neuromuscular Re-Education
<input type="checkbox"/> 97150 Group Therapeutic Procedure.	
<input type="checkbox"/> 97113-63 Aquatic Therapy	

~~Tommy Contreras~~

Charges \$ 167. Payments \$ Posted 20

①: "my shoulder's hurting today."

②: THER: p.c. sheet x 32 min.

FROM: V, ABD, I, ER, HADD x 11'. ~~Get~~ inf glides, post glides, Post + inf ~~Get~~ in HADD, distraction in HADD.

Manual x 10'. Ice x 10'. (seated)

Discussed precautions as pt wished to take yard this weekend.

③: clo itching to use of latex-free bands. Recommend use of free wts only!!

④: Initiate PROM ag gravity & isotonic next visit. S/P bands on 11/22/10.

Therapist Signature:

Z. EK

[Handwritten Signature]
L. A. RD.

Date 11/19/10

License# 3143

Discharge:

1591

Fax:

Loc: Corvel Capture 2/4/2011.

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OFF:

X Tommy CONTRERAS

Appt: 11/16/10 11:00am With: JODIE R

extAppt:

With:

Case Remarks:

Case Id: 84048
THOMAS CONTRERAS

Guarantor:
Case Type:
Bill Type: Loc: 01 WEST ASHLEY

PtBal:
InsBal:
CaseTot:
AllCases: 0.00

DoB: Age: Ph: (843) 324-5387

DOI: 10/11/10

* Cop

Dx: 726.19, 728.2, 719.51, 719.51

IP: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E

- *15 Minute Unit
- *97032-36 Estim
- 97014-32 Estim TENS
- *97035-30 Ultrasound
- *97110-53 Manual Therapy
- 97022-40 Whirlpool
- *97110-57 Therapeutic Exercise
- *97530-71 Functional Activity
- 97150 Group Therapeutic Procedure
- 97113-63 Aquatic Therapy
- *97033-50 Ionto
- *97012-32 Traction Mech.
- *97116-50 Gait Training
- 97016-35 Vas
- 99707 Supply
- 97535-65 Self/Care Home Management Traini
- *97112 Neuromuscular Re-Education
- Splint

Charges \$ 259.00 Payments \$ Posted ll

(S) Dx: Sp SAD C GH Lig excision 10/11/10

(C) Shoulder examination, AROM ag quantity of mmt (C) deferred due to post-op precautions. Pt. edu. per precautions, exercises c/in comfortable/tolerated ROM only, postural correction & discussed why posture affects shldr AROM/pain, instruction in HEP - see chart copy. TEX 301.

(A) S/S consistent c above Dx - see JE.

(P) Initiate 2-3x/wk per MD protocol.

Therapist Signature:

[Handwritten Signature]

Date 10/16/10 License# 59103

Time in: 11:05

Time out: 11:55

Discharge:

160

2008-4604



CHARLESTON PHYSICAL THERAPY

Date: 11-10-10

Patient Name: Thomas Contreras

MD: Dr. DeMarco

Patient Phone: 843 324 5387

West Ashley
1730 Savannah Hwy.
Charleston, SC 29407
843-763-4115 office
843-766-3240 fax

James Island
349 Folly Road, Suite 2C
Charleston, SC 29412
843-762-0147 office
843-762-0421 fax

Wesley Drive
615 Wesley Drive, Suite 110
Charleston, SC 29407
843-768-5455 office
843-768-5457 fax

Mount Pleasant
180 Wingo Way, Suite 303
Mount Pleasant, SC 29464
843-972-0940 office
843-881-8452 fax

PHYSICAL THERAPY PLAN/CERTIFICATION

Diagnosis/Condition: RD Shoulder *2nd visit*

Surgical Procedures: See attached *1st visit*

Functional Limitations/Prior History: None

Specific Orders: needs P.T. w/ Katie Houston *11-16-10 TX 11:00AM*
per Dr. DeMarco

TREATMENT PLAN: Type/Amount

- EVALUATE AND TREAT: Includes Modalities Below PRN, Progressive Exercise/Conditioning, Education as Needed
- Manual Therapy-Joint/Soft Tissue Mobilization
- General Stretching/Strengthening Exercises
- Balance Training/Functional Activity
- Ultrasound
- Neuromuscular Re-education
- Iontophoresis
- Electrical Stimulation
- Traction
- Biofeedback
- Taping/Bracing
- Custom Fitted Orthotics
- Pre/Post Joint Replacement Rehab
- Cervical/Lumbar Spine Stabilization
- Post-Surgical Rehab
- Urinary Incontinence Program
- Pre-Natal/Postpartum Program
- Balance Training/Functional Activity
- Osteoporosis/Postural Assessment
- Gait Analysis/Training
- TMJ Joint Dysfunction
- Ergonomic/Job Site Assessment
- Functional Capacity Evaluation

TREATMENT PLAN: Frequency of Treatment (1 2 3 4 5 Days/Weeks)
 Change PRN as Patient Progresses

TREATMENT PLAN: Duration: (1 2 3 4 5 6 7 8 Weeks) From start of Therapy
 _____ to _____

I certify that the treatment above will be carried out by me or under my direction.
 _____, PT Date _____

I certify medical necessity for therapy services for the above named patient.
 _____, MD Date _____

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Daily Note

Corvel Capture 10/11/2010 71
 Mt. Pleasant
 P.O. Box 1390
 Mt. Pleasant, SC 29465
 (843) 884-7880
 (843) 884-6635 Fax
 Email- RCCTHERAPY@inforvc.net

Diagnosis: PAIN - Shoulder (719.41)
 Problems: Shoulder - Right

Visit Date: 9/9/2010

Patient: Thomas Contreras

Referral: DeMarco, James

Subjective:

Pt reports that most of his pain today is limited to the front of his shoulder. He has pain actively lifting his shoulder over his head and when changing light bulbs in his house the other day.

Objective:

See Flow Chart for treatment administered to this patient today.

Warm-up on UBE followed by addition of light therex today with red TB. Instructed pt in proper technique and given copy of HEP with TB.

Finished with CP.

DTT:30 min

TTT:40 min

Objective Finding	Initial	Goal
Shoulder PROM (R) Flexion	65	70
Shoulder PROM (R) Flexion	70	70
Shoulder Active Compression	Pos/Right	Negative
Shoulder Empty Can Test	Negative	Negative
Shoulder Empty Can Test	Negative	Negative
Shoulder Hawkins Kennedy Impingement Test	Negative	Negative
Shoulder MMT External Rotation	4/5	4/5
Shoulder MMT Flexion	4/5	4/5
Shoulder MMT Horizontal ABD	4/5	4/5
Shoulder MMT Supraspinatus Right	3/5	3/5
Shoulder PROM (R) Flexion	70	70
Shoulder PROM (R) Flexion	70	70
Shoulder PROM External Rotation	95	95
Shoulder PROM (R) Internal Rotation	50	50

Assessment:

Pts active ROM looks to be WNLs when viewed during pulleys and session. Feel he may have some RC weakness as well as possible tendonitis. Wonder as to full compliancy with HEP however he did respond well to therex today. PT is currently working light duty at work and trying to perform light ADLs at home with subjective reports of pain that have not changed much since start of therapy. He has met all his STGs and no LTGs. Feel he may benefit from d/c to HEP with use of TB and instructions given until MD reassessment since pt has shown or demonstrated little progress in therapy.

Plan:

D/C to HEP with TB exercises and previous HEP until MD appt. at end of month.

Exercise/Modality Description (Sets/Reps/W/D/Duration)	Plan
Aerobic-TBE	

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Shoulder: Capsule Stretching 12:30 clock positions on wall
 Shoulder: Post-Capsule Stretch
 Antagonists
 Manual Therapy
 Foam Roll
 Scapula: Tubing Rows
 Shoulder: Internal Rotation
 Shoulder: External Rotation
 Shoulder: Internal Extension
 Shoulder: External Extension
 Shoulder: Internal Rotation
 Shoulder: External Rotation

Corey A. Hunt, SPT

Corey Hunt (WP) PT

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test

Daily Note

DATE:	9/2/2010	INSURANCE:	CAREIQ THERAPY PROGRAM
PATIENT:	Contreras, Thomas		
PATIENT #:	1000043251	DATE OF BIRTH:	
DIAGNOSIS:	PAIN - Shoulder (719.41)		
PROBLEM SITE:	Shoulder - Right		
SITE DESCRIPTION:	West		
REFERRAL:	F96236 James DeMarco, M.D.		

Pt continues to report pain located on post R shoulder, proximal to spine of scapula. Reports desk work and overhead motion still irritate shoulder and make pain worse

See Flow Chart for treatment administered to this patient today.

Cont. with light warm-up on UBE, manual stretching and finished with ice. Pt reports bruising around hybrosis patch and does not think it is helping with pain. continued cross lat stretch due to spasms along lats and rhomboids.

TTT:40'
Dt: 30

Objective Finding	Initial	Last	Current	Goal
Shoulder AROM (R) ABD	165	165	WNL	
Shoulder AROM (R) Flexion	170	170	WNL	
Shoulder PROM (R) ABD	170	170	180	
Shoulder PROM (R) Flexion	170	170	180	
Shoulder PROM External Rotation	95	95	95	
Shoulder PROM (R) Internal Rotation	50	50	L1	

Exercise/Modality Description (sets/reps/weight/duration)	9/2/2010	8/26/2010	8/23/2010	8/18/2010	8/12/2010
Aerobic-UBE	6	6	6	6	6
Shoulder - Capsular Stretching - 1,2,3 o'clock positions on wall	15	15	15	15	15
Shoulder - Post Capsule Stretch	15	15	15	15	15
Manual Therapy	15	15	15	15	
Iontophoresis - hybrosis		15		15	15
Foam Roll		0/0/0/5	0/0/0/5	0/0/0/5	

Pts ROM has improved and feels as though he would also benefit from strengthening program if approved by doctor. Pts pain now seems to be related to weakness in RC

Cont POC c focus on stretching and modalities for P until doctor approves strengthening program

Casey J. Elliott, DPT

Patient: Contreras, Thomas (Pat#:1000043251) for 9/2/2010 Visit

Page 1

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Corey Hunt (WP), PT

Patient: Contreras, Thomas (Pat#:1000043251) for 9/2/2010 Visit

1/65



Daily Note

Visit Date: 8/26/2010

Patient: Thomas Contreras

Referral: DeMarco, James

Subjective:

Pt is frustrated because his P is still the same and has been this way since his last st

Objective:

See Flow Chart for treatment administered to this patient today.

Cont. with light warm-up on UBE, manual stretching and finished with Hybresis
Added cross lat stretch due to spasms along lats and rhomboids.

TTT:45'

Objective Finding	Initial	Goal
Shoulder PROM (R) Flexion	170	170
Shoulder PROM (R) Extension	170	170
Shoulder PROM (R) Abduction	170	170
Shoulder PROM (R) Internal Rotation	170	170
Shoulder PROM (R) External Rotation	170	170
Shoulder Active Flexion	170	170
Shoulder Active Extension	170	170
Shoulder Active Abduction	170	170
Shoulder Active Internal Rotation	170	170
Shoulder Active External Rotation	170	170
Shoulder Strength	170	170
Shoulder ROM (R) Flexion	170	170
Shoulder ROM (R) Extension	170	170
Shoulder ROM (R) Abduction	170	170
Shoulder ROM (R) Internal Rotation	170	170
Shoulder ROM (R) External Rotation	170	170

Assessment:

Pt able to achieve full PROM c P at end range into flex and IR. Only gets relief from ionto at this time.

Plan:

Cont POC c focus on stretching and modalities for P.

Exercise/Modality Description	(Sets/Reps/W/Duration)	Plan
Shoulder - External Stretching - 120° of Flexion on wall	15	
Shoulder - Post. Capsule Stretch	15	
Lat/Thoracic	15	
Manual therapy	15	
Foam roll	15	

Corey Hunt, DPT

Corey Hunt (WP) PT

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of Charleston

Daily Note

Corvel Capture 10/7/2010 76
 P.O. Box 1390
 Mt. Pleasant, SC 29465
 (843) 884-7880
 (843) 884-6635 Fax
 Email: RCCTHERAPY@infoave.net

Diagnosis: PAIN - Shoulder (719.41)
 Problems: Shoulder - Right

Visit Date: 8/23/2010

Patient: Thomas Contreras

Referral: DeMarco, James

Subjective:

States that his shoulder has not improved since the start of therapy. He finds himself waking up with his shoulder above his head due to his sleeping patterns and he finds it painful in the morning however has not limited his sleep much.

Objective:

See Flow Chart for treatment administered to this patient today.

Cont. with light warm-up on UBE, manual stretching and finished with CP.

Discussed continued CP and anti-inflammatories at home.

TIT:40 min

Objective Finding	Initial	Goal
Shoulder PROM Flexion	105	120
Shoulder PROM Extension	170	170
Shoulder AC Joint Compression	Positive	Positive
Shoulder Girth Test	Negative	Negative
Shoulder Empty Can Test	Negative	Negative
Shoulder Hawkins - Kennedy Impingement Test	Negative	Negative
Shoulder MMJ External Rotation	45	45
Shoulder MMJ Flexion	45	45
Shoulder MMJ Horizontal ABD	45	45
Shoulder MMJ Supraspinatus Arch	45	45
Shoulder Neer's Test	45	45
Shoulder PROM Flexion	105	120
Shoulder PROM Extension	170	170
Shoulder PROM External Rotation	45	45
Shoulder PROM Internal Rotation	50	50

Assessment:

Pt is tender to palpation along teres mm however he has not noticeable excessive/limited scapular motion. Current plan has not given pt much relief.

Plan:

Plan to see pt 1-2 times a week for 3-4 weeks. Plan to include HEP, there ex with emphasis on stretching program and modalities as needed for pain relief such as estim ionto and ice. Consider sending back to MID.

Exercise/Modality/Description (Sets/Reps/Wt/Duration)	Plan
Shoulder Capsular Stretching	12-30 clock positions on wall
Shoulder Girth Capsule Stretch	
Anterior	
Posterior	
Internal/External	
Ham Roll	

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Corey Hunt, SPT

Corey Hunt (WP) PT

1 . .
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Daily Note

Corvel Capture 10/7/2010 78
 P.O. Box 1390
 Mt. Pleasant, SC 29465
 (843) 884-7880
 (843) 884-6635 Fax
 Email: RCCTHERAPY@infoave.net

Diagnosis: PAIN - Shoulder (719.41)
 Problems: Shoulder - Right

Visit Date: 8/18/2010

Patient: Thomas Contreras

Referral: DeMarco, James

Subjective:

States that he was using his mouse today on the computer and noticed the pain in his biceps tendon.

Objective:

See Flow Chart for treatment administered to this patient today:

Kept session light with warm-up on UBE, foam roll stretch, manual stretching and finished with iontophoresis with ketoprofen.

Objective Finding	Initial	Goal
Shoulder AROM (R) Flexion	65	70
Shoulder AROM (R) Extension	70	75
Shoulder AROM (R) Abduction	60	70
Shoulder AROM (R) Internal Rotation	65	70
Shoulder AROM (R) External Rotation	65	70
Shoulder PROM (R) Flexion	70	75
Shoulder PROM (R) Extension	75	80
Shoulder PROM (R) Abduction	70	75
Shoulder PROM (R) Internal Rotation	70	75
Shoulder PROM (R) External Rotation	70	75

Assessment:

Have difficulty with communication of symptoms and wonder as to compliance and stretches at home, however symptoms seem to be controlled by iontophoresis.

Plan:

Plan to see pt 1-2 times a week for 3-4 weeks. Plan to include HEP, there ex with emphasis on stretching program and modalities as needed for pain relief such as estim ionto and ice

Exercise/Modality	Description (Sets/Reps/Wt/Duration)	Plan
Trabecular Bed		
Shoulder - Capsular Stretching	1-2 in clock positions on wall	
Shoulder - Post-Capsular Stretch		
Iontophoresis		
Manual Therapy		
Foam Roll		

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Corey & Hunt, DPT

Corey Hunt (WP) PT

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test

Daily Note

DATE:	8/12/2010	INSURANCE:	CAREIQ THERAPY PROGRAM
PATIENT:	Contreras, Thomas		
PATIENT #:	1000043251	DATE OF BIRTH:	
DIAGNOSIS:	PAIN - Shoulder (719.41)		
PROBLEM SITE:	Shoulder - Right		
SITE DESCRIPTION:	West		
REFERRAL:	F96236 James DeMarco, M.D.		

Pt is 48 yo male who works as fire fighter that reports to therapy for eval and tx of R shoulder pain following labral repair in 2009. Doctor would like only stretches performed during therapy and onto for LBP relief. Pt reports he originally injured shoulder by lifting weights and performing overhead press. Pt reports he had PT for several weeks following therapy but pain never subsided. Aggravating factors: resting arm on console of car, bowling, holding object, see DASH for attached list
Relieving factors: n/a

PMH: 2 prior shoulder surgeries
Meds: Celebrex prn
Pts last imaging study was performed in 2009

See Flow Chart for treatment administered to this patient today.

AROM: limited R abduction and flexion, pain with overpressure into AC joint
PROM: limited pectoralis tightness (R) and limited post capsule length
Posture: protracted shoulders and forward head posture
Strength: dec in R RC musculature and scapular retractors and LT
Palpation: tender over biceps tendon, tenderness on R AC joint
Special tests: hawkins kennedy -, empty can -, neer -, sulcus -

Tx today: shown HEP of stretches, ended with ionto on biceps tendon

Objective Finding	Initial	Last	Current	Goal
Shoulder AROM (R) ABD	165		165	
Shoulder AROM (R) Flexion	170		170	
Shoulder AC joint Compression	Pos/Right		Pos/Right;	
Shoulder Clunk Test	Negative		Negative	
Shoulder Empty Can Test	Negative		Negative	
Shoulder Hawkin's-Kennedy Impingement test	Negative		Negative ;	
Shoulder MMT External Rotation	+4/5		+4/5	
Shoulder MMT Flexion	+4/5		+4/5	
Shoulder MMT Horizontal ABD	4/5		4/5	
Shoulder MMT supraspinatus right	4+/5		4+/5	
Shoulder Neer's Test	-		-	
Shoulder PROM (R) ABD	170		170	
Shoulder PROM (R) Flexion	170		170	
Shoulder PROM External Rotation	95		95	
Shoulder PROM (R) Internal Rotation	50		50	

Exercise/Modality Description (sets/ reps/weight/duration)	8/12/2010				
Aerobic-UBE	6				
Shoulder - Capsular Stretching - 1,2,3 o'clock positions on wall	15				
Shoulder - Post Capsule Stretch - sleeper	15				
Iontophoresis	15	171			

Patient: Contreras, Thomas (Pat#:1000043251) for 8/12/2010 Visit

Page 1

Corey Hunt (WP), PT

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Patient: Contreras, Thomas (Pat#:1000043251) for 8/12/2010 Visit

Page 2

ASSESSMENT: Response to treatment / Goal status

PLAN:

Therapist Signature

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REPORTS PLUS

1-29-10

Physician Follow-Up / Re-Evaluation / Discharge

Date: 1-26-10

Physician: Jaskuchl

Patient Name: Thomas Contreras

Initial Eval. Date: 10-13-09

Diagnosis: (R) shld abridement

Number of Visits: 21

Patient's treatment has consisted of:

Therex, manual therapy, Heat & Cryo, E-stim,
US, Vasopneumatic Compression.

Objective Measurements/Progress: (R) shld ROM: 153° flexion, 142° abdu
IR to T₁₂, ER to T₂. (R) shld RMT: 5/5 all planes x
IR 4/5.

Assessment/Progress: Tol's advanced ther-ex & limitations. Pt
cont's to have subjective c/p joint pain when palpated.
also do 'popping' sensation in certain motions. Problems
in repetitive box lifts 40# or greater. Pt has reached
Plan/Goals/Reason for DC: treatment plateau at this time.

Recommend O/C to NCP for MD approval. Thanks!

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New MD orders or written comments: _____ Frequency & Duration: _____

PT signature: Jenny Neary FTS MD signature: _____

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Progress Notes

Sushwhick

PATIENT Thomas Contreras

DOCTOR

NEXT MD APPT

1-27-10

DIAGNOSIS

Skid

Date

1-15-10

#Rx since last re-eval

1st. feels fine as long as I'm

Rx remaining

SUBJECTIVE

my "celebration"

OBJECTIVE

Interf. min
E-stim min
CP min

MH min
manual min
other min

CTX/PTX #lbs Int/static
① ther ex per flow sheet 45 min
US cont/pulse min

fludo min
paraffin
lonto mA/mlr

① per therapist

ASSESSMENT: Response to treatment / Goal Status

challenged & T-band. (I) is clinical ther-ex. Slightly
100 IR/ER.

PLAN:

Cont & progression... add chest press.

Therapist Signature

[Signature]

Date

#Rx since last re-eval

Rx remaining

SUBJECTIVE

OBJECTIVE

Interf. min
E-stim min
CP min

MH min
manual min
other min

CTX/PTX #lbs Int/static
ther.ex per flow sheet min
US cont/pulse min

fludo min
paraffin
lonto mA

ASSESSMENT: Response to treatment / Goal Status

PLAN:

ns

Progress Notes

PATIENT Thomas Cervantes DOCTOR Jaskwinski
 DIAGNOSIS shld alb. NEXT MD APPT. _____ Rx remaining _____
 Date 12/23/09 #Rx since last re-eval _____
 SUBJECTIVE c/o a popping

OBJECTIVE
 Interf. _____ min _____ MH _____ min
 E-stim _____ min _____ manual _____ min
 CP _____ min _____ other _____ min
 CTX/PTX _____ #lbs Int/Static _____
 Ther ex per flow sheet 1 min _____
 US cont/pulse _____ min _____
 fluid _____ min
 paraffin _____
 lonto _____ mA/min
Flow sheet added several.
shld

ASSESSMENT: Response to treatment / Goal Status 5/5 MMT shld ✓ + ABD

PLAN: ↑ move to planker position working on form.

Therapist Signature K. Gode PT
 Date 12/29/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE no new c/o
 OBJECTIVE
 Interf. _____ min _____ MH _____ min
 E-stim _____ min _____ manual _____ min
 CP _____ min _____ other _____ min
 CTX/PTX _____ #lbs Int/Static _____
 Ther ex per flow sheet 45 min _____
 US cont/pulse _____ min _____
 fluid _____ min
 paraffin _____
 lonto _____
Flow sheet
Measured ROM

ASSESSMENT: Response to treatment / Goal Status shld ✓ = 146° IR = 5° ER = 61°
ABD = 145° shortened ex 2° c/o asthma
+ c/o 11th rib. No real. 1 in ROM.
 PLAN: Cont. 400

Therapist Signature K. Gode PT
 176

Progress Notes

PATIENT Thomas Contreras DOCTOR Jaskiwich
 DIAGNOSIS B shld dlp. NEXT MD APPT _____
 Date 12/23/09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE cto "poppy" ?

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static	fluids	min
E-stim	min	manual	min	ther ex per flow sheet	<u>10</u> min	paraffin	
<u>2</u> CP	<u>10</u> min	other	min	US cont/pulse	min	ionto	mA/min

Flow sheet = added several.
1) 2) shld

ASSESSMENT: Response to treatment / Goal Status 5/5 M.MAT shld ✓ + ASD (Blue)

PLAN: 1) move to planker position working on form C.

Therapist Signature K. Good PM

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE _____

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static	fluids	min
E-stim	min	manual	min	ther ex per flow sheet	min	paraffin	
CP	min	other	min	US cont/pulse	min	ionto	mA

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature AM

Progress Notes

PATIENT Thomas Conrad DOCTOR Jaskulich
 DIAGNOSIS (R) milds debridement NEXT MD APPT 1-27-10
 Date 12-4-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE "it's feeling better"

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static	fluido	min
E-stim	min	(2) manual	15 min	(3) ther. ex per flow sheet	45 min	paraffin	
CP	min	other	min	(1) US cont/pulse	8 min	lonto	mA/r

(1) (R) milds (2) PROM all planes (3) per flow

ASSESSMENT: Response to treatment / Goal Status Con't v light catch @ supra tendon

PLAN: Con't. to work stability open chain @ to tolerance.

Therapist Signature Kevin H. [unclear]

Date 12/17/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Been feeling upretty good the last few weeks. Was having a little bit sleep on it wing

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static	fluido	min
E-stim	min	(2) manual	15 min	(1) ther. ex per flow sheet	45 min	paraffin	
CP	min	other	min	US cont/pulse	min	lonto	mA/r

(1) Per flow (2) PROM: all planes

ASSESSMENT: Response to treatment / Goal Status 0 Pd pain today. Excellent. PROM..

PLAN: Cont to P.O.C.

Therapist Signature John Ch. [unclear] 178

Progress Notes

PATIENT Thomas Fontana DOCTOR Jaskiwich
DIAGNOSIS (R) supra debridement NEXT MD APPT _____

Date 12-4-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE "RT's feeling better"

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs Int/static _____ fludo _____ min
E-stim _____ min (2) manual 15 min (3) ther. ex per flow sheet 45 min paraffin _____
CP _____ min (1) other _____ min (1) US cont/pulse 8 min ionto _____ mA/min
(1) (R) slides (2) PROM all places (3) per flow

ASSESSMENT: Response to treatment / Goal Status Can't ulight catch (a)
supra tendon

PLAN: Don't to work stability over training
to tolerance

Therapist Signature Kenn H. [unclear]

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs int/static _____ fludo _____ min
E-stim _____ min manual _____ min ther. ex per flow sheet _____ min paraffin _____
CP _____ min other _____ min US cont/pulse _____ min ionto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature _____

179'

Progress Notes

PATIENT Thomas Contreras DOCTOR J
 DIAGNOSIS R shld. debridement NEXT MD APPT 11-30-09
 Date 11/25/09 #Rx since last re-eval Reeval Rx remaining
 SUBJECTIVE Ø new ds. Continues to c/o pain in shld jt

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs in/static	fludo	min
E-stim	min	③ manual	9 min	① ther ex per flow sheet	min	paraffin	
CP	min	② other	min	US cont/pulse	min	lonto	mA/r

- ① Per flow sheet
- ② Reeval
- ③ PROM: all planes

ASSESSMENT: Response to treatment / Goal Status see reeval sheet

PLAN: Cont per MD orders

Therapist Signature Kiki Chy, PPT

Date 12/1/09 #Rx since last re-eval 1 Rx remaining

SUBJECTIVE pt. hurt shoulder over weekend from knots in water heater, said he feels a little better today

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs in/static	fludo	min
② E-stim	15 min	manual	min	① ther. ex per flow sheet	45 min	paraffin	
② CP	15 min	other	min	US cont/pulse	min	lonto	mA/min

- ① per flow sheet! Added ball workout, at Ticeps, at IR/ER
- ② Motion to ② shoulder. on up in sitting

ASSESSMENT: Response to treatment / Goal Status pt. continues to c/o pain in Ant shoulder. Pt reports that it does not hurt specifically that it just hurts sometimes

PLAN: continue to progress strengthening exercises as tolerated by pt.

Therapist Signature [Signature] SPT / Kiki Chy, PPT

Progress Notes

PATIENT Shojman Contreras DOCTOR J
DIAGNOSIS (R) Wld's debridement NEXT MD APPT 11-30-09
Date 11-17-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Can't c/o pain in any Wld's mt. Care workers signing to move up apt.

OBJECTIVE
Interf. _____ min 1 MH 10 min CTX/PTX _____ #lbs int/static _____ fluido _____ min
E-stim _____ min 3 manual 15 min 2 ther ex per flow sheet 30 min paraffin _____
4 CP 15 min other _____ min US cont/pulse _____ min 4 ionto 15 mA
(R) Wld's, 2 per flow, 3 PROM all planes, 4 cryo in rest.

ASSESSMENT: Response to treatment / Goal Status Can't c/o pain. Though not affecting participation in ex. program.

PLAN: 1 cloud chaired activities to facilitate co-contraction around ft.

Therapist Signature Kim Bluest PT

Date 11/20/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Pt. still c/o pain in Ant. Shoulder

OBJECTIVE
Interf. _____ min _____ MH _____ min CTX/PTX _____ #lbs int/static _____ fluido _____ min
2 E-stim 15 min _____ manual _____ min 1 ther. ex per flow sheet 45 min paraffin _____
2 CP 15 min other _____ min US cont/pulse _____ min ionto _____ mA
1 per flow
2 E-stim to 2 shoulder, 2 CP

ASSESSMENT: Response to treatment / Goal Status Pt. reports ball push-ups to USE causing pain/tightness in biceps. Tried to do push-ups in BOSn ball on table, but pt couldn't perform b/c of weakness, did not ↑ pain.

PLAN: Continue to progress strengthening as tolerated by pt.

Therapist Signature [Signature] SPT / Yuk: Chy. DPT

Progress Notes

PATIENT Thomas Contreras DOCTOR J

DIAGNOSIS (1) mild debridement NEXT MD APPT 11-30-09

Date 11-17-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Can't c/o pain in any mild mvt. Case worked trying to move up apt.

OBJECTIVE

Interf. _____ min	<u>(1)</u> MH _____ min	CTX/PTX _____ #lbs int/static _____	fluido _____ min
E-stim _____ min	<u>(3)</u> manual <u>15</u> min	<u>(2)</u> ther ex per flow sheet <u>15-30</u> min	paraffin _____
<u>(4)</u> CP <u>15</u> min	other _____ min	US cont/pulse _____ min	<u>(4)</u> Ionto <u>15</u> mA/min

(1) mild (2) per flow (3) PROM all planes (4) cryo in 20 min

ASSESSMENT: Response to treatment / Goal Status Can't c/o pain though not affecting participation in ex. program.

PLAN: ↑ closed chained activities to facilitate co-contraction around pt.

Therapist Signature Kimblum PT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE _____

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs int/static _____	fluido _____ min
E-stim _____ min	manual _____ min	ther.ex per flow sheet _____ min	paraffin _____
CP _____ min	other _____ min	US cont/pulse _____ min	Ionto _____ mA

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature [Signature]

Progress Notes

PATIENT Woman Portuses DOCTOR Qankurhic h
 DIAGNOSIS R wld's debridement -NEXT MD APPT _____
 Date 11-10-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE Still hurting though a different pain

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static	fludo	ml
E-stim	min	manual	min	ther.ex per flow sheet	40 min	paraffin	
CP	min	other	min	US cont/pulse	min	ionto	mu

① per flow ② EHC to ③ wld's ④ PROM all phases
 ⑤ comp is sitting

ASSESSMENT: Response to treatment / Goal Status

Good pt. mobility, catching @
FOR.

PLAN:

9 Ther ex to facilitate co-contraction.

Therapist Signature [Signature]

Date 11/13/09 #RX since last re-eval _____ Rx remaining _____

SUBJECTIVE

pt. still cl. pain in Ant. shoulder

OBJECTIVE

Interf.	min	② MH	10 min	CTX/PTX	#lbs int/static	fludo	ml
E-stim	min	manual	min	① ther.ex per flow sheet	35 min	paraffin	
④ CP	10 min	other	min	③ US cont/pulse	8 min	ionto	mu

① per flow stati Added finger loader
 ② PROM Abd tTR C distraction
 ③ U.S EHC+BF @ 1.3 W/cm² @ B shoulder
 ④ CP to B shoulder

ASSESSMENT: Response to treatment / Goal Status

pt. still has deficits in Abd tTR
PRM.

PLAN:

Continue to progress strengthening as tolerated by pt

Therapist Signature [Signature]

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SPT / [Signature]

Progress Notes

PATIENT Thomas Cortez DOCTOR Jankuich

DIAGNOSIS: R) vldr debridement -NEXT MD APPT

Date 11-10-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Still hunting though a different pain

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs Int/Static	fludo	min
E-stim	min	manual	min	ther.ex per flow sheet	<u>40</u> min	paraffin	
CP	min	other	min	US cont/pulse	min	lonto	mA/ml

1) see how 2) E MC to @ vldr PROM all planes
3) comp in sitting

ASSESSMENT: Response to treatment / Goal Status Good if mobility, catching @
FDL

PLAN: 9 Ther ex to facilitate co-contraction

Therapist Signature Kim Hueston

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE _____

Interf.	min	MH	min	CTX/PTX	#lbs Int/Static	fludo	min
E-stim	min	manual	min	ther.ex per flow sheet	min	paraffin	
CP	min	other	min	US cont/pulse	min	lonto	mA/ml

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: 124

Progress Notes

PATIENT Thomas Contreras DOCTOR JaskWhich
 DIAGNOSIS R'shld. debridement -NEXT MD APPT _____

Date 11/3/09 #RX since last re-eval _____ Rx remaining _____

SUBJECTIVE States that his shoulder hurts a little more than normal

OBJECTIVE

Interf. _____ min MH _____ min CTX/PTX _____ #lbs Int/Static _____ Judo _____ min
 R Estim 15 min manual _____ min (1) ther ex per flow sheet 20 min paraffin _____
 CP VPC 15 min other _____ min US cont/pulse _____ min Ionto _____ mA/min
 (1) Per flow sheet: Added Ball on Wall (#2), Ball over chair (lead), Allgpa: Rows & Bio
 Tab Pull down, Triga (2) VPC & Estim

ASSESSMENT: Response to treatment / Goal Status One to focusing on larger muscle groups throughout Rx at reported less tenderness in R shoulder. Did NOT resume T-band exercises ? to pt. requests.

PLAN: cont. to progress strengthening exercises as tolerated by pt.

Therapist Signature [Signature] SPT Jask Which, DPT

Date 11/3/09 #RX since last re-eval _____ Rx remaining _____

SUBJECTIVE Cont to Report 1'd pain to most movements. He called his case manager to get ^{VED} try to get an earlier appt. to MD.

OBJECTIVE

(3) Interf. 15 min MH _____ min CTX/PTX _____ #lbs Int/Static _____ Judo _____ min
 Estim _____ min (2) manual 5 min (1) ther. ex per flow sheet 35 min paraffin _____
 (2) CP 15 min other _____ min US cont/pulse _____ min Ionto _____ mA/min
 (1) Per flow sheet (2) PROM: all planes to assess motion
 (3) IFC & CP to @ shld, seated

ASSESSMENT: Response to treatment / Goal Status Reported 0 & in pain to exercises. Cont to report pain and tenderness @ ant. shld

PLAN: Cont to exercise as pt tolerates

Therapist Signature [Signature] SPT Jask Which, DPT

Progress Notes

PATIENT Thomas Carreras DOCTOR Jaskewich

DIAGNOSIS R'shd. debridement --NEXT MD APPT _____

Date 11/3/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE States that his shoulder hurts a little more than normal

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/static _____	fludo _____ ml
Estim <u>15</u> min	manual _____ min	① ther ex per flow sheet <u>20</u> min	paraffin _____
CP VPC <u>15</u> min	other _____ min	US cont/pulse _____ min	lonto _____ mA

① Per flow sheet: Added Bill on wall (#1), Bill over door (lead), All Egs. Rows & L
 Pat Pull down, Triceps ② VPC & Estim

ASSESSMENT: Response to treatment / Goal Status One to focusing on larger muscle groups throughout Rx pt reported less tenderness in R shoulder. Did NOT resume T-Sport exercises 2° to pt. request.

PLAN: cont. to progress strengthening exercises as tolerated by pt.

Therapist Signature [Signature] SPT Jaskewich, DPT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/static _____	fludo _____ ml
Estim _____ min	manual _____ min	ther ex per flow sheet _____ min	paraffin _____
CP _____ min	other _____ min	US cont/pulse _____ min	lonto _____ mA

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature [Signature]

Progress Notes

PATIENT Thomas Contreras DOCTOR Jaskubich
 DIAGNOSIS (1) Shoulder debridement -NEXT MD APPT _____
 Date 10/28/09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE Feet good yesterday - hurts today

OBJECTIVE
 Interf. _____ min (1) MH 10 min CTX/PTX _____ #lbs Int/static _____ fluido _____ min
 E-stim _____ min manual _____ min (2) ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min Ionto _____ mA/r
(1) MHP x 10' (2) shoulder (2) Ther ex per flow sheet

ASSESSMENT: Response to treatment / Goal Status TX session ended early 2° to MD appt. soreness to all the rx but able to complete all the rx

PLAN: To see MD for appt. Cont to progress straighten to tolerance and work related activities

Therapist Signature Brooks Haysgood, PT, MSR

Date 10/30/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE "My shoulder hurt for 3 days"

OBJECTIVE
 Interf. _____ min (1) MH 12 min CTX/PTX _____ #lbs Int/static _____ fluido _____ min
 E-stim _____ min manual _____ min (3) ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min (2) US cont/pulse x 3 min Iontb _____ mA/r
(1) MHP to (2) shoulder x 12 min (2) US cont/pulse x 3 min (3) Ther ex per flow sheet (4) Cryo x 10' to (2) sh.

ASSESSMENT: Response to treatment / Goal Status at clo pain during US tx @ ant/lat GHJ. Possible nerve irritation? Focus on scap stabilization activities this visit. To limit scap stab activities & pain today

PLAN: Care per POZ

Therapist Signature Brooks Haysgood PT, MSR

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Progress Notes

PATIENT Wimman Contreras DOCTOR _____

DIAGNOSIS ① mild debridement NEXT MD APPT. J

D 10-21-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Wound - but had a flu shot 1 hr ago in that arm.

OBJECTIVE

Interf. _____ min ① MH 10 min CTX/PTX _____ #lbs Int/static _____ fluid _____ min

E-stim _____ min _____ manual _____ min ther. ex per flow sheet _____ min paraffin _____

CP _____ min _____ other _____ min ② US cont/pulse 8 min Iontophoresis _____ mA/min

① @ 1.5 w/cm² HC, ③ per flow sheet ④ PROM all planes, ⑤ cryo in sitting

ASSESSMENT: Response to treatment / Goal Status Good PROM - Challenged w/ wiper. S-H shift in W. gravity.

↑ strength here signs -

Therapist Signature Kimberly

D 10/23/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Status has going to see MD on Wed, next wk

OBJECTIVE

Interf. _____ min ① MH 10 min CTX/PTX _____ #lbs Int/static _____ fluid _____ min

E-stim _____ min _____ manual _____ min ② ther. ex per flow sheet 40 min paraffin _____

CP _____ min _____ other _____ min US cont/pulse _____ min Iontophoresis _____ mA/min

MAP x 10' ① Sh. ② Ther wiper flow sheet ③ Re-wound us see Re-eval sheet ④ cryo 10'

ASSESSMENT: Response to treatment / Goal Status PT. Challenged w/ Repetitive OA try to get into PT. Challenged w/ ① ER

Want to progress with endurance activities and light activities

Therapist Signature Brooks Haysgood PTMS

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Progress Notes

PATIENT Thomas Contreras DOCTOR J

DIAGNOSIS @ suldr dibridement NEXT MD APPT

Date 10-21-09 #Rx since last re-eval Rx remaining

SUBJECTIVE slow - but had a flu shot 1 hr ago in that atm.

OBJECTIVE

Interf.	min	<u>1</u> MH	<u>10</u> min	CTX/PTX	#lbs int/static	fludo	min
E-stim	min	manual	min	ther ex per flow sheet	min	paraffin	
CP	min	other	min	<u>2</u> US cont/pulse	<u>8</u> min	ionto	mA/r

1 @ suldr 2 @ 1.5 w/cm² HC (3 per flow) 4 PROM all planes, inf post mob 5 cry in sitting

ASSESSMENT: Response to treatment / Goal Status Good PROM - Challenged - proper S-H rhythm w/ gravity

PLAN: ↑ strengthening

Therapist Signature Kim Bluestein

Date #Rx since last re-eval Rx remaining

SUBJECTIVE

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static	fludo	min
E-stim	min	manual	min	ther ex per flow sheet	min	paraffin	
CP	min	other	min	US cont/pulse	min	ionto	mA/r

ASSESSMENT: Response to treatment / Goal Status

PLAN: 187

PATIENT: Thomas Contreras

DOCTOR: Saskatchewan

DIAGNOSIS: (R) shoulder debridement

NEXT MD APPT: OCT 28TH

Date: 10/13/09

Total Timed Code Min. EVAL

Total Treatment Time Min. _____

SUBJECTIVE: Report having sx on 10/1/09

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs Int/static	fludo	r
E-stim	min	✓ manual	12 min	ther ex per flow sheet	min	paraffin	
✓ CP	10 min	other	min	US cont/pulse	min	ionto	r

① Eval performed. ② Goals (.4-6 wks) ③ I.E HEP ④ ↑ AROM to full ⑤ ↑ d.p. pain
 ⑥ ↑ strength ⑦ shoulder all planes to SIS ⑧ Return to work's limited

ASSESSMENT: Response to treatment / Goal Status Presenting c/s/s consistent c diagnosis
include ↑ pain and ↓ AROM therefore will benefit from PT to address these
deficits and max. function

PLAN: 2x/wk for 4-6 wks to include ther ap, MT techniques, PT ed,
HEP instruction

Therapist Signature: Brooks Hayward, PT, MSCR

Date: 10/16/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE: "Injury" r

OBJECTIVE

Interf.	min	① MH	10 min	CTX/PTX	#lbs Int/static	fludo	r
E-stim	min	manual	min	② ther ex per flow sheet	25 min	paraffin	
④ CP	10 min	other	min	③ US cont/pulse	8 min	ionto	r

① MHP x 10' to ② sh. ③ AD / Ther ex per flow sheet
 ④ US cont. c HE @ 1.5 w/cm x 8' lb ⑤ CP x 10'

ASSESSMENT: Response to treatment / Goal Status AROM ↑ d since last visit. ↑ pain
① ER so D/C'd for today. All other than so tolerate pain

PLAN: Cont per PR

Therapist Signature: Brooks Hayward, PT, MSCR 170

PROGRESS NOTES

PATIENT Thomas Contreras

DOCTOR Jaskeishach

DIAGNOSIS (R) shoulder debridement

NEXT MD APPT _____

Date: 10/13/09

Total Timed Code Min. EVAL

Total Treatment Time Min. _____

SUBJECTIVE Reports having sx on 10/1/09

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/static _____	fluid _____ min
E-stim _____ min	✓ manual <u>12</u> min	ther ex per flow sheet _____ min	paraffin _____
✓ CP <u>10</u> min	other _____ min	US cont/pulse _____ min	lont _____ mA/m

① Eval performed ② Goals (4-6 wks) ③ I & HEP ④ ↑ ROM to full I'd pain
 ⑤ ↑ strength ⑥ Shoulder all planes to SIS ⑦ Return to work 5 months

ASSESSMENT: Response to treatment / Goal Status Pt presents 2 SIS's consistent w diagnosis
include 1 d pain and 1 d ROM therefore will benefit from PT to address these
defects and max. functions

PLAN: 2X/week for 4-weeks to include ther ap, MIT techniques, HEP,
HEP instruction

Therapist Signature: Brian Hayward, PT, MSW

Date _____ Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/static _____	fluid _____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet _____ min	paraffin _____
CP _____ min	other _____ min	US cont/pulse _____ min	lont _____ mA/m

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature: _____

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PROGRESS NOTES

PATIENT Thomas Contrera

DOCTOR Tarkulich

DIAGNOSIS R SLAP Repair

NEXT MD APPT _____

Date 5-29-09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE Ø Δ.

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs int/static	fluido _____ min
E-stim _____ min	③ manual 10 min	① ther ex per flow sheet 45 min	paraffin _____
④ CP 10 min	② other _____ min	US cont/pulse _____ min	ionto _____ mA/p

① Per flow sheet ② Re-eval

③ PROM: all planes, TPR to deltoid insertion (medial hd)

④ CP to @ shld

ASSESSMENT: Response to treatment / Goal Status Good PROM, except slight limited C IR. See EVAL

PLAN: Cont w/ MD's orders. Flu note sent to MD on 6/1/09

Therapist Signature: Lishi Cheng, DPT

Date _____ Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE _____

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs int/static	fluido _____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet _____ min	paraffin _____
CP _____ min	other _____ min	US cont/pulse _____ min	ionto _____ mA/p

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

JAZ

Therapist Signature: _____

SPORTS PLUS

PHYSICIAN/PHILOSOPHY CENTER

Physician Follow-Up / Re-Evaluation / Discharge

Date: 5-29-09 Physician: Tasket

Patient Name: Thomas Contrera Initial Eval. Date: 2/11/09

Diagnosis: (R) SLAP Repair Number of Visits: 32

Patient's treatment has consisted of:

Therex, M4, CP, W, Manual therapy

Objective Measurements/Progress: AROM: V 137°, ABD 140°, ER 60°

IR: PSES MMT: V, ABD, IR, ER ~ 4+/5. Pain ~ 1/10

Assessment/Progress: Patient making good progress; met all STG's,

LTG # 2 met; NOT met LTG # 1, 3 Re: Full pain-free AROM, RTW.

Plan/Goals/Reason for DC:

Will continue per your orders.

Thank you!

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New MD orders or written comments: Frequency & Duration:

* see attached note - VC

PT signature: Linda Choy, DPT

MD signature: [Signature]

PROGRESS NO

PATIENT THOMAS CONTRERAS

DOCTOR _____

DIAGNOSIS R @ SLAP Repair

NEXT MD APPT _____

Date 5/27/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE pt. in pain w/

OBJECTIVE

Interf. _____ min	(1) MH	10 min	CTX/PTX _____	#lbs Int/static _____	fludo _____
E-stim _____ min	manual	_____ min	(2) ther ex per flow sheet	_____ min	paraffin _____
CP _____ min	other	_____ min	US cont/pulse _____ min	_____ min	ionto _____

(1) scap (2) SLAP (3) pain card

ASSESSMENT: Response to treatment / Goal Status

pt. in pain w/ during
exercises. pt. returned and transformed

PLAN: wt @ P.O.C

Therapist Signature: _____

Date 5/27/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

Pain ~ 1/10. Able to start the undulate. w/ less pain

OBJECTIVE

Interf. _____ min	(1) MH	10 min	CTX/PTX _____	#lbs Int/static _____	fludo _____ n
E-stim _____ min	(2) manual	12 min	(2) ther ex per flow sheet	45 min	paraffin _____
CP _____ min	other	_____ min	US cont/pulse _____ min	_____ min	ionto _____ n

(1) MH to (2) SLAP (3) Per flow: Added biceps, triceps
& box. lifts (3) PROM: all planes.

ASSESSMENT: Response to treatment / Goal Status

From looking better, continues to
have some stiffness. Reports no pain w/ UBE + prone V.

PLAN:

Re-eval @ NV for MD fluc f^{icer} on 6/1/09.

PROGRESS NO. 1

COMPEN 031309

PATIENT THOMAS CONTRERAS

DOCTOR _____

DIAGNOSIS (R) SLAP Repair

NEXT MD APPT _____

Date 5/22/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE RS to SLAP R/O

OBJECTIVE

Interf. _____ min (1) MH 10 min CTX/PTX _____ #lbs int/static _____ fluido _____ m
 E-stim _____ min _____ manual _____ min (2) ther ex per flow sheet _____ min paraffin _____
 CP _____ min _____ other _____ min US cont/pulse _____ min lonto _____ m

(1) started (2) SLAP (3) pain control

ASSESSMENT: Response to treatment / Goal Status

RS to SLAP R/O during exercises

PLAN:

CR to P.O.C

Therapist Signature: _____

Date _____

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

OBJECTIVE

Interf. _____ min _____ MH _____ min CTX/PTX _____ #lbs int/static _____ fluido _____ min
 E-stim _____ min _____ manual _____ min ther ex per flow sheet _____ min paraffin _____
 CP _____ min _____ other _____ min US cont/pulse _____ min lonto _____ mA

ASSESSMENT: Response to treatment / Goal Status

PLAN:

RS

Therapist Signature: _____

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Sports Plus PT

05/26/2009 09:48 FAX 8435636404

PROGRESS NOTES

PATIENT Thomas Cook Contreras

DOCTOR [Redacted]

DIAGNOSIS: @ SLAP Repair

NEXT MD APPT _____

Date: 5-15-09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE Somewhat painful today

OBJECTIVE

Interf. _____ min	① MH _____ min	CTX/PTX _____ #lbs Int/static _____	fluid _____ min
E-stim _____ min	③ manual _____ min	② ther ex per flow sheet <u>39</u> min	paraffin _____
④ CP <u>10</u> min	other _____ min	US cont/pulse _____ min	ionto _____ mA/r

① MH + ② shld ② Per flow sheet: Ad rep
 ③ PRom all planes, quadrant not; TPR @ biceps
 ④ CP to ② shld

ASSESSMENT: Response to treatment / Goal Status Tenderness / tender point / knot @ biceps; v/d size of knot but still tender. Good tolerance of exercises

PLAN: Cont @ POC.

Therapist Signature: Kelli Chery, DPT

Date 5-19-09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE Picked up an air cylinder ~ 10 lbs + it hurt. Pain today. 4/10

OBJECTIVE

Interf. _____ min	① MH _____ min	CTX/PTX _____ #lbs Int/static _____	fluid _____ min
E-stim _____ min	③ manual _____ min	② ther ex per flow sheet <u>40</u> min	paraffin _____
④ CP <u>10</u> min	other _____ min	US cont/pulse _____ min	ionto _____ mA/r

① MH + ② shld ② Per flow sheet: Added ball walks
 ③ PRom: all planes, TPR deltoid ④ CP + ② shld

ASSESSMENT: Response to treatment / Goal Status ↓ tenderness / pain @ TPR @ deltoid insertions. Pain @ Tband exercis.

PLAN: Cont @ POC

Therapist Signature: Kelli Chery, DPT

PROGRESS NOTES

PATIENT Thomas Contreras

DOCTOR [Redacted]

DIAGNOSIS: @ SLAPP Repair

NEXT MD APPT _____

Date: 5-15-09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE Somewhat painful today

OBJECTIVE

Interf. _____ min	① MH _____ min	CTX/PTX _____	#lbs Int/static _____	fludo _____ m
E-stim _____ min	② manual _____ min	② ther ex per flow sheet _____ min	39 min	paraffin _____
④ CP _____ min	other _____ min	US cont/pulse _____ min		lonto _____ m

① MH + @ shld ② Per flow sheet: Nd rep
 ③ PROM all planes, quadrant not; TPR @ biceps
 ④ CP to @ shld

ASSESSMENT: Response to treatment / Goal Status Tenderness / tender point / knot @ biceps; ↓d size of knot but still tender. Good tolerance of exercises

PLAN: Cont @ P.O.C.

Therapist Signature: Lili Cheng, DPT

Date _____

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____	#lbs Int/static _____	fludo _____
E-stim _____ min	manual _____ min	ther ex per flow sheet _____ min		paraffin _____
CP _____ min	other _____ min	US cont/pulse _____ min		lonto _____

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

PT

PROGRESS NOTES

Corvel Capture 6/4/2009 107

PATIENT Thomas Contreras

DOCTOR _____

DIAGNOSIS @ SLAP Repair

NEXT MD APPT _____

Date 5-8-09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE Had @ pain today.

OBJECTIVE

④ Interf. 15 min ① MH 10 min CTX/PTX #lbs Int/static _____ fludo _____ min
 E-stim _____ min ② manual 12 min ② ther ex per flow sheet 39 min paraffin _____
 ④ CP 15 min other _____ min US cont/pulse _____ min Ionto _____ mA

① MH to @ shld ② Per flow sheet
 ③ PROM all planes; TPR to pec minor
 ④ IFC ECP Dried U.

ASSESSMENT: Response to treatment / Goal Status Had @ pain but started hurting @ UBE, ↓ delt / biceps pain @ lateral side of TPR

PLAN: Cont E P.O.C

Therapist Signature: Kurti Chy DPT

Date 5-13-09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE Little pain today. ~ 3^{VCOR} Not as stiff this morning

OBJECTIVE

Interf. _____ min ① MH 10 min CTX/PTX #lbs Int/static _____ fludo _____ min
 E-stim _____ min ④ manual 13 min ② ther ex per flow sheet 40 min paraffin _____
 ⑤ CP 10 min ③ other Re-oval min US cont/pulse _____ min Ionto _____ mA

① MH to @ shld, sitting ③ Per flow sheet: Added upright now
 ③ Re-oval ④ PROM: all planes, supine; IK in sitting; TPR @
 biceps tendon / depts.; 1st rib mob on @ side

ASSESSMENT: Response to treatment / Goal Status see sheet. ↓'d biceps pain @ TPR.

PLAN: Cont E P.O.C.

Therapist Signature: Kurti Chy DPT

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PROGRESS NOTES

PATIENT Thomas Contreras
DIAGNOSIS: @ SLAP Repair

DOCTOR _____
NEXT MD APPT _____

COMPPH 031309

Date: 5-8-09 Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE Had @ pain today.

OBJECTIVE

<u>④</u> Interf. <u>15</u> min	<u>①</u> MH <u>10</u> min	CTX/PTX _____ #lbs Int/Static _____	fludo _____ min
E-stim _____ min	<u>②</u> manual <u>12</u> min	<u>②</u> ther ex per flow sheet <u>89</u> min	paraffin _____ min
<u>④</u> CP <u>15</u> min	other _____ min	US cont/pulse _____ min	ionto _____ mA/min

① MH to @ sled ② Per flow sheet

② PRSM all planes; TPR to spec min

④ JFC CCP

ASSESSMENT: Response to treatment / Goal Status Denial W.
✓ USE. ✓ Delt / bicip pain @ lateral side of TPR
 Had @ pain but started hurting

PLAN: Cox t POC

Therapist Signature: Kurti Chy, DPT

Date _____ Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/Static _____	fludo _____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet _____ min	paraffin _____ min
CP _____ min	other _____ min	US cont/pulse _____ min	ionto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

Therapist Signature: _____

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PROGRESS NOTES

COMPLETION

PATIENT

Thomas Corveleras

DOCTOR

DIAGNOSIS

@ Slip Repair

NEXT MD APPT

Date

4-30-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

Pain ~3/10 today. "Feels okay"

OBJECTIVE

③ Intra 15 min ① MH 10 min CTX/PTX #lbs Int/static _____ fluids _____ min
 E-stim _____ min ④ manual 15 min ② ther ex per flow sheet 45 min paraffin _____
 ⑤ CP 15 min other _____ min ③ US cont/pulse 9 min lonto _____ mA/min
 ① MH + @ shld ② per flow sheet
 ③ US E Mx to @ 1st ach min @ 1.3 w/cm² ④ PROM: all planes
 ⑤ IFC E CP to @ shld

ASSESSMENT: Response to treatment / Goal Status

Demonstrated A'd tightness +

muscle guarding @ PROM. Limited IR + ER motion. Pain 6/10
 @ TBand exercise.

PLAN:

Cont @ P.O.C.

Therapist Signature:

Kiki Choy, DPT

Date

5-6-09

Total Timed Code Min.

Total Treatment Time Min.

SUBJECTIVE

Same, @ new changes. Noticed she's able to open the
 car sunroof better, only able to spend 15 min. on computer before

OBJECTIVE

shld better than

④ Intra 15 min ① MH 10 min CTX/PTX #lbs Int/static _____ fluids _____ min
 E-stim _____ min ③ manual 10 min ② ther ex per flow sheet 45 min paraffin _____
 ④ CP 15 min other _____ min US cont/pulse _____ min lonto _____ mA/min
 ① MH + @ shld ② per flow sheet
 ③ PROM: all planes ④ IFC E CP to @ shld

ASSESSMENT: Response to treatment / Goal Status

Better PROM today. No clb

@ A'd pain @ TBand

PLAN:

Cont @ P.O.C.

Therapist Signature:

Kiki Choy, DPT

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PROGRESS NOTES

PATIENT Thomas Corvel

DOCTOR Jean Wehlich

DIAGNOSIS (2) Slap Repair

NEXT MD APPT _____

Date 4-30-09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE pain ~3/10 today. "Feels okay"

OBJECTIVE

(5) Intert. 15 min (1) MH 10 min CTX/PTX #lbs Int/static _____ fludo _____ min
 E-stim _____ min (4) manual 15 min (2) ther ex per flow sheet 48 min paraffin _____
 (5) CP 15 min other _____ min (3) US cont/pulse 9 min Ionto _____ mA/min
 (1) MH + @ shld (2) Per flow sheet
 (3) US @ Met to @ lat. circum @ 1.3 w/cm² (4) Prom: all planes
 (5) IFC @ CP to @ shld.

ASSESSMENT: Response to treatment / Goal Status Demonstrated A/D tightness + muscle guarding @ Prom. Limited IR + ER motion. Pain 6/10 @ TBand exercise.

PLAN: Cont @ P.O.C.

Therapist Signature: Viki Choy, DPT.

Date _____ Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE

OBJECTIVE

Intert. _____ min MH _____ min CTX/PTX #lbs Int/static _____ fludo _____ min
 E-stim _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____
 CP _____ min other _____ min US cont/pulse _____ min Ionto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature: _____

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PATIENT: Thomas Contrera

DOCTOR: Gastelum

DIAGNOSIS: @ SLAP Repair

NEXT MD-APPT: _____

Date: 4-23-09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE: Feels the same

OBJECTIVE

⑤ Intert. 15 min	① MH 10 min	CTXPTX #lbs in static _____ min
E-stim _____ min	④ manual 10 min	② ther ex per flow sheet 45 min
⑤ CP 15 min	other _____ min	③ US compulse 9 min

① MH to ② shld ② per flow sheet ③ US to HC to
 ② shld - lat acromion ④ PROM: all planes; caudal glide
 ⑤ IPC to CP to ② shld

ASSESSMENT: Response to treatment / Goal Status Did well to exercises except had difficulty to full ROM of the prone ✓ exercise. Better PROM to pain + tightness @ EOR

PLAN: Cont to stretching + exercises

Therapist Signature: Terri Clay DPT

Date: 4-28-09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE: Hurts a little less than normal. Got some pain to try to pull the cord to start a weed eater / lawn mower.

OBJECTIVE

Intert. _____ min	① MH 10 min	CTXPTX #lbs in static _____ min
E-stim _____ min	④ manual 15 min	② ther ex per flow sheet 50 min
CP _____ min	other _____ min	③ US compulse 9 min

① MH to ② shld ② per flow sheet
 ③ US to HC to ② shld ④ PROM all planes

ASSESSMENT: Response to treatment / Goal Status Pain @ EOR to PROM. Tight + stiff to day. Difficulty to full range to prone ABD

PLAN: Cont to stretching

Terri Clay DPT

PATIENT

Thomas Contreras

DOCTOR:

[Redacted]

DIAGNOSIS

@ SIAP Repair

NEXT MD/APPT

Date 4-25-09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

Feels the same

OBJECTIVE

⑤ Interf. 15 min	① MH 10 min	CTX/PTX #lbs Int/static _____	_____ min
E-stim _____ min	④ manual 10 min	② ther ex per flow sheet 45 min	_____ min
③ CP 15 min	other _____ min	③ US cont/pulse 9 min	_____ min

① MH to ② shld ② Per flow sheet ③ US @ HC to
 ② shld - lat acromion ④ PROM: all planes: caudal glides
 ⑤ IFC @ CP to ② shld

ASSESSMENT: Response to treatment / Goal Status

Did well @ exercises except had difficulty @ full ROM of the proxe ✓ exercise. Better PROM @ pain + tightness @ EOR

PLAN:

Cont @ stretching + exercises

Therapist Signature:

Vicki Chay DPT

Date _____

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

OBJECTIVE

Interf. _____ min	MH _____ min	CTX/PTX #lbs Int/static _____	_____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet _____ min	_____ min
CP _____ min	other _____ min	US cont/pulse _____ min	_____ min

ASSESSMENT: Response to treatment / Goal Status

PLAN:

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PATIENT [Redacted]

DOCTOR [Redacted]

DIAGNOSIS (1) SIAP Repair

NEXT MD APPT 4/20/09

Date 4-17-09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE WOR 7/10

OBJECTIVE

(3) Intert. 15 min (1) MH 10 min CTX/PTX #lbs Int/static _____ min fluids _____ min
 E-stim _____ min (4) manual 15 min ther ex per flow sheet _____ min paraffin _____ min
 (5) CP 15 min (2) other 15 min (3) US cont/pulse 8 min Ionto _____ mA/min
 (1) (2) shields (2) Re-wal: see sheet (3) lat acromion
 (4) ROM all planes (5) sup & TR

ASSESSMENT: Response to treatment / Goal Status Goals not met: concussive possibility of frozen shldr & excessive & ex hump.

PLAN: Notes to MD - focus on aggressive ROM

Therapist Signature: [Signature]

Date _____ Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE

OBJECTIVE

Intert. _____ min MH _____ min CTX/PTX #lbs Int/static _____ min fluids _____ min
 E-stim _____ min manual _____ min ther ex per flow sheet _____ min paraffin _____ min
 CP _____ min other _____ min US cont/pulse _____ min Ionto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature: [Signature]

PROGRESS NOTES

PATIENT Thomas Contreras

DOCTOR Jaskwicks

DIAGNOSIS SLAP Repair

NEXT MD APPT 4/20/09

Date 4/10/09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE Pt reports shld painful - ↑ ✓

OBJECTIVE

④ Interf. 15 min	① MH 10 min	CTX/PTX #lbs Int/static	fluido min
E-stim min	③ manual 10 min	② ther ex per flow sheet 30 min	paraffin
④ CP 15 min	other min	US cont/pulse min	ionto mA/min

① MH x 10 min to ③ shld. ② Therax per grid. ③ PROM 4 way - gentle mobs. ④ cold PR - JFC.

ASSESSMENT: Response to treatment / Goal Status Pt - mod: pain @ end range esp. ✓ + ER.

PLAN: Cont. abiate rx.

Therapist Signature: Beth One, PTA

Date 4/13/09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE: of Ant shld pr + mm spasms?

OBJECTIVE

Interf. min	① MH 10 min	CTX/PTX #lbs Int/static	fluido min
E-stim min	③ manual min	② ther ex per flow sheet 40 min	paraffin
CP min	other min	US cont/pulse min	ionto mA/min

① ② shld ② ↑ ex. today. Added prone scap stab #1 HD to HEP - look to add HABD / ER for home

ASSESSMENT: Response to treatment / Goal Status Reports difficulty - prone ex not seated scap stab.

PLAN: Add HABD + ER - rth MV, 205

Therapist Signature: Kate Rodeman

PROGRESS NOTES

PATIENT Thomas Centras

DOCTOR Jaskwicks

DIAGNOSIS SLAP Repair

NEXT MD APPT 4/20/09

Date 4/10/09

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

Pt reports shld. painful & ↑ V.

OBJECTIVE

④ Interf. 15 min

① MH 10 min

CTX/PTX #lbs In/Static _____ fluids _____ min

E-stim _____ min

③ manual 10 min

② ther ex per flow sheet 30 min

paraffin _____

④ CP 15 min

other _____ min

US cont/pulse _____ min

ionto _____ mA/min

① T/H x 10min to ② shld. ② Thomas per grid. ③ PROM 4 way & gentle mobs. ④ Cold
PR = JFC

ASSESSMENT: Response to treatment / Goal Status

Pt & mod. pain & end range isp. ✓ + ER.

PLAN:

Cont. above rx.

Therapist Signature: Bob One, PTA

Date _____

Total Timed Code Min. _____

Total Treatment Time Min. _____

SUBJECTIVE

OBJECTIVE

Interf. _____ min

MH _____ min

CTX/PTX #lbs In/Static _____

fluids _____ min

E-stim _____ min

manual _____ min

ther ex per flow sheet _____ min

paraffin _____

CP _____ min

other _____ min

US cont/pulse _____ min

ionto _____ mA/min

ASSESSMENT: Response to treatment / Goal Status

PLAN:

Sib

COMPTON 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskulch
DIAGNOSIS (R) SLAP Repair NEXT MD APPT 4/30/09

Date 4/3/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Still has "lots of cramping."

OBJECTIVE:
(4) Intof. _____ min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fludo _____ min
Estim _____ min (3) Manual 15 min (2) Ther ex per flow sheet 30 min paraffin _____ min
(4) CP _____ min other _____ min US cont/ pulse _____ min w/cm2 _____ lonto _____ mA/min _____ mA
(1) (R) shld. (2) Per flow. (3) PROM all planes.
(4) (R) shld.

ASSESSMENT: Response to treatment/ goal status I'd PROM over last few visits. Still struggles w AROM.

PLAN: Cont. w PROM @ every visit.

Therapist Signature: [Signature] PT

Date 4/7/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: "Feeling better" Cont's to have spasms abng biceps post. shld. Mild pain ant. shld. 10 pain.

OBJECTIVE:
(4) Intof. 15 min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fludo _____ min
Estim _____ min (2) Manual 10 min (2) Ther ex per flow sheet 30 min paraffin _____ min
(4) CP 15 min other _____ min US cont/ pulse _____ min w/cm2 _____ lonto _____ mA/min _____ mA
(1) (R) shld. seated. (2) per flowchart (3) PROM all planes

(4) IFC w ergo (R) shld. seated

ASSESSMENT: Response to treatment/ goal status Good PROM but cont's to be mod. painful @ end-ranges. Difficult to receive feedback from pt.

PLAN: Cont to progress AROM.

Therapist Signature: [Signature] PT

COMPEN 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR last which
DIAGNOSIS (R) SLAP Repair NEXT MD APPT _____

Date 4/3/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Still has "lots of cramping."

OBJECTIVE:
(4) Interf. _____ min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min (3) Manual 15 min (2) Ther ex per flow sheet 30 min paraffin _____ min
(4) CP _____ min other _____ min US cont/ pulse _____ min w/cm2 _____ ionto _____ mA/ min _____ mA
(1) (2) shld. (2) Per flow. (3) PROM all planes.
(4) (2) shld.

ASSESSMENT: Response to treatment/ goal status ↑ 1/2 PROM over last few visits. Still struggles w/ AROM.

PLAN: Cont. w/ PROM @ every visit.

Therapist Signature: [Signature] PT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
Interf. _____ min MH _____ min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min
CP _____ min other _____ min US cont/ pulse _____ min w/cm2 _____ ionto _____ mA/ min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: [Signature]

PROGRESS NOTES

PATIENT Thomas Combreras DOCTOR Jaskubczak
DIAGNOSIS (R) Slap Repair NEXT MD APPT _____

Date 3/27/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Pn level 6/10 today

OBJECTIVE:
(4) Interf. 15 min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min Manual _____ min (2) Ther ex per flow sheet 10 min paraffin _____ min
(4) CP 15 min other _____ min (3) US cont/ pulse 15 min w/cm2 _____ lonto _____ mA/min _____ mA

(1) MH (2) UBE => Pt declined further ex 2° shld

(3) US as above; (4) cold pk a IFC

ASSESSMENT: Response to treatment/ goal status Pt a slight ↓ pain p meddus.
*Pain 3/ @ ant shld

PLAN: Cont above rx

Therapist Signature: Beth [Signature]

Date 3/31/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: 0 Δ's.

OBJECTIVE:
(3) Interf. _____ min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min Manual _____ min (2) Ther ex per flow sheet 30 min paraffin _____ min
(3) CP _____ min other _____ min US cont/ pulse _____ min w/cm2 _____ lonto _____ mA/min _____ mA

(1) (2) shld. (2) Per flow. (3) IFC e cryo.

ASSESSMENT: Response to treatment/ goal status Difficult to get any obj. info out of pt.

PLAN: Cont. per protocol.

Therapist Signature: [Signature] 209

PROGRESS NOTES

CONFIDENTIAL

PATIENT Thomas Contreras DOCTOR Jaskubek
DIAGNOSIS (10) Strap Repair NEXT MD APPT _____

Date: 3/27/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Pn level 6/10 today

OBJECTIVE:
(4) Interf. 15 min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min Manual _____ min (2) Ther ex per flow sheet 10 min paraffin _____ min
(4) CP 15 min other _____ min (3) US cont/pulse 1.5 min w/cm2 _____ ionto _____ mA/min _____ mA
(1) MH (2) US => Pt declined further ex 2° shld pain
(3) US as above (4) cold pk c IFC

ASSESSMENT: Response to treatment/ goal status Pt c slight ↓ pain p medics.
#Pain 6 @ ant shld

PLAN: Cont. above rx

Therapist Signature: [Signature]

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
Interf. _____ min MH _____ min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min
CP _____ min other _____ min US cont/pulse _____ min w/cm2 _____ ionto _____ mA/min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: [Signature]

COMPPN 022703

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Gorkushich
DIAGNOSIS @ SIAP Repair NEXT MD APPT 3-23-09

Date 3-22-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: OA

OBJECTIVE:
① Interf 15 min ① MH 10 min CTX/PTX #lbs int/ static min fluid min
Restin min ③ Manual 10 min ② Ther ex per flow sheet 35 min paraffin min
④ CP 15 min other min ④ US cont/pulse 8 min 1.2 w/cm2 onto mA/min mA
① MH to ② shld ② Per flow sheet ③ PROM: All planes
E ER in small range ~30-45° ④ US as above to ② lat
acromion ⑤ IFCZ CP to ② biceps

ASSESSMENT: Response to treatment/ goal status Good PROM E V, ABD ~150-160° after patient was able to relax.

PLAN: Cont. E POC

Therapist Signature: Kiki Clay, DPT

Date 3/23/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Doesn't feel that he's improved much lately.

OBJECTIVE:
① Interf 15 min ① MH 10 min CTX/PTX #lbs int/ static min fluid min
Restin min ③ Manual 15 min ② Ther ex per flow sheet 30 min paraffin min
④ CP 15 min other min ④ ~~US~~ EM MH min w/cm2 onto mA/min mA
① ② shld. ② Per flow. ③ PROM: all planes. ④ IFC
E cryo.

ASSESSMENT: Response to treatment/ goal status Good PROM.

PLAN: Cont.

Therapist Signature: [Signature]

PROGRESS NOTES

PATIENT Thomas Contrera DOCTOR Gastelich
DIAGNOSIS @ SLAP Repair NEXT MD APPT 3-23-09

Date 3-29-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Ø Δ

OBJECTIVE:
⑤ Intef. 15 min ① MH 10 min CTX/PTX _____ #lbs int/ static _____ min _____ fluide _____ min
_____ Estim _____ min ③ Manual 10 min ② Ther ex per flow sheet 35 min _____ paraffin _____ min
④ CP 15 min _____ other _____ min ④ US cont/pulse 8 min 1.2 w/cm² _____ ionto _____ mA/min _____ mA
① MH to ② shld ② Per flow sheet ③ PROM: All planes
E ER in small range ~ 30-40° ④ US as above to ② lat
acromion ⑤ JFC & CP to ② biceps

ASSESSMENT: Response to treatment/ goal status Good PROM E V, ABD ~ 150-160° after
patient was able to relax.

PLAN: Cont. E PDC

Therapist Signature: Kiki Cheng, DPT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
Intef. _____ min MH _____ min CTX/PTX _____ #lbs int/ static _____ min _____ fluide _____ min
_____ Estim _____ min Manual _____ min Ther ex per flow sheet _____ min _____ paraffin _____ min
CP _____ min other _____ min US cont/pulse _____ min _____ w/cm² _____ ionto _____ mA/min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

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COMPTON 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Gaskewich
DIAGNOSIS @ L5/S1 SLAP Repair NEXT MD APPT 3-23-09

Date 3-12-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Muscle spasm isn't as bad, but still there

OBJECTIVE:
① Interf. 15 min ① MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min ③ Manual 13 min ② Ther ex per flow sheet 25 min paraffin _____ min
① CP 15 min other _____ min US cont/pulse _____ min w/cm2 _____ ionto _____ mA/min _____ mA
① MH to ② Shld ② Per-flow sheet ③ Prom: all planes
5 ER; STM to biceps; TPR to biceps; Kinesiotape to biceps
① IFC & CP: to @ shld

ASSESSMENT: Response to treatment/ goal status Reports this shld feels the same. Pain still @ incision anteriorly. Observed ↓ld knot p TPR to biceps

PLAN: Cont & POC

Therapist Signature: Ticki Choy, DPT

Date 3-17-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Cramping is gone, but "still hurts + feels like I got something loose"

OBJECTIVE:
Interf. _____ min ① MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min Manual _____ min ② Ther ex per flow sheet 35 min paraffin _____ min
CP _____ min ③ Re-eval other _____ min ③ US cont/pulse 9 min 1, 2 w/cm2 _____ ionto _____ mA/min _____ mA
① MH to ② Shld ② Per-flow sheet
③ Re-eval ① US & HC to ② shld

ASSESSMENT: Response to treatment/ goal status Atom: V103; ASD 126. Problems: exercises. Denied ice + estim

PLAN: Cont & POC

Therapist Signature: Ticki Choy

COMPEN 027702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskishiel
 DIAGNOSIS SLAP Repair NEXT MD APPT 3-23-09
 Date 3-12-09 #Rx since last re-eval _____ Rx remaining _____
 SUBJECTIVE: Muscle spasm isn't as bad, but still there

OBJECTIVE:
 ① Intef. 15 min ① MH 10 min CTX/PTX _____ #lbs int/ static _____ min fludo _____ min
 Estim _____ min ③ Manual 15 min ② Ther ex per flow sheet 25 min paraffin _____ min
 ④ CP 15 min other _____ min US cont/ pulse _____ min w/cm2 _____ lonto _____ mA/min _____ mA
 ① MH to ② Shld ② Per flow sheet ③ prom: all planes
 ③ ER; STM to biceps; TPR to biceps; Kinesiotape to biceps
 ④ IFC & CP: to @ shld

ASSESSMENT: Response to treatment/ goal status Reports this shld feels the same.
Pain still @ incision anteriorly. Observed vld knot p
TPR to biceps

PLAN: Cont & PVC

Therapist Signature: Ticki Cheng, DPT
 Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE:
 OBJECTIVE:
 Intef. _____ min MH _____ min CTX/PTX _____ #lbs int/ static _____ min fludo _____ min
 Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min
 CP _____ min other _____ min US cont/ pulse _____ min w/cm2 _____ lonto _____ mA/min _____ mA

ASSESSMENT: Response to treatment/ goal status _____
 PLAN: _____

Therapist Signature: _____
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PROGRESS NOTES

PATIENT THOMAS, Anthony DOCTOR Jaskiewicz
DIAGNOSIS ① Strap. Repair NEXT MD APPT 3/2/09

Date 3-4-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: still painful but the cramp went away, so feels better there.

OBJECTIVE:
① Intef. 15 min ① MH 10 min CTX/PTX _____ #lbs int/static _____ min _____ fluído _____ min
Estim _____ min ③ Manual 10 min ② Ther ex per flow sheet 25 min _____ paraffin _____ min
⑤ CP 15 min other _____ min ④ US cont/pulse 9 min 1.5 w/cm2 _____ jonto _____ mA/min _____ mA
① MH + ② shld ② Per flow sheet ③ PROM: all 5 ER inf glider ④ USE. etc. to ② shld. ④ JFC E CP + ② shld. ③ cont: STM to biceps

ASSESSMENT: Response to treatment/ goal status Reported the USE caused shld to hurt + the biceps began to cramp again. Stated that the cramp w'd up PROM: MT/STM

PLAN: Cont E POC. Add isometrics if tolerable

Therapist Signature: Kiki Chang, DPT 1 NEXT MD 3/23/09

Date 3-11-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Shld is painful today. was doing core exer. this morn + went back to. fast. Shldr muscle spasm is back

OBJECTIVE:
② Intef. 15 min ① MH 10 min CTX/PTX _____ #lbs int/static _____ min _____ fluído _____ min
Estim _____ min ③ Manual 10 min ② Ther ex per flow sheet 25 min _____ paraffin _____ min
② CP 15 min ④ ice massage Kinesiotape to biceps other _____ min ⑤ US cont/pulse _____ min w/cm2 _____ jonto _____ mA/min _____ mA
① MH + ② shld ② Per flow sheet ③ PROM: all planes X ER ④ ice massage to biceps ④ Kinesiotape to biceps ② fir inhibition ④ JFC E CP to ② shld

ASSESSMENT: Response to treatment/ goal status Continues to do pain in shld + biceps. Reported biceps spasm relaxed a little after PROM

PLAN: Monitor muscle spasm w/ ice massage + Kinesiotape. Cont E POC

Therapist Signature: Kiki Chang, DPT 20

COMPFN 022702

PROGRESS NOTES

PATIENT THOMAS Cortez DOCTOR Jaskiwich
DIAGNOSIS ID Strap Repair NEXT MD APPT 3/2/09

Date 3-4-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: still painful but the cramp went away, so feels better there

OBJECTIVE:
① Interf 15 min ① MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min ② Manual 10 min ② Ther ex per flow sheet 25 min paraffin _____ min
⑤ CP 15 min other _____ min ④ US cont/pulse 9 min 1.5 w/cm2 jointo _____ mA/min mA
① MH + ② shld ② Per flow sheet ③ PROM + all E ER inf glider ④ Wette to ② shld ⑤ JFC E CP + ② shld ③ cont: STM to biceps

ASSESSMENT: Response to treatment/ goal status Reported the USE caused his shld to hurt + the biceps began to cramp again. Stated that the cramp w'd up PROM: MT/STM

PLAN: Cont E PDC. Add isometrics if tolerable

Therapist Signature: Tucki Chy DPT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
Interf _____ min MH _____ min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min
CP _____ min other _____ min US cont/pulse _____ min w/cm2 _____ jointo _____ mA/min mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

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Therapist Signature: _____

PROGRESS NOTES

PATIENT Thomas Contreas DOCTOR J
DIAGNOSIS (C) SLAP repair NEXT MD APPT 3-2-09

Date 2-27-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: "Little better"

OBJECTIVE:
Interf. _____ min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min _____ fluide _____ min
Estim _____ min (3) Manual 15 min (4) Ther ex per flow sheet 25 min paraffin _____ min
CP _____ min (5) other 10 min (2) US cont/ pulse 8 min 1.5 w/cm2 jonto _____ mA/ min _____ mA

(1) (2) w/ds (2) rot acromion to HC
(3) all planes to ER (4) per flow (5) re-eval
(6) cryo to IFC

ASSESSMENT: Response to treatment/goal status STG #1 & #3 met, others appropriate.

PLAN: Note to PkD.

Therapist Signature: Kimi Kusano

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
Interf. _____ min _____ MH _____ min _____ CTX/PTX _____ #lbs int/ static _____ min _____ fluide _____ min
Estim _____ min _____ Manual _____ min _____ Ther ex per flow sheet _____ min _____ paraffin _____ min
CP _____ min _____ other _____ min _____ US cont/ pulse _____ min _____ w/cm2 _____ jonto _____ mA/ min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

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PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR _____
DIAGNOSIS (R) RT AP Spasm NEXT MD/APPT _____

Date 2-23-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: "It still hurts."

OBJECTIVE:
(5) Interc. 15 min (1) MH 10 min CTX/PTX #lbs int/ static min fluido min
Estlm min (3) Manual 75 min Ther ex per flow sheet min paraffin min

(5) CP 15 min other min (2) US cont pulse 8 min 1.5 w/cm2 Ionto mA/min mA

- (1) (R) shldr (2) lat dorsalis c HC
(3) PROM all planes x ER (4) per flow (5) Cry c HC

ASSESSMENT: Response to treatment/ goal status Cont to have ↑ ROM
c HCROM vs. PROM. Pain/spasm @ delt
insertion.

PLAN: Cont per protocol.

Therapist Signature: [Signature]

Date 2-25-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Cont spasms; lifting arm in a.m.
to adjust shoulder wad.

OBJECTIVE:
(4) Interc. 15 min (1) MH 10 min CTX/PTX #lbs int/ static min fluido min
Estlm min (3) Manual 15 min (4) Ther ex per flow sheet min paraffin min

(4) CP 15 min other min (2) US cont pulse 8 min 1.5 w/cm2 Ionto mA/min mA

- (1) (R) shldr (2) peri-deltoid c HC
(3) x fibers to spasms (3) per flow
c flb PROM all planes x ER

ASSESSMENT: Response to treatment/ goal status HA. Cont to have difficulty
relaxing c cont ↑ LOP.

PLAN: Progress per protocol

Therapist Signature: [Signature]

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PROGRESS NOTES

PATIENT Thomas Conkasa DOCTOR _____
DIAGNOSIS (R) SLAP repair NEXT MD APPT _____

Date 2-23-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: "It still hurts."

OBJECTIVE:
(5) Intef. 15 min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min (3) Manual 15 min Ther ex per flow sheet _____ min paraffin _____ min
(5) CP 15 min other _____ min (2) BS cont/ pulse 8: min w/cm2 _____ ionto _____ mA/ min _____ mA

(1) (R) shldr (2) lat asomica & HC
(3) PROM all planes & ER (4) pexflow (5) Cryo & IFC

ASSESSMENT: Response to treatment/ goal status: Crit to have f ROM
& PROM vs. PROM. Pain/spasm @ delt.
injection.

PLAN: Crit per protocol.

Therapist Signature: [Signature]

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
Intef. _____ min MH _____ min CTX/PTX _____ #lbs int/ static _____ min fluido _____ min
Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min
CP _____ min other _____ min US cont/ pulse _____ min w/cm2 _____ ionto _____ mA/ min _____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

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PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Quintana
DIAGNOSIS R. SHOULDER NEXT MD APPT. 3/11/09

Date 2-18-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: "It's really hurting."

OBJECTIVE:
Interf. _____ min 1 MH 10 min CTX/PTX _____ #lbs in/ static _____ min fluido _____ min
Estim _____ min Manual _____ min Ther ex per flow sheet _____ min paraffin _____ min
CP _____ min other _____ min 2 US cont/pulse 8 min 1.5 w/cm2 ionto _____ mA/min _____ mA

- 1 R shldr
- 2 lat acromion & HC
- 3 PROM all planes x ER
- 4 reflex
- 5 comp & IFC in setting

ASSESSMENT: Response to treatment/ goal status Shoulder ↑ ROM

PLAN: Can't per protocol.

Therapist Signature: Kim Blum

Date 2-20-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: "Really hurts today." Started getting a spasmodic cramping pain @ lateral upper arm.

OBJECTIVE:
4 Interf. 15 min 1 MH 10 min CTX/PTX _____ #lbs in/ static _____ min fluido _____ min
Estim _____ min 3 Manual 20 min Ther ex per flow sheet _____ min paraffin _____ min

- 4 CP 15 min other _____ min 2 US cont/pulse 9 min 1.5 w/cm2 ionto _____ mA/min _____ mA
- 1 MH to R shldr
- 2 US & HC to R lat. acromion / Mid biceps lateral arm
- 3 PROM: V, ABD, IR, STM + MFR to biceps
- 5 IFC & CP to R shldr

ASSESSMENT: Response to treatment/ goal status Noted tensed muscle @ mid-biceps; relaxed a little w/ MFR, but still painful/sore

PLAN: Cont to POC

Therapist Signature: Vicki Chng DPT

na

PATIENT Thomas Corvel DOCTOR Jaskulnick
DIAGNOSIS (R) SLAP repair NEXT MD APPT _____

Date: 2-11-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: IE

OBJECTIVE:
Interf _____ min MH _____ min CTX/PTX _____ #lbs int/ static _____ min fluid _____ min
Estim _____ min (3) Manual 15 min Ther ex per flow sheet _____ min paraffin _____ min
(4) CP 10 min (1) other 30 min (2) US cont/ pulse 8 min 1.5 w/cm2 ionto _____ mA/min _____ mA
(1) IE (2) delt & HC (3) MFR distal delt
(4) in sitting

ASSESSMENT: Response to treatment/ goal status Pt. has ↓ ROM & ↑ LOP s/p.
(R) scope & SLAP repair. Goals (4WK) (1) E. HEP (2) PROM
W/O (3) PROM elevation to 120° (8WK) (1) Full pain free PROM
(2) off 50# from hook safely (3) RTW full duty.

PLAN: Pt. to be seen 3x weekly for 10-12WK for stretching,
strengthening, MT, US, IFC, MHO, cong & WC when appropriate.
Therapist Signature: Jenni Duvet RT

Date: 2-13-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Still hurting

OBJECTIVE:
Interf _____ min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min fluid _____ min
Estim _____ min (3) Manual 15 min (4) Ther ex per flow sheet 20 min paraffin _____ min
(5) CP 10 min other _____ min (2) US cont/ pulse 8 min 1.5 w/cm2 ionto _____ mA/min _____ mA
(1) (2) ulnar (2) E HC @ 1.5 w/cm2 (3) PROM all planes &
ER (4) per flow (5) in sitting

ASSESSMENT: Response to treatment/ goal status Pain @ deltoid; ↑ ROM
& AA activities vs. PROM.

PLAN: Add WBE NV.

Therapist Signature: Jenni Duvet RT

PATIENT PROGRESS AND TREATMENT RECORD

Name Cortens, Thomas

Case No. _____

DATE	DAY	PATIENT'S REMARKS	DOCTOR'S REMARKS
11/10/8	M	<p>S: Sldr has been hunting, "the whole thing." Doesn't meet criteria or insectiv.</p> <p>O: UBE X7; pulleys; red TB locks; green TB scap thorax; left 30[#]; sldr ABD 8[#]; TPR @ post sldr guide. VSXS pulsed 1.2 w/cm² @ ant sldr/AC jt.</p> <p>A: A lot more m. tone / P tension palpable today. Most likely the reason his whole sldr hunt. Thorax still performed well, this is difficulty.</p> <p>P: Cont tracing</p>	
11/14/8	F	<p>S: Pretty good portion of ant sldr hunting past. but today's been a good day.</p> <p>O: UBE X7; pulleys; green TB locks; scap thorax; left 30[#]; sldr ABD 8[#] - 2 X 1/2. VSXS pulsed 1.2 w/cm² @ ant sldr/AC jt.</p> <p>A: Full APOM but of poor quality in elevation. ✓, ABD strength testing produces pm but not rotational strength tests. P m. tone in sldr guide producing much of his pm & he guards significantly, but no structural defect noted in vesting of sldr.</p> <p>P: Cont tracing</p>	<p>(AS)</p> <p>(AS)</p> <p>(AS)</p>

PATIENT PROGRESS AND TREATMENT RECORD

PATIENT PROGRESS AND TREATMENT RECORD

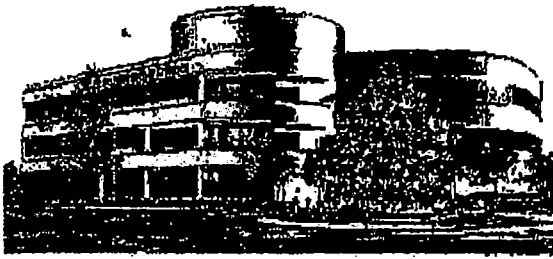
Name: Contreras, Thomas

Case No. _____

DATE	DAY	PATIENT'S REMARKS	DOCTOR'S REMARKS
10/30/8	R	<p>S: Pretty sore just. Also thinks he ends up sleeping on it which doesn't help.</p> <p>D: UBEX 7; pullup for EBOM elevation; blue TB Porks, scap therapy; lets 30[#]; flyp 30[#]; sllldr ABD 3[#]; press 3[#] - 2x12 all.</p> <p>A: Able to do all of his therapy but the way taking him into elevation P his c/o pin. Doesn't seem certified around AC area, more soft tissue</p> <p>P: Cont therapy</p>	<p>(AS)</p>
11/3/8	M	<p>S: Still sore in sllldr activity.</p> <p>D: UBEX 7; pullup for EBOM elevation; blue TB Porks, scap therapy; lets 30[#]; flyp 30[#]; sllldr ABD 3[#]; press 5[#] - 2x12. PNF D1/D2 DR. USX 5 pulsed 1.4 u/cm² @ ant pectoral</p> <p>A: Pt. c/o division/pin in ant sllldr in \odot pectoral area, but he was able to perform all therapy excellent form.</p> <p>P: Cont therapy</p>	<p>(AS)</p>
11/6/8	R	<p>S: Sllldr hurt from reaching up to grab curtain rod at Home Depot. Muscularly sore; from Monday's tx hit now more joint pin.</p> <p>D: UBEX 7; pullup; blue TB Porks, scap therapy; lets; flyp 30[#]; sllldr ABD 3[#]; press 5[#] - 2x12. PNF D1/D2 DR. USX 5 1.0 u/cm² pulsed to \odot AC region.</p> <p>A: AC area: pretty inflamed today \odot AC Compression Test. Overhead actn P his pin but as long as sllldr 90\circ or lower; his discomfort, though still there, was minimal.</p> <p>P: Cont therapy</p>	<p>(AS)</p>

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PATIENT PROGRESS AND TREATMENT RECORD



State Budget & Control Board
South Carolina Retirement Systems

FAX

TO: Karl Ristow

Re: Thomas
Contreras

Phone

FAX 843-559-7362

Date 2/9/2011

Number of pages 3
including cover sheet

FROM: Evelyn C. Byrd
SC Retirement
Systems
Customer Claims
PO Box 11960
Columbia, SC
29211-1960

Phone 803-737-6861

Fax 803-737-7752

Phone

CC:

REMARKS: Urgent For your review Reply ASAP Please Comment

Please complete and return the attached 6201 via fax at 737-7752 ASAP.

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Form 6253
Revised 02/03/2004
Print or type in
black ink

EMPLOYER'S DISABILITY EMPLOYMENT STATUS REPORT

To Be Completed by Applicant's Payroll/Benefits Officer
State Budget and Control Board
South Carolina Retirement Systems
Attention: Customer Services Annuity Claims
PO Box 11960, Columbia, SC 29211-1960

SCRS
 PORS
 GARS

The individual indicated below has applied for disability retirement benefits. Please complete the information on the remainder of this form, and return it to the address listed above as soon as possible. Upon receipt of this completed form, the employee's application will be processed.

Employee Name: THOMAS CONTRERAS Social Security Number: 7473

Employer: St. Johns Fire District Employer Code: 910.07

Position Title: Captain III

1. Is the position title shown above correct?
 Yes No (please explain)

2. Annual salary on date of disability:
\$ 47,985.31

3a. Is the employee currently working?
 No (last day physically worked): 10/10/2010 (skip to Question 4a)
 Yes (proceed to Question 3b) MM-DD-YYYY

3b. Is the employee performing all regular duties?
 Yes (skip to Question 6a)
 No (proceed to Question 3c)

3c. In what capacity is the employee currently working? Leave without pay (not terminated) (attach copy of Personnel Policy)
 Light duty* Diminished capacity*
 Reduced hours
 Other (please explain): _____

3d. Date member was placed in status shown at left: _____ MM-DD-YYYY

4a. Is this employee terminated?
 No (skip to Question 5)
 Yes (date of termination): _____ (proceed to Question 4b) MM-DD-YYYY

*Attach letter explaining current duties in relation to normal work functions.

4b. Last day compensation was earned (including pay continuation, using annual and sick leave): _____ MM-DD-YYYY

4c. Amount of lump-sum payments for unused leave
Annual leave \$ _____
Sick leave \$ _____

4d. Number of days of unused leave: (complete and proceed to Question 6a)
Annual leave _____
Sick leave _____

5. Employee's current payroll status (check one and indicate appropriate date):
 On annual leave (date leave began): _____
 On sick leave (date leave began): _____
 On leave without pay (date leave began): _____
 Applied for leave under sick leave bank (date leave begins): _____
 Other (please explain): Workers Compensation

6a. Was this employee injured on the job?
 No Yes (date of injury): 10-08-2008 MM-DD-YYYY

6b. Is employee on leave without pay (not terminated) pending settlement of a Workers' Compensation claim?
 No Claim settled (date): _____
 Yes MM-DD-YYYY

I hereby certify that to the best of my knowledge, the information above correctly reflects the records of the employing entity.

Prepared by: Erinne B. King Title: Bookkeeper

Signature: Erinne B. King Date: 11-15-2010 Telephone: (843) 559-9194

Return completed form to the SC Retirement Systems (address above).
Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800

EMPLOYER'S DESCRIPTION OF DISABILITY APPLICANT'S JOB

(TO BE COMPLETED BY APPLICANT'S SUPERVISOR)

State Budget and Control Board
South Carolina Retirement Systems
ATTENTION: CUSTOMER ANNUITY CLAIMS
PO Box 11960, Columbia SC 29211-1960

Retirement System

- SCRS
 PORS
 GARS

Print or type in black ink

The individual indicated below has applied for disability retirement benefits. Please complete the information on the remainder of this form, and return it to the address listed above as soon as possible. Upon receipt of this completed form, the employee's application will be processed.

DISABILITY APPLICANT/EMPLOYEE INFORMATION

1. Last Name & Suffix CONTRERAS	2. First/Middle Name THOMAS	3. Social Security Number 7473
4. Position Title CAPTAIN	5. Employer ST John's Fire District	6. Employer Code 910.07

Date employee started this position: 04/01/1997 Date employee stopped work in this position because of disability: 10/08/2008
MM-DD-YYYY MM-DD-YYYY

IN THIS JOB DID THE EMPLOYEE:

1. Use machines, tools, or equipment of any kind?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Use technical knowledge of any kind?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do any writing, complete reports, or perform similar duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have supervisory responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

DESCRIBE BASIC DUTIES OF JOB BELOW AND ATTACH EMPLOYEE'S POSITION DESCRIPTION.

ALSO, EXPLAIN ALL "YES" ANSWERS ABOVE BY GIVING A FULL DESCRIPTION OF:

- A. Type of machines, tools, or equipment used, and exact operations performed.
B. The technical knowledge or skills involved.
C. Type of writing done and nature of reports.
D. The number of people supervised and the extent of supervision.

REQUIRED TO OPERATE ON AN EMERGENCY SCENE ALL FIRE FIGHTING EQUIPMENT INCLUDING RESCUE TOOLS, LADDERS, SCBA, CHAIN SAWS AND OTHER THINGS. MUST BE ABLE TO WORK WITH COMPUTERS AND COMPLETE FIRE REPORTS, EMPLOYEE EVALUATIONS, ETC... THIS POSITION SUPERVISES 3 TO 7 PERSONNEL DURING THE SHIFT AND MORE ON EMERGENCIES

DESCRIBE THE KIND AND AMOUNT OF PHYSICAL ACTIVITY THIS JOB INVOLVED DURING A TYPICAL DAY IN TERMS OF:

A. CHECK NUMBER OF HOURS A DAY:

WALKING	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>
STANDING	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>
SITTING	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>
HANDLE, GRAB, OR GRASP LARGE OBJECTS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
WRITE, TYPE, OR HANDLE SMALL OBJECTS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>

B. CHECK HOW OFTEN:

BENDING	<input type="checkbox"/> NEVER	<input type="checkbox"/> OCCASIONALLY	<input type="checkbox"/> FREQUENTLY	<input checked="" type="checkbox"/> CONSTANTLY
REACHING	<input type="checkbox"/> NEVER	<input type="checkbox"/> OCCASIONALLY	<input type="checkbox"/> FREQUENTLY	<input checked="" type="checkbox"/> CONSTANTLY

C. LIFTING AND CARRYING:

THIS EMPLOYEE OCCASIONALLY (UP TO 1/3 OF AN 8-HOUR DAY) LIFTS AND/OR CARRIES:

<input type="checkbox"/> LESS THAN 10 LBS.	Kinds of objects lifted: <u>PORTABLE RADIO, SMALL HAND TOOLS, BOOKS</u>
<input type="checkbox"/> 10 LBS.	Kinds of objects lifted: <u>CHAIN SAW, FIRE HOSE, OTHER FIRE FIGHTING EQUIPMENT</u>
<input type="checkbox"/> 20 LBS.	Kinds of objects lifted: <u>LADDERS, FIRE HOSE, SCBA</u>
<input type="checkbox"/> 50 LBS. OR MORE	Kinds of objects lifted: <u>LIQUID FOAM BUCKETS, PATIENTS, GENERATORS, RESCUE TOOLS</u>

THIS EMPLOYEE FREQUENTLY (1/3 TO 2/3 OF AN 8-HOUR DAY) LIFTS AND/OR CARRIES:

<input type="checkbox"/> LESS THAN 10 LBS.	Kinds of objects lifted: <u>PORTABLE RADIO, SMALL HAND TOOLS, BOOKS</u>
<input type="checkbox"/> 10 LBS.	Kinds of objects lifted: <u>CHAIN SAWS, FIRE HOSE, OTHER FIRE FIGHTING EQUIPMENT</u>
<input type="checkbox"/> 20 LBS.	Kinds of objects lifted: <u>LADDERS, FIRE HOSE, SCBA</u>
<input type="checkbox"/> 50 LBS. OR MORE	Kinds of objects lifted: <u>LIQUID FOAM, PATIENTS, GENERATORS, RESCUE TOOLS</u>

NAME OF SUPERVISOR (PLEASE PRINT) JACKIE STANLEY		TITLE OPERATIONS CHIEF	
PHONE 843-559-9194	DATE 11/10/2010	SIGNATURE Jackie Stanley	Position Description Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Return completed form to the SC Retirement Systems (address above).

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800, or cs@retirement.sc.gov

ST. JOHNS FIRE DISTRICT

Position Description

POSITION TITLE: Captain
DEPARTMENT: Operations
STATUS: Non-Exempt, Full-time

GENERAL NATURE OF WORK: This lead firefighter performs under limited supervision, is responsible for station and crew assigned to his/her command, and is responsible for a broad range of administrative and technical duties. This classification differs from that of the Engineer in that it assumes greater supervisory responsibilities over the assigned station. The Battalion Chief through conferences, and review of records and reports supervises all work.

EXAMPLES OF DUTIES:

- Provides administrative assistance to the Battalion Chief in areas such as policy development and implementation.
- Responsible for the operation and maintenance of assigned fire equipment and apparatus.
- Transmits orders and assumes command in emergency situations until relieved by the Battalion Chief or designate.
- Plans, assigns, supervises, and schedules the activities of the officers and members of station assigned, as well as inspects the stations and equipment.
- Conducts or assists with scheduled in-service training along with arranging specialized training when opportunities are made available and is responsible for general efficiency of all personnel assigned.
- Provides a motivational atmosphere for the members of their unit on a daily basis by setting a good example, positive attitude and demeanor.
- Responsible for administrative reports, and logs as required by Standard Operating Guidelines.
- Prepares the apparatus assignment schedules for assigned station.

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Captain, cont'd.

Attends and participates in public functions for the purpose of promoting fire prevention, and establishing favorable public relations.

Directs the investigation of and responds to citizen complaints. Effectively relates to and communicates with the community.

Remains abreast of developments affecting fire prevention and suppression, and takes appropriate actions to ensure station is in compliance with all laws and ordinances. Appraises conditions of work and takes necessary steps to improve operations.

Manages the processing of information via a medium-sized business computer system.

Performs all other duties deemed necessary by the Fire Chief.

NOTE: The listing of functions and responsibilities is representative and not exhaustive. It should not be construed as a detailed description of all work requirements that may be inherent in the job nor shall it be construed as giving exclusive title to every function described.

DESIRABLE KNOWLEDGE, ABILITIES AND SKILLS:

Extensive knowledge of modern methods, practices and techniques in fire prevention and suppression

Working knowledge of the geography of the Fire District.

Good knowledge of modern organizational, planning, and budget preparation practices.

Ability to maneuver around a fire scene and observe all portions structures. This may require the climbing of ladders to access upper floors.

Must be able to communicate both verbally and in written form, and have the visual and physical abilities to operate all fire department vehicles.

Extensive knowledge of Fire District codes and ordinances, and state laws governing fire prevention, suppression, investigation, and inspection at the local government level.

Considerable knowledge of the functions, organizations, staffing and operating procedures of outlying Fire Departments.

Captain, cont'd.

Ability to establish and maintain harmonious working relationships with other employees, other departments, district officials, and the public in achieving fire prevention and suppression goals.

Ability to meet the physical standard NFPA 1582.

Ability to meet standards of NFPA 1001 and 1002, and NFPA 1021 "Standard for a Fire Officer".

Ability to function, react quickly, calmly, and professionally under varying emergency conditions and hazardous environments.

Physical strength, agility, and freedom from physical impairments which might hinder effective job performance.

REQUIREMENTS:

High School diploma or equivalent. Five years of fire service experience with at least two years experience being at the supervisory/management level; or any equivalent combination of training and experience which provides the required knowledge, skills and abilities.

Must possess a valid S.C. drivers license with a good driving record.

Must possess a current Class E drivers license, CDL preferred.

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Allstate

Workplace Division

CLAIM FORM AND INSTRUCTIONS

If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our Customer Care Center at 1-800-348-4489 8:00 A.M. to 5:00 P.M. Eastern Standard Time

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

INSTRUCTIONS FOR FILING CLAIMS

- Please fill out the sections which apply to your specific claim.
- Enclose the information requested and include your policy number. To obtain your policy number call 1-800-348-4489.
- You may fax your claim to us at 1-904-992-2899. Please allow 48 hours for our records to be updated with information confirming receipt of your fax or claim.
- or, You may mail your claim to:
 - Allstate Workplace Division
 - Attn: Claim Department
 - 1776 American Heritage Life Drive
 - Jacksonville, Florida 32224-6687
- Additional claim forms are available on our website at www.ahlcorp.com.
- If you are filing a claim within the first 12 to 24 months your policy is in force, additional information may be required. Please notify your doctor we will be contacting him/her and provide him/her with a copy of your authorization to release information to us.
- **FOR ALL CLAIMS (First Claim or Continued Claim):**
 - Complete PART 1: Section A – POLICYHOLDER and,
 - Sign the Authorization (Page 2)

PART 1

Section A: POLICYHOLDER

Employer Name (Company/Address): ST. JOHNS FIRE DEPT Occupation: FIRE FIGHTER

1. Name: First: THOMAS Middle: _____ Last: CONTASAS

Social Security Number: 7473 Date of Birth: _____ Male Female

2. Home Number: (840) 769-4429 E-mail: THOMAS.CONTASAS@AVG.COM Avg. Monthly Earnings: 3,449.38
EVOLVOY.NET

PATIENT

3. Name: First: THOMAS Middle: _____ Last: CONTASAS

4. Date of Birth: _____ Age: 46 Male Female

5. This person is your: SELF (ex: self, wife, son, etc.) Is he/she a full-time student? Yes No If yes, please submit proof of student status.

Section B: TYPE OF CLAIM: FIRST CLAIM CONTINUED CLAIM

<input checked="" type="checkbox"/> ACCIDENT/DISABILITY	Policy No.(s): _____
<input type="checkbox"/> Routine Pregnancy	
<input type="checkbox"/> Ongoing Disability	
<input type="checkbox"/> CANCER	Policy No.(s): _____
<input type="checkbox"/> Wellness Benefit	
<input type="checkbox"/> Intensive Care	
<input type="checkbox"/> HEART/STROKE	Policy No.(s): _____
<input type="checkbox"/> HOSPITAL INDEMNITY	Policy No.(s): _____
<input type="checkbox"/> CRITICAL ILLNESS	Policy No.(s): _____
<input type="checkbox"/> WAIVER OF PREMIUM	Policy No.(s): _____

➔ PLEASE NOTE: Failure to complete this information will cause a delay in the processing of your claim.

Allstate Workplace Division is the marketing name for American Heritage Life Insurance Company (home office: Jacksonville, Florida), a wholly-owned subsidiary of The Allstate Corporation (home office: Northbrook, Illinois)

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If you filing a claim for disability or waiver of premium, please have your employer and physician complete PARTS 2 & 4.

PART 2 ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: Thomas Contreras Age: (46)

1. Diagnosis: Grade 1 Lateral Sprain (L) Ankle

2. If condition is due to pregnancy, what is expected delivery date? Date MO/DAY/YR

3. When did symptoms first appear or accident happen? Date 9, 27, 07 MO/DAY/YR

4. When did patient first consult you for this condition? Date 9, 28, 07 MO/DAY/YR

5. Has patient ever had same or similar condition? (If "yes," state when and describe.) Yes No

6. Describe any other diseases or infirmity affecting present condition.

7. Nature of surgical or obstetrical procedure, if any (describe fully).

8. Is patient unable to perform job duties? Yes No If yes, from 9/27/07 through 10/8/07

9a. What specific job duties is patient unable to perform? full duty

9b. Specific RESTRICTIONS (What the patient should not do and why). Please quantify in hours, weight, etc.

9c. Specific LIMITATIONS (What the patient cannot do and why).

10. If retired or unemployed which activities of daily living (ADLs) is patient unable to perform?

11. Date patient last examined by you: 10/24/07 Frequency of visits: weekly monthly other

12. Is patient: ambulatory bed confined house confined other

13. If patient is hospitalized, give name and address of hospital.
Hospital: City: State:

14a. Date admitted: MO/DAY/YR Date discharged: MO/DAY/YR

14b. When do you expect patient to resume partial duties? MO/DAY/YR Full duties? 10, 8, 07 MO/DAY/YR

14c. If patient is unemployed or retired, on what date would you expect a person of like age, gender and good health to resume his/her normal and necessary activities? MO/DAY/YR

15. Is condition due to injury or sickness arising out of patient's employment? Yes No (Not work Related) - At Home

Name and address of referring physician if any.
Name: Address:

City: State: Zip:

16. Have you completed paperwork for any other insurance company? Yes No Social Security Disability? Yes No

If you are claiming CONTINUING DISABILITY, please have your employer and physician complete PARTS 3 & 4.

PART 3 ATTENDING PHYSICIAN'S STATEMENT FOR CONTINUING DISABILITY

FIRST CLAIM FOR DISABILITY due to Accident or to Sickness: MO/DAY/YR

1. Is this claim for continuation of a previous disability? Yes No

2a. Diagnosis:

3. Describe any other diseases or infirmity affecting present condition.

4. Date of initial disability due to this diagnosis MO/DAY/YR

5. Is patient unable to perform job duties? Yes No If yes, may return to work part-time full-time on: MO/DAY/YR

List any work restrictions: If No, date expected to return to work: MO/DAY/YR

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

PHYSICIAN VERIFICATION

Signed: [Signature] Date: 10, 24, 07 MO/DAY/YR Phone: (843) 958-2500

Street Address: 2093 Henry Tecklenburg Dr., Ste 200

City/Town: Charleston, SC State/Province: SC Zip Code: 29407

If you filing a claim for disability or waiver of premium, please have your employer and physician complete PARTS 2 & 4.

PART 2 ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: Thomas CONTRERAS Age: 46

1. Diagnosis: Ankle sprain

2. If condition is due to pregnancy, what is expected delivery date? Date 1/1/07

3. When did symptoms first appear or accident happen? Date 9/27/07

4. When did patient first consult you for this condition? Date 1/15/08

5. Has patient ever had same or similar condition? (If "yes," state when and describe.) No

6. Describe any other diseases or infirmity affecting present condition.

7. Nature of surgical or obstetrical procedure, if any (describe fully).

8. Is patient unable to perform job duties? Yes No If yes, from through

9a. What specific job duties is patient unable to perform?

9b. Specific RESTRICTIONS (What the patient should not do and why). Please quantify in hours, weight, etc.

9c. Specific LIMITATIONS (What the patient cannot do and why).

10. If retired or unemployed which activities of daily living (ADLs) is patient unable to perform?

11. Date patient last examined by you: 1/1/08 Frequency of visits: weekly monthly other every 6 wks

12. Is patient ambulatory bed confined house confined other

13. If patient is hospitalized, give name and address of hospital.

14a. Date admitted: Date discharged:

14b. When do you expect patient to resume partial duties? Full duties? 2 1/2 100%

14c. If patient is unemployed or retired, on what date would you expect a person of like age, gender and good health to resume his/her normal and necessary activities?

15. Is condition due to injury or sickness arising out of patient's employment? Yes No

Name and address of referring physician if any.

Name: Blake Wilson Address: 2093 Henry Tecklenburg Drive

City: Charleston State: SC Zip: 29414

16. Have you completed paperwork for any other insurance company? Social Security Disability?

If you are claiming CONTINUING DISABILITY, please have your employer and physician complete PARTS 3 & 4.

PART 3 ATTENDING PHYSICIAN'S STATEMENT FOR CONTINUING DISABILITY

FIRST CLAIM FOR DISABILITY due to Accident or to Sickness:

1. Is this claim for continuation of a previous disability? Yes No

2a. Diagnosis:

3. Describe any other diseases or infirmity affecting present condition.

4. Date of initial disability due to this diagnosis:

5. Is patient unable to perform job duties? Yes No If yes, may return to work part-time full-time on:

List any work restrictions: If No, date expected to return to work:

Remember: It is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

PHYSICIAN VERIFICATION Signed: MD Date: 02/11/2008 Phone: (813) 958-2500

Street Address: 2093 Henry Tecklenburg Dr. City/Town: Charleston, SC State/Province: SC Zip Code: 29414

INSTRUCTIONS FOR FILING ACCIDENT CLAIMS:

- A copy of the hospital bill. Make sure the bill includes your diagnosis and the number of days you were in the hospital. If you were treated in the emergency room or a doctor's office, please include a copy of these bills also.
- PART 2: Attending Physician's Statement** should be completed and signed by your doctor

We may also need:

- A copy of the accident report if the accident was investigated by the police or sheriff.
- A copy of the blood alcohol report or drug screening if the patient was tested for alcohol or drugs.
- A certified copy of the death certificate if the patient is deceased.

Section C ACCIDENT POLICY CLAIMS

Please attach itemized bill(s), including date(s) of service, diagnosis code(s), procedure codes(s) and charge(s).

Date of accident: 9/27/07 Injury: 9/27/07 Time of accident: _____ a.m. p.m.

Where did it happen? Home Tell us exactly how your accident/injury happened: I WAS CUTTING A TREE AND I FELL INTO A DITCH STRAPPING ON A LARGE OAK TREE ROOT.

Did your injuries occur while you were working for pay or profit? Yes No On the job Off the job
Have you ever had a similar injury? NO If so, please tell us when: _____

If you are claiming disability due to your accident, please have your physician complete the ATTENDING PHYSICIAN STATEMENT, PART 2 and your employer complete the EMPLOYER'S STATEMENT, PART 4.

INSTRUCTIONS FOR FILING FIRST CLAIM FOR DISABILITY (due to Accident or Sickness) AND WAIVER OF PREMIUM:

- PART 2: Attending Physician's Statement** should be completed and signed by your doctor.
- PART 4: Employer's Statement** should be completed, including your monthly salary and pre-tax information, and signed by your employer. If you are self-employed, also send us a copy of your current business license and your most recent quarterly tax records. Additional information may be required.

Section D DISABILITY AND WAIVER OF PREMIUM CLAIMS

INJURY OR ILLNESS YOU ARE CLAIMING: _____
Date you were first treated for your illness or injury: ____/____/____ Date you were last treated for your illness or injury: ____/____/____

Date of your accident or the date you first noticed the symptoms of your illness: ____/____/____

If you are claiming an injury, did your injury occur at work? Yes No

List all physicians seen in the past five (5) years:

Name	Address	Phone	Specialty	Dates Consulted	Reason for Consult

List all hospital confinements in the past five (5) years:

Name	Address	From/To	Reason Confined

List all pharmacies used in the past five (5) years: (include address and phone number)

I have been unable to work since: ____/____/____ I returned to work on a part-time full-time basis: ____/____/____

Describe why you are unable to work: _____
Are you receiving Disability Benefits (Salary Continuation, Sick Pay, Social Security Disability Income, or Worker's Compensation) from any other source? If "yes," from whom? _____

Please submit a copy of your payment statement with this form. Please have your treating physician complete the ATTENDING PHYSICIAN STATEMENT, PART 2 and your employer complete the EMPLOYER'S STATEMENT, PART 4

Section E DISABILITY CLAIM FOR ROUTINE PREGNANCY

If disabled due to complications of pregnancy, before or after delivery, please complete Section D. (6 weeks for vaginal delivery, or 8 weeks for C-Section)

Date of Delivery: ____/____/____ First Date of Treatment: ____/____/____ Type delivery: Vaginal C-Section

Dates of Hospital Confinement: ____/____/____ Name of Hospital: _____ Phone No.: (____) _____

Physician's Name: _____ Phone: (____) _____
Address: _____ Fax: (____) _____

Treating Physician's Signature: _____ Date: ____/____/____ Tax Identification No.: _____

Referring Physician: _____ Phone No.: (____) _____

Mailing Address: _____

PART 4

EMPLOYER'S STATEMENT

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

1. I hereby certify that Thomas Contreras did not perform any part of his/her work from, Sept. 27, 2007 through, Feb 1, 2008.

2. Did insured work light duty or part-time? Yes No If yes, give dates _____

3. Prior to inability to work, he/she worked 56 hours per week and is considered exempt or non-exempt.

4. When recovered, will he/she resume work? Yes No If not why? _____

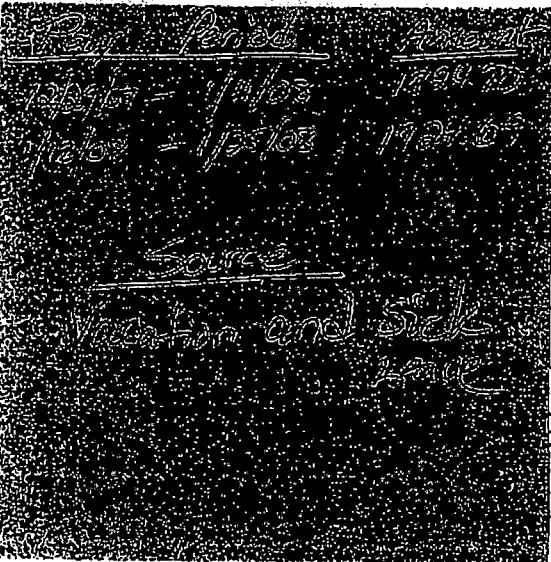
5. Is this a Workers' Compensation case? Yes No Date Workers' Compensation benefits began 1/1/
Name of Workers' Compensation Company _____

6. Section 125: Were the premiums for our disability income policy paid with pre-tax dollars under a Section 125 Plan?
 Yes No

7. Is the employee receiving or has he/she received continued pay? Yes No If yes, please complete the following:

Pay Period		Amount	Source of Income
From	To		
9/22/07	10/05/07	1724.70	Accrued vacation and sick Leave
10/6/07	10/19/07	1724.69	
10/20/07	11/02/07	1724.70	
11/3/07	11/16/07	1784.68	11
11/17/07	11/30/07	1904.66	
12/01/07	12/14/07	1724.69	11
12/15/07	12/28/07	1724.70	

8. Is the employee covered under any other disability policy through the company? No



No If yes, give date: 1/1/
MO/DAY/YR

Captain III
841.93 (14.9973 hrly rate)

Fire District Date: 03/04/2008
MO/DAY/YR

Johns Island, SC 29457

Position: Bookkeeper Telephone number: (843) 559-9194

NOTE: Please make a copy of the patient's signed authorization to release information for your records.

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PART 4

EMPLOYER'S STATEMENT

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

1. I hereby certify that Thomas Contreras did not perform any part of his/her work from, Sept. 27, 2007 through, Feb 1, 2008.

2. Did insured work light duty or part-time? Yes No If yes, give dates _____

3. Prior to inability to work, he/she worked 56 hours per week and is considered exempt or non-exempt.

4. When recovered, will he/she resume work? Yes No If not why? _____

5. Is this a Workers' Compensation case? Yes No Date Workers' Compensation benefits began 1 / 1 / 1 / 1
Name of Workers' Compensation Company _____

6. Section 125: Were the premiums for our disability income policy paid with pre-tax dollars under a Section 125 Plan?
 Yes No

7. Is the employee receiving or has he/she received continued pay? Yes No If yes, please complete the following:

Pay Period		Amount	Source of Income
From	To		
9/22/07	10/05/07	1724.70	Accrued vacation and SICK Leave
10/6/07	10/19/07	1724.69	
10/20/07	11/02/07	1724.70	"
11/3/07	11/16/07	1784.68	
11/17/07	11/30/07	1904.66	"
12/01/07	12/14/07	1724.69	
12/15/07	12/28/07	1724.70	No

8. Is the employee covered under any other disability policy through the company? No

9. Has employee returned to work? Yes No If yes, give date: 1 / 1 / 1 / 1
MO/DAY/YR

10. The employee's job title or position is: Captain III

11. Current Salary or Hourly Rate: 44,841.93 (14.9973 hrly rate)

Remarks: _____

Name of Employer: St. John's Fire District Date: 03/04/2008
MO/DAY/YR

Address: P.O. Box 56, Johns Island, SC 29457

By: Lavonne King Official Position: Bookkeeper Telephone number: 843.559-9194

NOTE: Please make a copy of the patient's signed authorization to release information for your records.

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Important: To avoid delay, please sign authorization below.

Note: Due to Internal Revenue Service requirements concerning social security number verification and backup withholding requirements, this form is required to be completed prior to claim payment. Check to be sure that all information is correct before signing.

1. Section 125: Were the premiums for your disability income policy paid with pre-tax dollars under a Section 125 Plan? Yes No (if in doubt, please ask your employer.)

Taxpayer Identification Number Certification

2. Federal law requires us to send to the Internal Revenue Service a percentage of any income you may be entitled to unless you certify under penalties of perjury that you have shown your correct Social Security Number and you have not been notified that you are subject to any Internal Revenue Service backup withholding order.

Under penalties of perjury, I certify that:

- A. The Social Security Number shown in Section A line (1) is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- B. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and
- C. I am a U.S. person (including a U.S. resident alien).

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me (or my dependents) to give such information to American Heritage Life Insurance Company or its designee. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying American Heritage Life in writing of my desire to do so. A photographic copy of this authorization shall be as valid as the original, regardless of date signed. I understand that I or my representative may receive a copy of this authorization by supplying policy number(s) and Insured's name in a written request to the company.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Sign here _____ Date: _____ Check here if address is new

Street Address: _____ City: _____ State: _____ Zip: _____ Telephone No.: () _____

NOTICE IN ALASKA, ARKANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, AND VIRGINIA:

Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

NOTICE IN DELAWARE, IDAHO, INDIANA, MINNESOTA, NEW HAMPSHIRE, AND OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

NOTICE IN CALIFORNIA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE IN OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE IN PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE IN DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE IN TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE IN TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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0027000

South Carolina Retirement Systems

EMPLOYER NOTIFICATION OF DISABILITY APPROVAL

KARL RISTOW
ST JOHNS FIRE DISTRICT
PO BOX 56
JOHNS ISLAND SC 29455-0056

SSN: 7473
Appl ID: T
System: PORS
Type: Disability
Date: February 09, 2011

Your employee, THOMAS CONTRERAS, was approved for disability retirement benefits on 02/09/2011. With this fax transmission we have included an Employer Certification of Last Day Paid (Form 6201). Please complete the Employer Certification of Last Day Paid and fax it to South Carolina Retirement Systems within three business days. Our fax number is (803) 737-7752.

Since you must certify the last day paid before your employee can begin receiving disability retirement benefits, we appreciate your prompt response so that the benefits your employee is due will not be delayed.

Sections 9-1-1540, 9-9-65, and 9-11-80 of the South Carolina Code of Laws require that a disability retiree have an effective retirement date no earlier than 30 days after the application was filed and no later than 9 months after the application filing date. If your employee does not come off your payroll within 9 months of the date the application was received by South Carolina Retirement Systems, no retirement benefits can be paid and our office will stop processing the claim.

If you have already submitted the Form 6201, have any questions, or would like any further assistance, please call SCRS Customer Service at 1-800-868-9002 or (803) 737-6800. On behalf of your employee, we thank you for your prompt response to this request.

State Budget and Control Board • South Carolina Retirement Systems
Fontaine Business Center • 202 Arbor Lake Drive • Post Office Box 11960 • Columbia, South Carolina 29211
803-737-6800 • 800-868-9002

RCHAVE
Form 6233 Rev 01-01-2009



"Occupational Medicine Specialist"
"Doctors and More"

Bruce S. Skinner, M.D., AAMRO
Internal Medicine
Associate Medical Director

CORPORATE OFFICES
3625 W. Montague Avenue
P.O. Box 62945
N. Charleston, SC 29419-2945

Phone (843) 207-7130
1-866-282-7935
Fax (843) 207-8633

9/30/09

To: Chief Stanley

From Bruce Skinner AOH

Fax 559-3687

I have circled the pertinent section 6.14.1.7 regarding shoulder situations

Thanks

Bruce Skinner MD

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6.12.2 Category B medical conditions shall include the following:

- (1) Diseases of the kidney
- (2) Diseases of the ureter, bladder, or prostate

6.13 Spine and Axial Skeleton.

6.13.1 Category A medical conditions shall include the following:

- (1) Scoliosis of thoracic or lumbar spine with angle greater than or equal to 40 degrees
- (2) History of spinal surgery involving fusion of two or more vertebrae, or rods that are still in place
- (3) Any spinal or skeletal condition producing sensory or motor deficit(s) or pain due to radiculopathy or nerve root compression
- (4) Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication
- (5) Cervical vertebral fractures with multiple vertebral body compression greater than 25 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (partial, moderate, severe), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- (6) Thoracic vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (severe — with or without surgery), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- (7) Lumbosacral vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage; disc involvement, dislocation (partial, moderate, severe), fragmentation, abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- (8) Any spinal or skeletal condition that results in the candidate not being able to safely perform one or more of the essential job tasks

6.13.2 Category B medical conditions shall include the following:

- (1) Congenital or developmental malformations of the back, particularly those that can cause instability, neurological deficits, pain, or limit flexibility
- (2) Scoliosis with angle less than 40 degrees
- (3) Arthritis of the cervical, thoracic, or lumbosacral spine
- (4) Facet atrophism, high lumbosacral angle, hyperlordosis, Schmorl's nodes, Scheuermann's disease, spina bifida occulta, spondylolisthesis, spondylolysis, or transitional vertebrae
- (5) History of infections or infarcts in the spinal cord, epidural space, vertebrae, or axial skeletal joints
- (6) History of discectomy or laminectomy or vertebral fractures

6.14 Extremities.

6.14.1 Category A medical conditions shall include the following:

- (1) Bone hardware such as metal plates or rods supporting bone during healing
- (2) History of total joint replacement
- (3) Amputation or congenital absence of upper-extremity limb (hand or higher)

- (4) Amputation of either thumb proximal to the mid-proximal phalanx
- (5) Amputation or congenital absence of lower-extremity limb (foot or above)
- (6) Chronic non-healing or recent bone grafts
- (7) History of more than one dislocation of shoulder without surgical repair or with history of recurrent shoulder disorders within the last 5 years with pain or loss of motion, and with or without radiographic deviations from normal
- (8) Any extremity condition that results in the candidate not being able to safely perform one or more of the essential job tasks

6.14.2 Category B medical conditions shall include the following:

- (1)*History of shoulder dislocation with surgical repair
- (2) Significant limitation of function of shoulder, elbow, wrist, hand, or finger due to weakness, reduced range of motion, atrophy, unequal length, absence, or partial amputation
- (3) Significant lack of full function of hip, knee, ankle, foot, or toes due to weakness, reduced range of motion, atrophy, unequal length, absence, or partial amputation
- (4)*History of meniscectomy or ligamentous repair of knee
- (5)*History of intra-articular, malunited, or nonunion of upper or lower extremity fracture
- (6)*History of osteomyelitis, septic, or rheumatoid arthritis

6.15 Neurological Disorders.

6.15.1 Category A medical conditions shall include the following:

- (1) Ataxias of heredo-degenerative type
- (2) Cerebral arteriosclerosis as evidenced by a history of transient ischemic attack, reversible ischemic neurological deficit, or ischemic stroke
- (3) Hemiparesis or paralysis of a limb
- (4)*Multiple sclerosis with activity or evidence of progression within previous 5 years
- (5)*Myasthenia gravis with activity or evidence of progression within previous 3 years
- (6) Progressive muscular dystrophy or atrophy
- (7) Uncorrected cerebral aneurysm
- (8) All epileptic conditions including simple partial, complex partial, generalized, and psychomotor seizure disorders other than as allowed in 6.15.1.1
- (9) Dementia (Alzheimer's and other neurodegenerative diseases) with symptomatic loss of function or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
- (10) Parkinson's disease and other movement disorders resulting in uncontrolled movements, bradykinesia, or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
- (11) Any neurological condition that results in the candidate not being able to safely perform one or more of the essential job tasks

6.15.1.1 A candidate with epileptic conditions shall have had complete control during the previous 5 years.

6.15.1.2 To be medically qualified a candidate shall meet all of the following:

- (1) No seizures for 1 year off all anti-epileptic medication or 5 years seizure free on a stable medical regimen

ST. JOHN'S FIRE DISTRICT

P.O. BOX 56

3327 Maybank Hwy.

JOHNS ISLAND, S.C. 29455

PHONE: (843) 559-9194

FAX: (843) 559-3687



COMMISSIONERS:

JOHN HART, Chairman
ERIC BRITTON, Vice-Chairman
THOMAS KULICK
SUSANNE HOLLOMAN
ALBERT THOMPSON
SAMUAL BROWNLEE
GENEVA SMITH

KARLE E. RISTOW, Fire Chief

FACSIMILE TRANSMITTAL SHEET

TO: Fay Jennings	FROM: Chief Stanley
COMPANY: State Accident Fund	DATE: JANUARY 24, 2011
FAX NUMBER: 803-612-2753	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

X URGENT
COMMENT
RECYCLE

- FOR REVIEW
- PLEASE REPLY
- PLEASE
- PLEASE

Notes/Comments:

Please see attached medical report on Thomas Contreras – his final return to work status states "PERMANT".

We are using the January 21, 2011 date as his final date of employment with St. John's Fire District.

FAXED & MAILED TO FAX J. 11/24/11

ROPER ST FRANCIS HEALTHCARE

Facility:
Palmetto Orthopaedics of Charleston

Facility Address:
615 Wesley Drive, Suite 100
Charleston, SC 29407

FAX COVER SHEET

Date: _____ From: _____

To: _____ Department: _____

Firm: _____ Phone: _____

Phone Number: _____ Total No. of Pages With Cover: _____

Fax Number: _____ Re: _____

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY

Notes/Comments:

A not-for-profit health care organization, Roper St. Francis Healthcare is known for delivering high quality healthcare through innovative programs, technologies and practices that produce better outcomes. The 594-bed system comprises more than 20 facilities in four counties. Member hospitals include Bon Secours St. Francis Hospital and Roper Hospital. The organization, which contributes nearly \$50 million annually in direct community support, is Charleston's largest private employer with more than 3,800 employees.

PRIVILEGED AND CONFIDENTIAL COMMUNICATION

This message is intended only for use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient or responsible for delivering this message to the intended recipient, please be aware that any dissemination, distribution or copying of this communication is prohibited. If you have received this message in error, please notify us immediately by calling the phone number listed above. Please return the original message to us at the above address via US mail. We will be happy to reimburse you for the postage. Thank You.

203

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 1-20-11

Patient Name: Thomas Cochran was seen in our office on today with a diagnosis of flu shoulder

Work Related Injury? NO YES, DOE: Oct. 2008
RETURN TO WORK STATUS:

 FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

RETURN DATE: _____
 MAY NOT RETURN TO WORK UNTIL PERMANENT

 RETURN APPOINTMENT FOR RE-EVALUATION _____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

- NO LIFTING MORE THAN _____ LBS.
- NO OVERHEAD LIFTING
- GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.
- NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING
- NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING
- *****NO MORE THAN _____ HOURS/DAY*****
- MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
- *****NO MORE THAN _____ HOURS/DAY*****

 LIMITED USE OF: _____

 NO USE OF: _____

SCHOOL EXCUSE:
 RETURN TO SCHOOL ON: _____

 NO PE AND/OR SCHOOL SPORTS UNTIL _____

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE: [Signature] 1-20-11

Waddell H. Gibson III, MD - R. Marshall Hay, MD - James R. DeMarco, MD - Heather M. McInosh, MD
100 Wings Way Suite 301, Mt. Pleasant, South Carolina 29566 Phone: (843) 884-0302 Fax: (843) 849-9308
615 Wesley Drive, Suite 100, Charleston, South Carolina 29407 Phone: (843) 763-2857 Fax: (843) 763-2868

TRANSMISSION VERIFICATION REPORT

TIME : 01/24/2011 13:22
NAME :
FAX :
TEL :
SER. # : 000GBJ980219

DATE, TIME	01/24 13:21
FAX NO./NAME	18036122753-3592
DURATION	00:00:56
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

245

Compendium Services Inc.

MEDICAL EVENT REPORT FOR: Thomas Contreras 117587473

Case Manager: **Kathrene Averette** Authorization Number: **06041184704199**
 Claimant Name: **Thomas Contreras** SSN: **7473**
 Date of Injury: **10/8/2008 17:32** Date of Birth:
 Provider: **Palmetto Orthopedics of Charleston**
 Physician: **Palmetto Orthopedics of Charleston**
 Address: **615 Wesley Drive, Suite 100**
 City: **Charleston SC 29407**
 Phone: **843-763-2857**
 Date of Visit: **1/21/2011**

Body Part/Diagnosis:

Assessment:

Palmetto Orthopedics of Charleston - 1/21/11 - ADDENDUM: Mr. Contreras has an 11% permanent shoulder impairment and a 7% right upper extremity impairment, which is converted to a 4% whole person impairment. James R. DeMarco, M.D

Plan of Treatment:

Work Status:

Test Ordered:

RX Written:

Referrals:

Next Appt:

JLC

ACCIDENT/SICKNESS CLAIM REPORT

Please Complete and Mail To:

PLEASE COMPLETE THIS FORM
IN FULL FOR PROMPT SERVICE

NOTE: IMPORTANT STATE INFORMATION
ON REVERSE SIDE



VFIS
P.O. Box 5126, York, Pennsylvania 17405-9726
Call (717) 741-0911 · Toll Free: (800) 233-1957
Fax (717) 747-7051

DATE OF THIS REPORT 11/15/2010

TO BE COMPLETED BY INJURED PERSON

Home Telephone No. (AC) 843-324-5387
 Work Telephone No. (AC) 843-559-9194
 Soc. Sec. No. 7973

Name THOMAS CONTRAS
 City Char State SC Zip 29407

Date of Accident or Organization's Activity _____ Year _____ Occurred _____ am/pm
 Date of Birth _____ Sex M Weight 200 Height 5'5" Marital Status N
 Full-Time/Regular Occupation FIRE FIGHTER Income: Weekly _____ Yearly _____
 Name and address of full-time employer ST. JOHN'S FIRE DEPT 3327 MAYBANK HWY
JOHN'S ISLAND SC 29455
 Employer Telephone No.: 843-559-9194 Length of employment in this work: 22 YRS

Please completely answer the next three questions:
What activity were you involved in when injured or became ill?

PHYSICAL FITNESS

How did accident or sickness occur?

LIFTING WEIGHTS

What is your injury or sickness?

TORN LABRUM

Effective date of first day of full-time occupation missed due to above accident and sickness _____
 Effective date you were able to return to work _____
 Attending Physician's Name, Address and Telephone Number _____

Name and Address of Hospital ST FRANCIS / PAPER HOSPITAL
 Dates Hospitalized
 From _____ Year _____
 To _____ Year _____

AUTHORIZATION TO DOCTOR, HOSPITAL, CLINIC, OR WORKERS' COMPENSATION CARRIER TO RELEASE MEDICAL INFORMATION

Please furnish VFIS, Inc. with information they may request regarding details of my past medical history and physical condition. A photostatic copy of this authorization shall be considered as valid as the original. Your help is greatly appreciated.

T. CONTRAS self 11/15/10
 Signature of Injured Member or Next of Kin Relationship Date

TO BE COMPLETED BY OFFICIAL OF NAMED INSURED ORGANIZATION (must be other than Injured Person)

Was the injured person a member of your organization at the time of the above described incident? Yes No
 If claimant is a member of organization, please circle type of member: junior adult auxiliary (Circle one)
 Was the injured person engaged in an authorized activity of your organization at the time of injury or commencement of sickness? Yes No
 Name and Address of Insured Organization ST JOHN'S FIRE DISTRICT Policy Number FP-544-0920-0
PO BOX 56 Organization Telephone Number 843-559-9194
JOHN'S ISLAND, SC 29457 Home Telephone Number of Official Signing Below _____

I certify that the above is true.
 Signature Darrell B. Bigda Title Tenure/Office Mgr Date 11-15-2010

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

Copy to
VFS

Date: 1-21-11

Patient Name: Thomas Costello was seen in our office on
today with a diagnosis of the shoulder

Work Related Injury? NO YES, DOI: Oct. 2008

RETURN TO WORK STATUS:

FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

RETURN DATE _____

MAY NOT RETURN TO WORK UNTIL PERMANENT

RETURN APPOINTMENT FOR RE-EVALUATION _____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

NO LIFTING MORE THAN _____ LBS.

NO OVERHEAD LIFTING

GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____ HOURS/DAY*****
 MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
*****NO MORE THAN _____ HOURS/DAY*****

LIMITED USE OF: _____

NO USE OF: _____

SCHOOL EXCUSE:

RETURN TO SCHOOL ON: _____

NO PE AND/OR SCHOOL SPORTS UNTIL _____

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE: [Signature] 1-20-11
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TOMMY CONIKERAD
LAST DAY 1/21/2011

St. John's Fire District
Employee Out Processing Checklist

On the last day of his/her employment with the District, the exiting employee will meet with the Assistant Chief of Operations or his/her designee to return all Department owned equipment. The Assistant Chief shall initial next to each item on the following equipment list to indicate it was returned. The exiting employee will then meet with the Office Manager or his/her designee to review the administrative items on the list. The Office Manager shall initial next to each item as it is discussed. Finally, the exiting employee may request an exit interview with the Fire Chief or his/her designee. All parties involved in the out processing shall sign this list as acknowledgement that these items have been discussed and that the employee understands them. Finally, the Asst. Chief and Office Manager will complete the notifications and initial when accomplished. Once completed, the checklist should be given to the Payroll Accountant or Office Manager for filing.

EQUIPMENT TO BE RETURNED:

- Department identification cards (3 issued)
- Keys (1 key for station and any other specialized keys)
- Pager
- Portable radio
- Chargers
- Cell phone, if applicable.
- Work uniforms (T-shirts, work pants, boots, belt, work coat) Also all work out gear
- Dress uniform (pants, dress shirt, shoes, tie, belt)
- Bunker gear (pants, coat, boots, gloves, hood, helmet, safety glasses)
- Employee handbook
- Any and all other specialized equipment that has been issued to employee

ADMINISTRATIVE ITEMS TO BE REVIEWED:

- Update contact information if necessary
- COBRA paperwork for health and dental benefits and, if applicable Flex Plan
- Standard Life Insurance Company group conversion request
- PORS or SCRS refund request paperwork including Leaving Covered Employment Brochure
- 401(k) distribution paperwork, if applicable (Distribution Request form, Distribution Options write-up, Special Tax Notice)
- Termination of voluntary insurance deductions, if applicable
- Final paycheck including any unused annual leave balance
(check mailed _____, direct deposit with stub mailed on _____) DIR DEP
- If requested, copy of personnel file
- 1% funds (handled by fire personnel representatives)
- Termination of access to: vendor accounts, computer network, long distance and security systems
- If military leave, make sure copy of orders are on file.
- Make sure final timesheet and/or attendance records are complete and accurate
- Check with Training to insure no outstanding reimbursements owed.

* Final check was picked up 02/11/2011. ESK

EXIT INTERVIEW, if requested:

Interview conducted on _____ by _____

By signing below, I acknowledge that these items have been discussed and understood.

John Stutz _____ Date 2-3-11
Assistant Chief of Operations or Designee
Davey Bieda _____ Date 2/3/11
Office Manager or Designee
T. Conner _____ Date 2/3/11
Exiting Employee

NOTIFICATIONS TO BE MADE BY ASSISTANT CHIEF:

- South Carolina Firefighter Separation paperwork w/ State Fire Marshal

NOTIFICATIONS TO BE MADE BY OFFICE MANAGER:

- Separation information to S.C. State Firemen's Association Done by Scott Bernard
- Prepare Employee Termination Notification Form for 401(k) Plan
- Notify District computer administrator to remove from District email account.
- Notify Admin America of term.w/ 5days if Flex Plan Partic.(email: changes@admlnamerica.com or fax: 770-992-0723)

Palmetto Orthopaedics
of Charleston
ROPER, ST. FRANCIS PHYSICIANS

Date: 1-21-11

Patient Name: Thomas Carthage was seen in our office on
today with a diagnosis of the shoulder

Work Related Injury? NO YES, DOI: Oct. 2008
RETURN TO WORK STATUS:

 FULL DUTY RESTRICTED DUTY - SEE RESTRICTIONS BELOW

RETURN DATE: _____

MAY NOT RETURN TO WORK UNTIL PERMANENT

 RETURN APPOINTMENT FOR RE-EVALUATION _____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

 NO LIFTING MORE THAN _____ LBS.

 NO OVERHEAD LIFTING

 GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

 NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

 NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____ HOURS/DAY*****
 MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)

*****NO MORE THAN _____ HOURS/DAY*****

LIMITED USE OF: _____

NO USE OF: _____

SCHOOL EXCUSE:

 RETURN TO SCHOOL ON: _____

 NO PE AND/OR SCHOOL SPORTS UNTIL _____

ADDITIONAL COMMENTS: _____

PHYSICIAN SIGNATURE: [Signature] 1-20-11

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McInosh, MD
180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464 Phone: (843) 884-0302 Fax: (843) 849-9308
615 Wexley Drive, Suite 100, Charleston, South Carolina 29407 Phone: (843) 763-2857 Fax: (843) 763-2868

250
Close out as of
Jan 21, 2011

Co. File # Clock Number
 SMG000178 00420036

Earnings Statement

Worked In Dept: S00
 Home Dept: S00

Period End: 10/15/2010
 Pay Date: 10/22/2010

St John's Fire Distr

Thomas Contreras

Earnings	Code	Field #	Hours	Amount
Regular			39.00	899.73
	S - Sick	3	41.00	945.87
Gross Pay				1,845.60

Deductions	Statutory	Amount
Federal Income Tax		121.57
Social Security		113.00
Medicare		26.43
State Worked In: South Carolina	SC	88.49
	Other	Amount
	K - 401k	85.00
	A - Amer Heritage	12.08
	V - Checking	1,256.01
	I - Insurance	23.08
	R - Scpors-sc Rtrmn	119.96
Net Pay		0.00

1/2 OCT

Memos	Code	Amount
-------	------	--------

251

Co. File # Clock Number
 SMG000178 00480052

Earnings Statement

Worked In Dept: S00
 Home Dept: S00

Period End: 11/26/2010
 Pay Date: 12/03/2010

St John's Fire Distr

Thomas Contreras

**Charleston, SC
 29407**

Earnings	Code	Field #	Hours	Amount
	L - Longevity	3		6,305.68

Gross Pay				6,305.68
------------------	--	--	--	-----------------

Deductions	Statutory	Amount
Federal Income Tax		1,160.39
Social Security		389.52
Medicare		91.10
State Worked In: South Carolina	SC	409.10
	Other	Amount
	K - 401k	85.00
	A - Amer Heritage	12.06
	V - Checking	4,135.43
	I - Insurance	23.08

Net Pay		0.00
----------------	--	-------------

Memos	Code	Amount
-------	------	--------

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1/31/11

Tommy Contreras
states

Currently his doctor
says he can not
ret to work eff. 1/21/11

However he is still
employed until he
is released by
WV's Comp

SCRS should have an
answer by 2/29/11
as to the disability
retirement

769-4429

Amount

6,305.68

6,305.68

Amount

1,160.39

389.52

91.10

409.10

Amount

85.00

12.06

4,135.43

23.08

0.00

Amount

283

C-2 + I spoke w/ J.C.
on 2/1/11 & explained
that his effective last
day of employment would
be 1/21/11, the date in
his physician statement.
He said he would have
to verify w/ SRS that
that date would not
affect his retirement
paperwork that has yet
to be approved.
He called back
later & said they
confirmed what we
had told him & he
was coming in next
to out process.
He was also told by
us that his Wker's Comp
claim would remain
open until he signs

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a settlement of them.

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St. John's Fire District
Physician's Statement

Section A

I, (Print Employees Name) Tommy CONTRERAS
do hereby grant permission to my employer, The St. John's Fire District, to verify the
specific information contained below, from my Health Care Provider (the attending
Physician),
(Print Name of Health Care Provider) David W Seignior, MD
and grant permission to my Health Care Provider to release the specific information
contained within this form upon the request of my employer. I also understand that the
information contained within this form shall be fully and accurately completed, and that
failure to do so will render this form invalid.

Signature of Employee _____, Date _____

Section B

Below To Be Completed By The Health Care Provider Only (Please Print)

1. Name of Attending Physician: David W Seignior, MD

2. Business Address and Phone: 3312 Maybank
29455

3. Name of Patient Treated/Examined: Thomas Contreras

4. The attending Physician declares that on (Date) 1/11/10 (Time) afternoon
he/she made a personal examination and diagnosis of the patient.

5. Was employee able to return to work immediately after treatment/examination?
Yes ___ No . If No, please clearly indicate in the space provided below, the
date and time the employee may safely return to duty. (Date) 1/13/10
(Time) am.

6. Upon returning to work, are there any concerns associated with either the
Patient's condition, or treatment, which may result in workplace dangers to the
Patient or coworkers? Yes ___ No .
If Yes, please describe dangers _____

2512

7. Was the employee placed on work restrictions? Yes No

If Yes, explain 1/11 - 1/13/10

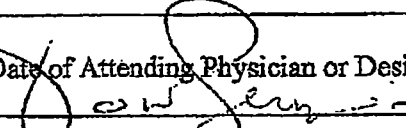
8. Was employee given a follow-up appointment? Yes No

If Yes, give date and time of appointment. (Date) _____ (Time) _____

Were other appointment dates available? Yes No

Comments: _____

Signature and Date of Attending Physician or Designee:

 1/14/10

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St. John's Fire District

PO Box 56

Johns Island, SC 29457

843-559-9194

843-559-3687 (fax)



Policy Number 617H314400

OSHA's Form 301

Injury and Illness Incident Report

Information about the employee

Full Name: Thomas Contreras

Address: 1

Date Of Accident: 10/8/08

Date Of Birth: 1

Location of Accident: Station 4

Date Of Hire: 9/88

Occupation: firefighter

Marital Status: Married Single Divorced Widowed Unknown

Employee Social Security #: 1

Male Female

Information about the physician or other health care professional

Name of physician or other health care professional:

If treatment was given away from the worksite, where was it given?

Facility:

Street:

City:

State:

Zip:

Was employee treated in an emergency room? Yes No

Was employee hospitalized overnight as an in-patient? Yes No

Information about the case

Case number from the Log: * (Transfer the case number from the Log after you record the case.)

Date of injury of illness: 10/8/08

Time employee began work: 0800AM/PM

Time of event: 1732 AM/PM Check if time cannot be determined

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Example: "climbing a ladder while carrying roofing materials." lifting weights

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What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time." I was lifting weights after about the fourth session I felt a pull on my left shoulder.

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome." My right shoulder. I feel pain in the back and top of my shoulder.

What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

If employee died, when did death occur? Date of death.

Wage Information

Rate: PER: Hour bi-weekly (26 Pays) Annual

Date Return(ed) To Work: Full Pay For Day Of Injury (VAC/Sick)? Yes No

Witness Information

Name:
Address:
Phone Number:

Report Completed By

Name:
Title:
Phone Number:

Date:

259



ORTHOPAEDIC SPECIALISTS
of
CHARLESTON

93 Henry Tecklenburg Drive
Suite 201
Charleston, South Carolina 29414

appointments
(843) 958-2600

April 4, 2008

administration
(843) 958-2501

(843) 958-2681

LETTER OF MEDICAL NECESSITY

Dr. Robert K. Aymond, M.D.

To: Allstate Workplace Division

Dr. Kenneth M. Caldwell, M.D.

Re: Thomas Contreras

Dr. Robert M. J. Ernst, M.D.

Dr. Robert M. Graham, Jr., M.D.

Dr. Robert L. Hay, M.D. - Emeritus

Dr. Robert Light McConnell, III, M.D.

Dr. Robert J. McCrosson, M.D.

Dr. Robert C. McIntosh, Jr., M.D.

Dr. William Mulbry, Jr., M.D.

Dr. Robert L. Price, Jr., M.D.

Dr. Michael J. Shereff, M.D.

Dr. Robert D. Thompson, Jr., M.D.

Ms. L. Bniley, PA-C

Mr. Liam E. Ohrstread, Administrator

I am the treating Orthopedic Surgeon for Thomas Contreras who sustained a Left Ankle injury on September 27, 2007. As a result, Mr. Contreras had a debilitating third degree ankle sprain that required a series of interventions and physical therapy. From December 21, 2007 through February 2, 2008 he was not able to perform his required job duties. He has a follow up appointment scheduled with me on April 4, 2008 to check his progress.

Please contact my office if there are additional questions or concerns.

Sincerely,

Blake L. Ohlson, M.D.
BLO
Orthopedic Spec. Of Charleston
(843) 958-2500
(843) 958-2678 Fax

ATTENTIONS:

Robert Pleasant
Cooper Medical Center
90 Hospital Drive, Suite 150
Pleasant, South Carolina 29464

Robert Charleston
1-A Tricom Street
Charleston, South Carolina 29406

Robert Ashley
Francis Medical Office Building
93 Henry Tecklenburg Drive
Suite 200
Charleston, South Carolina 29414

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PART I

EMPLOYER'S STATEMENT

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

1. I hereby certify that Thomas Contreras did not perform any part of his/her work from, Sept 27, 2007 through, Feb 1, 2008.

2. Did insured work light duty or part-time? Yes No If yes, give dates _____

3. Prior to inability to work, he/she worked 56 hours per week and is considered exempt or non-exempt.

4. When recovered, will he/she resume work? Yes No If not why? _____

5. Is this a Workers' Compensation case? Yes No Date Workers' Compensation benefits began 1/1 / 1 / 1
MO/DAY/YR
Name of Workers' Compensation Company _____

6. Section 125: Were the premiums for our disability income policy paid with pre-tax dollars under a Section 125 Plan?
 Yes No

7. Is the employee receiving or has he/she received continued pay? Yes No If yes, please complete the following:

Pay Period		Amount	Source of Income
From	To		
<u>12/29/07</u>	<u>1/11/08</u>	<u>1724.70</u>	<u>Accrued Vacation and Sick Leave</u>
<u>1/12/08</u>	<u>1/25/08</u>	<u>1724.69</u>	<u>" " "</u>

8. Is the employee covered under any other disability policy through the company? NO

9. Has employee returned to work? Yes No If yes, give date: 2/02/08
MO/DAY/YR

10. The employee's job title or position is: Captain III

11. Current Salary or Hourly Rate: 44,841.93 Annual (14,997.3 hourly)

Remarks: _____

Name of Employer: St. John's Fire District Date: 04, 11, 2008
MO/DAY/YR

Address: P.O. Box 56, Johns Island, SC 29457

By: Lyonne King Official Position: Bookkeeper Telephone number: 843.539-9194

NOTE: Please make a copy of the patient's signed authorization to release information for your records.

261

SC WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS									
EMPLOYER (NAME & ADDRESS INCL ZIP) St Johns Fire District Station 4 12 Sora Rall Road Kiawah Island SC				CARRIER/ADMINISTRATOR CLAIM NUMBER			REPORT PURPOSE CODE		
SIC CODE		EMPLOYER FEIN		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)			LOCATION #		
CARRIER/CLAIMS ADMINISTRATOR		POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS, & PHONE NO)					
CARRIER (NAME, ADDRESS, & PHONE NO) State Accident Fund of South Carolina P.O. Box 102100 Columbia, SC 29221-5000 800-521-6576				POLICY PERIOD TO		CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE			
CARRIER FEIN		POLICY/SELF INSURED NUMBER				ADMINISTRATOR FEIN			
AGENT NAME & CODE NUMBER									
EMPLOYEE INFO									
NAME (LAST, FIRST, MIDDLE) Contreras, Thomas			DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE HIRED		STATE OF HIRE
ADDRESS (INCL ZIP) Charleston, SC 29407			SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		MARRITAL STATUS <input type="checkbox"/> UNMARRIED (SGL/DIV) <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		OCCUPATION/JOB TITLE Captain		EMPLOYMENT STATUS Regular Employment
PHONE (843) 769-4429		# OF DEPENDENTS 0		RATE 46,815.03		PERC		# DAYS WORKED/WEEK 4	
DAY WEEK		MONTH X OTHER		FULL PAY FOR DAY OF INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID SALARY CONTINUE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
OCCURRENCE/TREATMENT									
TIME EMPLOYEE BEGAN WORK 08:00		DATE OF INJURY/ILLNESS 10/08/2008		TIME OF OCCURRENCE 05:32		LAST WORK DATE 10-08-2008		DATE EMPLOYER NOTIFIED 10/08/2008	
CONTACT NAME/PHONE NUMBER Chief Stanley, 843-559-9194			TYPE OF INJURY/ILLNESS Strain			PART OF BODY AFFECTED r. shoulder			
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			TYPE OF INJURY/ILLNESS			PART OF BODY AFFECTED			
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED					ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED weights				
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED weight lifting					WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED weight lifting				
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL. Doing daily work out, hurt r. shoulder while lifting weights.									
DATE RETURN(ED) TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) St Francis Xavier Hospital Charleston 2091 Henery Mecklinburg Dr Charleston, SC 29414				HOSPITAL (NAME & ADDRESS)			INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input checked="" type="checkbox"/> MINOR CLINIC/HOSP <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED >24 HRS <input type="checkbox"/> FUTURE MAJOR MEDICAL TREATMENT ANTICIPATED		
WITNESSES (NAME & PHONE #) Mat Scymaszek ; (843) 559-9194									
DATE ADMINISTRATOR NOTIFIED 10-14-2008		DATE PREPARED 10-15-2008		PREPARER'S NAME & TITLE Chief Stanley			PHONE NUMBER 843-559-9194		

262

OPERATIONS CHIEF
Jackie Stanley
BATTALION CHIEFS
James Parham, A-Shift
Wayne Carter, B-Shift
Scott Benard, C-Shift
MAINTENANCE
Willie Crooms
Bill Thompson
Dan Colburn
COMMUNICATIONS
Brenda Mitchell

ST. JOHNS FIRE & RESCUE OPERATIONS DIVISION

P.O. BOX 56
JOHNS ISLAND, S.C. 29457

PHONE: (843) 559-9194
FAX: (843) 559-3687



INCIDENT INVESTIGATION REPORT

REPORT DATE: 10-08-08

INCIDENT DATE: 10-08-08

SHIFT: C

BATTALION CHIEF: Probo

INVESTIGATED BY: Probo

UNIT(S) INVOLVED: N/A

INCIDENT LOCATION: Station 4

WITNESSES: FF Syzmaczek

EXPLANATION OF INCIDENT: While lifting weights Captain Tommy Contreras felt something pull in his right shoulder.

DAMAGE ASSESSMENT: N/A

ACTION TAKEN: Captain Contreras was taken to St. Francis hospital for evaluation and given a drug test.

CORRECTIVE ACTION RECOMMENDED: N/A

CONCLUSION: It is inconclusive as to whether proper lifting techniques were used or it was something unavoidable. Captain Contreras was advised by the doctor to use care when lifting weights.

ADDITIONAL INFORMATION:

MEMBER MAKING REPORT:

3e3

ST. JOHN'S FIRE DISTRICT

P.O. BOX 56

3327 Maybank Hwy.

JOHNS ISLAND, S.C. 29455.

PHONE: (843) 559-9194

FAX: (843) 559-3687



COMMISSIONERS:

JOHN HART, Chairman
ERIC BRITTON, Vice-Chairman
THOMAS KULICK
SUSANNE HOLLOMAN
ALBERT THOMPSON
SAMUAL BROWNLEE
GENEVA SMITH

KARLE RISTOW, Fire Chief

FACSIMILE TRANSMITTAL SHEET

TO: LuLa	FROM: Chief Jackie Stanley
COMPANY: State Accident Fund	DATE: OCTOBER 14, 2010
FAX NUMBER: 803-612-2793	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: Form 20	YOUR REFERENCE NUMBER:

URGENT

FOR REVIEW

PLEASE COMMENT

PLEASE REPLY

PLEASE RECYCLE

Notes/Comments:

This is an updated Form 20 on our employee Thomas Contreras. His original injury was in 2008. He has been on light duty up until October 11, 2010 when he had a follow-up surgery for the original injury.

264

Combined Average Weekly Wage and Compensation Rate

RE: Thomas Contreras v. St Johns Fire Dist Comm

WCC#: 0822640

Date of Accident: October 8, 2008, which is in the 4th quarter of 2008

Employer #1, St. John's Fire District, pursuant to Form 20:

AWW: \$993.49

CR: \$662.36

Employer #2, AMF Triangle Lanes, Pursuant to S.C. Employment Security Commission:

AWW: \$180.71

CR: \$120.47

Combined Average Weekly Wage: \$1,174.20

Combined Compensation Rate: \$782.83, which equates to the maximum compensation rate for the year of 2008, in the amount of \$661.29

265



WCC File #: _____
 Carrier File #: _____
 Carrier Code #: _____
 Employer FEIN #: 57-6008015

Claimant's Name: Thomas Contreras SSN: _____ Employer's Name: St. John's Fire District
 Address: _____ Address: P.O. Box 56
 City: Charleston State: SC Zip: 29407 City: Johns Island State: SC Zip: 29457
 Home Phone: (843) 769-4429 Work Phone: (843) 559-9194 Insurance Carrier: State Accident Fund
 Preparer's Name: Jackie Stanley Preparer's Phone #: (843) 559-9194

Date of Injury: 10-08-2008
 month | day | year

A. Total Wages Paid

1. Check Applicable Method:

- Report of earnings of injured employee based on four completed quarters.
- Report of earnings of injured employee who did not complete four quarters based on actual time worked.
- Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
- Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	<u>9/30/2008</u>	<u>\$13,182.59</u>
2nd	<u>6/30/2008</u>	<u>\$11,905.06</u>
3rd	<u>3/31/2008</u>	<u>\$11,773.37</u>
4th	<u>12/31/2007</u>	<u>\$14,800.20</u>
		Total Paid

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

4. Add lines 2 and 3.

TOTAL WAGES PAID:

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

2. \$0.00 51,661.22
 3. \$ 0
 4. \$0.00 51,661.22
 5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE:

6. \$ 993.49

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

8. The compensation rate is as follows (choose one):

- When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
- When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
- When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
- Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. _____
- The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

7. \$0.00 662.36

WEEKLY COMPENSATION RATE:

8. \$ 662.36

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

20
 July

RE: Thomas Contreras v. St Johns Fire Dist Comm

WCC#: 0822640

Date of Accident: October 8, 2008, which is in the 4th quarter of 2008

Average Weekly Wage and Compensation rate for AMF Bowling for the 52 weeks prior to Claimant's October 8, 2008, accident at work:

3 rd quarter of 2008:	\$1,876.16
2 nd quarter of 2008:	\$2,603.13
1 st quarter of 2008:	\$2,320.16
4 th quarter of 2007:	<u>\$2,597.78</u>
	\$9,397.23

\$9,397.23 divided by 52 weeks = \$180.71

Average Weekly Wage: \$180.71

\$180.71 times two and divided by three = \$120.47

Compensation Rate: \$120.47

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SSN Wage Record Inquiry

SSN [REDACTED]-7473

Name	Acct #	Employer Name	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2012	\$549.30	\$309.33	\$473.66	\$760.57
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2011	\$3,715.41			
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2011	\$285.70	\$424.98	\$480.73	\$554.71
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2010	\$12,660.70	\$11,558.16	\$12,665.60	\$9,927.63
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2010	\$382.53	\$505.45	\$196.98	\$443.40
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2009	\$12,160.96	\$10,581.94	\$12,634.86	\$17,807.67
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2009	\$1,101.40	\$961.23	\$595.91	\$654.18
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2008				\$120.00
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2008	\$11,773.37	\$11,905.06	\$13,182.59	\$15,408.24
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2008	\$2,320.16	\$2,603.13	\$1,876.16	\$2,160.27

Next >

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SSN Wage Record Inquiry

SSN [REDACTED] 7473

Name	Acct #	Employer Name	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2007	\$11,612.55	\$10,354.93	\$11,896.26	\$14,800.20
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2007	\$1,765.60	\$2,147.93	\$2,108.06	\$2,597.78
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2006	\$11,471.08	\$9,791.99	\$11,670.28	\$14,311.32
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2006	\$1,733.91	\$2,358.49	\$2,459.44	\$2,628.79
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2005	\$9,643.04	\$11,104.53	\$12,152.93	\$13,155.76
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2005	\$1,607.47	\$1,597.64	\$1,753.66	\$1,743.56
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2004				\$14,353.98
THOMAS CONTRERAS	[REDACTED]	[REDACTED]	Original	2004				\$2,231.17

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

Thomas Contreras,)	
Claimant,)	
)	
vs.	)	<u>NOTICE OF WITNESSES AND</u>
	)	<u>WRITTEN MEDICAL REPORTS TO BE</u>
St Johns Fire Dist Comm,	)	<u>INTRODUCED AS DIRECT EVIDENCE</u>
	)	<u>ON BEHALF OF THOMAS</u>
Employer,	)	<u>CONTRERAS</u>
and)	
State Accident Fund,)	
Carrier, Defendants)	
_____)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND MARGARET URBANIC, ESQUIRE, ATTORNEY FOR EMPLOYER/CARRIER:

YOU ARE HEREBY NOTIFIED THAT THE Employee, 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 Employee, to wit:

<u>APA</u>	<u>NOTICE OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u># OF PAGES</u>
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EXHIBITS

<u>APA</u>		<u>DATE</u>	<u># OF PAGES</u>
12	Claimant's Form 20, from His Second Employer, AMF Bowling Centers, Wherein at the Time of His Workers' Compensation Accident He Had an Average Weekly Wage of \$1180.72, with a Corresponding Compensation Rate of \$120.49	2008-2007	2 (269.5-271)

13	Claimant's Form 20 from His Second Employer, AMF Bowling Centers, Wherein Claimant Now Has an Average Weekly Wage of \$60.65, with a Corresponding Compensation Rate of \$40.44	2013 - 2012	2 (272-273)
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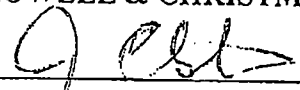
Claimant requests that the Commission file be made a part of the record; Claimant reserves the right to offer rebuttal evidence and exhibits.

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of 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 evidence on behalf of the employee, Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee: Claimant, Thomas Contreras and witness, Geneva McCauly. Claimant reserves the right to call any and all witnesses listed by Defendant.

HOWELL & CHRISTMAS, LLC


 Gary Christmas, Esquire
 Post Office Box 1896
 Mt. Pleasant, South Carolina 29465
 Telephone: (843) 849-2800
 Facsimile: (843) 884-2007
 E-mail: gc@howellandchristmas.com
 ATTORNEYS FOR CLAIMANT

Dated this 8th day of May, 2013
 Mt. Pleasant, South Carolina.

Combined Average Weekly Wage and Compensation Rate

RE: Thomas Contreras v. St Johns Fire Dist Comm

WCC#: 0822640

Date of Accident: October 8, 2008, which is in the 4th quarter of 2008

Employer #1, St. John's Fire District, pursuant to Form 20:

AWW: \$993.49

CR: \$662.36

Employer #2, AMF Triangle Lanes, Pursuant to S.C. Employment Security Commission:

AWW: \$180.72

CR: \$120.49

Combined Average Weekly Wage: \$1,174.21

Combined Compensation Rate: \$782.85, which equates to the maximum compensation rate for the year of 2008, in the amount of \$661.29

269.5



Claimant's Name: Thomas Contreras SSN: _____ Employer's Name: AMF Triangle Lanes / AMF Bowling Centers Inc
 Address: _____ Address: 7313 Bell Creek Road
 City: Charleston State: SC Zip: 29407 City: Mechanicsville State: VA Zip: 23111
 Home Phone: 843 324 5387 Work Phone: _____ Insurance Carrier: _____
 Preparer's Name: Patricia Westfield Preparer's Phone #: 804-559-6303

Date of Injury: October 8, 2008
 month day year

A. Total Wages Paid

1. Check Applicable Method:
 - Report of earnings of injured employee based on four completed quarters.
 - Report of earnings of injured employee who did not complete four quarters based on actual time worked.
 - Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
 - Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).
2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid	
1st	<u>9/30/2008</u>	<u>\$ 1876.16</u>	
2nd	<u>6/30/2008</u>	<u>\$ 7603.13</u>	
3rd	<u>3/31/2008</u>	<u>\$ 2370.16</u>	
4th	<u>12/31/2007</u>	<u>\$ 2597.78</u>	
		Total Paid	2. <u>\$ 9397.23</u>

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. \$ _____
4. Add lines 2 and 3. **TOTAL WAGES PAID:** 4. \$ 9397.23
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 57

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5). **AVERAGE WEEKLY WAGE:** 6. \$ 180.72

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. \$ 120.49
8. The compensation rate is as follows (choose one):
 - When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
 - When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
 - When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
 - Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. _____
 - The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. \$ 120.49

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

Alpha Name	Check Date	Hours	Gross Pay
CONTRERAS, THOMAS	10/05/2007	40.75	350.05
CONTRERAS, THOMAS	10/19/2007	31.00	276.29
CONTRERAS, THOMAS	11/02/2007	48.75	418.77
CONTRERAS, THOMAS	11/16/2007	47.50	408.03
CONTRERAS, THOMAS	11/30/2007	49.75	427.36
CONTRERAS, THOMAS	12/14/2007	38.00	326.43
CONTRERAS, THOMAS	12/28/2007	45.50	390.85
CONTRERAS, THOMAS	01/11/2008	46.50	399.43
CONTRERAS, THOMAS	01/25/2008	42.75	367.22
CONTRERAS, THOMAS	02/08/2008	45.75	393.00
CONTRERAS, THOMAS	02/22/2008	49.25	423.06
CONTRERAS, THOMAS	03/07/2008	42.50	365.08
CONTRERAS, THOMAS	03/21/2008	43.00	372.37
CONTRERAS, THOMAS	04/04/2008	48.25	414.47
CONTRERAS, THOMAS	04/18/2008	46.25	404.29
CONTRERAS, THOMAS	05/02/2008	45.75	395.00
CONTRERAS, THOMAS	05/16/2008	41.00	382.19
CONTRERAS, THOMAS	05/30/2008	65.00	558.35
CONTRERAS, THOMAS	06/13/2008	29.25	251.26
CONTRERAS, THOMAS	06/27/2008	23.00	197.57
CONTRERAS, THOMAS	07/11/2008	16.00	137.44
CONTRERAS, THOMAS	07/25/2008	23.75	204.02
CONTRERAS, THOMAS	08/08/2008	51.00	438.10
CONTRERAS, THOMAS	08/22/2008	41.50	404.62
CONTRERAS, THOMAS	09/03/2008	45.75	407.18
CONTRERAS, THOMAS	09/19/2008	32.00	284.80
			9397.23

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Claimant's Name: Thomas Contreras SSN: _____ Employer's Name: AMF Triangle Lanes / AMF Bowling
 Address: _____ Address: 7313 Bell Creek Road
 City: Charleston State: SC Zip: 29407 City: Mechanicsville State: VA Zip: 23111
 Home Phone: 843 324 5387 Work Phone: _____ Insurance Carrier: _____
 Preparer's Name: Patricia Westfield Preparer's Phone #: 804-559-6303

Date of Injury: October 8, 2008
 month day year

A. Total Wages Paid

1. Check Applicable Method:

- Report of earnings of injured employee based on four completed quarters.
- Report of earnings of injured employee who did not complete four quarters based on actual time worked.
- Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
- Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	<u>6/30/2012</u>	<u>\$ 309.33</u>
2nd	<u>9/30/2012</u>	<u>\$ 473.66</u>
3rd	<u>12/31/2012</u>	<u>\$ 760.57</u>
4th	<u>3/30/2013</u>	<u>\$ 1610.08</u>
Total Paid		2. <u>\$ 3153.64</u>

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. \$ _____
 4. Add lines 2 and 3. TOTAL WAGES PAID: 4. \$ 3153.64
 5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
 AVERAGE WEEKLY WAGE: 6. \$ 60.65

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. \$ 40.44
8. The compensation rate is as follows (choose one):
- When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
 - When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
 - When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
 - Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. _____
 - The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. \$ 40.44

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

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Alpha Name	Check Date	Hours	Gross Pay
CONTRERAS, THOMAS	04/13/2012	2.48	22.79
CONTRERAS, THOMAS	04/27/2012	0.62	5.70
CONTRERAS, THOMAS	05/11/2012	8.48	77.93
CONTRERAS, THOMAS	05/25/2012	11.03	101.36
CONTRERAS, THOMAS	06/08/2012	4.33	39.80
CONTRERAS, THOMAS	06/22/2012	6.72	61.75
CONTRERAS, THOMAS	07/06/2012	4.96	45.58
CONTRERAS, THOMAS	07/20/2012	4.05	37.22
CONTRERAS, THOMAS	08/03/2012	5.28	48.53
CONTRERAS, THOMAS	08/17/2012	2.85	26.19
CONTRERAS, THOMAS	08/31/2012	3.38	31.06
CONTRERAS, THOMAS	09/14/2012	15.30	140.61
CONTRERAS, THOMAS	09/26/2012	15.72	144.47
CONTRERAS, THOMAS	10/12/2012	12.03	110.56
CONTRERAS, THOMAS	10/26/2012	18.63	171.21
CONTRERAS, THOMAS	11/07/2012	28.03	257.60
CONTRERAS, THOMAS	11/23/2012	8.93	82.07
CONTRERAS, THOMAS	12/07/2012	6.94	63.78
CONTRERAS, THOMAS	12/21/2012	8.20	75.35
CONTRERAS, THOMAS	01/04/2013	2.45	22.52
CONTRERAS, THOMAS	01/18/2013	12.32	113.22
CONTRERAS, THOMAS	02/01/2013	28.91	265.68
CONTRERAS, THOMAS	02/15/2013	32.28	296.65
CONTRERAS, THOMAS	03/01/2013	34.75	319.35
CONTRERAS, THOMAS	03/15/2013	31.75	291.78
CONTRERAS, THOMAS	03/29/2013	32.74	300.88
			3153.64

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

Thomas Contreras,)	
Claimant,)	
)	
vs.	)	<u>NOTICE OF WITNESSES AND</u>
	)	<u>WRITTEN MEDICAL REPORTS TO BE</u>
St Johns Fire Dist Comm,	)	<u>INTRODUCED AS DIRECT EVIDENCE</u>
	)	<u>ON BEHALF OF THOMAS</u>
Employer,	)	<u>CONTRERAS</u>
and)	
State Accident Fund,)	
)	
Carrier, Defendants)	
_____)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND MARGARET URBANIC, ESQUIRE, ATTORNEY FOR EMPLOYER/CARRIER:

YOU ARE HEREBY NOTIFIED THAT THE Employee, 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 Employee, to wit:

<u>APA</u>	<u>NOTICE OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u># OF PAGES</u>
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EXHIBITS

<u>APA</u>		<u>DATE</u>	<u># OF PAGES</u>
14	Claimant's Analysis for His Combined Average Weekly Wage and Compensation Rate and Analysis for Back Due Temporary Partial and/or Permanent Partial Benefits	2013 - 2011	26 (274-299)


Claimant requests that the Commission file be made a part of the record; Claimant reserves the right to offer rebuttal evidence and exhibits.

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of 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 evidence on behalf of the employee, Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee: Claimant, Thomas Contreras and witness, Geneva McCauly. Claimant reserves the right to call any and all witnesses listed by Defendant.

HOWELL & CHRISTMAS, LLC



Gary Christmas, Esquire
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Mt. Pleasant, South Carolina 29465
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Facsimile: (843) 884-2007
E-mail: gc@howellandchristmas.com
ATTORNEYS FOR CLAIMANT

Dated this 14th day of May, 2013
Mt. Pleasant, South Carolina.

Hearing before Commissioner Gene McCaskill, on May 14, 2013

RE: Thomas Contreras v. St Johns Fire Dist Comm

WCC#: 0822640

Date of Accident: October 8, 2008

1. Combined Average Weekly Wage and Compensation Rate:

Employer #1, St. John's Fire District, pursuant to Form 20 (APA#11, p. 266):

AWW: \$993.49

CR: \$662.36

Employer #2, AMF Triangle Lanes, Pursuant to Form 20 (APA #12, p. 270):

AWW: \$180.72

CR: \$120.49

Combined Average Weekly Wage: \$1,174.21

Combined Compensation Rate: \$782.85, which equates to the maximum compensation rate for the year of 2008, in the amount of \$661.29.

2. Claimant is seeking Temporary Partial Wage Loss in the amount of \$13,001.01, for the period of January 21, 2011, through May 16, 2011, for a total of 17 weeks.

August 7, 2012 = 2nd maximum medical improvement date post Claimant's 4th surgery

<u>Check Date</u>	<u>Gross Pay</u>
1/21/11	\$73.43
2/4/11	\$58.74
2/18/11	\$56.25
3/4/11	\$35.60
3/18/11	\$26.70
4/1/11	\$35.60
4/15/11	\$38.45
4/29/11	\$44.15
<u>5/13/11</u>	<u>\$91.13</u>
Total:	\$460.05

Based on Claimant's combined average weekly wage, for 17 weeks he would have been entitled to \$19,961.57 (Claimant's combined average weekly wage of \$1,174.21, times 17 weeks). Claimant only earned \$460.05, during those 17 weeks. Therefore, he is entitled to permanent partial wage loss in the amount of \$, for the period of January 21, 2011, through May 16, 2011 (\$19,961.57 minus \$460.05 = \$19,501.52; \$19,501.52 times two and divided by three = \$13,001.01).

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3. Claimant seeking Permanent Partial Wage Loss, in the amount of \$62,739.65, for the period of May 17, 2011, through December 21, 2012, for a total of 83 weeks.

<u>Check Date</u>	<u>Gross Pay</u>
5/27/11	\$104.22
6/10/11	\$41.74
6/24/11	\$69.69
7/8/11	\$48.34
7/22/11	\$51.83
8/5/11	\$36.02
8/19/11	\$46.14
9/2/11	\$36.31
9/16/11	\$139.22
9/30/11	\$122.87
10/14/11	\$94.57
10/28/11	\$59.09
11/10/11	\$70.39
11/25/11	\$174.15
12/9/11	\$65.07
12/23/11	\$91.44
1/6/12	\$37.22
1/20/12	\$85.92
2/3/12	\$104.59
2/17/12	\$102.84
3/2/12	\$63.41
3/16/12	\$97.33
3/30/12	\$57.99
4/13/12	\$22.79
4/27/12	\$5.70
5/11/12	\$77.93
5/25/12	\$101.36
6/8/12	\$39.80
6/22/12	\$61.75
7/6/12	\$45.58
7/20/12	\$37.22
8/3/12	\$48.53
8/17/12	\$26.19
8/31/12	\$31.06
9/14/12	\$140.61
9/26/12	\$144.47
10/12/12	\$110.56
10/26/12	\$171.21
11/7/12	\$257.60
11/23/12	\$82.07
12/7/12	\$63.78

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12/21/12 \$75.35
Total: **\$3,349.95**

Based on Claimant's combined average weekly wage, for 83 weeks he would have been entitled to \$97,459.43 (Claimant's combined average weekly wage of \$1,174.21, times 83 weeks). Claimant only earned \$3,349.95, during those 83 weeks. Therefore, he is entitled to permanent partial wage loss in the amount of \$, for the period of May 17, 2011, through December 21, 2012 (\$97,459.43 minus \$3,349.95 = \$94,109.48; \$94,109.48 times two and divided by three = \$62,739.65).

4. **Claimant seeking Permanent Partial Wage Loss in the amount of \$12,458.55, for the period of January 1, 2013, through May 10, 2013, or a total of 18 weeks.**

<u>Check Date</u>	<u>Gross Pay</u>
1/4/13	\$22.52
1/18/13	\$113.22
2/1/13	\$265.68
2/15/13	\$296.65
3/1/13	\$319.35
3/15/13	\$291.78
3/29/13	\$300.88
4/12/13	\$335.35
4/26/13	\$253.28
<u>5/10/13</u>	<u>\$249.24</u>
Total:	\$2,447.95

Based on Claimant's combined average weekly wage, for 18 weeks he would have been entitled to \$21,135.78 (Claimant's combined average weekly wage of \$1,174.21, times 18 weeks). Claimant only earned \$2,447.95, during those 18 weeks. Therefore, he is entitled to permanent partial wage loss in the amount of \$12,458.55, for the period of January 1, 2013, through May 10, 2013 (\$21,135.78 minus \$2,447.95 = \$18,687.83; \$18,687.83 times two and divided by three = \$12,458.55).

Total Amount Claimant is Seeking for Temporary Partial and/or Permanent Partial Benefits:
\$88,199.21

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Tax ID	Emp Number	Employee Name									
		410640	CONTRERAS, THOMAS									
I REGULAR		3.93	34.98	34.98	3.93		*** Gross Wages		34.98	34.98		
							FED INCOME TAX		5.00	5.00	33.58	33.58
							FED SS W/H		1.47	1.47	34.98	34.98
							FED MED W/H		.51	.51	34.98	34.98
							SC STATE W/H				33.58	33.58
							401k DEDUCTION		1.40	1.40		
							*** Total Employee Deductions		8.38	8.38		
							*** Total Employer Deductions					
							*** Net Pay		26.60	26.60		
	Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:	81594759		Check Date:	1/7/2011				
	*** Total Pay/Hours	Gross:	3.93	34.98	34.98	3.93						
		Taxbl:		33.58	33.58							
I REGULAR		8.25	73.43	108.41	12.18		*** Gross Wages		73.43	108.41		
							FED INCOME TAX		5.00	10.00	70.49	104.41
							FED SS W/H		3.08	4.55	73.43	108.41
							FED MED W/H		1.06	1.57	73.43	108.41
							SC STATE W/H				70.49	104.41
							401k DEDUCTION		2.94	4.34		
							*** Total Employee Deductions		12.08	20.46		
							*** Total Employer Deductions					
							*** Net Pay		61.35	87.95		
	Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:	81719099		Check Date:	1/21/2011				
	*** Total Pay/Hours	Gross:	8.25	73.43	108.41	12.18						
		Taxbl:		70.49	104.07							
I REGULAR		6.60	58.74	167.15	18.78		*** Gross Wages		58.74	167.15		
							FED INCOME TAX		5.00	15.00	56.39	160.15
							FED SS W/H		2.47	7.02	58.74	167.15
							FED MED W/H		.85	2.42	58.74	167.15
							SC STATE W/H				56.39	160.15
							401k DEDUCTION		2.35	6.69		
							*** Total Employee Deductions					
							*** Total Employer Deductions					
							*** Net Pay					
	Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:	81802247		Check Date:	2/4/2011				

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours	6.60	58.74	167.15	18.78		*** Total Employee Deductions		10.67	31.13		
	Gross Taxbl:		56.39	160.46			*** Total Employer Deductions					
							*** Net Pay		48.07	136.02		
<hr/>												
I	REGULAR	6.32	56.25	223.40	25.10		*** Gross Wages		56.25	223.40		
							FED INCOME TAX		5.00	20.00	54.00	214.0
							FED SS W/H		2.36	9.38	56.25	223.0
							FED MED W/H		.82	3.24	56.25	223.0
							SC STATE W/H				54.00	214.0
							401k DEDUCTION		2.25	8.94		
							Check Date: 2/18/2011					
							*** Total Employee Deductions		10.43	41.56		
							*** Total Employer Deductions					
							*** Net Pay		45.82	181.84		
<hr/>												
I	REGULAR	4.00	35.60	259.00	29.10		*** Gross Wages		35.60	259.00		
							FED INCOME TAX		5.00	25.00	34.18	248.0
							FED SS W/H		1.50	10.88	35.60	259.0
							FED MED W/H		.52	3.76	35.60	259.0
							SC STATE W/H				34.18	248.0
							401k DEDUCTION		1.42	10.36		
							Check Date: 3/4/2011					
							*** Total Employee Deductions		8.44	50.00		
							*** Total Employer Deductions					
							*** Net Pay		27.16	209.00		
<hr/>												
I	REGULAR	3.00	26.70	285.70	32.10		*** Gross Wages		26.70	285.70		
							FED INCOME TAX		5.00	30.00	25.63	274.0
							FED SS W/H		1.12	12.00	26.70	285.0
							FED MED W/H		.38	4.14	26.70	285.0

Current Employee: CONTRERAS, THOMAS
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 *** Total Pay/Hours

Current Check Control Number: 81881811
 223.40
 25.10

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							SC STATE W/H				25.63	274.00
							401k DEDUCTION		1.07	11.43		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82158377		Check Date: 3/18/2011								
*** Total Pay/Hours	Gross:	3.00	26.70	285.70	32.10		*** Total Employee Deductions		7.57	57.57		
	Taxbl:		25.63	274.27			*** Total Employer Deductions					
							*** Net Pay		19.13	228.13		
<hr/>												
I REGULAR		4.00	35.60	321.30	36.10		*** Gross Wages		35.60	321.30		
							FED INCOME TAX		5.00	35.00	34.18	308.00
							FED SS W/H		1.49	13.49	35.60	321.00
							FED MED W/H		.52	4.66	35.60	321.00
							SC STATE W/H				34.18	308.00
							401k DEDUCTION		1.42	12.85		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82190633		Check Date: 4/1/2011								
*** Total Pay/Hours	Gross:	4.00	35.60	321.30	36.10		*** Total Employee Deductions		8.43	66.00		
	Taxbl:		34.18	308.45			*** Total Employer Deductions					
							*** Net Pay		27.17	255.30		
<hr/>												
I REGULAR		4.32	38.45	359.75	40.42		*** Gross Wages		38.45	359.75		
							FED INCOME TAX		5.00	40.00	36.91	345.00
							FED SS W/H		1.62	15.11	38.45	359.00
							FED MED W/H		.56	5.22	38.45	359.00
							SC STATE W/H				36.91	345.00
							401k DEDUCTION		1.54	14.39		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82309139		Check Date: 4/15/2011								
*** Total Pay/Hours	Gross:	4.32	38.45	359.75	40.42		*** Total Employee Deductions		8.72	74.72		
	Taxbl:		36.91	345.36			*** Total Employer Deductions					
							*** Net Pay		29.73	285.03		
<hr/>												
I REGULAR		4.96	44.15	403.90	45.38		*** Gross Wages		44.15	403.90		

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount	
							FED INCOME TAX		5.00	45.00	42.38	387.74	
							FED SS W/H		1.85	16.96	44.15	403.90	
							FED MED W/H		.64	5.86	44.15	403.90	
							SC STATE W/H				42.38	387.74	
							401k DEDUCTION		1.77	16.16			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82441965		82441965		Check Date: 4/29/2011							
*** Total Pay/Hours		Gross: 4.96	44.15	403.90	45.38	*** Total Employee Deductions			9.26	83.98			
		Taxbl:	42.38	387.74		*** Total Employer Deductions							
						*** Net Pay			34.89	319.92			
<hr/>													
1	REGULAR	10.24	91.13	495.03	55.62		*** Gross Wages		91.13	495.03			
							FED INCOME TAX		5.00	50.00	87.48	475.22	
							FED SS W/H		3.83	20.79	91.13	495.03	
							FED MED W/H		1.32	7.18	91.13	495.03	
							SC STATE W/H				87.48	475.22	
							401k DEDUCTION		3.65	19.81			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82529705		82529705		Check Date: 5/13/2011							
*** Total Pay/Hours		Gross: 10.24	91.13	495.03	55.62	*** Total Employee Deductions			13.80	97.78			
		Taxbl:	87.48	475.22		*** Total Employer Deductions							
						*** Net Pay			77.33	397.25			
<hr/>													
1	REGULAR	11.71	104.22	599.25	67.33		*** Gross Wages		104.22	599.25			
							FED INCOME TAX		5.00	55.00	100.05	575.27	
							FED SS W/H		4.38	25.17	104.22	599.25	
							FED MED W/H		1.51	8.60	104.22	599.25	
							SC STATE W/H		.05	.03	100.05	575.27	
							401k DEDUCTION		4.17	23.98			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82598701		82598701		Check Date: 5/27/2011							
*** Total Pay/Hours		Gross: 11.71	104.22	599.25	67.33	*** Total Employee Deductions			15.09	112.87			
		Taxbl:	100.05	575.27		*** Total Employer Deductions							
						*** Net Pay			89.13	486.38			

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
I REGULAR		4.69	41.74	640.99	72.02		*** Gross Wages		41.74	640.99		
							FED INCOME TAX		5.00	60.00	40.07	615.00
							FED SS W/H		1.75	26.92	41.74	640.00
							FED MED W/H		.60	9.29	41.74	640.00
							SC STATE W/H			.03	40.07	615.00
							401k DEDUCTION		1.67	25.65		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82800201				Check Date: 6/10/2011						
*** Total Pay/Hours	Gross:	4.69	41.74	640.99	72.02		*** Total Employee Deductions		9.02	121.89		
	Taxbl:		40.07	615.34			*** Total Employer Deductions					
							*** Net Pay		32.72	519.10		
I REGULAR		7.83	69.69	710.68	79.85		*** Gross Wages		69.69	710.68		
							FED INCOME TAX		5.00	65.00	66.90	682.00
							FED SS W/H		2.93	29.85	69.69	710.00
							FED MED W/H		1.01	10.30	69.69	710.00
							SC STATE W/H			.03	66.90	682.00
							401k DEDUCTION		2.79	28.44		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 82893671				Check Date: 6/24/2011						
*** Total Pay/Hours	Gross:	7.83	69.69	710.68	79.85		*** Total Employee Deductions		11.73	133.62		
	Taxbl:		66.90	682.24			*** Total Employer Deductions					
							*** Net Pay		57.96	577.06		
I REGULAR		5.26	48.34	759.02	85.11		*** Gross Wages		48.34	759.02		
							FED INCOME TAX		5.00	70.00	46.41	728.00
							FED SS W/H		2.03	31.88	48.34	759.00
							FED MED W/H		.71	11.01	48.34	759.00
							SC STATE W/H			.03	46.41	728.00
							401k DEDUCTION		1.93	30.37		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83015626				Check Date: 7/8/2011						
*** Total Pay/Hours	Gross:	5.26	48.34	759.02	85.11		*** Total Employee Deductions		9.67	143.29		

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Taxbl:		46.41	728.65			*** Total Employer Deductions					
							*** Net Pay		38.67	615.73		
1	REGULAR	5.64	51.83	810.85	90.75		*** Gross Wages		51.83	810.85		
							FED INCOME TAX		5.00	75.00	49.76	778.41
							FED SS W/H		2.18	34.06	51.83	810.85
							FED MED W/H		.75	11.76	51.83	810.85
							SC STATE W/H			.03	49.76	778.41
							401k DEDUCTION		2.07	32.44		
	Current Employee: CONTRERAS, THOMAS						Current Check Control Number: 83093915					
	*** Total Pay/Hours	Gross: 5.64	51.83	810.85	90.75		Check Date: 7/22/2011					
		Taxbl:	49.76	778.41			*** Total Employee Deductions		10.00	153.29		
							*** Total Employer Deductions					
							*** Net Pay		41.83	657.56		
1	REGULAR	3.92	36.02	846.87	94.67		*** Gross Wages		36.02	846.87		
							FED INCOME TAX		5.00	80.00	34.58	812.45
							FED SS W/H		1.51	35.57	36.02	846.87
							FED MED W/H		.52	12.28	36.02	846.87
							SC STATE W/H			.03	34.58	812.45
							401k DEDUCTION		1.44	33.88		
	Current Employee: CONTRERAS, THOMAS						Current Check Control Number: 83229886					
	*** Total Pay/Hours	Gross: 3.92	36.02	846.87	94.67		Check Date: 8/5/2011					
		Taxbl:	34.58	812.99			*** Total Employee Deductions		8.47	161.76		
							*** Total Employer Deductions					
							*** Net Pay		27.55	685.11		
1	REGULAR	5.02	46.14	893.01	99.69		*** Gross Wages		46.14	893.01		
							FED INCOME TAX		5.00	85.00	44.29	857.72
							FED SS W/H		1.94	37.51	46.14	893.01
							FED MED W/H		.67	12.95	46.14	893.01
							SC STATE W/H			.03	44.29	857.72

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AMF BOWLING CENTERS, INC
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83339760		83339760			401k DEDUCTION		1.85	35.73		
*** Total Pay/Hours	Gross:	5.02	46.14	893.01	99.69		Check Date: 8/19/2011					
	Taxbl:		44.29	857.28			*** Total Employee Deductions		9.46	171.22		
							*** Total Employer Deductions					
							*** Net Pay		36.68	721.79		
<hr/>												
I REGULAR		3.95	36.31	929.32	103.64		*** Gross Wages		36.31	929.32		
							FED INCOME TAX		5.00	90.00	34.86	892.
							FED SS W/H		1.52	39.03	36.31	929.
							FED MED W/H		.53	13.48	36.31	929.
							SC STATE W/H			.03	34.86	892.
							401k DEDUCTION		1.45	37.18		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83393387		83393387			Check Date: 9/2/2011					
*** Total Pay/Hours	Gross:	3.95	36.31	929.32	103.64		*** Total Employee Deductions		8.50	179.72		
	Taxbl:		34.86	892.14			*** Total Employer Deductions					
							*** Net Pay		27.81	749.60		
<hr/>												
I REGULAR		15.15	139.22	1,068.54	118.79		*** Gross Wages		139.22	1,068.54		
							FED INCOME TAX		5.00	95.00	133.65	1,025.
							FED SS W/H		5.85	44.88	139.22	1,068.
							FED MED W/H		2.01	15.49	139.22	1,068.
							SC STATE W/H		.64	.67	133.65	1,025.
							401k DEDUCTION		5.57	42.75		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83477505		83477505			Check Date: 9/16/2011					
*** Total Pay/Hours	Gross:	15.15	139.22	1,068.54	118.79		*** Total Employee Deductions		19.07	198.79		
	Taxbl:		133.65	1,025.79			*** Total Employer Deductions					
							*** Net Pay		120.15	869.75		
<hr/>												
I REGULAR		13.37	122.87	1,191.41	132.16		*** Gross Wages		122.87	1,191.41		
							FED INCOME TAX		5.00	100.00	117.96	1,143.

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AMF BOWLING CENTERS, INC
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							FED SS W/H		5.16	50.04	122.87	1,191.41
							FED MED W/H		1.79	17.28	122.87	1,191.41
							SC STATE W/H		.35	1.02	117.96	1,143.75
							401k DEDUCTION		4.91	47.66		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83546726		Check Date: 9/30/2011								
*** Total Pay/Hours	Gross:	13.37	122.87	1,191.41	132.16	*** Total Employee Deductions			17.21	216.00		
	Taxbl:		117.96	1,143.75		*** Total Employer Deductions						
						*** Net Pay			105.66	975.41		
<hr/>												
1	REGULAR	10.29	94.57	1,285.98	142.45	*** Gross Wages			94.57	1,285.98		
						FED INCOME TAX			5.00	105.00	90.79	1,234.00
						FED SS W/H			3.97	54.01	94.57	1,285.98
						FED MED W/H			1.37	18.65	94.57	1,285.98
						SC STATE W/H				1.02	90.79	1,234.00
						401k DEDUCTION			3.78	51.44		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83630047		Check Date: 10/14/2011								
*** Total Pay/Hours	Gross:	10.29	94.57	1,285.98	142.45	*** Total Employee Deductions			14.12	230.12		
	Taxbl:		90.79	1,234.54		*** Total Employer Deductions						
						*** Net Pay			80.45	1,055.86		
<hr/>												
1	REGULAR	6.43	59.09	1,345.07	148.88	*** Gross Wages			59.09	1,345.07		
						FED INCOME TAX			5.00	110.00	56.73	1,291.00
						FED SS W/H			2.48	56.49	59.09	1,345.07
						FED MED W/H			.85	19.50	59.09	1,345.07
						SC STATE W/H				1.02	56.73	1,291.00
						401k DEDUCTION			2.36	53.80		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83688142		Check Date: 10/28/2011								
*** Total Pay/Hours	Gross:	6.43	59.09	1,345.07	148.88	*** Total Employee Deductions			10.69	240.81		
	Taxbl:		56.73	1,291.27		*** Total Employer Deductions						
						*** Net Pay			48.40	1,104.26		

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
1	REGULAR	7.66	70.39	1,415.46	156.54	***	Gross Wages		70.39	1,415.46		
							FED INCOME TAX		5.00	115.00	67.57	1,358.1
							FED SS W/H		2.96	59.45	70.39	1,415.
							FED MED W/H		1.02	20.52	70.39	1,415.
							SC STATE W/H			1.02	67.57	1,358.1
							401k DEDUCTION		2.82	56.62		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83823244		Check Date: 11/10/2011								
*** Total Pay/Hours	Gross:	7.66	70.39	1,415.46	156.54	*** Total Employee Deductions			11.80	252.61		
	Taxbl:		67.57	1,358.84		*** Total Employer Deductions						
						*** Net Pay			58.59	1,162.85		
<hr/>												
1	REGULAR	18.95	174.15	1,589.61	175.49	***	Gross Wages		174.15	1,589.61		
							FED INCOME TAX		5.00	120.00	167.18	1,526.
							FED SS W/H		7.31	66.76	174.15	1,589.
							FED MED W/H		2.53	23.05	174.15	1,589.
							SC STATE W/H		1.24	2.26	167.18	1,526.
							401k DEDUCTION		6.97	63.59		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83912546		Check Date: 11/25/2011								
*** Total Pay/Hours	Gross:	18.95	174.15	1,589.61	175.49	*** Total Employee Deductions			23.05	275.66		
	Taxbl:		167.18	1,526.02		*** Total Employer Deductions						
						*** Net Pay			151.10	1,313.95		
<hr/>												
1	REGULAR	7.08	65.07	1,654.68	182.57	***	Gross Wages		65.07	1,654.68		
							FED INCOME TAX		5.00	125.00	62.47	1,588.
							FED SS W/H		2.74	69.50	65.07	1,654.
							FED MED W/H		.94	23.99	65.07	1,654.
							SC STATE W/H			2.26	62.47	1,588.
							401k DEDUCTION		2.60	66.19		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 83964274		Check Date: 12/9/2011								
*** Total Pay/Hours	Gross:	7.08	65.07	1,654.68	182.57	*** Total Employee Deductions			11.28	286.94		
	Taxbl:		62.47	1,588.49		*** Total Employer Deductions						
						*** Net Pay			53.79	1,367.74		

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
I	REGULAR	9.95	91.44	1,746.12	192.52		*** Gross Wages		91.44	1,746.12		
							FED INCOME TAX		5.00	130.00	87.78	1,676.12
							FED SS W/H		3.84	73.34	91.44	1,746.12
							FED MED W/H		1.33	25.32	91.44	1,746.12
							SC STATE W/H			2.26	87.78	1,676.12
							401k DEDUCTION		3.66	69.85		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 84018028		Check Date: 12/23/2011								
*** Total Pay/Hours	Gross:	9.95	91.44	1,746.12	192.52	*** Total Employee Deductions			13.83	300.77		
	Taxbl:		87.78	1,676.27		*** Total Employer Deductions						
						*** Net Pay			77.61	1,415.35		

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Tax ID	Emp Number	Employee Name									
		430640	CONTRERAS, THOMAS									
I	REGULAR	4.05	37.22	37.22	4.05	***	Gross Wages		37.22	37.22		
							FED INCOME TAX		5.00	5.00	35.73	15.
							FED SS W/H		1.56	1.56	37.22	37.
							FED MED W/H		.54	.54	37.22	37.
							SC STATE W/H				35.73	35.
							401k DEDUCTION		1.49	1.49		
	Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 84209351				Check Date: 1/6/2012					
***	Total Pay/Hours	Gross: 4.05	37.22	37.22	4.05		*** Total Employee Deductions		8.59	8.59		
		Taxbl:	35.73	35.73			*** Total Employer Deductions					
							*** Net Pay		28.63	28.63		
<hr/>												
I	REGULAR	9.35	85.92	123.14	13.40	***	Gross Wages		85.92	123.14		
							FED INCOME TAX		5.00	10.00	82.48	118.
							FED SS W/H		3.61	5.17	85.92	123.
							FED MED W/H		1.25	1.79	85.92	123.
							SC STATE W/H				82.48	118.
							401k DEDUCTION		3.44	4.93		
	Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 84261853				Check Date: 1/20/2012					
***	Total Pay/Hours	Gross: 9.35	85.92	123.14	13.40		*** Total Employee Deductions		13.30	21.89		
		Taxbl:	82.48	118.21			*** Total Employer Deductions					
							*** Net Pay		72.62	101.25		
<hr/>												
I	REGULAR	11.38	104.59	227.73	24.78	***	Gross Wages		104.59	227.73		
							FED INCOME TAX		5.00	15.00	100.41	218.
							FED SS W/H		4.39	9.56	104.59	227.
							FED MED W/H		1.51	3.30	104.59	227.
							SC STATE W/H		.04	.04	100.41	218.
							401k DEDUCTION		4.18	9.11		
	Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 84389751				Check Date: 2/3/2012					

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

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Page: 2
Date From: 1/1/2012
Date Thru: 4/30/2012

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours	11.38	104.59	227.73	24.78		*** Total Employee Deductions		15.12	37.01		
	Gross:		104.59	227.73			*** Total Employer Deductions					
	Taxbl:		100.41	218.62			*** Net Pay		89.47	190.72		

I REGULAR

11.19	102.84	330.57	35.97	***	Gross Wages		102.84	330.57				
					FED INCOME TAX		5.00	20.00		98.73	317	
					FED SS W/H		4.32	13.88		102.84	330	
					FED MED W/H		1.49	4.79		102.84	330	
					SC STATE W/H		01	.05		98.73	317	
					401k DEDUCTION		4.11	13.22				

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 84508326

Check Date: 2/17/2012

***	Total Pay/Hours	11.19	102.84	330.57	35.97		*** Total Employee Deductions		14.93	51.94		
	Gross:		102.84	330.57			*** Total Employer Deductions					
	Taxbl:		98.73	317.35			*** Net Pay		87.91	278.63		

I REGULAR

6.90	63.41	393.98	42.87	***	Gross Wages		63.41	393.98				
					FED INCOME TAX		5.00	25.00		60.87	378	
					FED SS W/H		2.67	16.55		63.41	393	
					FED MED W/H		.92	5.71		63.41	393	
					SC STATE W/H			.05		60.87	378	
					401k DEDUCTION		2.54	15.76				

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 84658931

Check Date: 3/2/2012

***	Total Pay/Hours	6.90	63.41	393.98	42.87		*** Total Employee Deductions		11.13	63.07		
	Gross:		63.41	393.98			*** Total Employer Deductions					
	Taxbl:		60.87	378.22			*** Net Pay		52.28	330.91		

I REGULAR

10.59	97.33	491.31	53.46	***	Gross Wages		97.33	491.31				
					FED INCOME TAX		5.00	30.00		93.44	47	
					FED SS W/H		4.09	20.64		97.33	49	
					FED MED W/H		1.41	7.12		97.33	49	

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount	
							SC STATE W/H				.05	93.44	471
							401k DEDUCTION		3.89	19.65			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 84707464		Check Date: 3/16/2012									
*** Total Pay/Hours	Gross:	10.59	97.33	491.31	53.46	*** Total Employee Deductions			14.39	77.46			
	Taxbl:		93.44	471.66		*** Total Employer Deductions							
						*** Net Pay			82.94	413.85			
<hr/>													
I REGULAR		6.31	57.99	549.30	59.77	*** Gross Wages			57.99	549.30			
						FED INCOME TAX			5.00	35.00	55.67	521	
						FED SS W/H			2.43	23.07	57.99	541	
						FED MED W/H			.84	7.96	57.99	541	
						SC STATE W/H				.05	55.67	521	
						401k DEDUCTION			2.32	21.97			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 84811780		Check Date: 3/30/2012									
*** Total Pay/Hours	Gross:	6.31	57.99	549.30	59.77	*** Total Employee Deductions			10.59	88.05			
	Taxbl:		55.67	527.33		*** Total Employer Deductions							
						*** Net Pay			47.40	461.25			
<hr/>													
I REGULAR		2.48	22.79	572.09	62.25	*** Gross Wages			22.79	572.09			
						FED INCOME TAX			5.00	40.00	21.88	541	
						FED SS W/H			.96	24.03	22.79	571	
						FED MED W/H			.34	8.30	22.79	571	
						SC STATE W/H				.05	21.88	541	
						401k DEDUCTION			.91	22.88			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 84962844		Check Date: 4/13/2012									
*** Total Pay/Hours	Gross:	2.48	22.79	572.09	62.25	*** Total Employee Deductions			7.21	95.26			
	Taxbl:		21.88	549.21		*** Total Employer Deductions							
						*** Net Pay			15.58	476.83			
<hr/>													
I REGULAR		.62	5.70	577.79	62.87	*** Gross Wages			5.70	577.79			

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
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Tax ID	Emp Number	Employee Name
	438640	CONTRERAS, THOMAS

1 REGULAR		2.48	22.79	572.09	62.25		*** Gross Wages		22.79	572.09			
							FED INCOME TAX		5.00	40.00	21.88	549.21	
							FED SS W/H		.96	24.03	22.79	572.09	
							FED MED W/H		.34	8.30	22.79	572.09	
							SC STATE W/H			.05	21.88	549.21	
							401k DEDUCTION		.91	22.88			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 84962844		Check Date: 4/13/2012									
*** Total Pay/Hours	Gross:	2.48	22.79	572.09	62.25	*** Total Employee Deductions		7.21	95.26				
	Taxbl:		21.88	549.21		*** Total Employer Deductions							
						*** Net Pay		15.58	476.83				

1 REGULAR		.62	5.70	577.79	62.87		*** Gross Wages		5.70	577.79			
							FED INCOME TAX		5.00	45.00	5.47	554.61	
							FED SS W/H		.24	24.27	5.70	577.79	
							FED MED W/H		.08	8.38	5.70	577.79	
							SC STATE W/H			.05	5.47	554.61	
							401k DEDUCTION		.23	23.11			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 85063939		Check Date: 4/27/2012									
*** Total Pay/Hours	Gross:	.62	5.70	577.79	62.87	*** Total Employee Deductions		5.55	100.81				
	Taxbl:		5.47	554.68		*** Total Employer Deductions							
						*** Net Pay		.15	476.98				

1 REGULAR		8.48	77.93	655.72	71.35		*** Gross Wages		77.93	655.72			
							FED INCOME TAX		5.00	50.00	74.81	629.91	
							FED SS W/H		3.27	27.54	77.93	655.72	
							FED MED W/H		1.13	9.51	77.93	655.72	
							SC STATE W/H			.05	74.81	629.91	
							401k DEDUCTION		3.12	26.23			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 85126899		Check Date: 5/11/2012									

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours											
	Gross:	8.48	77.93	655.72	71.35		*** Total Employee Deductions		(2.52)	113.33		
	Taxbl:		74.81	629.49			*** Total Employer Deductions					
							*** Net Pay		65.41	542.39		

I REGULAR

11.03 101.36 757.08 82.38

***	Gross Wages								101.36	757.08		
	FED INCOME TAX								5.00	55.00	97.31	726.1
	FED SS W/H								4.26	31.80	101.36	757.1
	FED MED W/H								1.47	10.98	101.36	757.1
	SC STATE W/H									.05	97.31	726.1
	401K DEDUCTION								4.05	30.28		

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 85271711

Check Date: 5/25/2012

***	Total Pay/Hours											
	Gross:	11.03	101.36	757.08	82.38		*** Total Employee Deductions		14.78	128.11		
	Taxbl:		97.31	726.80			*** Total Employer Deductions					
							*** Net Pay		86.58	628.97		

I REGULAR

4.33 39.80 796.88 86.71

***	Gross Wages								39.80	796.88		
	FED INCOME TAX								5.00	60.00	38.21	765.1
	FED SS W/H								1.67	33.47	39.80	796.1
	FED MED W/H								.57	11.55	39.80	796.1
	SC STATE W/H									.05	38.21	765.1
	401K DEDUCTION								1.59	31.87		

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 85422541

Check Date: 6/8/2012

***	Total Pay/Hours											
	Gross:	4.33	39.80	796.88	86.71		*** Total Employee Deductions		8.83	136.94		
	Taxbl:		38.21	765.01			*** Total Employer Deductions					
							*** Net Pay		30.97	659.94		

I REGULAR

6.72 61.75 858.63 93.43

***	Gross Wages								61.75	858.63		
	FED INCOME TAX								5.00	65.00	59.28	824.1
	FED SS W/H								2.59	36.06	61.75	858.1
	FED MED W/H								.90	12.45	61.75	858.1

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AMF SUPPORT CTR PAYROLL

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							SC STATE W/H			.05		
							401k DEDUCTION		1.47	34.14	59.28	824.1
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 85718018		Check Date: 6/22/2012								
*** Total Pay/Hours		Gross: 6.72	61.75	858.63	93.43	*** Total Employee Deductions			10.96	147.90		
		Taxbl: 59.28	824.29			*** Total Employer Deductions						
						*** Net Pay			50.79	710.73		
<hr/>												
I REGULAR		4.96	45.58	904.21	98.39		*** Gross Wages		45.58	904.21		
							FED INCOME TAX		5.00	70.00	43.76	868.1
							FED SS W/H		1.92	37.98	45.58	904.2
							FED MED W/H		.66	13.11	45.58	904.2
							SC STATE W/H			.05	43.76	868.1
							401k DEDUCTION		1.82	36.16		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 85816603		Check Date: 7/6/2012								
*** Total Pay/Hours		Gross: 4.96	45.58	904.21	98.39	*** Total Employee Deductions			9.40	157.30		
		Taxbl: 43.76	868.05			*** Total Employer Deductions						
						*** Net Pay			36.18	746.91		
<hr/>												
I REGULAR		4.05	37.22	941.43	102.44		*** Gross Wages		37.22	941.43		
							FED INCOME TAX		5.00	75.00	35.73	903.1
							FED SS W/H		1.56	39.54	37.22	941.1
							FED MED W/H		.54	13.65	37.22	941.1
							SC STATE W/H			.05	35.73	903.1
							401k DEDUCTION		1.49	37.65		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 85921219		Check Date: 7/20/2012								
*** Total Pay/Hours		Gross: 4.05	37.22	941.43	102.44	*** Total Employee Deductions			8.59	165.89		
		Taxbl: 35.73	903.78			*** Total Employer Deductions						
						*** Net Pay			28.63	775.54		
<hr/>												
I REGULAR		5.28	48.53	989.96	107.72		*** Gross Wages		48.53	989.96		

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount	
							FED INCOME TAX		5.00	80.00	46.59	950.00	
							FED SS W/H		2.04	41.58	48.53	989.00	
							FED MED W/H		.70	14.35	48.53	989.00	
							SC STATE W/H			.05	46.59	950.00	
							401k DEDUCTION		1.94	39.59			
Current Employee: CONTRERAS, THOMAS		Gross: 5.28		Current Check Control Number: 85977600		Check Date: 8/5/2012							
*** Total Pay/Hours		Taxbl: 46.59		989.06		107.72							
								*** Total Employee Deductions		9.68		175.57	
								*** Total Employer Deductions		38.85		814.39	
								*** Net Pay					

	I REGULAR	2.85	26.19	1,016.15	110.57		*** Gross Wages		26.19	1,016.15			
							FED INCOME TAX		5.00	85.00	25.14	975.00	
							FED SS W/H		1.10	42.68	26.19	1,016.00	
							FED MED W/H		.38	14.73	26.19	1,016.00	
							SC STATE W/H			.05	25.14	975.00	
							401k DEDUCTION		1.05	40.64			
Current Employee: CONTRERAS, THOMAS		Gross: 2.85		Current Check Control Number: 86102784		Check Date: 8/17/2012							
*** Total Pay/Hours		Taxbl: 25.14		1,016.15		110.57							
								*** Total Employee Deductions		7.53		183.10	
								*** Total Employer Deductions		18.66		333.05	
								*** Net Pay					

	I REGULAR	3.38	31.06	1,047.21	113.95		*** Gross Wages		31.06	1,047.21			
							FED INCOME TAX		5.00	90.00	29.82	1,005.00	
							FED SS W/H		1.30	43.98	31.06	1,047.00	
							FED MED W/H		.45	15.18	31.06	1,047.00	
							SC STATE W/H			.05	29.82	1,005.00	
							401k DEDUCTION		1.24	41.38			
Current Employee: CONTRERAS, THOMAS		Gross: 3.38		Current Check Control Number: 86204676		Check Date: 8/31/2012							
*** Total Pay/Hours		Taxbl: 29.82		1,047.21		113.95							
								*** Total Employee Deductions		7.99		191.09	
								*** Total Employer Deductions		23.07		856.12	
								*** Net Pay					

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AMF SUPPORT CTR PAYROLL

05/13/13 MON 15:46 FAX 8045596264

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AMF BOWLING CENTERS, INC.
 Historical Payroll Register
 Detail by Check Control Number
 Employees Sorted by Address Number

5/13/2013 16:40:03
 Page: 5
 Date From: 4/13/2012
 Date Thru: 12/31/2012

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount	
1	REGULAR	15.30	140.61	1,187.82	129.25		*** Gross Wages						
							FED INCOME TAX		140.61	1,187.82			
							FED SS W/H		5.00	95.00	134.99	1,140.00	
							FED MED W/H		5.91	49.89	140.61	1,187.10	
							SC STATE W/H		2.04	17.22	140.61	1,187.10	
							401k DEDUCTION		.66	.71	134.99	1,140.00	
							Check Date: 9/14/2012		5.62	47.50			
							*** Total Employee Deductions		19.23	210.32			
							*** Total Employer Deductions						
							*** Net Pay		121.38	977.50			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 86350518		Gross: 15.30		Taxbl: 140.61		1,187.82		129.25		1,140.00	
*** Total Pay/Hours				15.30		140.61		1,187.82		129.25		1,140.00	
1	REGULAR	15.72	144.47	1,332.29	144.97		*** Gross Wages						
							FED INCOME TAX		144.47	1,332.29			
							FED SS W/H		5.00	100.00	138.69	1,279.01	
							FED MED W/H		6.07	55.96	144.47	1,332.29	
							SC STATE W/H		2.10	19.32	144.47	1,332.29	
							401k DEDUCTION		.73	1.44	138.69	1,279.01	
							Check Date: 9/26/2012		5.78	53.28			
							*** Total Employee Deductions		19.68	230.00			
							*** Total Employer Deductions						
							*** Net Pay		124.79	1,102.29			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 86420791		Gross: 15.72		Taxbl: 144.47		1,332.29		144.97		1,279.01	
*** Total Pay/Hours				15.72		144.47		1,332.29		144.97		1,279.01	
1	REGULAR	12.03	110.56	1,442.85	157.00		*** Gross Wages						
							FED INCOME TAX		110.56	1,442.85			
							FED SS W/H		5.00	105.00	106.14	1,385.00	
							FED MED W/H		4.64	60.60	110.56	1,442.10	
							SC STATE W/H		6.60	20.92	110.56	1,442.10	
							401k DEDUCTION		.14	1.58	106.14	1,385.00	
							Check Date: 10/12/2012		4.42	57.70			
							*** Total Employee Deductions		15.80	245.80			
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 86616929		Gross: 12.03		Taxbl: 110.56		1,442.85		157.00		1,385.00	
*** Total Pay/Hours				12.03		110.56		1,442.85		157.00		1,385.00	

AMF SUPPORT CTR PAYROLL

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MON 15:46 FAX 8045596264

5/13/13

AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

5/13/2013 16:40:03
Page: 6
Date From: 4/13/2012
Date Thru: 12/31/2012

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Taxbl:		106.14	1,385.15			*** Total Employer Deductions					
							*** Net Pay		94.76	1,197.05		

1 REGULAR

18.63 171.21 1,614.06 175.63

*** Gross Wages		171.21	1,614.06			
FED INCOME TAX		5.00	110.00			
FED SS W/H		7.19	67.79		164.36	1,549.21
FED MED W/H		2.48	23.40		171.21	1,614.06
SC STATE W/H		1.19	2.77		171.21	1,614.06
401k DEDUCTION		6.85	64.55		164.36	1,549.21

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 86671821

Check Date: 10/26/2012

*** Total Pay/Hours	Gross:	18.63	171.21	1,614.06	175.63	
	Taxbl:		164.36	1,549.51		

*** Total Employee Deductions		22.71	268.51			
*** Total Employer Deductions						
*** Net Pay		148.50	1,345.55			

1 REGULAR

28.03 257.60 1,871.66 203.66

*** Gross Wages		257.60	1,871.66			
FED INCOME TAX		5.00	115.00		247.30	1,796.11
FED SS W/H		10.82	78.61		257.60	1,871.66
FED MED W/H		3.74	27.14		257.60	1,871.66
SC STATE W/H		3.25	6.02		247.30	1,796.11
401k DEDUCTION		10.30	74.85			

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 86814861

Check Date: 11/7/2012

*** Total Pay/Hours	Gross:	28.03	257.60	1,871.66	203.66	
	Taxbl:		247.30	1,796.81		

*** Total Employee Deductions		33.11	301.62			
*** Total Employer Deductions						
*** Net Pay		224.49	1,570.04			

1 REGULAR

8.93 82.07 1,953.73 212.59

*** Gross Wages		82.07	1,953.73			
FED INCOME TAX		5.00	120.00		78.79	1,875.44
FED SS W/H		3.45	82.06		82.07	1,953.73
FED MED W/H		1.19	28.33		82.07	1,953.73
SC STATE W/H			6.02		78.79	1,875.44

AMF SUPPORT CTR PAYROLL

05/13/13 MON 15:47 FAX 8045596264

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
Current Employee: CONTRERAS, THOMAS						Current Check Control Number: 86906571						
*** Total Pay/Hours		Gross: 8.93	82.07	1,853.73	212.59	401k DEDUCTION			3.28	78.13		
		Taxbl:	78.79	1,875.60		Check Date: 11/23/2012						
						*** Total Employee Deductions			12.02	314.54		
						*** Total Employer Deductions						
						*** Net Pay			69.35	1,639.19		
<hr/>												
1	REGULAR	6.94	63.78	2,017.51	219.53	*** Gross Wages			63.78	2,017.51		
						FED INCOME TAX			5.00	125.00	61.23	1,936.1
						FED SS W/H			2.68	84.74	63.78	2,017.2
						FED MED W/H			.92	29.25	63.78	2,017.2
						SC STATE W/H				6.02	61.23	1,936.1
						401k DEDUCTION			2.55	80.68		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 86934567		Check Date: 12/7/2012								
*** Total Pay/Hours		Gross: 6.94	63.78	2,017.51	219.53	*** Total Employee Deductions			11.15	325.69		
		Taxbl:	61.23	1,936.83		*** Total Employer Deductions						
						*** Net Pay			52.63	1,691.82		
<hr/>												
1	REGULAR	8.20	75.35	2,092.86	227.73	*** Gross Wages			75.35	2,092.86		
						FED INCOME TAX			5.00	130.00	72.34	2,009.1
						FED SS W/H			3.16	87.90	75.35	2,092.1
						FED MED W/H			1.10	30.35	75.35	2,092.1
						SC STATE W/H				6.02	72.34	2,009.1
						401k DEDUCTION			3.01	81.69		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number: 87073516		Check Date: 12/21/2012								
*** Total Pay/Hours		Gross: 8.20	75.35	2,092.86	227.73	*** Total Employee Deductions			12.27	337.96		
		Taxbl:	72.34	2,009.17		*** Total Employer Deductions						
						*** Net Pay			63.08	1,754.90		

AMF SUPPORT CIR PAYROLL

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05/13/13 MON 15:47 FAX 8045598264

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

5/10/2013 15:46:34
Page: 1
Date From: 3/29/2013
Date Thru: 5/10/2013

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Tax ID	Emp Number	Employee Name									
		430640	CONTRERAS, THOMAS									
I REGULAR		32.74	300.88	1,610.08	175.20	***	Gross Wages		300.88	1,610.08		
							FED INCOME TAX		5.00	35.00	288.84	1,545.67
							FED SS W/H		18.65	99.82	300.88	1,610.08
							FED MED W/H		4.37	23.35	300.88	1,610.08
							SC STATE W/H		4.53	22.04	288.84	1,545.67
							401K DEDUCTION		12.04	64.41		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number:		88473706		Check Date:		3/29/2013				
*** Total Pay/Hours	Gross:	32.74	300.88	1,610.08	175.20	*** Total Employee Deductions			44.61	244.62		
	Taxbl:		288.84	1,545.67		*** Total Employer Deductions						
						*** Net Pay			256.27	1,365.46		
<hr/>												
I REGULAR		36.49	335.35	1,945.43	211.69	***	Gross Wages		335.35	1,945.43		
							FED INCOME TAX		5.00	40.00	321.94	1,867.61
							FED SS W/H		20.80	120.62	335.35	1,945.43
							FED MED W/H		4.86	28.21	335.35	1,945.43
							SC STATE W/H		5.74	27.78	321.94	1,867.61
							401K DEDUCTION		13.41	77.82		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number:		88546215		Check Date:		4/12/2013				
*** Total Pay/Hours	Gross:	36.49	335.35	1,945.43	211.69	*** Total Employee Deductions			49.81	294.43		
	Taxbl:		321.94	1,867.61		*** Total Employer Deductions						
						*** Net Pay			285.54	1,651.00		
<hr/>												
I REGULAR		27.56	253.28	2,198.71	239.25	***	Gross Wages		253.28	2,198.71		
							FED INCOME TAX		5.00	45.00	243.15	2,110.00
							FED SS W/H		15.70	136.32	253.28	2,198.71
							FED MED W/H		3.67	31.88	253.28	2,198.71
							SC STATE W/H		3.14	30.92	243.15	2,110.00
							401K DEDUCTION		10.13	87.95		
Current Employee: CONTRERAS, THOMAS		Current Check Control Number:		88563850		Check Date:		4/26/2013				

AMF SUPPORT CTR PAYROLL

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05/10/13 FRI 14:48 FAX 8045596284

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R07345

AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

5/10/2013 15:46:34
Page: 2
Date From: 3/29/2013
Date Thru: 5/10/2013

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours	Gross: 27.56	253.28	2,198.71	239.25		*** Total Employer Deductions		37.64	332.07		
		Taxbl:	243.15	2,110.76			*** Total Employer Deductions					
							*** Net Pay		215.64	1,866.64		

I REGULAR

27.12 249.24 2,447.95 266.37

***	Gross Wages	249.24	2,447.95									
	FED INCOME TAX	5.00									239.27	2,350.1
	FED SS W/H	15.45								151.77	249.24	2,447.1
	FED MED W/H	3.62								35.50	249.24	2,447.1
	SC STATE W/H	3.04								33.96	239.27	2,350.1
	401k DEDUCTION	9.97								97.92		

Current Employee: CONTRERAS, THOMAS

Current Check Control Number: 88786438

Check Date: 5/10/2013

***	Total Pay/Hours	Gross: 27.12	249.24	2,447.95	266.37		*** Total Employer Deductions		37.08	369.15		
		Taxbl:	239.27	2,350.03			*** Total Employer Deductions					
							*** Net Pay		212.16	2,078.80		

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AMF SUPPORT CTR PAYROLL

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05/10/13 FRI 14:48 FAX 8045596264

Alpha Name	Check Date	Hours	Gross Pay
CONTRERAS, THOMAS	04/13/2012	2.48	22.79
CONTRERAS, THOMAS	04/27/2012	0.62	5.70
CONTRERAS, THOMAS	05/11/2012	8.48	77.93
CONTRERAS, THOMAS	05/25/2012	11.03	101.36
CONTRERAS, THOMAS	06/08/2012	4.33	39.80
CONTRERAS, THOMAS	06/22/2012	6.72	61.75
CONTRERAS, THOMAS	07/06/2012	4.96	45.58
CONTRERAS, THOMAS	07/20/2012	4.05	37.22
CONTRERAS, THOMAS	08/03/2012	5.28	48.53
CONTRERAS, THOMAS	08/17/2012	2.85	26.19
CONTRERAS, THOMAS	08/31/2012	3.38	31.06
CONTRERAS, THOMAS	09/14/2012	15.30	140.61
CONTRERAS, THOMAS	09/26/2012	15.72	144.47
CONTRERAS, THOMAS	10/12/2012	12.03	110.56
CONTRERAS, THOMAS	10/26/2012	18.63	171.21
CONTRERAS, THOMAS	11/07/2012	28.03	257.60
CONTRERAS, THOMAS	11/23/2012	8.93	82.07
CONTRERAS, THOMAS	12/07/2012	6.94	63.78
CONTRERAS, THOMAS	12/21/2012	8.20	75.35
CONTRERAS, THOMAS	01/04/2013	2.45	22.52
CONTRERAS, THOMAS	01/18/2013	12.32	113.22
CONTRERAS, THOMAS	02/01/2013	28.91	265.68
CONTRERAS, THOMAS	02/15/2013	32.28	296.65
CONTRERAS, THOMAS	03/01/2013	34.75	319.35
CONTRERAS, THOMAS	03/15/2013	31.75	291.78
CONTRERAS, THOMAS	03/29/2013	32.74	300.88
			3153.64

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

WCC File # 0822640
Carrier File # 2008-4604
Carrier Code # 500 SF
Employer FEIN 576008015

Thomas Contreras
Claimant's Name SSN
Charleston, SC 29407
Address City State Zip
843-769-4429
Home Phone # Work Phone #
Margaret M. Urbanic (843) 577-2026
Preparer's Name Phone #

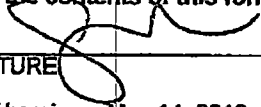
St. Johns Fire District Commission
Employer's Name
P.O. Box 56 Johns Island, SC 29457
Address City State Zip
State Accident Fund
Insurance Carrier
Phone #

A claim for workers' compensation benefits is made based on the follow grounds:

Injury Illness Repetitive Trauma

1. Compensation Rate: \$ 661.29 2. AWW: \$ 993.49 Date of Injury: 10/8/08
3. Type of Injury and body part(s): right shoulder only.
4. Facts in Controversy: This case should be limited to 42-9-30 as the only body part injured was the shoulder. Issue as to whether the Claimant has any permanency. Claimant is not on Social Security and has not applied for Social Security. Carrier denies that allocation language is appropriate. Claimant testified that he has applied for various jobs not reported in the vocational report prepared by Jean Hutchinson. Claimant has applied to be a manager at a bowling alley; federal jobs with salary range between between \$35,000-\$90,000 (4/29/13 Clmt. Deposition pp 3/32).
5. Legal issues involved: N/A.
6. Unusual problems: Claimant has submitted a separate form 20 from his employer at AMF Lanes as required by 67.1603 (H) Furthermore in Claimant's deposition he testified that he worked 14 hours a week at a current rate of \$9.18 which is a comp rate of \$85.67. Claimant had the same injury to his left shoulder in 2005.
7. Witnesses (designate if expert)*: Employer rep, Jackie Stanley. Defendants reserve the right to call additional witnesses at the hearing.
8. Exhibits: A) Claimant Deposition 4/29/13; B) Form 19 12/13/06.
9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) See Attached APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Dr. James DeMarco, Palmetto Orthopaedics or Charleston, 615 Wesley Drive, Suite 100, Charleston, SC 29407.
11. Impairment rating(s); body part(s); physician and date of opinion: On September 4, 2012, Dr. James DeMarco assigned a 9% impairment rating to right upper extremity which converts to a 15% impairment to right shoulder.
12. I am amending my Form 50/51 in the follow manner: N/A.

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

SIGNATURE 

Email: purbanic@clawsonandstaubes.com

Date of hearing: May 14, 2013 Time needed for hearing: 2:30 PM
On Behalf of: Claimant Employer

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

WCC Form #58 Rev. Date 9/07

Pre-Hearing Brief

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STATE OF SOUTH CAROLINA)
)
 COUNTY OF CHARLESTON)
)
)
)
 THOMAS CONTRERAS,)
)
 Claimant,)
)
 v.)
)
 ST. JOHNS FIRE DISTRICT)
 COMMISSION,)
)
 Employer,)
)
 STATE ACCIDENT FUND,)
)
 Carrier.)

BEFORE THE
 SOUTH CAROLINA WORKERS'
 COMPENSATION COMMISSION

W.C.C. FILE NO. 0822640

NOTICE OF EVIDENCE TO BE
 INTRODUCED AS DIRECT
 EVIDENCE ON BEHALF OF ST.
 JOHNS FIRE DISTRICT
 COMMISSION/STATE ACCIDENT
 FUND

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND GARY CHRISTMAS, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE (PROPONENT), pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1985), Employer, St. Johns Fire District Commission, and Carrier, State Accident Fund, herewith submits the following reports/physicians or other evidence on behalf of the Employer, St. Johns Fire District Commission, and Carrier, State Accident Fund:

APAS	PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
1	Dr. David Jaskwhich	Lowcountry Orthopaedics	12/12/08-10/28/09	00001-00010
2	Dr. James DeMarco	Palmetto Orthopaedics of Charleston	9/24/10-8/7/12	00011-00023
3	Charleston Physical Therapy		10/29/8-10/30/08	00024-00027
4	Roper Hospital		10-11-10	00028-00044

APAS	PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
5	St. Francis Hospital		10/8/08	00045-00051
6	Dr. Donald Olofsson	Tricounty Radiology	8/26/09	00052-00054
7	Dr. James Taggart	Trident Diagnostics	1/20/09	00055
8	Dr. James DeMarco Physician's Statement 14B		9/4/12	00056

Exhibits

A.	Claimant's Deposition 4/29/13
B	Form 19 12/13/06

YOU ARE FURTHER HEREBY NOTIFIED you have the right to cross-examination, and, should you desire to exercise that right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the Hearing before the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employer/Carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employer/Carrier:

1. Jackie Stanley.

CLAWSON AND STAUBES, LLC



Margaret M. Urbanic
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-8144
(843) 577-2026
Attorneys for Employer, St. Johns Fire District
Commission, and Carrier, State Accident Fund.

Charleston, South Carolina

May 3, 2013.

Progress Notes

Patient: Thomas Contreras DOCTOR: Jaskubich

Diagnosis: (R) Shoulder debridement NEXT MD APPT: _____

Date: 10/28/09 #Rx since last re-eval: _____ Rx remaining: _____

Objective: Feet good yesterday - hurts today

Objective

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/Static _____	Fluoro _____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet _____ min	paraffin _____
CP _____ min	other _____ min	US cont/pulse _____ min	lonto _____ mA/min

(1) MHP 110° (2) Shoulder (3) Ther ex per flow sheet

Assessment: Response to treatment / Goal Status TX session ended early 2° to NDA not. Soreness of all the rx but able to complete all the rx.

Plan: To see MD for appt. Cont to program stretching to improve and work related activities

Therapist Signature: Brooks Hayward, PT, NCS

Date: _____ #Rx since last re-eval: _____ Rx remaining: _____

Objective

Objective

Interf. _____ min	MH _____ min	CTX/PTX _____ #lbs Int/Static _____	Fluoro _____ min
E-stim _____ min	manual _____ min	ther ex per flow sheet _____ min	paraffin _____
CP _____ min	other _____ min	US cont/pulse _____ min	lonto _____ mA/min

Assessment: Response to treatment / Goal Status

Plan:

Therapist Signature

PROGRESS NOTES

PATIENT Thomas Cortinas DOCTOR sl
DIAGNOSIS (1) SLAP repair NEXT MD APPT 8-2-09

Date 2-27-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: "Little better"

OBJECTIVE:
Interf _____ min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min _____ fluids _____ min
Estim _____ min (3) Manual 15 min (4) Ther ex per flow sheet 25 min paraffin _____ min
Cr _____ min (2) other 10 min (5) US @ pulse 8 min 1.0 w/cm2 _____ mAs/min _____ mA
(1) (2) wild (3) lat. abduction @ HC
(3) all planes @ ER (4) per flow (5) re-walk
(6) cryo @ IFG.

ASSESSMENT: Response to treatment/ goal status STB #1d #3 met, others appropriate.

PLAN: Note to MD.

Therapist Signature: [Signature]

Date 3/2/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Moving better, but still really painful. New script from Dr J.

OBJECTIVE:
Interf 15 min (1) MH 10 min CTX/PTX _____ #lbs int/ static _____ min _____ fluids _____ min
Estim _____ min (2) Manual 15 min (3) Ther ex per flow sheet 30 min paraffin _____ min
Cr 15 min other _____ min (4) US @ pulse 6 min 1.5 w/cm2 _____ mAs/min _____ mA
(1) (2) per flow (3) @ HC (4) lat. shld.
(5) All planes @ ER (6) IFG @ cryo sitting.

ASSESSMENT: Response to treatment/ goal status IR PROM great today. Still quite painful @ abd.

PLAN: Add isometrics as tolerated.

Therapist Signature: [Signature]



CONTRERAS, THOMAS

47 yrs.
M

Charleston, SC 29401

(843) 768-4428 0880

Jaskwich MD, David H

01/29/08

Palmetto Anesthesia of Charleston, LLC

CONSENT FOR INTERSCALENE / INFRACLAVICULAR BLOCK

This nerve block provides excellent pain relief of the shoulder and portion of the upper extremity. It is based upon nerves emerging between the muscles at the base of the neck. The patient lies on his back with the neck turned to the side. A short needle is inserted beneath the skin where local anesthetic is then injected.

I hereby authorize a member of Palmetto Anesthesia of Charleston to provide interscalene or infraclavicular analgesia for my upcoming surgical procedure. I understand that the practice of anesthesia is not an exact science and no guarantee can be made regarding the outcome of this procedure. A doctor from the anesthesia department has explained to me that there may be complications resulting from this type of injection. I understand that these complications may include, but are not limited to the following:

1. failure to work
2. spinal anesthesia
3. seizures
4. partial block
5. nerve damage

6. infection
7. drug reaction
8. damage to blood vessels
9. difficulty breathing

I understand that the above complications are rare; however these complications may occur regardless of the experience, care, skill or amount of training of the anesthesiologist. I also understand that there are alternative forms of pain relief available to me. The above benefits and risks of the procedure have been satisfactorily explained to me. All questions have been answered and I believe I have sufficient information to give this informed consent.

[Signature]
Patient or person authorized to consent for the Patient

1/29/08
Date and Time

[Signature]
Witness

1/29/08
Date and Time

I have discussed the contents of this form with the patient, as well as the risks, hazards, and potential complications of anesthesia, in addition to the alternatives of anesthesia.

[Signature]
Physician Signature

1/29/08
Date and Time

[Signature]
Anesthesia Provider

[Signature]
Patient or person authorized to consent for the patient

Post Office Box 308, Ladson, South Carolina 29456-0308
843-553-7070 ~ Fax 843-553-2223

LOWCOUNTRY OUTPATIENT SURGERY CENTER

CONSULTATION REQUEST

REQUEST DATE: 1/29/09

TO CONSULT AND/OR SERVICE: ANES

TIME: 1315

FOR POST-OPERATIVE PAIN RELIEF:

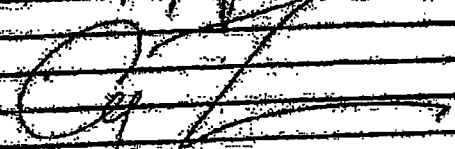
- FEMORAL NERVE BLOCK
- LATERAL FEMORAL CUTANEOUS NERVE BLOCK
- INTERSCALENE NERVE BLOCK
- ANKLE BLOCK
- AXILLARY NERVE BLOCK
- OTHER: TRIPLE FEMORAL CERVICAL PLEXUS BLOCK

SIGNATURE OF ATTENDING PHYSICIAN _____ M.D.

CONSULTATION REPORT

CONSULTATION DATE: 1/29/09

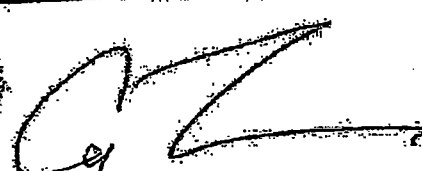
H. DeLeon - ASA + P.O.P. Interscalene + Supplemental Cervical Plexus blocks. It is requested that 2/3 of the block be done. pt. slightly uncomfortable. It is felt that a catheter is not needed because of response noted above to a 1st set of 2 interscalene blocks. JMD



DICTATED:

YES

NO



CONTRERAS, THOMAS

47 yrs.

M

Charleston, SC

(843) 789-4429 2888

Jaskwich MD, David H

01/29/09

PREANESTHESIA EVALUATION

Proposed Surgery (C) SHOULDER ARTHROSCOPY		Age	47	Sex	M
Physician FEN → Lina LATEY → Lina		HT	70"	Weight	225
Current Medication BENICAR, GLUCOPHAGE, ALLCERA, TRICOP, SYMBICORT, PREVACID		Temp			
Comments		LABORATORY VALUES		Hb: 16.3 FBS 94	
		PT		Platelet	
		PTT		Day	
		APC			
		PTC			
		ABG			
		ECG			Q2
		U/A			
		Other			

History Present: <input type="checkbox"/> Significant Other: <input type="checkbox"/> Communication Language Problem: <input type="checkbox"/>		Parent/Guardian: <input type="checkbox"/> Child: <input type="checkbox"/> Donor History: <input type="checkbox"/>	
CARDIOVASCULAR Cardiac S/S Transfusion hx		RESPIRATORY 1/2 TOB INHL	
ENDOCRINE: INCLUDING HORMONE Liver Thyroid DM x 10 yrs, AccuCheck non-compliant		GERD - well managed on Prilosec	
CENTRAL NERVOUS SSZ, PHA, ODA/TIA		PREANESTHESIA COMPLICATIONS PATIENT AND/OR FAMILY PSH = NAAC	
DENTAL STATUS [Handwritten notes]		PROPOSED ANESTHESIA GA + Total block	
OCULAR STATUS [Handwritten notes]		DATE: 7-29-09 TIME: 1:35	
Tobacco Use: <input type="checkbox"/> No <input type="checkbox"/> Yes Alcohol Use: <input type="checkbox"/> No <input type="checkbox"/> Yes Drug Use: <input type="checkbox"/> No <input type="checkbox"/> Yes			

PRE-INDUCTION EVALUATION

Vital Signs: <input type="checkbox"/> Stable See Anesthetic Record: <input type="checkbox"/>	ASA: 1, 2, 3, 4, 5, E
Physical Status Change: <input type="checkbox"/> None	
Anesthesia Complications Expected and Preempted: <input type="checkbox"/>	
Pre-induction check of equipment and supplies for availability, calibration, safety and proper functioning completed: <input type="checkbox"/>	
Initials: [Handwritten]	

POST-ANESTHESIA VISIT

PRESENCE OR ABSENCE OF COMPLICATIONS: AFIB, PLEUR, Pain well controlled, N/A	PATIENT IDENTIFICATION: CENTRERAS THOMAS Charleston, SC 29407 (843) 739-4426 2885 Jasswrich MD, David H
Date: 7/29/09 Signature: [Handwritten]	Age: 47 yrs Sex: M Date: 01/28/09

9400100485-0003

PATIENT: CONTRERAS, THOMAS

MEDICAL RECORD #: 2889

DATE OF SURGERY: 01/29/09

SURGEON: David Jaskwich, M.D.

ASSISTANT: Jason Trigiani, PA-C

ANESTHESIA: Scalene block/General

PREOPERATIVE DIAGNOSIS: 1. Right shoulder pain and superior labral tear with bursitis. (726.10)
2. Right shoulder superior labral tear, anterior-posterior (SLAP).

POSTOPERATIVE DIAGNOSIS: 1. Right shoulder pain and superior labral tear with bursitis. (726.10)
2. Right shoulder superior labral tear, anterior-posterior (SLAP).

OPERATION: 1. Right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum and bone. (29823)
2. Arthroscopic repair of superior labrum anterior-posterior (SLAP) tear. (29807)

ESTIMATED BLOOD LOSS: Minimal

FLUIDS: Less than 500

INDICATIONS: The patient is a 47-year-old gentleman with a superior labral tear and inflammation of the right shoulder who has failed conservative treatment.

PROCEDURE: The patient was taken to the operating room and anesthesia was administered. He was taken to the operating room and placed in the decubitus position. The right arm was suspended in 10 pounds of traction. The right arm was then prepped and draped in the usual sterile fashion. A posterior portal was established and a survey of the joint was performed.

ARTHROSCOPIC FINDINGS: The glenohumeral joint cartilage surfaces were intact. There was a superior labral tear with a Buford complex anteriorly and some fraying of the anterior labrum from the 3 o'clock to the 5 o'clock position. The biceps tendon itself was intact. The rotator cuff was intact. In the subacromial space there was evidence of a significant bursitis present and thickening of the bursa and redness.

A subacromial decompression was carried out with excision of bursa and excision of bone in the subacromial space. The cuff was inspected and found to be intact from the bursal side.

The subacromial space was entered. The labrum was débrided as was the neck of the glenoid and débrided back to stable tissue. The Buford complex was identified. The anterior labrum was débrided as well. The superior labrum was

PATIENT: CONTRERAS, THOMAS
MEDICAL RECORD #: 2889
DATE OF SURGERY: 01/29/09

débrided in the area of the superior labral tear and it appeared to be unstable. Decision was made to proceed with a limited repair of the SLAP tear.

A large working portal was placed anteriorly. A 2.9 Bioraptor anchor was placed at the 12 o'clock position and the superior labrum was secured with a suture anchor into its natural position. Care was taken to avoid undue tension on the biceps tendon and the Buford complex was not closed.

The scope was then removed. The portals were closed with nylon. A sterile dressing was applied.

The patient was transferred to PACU in stable condition.

The first assistant was essential for completion of the case providing assistance with retraction and positioning of the arm.

DAVID JASKWHICH, M.D.

DD: 01/29/09
DT: 01/30/09
DJ/ETS:ftw 0129-015

Lowcountry Orthopaedics and Sports Medicine

93 A Springview Lane
Summerville, SC 29485
Phone: (843)797-5050

NAME: CONTRERAS, THOMAS	DATE OF EXAM: 12/12/2008
DOB:	Patient No: 105794
Physician: SPEARMAN, JAMES	

MRI RIGHT SHOULDER

HISTORY: Right shoulder rotator cuff tendinitis.

TECHNIQUE: Routine MRI of the shoulder was performed on a 1.0 Tesla GE MRI utilizing fat saturated axial PD, oblique coronal T1, oblique coronal fat saturated PD and T2, and oblique sagittal PD/T2 sequences.

FINDINGS: The patient was imaged in mild internal rotation. The anterior supraspinatus tendon demonstrates irregularity without a defect and no confirmation of a full thickness rotator cuff tear. The appearance of the supraspinatus does suggest tendinitis. There is no atrophy of the rotator cuff muscles.

No glenohumeral joint effusion. No significant fluid in the subacromial/subdeltoid bursa.

The long head biceps tendon is grossly intact. Deformity of the superior glenoid labrum posterior to the biceps labral anchor is suspicious for a tear and there is question of a tiny para-labral cyst medial and superior. Remaining labrum is unremarkable.

The AC joint demonstrates moderate degenerative changes and hypertrophic bone formation. There is a curved acromion.

IMPRESSION:

1. Supraspinatus tendinitis. No evidence of a full thickness rotator cuff tear.
2. Probable superior labral tear.
3. Moderate AC joint arthrosis.

James A. Thesing, D.O.
Electronic Signature - Final Report

DD: 12/12/2008/DT: 12/14/2008

Reports are Considered Preliminary until Marked with Electronic Signature

CONTRERAS, THOMAS I

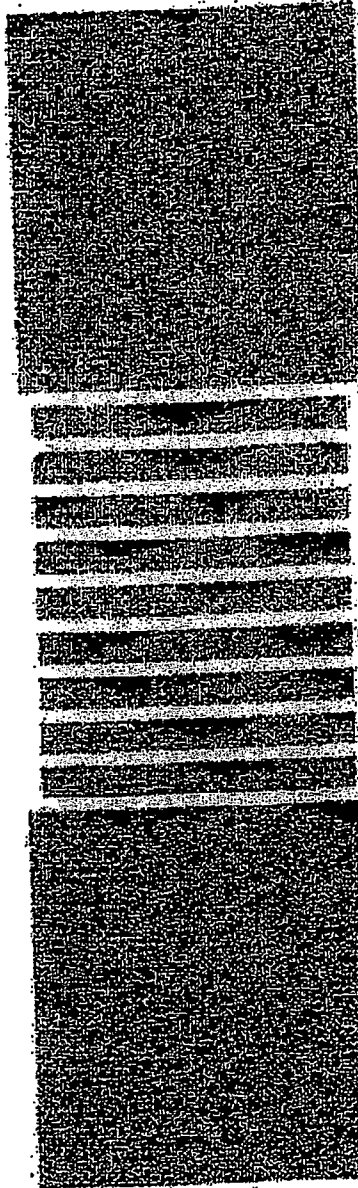
50 Y old Male, DOB: 1
CHARLESTON, SC 29407
Home: 843-924-3387

Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS COOPER/TC Payer ID: PAPER

Appointment Facility: Palmetto Ortho Of Chas W Ashly

JAMES R DEMARCO, MD

08/07/2012



Reason for Appointment 1. EST PATIENT WC

History of Present Illness

Symptoms:

Mr Contreras is here for follow up on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery we have done on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament from a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. He has finished up supervised PT at Charleston PT on Wesley Drive and is doing well. He still gets some muscle spasms and pain if he leans on his arm, but nothing terrible. He uses Flexor Patches, but has stopped the Celebrex.

Other Medical Providers/Suppliers:

CC Note to Workers Comp and Charleston PT Wesley Drive.

Examination

Shoulder Exam:

ROM

- Right ATE 145
- Right ER at 0 45
- Right IR at 0 L2
- Right ER at 90 90
- Right IR at 90 45

Rotator Cuff

- Right IS 5/EXT 50/ADD 60
- Right Napoleon 5
- Right SS 5

Impingement

- Right Hawkins Negative
- Right Reverse Hawkins Negative

General Examination:

The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact. Motor function

was also intact distally.

Assessments

1. Shoulder pain - 7/9/11 (Primary). Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/6/2008-work comp

Treatment

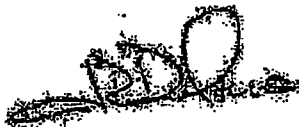
1. Shoulder pain

At this point the patient is at MBL and has permanent partial restrictions of less than 40 pounds of overhead lifting with both hands and no more than 20 pounds with his right arm overhead. Less than 50 pounds of two-handed carrying and pushing and pulling. He can do a light to medium level job. He has permanent partial impairment of 9%: 3% for biceps atrophy, 3% for loss of internal rotation, 2% for loss of forward flexion and 1% for pain and muscle spasm. I do not predict any further surgical intervention in the next year however if he regresses with his pain he may need repeat corticosteroid injections, anti-inflammatories and/or physical therapy.

this is all within a reasonable degree of medical certainty and is determined by the evaluation of permanent impairment fifth edition AMA press.

Follow Up

prn



Electronically signed by JAMES DEMARCO MD, MD
on 08/07/2012 at 04:27 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
615 WESLEY DR

Palmetto Orthopaedics
of Charleston
 ROPER ST. FRANCIS PHYSICIANS
James R. DeMarco, MD

615 Wesley Drive
 Suite 100
 Charleston, SC 29407
 (843) 763-2857 Office
 (843) 763-2868 Fax

Patient Name: CONTRERAS, THOMAS
 DOB:
 CHART: J-64-06-7

Date of Service: 11/22/2011

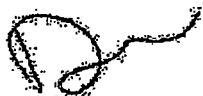
MR 7473

CHIEF COMPLAINT: Status post right shoulder SAD and excision of glenohumeral ligament from a previous SLAP repair and débridement. Date of surgery 10/11/2010. Worker's comp. Mr. Contreras returns today. He was having a flare up of pain. I last saw him in May. He ran out of Celebrex, started hurting some more. Thera-Band exercises seemed to be a hit or a miss with him; can help or they can flare him up. He did some yardwork this past weekend, and his shoulder has become somewhat painful. He still has pain over the anterior aspect of the shoulder even when he just hangs it down or reaches behind him in extended position. It gets flared up by the simplest of procedures, whether it is lifting or doing light yardwork; even if he comes off the Celebrex, he continues to have pain and discomfort.

PHYSICAL EXAM: General cervical shoulder shows ATE of 140, ER 50. TR to L3 with some pain. SARER 85. SFR of 55. Extension 55 with pain. Abduction 110. Adduction 60. Supraspinatus 4+. He has continued tenderness over the long head of the biceps and coracoid. Positive coracoid impingement symptoms. Tenderness over the AC joint. 1. Infraspinatus 3. Subscap 5. Hawkins 0. Reverse Hawkins 0. Elbows, wrists and neuro reveal full range of motion appropriate for the patient's age without tenderness, effusion, instability, ecchymosis, edema, atrophy or spasticity.

PLAN: At this point, Mr. Contreras continues to complain persistently of long head of the biceps and bicipital groove pain. There is approximately a 5 cm section of the long head of the biceps that we are unable to visualize arthroscopically on a routine arthroscopy; however, on selected patients with persistent pain in this area, we will go and take down the transverse ligament and the bursal sac in this area and visualize the long head of the biceps and certainly at this point do a biceps tenodesis on him. I would also do a coracoid decompression to take off the impingement that he is getting from his coracoid onto the anterior subscapularis and bicipital groove area. He has failed injections; it has been over a year, he continues having pain, and the 1 thing about him is that he has been completely consistent with where his pain is, directly over the bicipital groove. We looked at his biceps in the intraarticular portion. I pulled in as much of the biceps into the joint, and this is typically what we do, and in that region it appeared normal and so I did not decide to look further or release anything. We did remove his previous sutures from his previous repair and did a bursectomy and decompression, an AC joint resection. This did help with some of the other pain, but he is left with biceps pain which now needs to be addressed. This is still considered as worker's comp injury as directly and causely related to his injury on 10/08/2008. This is absolutely the last thing that can be done in the shoulder, and after doing a tenodesis, a coracoid decompression. I told him whatever pain or discomfort is left in the shoulder he will have to live with. We will need to get clearance from worker's comp, and his postoperative course would be similar with physical therapy a couple times a week starting around 4-5 weeks postoperatively and going for about 6 or 8 weeks. If we can get this done, I will see him in the end of December for the surgery.

James R. DeMarco, MD



JRD/jf
 DD: 11/22/2011 4:38:00 PM
 DT: 11/23/2011 8:20:45 AM
 16122350

cc: Worker's comp
 David Seignious, MD

Palmetto Orthopaedics
of Charleston
PHYSICIAN PHYSICIANS

7473 WA

CONTRERAS, THOMAS

DATE OF BIRTH: _____

05/31/11

CHIEF COMPLAINT: Status post right shoulder SAD, excision of glenohumeral [UNCLEAR] previous SLAP repair and debridement. DOS: 10/11/10, Workers' Compensation.

HISTORY: Mr. Contreras returns today. He is having some anterior shoulder pain and discomfort that is worse after sleeping, as he sleeps with his arm elevated over his head. He gets a lot of stiffness and soreness if he does too much with it. He is not having as much pain during the day. He is retired at this point. He does home exercises with light weights.

PHYSICAL EXAMINATION: Exam shows ATE of 140, ER 50, IR to L2-3, SAR ER 85, SAR IR 55, extension 55, abduction 110, adduction 60, supraspinatus 4+, infraspinatus 5, and subscap 5. Tenderness is noted over the long head of the biceps and anterior acromion. Incisions are well healed and he is neurologically and vascularly intact.

PROCEDURE: After discussing with the patient the benefits and risks of a subacromial injection, the patient's right shoulder was sterilely prepped. Then 80 mg of Depo-Medrol and 4 cc of lidocaine were injected without difficulty. The patient tolerated the procedure well.

Wadelell H., Gilmore III, MD • D. Marshall Haw, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29564
Phone: (843) 884-0302 Fax: (843) 849-9308
615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

**Palmetto Orthopaedics
of Charleston**
ROYER ST. FRANCIS PHYSICIANS

7473 WA
CONTRERAS, THOMAS

01/21/11

DOB:

CHIEF COMPLAINT: Unchanged from previous. DOS: 10/11/10 WC.
HISTORY: Mr. Contreras shoulder is doing fairly well. He is about 4-5 weeks away from retirement at this point. His paper work is in. He feels he is still unable to go back to work. His inflammation and discomfort from being shocked has gone down. He is finishing up his therapy.

PHYSICAL EXAM: He has ATE of 140, ER 50 and IR to L2. SAR ER is 90, SAR IR 55. He has extension of 55, abduction 110 and adduction 60. Rotator cuff strength is 5/5. Supraspinatus is 4+, infraspinatus and subscap are 5. He has some tenderness over the long head of the biceps and anterior clavicle. There is a well healed incision. He is neurologically and vascularly intact.

PLAN: I will keep him out of work. He is in the last 4-5 weeks of retirement and I don't want him to go back and get re-injured. He is doing well at this point. He is not going to be able to return to being a fire fighter. If he needs final permanent restrictions, then he would have to undergo a functional capacity evaluation. He has permanent partial impairment of 7 percent to the right upper extremity, as defined by *The AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition. This converts to 11 percent right shoulder impairment. There is no foreseeable intervention required within the next year for surgery. If he has any other exacerbation of his pain, he may need injections, anti-inflammatories or repeat physical therapy. I will see him back on a prn basis.

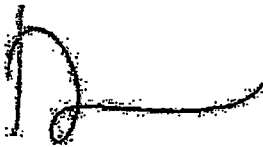
James R. DeMarco, M.D. /lm

CC: Workers' Compensation

Charleston PT

DD: 01/21/11

DT: 01/24/11



Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McInnes, MD

130 Wings Way, Suite 301, Mt. Pleasant, South Carolina 29464

Phone: (843) 884-8302

Fax: (843) 849-9308

615 Wesley Drive, Suite 100, Charleston, South Carolina 29407

Phone: (843) 763-2857

Fax: (843) 763-2868

PAGE 03/03

PALMETTO ORTHO

8437632868

11:14 04/06/2011

00015

**Palmetto Orthopaedics
of Charleston**
ROPER ST. FRANCIS PHYSICIANS

Date: 9/30/2010

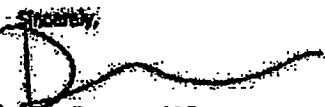
Patient name: Thomas Contreras

DOB: 10/11/2010

To Whom It may Concern,

A Vacutherm Continuous Cold/Compression Therapy Unit is being prescribed for the above referenced patient. Cold therapy is necessary for optimum control of post-surgery edema, the "ultimate enemy" following surgery. Post-surgery swelling and its complications are the most common cause of a lengthy recovery time. With the cold/compression therapy recovery strategy, the pad or "sterile blanket" is applied directly over the surgical site at the end of surgery. With the blanket directly applied to the surgical site, continuous cooling and compression are possible. Water, cooled to an optimum 49F, with constant intermittent compression prevents swelling and pain, allowing the patient a shorter recovery time and faster return to mobility. Most often, patients receiving cold and compression therapy recovery treatment need no medication for pain. It is generally used continuously (around the clock) for 14-21 days.

In my experience with cold/compression therapy recovery treatment, I have not only found it to allow patients a shorter recovery time, but also to offer a safer method than traditional ice packs. Ice poses the threat of tissue damage when used for extended periods of time. Ice on surgical or wound site imposes a less than optimal schedule of twenty minutes on, twenty minutes off to prevent tissue damage from freezing temperatures. This threat is completely avoided with use of the Vacutherm machine, while dramatically reducing the length of the recovery period and virtually eliminating the need for pain medications.

Sincerely,

James DeMarco, M.D.

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McInosh, MD
180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464 515 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 884-0302 Fax: (843) 849-9498
This fax was received by GFI FAXmaker fax server. For more information, visit: <http://www.gfi.com>

MP743

Roper Main Roper Ambulatory St Francis JISC

Patient Name/Patient ID Number/Patient Location

Pre-Admission Physician's Order Form/ Posting Slip

Dr Demarco

Patient Name: Thomas Contreas

Date of Surgery	Time	Duration
<u>5-30-10</u>	<u>3:30 PM</u>	<u>90 min</u>
Address	DOB	SSN
<u>Charles, SC</u>		
Home	Work	
<u>843-769-4429</u>		<u>843-324-5387</u>
Initial Order - (check one) <input checked="" type="checkbox"/> Outpatient OR <input type="checkbox"/> Inpatient (authorization to be ordered post procedure)		
Consent for: <u>REPAIR OF PATHER CUFF, SURGICAL DECOMPRESSION, MUA, DESLUE BILLY TAMPON RT SHOULDER</u>		
Diagnosis: <u>REP. TENDONITIS</u>	Drug Allergies:	
NPO after MN	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> General <input type="checkbox"/> MAC <input type="checkbox"/> Regional <input type="checkbox"/> Local
<u>INTENSIVE BLOCK</u>		
N/Located Finger at KVO (Exception: Normal Balance at KVO for Rural Patients)		
Antibiotics:		
If SIP Procedure: Follow SIP Protocol For all other procedures: Ancef 1 gm IV Preop. If Penicillin allergic, give Vancomycin 800 mg IV Pre-op.		
SCDs <input type="checkbox"/> Clip Prep Per Protocol		
Lab Tests		
Anesthesia Protocol		
CBC with out DIT		
Additional Tests:		
PHYSICIAN SIGNATURE <u>[Signature]</u>		DATE <u>5/24</u> TIME <u>0930</u>
Ortho Special Equipment:		
<input type="checkbox"/> OEC <input checked="" type="checkbox"/> Beach Chair <input type="checkbox"/> Bean Bag <input type="checkbox"/> Power Equip:		
Company # <u>* LATER ALLERGY *</u>		
IMPLANTS:		
NEURAL CUCANCE: <u>SEIGNONY</u>		
FOR PRE-ADMISSION TESTING USE:		
DIAGNOSIS/ ICD-9 CODES: Please corresponding number beside test ordered below. 1. _____ 2. _____ 3. _____ 4. _____		
LABS ORDERED PER ANES PROTOCOL:		
RN SIGNATURE _____		DATE _____ TIME _____

Workcamp: Compendium Services Inc.
 Case Manager: Kathy Avenette, RN
 Auth#
 ph#: 877-709-2667



CPT=29822
 ICD9=71947

Dr. Kathy,

4937632868

PALMETTO ORTHO

678 985-4874

PAGE 82/85

46

Sorry for the confusion. Here are his notes from his visit in Aug. We are still waiting on most recent dictation. The 2 most applicable ICD9 codes for this surgery are T66.0 - adhesive capsulitis & 719.41 Pain in joint - Shoulder. The CPT code is 29822.

Please let me know what I can do to assist.

Thanks,
Danielle

PRESCRIPTION AND PHYSICIAN CERTIFICATE OF MEDICAL NECESSITY

DATE TO BE PROVIDED BY:

InMed Services, LLC.
2612 Latch Lane
Suite 102
Mount Pleasant, SC 29466

9-27-10

PATIENT NAME

Thomas Cochran

DATE

DATE OF SURGERY

9/26/10

10-11-10

CHANGED

DATE OF INJURY

ANKLE	KNEE	SHOULDER	WRIST	ELBOW	BACK
-------	------	----------	-------	-------	------

EQUIPMENT ORDERED

VASCUTHERM PNEUMATIC COMPRESSION DEVICE (NO SUBSTITUTES)
(80650 AND APPROPRIATE APPLIANCE)

719.47
ICD-9 PRIMARY DIAGNOSIS

782.3
ICD-9 SECONDARY DIAGNOSIS

A Vasutherm unit is being prescribed for _____ Cold Therapy has been clinically proven to control post-operative edema, the "edema enemy" following surgery. There have also been numerous studies providing clinical data which supports the enhanced efficacy of cold therapy combined with compression to further reduce post-operative edema as well as the use of narcotics which significantly REDUCES RECOVERY TIME AS WELL AS HEALTH COSTS.

Post-operative swelling and its complications are the most common cause of a lengthy recovery time. With the cold/compression therapy recovery strategy, the single patient use pad or "sterile blanket" is applied directly over the surgical site and the end of surgery, and continuous cooling and compression are delivered to reduce edema. Water, cooled/filtered to an optimum temperature by the control unit, with constant intermittent compression, prevents swelling and pain allowing the patient a shorter recovery time and faster return to mobility.

The Vasutherm control unit regulates the temperature of the water circulating through the blanket which eliminates the risk of frostbite. Ice, including units that circulate only ice water, pose the threat of tissue damage when used for extended periods of time without supervision.

Treatment or COMPLETE DECONGESTIVE THERAPY (CDT), is a combination of skin care, exercise, and Manual Lymph Drainage followed by compression therapy. Bandaging and Compression garments are often necessary during and following CDT and stabilizes the reflection of protein rich fluid volume in the affected area. Reduction in lymphedema is necessary to reduce the risk of infection and decrease pain in the affected area.

Pressure Setting: Afterload (15 to 25 mmHg) DVT mode for Vascular Arterial Insufficiency

Frequency: Continuous 3 Times/Day 5 Times/Day

Treatment Time: Continuous 30 Min 60 Min 90 Min

Temperature Setting: 49 Degree 105 degree Contrast (Hot and Cold)

*USE DVT PREVENTION THERAPY AT ALL TIMES WHEN NON-AMBULATORY: Y N

Duration of Need: The above identified equipment is medically necessary for rental for:

7 Days 14 Days 21 Days

D

FAXED
10-6-10

9-27-10

Date

This fax was received by GFI FAXmaker fax server. For more information, visit: <http://www.gfi.com>

**Palmetto Orthopaedics
of Charleston**
ROPER ST. FRANCIS PHYSICIANS

7473 MP
CONTRERAS, THOMAS

09/24/10

DOB:

CHIEF COMPLAINT:

1. Right shoulder loss of internal rotation, status post SLAP repair and removal of sutures with debridement.
2. Long head of the biceps tendinopathy by exam.
3. No evidence of significant rotator cuff pathology.
4. Significant impingement syndrome. DOI: 10/08/08 WC.

HISTORY: Mr. Contreras is still having pain and discomfort in his right shoulder. He is at the point where he is about to give up on getting back into being a firefighter. He has had discomfort that is certainly worse on the right than the left. He still has a little bit on the left. He wants to talk about non-surgical vs. surgical options. He has been doing some physical therapy but really hasn't progressed well with that. He takes some over-the-counter medications. He has some pain with sleep. He is still on restrictions at work.

PHYSICAL EXAM: Exam is recorded on the shoulder exam sheet and is basically unchanged from previous exams. He has ATR of 155, IR to L3-4 and IR 45. SAR-ER is 30, SAR-IR 20. His rotator cuff strength is 5. Hawk's is 1, reverse Hawk's 0 and O'Brien's 0. Partial tear is 0. His elbows and wrists are normal. He is neurologically and vascularly intact. Skin and lymphatics are normal. DTRs are equal bilaterally.

PLAN: The risks and benefits of non-surgical vs. surgical treatment were discussed. The patient has undergone and failed several conservative measures, including a home exercise program, therapy, injections, medications and activity modification. I feel that the benefits of surgery outweigh the risks involved. The patient agrees with this. We talked about the details of the surgical procedure. The patient was given handouts and we discussed the risks and benefits of surgery. We talked about the pre-, peri-op and post-op course and the expected intra-operative and post-operative experience and rehab. I went over the need for pre-operative medical clearance. We gave the patient handouts detailing all of this and all questions were answered. He is as good as he is going to get if he doesn't have surgery. I think he deserves one additional look. He is stiff.

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMauro, MD • Heather M. McInman, MD
180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29566
Phone: (843) 894-8902 Fax: (843) 849-9308
615 Wadley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

10/08/2008 01:17

8437637758

PALMETTO ORTHO

PAGE 03/85

Palmetto Orthopaedics

10/08/2008 01:17

8437637758

PALMETTO ORTHO
CSI

PAGE 02/85

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

WA

7473

CONTRERAS, THOMAS

09/24/10

DOB:

PAGE 2

DoS
10/11/10
Dr Demarco

We need to make sure his biceps is fully released from scar tissue. He may actually need a tenodesis to get rid of this discomfort. We need to return him back to full range of motion with a manipulation as well, decompression and close evaluation of the rotator cuff to make sure there are no subtle partial cuff tears that would need a stem cell stimulation with a microfracture. I told him we could do all of that. We gave him a prescription for Lortab and all appropriate handouts. He will need clearance by Dr. Seignious pre-op. I will see him back once we get clearance from Workers' Compensation for his surgery.

James R. DeMarco, M.D.

CC: David Seignious, M.D.

David Jascowitz, M.D.

Workers' Compensation

DD: 09/24/10

DT: 09/27/10

Handwritten initials and numbers: 1050, 797-3633

NEW ORLEANS DOB: 09/25/81
CONTRERAS, THOMAS
DOB: 09/25/81
FITSCH, DEMARCO, JAMES R.
DOB: 10/11/10

Walter H. Gilmore III, MD • R. Michael Hays, MD • James R. DeMarco, MD • Freddie M. McManus, MD
180 Wings Way, Suite 901, Mt. Pleasant, South Carolina 29568
Phone: (843) 834-0382 Fax: (843) 843-9306
631 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2858

Patient: CONTRERAS, THOMAS J

MRN: 000774899

Encounter: 1028400050

Page 1 of 4

Chart # _____

NEW PATIENT INFORMATION

Name: THOMAS CONTRERAS Date: 8/1/10
Age: 49 DOB: _____ Sex: Male Female
Family MD: D. SKRANTZ Referring MD: WORK-RELATED

CHIEF COMPLAINT / HISTORY OF PRESENT ILLNESS

Date of onset of injury/problem: 2008 10-8-2008
Describe your current orthopaedic problem/injury: SHOULDER PAIN IN THE
THE SHOULDER

Is your problem/injury related to: (please check)
 Auto-accident Work-related accident Other accident Litigation pending

Location (Example bottom of foot, left hand, etc): RIGHT SHOULDER

Quality (Example: throbbing, numb, etc): SHARP PAIN

Severity (Example: intolerable, dull, sharp, etc): SHARP

Duration (Example: all day, few minutes, all night, etc): ALL DAY

Timing (Example: upon rising, at end of day, etc): N/A

Context (Example: while typing, after exercising, etc): WHILE DOING ANYTHING

Modifying Factors (Example: what improves or worsens symptoms, etc): NORMAL

Associated Signs & Symptoms (Example: tingling, stiffness, etc): STIFF PAIN

MR: 000774899 DOB: ()
CONTRERAS, THOMAS
RUPR EA
PHYS: DEMARCO MD, JAMES
ACCT#: 10284-00050

MEDICATIONS

(Please list all long-term medications, current medications, over-the-counter drugs and herbal preparations)

ALCOHOL, BACON, BUNDS
CELSENA, LOVASTATIN

Are you currently taking Coumadin, Plavix, Aspirin, or other blood thinner? YES NO

ADVERSE & ALLERGIC DRUG REACTIONS (please check)

None Penicillin Sulf Drugs Other, please list:

Reaction: STROKE AND HEART

(OVER)

18/08/2011 01:17

8437692958

PALMETTO ORTHO

MR. ESTEBAN DOMINGUEZ
CONTRERAS, THOMAS
M.D.
Rt. DEPARTMENT OF ORTHOPEDIC SURGERY

MCN: 10284-00050 1061/10

PAST MEDICAL HISTORY

Have you ever or do you currently have any of the following? Please check all that apply:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stomach Ulcers | <input type="checkbox"/> Stroke | <input type="checkbox"/> Rheumatoid Arthritis |
| <input checked="" type="checkbox"/> High Cholesterol | <input type="checkbox"/> GI Disease | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Compromised Heart/Pulmon. | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Heart Attack / MI | <input type="checkbox"/> Hepatitis/Liver Disease | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Psoriasis |
| <input checked="" type="checkbox"/> Asthma | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Depression | <input type="checkbox"/> Back/Neck Pain |
| <input type="checkbox"/> Sleep Apnea | <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> MS/MSA | <input type="checkbox"/> Lyme Disease |
| | <input type="checkbox"/> Pulmonary Embolus | <input type="checkbox"/> HIV/AIDS | <input checked="" type="checkbox"/> Lacerations |

Other medical problems: _____

Past Surgery/Procedures: (type and dates) ENT SURG. 7-97 + 1998
ENT SURG. NASAL

Any problem with the following types of anesthesia? (please check)
 General IV Sedation Local Dental Anesthesia

If you checked any of the above types of anesthesia, please explain the problem:

FAMILY HISTORY (check any family illnesses)

Diabetes Bleeding problems Anesthesia Problems Other (describe below): _____

SOCIAL HISTORY

Are you working now? YES NO What is your occupation? ENT SURG.

Single Married Widowed Live Alone Live With Others

Do you smoke tobacco? YES NO How much? _____ # of years? _____
Do you drink alcohol? YES NO How much? _____
History of substance abuse? YES NO If yes, please describe _____
Pregnant or could be pregnant? YES NO

REVIEW OF SYSTEMS

Height: _____ Weight: _____

Please check and describe the symptoms that pertain to you:

- YES Constitutional (fever, weight loss, night sweats, etc.)
- YES HEENT (vision, ears, nose, throat, balance, head, dizziness, etc.)
- YES Heart (chest pain, palpitations, irregular heart, etc.)
- YES Lungs (cough, wheezing, shortness of breath, etc.)
- YES Musculoskeletal (arthritis, stiffness, etc.)
- YES Skin (rash, sores, etc.)
- YES Neurological (numbness, weakness, tingling, etc.)
- YES Psychological (depression, mood, anxiety, etc.)
- YES Endocrine (cold intolerance, excess sweating, etc.)
- YES Hematologic (bleeding tendency, anemia)

Patient: CONTRERAS, THOMAS J

MRN: 000774899

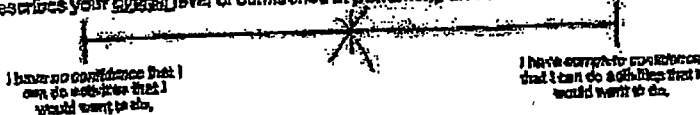
Encounter: 1028400050

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Confidence-Baseline

Instructions: Please circle the level of confidence you have for doing each activity today.	Fully confident in my ability to perform	Very confident	Modest confidence	Somewhat confident	Not confident in my ability to perform	Not applicable
1. Lying flat	1	2	3	4	5	6
2. Rolling over	1	2	3	4	5	6
3. Moving - lying to sitting	1	2	3	4	5	6
4. Sitting	1	2	3	4	5	6
5. Standing	1	2	3	4	5	6
6. Reading/sleeping	1	2	3	4	5	6
7. Balancing	1	2	3	4	5	6
8. Kneeling	1	2	3	4	5	6
9. Walking - short distance	1	2	3	4	5	6
10. Walking - long distance	1	2	3	4	5	6
11. Walking - stairs	1	2	3	4	5	6
12. Climbing stairs	1	2	3	4	5	6
13. Hopping	1	2	3	4	5	6
14. Jumping	1	2	3	4	5	6
15. Running	1	2	3	4	5	6
16. Pushing	1	2	3	4	5	6
17. Pulling	1	2	3	4	5	6
18. Reaching	1	2	3	4	5	6
19. Grasping	1	2	3	4	5	6
20. Lifting	1	2	3	4	5	6
21. Carrying	1	2	3	4	5	6

22. Thinking about all the activities you like to do, please mark an "X" at the point on the line that best describes your general level of confidence in performing these activities today:



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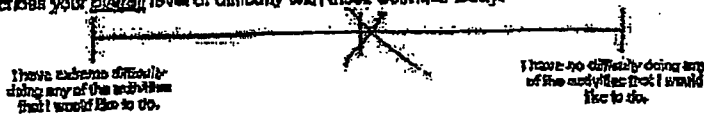
Adapted by
Developer
Author
July 2005 and August 2008 with permission of APTA from Gleason AA, MSc/PhD, TJ, De Vette RF, et al. Testing of a self-report instrument to measure outcome: Outpatient Physical Therapy Improvement in Movement (PTI-MAL). Phys Ther. 2005;85:545-550.

OPTIMAL INSTRUMENT

Difficulty Descriptions

Instructions: Please circle the level of difficulty you have for each activity today.	1 Able to do without any difficulty	2 Able to do with little difficulty	3 Able to do with moderate difficulty	4 Able to do with much difficulty	5 Unable to do	6 Not applicable
1. Eyeing feet	2	2	3	4	5	6
2. Rolling over	1	2	3	4	5	6
3. Moving-lying to sitting	1	2	3	4	5	6
4. Getting up	1	2	3	4	5	6
5. Squatting	1	2	3	4	5	6
6. Bending/recooping	1	2	3	4	5	6
7. Balancing	1	2	3	4	5	6
8. Kneeling	1	2	3	4	5	6
9. Walking-short distance	1	2	3	4	5	6
10. Walking-long distance	1	2	3	4	5	6
11. Walking-outdoors	1	2	3	4	5	6
12. Climbing stairs	1	2	3	4	5	6
13. Hopping	1	2	3	4	5	6
14. Jumping	1	2	3	4	5	6
15. Running	1	2	3	4	5	6
16. Pushing	1	2	3	4	5	6
17. Pulling	1	2	3	4	5	6
18. Reaching	1	2	3	4	5	6
19. Grasping	1	2	3	4	5	6
20. Lifting	1	2	3	4	5	6
21. Carrying	1	2	3	4	5	6

22. Thinking about *all* of the activities you would like to do please mark an "X" at the point on the line that best describes your *current* level of difficulty with these activities today.



23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to *walk stairs, kneel, and hop* without any difficulty, you would choose: 1. 12 2. 8 3. 13)

1. 4 2. 5 3. 1

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Adapted/revised in July 2005 and August 2008 with permission of APTA from S. Jackson AA, MEditz TJ, De Vellis RF, et al. Development and testing of a self-report instrument to measure outcome: Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL). Phys Ther. 2005;85:515-531.

PATIENT PROGRESS AND TREATMENT RECORD

Name Caroline Thomas

Case No. _____

DATE	DAY	PATIENT'S REMARKS	DOCTOR'S REMARKS
10/29/8	W	S: 97 ylb HM 5 c/o @ still in pain. c/o out. still in pain. I. c. was ^{was} not? was ^{was} c/d p. DBI: 10/8/8 when band passing, felt sharp pain @ still in pain when band moving downward. Not 1st approx set - had been working out 20 minutes or so. - Glaucoma, Bicus, Bicus, retained GIP and - DM, PBP, Pchel, GIP	
		APom strenuous	
	✓	WFL pm 4/5	- show left APom number; 5.2 4/5;
	✓	WNL pm EPOm 4/5	✓ 4/5
	ADD	WNL night pm 3/5	- E.C. left off. the ^{the} spasm ^{spasm} Spasm ^{Spasm}
	✓	WFL pm 3/5	Yugoslav's test
	✓	TIZ level pm 4/5	- show PHP, and ^{and} check ^{check}
10/30		WNL pm EPOm	
		Tx: UBEXT; Bili TB off, scap ^{scap} at ^{at} thorax ^{thorax} (hemi 4ea), Post/pl. ed. in ⁱⁿ and ^{and} in ⁱⁿ program ^{program} , Tx plan, proper ^{proper} expectation ^{expectation} for ^{for} management ^{management}	
		A: PL. Dr = @ still in pain. Dark ^{Dark} moderately ^{moderately} at ^{at} pl. ^{pl.} post ^{post} /pl. ed. ^{/pl. ed.} Hot ^{Hot} STM ^{STM} . Potential for ^{for} swelling ^{swelling} at ^{at} 7-8 ⁷⁻⁸ cm ^{cm} / 3-4 cm. No structural defect noted on JE. Cuff 3 cm in ⁱⁿ width ^{width} at ^{at} base ^{base} of ^{of} inflam ^{inflam} but ^{but} no ^{no} true ^{true} spasm ^{spasm} detected ^{detected} at ^{at} exam ^{exam} testing ^{testing} . Absolutely no ^{no} post ^{post} neur ^{neur} ic ^{ic} spasm ^{spasm} / tightness / swollen ^{swollen} in ⁱⁿ response ^{response} to ^{to} injury ^{injury} . That may be his ^{his} 1 ¹ pm ^{pm} performance ^{performance} .	
		P: Add diff. to the ^{the} exam ^{exam} , STM to ^{to} patient ^{patient} in ⁱⁿ the ^{the} exam ^{exam} pm ^{pm} .	
10/30/8	P	Set for ^{for} exam ^{exam} to ^{to} be ^{be} at ^{at} 2.45 ^{2.45} pm ^{pm}	(AS)

PATIENT PROGRESS AND TREATMENT RECORD



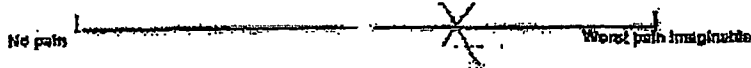
Attachment A

CareLife Therapy Program
PATIENT PAIN INDEX FORM

Patient Name: THOMAS CORREIA
Diagnosis: SPINAL STENOSIS
Date of Injury: 12/18
Date: 10/23/08

Pain Index

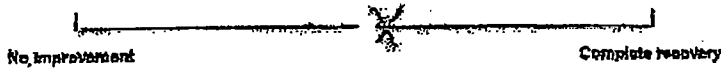
Please indicate how much pain you feel at this time on the scale below.



SCORE: 7 / 10

Improvement Index

(Do not complete on initial visit). Please indicate the amount of improvement you have made since the beginning of your physical therapy treatment on the scale below.



SCORE: 7 / 10 x 100% = 70

CLM# 17000704400

Roper Hospital
OPERATIVE REPORT
10/11/2010

CONTRERAS, THOMAS
000774899
James DeMarco, MD
Page 1

SERVICE: Orthopedics.

ATTENDING: Dr. James DeMarco.

ASSISTANT: None.

PREOPERATIVE DIAGNOSES:

1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis.
3. Right shoulder type 1 superior labrum anterior to posterior tear.
4. Right shoulder subacromial impingement syndrome and bursitis.
5. Right shoulder acromioclavicular joint osteoarthritis.

POSTOPERATIVE DIAGNOSES:

1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis.
3. Right shoulder type 1 superior labrum anterior to posterior tear.
4. Right shoulder subacromial impingement syndrome and bursitis.
5. Right shoulder acromioclavicular joint osteoarthritis.

OPERATION:

1. Right shoulder major d bridement of a superior labrum anterior to posterior tear, intra-articular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval tissue. (CPT code 29823)
2. Right shoulder subacromial decompression and bursectomy. (CPT code 29826)
3. Right shoulder acromioclavicular joint resection (CPT code 29824).

ANESTHESIA: General with interscalene block.
ANESTHESIOLOGIST: Dr. Elden Sherman.

ESTIMATED BLOOD LOSS: Minimal.

IMPLANTS: None.

COMPLICATIONS: None.

Patient: CONTRERAS, THOMAS

MRN: 000774899

Encounter: 1028400059

Page 1 of 3

Chart # 17000709406

Roper Hospital
 OPERATIVE REPORT
 10/11/2010

CONTRERAS, THOMAS
 000774899
 James DeMarco, MD
 Page 2

HISTORY: Mr. Contreras is a 49-year-old gentleman who had an on the job injury as a firefighter and still had pain and discomfort in the right shoulder despite two previous arthroscopies. He had a previous repair superior labrum that did not help. The hardware was then removed and a debridement was carried out. He is continuing to have pain and discomfort over that area. He has failed all forms of conservative management, including injections, therapy, anti-inflammatories, activity modifications and job restrictions. He has signed a consent and wishes to proceed.

DESCRIPTION OF OPERATION: The patient was brought to the operating room, induced with general anesthesia after receiving an interscalene block. He was given preoperative antibiotics. Two popliteal blocks were applied to legs. He was placed in the beach chair position. Time out was called and confirmed. His right arm was then double prepped and draped in the usual sterile manner.

Standard anterior and posterior portals were established into the joint. Chondral surfaces, humeral head and glenoid were within normal limits. He did show some grade 1 to 2 changes on the glenoid but he had normal bare spots on the glenoid and posterior humeral head. There was type 1 SLAP tear and fraying. There was no instability to the superior labrum. The biceps was pulled and the joint seemed to be completely normal. There was significant thickening of the middle glenohumeral ligament with induration of the tissues anteriorly. No previous hardware sutures could be found. The upper subscapularis was intact though again there was encasing of the subscapularis with the superior and middle glenohumeral ligaments keeping it from moving freely, and some of this tissue did interfere also with the biceps gliding in and out of the bicipital groove. The undersurface of the rotator cuff including supraspinatus, infraspinatus, teres minor, were all within normal limits. The axillary pouch showed no loose bodies and there was no significant synovitis inferiorly. Posteriorly there was some labral fraying but was otherwise within normal limits. Went through anterior portal. Good debridement was carried out of the synovium. The undersurface of the type 1 SLAP tear, the middle glenohumeral and superior coracohumeral ligaments were released back to a stable and much more flexible border. We were able to see that in full internal and external rotation there was no undue pulling on the biceps like it was at the beginning of the case prior to the resection. Once we were happy with the

Patient: CONTRERAS, THOMAS

MRN: 000774899

Encounter: 102B400050

Page 2 of 3

Clm# 17800709712

Roper Hospital
OPERATIVE REPORT
10/11/2010

CONTRERAS, THOMAS
000774899
James DeMarco, MD
Page 3

d bridement within the joint in the subacromial space there was seen to be a mild amount of bursitis. This was removed with the shaver and ArthroCare Wand through both the posterior and lateral portal. The CA ligament was recessed and there was a type 2+ sloping acromion. There was some bursal sided rotator cuff fraying but no significant tearing into the cuff. There was no full thickness or significant partial thickness tear. We then used the 5.5 mm bur and acromioplasty was performed utilizing posterior chamfer technique. Once we were satisfied with the acromioplasty, the AC joint was examined and seen to be quite osteophytic and there was no cartilage present. Therefore, we did a distal clavicle resection taking out about 10 to 12 mm distal clavicle through posterior and then a direct anterior approach with the bur. We checked this from orthogonal views and made sure that the resection was complete and parallel. Once satisfied with that, went in the subacromial space, drained the area after doing a final cleanup, closed the portals with 3-0 nylon, large Steri-Strips. Took the arm through a full range of motion to make sure that was no restrictions and dressed the wound sterilely, awoke the patient and brought to the recovery room in stable condition. No complication. Sponge and needle counts were correct. Total surgical time was 1 hour and 15 minutes.

James DeMarco, MD

TR: ras OD: 10/11/2010 2:35 P TD: 10/12/2010 1:17 P JOB#: 00146408
DOC#: 1828476

cc: James DeMarco, MD

Patient: CONTRERAS, THOMAS

MRN: 000774899

Encounter: 1028400050

Page 3 of 3

89/26/21 28:27 843750078

FRANZETTO ORTHO

02/7/02

Roper Main Super Ambulatory St. Francis JHC
Pre-Admission Physician's Order Form/ Postop Slip

CONTRERAS, THOMAS
1975 DEMASCO RD, JAMES B.

MP473

ACCT# 10284-00050 100710

Patient Name: Thomas Contreras Date: 6-1-10 Time: 3:00 PM Duration: 90 mins

DOB: 03-29-67 SSN: 34-324-5382

Physician: DR. FRANZETTO Dept: ORTH

Diagnosis: MVA RESOLVE SIGNI KNOWN BE SHOCK

ICD9: 86.22

Procedure: SPINAL BLOCK

Antibiotics: None

Pre-op: Follow BIP Protocol

Post-op: Follow BIP Protocol

Physician Signature: [Signature] DATE: 6/1/10 TIME: 09:30

Order Special Equipment: None

Replants: None

Physical Exam: See History

LABS ORDERED FOR THIS PROCEDURE: None

Signature: [Signature] DATE: 6/1/10 TIME: 09:30

RECEIVED
A
P

Services Inc.
Aronette RN

FAXED
667

15/11/10
CPT=29822
ICD9=71947

Patient: CONTRERAS, THOMAS J

MRN: 000774899

Encounter: 1028400050

Page 1 of 2

7473
m⁸

Thomas Contreras
Surgery on 9/30

~~Thomas Contreras~~

OK for
shoulder
surgery
⊕ Adm.
⊕ Htn

~~Thomas Contreras~~

CONTRERAS, THOMAS J
1028400050

08/26/2010 21:58
NBS 9/17 B:
PALMETTO DRUG
PAGE 2/3

Rover Hospital
ANESTHESIA POST OP ORDERS - PACU USE ONLY

MR: 00774899 POS:
CONTRERAS, THOMAS
DOB: 01/11/1978
SICR: DEMARCO, JAMES W.

PAIN CONTROL - IV AS NEEDED FOR PAIN

ACCT#: 10284-00060 10/11/10

<input checked="" type="checkbox"/> FENTANYL 12.5 micrograms - 50 micrograms	<input checked="" type="checkbox"/> MORPHINE 1 mg - 5 mg
Frequency (check 1): <input type="checkbox"/> q 5 min <input type="checkbox"/> q 10 min <input type="checkbox"/> q 15 min	Frequency (check 1): <input checked="" type="checkbox"/> q 5 min <input type="checkbox"/> q 10 min <input type="checkbox"/> q 15 min
Maximum dosage: micrograms	Maximum dosage: 15 mg
<input type="checkbox"/> DILAUID 0.2 mg - 0.5 mg	<input type="checkbox"/> Other:
Frequency (check 1): <input type="checkbox"/> q 5 min <input type="checkbox"/> q 10 min <input type="checkbox"/> q 15 min	Dosage:
Maximum dosage: mg	Frequency:

ANTIEMETIC - IV AS NEEDED FOR NAUSEA / VOMITING

<input checked="" type="checkbox"/> ZOPRAN (check 1): 12 mg - 0.5 mg	<input type="checkbox"/> DROPERIDOL 0.525 mg
Frequency: times 1 dose	Frequency: times 1 dose
<input type="checkbox"/> PHENERGAN 6.25 mg - 12.5 mg	<input type="checkbox"/> Other:
Frequency (check 1): <input type="checkbox"/> q 5 min <input type="checkbox"/> q 10 min <input type="checkbox"/> Other	Dosage:
Maximum dosage: mg	Frequency:

DEMEROL 12.5 mg IV may repeat times for Sivers

O-3 INC for O₂ Sat: for 24 hours

Diagnostic Studies: Chest Xray ABGs Hgb/Hct Baseline Glucose BMP

Outpatient: Connect On-Q Pump of Rocainine 0.2%
Infusion Rate = 8 ml/hour

Inpatient: See Continuous Peripheral Nerve Catheter Post Op Orders

Discharge from PACU per Phase 1 & 2 Recovery PACU Protocol

AND

Anesthesiologist Post Procedure Assessment completed

Other Orders

Physician Signature: *[Signature]* Date: 10/11/10 Time: 11:35

Nurse Signature: *[Signature]* Date: 10/11/10 Time: 11:40

ADDITIONAL PACU ORDERS

DATE	TIME	ORDER

1/09; 3/09; 4/09; 5/09; 10/09; 1/10



Patient: CONTRERAS, THOMAS J

MRN: 000774899

Encounter: 1028400060

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PREAMISSION LABORATORY REQUISITION ROUTING FORM I

Diagnostic Center: *UVA*

DRAGON CODE BY ICD-9 CODES: *100.9*
 DRUGS: *100.9*
 ORDER NUMBER: *100.9*
 ORDER DATE: *10/27/10*

Requisition Order Information
 ORDER BY: *[Signature]*
 ORDER DATE: *10/27/10*

Requisition Collection Information
 Date Collected: _____
 Time Collected: _____
 Name of Facility: _____

TESTS IN BOLD ARE LIMITED COVERAGE TESTS AND AN ICD-9-CM CODE MUST BE PROVIDED
 ONLY BOLD TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS AND/OR TREATMENT OF THE PATIENT

PATIENT INFORMATION	PHYSICIAN	TEST	DESCRIPTION	TEST	DESCRIPTION
Patient Name: <i>Contreras Thomas</i>	Basic Metabolic Panel (CO ₂ , Cl, Creat, UA, K, Na, SUN, Ca)	80000		Albumin	82040
Order Physician: <i>Dr. J. D. [Signature]</i>	Comprehensive Metabolic Panel (BUN, T. Bil, Ca, Hb, Gluc, Ua, CO ₂ , CR, P, K, T, P, UA, SGOT, SUN, SGPT)	80025		Alkaline Phosphatase	84070
Order Date: <i>10/27/10</i>	Electrolyte Panel (CO, Cl, K, Na)	80001*		Arylase	82100
Order Time: <i>10/27/10</i>	Toxicologic Function Panel (Pb, Tl, Cd, Bi, As, P, Cu, Fe, Ni, Hg, Mn, Se, Zn)	80077*		Bilirubin, Direct	82240
Insurance: Medicare	Hematology/Chemistry Panel			Bilirubin, Total	82247
Supervising: <i>[Signature]</i>	Urea Nitrogen	80014*		BLN	84020
Exam Room: <i>[Signature]</i>	Creatinine	80017*		CA-125	82310
Exam Location (Unit #):	Glucose	80007*		Calcium	82370
QDA AMB SEA (RIGHT) PAT (BSEP)	Cholesterol, Total	80026*		CEA	82450
NEAR (LEFT) SEAT (RIGHT) PATA (BSEP)	Cholesterol, HDL	80027*		Cholesterol, LDL	82451*
Please refer and label as such procedure is completed:	Cholesterol, VLDL	80028*		Cholesterol, Total	82452*
Labatory specimen completed:	Triglycerides	80029*		Gamma-GT	82453*
Radiology procedure completed:	Hemoglobin	80030*		Gamma-GT	82454*
EQO completed:	Hematocrit	80031*		Gamma-GT	82455*
FOR INFORMATION CALL:	Hemoglobin A1c	80032*		Gamma-GT	82456*
For QDA, QDAP patients: 888-3305 (A/P 8:00 AM - 4:30 PM)	Hemoglobin A1c	80033*		Gamma-GT	82457*
For AMB, AMBP, SEA & SEAT patients: 888-3305 (A/P 8:00 AM - 4:30 PM)	Hemoglobin A1c	80034*		Gamma-GT	82458*
For PAT & PATA (BSEP) patients: 402-1425 (A/P 8:00 AM - 5:00 PM)	Hemoglobin A1c	80035*		Gamma-GT	82459*
For Requesting/Ordering Number (BSEP): 402-5100 (A/P 8:00 AM - 5:00 PM)	Hemoglobin A1c	80036*		Gamma-GT	82460*
ANY OTHERS: Responsible: _____	Hemoglobin A1c	80037*		Gamma-GT	82461*
	Hemoglobin A1c	80038*		Gamma-GT	82462*
	Hemoglobin A1c	80039*		Gamma-GT	82463*
	Hemoglobin A1c	80040*		Gamma-GT	82464*
	Hemoglobin A1c	80041*		Gamma-GT	82465*
	Hemoglobin A1c	80042*		Gamma-GT	82466*
	Hemoglobin A1c	80043*		Gamma-GT	82467*
	Hemoglobin A1c	80044*		Gamma-GT	82468*
	Hemoglobin A1c	80045*		Gamma-GT	82469*
	Hemoglobin A1c	80046*		Gamma-GT	82470*
	Hemoglobin A1c	80047*		Gamma-GT	82471*
	Hemoglobin A1c	80048*		Gamma-GT	82472*
	Hemoglobin A1c	80049*		Gamma-GT	82473*
	Hemoglobin A1c	80050*		Gamma-GT	82474*
	Hemoglobin A1c	80051*		Gamma-GT	82475*
	Hemoglobin A1c	80052*		Gamma-GT	82476*
	Hemoglobin A1c	80053*		Gamma-GT	82477*
	Hemoglobin A1c	80054*		Gamma-GT	82478*
	Hemoglobin A1c	80055*		Gamma-GT	82479*
	Hemoglobin A1c	80056*		Gamma-GT	82480*
	Hemoglobin A1c	80057*		Gamma-GT	82481*
	Hemoglobin A1c	80058*		Gamma-GT	82482*
	Hemoglobin A1c	80059*		Gamma-GT	82483*
	Hemoglobin A1c	80060*		Gamma-GT	82484*
	Hemoglobin A1c	80061*		Gamma-GT	82485*
	Hemoglobin A1c	80062*		Gamma-GT	82486*
	Hemoglobin A1c	80063*		Gamma-GT	82487*
	Hemoglobin A1c	80064*		Gamma-GT	82488*
	Hemoglobin A1c	80065*		Gamma-GT	82489*
	Hemoglobin A1c	80066*		Gamma-GT	82490*
	Hemoglobin A1c	80067*		Gamma-GT	82491*
	Hemoglobin A1c	80068*		Gamma-GT	82492*
	Hemoglobin A1c	80069*		Gamma-GT	82493*
	Hemoglobin A1c	80070*		Gamma-GT	82494*
	Hemoglobin A1c	80071*		Gamma-GT	82495*
	Hemoglobin A1c	80072*		Gamma-GT	82496*
	Hemoglobin A1c	80073*		Gamma-GT	82497*
	Hemoglobin A1c	80074*		Gamma-GT	82498*
	Hemoglobin A1c	80075*		Gamma-GT	82499*
	Hemoglobin A1c	80076*		Gamma-GT	82500*
	Hemoglobin A1c	80077*		Gamma-GT	82501*
	Hemoglobin A1c	80078*		Gamma-GT	82502*
	Hemoglobin A1c	80079*		Gamma-GT	82503*
	Hemoglobin A1c	80080*		Gamma-GT	82504*
	Hemoglobin A1c	80081*		Gamma-GT	82505*
	Hemoglobin A1c	80082*		Gamma-GT	82506*
	Hemoglobin A1c	80083*		Gamma-GT	82507*
	Hemoglobin A1c	80084*		Gamma-GT	82508*
	Hemoglobin A1c	80085*		Gamma-GT	82509*
	Hemoglobin A1c	80086*		Gamma-GT	82510*
	Hemoglobin A1c	80087*		Gamma-GT	82511*
	Hemoglobin A1c	80088*		Gamma-GT	82512*
	Hemoglobin A1c	80089*		Gamma-GT	82513*
	Hemoglobin A1c	80090*		Gamma-GT	82514*
	Hemoglobin A1c	80091*		Gamma-GT	82515*
	Hemoglobin A1c	80092*		Gamma-GT	82516*
	Hemoglobin A1c	80093*		Gamma-GT	82517*
	Hemoglobin A1c	80094*		Gamma-GT	82518*
	Hemoglobin A1c	80095*		Gamma-GT	82519*
	Hemoglobin A1c	80096*		Gamma-GT	82520*
	Hemoglobin A1c	80097*		Gamma-GT	82521*
	Hemoglobin A1c	80098*		Gamma-GT	82522*
	Hemoglobin A1c	80099*		Gamma-GT	82523*
	Hemoglobin A1c	80100*		Gamma-GT	82524*

ORDERED BY:
 JAMES R. DEMARCO MD
 On 10/27/2010 11:11:39 AM



Patient: CONTRERAS, THOMAS J

MRN: 000774899

Encounter: 1028400050

Page 1 of 1

CONTRERAS, THOMAS J
MD
100774899

POSTOPERATIVE/POSTPROCEDURE PROGRESS NOTE

ACCT# 10284-00050 1007710

Complete immediately after operation/procedure

Operation(s)/Procedure(s) Performed and Description(s), Include Implanted Device(s):

RT Sclerotic VERIFICATION
SAD, AC of ROXRTM

Name of Primary Surgeon: CONTRERAS

Assistant(s):

Findings:

Estimated Blood Loss: No Yes, list amount

Specimen(s) Removed: No Yes, list below

Postoperative/Post Procedure Diagnosis: Impingement
of the SLAP of the AC of the RT

Physician Signature: [Signature] Date: 5/27/11 Time: 1:00

Revised: 05/20/09 Revised 03/09/ Revised 11-08, 2/10, 2/10



Roper Hospital

Patient Name: CONTRERAS, THOMAS
 Date of Birth: _____ Gender: M
 MRN: 000774899 Account Number: 1028400050
 Unit: AMB Admit Date: 10/11/10 7:22
 Height: 173 cm Weight: 89 kg

Outpatient DISCHARGE Medication Orders

Attending MD: DEMARCO, MD, JAMES R. MD

Allergies: Latex, PENICILLINS

Confirmed Medications

Current Home Medications (Including OTC Herbs - Sorted by Class) Pharmacy does not dispense herbal supplements

Medication - Brand Name	Dose	Route	Frequency	Last Dose Taken	Continue	Discontinue
fluticasone-salmeterol CFC free 230 mcg/21 mcg/inh AERA - Advair HFA 230-21mcg	2 PUFF	Inhalation	TWICE DAILY	10/11/10 0:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
bisoprolol-hydrochlorothiazide 5 mg-6.25 mg TAB - Ziac	1 tab	Oral	DAILY	10/11/10 0:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
calcitonin 100 mg CAP - Calceon	100 mg	Oral	TWICE DAILY	10/6/10 0:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
fluoxetine 180 mg TAB - Allerg	180 mg	Oral	DAILY	10/10/10 0:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
loxapine 10 mg TAB - Seroquel	10 mg	Oral	DAILY	10/11/10 0:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
multivitamin TAB - Daily Multiple Vitamins	1 tab	Oral	DAILY	10/6/10 0:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
omega-3 polyunsaturated fatty acids CAP - Fish Oil	Unknown	Oral	DAILY	10/6/10 0:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
omeprazole 20 mg OTC - Prilosec	20 mg	Oral	DAILY	10/11/10 0:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL DISCHARGE MEDICATIONS/ORDERS/PERMISSIBLE

DRUG	DOSE	ROUTE	FREQUENCY	COMMENTS
<i>gabapentin</i>	<i>300 mg</i>	<i>Oral</i>	<i>3 times daily</i>	<i>for neuropathic pain</i>
<i>gabapentin</i>	<i>300 mg</i>	<i>Oral</i>	<i>3 times daily</i>	<i>for neuropathic pain</i>

OUTPATIENT DISCHARGE INSTRUCTIONS:

No changes to home medications unless indicated above.

Please share these instructions and address any questions with your primary care physician.

Physician Signature: *[Signature]*

Date: *10/10* Time: *09:30*

Nurse Signature: *[Signature]*

Date: *10/10* Time: *11:40*

This is not a Prescription Form.

Roper Hospital

Patient Name: CONTRERAS, THOMAS	
Date of Birth:	Gender: M
MRN: 000774899	Account Number: 1028400050
Unit: AMB	Admit Date: 10/11/10 7:22
Height: 173 cm	Weight: 89 kg

Outpatient DISCHARGE Medication Orders

Discharge patient on (date): / /

May give patient one dose of outpatient prescription pain medication prior to discharge

Diet: _____

Activity: _____

Dressing/Wound Care: _____

Referrals/Home Care: _____

Additional Instructions: _____

Follow up appt for Lab/Xrays: _____

Follow up appt with MD: _____

OUTPATIENT DISCHARGE INSTRUCTIONS:

No changes to home medications unless indicated above.

Please share these instructions and address any questions with your primary care physician.

Physician Signature: _____

Date: 10/11 Time: 0930

Nurse Signature: _____

Date: 10/11 Time: 1140

This is not a Prescription Form.

10/11/2010 07:45:28AM Page 2 of 2

Patient: CONTRERAS, THOMAS J

MRN: 000774899

Encounter: 1028400050

Page 2 of 2

CONTRERAS, THOMAS J
MD



ACT# 10284-00050 1007110

STANDARD SHOULDER ARTERY SCOPY POST-OP ORDERS

1. D/C home when stable.
2. The patient is to stay in their sling except for exercises as below. The patient may come out of the sling to shower as long as the elbow is kept by the side. The patient is to sleep in the sling.
3. Exercises:
 - None
 - Pendulum exercises
 - Range of motion exercises of the elbow with the elbow kept tightly at the side.
4. Pain pump can come out in 72 hours. At that point, the patient can take off all of the dressings except the anti-strip, covering the incisions. Remove the clear tape covering the catheter where it enters the skin and pull the catheter straight out of the skin. A Band-Aid may be needed if the pain pump catheter site drips after removal.
5. Ice packs to the operative site every 2-3 hours for 30 minutes while awake. If the pain pump has been taken out and the dressings have been taken off, the patient may get the incisions and the anti-strip wet in the shower.
6. The patient should already have a pain medication prescription.
7. The patient should already have a follow up appointment at my office in 4 to 7 days. Please make one if not already scheduled.
8. Other special orders:

PHARMACEUTICAL

Copy given to patient

[Signature]

**UPPER EXTREMITY - ORTHOPEDIC
OUT PATIENT POST OPERATIVE
INSTRUCTIONS**

GENERAL INFORMATION

- You may experience lightheadedness, dizziness, sleepiness, headache, nausea, sore-throat, or muscular pain following surgery
- If you develop a fever, (over 101°), chills, bleeding, pain, swelling, or nausea/vomiting that is greater than instructed to expect, or difficulty breathing, call your doctor
- Your reflexes will be diminished after receiving anesthetic drugs:
 - > Do not operate a vehicle for 24 hours
 - > Do not drink any alcoholic beverages for 24 hours
 - > Do not operate any machine for 24 hours
 - > Do not smoke for the next 24 hours
 - > Do not stay alone for the next 24 hours
 - > Avoid making any important decisions for the next 24 hours

DIET/FLUIDS

- Begin with liquids and light foods (soups, gelatin, etc)
- Progress to normal diet if you experience no nausea

ACTIVITY

- You are advised to go DIRECTLY home from the hospital
- May shower after Pain Pump (if you have one) and dressings are removed
- Restrict your activities and rest for the day

MEDICATIONS

- Follow your Discharge Medication Sheet, as instructed
- If ordered, begin any newly prescribed medications. Discontinue use if: nausea, vomiting, itching or rash develops. Call your doctor

SPECIFIC INSTRUCTIONS:

- If you have a dressing, keep it clean and dry for 72 hours. Then remove the dressing but keep the steri strips in place. Expect some clear or blood tinged drainage from the incision.
- Observe operative areas / fingers for circulation changes: numbness, tingling, pale color, cold to touch
- Apply ice pack to operative site every 2-3 hours for 30 minutes while awake
- If given a sling, keep it on at all times during sleep. Remove sling for exercise and to shower as long as the elbow is kept by your side
- Exercise: None Pendulum Range of Motion of elbow with elbow kept tightly at side
- If you have a Pain Relieving Pump removed after 72 hours by 1) removing tape covering the catheter where it enters the skin; 2) pull the Catheter straight out of the skin; 3) apply a bandaid should it drain. 4) Refer to the brochure for further information.

ADDITIONAL INSTRUCTIONS:

Follow Dr. Demarco's Discharge Medication Sheet

FOLLOW-UP CARE: Call the office for an appointment.

You should see Dr. *Demarco* in *4-7 days*

These discharge instructions have been explained to patient and/or responsible person. I have read and fully understand the above instructions. I also grant permission for this facility to contact me post procedure for a followup phone call.

Date: *10/11/10*
Reviewed: *EAJ*

Time: *1235*

Nurse: *[Signature]*

Patient/Responsible Person: *[Signature]*

MR: 000774898
CONTRERAS, THOMAS J
PHYS: DEMARCO, DR. JAMES W
ACCT: 1028400050 10/07/10



MRN 74899
(CONTRERAS, THOMAS)
DOB: ()
Phys: DEMARCO-MD, JAMES R

Acc# 10284-00050 10/11/10 0712

Roper Hospital

To the Patient [or parent, guardian, or legal representative] (YOU)

Before Roper Hospital and/or Bon Secours St. Francis Hospital and any of its departments (the HOSPITAL) may provide you inpatient or outpatient services YOU must know what services YOU will receive, consent to them, agree to how to pay for them, and accept how the HOSPITAL will use your medical record. The HOSPITAL requests your consent to TWO (2) different parts of this form. Please read carefully Part I on treatment and other matters AND Part II on the use of your patient information. YOU may request that this form be read to YOU. Be sure to ask any questions YOU may have about it. When YOU fully understand the form's content, please sign it in the place indicated on the back of the form. In advance, THANK YOU very much for your cooperation in meeting the HOSPITAL'S responsibility to YOU and to the community it serves.

PART I

CONSENT TO TREATMENT

YOU authorize your physician or a designated qualified assistant to provide YOU medical treatment. YOU consent to all HOSPITAL medical or diagnostic care ordered for YOU during his visit as an outpatient or stay in the HOSPITAL. This consent includes testing for infections such as hepatitis B and HIV and providing blood or body fluids for such tests in order to protect YOU and for those who provide YOU services.

PAYMENT FOR SERVICES AND INSURANCE

YOU are directly responsible for paying for all provided services. The HOSPITAL will accept assignment of your payment responsibility to others. This includes health insurers, Medicare, Medicaid, workers' comp, and different types of liability, accident, and disability insurance policies. YOU agree that the assigned Payment responsibility is covered by current, valid and in effect insurance arrangements and that YOU will promptly pay any required co-pay amounts and unpaid deductibles. If YOU are receiving Medicare benefits for the services provided, an assignment of benefits includes those for physician services that were part of the HOSPITAL'S services to YOU.

YOU (patient or agent accepting financial responsibility) guarantee payment to the HOSPITAL for ALL NONCOVERED SERVICES and any unpaid, billed amounts not covered by insurance if the applicable benefit plan allows collection of the unpaid balance. YOU understand and accept that your physician's orders may include services not paid by benefit plans but will be provided to you by the HOSPITAL. Also, YOU accept that benefit plans may deny payment for what YOU believed were covered services resulting in your responsibility for paying for these services. YOU may be billed for the professional component of any hospital services, such as the professional component for clinical laboratory tests. If it becomes necessary, the Hospital can assist you in applying for financial assistance through Federal, State and Local programs.

Should any remaining account balance produce a financial burden to YOU, please inform the HOSPITAL of your hardship. The HOSPITAL will then give YOU the opportunity to apply for financial assistance.

VALUABLES

YOU accept full responsibility for your valuables especially money and jewelry. The HOSPITAL does not accept a liability for your valuables. The HOSPITAL expects YOU will entrust any valuables to family or friends for safekeeping or deposit them in the HOSPITAL safe provided for that purpose. This is especially important when you are an inpatient, but this responsibility also extends to when YOU are an outpatient and must change into a HOSPITAL gown, remove jewelry or be sedated for a procedure.

SPECIAL NOTE FOR MEDICARE OR CHAMPUS PATIENTS

YOU acknowledge and certify by your signature that all your information provided to the HOSPITAL for Medicare or Champus benefits is correct and YOU agree to allow the HOSPITAL OR OTHERS that have information on your Medicare or Champus benefits claim to provide the information to Medicare, Champus, or their agents in order for them to determine your eligibility for benefits. To carry out this activity, the HOSPITAL may use a copy rather than the original of this current form. YOU also, acknowledge receipt of the "Important Message from Medicare" or "Important Message from Champus" forms, which does not waive any of your rights for a review or make YOU liable for payment.



Patient: CONTRERAS, THOMAS J

MRN:000774899

Encounter:1028400050

Page 1 of 2

MRN: 000774699
GUTIERRES, THOMAS J
PHYS: DEHARCO, MD, JAMES R
ACCT#: 1020400050 10/11/10 0722

Roper Hospital

PART II

Consent to the Use and Disclosure of Protected Health Information

YOU agree to honestly, completely, and correctly provide all requested information and permit the HOSPITAL to share your medical record as applicable under the law with your physician, your insurers, Medicare, Medicaid, or their designated agents. They may review your record, copy it in full or in part in order to obtain billing and payment information and for insurers (private or government) to determine whether your services are covered by them. YOU agree to allow the HOSPITAL to use your record made during his visit at his time or later to meet its required reporting duties regarding your care and to collect payment for the services YOU received. YOU agree for your doctor to direct copies of your medical records to other physicians, hospitals, and other healthcare facilities, as they deem necessary for continuity of care. YOU also agree to have your name posted on scheduling boards and outside your hospital room.

Specific uses of your protected information

The HOSPITAL originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any other plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among the many health professionals who contribute to your care (this includes posting your name on scheduling boards or outside your patient room)
- A source of information for applying diagnosis and surgical information to your bill
- A means by which a third-party payer (usually your insurance company or the government) can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

Your signature below acknowledges that YOU received the Notice of Information Practices that provides a description of information uses and disclosure practices. YOU accept and understand that YOU:

- Have the right to review the NOTICE prior to signing this consent.
- Accept that the HOSPITAL reserves the right to change the NOTICE and its information practices, for past, current, or future information. The new notice will contain the effective date on its first page and be made available on our Web site.
- Have the right to object to the use of your health information for the HOSPITAL's patient directory.
- Have the right to request restrictions on the use or disclosure of your health information to carry out treatment, payment, or healthcare operations and to correct error(s) in your record. The HOSPITAL, however, is not required to agree to the restrictions requested.

- May revoke this consent in writing that YOU provide to the HOSPITAL. The revocation does not apply to any uses of your information made by the HOSPITAL in reliance upon this consent form and on the belief that your consent was still effective.
- Your signature acknowledges that YOU have been provided with information regarding the Lewis Blackman Patient Safety Act and the HOSPITAL's Patient Assistance Program as found in the RSHH Patient Handbook.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) PART I AND PART II AND FULLY UNDERSTAND AND AGREE TO THE CONTENT.

Patient / Agent [Signature] Date 6/21/16

If agent, what is relationship to patient? Parent, guardian, legal representative

Witness (when form is accepted verbally, by telephone or by electronic means) _____ Date _____

Revised: 03-05; 1/09



Patient: GUTIERRES, THOMAS J

MRN: 000774699

Encounter: 1020400050

Page 2 of 2

MRN: 000774899
CONTRERAS, THOMAS
DOB: [redacted]
PHYS: DEMARCO, MD, JAMES R

Short Form History and Physical Report

Pertinent history (as appropriate to the patient's condition)

17/12/2011
[Handwritten notes]



ACTE: 10284-00050 10/07/10

Physical Examination	Normal	Abnormal	IF Abnormal, Explain Below	
1. Mental Status	/			
2. Heart	/			
3. Chest/Lungs	/			
Physical Examination	Normal	Abnormal	Deferred	IF Abnormal, Explain Below
4. Head	/			
5. Ears, Nose, Throat	/			
6. Neck	/			
7. Neurological	/			
8. Lymph Glands	/			
9. Breasts	/			
10. Abdomen	/			
11. Genitalia/Vaginal	/			
12. Rectal	/			
13. Musculo-Skeletal	/			(2) [Handwritten]
14. Skin	/			
15. Other	/			

Assessment	Plan of Care
Previous problem(s) with sedation and/or anesthesia? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe: _____	<input type="checkbox"/> Local <input type="checkbox"/> Moderate sedation <input type="checkbox"/> Moderate sedation with local anesthesia <input type="checkbox"/> If General, see Anesthesia Record

Principal/preoperative diagnosis: (2) JH + HD [Handwritten]

Comorbid conditions: See notes

Course of action planned: SUPR NUA, DEBUDOMEN [Handwritten]

Physician Signature: [Signature] Date: 10/11 Time 0930

Update to the History and Physical if appropriate

The patient has had no changes

The patient has been re-examined and the following changes have occurred:

Physician Signature: _____ Date: _____ Time: _____

Origin Date: 06/02, Revised: 01/05, 07/05, 01/08, 07/09, 11/09, 3/10



CHART

Chm # 17000709406

CONTRERAS, THOMAS
10/19/2010 10:07:10

MRN: 1028400050 100710

PREANESTHESIA EVALUATION

REVIEW OF CLINICAL DATA PERTINENT PHYSICAL EXAM

Review of Clinical Data	Pertinent Physical Exam
<input checked="" type="checkbox"/> Yes Patient Medical History Reviewed	HEENT
<input checked="" type="checkbox"/> Yes Current Meds Reviewed	
<input checked="" type="checkbox"/> Yes Allergies Reviewed	Respiratory
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A Lab Results Reviewed	Cardiac
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A CXR Results Reviewed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A EKG Results Reviewed	Mental Status

ANESTHESIA HISTORY

<input type="checkbox"/> Yes <input type="checkbox"/> No Pl. Hx of Anesthesia Complications	ASA CLASSIFICATION
<input type="checkbox"/> Yes <input type="checkbox"/> No Family Hx of Anesthesia Complications	
<input type="checkbox"/> Yes <input type="checkbox"/> No History of Malignant Hypertension	

AIRWAY EVALUATION

Dentures: <input type="checkbox"/> None <input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Rapid Sequence Intubation
Difficult Teeth: <input type="checkbox"/> None <input type="checkbox"/> Yes	<input type="checkbox"/> Spinal	<input type="checkbox"/> MAC
Condition of Teeth: <i>OK</i>	<input type="checkbox"/> Epidural	<input type="checkbox"/> Epidural for PCPM
Airway Exam: <i>OK</i>	<input type="checkbox"/> Regional Block	<input type="checkbox"/> CVP
	<input checked="" type="checkbox"/> ART Line	<input type="checkbox"/> SWAN

Alternatives, risks of anesthesia, and potential complications were discussed. Patient and/or guardian state understanding and acceptance of anesthesia plan.

Regional Block Consent

Alternatives, benefits, risks and potential complications (including temporary and permanent nerve injury) of single injection peripheral nerve (SIPNB) and/or continuous peripheral nerve block (CPNB) for post operative pain management were thoroughly discussed. Patient and/or guardian acknowledge and accept the post operative pain management plan which includes:

SIPNB IS SC, IC, Fem, Pop, SAPH, SCS, ITB, paravert and/or CPNB IS SC, IC, Fem, Pop, paravert

Signature: *[Signature]* Date: *10/11/10* Time: *08:55*

Comments: *male - active - non smoker*
HEENT
GERD
asthma - mild
obesity
APD
0940
10-11-10

Signature: *[Signature]* Date: _____ Time: _____



Bon Secours St. Francis Hospital
2095 Henry Teckenberg Drive
Charleston, SC 29414
843-402-1000

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS	Account Number: 0828201311
Medical Rec. Number: 000774899	Birthdate:
Arrival Date: 10/08/2008 18:49	Primary MD: Patient has no PCP
Visit Date: 10/08/2008 19:01	

Vital Signs/Data

Time	Temp	Pulse	Respiration	Blood Pressure	O2 Sat	SpO2
19:01	98.1 F Oral	69 /min	18 /min	165/97 mm hg.	98% on Room air	7/10

Allergies

No known allergies (VS2 10/08/2008 19:01)

Chief Complaint

Soft tissue injury to posterior right shoulder. (VS2 10/08/2008 19:01)

Pre-Hospital Treatment

Patient arrived by private transportation. (VS2 10/08/2008 19:01)

Triage

Non-Urgent (VS2 10/08/2008 19:01)

No language barrier. (VS2 19:01)

History comes from patient. (VS2 19:01)

Onset of symptoms was about 1 hr ago. (VS2 19:01)

Patient has no history of tobacco use. (VS2 19:01)

Patient denies use of alcohol. (VS2 19:01)

Patient denies illicit drug use. (VS2 19:01)

Patient is triaged to the Main ER IWB. (VS2 19:01)

Height/Weight

Hgt: 68 inch (VS2 10/08/2008 19:01)

Wgt: 103.6 kg (VS2 19:01)

Current Medications

Patient is on medications. (VS2 10/08/2008 19:01)

Nursing Assessment

GENERAL

NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (VS2) 10/08/2008 19:01

MENTAL STATUS

Normal ambulatory status. Alert, oriented and fully verbal. (DD4) 10/08/2008 20:21

NEUROLOGIC

Alert and oriented x3. Speech clear. Responds to commands. Moves all extremities. (DD4) 10/08/2008 20:21

SKIN

Skin is warm, dry and intact with normal color and turgor. The skin over the right shoulder is intact without visible abrasion or laceration. There is pain and swelling noted over the right shoulder. No active bleeding noted over the right shoulder. No local drainage. (DD4) 10/08/2008 20:21

Bon Secours St. Francis Hospital
2085 Henry Teckenburg Drive
Charleston, SC 29414
843-402-1000

F

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS

Account Number: 0628201911

Medical Rec. Number: 000774899

Birthdate:

Arrival Date: 10/08/2008 18:49

Primary MD: Patient has no PCP

Visit Date: 10/08/2008 19:01

Nursing Assessment

HEENT

Eyes, ears and nose without visible drainage. Swallowing without difficulty. No reported change in hearing. No reported change in vision. (DD4) 10/08/2008 20:21

PULMONARY

Bilateral breath sounds clear. Respirations regular and unlabored. Mucous membranes and nail beds pink. (DD4) 10/08/2008 20:21

CARDIAC

Pulse regular, no complaint of chest pain. Peripheral pulses palpable. No peripheral edema. Capillary refill less than 2 seconds (DD4) 10/08/2008 20:21

ABDOMINAL

Abdomen soft, non-distended, non-tender. Bowel sounds audible. No complaint of nausea, vomiting, diarrhea, or constipation. (DD4) 10/08/2008 20:21

GU

Able to empty bladder without dysuria. No complaint of frequency or urgency. (DD4) 10/08/2008 20:21

SOFT TISSUE

Neurovascular exam intact. Normal upper extremity capillary refill (less than 2 sec). Normal radial pulse. (DD4) 10/08/2008 20:21

Clinician History of Present Illness

Right shoulder pain possibly from lifting weights (VS2) 10/08/2008 19:01 Exam started at 20:05 Presenting problem started few hours ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. No direct trauma. Patient developed injury while lifting weights. The skin over the right shoulder is intact. No active bleeding or abrasions. Patient complains of pain over the right shoulder. Had a characteristic pulling/reaching type of injury to the right shoulder. No history to suggest any head injury. The patient states that this problem is job related. (SJT) 10/08/2008 20:05

Past Medical and Surgical History

HTN-hypertension; Hypercholesterolemia; NIDDM; Asthma; S/P Shoulder surgery left (VS2) 10/08/2008 19:01

Review of Systems

Except as noted all other ROS negative. (SJT) 10/08/2008 20:05

Physical Exam

GENERAL:

The patient is a middle aged adult male in no acute distress. No evidence of significant external trauma. Vital signs OK. Vital signs reviewed. Alert. The patient appears to be comfortable. (SJT) 10/08/2008 20:05

PULMONARY:

Unlabored respiration - No respiratory distress. No evidence of local chest wall tenderness or external injury. (SJT) 10/08/2008 20:05

NEUROLOGIC:

No motor deficit. No sensory deficit. Alert. (SJT) 10/08/2008 20:05

Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
843-402-1000

F1

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS

Account Number: 0928201311

Medical Rec. Number: 000774899

Birthdate:

Arrival Date: 10/08/2008 18:49

Primary MD: Patient has no PCP

Visit Date: 10/08/2008 19:01

Physical Exam

MUSCULOSKELETAL:

The patient has mild to moderate joint pain with movement of the right shoulder. Moderately tender to palpation over the right shoulder. No evidence of soft tissue swelling over the right shoulder. No palpable effusion over the right shoulder. The area over the right shoulder shows no sign of contusion. No evidence of hematoma at this site. The overall exam surrounding the right shoulder is consistent with a mild to moderate sprain/strain. Normal AC joint exam. Normal clavicular exam. Humeral head palpable with no defect. Abnormal biceps tendon exam. Normal rotator cuff and bursa exam of the shoulder. Normal shoulder alignment. Distal neurovascular exam normal. The biceps tendon is tender to palpation along the course of the bicipital groove. Contraction of the biceps causes pain along the course of the long head of the biceps tendon. Normal exam of the supraspinat. muscle and tendon. The superior bursa of the shoulder is normal with no evidence of edusion. (SJT) 10/08/2008 20:05

SKIN:

The right elbow is non tender and the patient has a normal adjacent chest wall exam surrounding this shoulder. The skin over ti right shoulder is intact with no lacerations or significant abrasions. Skin color is normal. (SJT) 10/08/2008 20:05

SOFT TISSUE:

The rest of the soft tissue exam is normal. (SJT) 10/08/2008 20:05

Progress Notes

The exam supports a bicipital tendinitis. (SJT) 10/08/2008 20:05

Primary Diagnosis

Bicipital Tendinitis, right shoulder (SJT 10/08/2008 20:19)

Non-Drug Orders

PATIENT SPECIFIC DATA weight: 193.50kg/228.4lb;

Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)

PATIENT SPECIFIC DATA height: 172.72cm/68.0in;

Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)

XR SHOULDER 2 VIEW MIN - Injury Right

Entered (ER 10/08/2008 20:15) In Progress (ER 20:34) MD Sign (SJT 20:15) Notes: Taken to X-ray. Returns from X-ra (DD4 20:03)

Results

XR SHOULDER 2 VIEW MIN - Injury Right - films were reviewed by me. (SJT 10/08/2008 20:55)

No radiographic evidence of acute fracture. (SJT 20:55)

No radio-opaque foreign body noted. (SJT 20:55)

No significant degenerative or osteoporotic changes on plain films. (SJT 20:55)

Normal joint space. (SJT 20:55)

Disposition

Patient discharged from department. Condition at discharge - stable. I have reviewed the chart of THOMAS CONTRERAS and is ready for final disposition. STEVEN J TAYLOR MD MD. (SJT) 10/08/2008 20:33 Patient discharged from department. Discharged home. Left department with family. Verbalizes understanding of after care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. A disposition has been done for THOMAS CONTRERAS. The dispositioning nurse is DORIS L DAVIS RN (electronic signature). Patient removed from Tracking Board by DORIS L DAVIS RN. (DD4) 10/08/2008 21:05

Bon Secours St. Francis Hospital
 2085 Henry Tecklenburg Drive
 Charleston, SC 29414
 843-402-1000

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS Medical Rec. Number: 000774899 Arrival Date: 10/08/2008 18:49 Visit Date: 10/08/2008 19:01	Account Number: 0828201311 Birthdate: Primary MD: Patient has no PCP
--	--

Discharge Instructions

SHOULDER PAIN
 Your right shoulder pain is due to one of several possible conditions. Tendinitis, bursitis, or an injury to the tendons that surround the joint (the rotator cuff) can all cause similar pain and difficulty moving the shoulder. All these conditions can also lead to a "frozen" immobile shoulder if they are not treated properly. The treatment of these problems is similar:
 * Rest the shoulder and avoid any painful movements for the next week. Use a sling for comfort if needed.
 * Apply ice packs every few hours to the shoulder for 2-3 days; then begin heat treatments to improve motion when the pain is better.
 * Medicine to reduce inflammation and pain is often very helpful.
 * Cortisone-like medicine injected into the bursa or around an inflamed tendon can also bring prompt relief. This is usually considered if rest, ice, and medications do not bring relief.
 * Shoulder rehabilitation exercises are important in preventing a frozen joint. When your pain improves you should bend forward and gently swing your arm like a pendulum 3-4 times daily to help restore motion. Please see your doctor for further care as advised. Flabby shoulder pain is caused by heart problems; call your doctor, 911, or the emergency room right away if you have severe chest pain, weakness, snoring, breathing difficulty, or nausea.

Additional Instructions

Limit position or activity that makes pain worse. Cold packs to tender area 3-4 times a day. No heat. Take Ibuprofen (Motrin) 800mg (4 tablets) at 11PM, 7AM, 3PM for 1 week. This can recur, so be careful with weight lifting in the future. (SJT) 10/08/2008 20:23

Diagnosis Codes

- 728.12 Bicipital Tendonitis Primary Diagnosis: Y
- 250.00 NIDDM
- 272.4 Hypercholesterolemia
- 401.1 Borderline diastolic BP determination this visit
- 401.1 Moderate elevation of systolic BP this visit
- 401.9 Hx of Hypertension
- 493.00 Asthma
- 719.41 Local tenderness to palpation over right shoulder
- 719.41 Pain involving the right shoulder
- 719.41 Pain with movement of right shoulder
- 728.12 Bicipital tendonitis
- 840.9 Sprain/strain of the right shoulder
- 859.2 Soft tissue injury posterior right shoulder
- E917.9 Blunt shoulder injury
- E927 Lifting injury
- V13.8 NIDDM

CPT Codes

- 73030-52
- 94750
- 99284
- 99455

Print Date: 10/08/2008 21:07

Confidential Medical Record

Page 4 of 5

Patient: **CONTRERAS, THOMAS**

MRN: 000774899

Encounter: 0828201311

Page 4 of 5

Staff Legend
DDA DORIS DAVIS RN
SJT STEVEN TAYLOR MD MD
VGS VICKIE SMITH RN

Print Date: 12/09/2008 21:57

Confidential Medical Record

Page 5 of 5

Patient: CONGRESS, THOMAS

MRN: 000774899

Encounter: 0828201311

Page 5 of 5

Non Trauma St. Francis Hospital

NAME: CONZUELOS, THOMAS
Exam Date: 10/08/08 2016
Ord. Phy.: TAYLOR-MD, STEVEN J

MR#: C000774899
DOB: [REDACTED]
Pt. Phone#: (843) 769-4429
Ord. Phy. #: (843) 402-1037
Phy. Fax #: 8434021285

TAYLOR-MD, STEVEN J
2095 HENRY TECHENBURG DR
DEPT OF EMERGENCY MED
CHARLESTON SC 29414

Acct. Num : C0828201311
Pat Type : ERC

Chk-in # Order Exam XR SHOULDER 2 VIEW MINOR
2084565 0001 30274
Ord Diag: Injury

RIGHT SHOULDER, THREE VIEWS: 10/08/08

COMPARISON: None

INDICATION: Injury, pain

FINDINGS:

No fracture, dislocation, lytic or sclerotic osseous lesion. No significant glenohumeral joint change. There is minimal hypertrophic change at the AC joint. The visualized thorax is normal.

IMPRESSION:

Minimal hypertrophic change at the AC joint; otherwise negative right shoulder series.

dx

Transcriptionist: DOMINIC E. HADLEY
Reading Radiologist: WILLIAM J. BRADY MD
Releasing Radiologist: WILLIAM J. BRADY MD
Released Date Time: 10/08/08 2224

FINAL

2095 Henry Technburg Drive, Charleston, S.C. 29414 * (843) 402-1079

Patient: CONZUELOS, THOMAS

MR#: C000774899

Encounter: 0828201311

Page 1 of 1

TriCounty Radiology Associates

(843) 523-9600
 17001 Charleston
 Summerville
 West Ashley

PATIENT: Contreras, Thomas
 DOB:
 MRN: 412212
 PHYSICIAN: David Jaskwich, MD
 DATE: 8/26/2009

EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Surgery in January with persistent pain. Injury to shoulder lifting weights one year ago. Surgery in January 2009. Continued pain.

TECHNIQUE: Following standard right shoulder arthrogram, axial T1 proton density, axial, sagittal and coronal, coronal T1-weighted with and without fat sat MRI images of the right shoulder obtained on a high-field 1.5 Tesla MRI.

CONTRAST: Please see report of right shoulder arthrogram for contrast dosing.

FINDINGS: The arthrogram and MRI procedures are both limited by motion artifact and several series repeated on the MRI secondary to motion. The fluid signal in the anterior aspect of the deltoid is related to anesthesia as the patient moved during the examination and approximately three attempts were made at arthrogram with the final attempt successful for an intra-articular injection. The amount of contrast in the joint had resorbed and decompressed prior to the MRI examination. Some of the contrast decompressed beneath the subscapularis muscle, and this can be seen as a variant of normal.

There is mild to moderate osteoarthritis of the acromioclavicular joint. The acromion is type II. No Hill-Sachs or Bankart deformities. Postoperative change identified of the labrum. There is thickening and irregularity of the anterior labrum and thickening of the middle glenohumeral ligament. This may be related to prior resection or a nondisplaced labral tear from the 2 o'clock through the 5 o'clock position. There is some contrast imbibement at the 2 o'clock through the 3 o'clock position. Trace fluid in the subdeltoid bursa suggesting mild bursitis. No significant contrast in the subdeltoid bursa. The minimal contrast anteriorly is related to the injection site. Mild undersurface irregularity suggesting low grade articular-sided partial tear or prior resurfacing. Minimal increased signal in the supraspinatus and infraspinatus tendons consistent with tendinopathy. No significant brightening on the T2-weighted images. This is consistent with tendinopathy. The subscapularis and teres minor tendons appear intact. The biceps tendon is in the expected location. The intra-articular portion of the biceps tendon demonstrates a mild increased signal and mild thickening suggesting tendinopathy. No significant muscular atrophy or edema of the supraspinatus, infraspinatus, subscapularis or teres minor muscles. There is also irregularity of the superior labrum from the 9 o'clock to 12 o'clock position again suggesting prior repair or a nondisplaced tear. Mild osteoarthritis of the glenohumeral joint.

The MRI and the arthrogram portions of the examination were limited by motion artifact. Several series of the MRI were repeated secondary to motion artifact and several attempts at the arthrogram were made secondary to motion during that examination.

IMPRESSION:

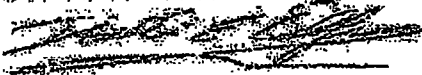
1. Mild articular-sided irregularity of the supraspinatus and infraspinatus tendons suggesting low grade articular-sided partial tear versus prior resurfacing.
2. There is also mild tendinopathy of the supraspinatus and infraspinatus tendons. No full thickness tendon tear is seen.
3. Irregularity of the glenoid labrum from the 9 o'clock through the 5 o'clock position suggesting prior repair or resurfacing versus a nondisplaced labral tear. Recommend correlation with prior operative note.
4. Mild tendinopathy of the intra-articular portion of the biceps tendon.
5. Mild to moderate osteoarthritis of the acromioclavicular joint and mild osteoarthritis of the glenohumeral joint.
6. Postoperative changes noted.

Donald E. Olofsson, DO
 DO/1b

Patient Name: Contreras, Thomas
MRN: +12212
EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

DD: 8/27/2009 / DT: 8/27/2009
JOB: 8784919

This document has been reviewed and electronically signed by



TriCounty Radiology Associates

(843) 525-0800
North Charleston
Summerville
West Ashley

PATIENT: Contreras, Thomas
DOB:
MRN: 412212
PHYSICIAN: David Jaskwich, MD
DATE: 8/26/2009

EXAM: ARTHROGRAM RIGHT SHOULDER PRIOR TO MRI

HISTORY: Right shoulder pain.

PROCEDURE: During the patient interview and discussion, risks, benefits and indications of shoulder arthrogram were discussed. Risks including but not limited to bleeding, infection, and possible examination failure and need for repeat were discussed. The patient expressed understanding and gave verbal and written consent to proceed. Following standard sterile prep and drape and utilizing approximately 3 cc of 1% lidocaine without epinephrine for local superficial and deep soft tissue anesthesia, a 22-gauge needle was passed into the glenohumeral joint under fluoroscopic monitoring. Injection of approximately 1 cc of Isovue 300 iodinated contrast to ensure the intraarticular position of the needle. Then, injection of gadolinium contrast performed to achieve good glenohumeral joint distension. Approximately 10 cc of the standard gadolinium mixture was instilled into the shoulder joint. Standard gadolinium contrast mixture was obtained by combining 15 cc of gadolinium solution drawn of a mixture of 0.2 cc of Magnevist gadolinium contrast and 50 cc of normal saline at an approximate 1:200 dilution, and this was mixed with 5 cc of 0.25% bupivacaine. The needle was removed and hemostasis achieved. Limited FluoroSpot images were obtained to document the intraarticular contrast. The patient tolerated the procedure well with no immediate complications. The patient was dismissed to the MRI for subsequent imaging.

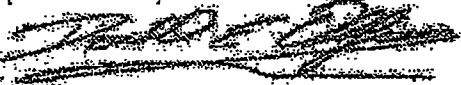
IMPRESSION:

1. Post right shoulder arthrogram. Please see report of MRI for complete dictation.
2. Difficult arthrogram secondary to mild patient motion during the examination. Small amount of iodine contrast instilled in the subdeltoid bursa and the gadolinium contrast was verified under direct fluoroscopic guidance to be within the glenohumeral joint.
3. The MRI was delayed by approximately 30 minutes secondary to technical factors and prolonged imaging of the patient prior to this examination. Some of the contrast resorb prior to the MRI images.

Donald E. Olafsson, DO
DO / lb

DD: 8/26/2009 / DT: 8/26/2009
JOB: 8779254

This document has been reviewed and electronically signed by



TRIDENT DIAGNOSTIC SERVICES
9313 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-797-4917
FAX #:

Name: CONTRERAS, THOMAS JR
Phys: BURLESON, ASHLEY
DOB: Age: 47 Sex: M
Acct: D00030439773 Loc: D.TDS
Exam Date: 01/20/2009 Status: DEP CLI
Radiology No:
Unit No: D000477805

EXAMS:
002243045 CHEST AP/PA

EXAM REASON::
PRE OP

INDICATION: Anesthesia clearance.

FINDINGS: A single frontal view of the chest was obtained. Heart size and pulmonary vasculature are within normal limits. Lungs are clear.

IMPRESSION: No active cardiopulmonary disease

** Electronically Signed by JAMES D. TAGGART MD **
** on 01/20/2009 at 1517 **
Reported and signed by: JAMES D. TAGGART, MD

CC: ASHLEY BURLESON; DAVID W SEIGNIOUS

Dictated Date/Time: 01/20/2009 (1517)
Technologist: CHINYERE S RUMPH
Transcribed Date/Time: 01/20/2009 (1517)
Transcriptionist: RAD.VR
Electronic Signature Date/Time: 01/20/2009 (1517)
Orig Print D/T: S: 01/20/2009 (1518)
Reprint D/T: 01/26/2009 (1316) BATCH NO: N/A

PAGE 1

Signed Report Printed From PCI



Physician's Statement

Claimant's Name: Thomas Contreras Employer's Name: ST JOHN'S FIRE & ST COMM
Physician's Name: James R. Demarco Insurance Carrier: State Accident Fund
Practice/Clinic: Palmetto Orthopaedics SCWCC File No: 0822640
Preparer's Name: _____
Phone: _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 10/08/2008

Date of first office visit: 8-6-10 Date of last visit: 8-7-12

Diagnosis or nature of injury or illness: Rt Shoulder Injury

Body part(s) injured: Rt Shoulder Body part(s) affected: _____

Date of Maximum Medical Improvement: _____

Based on the AMA Guidelines, the claimant has sustained a 9 % medical impairment to Upper Rt injured body part(s) and a 10 % medical impairment to Shoulder other affected body part(s).

The claimant is able to return to work without restrictions: THIS IS A CONVERSION

The claimant is able to return to work with the following restrictions: OF RT UE TO RT SH
NEEDS

The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

_____ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Treating Physician: [Signature] Date: 9/11/12

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC FILE NO.: 0822640

THOMAS CONTRERAS,) Employee,) Claimant,)

-vs-

ST. JOHNS FIRE DISTRICT) DEPOSITION OF:) THOMAS CONTRERAS) Employer,) April 29, 2013

and

STATE ACCIDENT FUND,) Carrier.)

The deposition of THOMAS CONTRERAS, taken before Lynda A. Bousquet, Professional Court Reporter and Notary Public, at the law offices of Howell & Christmas, 250 Mathis Ferry Road, Suite 102, Mt. Pleasant, South Carolina, on Monday, April 29, 2013, at 3:12 p.m.

1 INDEX 2 Witness: 3 Contreras, Thomas (sworn) 4 5 Examination by Ms. Urbanic 4 6 Examination by Mr. Christmas 37 7 Reporter's Certificate 44 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

EXHIBITS

(No exhibits were proffered.)

APPEARANCES

REPRESENTING THE EMPLOYEE/CLAIMANT: GARY CHRISTMAS, ESQUIRE Howell & Christmas 250 Mathis Ferry Road Suite 102 Mt. Pleasant, SC 29464 gc@howellandchristmas.com

REPRESENTING THE EMPLOYER/CARRIER:

MARGARET M. URBANIC, ESQUIRE Clawson & Staubes 126 Seven Farms Drive, Suite 100 Charleston, SC 29492 purbanic@clawsonandstaubes.com

1 (THOMAS CONTRERAS, having been first 2 duly sworn, testified as follows:) 3 EXAMINATION BY MS. URBANIC: 4 Q Is it Contreras? 5 A Contreras. 6 Q Okay. I think we've met a year or so ago. 7 Vaguely, I remember that. 8 A Uh-huh. 9 Q My name is Peggy Urbanic. I represent the 10 St. Johns Fire District and the State Accident Fund 11 with regard to your Workers' Compensation case. I'm 12 here to take your deposition, which I'm sure your 13 attorney's explained to you, but basically I'm just 14 going to ask you some questions: 15 A Okay. 16 Q If you don't understand one of my questions, 17 just let me know. I'm happy to rephrase it for you. 18 Okay? 19 A Okay. 20 Q Can I get your full name, please. 21 A Thomas Contreras, Jr. 22 Q And where are you currently residing? 23 A Charleston, South 24 Carolina 29407. 25 Q Okay. Great. Does anybody live with you?

1 A My wife.
 2 Q Okay.
 3 A My father-in-law and my mother.
 4 Q So your father-in-law and your mother. So
 5 you have got both sides represented?
 6 A Uh-huh.
 7 Q Is that a yes?
 8 A Yes.
 9 Q I just need you to say yes or no because
 10 she's taking it all down. What's your wife's name?
 11 A Renee.
 12 Q And your father-in-law's name?
 13 A Stanley Latarry.
 14 Q And your mother?
 15 A Maria Contreras.
 16 Q And does your wife work?
 17 A She's working temporary now.
 18 Q What type of work does she do?
 19 A She's a legal assistant.
 20 Q Oh, okay. Very good. Do you know where
 21 she's working currently?
 22 A No, I don't know. I know where it's at.
 23 Q Where is it at?
 24 A Downtown. It's downtown. Right by Tommy
 25 Condon's. Right across from it.

1 Q Okay. Now, do you support your
 2 father-in-law and mother?
 3 A No.
 4 Q No. So they are not relying on you for
 5 income in any way?
 6 A No.
 7 Q They just reside with you?
 8 A Right.
 9 Q Is that right? Do you have any children?
 10 A Yes.
 11 Q How old are your children?
 12 A My daughter is 24. My son is 28.
 13 Q Is that it?
 14 A That's it.
 15 Q Okay. Do either one of your children rely
 16 on you for income?
 17 A No.
 18 Q Do you support them in any fashion?
 19 A No.
 20 Q Okay. All right. How far did you go in
 21 school?
 22 A High school.
 23 Q Any vocational, technical school after
 24 that?
 25 A No.

1 Q And you're currently how old?
 2 A Fifty-one.
 3 Q All right. And obviously you have worked as
 4 a firefighter. What other type of work have you done
 5 as an adult?
 6 A I worked for Domino's Pizza. I installed
 7 fireplaces. I did landscaping. Let's see. Home
 8 Depot. I work at a bowling alley.
 9 Q Okay. How long were you a firefighter?
 10 A Twenty-two years. Twenty-two.
 11 Q And did you work at any of these other
 12 places while you were a firefighter?
 13 A The bowling alley and Home Depot for a
 14 little bit.
 15 Q And what did you do at the bowling alley?
 16 A Front desk clerk.
 17 Q Which one?
 18 A Charleston Lanes on Savannah Highway.
 19 Q And how long ago was that?
 20 A I've been with them 12 years now.
 21 Q So you're still with them?
 22 A Yes.
 23 Q Okay. Great. How many hours a week are you
 24 working there?
 25 A About 14, sometimes a little more.

1 Q On average about 14?
 2 A Uh-huh.
 3 Q Is that a yes?
 4 A Yes.
 5 Q Okay. And how much are they paying you?
 6 A 9.18 an hour.
 7 Q And who is your supervisor there?
 8 A Johnny Wise.
 9 Q And you said you're just doing the front
 10 desk. What is that? Checking people in, giving them
 11 the shoes?
 12 A Yes.
 13 Q That kind of stuff?
 14 A Yes. And I do league coordinator too where
 15 I keep up with the paperwork for the leagues.
 16 Q And is that you only work part-time, is that
 17 just because they don't need you full-time or --
 18 A They don't have no full-time. They decided
 19 to do all part-time.
 20 Q Okay. They don't want to pay anybody
 21 benefits?
 22 A Yeah. They won't tell you that, but that's
 23 the reason.
 24 Q Okay. Is that mostly a standing job, a
 25 sitting job?

2 (Pages 5 to 8)

Southeastern Transcript, Inc. (843) 762-2442

Electronically signed by Lynda Bousquet (001-369-759-3178)

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1 A If I'm working the front desk, it's
2 standing. If I'm doing league coordinator work, I'm
3 sitting.
4 Q Great. And I think you said you have also
5 worked at Home Depot while you were a firefighter.
6 How long ago was that?
7 A About 15 years ago.
8 Q Okay. And was that just as a sales clerk
9 there?
10 A Lot attendant. I took care of-- helped
11 people put stuff in their cars, put shopping carts
12 back, find something for a customer.
13 Q Okay. Great. So the Domino's Pizza, a
14 fireplace installer, and landscaper, was that all
15 before you became a firefighter?
16 A Yes.
17 Q And I realize you're no longer working as a
18 firefighter; is that correct?
19 A Right.
20 Q And have you looked for any other work since
21 leaving the fire district? You're working at the
22 bowling alley, but have you looked for anything else
23 work-wise?
24 A Yes.
25 Q What kind of work have you looked for?

1 A I applied at Wal-Mart, CarMax, and been
2 looking at some federal jobs, but --
3 Q What kind of federal jobs do we have in
4 Charleston, out of curiosity?
5 A Well, most of them aren't in Charleston.
6 That's the problem. I have been looking for what I
7 did in the Army, finance clerk. I tried to get into
8 some type of immigration job, but --
9 Q And are those jobs you have applied online
10 or have you just looked at them or --
11 A Online.
12 Q Online. You actually applied for some of
13 those jobs?
14 A Yeah.
15 Q Have you gotten a response back from the
16 government?
17 A Nothing.
18 Q Nothing. And was that recently you applied
19 for that type of work?
20 A Probably about two months ago.
21 Q Okay. All right. And I think you said
22 Wal-Mart, CarMax. When did you apply at Wal-Mart?
23 A When?
24 Q Uh-huh.
25 A Six months ago.

1 Q Was that just as a store clerk-type
2 position?
3 A Yes.
4 Q And did you get any response back from
5 that?
6 A I didn't pass their little test that they
7 gave me.
8 Q They've got a test?
9 A Yeah.
10 Q What's the test?
11 A It's one of those tests where they ask the
12 employees if you saw somebody take a soda out the
13 fridge, out the cooler, what do you do, you know: A,
14 tell the employee, B, nothing, or tell the
15 supervisor, you know, like that.
16 Q And how did you answer?
17 A Some of them, I said tell the supervisor,
18 but some of them I told them I would just tell the
19 employee to put it back, you know.
20 Q That's the wrong answer?
21 A Right. That's what my daughter told me.
22 That's the wrong answer. You got to tell the
23 supervisor and all of them, so.
24 Q Okay.
25 A I guess that's why I --

1 Q Didn't get it. I didn't know they had a
2 test.
3 A Uh-huh. All these jobs, even AMF has a
4 test. All of them do.
5 Q And CarMax, was that for sales?
6 A That was finance rep, was it? It was
7 working in the office.
8 Q And what happened with that job?
9 A I never heard anything about it.
10 Q Never heard back?
11 A Hu-huh.
12 Q Do you think if you got like a finance
13 clerk-type position like that you could do that type
14 of work?
15 A Well, I love that.
16 Q You like that type of work?
17 A I love numbers.
18 Q I don't. So you think you could sit at a
19 desk job, do that type of work all day without any
20 problem?
21 A Yeah.
22 Q And you mentioned you were in the Army?
23 A Uh-huh.
24 Q When were you in the Army?
25 A '79 through '84.

1 Q And you said you did finance clerk-type
 2 position in the Army?
 3 A Yes.
 4 Q Did I hear that? Are you fluent in any
 5 languages?
 6 A Spanish.
 7 Q And have you looked for any languages to use
 8 your Spanish skills? Have you looked for any jobs to
 9 use your Spanish skills?
 10 A No.
 11 Q No. You mentioned the immigration. Was
 12 that in hopes -- I mean, would that tie into your
 13 Spanish-speaking abilities?
 14 A Yes. Yeah.
 15 Q Was that like an immigration officer or some
 16 other --
 17 A Yes.
 18 Q I don't know what other jobs they had with
 19 the immigration within the federal government. I
 20 always think of the immigration officers. There
 21 might be something else. I don't know. You applied
 22 for immigration officer?
 23 A Yeah, and some title like that. I'm not
 24 going to tell you. I don't know exactly what it was.
 25 Q Do you know what the job expectations were

1 into that.
 2 Q Gotcha. All right. So any other thoughts
 3 as to what type of work you might be able to do or
 4 other jobs you're going to look into?
 5 A I take care of -- I take care of a little
 6 snack route but --
 7 Q Okay.
 8 A That's it.
 9 Q Is that with a company or is that --
 10 A That's -- I own that.
 11 Q Oh, you own it?
 12 A Yeah.
 13 Q So what does that mean? Are you filling up
 14 snack machines?
 15 A Yes.
 16 Q And how many hours a week does that take?
 17 A About three.
 18 Q And how long have you been doing that type
 19 of work?
 20 A Since '95.
 21 Q Oh, okay.
 22 A Everything I do, I always stick with it.
 23 Q You do. Yes. Okay. And how much do you
 24 earn off the snack route?
 25 A That, I have never made no money off of that

1 for that? I mean, was it like a desk job? Was it
 2 out --
 3 A It was doing paperwork.
 4 Q All right. Any other jobs you have looked
 5 for? Nothing else recently?
 6 A No.
 7 Q Any other -- have you thought about doing
 8 any other type of work? Any other plans for the
 9 future?
 10 A Yeah. I want to work.
 11 Q I mean, I just didn't know if you thought
 12 about it.
 13 A I was hoping to get the manager's job at
 14 AMF, but that didn't work, so.
 15 Q At AMF, the bowling alley?
 16 A Yes.
 17 Q When did you apply for that?
 18 A I didn't apply. They moved a manager from
 19 somewhere else, but they transferred over.
 20 Q Was that recently?
 21 A About six months.
 22 Q All right. But you could have done that
 23 position had you gotten it?
 24 A That was my goal eventually once I retired
 25 from the fire department, hopefully be ready to move

1 route for nothing.
 2 Q You've never made any money off of it?
 3 A Hu-huh.
 4 Q Why do you do it?
 5 A Just to have something to do. It's at the
 6 fire stations, so I can't charge a lot of money,
 7 so.
 8 Q So all the machines are at the different
 9 fire stations?
 10 A Yeah. It's four, I think.
 11 Q Okay. Gotcha. Okay. You said you were a
 12 firefighter for, was it 22?
 13 A Twenty-two.
 14 Q Twenty-two years. How long were you
 15 planning to work as a firefighter?
 16 A Fifty-five.
 17 Q Till age 55?
 18 A Yes.
 19 Q Would that have been 25 years in the
 20 service?
 21 A That'd give me 28.
 22 Q Twenty-eight. And what was your rank when
 23 you left firefighting?
 24 A Captain.
 25 Q Captain. Did that entail some

1 sedentary-type duties, administrative duties as
2 captain?
3 A Everything.
4 Q Everything?
5 A Yes.
6 Q Okay. The whole job at that point?
7 A Everything. Supervising, paperwork. I was
8 responsible for the station, the trucks, the guys,
9 the property out there.
10 Q Uh-huh.
11 A You know.
12 Q Making the schedule for the guys, I'm sure.
13 A Not the schedule. That was the chief's job.
14 Q Oh, okay. All right. But mostly what you
15 did on a regular basis the time you made captain was
16 more administrative-type work?
17 A No.
18 Q No? So when you're captain, tell me what
19 was your typical day like as captain at the fire
20 station.
21 A I came in. The guys had to check the trucks
22 off. I had to make sure they did that. We had daily
23 duties to do for the day, which could consist of
24 cutting grass, windows. And I also had to make sure
25 our reports were done for the last shift, and I

1 supervised everybody.
2 Q How many guys did you supervise?
3 A It could go from two to five.
4 Q Okay.
5 A When I was at Kiawah, I had five guys.
6 Q Is that the bigger, one of the bigger
7 stations?
8 A Yes.
9 Q And how long were you a captain?
10 A About seven years.
11 Q And then who was your direct supervisor?
12 A Battalion Chief Lohr.
13 Q And did you ever deal with Chief -- is it
14 Stanley? I don't think -- he wasn't the fire chief
15 when you were there?
16 A He was operations chief.
17 Q Yeah, but I think he's now acting as the
18 full chief now that --
19 A Uh-huh.
20 Q -- other guy up and left.
21 A Uh-huh.
22 Q But you did deal with Chief Stanley as
23 operations chief --
24 A Yes.
25 Q -- back when you were there? And this

1 incident happened back in 2008, October 8th?
2 A Yes.
3 Q 2008. And how did that -- tell me briefly
4 how the accident happened.
5 A I was exercising, lifting weights. And when
6 I lift the weight up, my shoulder popped. And this
7 side came down. I had to get the guy that was with
8 me to pull it off me.
9 Q That was your right shoulder?
10 A Yes.
11 Q Are you right-handed or left-handed?
12 A Left-handed.
13 Q And I understand you have had some surgeries
14 to your right shoulder?
15 A Four.
16 Q Four. As we're sitting here today, how is
17 your right shoulder doing?
18 A Hurts.
19 Q Can you raise it up as much as you need to
20 raise it up? I mean, can you lift your arm over your
21 head?
22 A Yes.
23 Q Any problems raising your arm over your head
24 with your shoulder?
25 A I can raise it up, but I can't keep it up.

1 Q If you had to get something out of a, you
2 know, one of your top kitchen cabinets, could you do
3 it with your right arm if you had to get a bowl or
4 something down from a cabinet?
5 A My first option would be to ask my wife to
6 get it for me.
7 Q If your wife's not home.
8 A Yes. If I had to, yes.
9 Q Any problems lifting with your right arm?
10 A Yes.
11 Q How heavy an object do you think you could
12 lift with your right arm?
13 MR. CHRISTMAS: Let's correct the
14 record. I think you keep going back and
15 forth between left and right. Do you mean
16 left and right or are you trying to say
17 right every time?
18 MS. URBANIC: I thought I was saying
19 right every time.
20 MR. CHRISTMAS: No. There's a couple
21 lefts in there, but just so we know we're
22 talking about the right arm --
23 MS. URBANIC: I'm talking about the
24 right arm.
25 MR. CHRISTMAS: Just making sure we're

1 clear.
 2 MS. URBANIC: Sorry.
 3 MR. CHRISTMAS: No problem.
 4 BY MS. URBANIC:
 5 Q How heavy an object do you think you can
 6 lift with your right arm?
 7 A As far as pounds?
 8 Q Yeah. Or give me an example of an object if
 9 it's easier.
 10 A My granddaughter.
 11 Q How old is your granddaughter?
 12 A Two.
 13 Q Two. So how much does she weigh roughly?
 14 A Fifteen pounds.
 15 Q Fifteen pounds?
 16 A Yeah.
 17 Q That's awfully small for a two-year-old.
 18 A That's the last time that I heard.
 19 That's -- I don't know about -- I guess she's more
 20 now.
 21 Q But if you had to lift up your granddaughter
 22 with your right arm, you could lift her up with your
 23 right arm?
 24 A I would do it first with my left arm. I
 25 wouldn't try with my right one.

1 Q I'm trying to get an idea what you can and
 2 can't do with your right arm. That's why. Could you
 3 lift up a gallon jug of milk with your right arm off
 4 the table?
 5 A I can take it out like that. To lift it up,
 6 that would hurt.
 7 Q All right. Any activities that you don't do
 8 now because of the problem with your right shoulder?
 9 A I try not to do anything overhead.
 10 Q And what sort of activities would that be
 11 for you?
 12 A If I had to -- like if I was cleaning
 13 windows. I know one thing that I want to do but I
 14 can't do is like trim the limbs off of a tree. I
 15 have a pole bar. I can't hold it up like that.
 16 Q Okay.
 17 A So I don't do that.
 18 Q Okay. Anything else that comes to mind?
 19 A I don't pull with my arm, with that arm.
 20 You know, like if I'm getting in the car or
 21 something, I won't pull myself in to grab the
 22 steering wheel and pull.
 23 Q All right. And have you seen any doctors
 24 recently for your right shoulder?
 25 A Recently?

1 Q Yeah.
 2 A No. Not since Dr. DeMarco cut me off.
 3 Q You haven't --
 4 A Or let me go.
 5 Q Do you have a regular family doctor?
 6 A Yes.
 7 Q Who is family doctor?
 8 A Dr. David Seignious.
 9 Q And where is he?
 10 A On Johns Island on Maybank Highway.
 11 Q And do you go to him on any regular basis
 12 for any reason?
 13 A Yes.
 14 Q What do you go to him for?
 15 A He treats me for my diabetes, if I have a
 16 cold or something.
 17 Q Have you ever seen him for your right
 18 shoulder?
 19 A I have asked him questions, you know, but I
 20 have never gone to him to see him. I have asked him
 21 questions just to see what Dr. DeMarco is saying and
 22 what he seems to think, you know. So he's my doctor,
 23 so I let him know what's going on.
 24 Q Has he ever prescribed medication for you?
 25 For your shoulder?

1 A No.
 2 Q Sorry. I shouldn't have meant that in
 3 general. I'm sure he's prescribed medication for
 4 you. Is your diabetes under control?
 5 A Yes.
 6 Q All right. Now, have you injured any other
 7 body parts other than your right shoulder?
 8 A My left shoulder.
 9 Q Okay. And when did you injure your left
 10 shoulder?
 11 A I think that was in 2006.
 12 Q So that was before the injury to your right
 13 shoulder?
 14 A Yes.
 15 Q And what did you do to your left shoulder?
 16 A Same thing I did to this shoulder, tore a
 17 muscle.
 18 Q Tore a muscle?
 19 A Uh-huh.
 20 Q How did you do that?
 21 A Weight lifting, weights.
 22 Q Exact same thing?
 23 A Yes.
 24 Q And you had surgery to your left shoulder as
 25 well?

6 (Pages 21 to 24)

Southeastern Transcript, Inc. (843) 762-2442

Electronically signed by Lynda Bousquet (001-369-759-3178)

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1 A Yes.
 2 Q And you had a Workers' Comp claim?
 3 A Yes.
 4 Q For your left shoulder? And is your left
 5 shoulder, is that -- how is that doing?
 6 A It hurts sometimes but --
 7 Q How often does your left shoulder hurt?
 8 A Once or twice a week.
 9 Q Is your left shoulder as bad as your right
 10 shoulder?
 11 A No.
 12 Q Can you raise your left shoulder overhead?
 13 A I can raise it, yes.
 14 Q Can you keep it overhead if you had to raise
 15 it up for some reason?
 16 A No. No.
 17 Q Do you have any problems lifting with your
 18 left arm?
 19 A Yes.
 20 Q What kind of problems do you have lifting
 21 with your left arm?
 22 A Same thing with my right shoulder. Just
 23 pain in my shoulders. I can't -- it's not strong.
 24 Q Is it stronger -- is your left shoulder,
 25 left arm stronger than your right?

1 A Yes.
 2 Q Does your left arm prevent you from doing
 3 any activities?
 4 A Anything overhead.
 5 Q Okay. Do you have any hobbies or activities
 6 that you used to do that you don't do now because of
 7 either one of your shoulders?
 8 A Well, I used to fish a lot, but I sort of
 9 cut down on that.
 10 Q What kind of fishing did you do?
 11 A What kind of fishing?
 12 Q Yeah. Like offshore?
 13 A Inshore.
 14 Q Inshore. For anything in particular?
 15 A Whatever got on the hook. That's all.
 16 Q Where would you go fishing?
 17 A Jetties. That's where I like to go.
 18 Q And when is the last time you went
 19 fishing?
 20 A Wow. Probably October last year.
 21 Q Okay. October of 2012.
 22 A Yes.
 23 Q And why haven't you been fishing since
 24 October?
 25 A I just -- because of my shoulders. I

1 don't -- I can't -- I can't enjoy it really, you
 2 know.
 3 Q So you injured your left shoulder back in
 4 2006. Were you able to go back to work as a
 5 firefighter after that injury to your left
 6 shoulder?
 7 A Yes.
 8 Q So it wasn't until the 2008 accident that
 9 you stopped work as a firefighter?
 10 A Yes.
 11 Q Is that correct? And what -- is the lifting
 12 requirement why you can't go back to work as a
 13 firefighter?
 14 A The lifting, the training, the work. The
 15 actual work itself, I couldn't -- I can't do that
 16 stuff.
 17 Q Are you taking any type of pain medication
 18 on a regular basis?
 19 A No.
 20 Q Okay. Do you ever take like Tylenol or
 21 Aleve or Advil?
 22 A I take Tylenol. I put on BioFreeze. I had
 23 some patches that Dr. DeMarco gave me. I use those
 24 every now and then. I still got about three of
 25 those.

1 Q Okay. How often do you take Tylenol?
 2 A Maybe twice, two or three times a week.
 3 Q Is that after you do something in particular
 4 or just --
 5 A Yes.
 6 Q What sort of activity might you do?
 7 A It could be anything. It could be
 8 newspaper, flipping the page, working at the bowling
 9 alley, going outside and raking in the yard.
 10 Q Okay. What household chores do you do? Are
 11 you responsible for the yard work? Do you do stuff
 12 inside? How does that work with you and your wife?
 13 A I take care of the yard.
 14 Q And you do the yard?
 15 A And the cars.
 16 Q Are you able to cut the grass?
 17 A Yes.
 18 Q You mentioned raking. Do you have to rake
 19 the leaves every so often?
 20 A Uh-huh. Yes.
 21 Q Are you able to do that?
 22 A Yes.
 23 Q Okay. Do you do any other type of yard
 24 work? I don't know what else you might do for your
 25 yard. But anything else that you do?

1 A I cut the bushes. All the equipment that I
 2 have is like most of them are battery-powered so I
 3 don't have to crank nothing up.
 4 Q Okay.
 5 A I make the job easier for me.
 6 Q Flip a switch?
 7 A Sometimes I just stop for an hour and wait
 8 and go back.
 9 Q And you mentioned the cars. What are you
 10 doing with the cars? Washing them?
 11 A Washing them.
 12 Q Do you change the oil?
 13 A No, I can't do that.
 14 Q Is that just because you don't do that or
 15 because you physically --
 16 A Because of my shoulder, I can't do that.
 17 Q Do you do any of the household chores, any
 18 of the vacuuming or the cleaning or anything like
 19 that?
 20 A I do dishes.
 21 Q Does your wife take care of the rest of the
 22 house?
 23 A Yes.
 24 Q What's a typical day like for you?
 25 A For me?

1 Q Uh-huh.
 2 A Sometimes I have to take care of my
 3 granddaughter.
 4 Q That's the two-year old?
 5 A Yes.
 6 Q Okay.
 7 A My daughter's in school. I take my mother
 8 to the store, go to the bowling alley and do some
 9 paperwork, run errands.
 10 Q That pretty much covers it?
 11 A Uh-huh.
 12 Q Is that a yes?
 13 A Yes.
 14 Q Do you still work out? Do you do any type
 15 of --
 16 A I tried going to the gym.
 17 Q Uh-huh.
 18 A I ran on a treadmill. And I try lifting a
 19 little bit of weights, but after awhile -- I do maybe
 20 ten minutes of weights, and then I quit.
 21 Q Okay. And when is the last time you think
 22 you tried to go to the gym?
 23 A About three weeks ago.
 24 Q Okay. Do you try to go on a regular
 25 basis?

1 A I was trying to but I stopped for awhile.
 2 Q And why did you stop?
 3 A Because I was gaining weight.
 4 Q You stopped going because you were gaining
 5 weight?
 6 A Yes. The doctor said I was working out. So
 7 I would get hungry, and I'd eat more. So I stopped,
 8 and then I lose weight.
 9 Q Well, I wish that's how it worked for me.
 10 If I stopped going to the gym, I wouldn't lose
 11 weight. That's not how it's working.
 12 A I lost seven pounds.
 13 Q You were lucky then. Okay. And which gym
 14 were you going to?
 15 A Planet Fitness, Citadel Mall.
 16 Q Okay. Of the jobs that you have been
 17 looking at, like the federal jobs you mentioned with
 18 immigration -- and there was one other federal job.
 19 I don't remember which -- what was it? Some sort of
 20 finance clerk position? Do you have any idea what
 21 the potential wage range was for that? What could
 22 you possibly earn if you got one of those jobs?
 23 A The finance clerk, I'm going to say up to
 24 49,000.
 25 Q Okay. Do you know what the base was?

1 A Probably 35.
 2 Q How about the immigration?
 3 A Immigration was like, I want to say, 50 to
 4 90,000.
 5 Q And how about for the bowling alley manager,
 6 do you have any idea what that pay is?
 7 A I don't know how much they make.
 8 Q How about for that CarMax job?
 9 A I think that was a minimum wage job.
 10 Q For the finance?
 11 A Uh-huh.
 12 Q Is that a yes?
 13 A Yes.
 14 Q Have you thought about going to school or
 15 doing any type of training to look for work?
 16 A I thought about school.
 17 Q What kind of areas?
 18 A Human resource.
 19 Q Have you looked into any programs?
 20 A (Witness moves head back and forth.)
 21 Q No?
 22 A No. You got to have money to go.
 23 Q Do you have any idea how much they cost?
 24 A No.
 25 Q All right. And what income do you have

1 coming in right now? You mentioned your wife is
 2 working a temp job.
 3 A The fire department pension.
 4 Q You have been able to collect on that?
 5 A Yes.
 6 Q How much is that?
 7 A I want to say 3,200 a month before taxes.
 8 Q Okay. Any other income coming in?
 9 A Bowling alley.
 10 Q Bowling alley.
 11 A That's maybe 400 a month.
 12 Q Anything else?
 13 A (Witness moves head back and forth.)
 14 Q That's it?
 15 A Yes.
 16 Q Have you ever applied for unemployment?
 17 A No.
 18 Q Have you ever applied for Social Security
 19 disability?
 20 A No.
 21 Q And your plan is to get a full-time job
 22 somewhere?
 23 A Yes.
 24 Q And since -- you mentioned you injured your
 25 left shoulder back in 2006. Have you had any other

1 A The second accident, probably in the '80s,
 2 too. Got rear-ended by a tractor-trailer.
 3 Q Okay.
 4 A There wasn't nothing --
 5 Q Any injuries?
 6 A No.
 7 Q And when was the third accident?
 8 A I hit a tractor-trailer.
 9 Q Okay.
 10 A No accident -- no injury there.
 11 Q No injuries. Okay. Other than the
 12 surgeries to your shoulders, any other surgeries on
 13 any other body parts?
 14 A Both my feet, I had surgery on them. My
 15 left foot, I had ankle surgery. And I've had sinus
 16 surgery.
 17 Q What did you do to your left ankle or your
 18 left foot?
 19 A The foot is bunions. My ankle, I almost
 20 broke it.
 21 Q What were you doing to almost break your
 22 ankle?
 23 A Trying to cut a tree limb off a house.
 24 Q And you ended up getting surgery?
 25 A About a year later or two years later, yes.

1 injuries to your left shoulder since 2006?
 2 A To my left shoulder?
 3 Q Right. Yes. Correct. Sorry. I didn't
 4 mean to say right.
 5 A No. Not --
 6 Q And for the 2008 incident, the injury's to
 7 your right shoulder, correct?
 8 A Yes.
 9 Q Any other Workers' Comp accidents?
 10 A No.
 11 Q All right. Any car accidents or any other
 12 accidents that you have been involved in?
 13 A I have been in three car accidents.
 14 Q Okay. And when was -- when was the first
 15 accident you were in?
 16 A Back in '80 something.
 17 Q In the 1980s?
 18 A Yeah.
 19 Q Were you injured in that accident?
 20 A I had whiplash.
 21 Q Your neck?
 22 A Yes.
 23 Q Did you fully recover from that?
 24 A Yes.
 25 Q When was the second accident?

1 Q Any other ongoing problems with your left
 2 ankle or foot?
 3 A No.
 4 Q Any other surgeries?
 5 A No.
 6 Q Any other hospitalizations?
 7 A (Witness moves head back and forth.)
 8 Q No?
 9 A No.
 10 Q Okay. It's been since what, 2010 since you
 11 worked for the department? Does that sound about
 12 right?
 13 A It's been about two years since I've been
 14 out. '11.
 15 Q Maybe it's 2011?
 16 A January, I believe.
 17 Q I knew it had been a little bit of time.
 18 Have you been back to see Jean Hutchinson at all or
 19 talked to her?
 20 A Who is that?
 21 Q Okay. She's --
 22 A The voc rehab lady?
 23 Q Yeah.
 24 A No, hu-huh, I haven't.
 25 Q So I have a report that's dated back in

1 2011. I didn't know if you had talked to her,
 2 communicated with her in any way since then?
 3 A No.
 4 Q No. Okay. Have you ever been a part of any
 5 other lawsuits?
 6 A No.
 7 Q Have you ever been arrested for any
 8 reason?
 9 A I was never arrested. I was accused of
 10 doing something, but I never got arrested.
 11 Q What were you accused of doing?
 12 A My wife worked at an apartment complex, and
 13 they got robbed overnight. And somebody blamed it on
 14 me.
 15 Q But you didn't get arrested for it?
 16 A No.
 17 Q Ever been treated for drug or alcohol --
 18 A No.
 19 Q -- abuse? Have you ever had any
 20 psychological or psychiatric counseling?
 21 A No.
 22 MS. URBANIC: I think that's all the
 23 questions I have.
 24 EXAMINATION BY MR. CHRISTMAS:
 25 Q I just have a couple. From head to toe,

1 A No.
 2 Q All right. And the biceps area that you
 3 pointed to earlier on that same pain scale of zero to
 4 ten, zero being no pain and ten being the worst pain,
 5 what's it like in your right biceps?
 6 A About a six.
 7 Q And what's it like on your worst days with
 8 that?
 9 A Ten.
 10 Q How many bad or worse days do you have with
 11 the right biceps?
 12 A About three or four.
 13 Q Same type of thing that causes that to get
 14 worse?
 15 A Yes.
 16 Q Same activities?
 17 A Yes.
 18 Q And you talk about those activities like
 19 doing things around the house. Before the accident,
 20 did you do anything inside the house like vacuum or
 21 any tasks that you used to do that you no longer
 22 do?
 23 A I used to vacuum and dust and clean around
 24 the house, but --
 25 Q Did you have any problems doing those

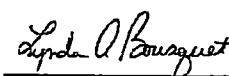
1 what all is injured as a result of the work
 2 accident?
 3 A As the work accident, my right shoulder and
 4 my arm.
 5 Q Which arm?
 6 A Bicep, right side.
 7 Q Okay. And in the shoulder area, where is
 8 it?
 9 A The shoulder is right in here.
 10 Q Okay. And on a pain scale of zero to ten,
 11 zero being no pain, ten being the worst pain, what's
 12 it like in your right shoulder?
 13 A It's a six.
 14 Q What's it like on your worst days?
 15 A Ten.
 16 Q How many bad or worse days do you have in a
 17 week?
 18 A About four.
 19 Q Okay. What brings on those bad or worse
 20 days?
 21 A Just doing anything regularly during the
 22 day, whatever I do. Like I said, if I'm raking
 23 grass, if I'm cleaning the window, or just like right
 24 now, it's hurting right in here.
 25 Q Does it ever go away?

1 activities prior to the work accident?
 2 A Prior to the accident, no.
 3 Q Okay. After the accident, are you able to
 4 do those activities?
 5 A No.
 6 Q What keeps you from doing them?
 7 A It's just my, a shoulder pinch or sometimes
 8 I hear it pop, so I just stop.
 9 Q Okay. Now, you were asked about your, you
 10 know, job duties as a captain in the fire department.
 11 Were you still required to do the same type of work
 12 load that the other guys were required to do, same
 13 physical requirements?
 14 A Yes.
 15 Q And so would you be expected or would you be
 16 expected to do the same type of lifting that would be
 17 required for any other firefighter?
 18 A Yes.
 19 Q Okay. With the injuries you have now, are
 20 you physically able to return to work as a
 21 firefighter?
 22 A No.
 23 Q And why not?
 24 A Because now when we're talking about lifting
 25 somebody, if I went in to a call and, let's say, a

1 burning house and somebody was in there and they
 2 weigh over 200 pounds, you know, I couldn't pick them
 3 up myself. I couldn't even do CPR because of doing
 4 compressions on somebody's chest. I couldn't do
 5 that.
 6 Q What would happen if you had to do repeated
 7 compressions on somebody's chest with your right
 8 shoulder and your right biceps?
 9 A My shoulder, I wouldn't be able to move it
 10 sometimes.
 11 Q Okay. Now, you were asked if you were
 12 left-handed or right-handed. Which hand do you write
 13 with?
 14 A Left hand.
 15 Q Which hand do you do -- when you're
 16 firefighting, I imagine you use both arms, but which
 17 one do you favor when you were doing your tasks as a
 18 firefighter?
 19 A Right hand.
 20 Q And why is that? It's kind of odd to be
 21 writing with your left and then be favoring your
 22 right. So why is that for you?
 23 A It's just always been more comfortable to do
 24 it with my right side than my left-hand side.
 25 Q Okay. Okay. Now, when you do tasks around

1 the house like the raking and things like that, are
 2 you able to do that pain-free?
 3 A No.
 4 Q Okay. Tell me about that. When you're
 5 doing the task, what happens to your pain level, if
 6 anything?
 7 A If I had a pain pill, I would take it.
 8 Q Okay.
 9 A That's how bad it hurts.
 10 Q Okay. How about when you do the task, did
 11 you have to take breaks before the work accident?
 12 Say, for example, if you were raking before the work
 13 accident, would you be forced to take breaks?
 14 A Oh, no. I could cut grass and trim bushes
 15 and all of that without stopping.
 16 Q After the accident, what's it like for you
 17 to do these tasks? Do you have to take breaks?
 18 A I do a little bit of work, and then I stop
 19 and go back. Sometimes I don't even go back.
 20 Q Why do you have to stop?
 21 A My shoulder hurts.
 22 Q Which shoulder?
 23 A My right shoulder's hurting.
 24 Q And when you take the breaks, how long do
 25 you usually break for?

1 A About ten, 20 minutes.
 2 Q Okay. All right. In the two years or so
 3 since you've had to retire from the fire department,
 4 have you tried to find the best employment options
 5 that you could out there for you?
 6 A Yes.
 7 Q Okay. If you could have found a job or jobs
 8 that would pay you more than what you're currently
 9 earning, would you be in those jobs today?
 10 A Yes.
 11 Q Have the places you've applied in your
 12 efforts, have you found anything better than the
 13 employment you're currently employed in?
 14 A No.
 15 Q And you were asked about if you had seen
 16 Jean Hutchinson since 2011. Has anything in your
 17 physical or work condition changed since that time?
 18 Have you gotten better since that time?
 19 A No.
 20 MR. CHRISTMAS: Okay. That's all I
 21 have.
 22 MS. URBANIC: I don't have anything
 23 else.
 24 (The deposition concluded at 4:00 p.m.)
 25

1 REPORTER'S CERTIFICATE.
 2
 3 I do hereby certify that the witness whose
 4 attached deposition was taken before me in the
 5 aforementioned matter was, by me, first duly sworn to
 6 testify the truth, the whole truth, and nothing but
 7 the truth; that the testimony contained in said
 8 deposition was, by me, reduced to writing in the
 9 presence of said witness by means of computerized
 10 transcription. The said deposition is a true and
 11 accurate transcript of the whole of the testimony
 12 given by the said witness, as aforesaid.
 13 I do further certify that I am not
 14 connected by blood or marriage with any of the
 15 parties or their attorneys or agents, and I am not an
 16 employee of either of them, nor interested directly
 17 or indirectly in the matter of controversy either as
 18 counsel, attorney, agent or otherwise.
 19 Sworn to and subscribed before me this the
 20 2nd day of May 2013.
 21
 22 
 23
 24 Lynda A. Bousquet
 25 Court Reporter and Notary Public
 My Commission Expires: 6/2/16

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

WCC File # 05:3803
 Carrier File # 2015-005942
 Carrier Code # 501 - SF
 Employer FEIN 576008015

Thomas Contreras
 Charleston, SC 29407

ST JOHNS FIRE DIST COMM
 P.O. Box 56, Johns Island, SC 29457

(843) 769-4429 (home) (work)

Preparer's name: Fay Jennings (803) 898-5853 State Accident Fund, Insurance Carrier

Compensation Paid	Number of Weeks	From	To	Amount
1. Number of weeks T.T.				
2. Number of weeks T.P.				
3. Number of weeks P.P.				
4. Disfigurement				
5. Agreement and Final Release				19,000.00
Total Compensation Paid				19,000.00
6. Total Medical Benefits* Paid				12,229.34
7. Funeral Benefits				

To: Peggy
 843-722-2867

() Case Denied Date of Injury: 11/17/2015

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

By: [Signature] Claimant
 By: [Signature] Employer's Representative
 Date: 12/13/06

RECEIVED

JAN 3 2007

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

By: [Signature]
 S.C. Workers' Comp. Council

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)

\$\$\$
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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

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

THOMAS CONTRERAS,)

Employee,)
Claimant,)

-vs-

ST. JOHNS FIRE DISTRICT) DEPOSITION OF:

) THOMAS CONTRERAS
Employer,) April 29, 2013

and)

STATE ACCIDENT FUND,)

Carrier.)

The deposition of THOMAS CONTRERAS, taken before
Lynda A. Bousquet, Professional Court Reporter and
Notary Public, at the law offices of Howell &
Christmas, 250 Mathis Ferry Road, Suite 102, Mt.
Pleasant, South Carolina, on Monday, April 29, 2013,
at 3:12 p.m.

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EXHIBITS

(No exhibits were proffered.)

APPEARANCES

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REPRESENTING THE EMPLOYER/CARRIER:

MARGARET M. URBANIC, ESQUIRE
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(THOMAS CONTRERAS, having been first
duly sworn, testified as follows:)

EXAMINATION BY MS. URBANIC:

Q Is it Contreras?

A Contreras.

Q Okay. I think we've met a year or so ago.
Vaguely, I remember that.

A Uh-huh.

Q My name is Peggy Urbanic. I represent the
St. Johns Fire District and the State Accident Fund
with regard to your Workers' Compensation case. I'm
here to take your deposition, which I'm sure your
attorney's explained to you, but basically I'm just
going to ask you some questions.

A Okay.

Q If you don't understand one of my questions,
just let me know. I'm happy to rephrase it for you.
Okay?

A Okay.

Q Can I get your full name, please.

A Thomas Contreras, Jr.

Q And where are you currently residing?

A I am currently residing at 126 Seven Farms Drive,
Charleston, South Carolina 29407.

Q Okay. Great. Does anybody live with you?

1 A My wife.
 2 Q Okay.
 3 A My father-in-law and my mother.
 4 Q So your father-in-law and your mother. So
 5 you have got both sides represented?
 6 A Uh-huh.
 7 Q Is that a yes?
 8 A Yes.
 9 Q I just need you to say yes or no because
 10 she's taking it all down. What's your wife's name?
 11 A Renee.
 12 Q And your father-in-law's name?
 13 A Stanley Latarry.
 14 Q And your mother?
 15 A Maria Contreras.
 16 Q And does your wife work?
 17 A She's working temporary now.
 18 Q What type of work does she do?
 19 A She's a legal assistant.
 20 Q Oh, okay. Very good. Do you know where
 21 she's working currently?
 22 A No, I don't know. I know where it's at.
 23 Q Where is it at?
 24 A Downtown. It's downtown. Right by Tommy
 25 Condon's. Right across from it.

1 Q Okay. Now, do you support your
 2 father-in-law and mother?
 3 A No.
 4 Q No. So they are not relying on you for
 5 income in any way?
 6 A No.
 7 Q They just reside with you?
 8 A Right.
 9 Q Is that right? Do you have any children?
 10 A Yes.
 11 Q How old are your children?
 12 A My daughter is 24. My son is 28.
 13 Q Is that it?
 14 A That's it.
 15 Q Okay. Do either one of your children rely
 16 on you for income?
 17 A No.
 18 Q Do you support them in any fashion?
 19 A No.
 20 Q Okay. All right. How far did you go in
 21 school?
 22 A High school.
 23 Q Any vocational, technical school after
 24 that?
 25 A No.

1 Q And you're currently how old?
 2 A Fifty-one.
 3 Q All right. And obviously you have worked as
 4 a firefighter. What other type of work have you done
 5 as an adult?
 6 A I worked for Domino's Pizza. I installed
 7 fireplaces. I did landscaping. Let's see. Home
 8 Depot. I work at a bowling alley.
 9 Q Okay. How long were you a firefighter?
 10 A Twenty-two years. Twenty-two.
 11 Q And did you work at any of these other
 12 places while you were a firefighter?
 13 A The bowling alley and Home Depot for a
 14 little bit.
 15 Q And what did you do at the bowling alley?
 16 A Front desk clerk.
 17 Q Which one?
 18 A Charleston Lanes on Savannah Highway.
 19 Q And how long ago was that?
 20 A I've been with them 12 years now.
 21 Q So you're still with them?
 22 A Yes.
 23 Q Okay. Great. How many hours a week are you
 24 working there?
 25 A About 14, sometimes a little more.

1 Q On average about 14?
 2 A Uh-huh.
 3 Q Is that a yes?
 4 A Yes.
 5 Q Okay. And how much are they paying you?
 6 A 9.18 an hour.
 7 Q And who is your supervisor there?
 8 A Johnny Wise.
 9 Q And you said you're just doing the front
 10 desk. What is that? Checking people in, giving them
 11 the shoes?
 12 A Yes.
 13 Q That kind of stuff?
 14 A Yes. And I do league coordinator too where
 15 I keep up with the paperwork for the leagues.
 16 Q And is that you only work part-time, is that
 17 just because they don't need you full-time or -
 18 A They don't have no full-time. They decided
 19 to do all part-time.
 20 Q Okay. They don't want to pay anybody
 21 benefits?
 22 A Yeah. They won't tell you that, but that's
 23 the reason.
 24 Q Okay. Is that mostly a standing job, a
 25 sitting job?

1 A If I'm working the front desk, it's
2 standing. If I'm doing league coordinator work, I'm
3 sitting.

4 Q Great. And I think you said you have also
5 worked at Home Depot while you were a firefighter.
6 How long ago was that?

7 A About 15 years ago.

8 Q Okay. And was that just as a sales clerk
9 there?

10 A Lot attendant. I took care of -- helped
11 people put stuff in their cars, put shopping carts
12 back, find something for a customer.

13 Q Okay. Great. So the Domino's Pizza, a
14 fireplace installer, and landscaper, was that all
15 before you became a firefighter?

16 A Yes.

17 Q And I realize you're no longer working as a
18 firefighter; is that correct?

19 A Right.

20 Q And have you looked for any other work since
21 leaving the fire district? You're working at the
22 bowling alley, but have you looked for anything else
23 work-wise?

24 A Yes.

25 Q What kind of work have you looked for?

1 A I applied at Wal-Mart, CarMax, and been
2 looking at some federal jobs, but --

3 Q What kind of federal jobs do we have in
4 Charleston, out of curiosity?

5 A Well, most of them aren't in Charleston.
6 That's the problem. I have been looking for what I
7 did in the Army, finance clerk. I tried to get into
8 some type of immigration job, but --

9 Q And are those jobs you have applied online
10 or have you just looked at them or --

11 A Online.

12 Q Online. You actually applied for some of
13 those jobs?

14 A Yeah.

15 Q Have you gotten a response back from the
16 government?

17 A Nothing.

18 Q Nothing. And was that recently you applied
19 for that type of work?

20 A Probably about two months ago.

21 Q Okay. All right. And I think you said
22 Wal-Mart, CarMax. When did you apply at Wal-Mart?

23 A When?

24 Q Uh-huh.

25 A Six months ago.

1 Q Was that just as a store clerk-type
2 position?

3 A Yes.

4 Q And did you get any response back from
5 that?

6 A I didn't pass their little test that they
7 gave me.

8 Q They've got a test?

9 A Yeah.

10 Q What's the test?

11 A It's one of those tests where they ask the
12 employees if you saw somebody take a soda out the
13 fridge, out the cooler, what do you do, you know: A,
14 tell the employee, B, nothing, or tell the
15 supervisor, you know, like that.

16 Q And how did you answer?

17 A Some of them, I said tell the supervisor,
18 but some of them I told them I would just tell the
19 employee to put it back, you know.

20 Q That's the wrong answer?

21 A Right. That's what my daughter told me.
22 That's the wrong answer. You got to tell the
23 supervisor and all of them, so.

24 Q Okay.

25 A I guess that's why I --

1 Q Didn't get it. I didn't know they had a
2 test.

3 A Uh-huh. All these jobs, even AMF has a
4 test. All of them do.

5 Q And CarMax, was that for sales?

6 A That was finance rep, was it? It was
7 working in the office.

8 Q And what happened with that job?

9 A I never heard anything about it.

10 Q Never heard back?

11 A Hu-huh.

12 Q Do you think if you got like a finance
13 clerk-type position like that you could do that type
14 of work?

15 A Well, I love that.

16 Q You like that type of work?

17 A I love numbers.

18 Q I don't. So you think you could sit at a
19 desk job, do that type of work all day without any
20 problem?

21 A Yeah.

22 Q And you mentioned you were in the Army?

23 A Uh-huh.

24 Q When were you in the Army?

25 A '79 through '84.

1 Q And you said you did finance clerk-type
 2 position in the Army?
 3 A Yes.
 4 Q Did I hear that? Are you fluent in any
 5 languages?
 6 A Spanish.
 7 Q And have you looked for any languages to use
 8 your Spanish skills? Have you looked for any jobs to
 9 use your Spanish skills?
 10 A No.
 11 Q No. You mentioned the immigration. Was
 12 that in hopes -- I mean, would that tie into your
 13 Spanish-speaking abilities?
 14 A Yes. Yeah.
 15 Q Was that like an immigration officer or some
 16 other --
 17 A Yes.
 18 Q I don't know what other jobs they had with
 19 the immigration within the federal government. I
 20 always think of the immigration officers. There
 21 might be something else. I don't know. You applied
 22 for immigration officer?
 23 A Yeah, and some title like that. I'm not
 24 going to tell you. I don't know exactly what it was.
 25 Q Do you know what the job expectations were

1 into that.
 2 Q Gotcha. All right. So any other thoughts
 3 as to what type of work you might be able to do or
 4 other jobs you're going to look into?
 5 A I take care of -- I take care of a little
 6 snack route but --
 7 Q Okay.
 8 A That's it.
 9 Q Is that with a company or is that --
 10 A That's -- I own that.
 11 Q Oh, you own it?
 12 A Yeah.
 13 Q So what does that mean? Are you filling up
 14 snack machines?
 15 A Yes.
 16 Q And how many hours a week does that take?
 17 A About three.
 18 Q And how long have you been doing that type
 19 of work?
 20 A Since '95.
 21 Q Oh, okay.
 22 A Everything I do, I always stick with it.
 23 Q You do. Yes. Okay. And how much do you
 24 earn off the snack route?
 25 A That, I have never made no money off of that

1 for that? I mean, was it like a desk job? Was it
 2 out --
 3 A It was doing paperwork.
 4 Q All right. Any other jobs you have looked
 5 for? Nothing else recently?
 6 A No.
 7 Q Any other -- have you thought about doing
 8 any other type of work? Any other plans for the
 9 future?
 10 A Yeah. I want to work.
 11 Q I mean, I just didn't know if you thought
 12 about it.
 13 A I was hoping to get the manager's job at
 14 AMF, but that didn't work, so.
 15 Q At AMF, the bowling alley?
 16 A Yes.
 17 Q When did you apply for that?
 18 A I didn't apply. They moved a manager from
 19 somewhere else, but they transferred over.
 20 Q Was that recently?
 21 A About six months.
 22 Q All right. But you could have done that
 23 position had you gotten it?
 24 A That was my goal eventually once I retired
 25 from the fire department, hopefully be ready to move

1 route for nothing.
 2 Q You've never made any money off of it?
 3 A Hu-huh.
 4 Q Why do you do it?
 5 A Just to have something to do. It's at the
 6 fire stations, so I can't charge a lot of money,
 7 so.
 8 Q So all the machines are at the different
 9 fire stations?
 10 A Yeah. It's four, I think.
 11 Q Okay. Gotcha. Okay. You said you were a
 12 firefighter for, was it 22?
 13 A Twenty-two.
 14 Q Twenty-two years. How long were you
 15 planning to work as a firefighter?
 16 A Fifty-five.
 17 Q Till age 55?
 18 A Yes.
 19 Q Would that have been 25 years in the
 20 service?
 21 A That'd give me 28.
 22 Q Twenty-eight. And what was your rank when
 23 you left firefighting?
 24 A Captain.
 25 Q Captain. Did that entail some

4 (Pages 13 to 16)

1 sedentary-type duties, administrative duties as
2 captain?
3 A Everything.
4 Q Everything?
5 A Yes.
6 Q Okay. The whole job at that point?
7 A Everything. Supervising, paperwork. I was
8 responsible for the station, the trucks, the guys,
9 the property out there.
10 Q Uh-huh.
11 A You know.
12 Q Making the schedule for the guys, I'm sure.
13 A Not the schedule. That was the chief's job.
14 Q Oh, okay. All right. But mostly what you
15 did on a regular basis the time you made captain was
16 more administrative-type work?
17 A No.
18 Q No? So when you're captain, tell me what
19 was your typical day like as captain at the fire
20 station.
21 A I came in. The guys had to check the trucks
22 off. I had to make sure they did that. We had daily
23 duties to do for the day, which could consist of
24 cutting grass, windows. And I also had to make sure
25 our reports were done for the last shift, and I

1 supervised everybody.
2 Q How many guys did you supervise?
3 A It could go from two to five.
4 Q Okay.
5 A When I was at Kiawah, I had five guys.
6 Q Is that the bigger, one of the bigger
7 stations?
8 A Yes.
9 Q And how long were you a captain?
10 A About seven years.
11 Q And then who was your direct supervisor?
12 A Battalion Chief Lohr.
13 Q And did you ever deal with Chief -- is it
14 Stanley? I don't think -- he wasn't the fire chief
15 when you were there?
16 A He was operations chief.
17 Q Yeah, but I think he's now acting as the
18 full chief now that --
19 A Uh-huh.
20 Q -- other guy up and left.
21 A Uh-huh.
22 Q But you did deal with Chief Stanley as
23 operations chief --
24 A Yes.
25 Q -- back when you were there? And this

1 incident happened back in 2008, October 8th?
2 A Yes.
3 Q 2008. And how did that -- tell me briefly
4 how the accident happened.
5 A I was exercising, lifting weights. And when
6 I lift the weight up, my shoulder popped. And this
7 side came down. I had to get the guy that was with
8 me to pull it off me.
9 Q That was your right shoulder?
10 A Yes.
11 Q Are you right-handed or left-handed?
12 A Left-handed.
13 Q And I understand you have had some surgeries
14 to your right shoulder?
15 A Four.
16 Q Four. As we're sitting here today, how is
17 your right shoulder doing?
18 A Hurts.
19 Q Can you raise it up as much as you need to
20 raise it up? I mean, can you lift your arm over your
21 head?
22 A Yes.
23 Q Any problems raising your arm over your head
24 with your shoulder?
25 A I can raise it up, but I can't keep it up.

1 Q If you had to get something out of a, you
2 know, one of your top kitchen cabinets, could you do
3 it with your right arm if you had to get a bowl or
4 something down from a cabinet?
5 A My first option would be to ask my wife to
6 get it for me.
7 Q If your wife's not home.
8 A Yes. If I had to, yes.
9 Q Any problems lifting with your right arm?
10 A Yes.
11 Q How heavy an object do you think you could
12 lift with your right arm?
13 MR. CHRISTMAS: Let's correct the
14 record. I think you keep going back and
15 forth between left and right. Do you mean
16 left and right or are you trying to say
17 right every time?
18 MS. URBANIC: I thought I was saying
19 right every time.
20 MR. CHRISTMAS: No. There's a couple
21 lefts in there, but just so we know we're
22 talking about the right arm --
23 MS. URBANIC: I'm talking about the
24 right arm.
25 MR. CHRISTMAS: Just making sure we're

1 clear.
 2 MS. URBANIC: Sorry.
 3 MR. CHRISTMAS: No problem.
 4 BY MS. URBANIC:
 5 Q How heavy an object do you think you can
 6 lift with your right arm?
 7 A As far as pounds?
 8 Q Yeah. Or give me an example of an object if
 9 it's easier.
 10 A My granddaughter.
 11 Q How old is your granddaughter?
 12 A Two.
 13 Q Two. So how much does she weigh roughly?
 14 A Fifteen pounds.
 15 Q Fifteen pounds?
 16 A Yeah.
 17 Q That's awfully small for a two-year-old.
 18 A That's the last time that I heard.
 19 That's -- I don't know about -- I guess she's more
 20 now.
 21 Q But if you had to lift up your granddaughter
 22 with your right arm, you could lift her up with your
 23 right arm?
 24 A I would do it first with my left arm. I
 25 wouldn't try with my right one.

1 Q Yeah.
 2 A No. Not since Dr. DeMarco cut me off.
 3 Q You haven't --
 4 A Or let me go.
 5 Q Do you have a regular family doctor?
 6 A Yes.
 7 Q Who is family doctor?
 8 A Dr. David Seignious.
 9 Q And where is he?
 10 A On Johns Island on Maybank Highway.
 11 Q And do you go to him on any regular basis
 12 for any reason?
 13 A Yes.
 14 Q What do you go to him for?
 15 A He treats me for my diabetes, if I have a
 16 cold or something.
 17 Q Have you ever seen him for your right
 18 shoulder?
 19 A I have asked him questions, you know, but I
 20 have never gone to him to see him. I have asked him
 21 questions just to see what Dr. DeMarco is saying and
 22 what he seems to think, you know. So he's my doctor,
 23 so I let him know what's going on.
 24 Q Has he ever prescribed medication for you?
 25 For your shoulder?

1 Q I'm trying to get an idea what you can and
 2 can't do with your right arm. That's why. Could you
 3 lift up a gallon jug of milk with your right arm off
 4 the table?
 5 A I can take it out like that. To lift it up,
 6 that would hurt.
 7 Q All right. Any activities that you don't do
 8 now because of the problem with your right shoulder?
 9 A I try not to do anything overhead.
 10 Q And what sort of activities would that be
 11 for you?
 12 A If I had to -- like if I was cleaning
 13 windows. I know one thing that I want to do but I
 14 can't do is like trim the limbs off of a tree. I
 15 have a pole bar. I can't hold it up like that.
 16 Q Okay.
 17 A So I don't do that.
 18 Q Okay. Anything else that comes to mind?
 19 A I don't pull with my arm, with that arm.
 20 You know, like if I'm getting in the car or
 21 something, I won't pull myself in to grab the
 22 steering wheel and pull.
 23 Q All right. And have you seen any doctors
 24 recently for your right shoulder?
 25 A Recently?

1 A No.
 2 Q Sorry. I shouldn't have meant that in
 3 general. I'm sure he's prescribed medication for
 4 you. Is your diabetes under control?
 5 A Yes.
 6 Q All right. Now, have you injured any other
 7 body parts other than your right shoulder?
 8 A My left shoulder.
 9 Q Okay. And when did you injure your left
 10 shoulder?
 11 A I think that was in 2006.
 12 Q So that was before the injury to your right
 13 shoulder?
 14 A Yes.
 15 Q And what did you do to your left shoulder?
 16 A Same thing I did to this shoulder, tore a
 17 muscle.
 18 Q Tore a muscle?
 19 A Uh-huh.
 20 Q How did you do that?
 21 A Weight lifting, weights.
 22 Q Exact same thing?
 23 A Yes.
 24 Q And you had surgery to your left shoulder as
 25 well?

6 (Pages 21 to 24)

Southeastern Transcript, Inc. (843) 762-2442

Electronically signed by Lynda Bousquet (001-369-759-3178)

d6386661-c5d3-4e8c-a823-2ceb02984029

1 A Yes.
 2 Q And you had a Workers' Comp claim?
 3 A Yes.
 4 Q For your left shoulder? And is your left
 5 shoulder, is that -- how is that doing?
 6 A It hurts sometimes but --
 7 Q How often does your left shoulder hurt?
 8 A Once or twice a week.
 9 Q Is your left shoulder as bad as your right
 10 shoulder?
 11 A No.
 12 Q Can you raise your left shoulder overhead?
 13 A I can raise it, yes.
 14 Q Can you keep it overhead if you had to raise
 15 it up for some reason?
 16 A No. No.
 17 Q Do you have any problems lifting with your
 18 left arm?
 19 A Yes.
 20 Q What kind of problems do you have lifting
 21 with your left arm?
 22 A Same thing with my right shoulder. Just
 23 pain in my shoulders. I can't -- it's not strong.
 24 Q Is it stronger -- is your left shoulder,
 25 left arm stronger than your right?

1 A Yes.
 2 Q Does your left arm prevent you from doing
 3 any activities?
 4 A Anything overhead.
 5 Q Okay. Do you have any hobbies or activities
 6 that you used to do that you don't do now because of
 7 either one of your shoulders?
 8 A Well, I used to fish a lot, but I sort of
 9 cut down on that.
 10 Q What kind of fishing did you do?
 11 A What kind of fishing?
 12 Q Yeah. Like offshore?
 13 A Inshore.
 14 Q Inshore. For anything in particular?
 15 A Whatever got on the hook. That's all.
 16 Q Where would you go fishing?
 17 A Jetties. That's where I like to go.
 18 Q And when is the last time you went
 19 fishing?
 20 A Wow. Probably October last year.
 21 Q Okay. October of 2012.
 22 A Yes.
 23 Q And why haven't you been fishing since
 24 October?
 25 A I just -- because of my shoulders. I

1 don't -- I can't -- I can't enjoy it really, you
 2 know.
 3 Q So you injured your left shoulder back in
 4 2006. Were you able to go back to work as a
 5 firefighter after that injury to your left
 6 shoulder?
 7 A Yes.
 8 Q So it wasn't until the 2008 accident that
 9 you stopped work as a firefighter?
 10 A Yes.
 11 Q Is that correct? And what -- is the lifting
 12 requirement why you can't go back to work as a
 13 firefighter?
 14 A The lifting, the training, the work. The
 15 actual work itself, I couldn't -- I can't do that
 16 stuff.
 17 Q Are you taking any type of pain medication
 18 on a regular basis?
 19 A No.
 20 Q Okay. Do you ever take like Tylenol or
 21 Aleve or Advil?
 22 A I take Tylenol. I put on BioFreeze. I had
 23 some patches that Dr. DeMarco gave me. I use those
 24 every now and then. I still got about three of
 25 those.

1 Q Okay. How often do you take Tylenol?
 2 A Maybe twice, two or three times a week.
 3 Q Is that after you do something in particular
 4 or just --
 5 A Yes.
 6 Q What sort of activity might you do?
 7 A It could be anything. It could be
 8 newspaper, flipping the page, working at the bowling
 9 alley, going outside and raking in the yard.
 10 Q Okay. What household chores do you do? Are
 11 you responsible for the yard work? Do you do stuff
 12 inside? How does that work with you and your wife?
 13 A I take care of the yard.
 14 Q And you do the yard?
 15 A And the cars.
 16 Q Are you able to cut the grass?
 17 A Yes.
 18 Q You mentioned raking. Do you have to rake
 19 the leaves every so often?
 20 A Uh-huh. Yes.
 21 Q Are you able to do that?
 22 A Yes.
 23 Q Okay. Do you do any other type of yard
 24 work? I don't know what else you might do for your
 25 yard. But anything else that you do?

1 A I cut the bushes. All the equipment that I
 2 have is like most of them are battery-powered so I
 3 don't have to crank nothing up.
 4 Q Okay.
 5 A I make the job easier for me.
 6 Q Flip a switch?
 7 A Sometimes I just stop for an hour and wait
 8 and go back.
 9 Q And you mentioned the cars. What are you
 10 doing with the cars? Washing them?
 11 A Washing them.
 12 Q Do you change the oil?
 13 A No, I can't do that.
 14 Q Is that just because you don't do that or
 15 because you physically --
 16 A Because of my shoulder, I can't do that.
 17 Q Do you do any of the household chores, any
 18 of the vacuuming or the cleaning or anything like
 19 that?
 20 A I do dishes.
 21 Q Does your wife take care of the rest of the
 22 house?
 23 A Yes.
 24 Q What's a typical day like for you?
 25 A For me?

1 Q Uh-huh.
 2 A Sometimes I have to take care of my
 3 granddaughter.
 4 Q That's the two-year old?
 5 A Yes.
 6 Q Okay.
 7 A My daughter's in school. I take my mother
 8 to the store, go to the bowling alley and do some
 9 paperwork, run errands.
 10 Q That pretty much covers it?
 11 A Uh-huh.
 12 Q Is that a yes?
 13 A Yes.
 14 Q Do you still work out? Do you do any type
 15 of--
 16 A I tried going to the gym.
 17 Q Uh-huh.
 18 A I ran on a treadmill. And I try lifting a
 19 little bit of weights, but after awhile -- I do maybe
 20 ten minutes of weights, and then I quit.
 21 Q Okay. And when is the last time you think
 22 you tried to go to the gym?
 23 A About three weeks ago.
 24 Q Okay. Do you try to go on a regular
 25 basis?

1 A I was trying to but I stopped for awhile.
 2 Q And why did you stop?
 3 A Because I was gaining weight.
 4 Q You stopped going because you were gaining
 5 weight?
 6 A Yes. The doctor said I was working out. So
 7 I would get hungry, and I'd eat more. So I stopped,
 8 and then I lose weight.
 9 Q Well, I wish that's how it worked for me.
 10 If I stopped going to the gym, I wouldn't lose
 11 weight. That's not how it's working.
 12 A I lost seven pounds.
 13 Q You were lucky then. Okay. And which gym
 14 were you going to?
 15 A Planet Fitness, Citadel Mall.
 16 Q Okay. Of the jobs that you have been
 17 looking at, like the federal jobs you mentioned with
 18 immigration -- and there was one other federal job.
 19 I don't remember which -- what was it? Some sort of
 20 finance clerk position? Do you have any idea what
 21 the potential wage range was for that? What could
 22 you possibly earn if you got one of those jobs?
 23 A The finance clerk, I'm going to say up to
 24 49,000.
 25 Q Okay. Do you know what the base was?

1 A Probably 35.
 2 Q How about the immigration?
 3 A Immigration was like, I want to say, 50 to
 4 90,000.
 5 Q And how about for the bowling alley manager,
 6 do you have any idea what that pay is?
 7 A I don't know how much they make.
 8 Q How about for that CarMax job?
 9 A I think that was a minimum wage job.
 10 Q For the finance?
 11 A Uh-huh.
 12 Q Is that a yes?
 13 A Yes.
 14 Q Have you thought about going to school or
 15 doing any type of training to look for work?
 16 A I thought about school.
 17 Q What kind of areas?
 18 A Human resource.
 19 Q Have you looked into any programs?
 20 A (Witness moves head back and forth.)
 21 Q No?
 22 A No. You got to have money to go.
 23 Q Do you have any idea how much they cost?
 24 A No.
 25 Q All right. And what income do you have

1 coming in right now? You mentioned your wife is
2 working a temp job.
3 A The fire department pension.
4 Q You have been able to collect on that?
5 A Yes,
6 Q How much is that?
7 A I want to say 3,200 a month before taxes.
8 Q Okay. Any other income coming in?
9 A Bowling alley.
10 Q Bowling alley.
11 A That's maybe 400 a month.
12 Q Anything else?
13 A (Witness moves head back and forth.)
14 Q That's it?
15 A Yes.
16 Q Have you ever applied for unemployment?
17 A No.
18 Q Have you ever applied for Social Security
19 disability?
20 A No.
21 Q And your plan is to get a full-time job
22 somewhere?
23 A Yes.
24 Q And since -- you mentioned you injured your
25 left shoulder back in 2006. Have you had any other

1 injuries to your left shoulder since 2006?
2 A To my left shoulder?
3 Q Right. Yes. Correct. Sorry. I didn't
4 mean to say right.
5 A No. Not --
6 Q And for the 2008 incident, the injury's to
7 your right shoulder, correct?
8 A Yes.
9 Q Any other Workers' Comp accidents?
10 A No.
11 Q All right. Any car accidents or any other
12 accidents that you have been involved in?
13 A I have been in three car accidents.
14 Q Okay. And when was -- when was the first
15 accident you were in?
16 A Back in '80 something.
17 Q In the 1980s?
18 A Yeah.
19 Q Were you injured in that accident?
20 A I had whiplash.
21 Q Your neck?
22 A Yes.
23 Q Did you fully recover from that?
24 A Yes.
25 Q When was the second accident?

1 A The second accident, probably in the '80s,
2 too. Got rear-ended by a tractor-trailer.
3 Q Okay.
4 A There wasn't nothing --
5 Q Any injuries?
6 A No.
7 Q And when was the third accident?
8 A I hit a tractor-trailer.
9 Q Okay.
10 A No accident -- no injury there.
11 Q No injuries. Okay. Other than the
12 surgeries to your shoulders, any other surgeries on
13 any other body parts?
14 A Both my feet, I had surgery on them. My
15 left foot, I had ankle surgery. And I've had sinus
16 surgery.
17 Q What did you do to your left ankle or your
18 left foot?
19 A The foot is bunions. My ankle, I almost
20 broke it.
21 Q What were you doing to almost break your
22 ankle?
23 A Trying to cut a tree limb off a house.
24 Q And you ended up getting surgery?
25 A About a year later or two years later, yes.

1 Q Any other ongoing problems with your left
2 ankle or foot?
3 A No.
4 Q Any other surgeries?
5 A No.
6 Q Any other hospitalizations?
7 A (Witness moves head back and forth.)
8 Q No?
9 A No.
10 Q Okay. It's been since what, 2010 since you
11 worked for the department? Does that sound about
12 right?
13 A It's been about two years since I've been
14 out. '11.
15 Q Maybe it's 2011?
16 A January, I believe.
17 Q I knew it had been a little bit of time.
18 Have you been back to see Jean Hutchinson at all or
19 talked to her?
20 A Who is that?
21 Q Okay. She's --
22 A The voc rehab lady?
23 Q Yeah.
24 A No, hu-huh, I haven't.
25 Q So I have a report that's dated back in

1 2011. I didn't know if you had talked to her,
 2 communicated with her in any way since then?
 3 A No.
 4 Q No. Okay. Have you ever been a part of any
 5 other lawsuits?
 6 A No.
 7 Q Have you ever been arrested for any
 8 reason?
 9 A I was never arrested. I was accused of
 10 doing something, but I never got arrested.
 11 Q What were you accused of doing?
 12 A My wife worked at an apartment complex, and
 13 they got robbed overnight. And somebody blamed it on
 14 me.
 15 Q But you didn't get arrested for it?
 16 A No.
 17 Q Ever been treated for drug or alcohol --
 18 A No.
 19 Q -- abuse? Have you ever had any
 20 psychological or psychiatric counseling?
 21 A No.
 22 MS. URBANIC: I think that's all the
 23 questions I have.
 24 EXAMINATION BY MR. CHRISTMAS:
 25 Q I just have a couple. From head to toe,

1 what all is injured as a result of the work
 2 accident?
 3 A As the work accident, my right shoulder and
 4 my arm.
 5 Q Which arm?
 6 A Bicep, right side.
 7 Q Okay. And in the shoulder area, where is
 8 it?
 9 A The shoulder is right in here.
 10 Q Okay. And on a pain scale of zero to ten,
 11 zero being no pain, ten being the worst pain, what's
 12 it like in your right shoulder?
 13 A It's a six.
 14 Q What's it like on your worst days?
 15 A Ten.
 16 Q How many bad or worse days do you have in a
 17 week?
 18 A About four.
 19 Q Okay. What brings on those bad or worse
 20 days?
 21 A Just doing anything regularly during the
 22 day, whatever I do. Like I said, if I'm raking
 23 grass, if I'm cleaning the window, or just like right
 24 now, it's hurting right in here.
 25 Q Does it ever go away?

1 A No.
 2 Q All right. And the biceps area that you
 3 pointed to earlier on that same pain scale of zero to
 4 ten, zero being no pain and ten being the worst pain,
 5 what's it like in your right biceps?
 6 A About a six.
 7 Q And what's it like on your worst days with
 8 that?
 9 A Ten.
 10 Q How many bad or worse days do you have with
 11 the right biceps?
 12 A About three or four.
 13 Q Same type of thing that causes that to get
 14 worse?
 15 A Yes.
 16 Q Same activities?
 17 A Yes.
 18 Q And you talk about those activities like
 19 doing things around the house. Before the accident,
 20 did you do anything inside the house like vacuum or
 21 any tasks that you used to do that you no longer
 22 do?
 23 A I used to vacuum and dust and clean around
 24 the house, but --
 25 Q Did you have any problems doing those

1 activities prior to the work accident?
 2 A Prior to the accident, no.
 3 Q Okay. After the accident, are you able to
 4 do those activities?
 5 A No.
 6 Q What keeps you from doing them?
 7 A It's just my, a shoulder pinch or sometimes
 8 I hear it pop, so I just stop.
 9 Q Okay. Now, you were asked about your, you
 10 know, job duties as a captain in the fire department.
 11 Were you still required to do the same type of work
 12 load that the other guys were required to do, same
 13 physical requirements?
 14 A Yes.
 15 Q And so would you be expected or would you be
 16 expected to do the same type of lifting that would be
 17 required for any other firefighter?
 18 A Yes.
 19 Q Okay. With the injuries you have now, are
 20 you physically able to return to work as a
 21 firefighter?
 22 A No.
 23 Q And why not?
 24 A Because now when we're talking about lifting
 25 somebody, if I went in to a call and, let's say, a

1 burning house and somebody was in there and they
2 weigh over 200 pounds, you know, I couldn't pick them
3 up myself. I couldn't even do CPR because of doing
4 compressions on somebody's chest. I couldn't do
5 that.

6 Q What would happen if you had to do repeated
7 compressions on somebody's chest with your right
8 shoulder and your right biceps?

9 A My shoulder, I wouldn't be able to move it
10 sometimes.

11 Q Okay. Now, you were asked if you were
12 left-handed or right-handed. Which hand do you write
13 with?

14 A Left hand.

15 Q Which hand do you do - when you're
16 firefighting, I imagine you use both arms, but which
17 one do you favor when you were doing your tasks as a
18 firefighter?

19 A Right hand.

20 Q And why is that? It's kind of odd to be
21 writing with your left and then be favoring your
22 right. So why is that for you?

23 A It's just always been more comfortable to do
24 it with my right side than my left-hand side.

25 Q Okay. Okay. Now, when you do tasks around

1 A About ten, 20 minutes.

2 Q Okay. All right. In the two years or so
3 since you've had to retire from the fire department,
4 have you tried to find the best employment options
5 that you could out there for you?

6 A Yes.

7 Q Okay. If you could have found a job or jobs
8 that would pay you more than what you're currently
9 earning, would you be in those jobs today?

10 A Yes.

11 Q Have the places you've applied in your
12 efforts, have you found anything better than the
13 employment you're currently employed in?

14 A No.

15 Q And you were asked about if you had seen
16 Jean Hutchinson since 2011. Has anything in your
17 physical or work condition changed since that time?
18 Have you gotten better since that time?

19 A No.

20 MR. CHRISTMAS: Okay. That's all I
21 have.

22 MS. URBANIC: I don't have anything
23 else.

24 (The deposition concluded at 4:00 p.m.)
25

1 the house like the raking and things like that, are
2 you able to do that pain-free?

3 A No.

4 Q Okay. Tell me about that. When you're
5 doing the task, what happens to your pain level, if
6 anything?

7 A If I had a pain pill, I would take it.

8 Q Okay.

9 A That's how bad it hurts.

10 Q Okay. How about when you do the task, did
11 you have to take breaks before the work accident?
12 Say, for example, if you were raking before the work
13 accident, would you be forced to take breaks?

14 A Oh, no. I could cut grass and trim bushes
15 and all of that without stopping.

16 Q After the accident, what's it like for you
17 to do these tasks? Do you have to take breaks?

18 A I do a little bit of work, and then I stop
19 and go back. Sometimes I don't even go back.

20 Q Why do you have to stop?

21 A My shoulder hurts.

22 Q Which shoulder?

23 A My right shoulder's hurting.

24 Q And when you take the breaks, how long do
25 you usually break for?

1 REPORTER'S CERTIFICATE .

2
3 I do hereby certify that the witness whose
4 attached deposition was taken before me in the
5 aforementioned matter was, by me, first duly sworn to
6 testify the truth, the whole truth, and nothing but
7 the truth; that the testimony contained in said
8 deposition was, by me, reduced to writing in the
9 presence of said witness by means of computerized
10 transcription. The said deposition is a true and
11 accurate transcript of the whole of the testimony
12 given by the said witness, as aforesaid.

13 I do further certify that I am not
14 connected by blood or marriage with any of the
15 parties or their attorneys or agents, and I am not an
16 employee of either of them, nor interested directly
17 or indirectly in the matter of controversy either as
18 counsel, attorney, agent or otherwise.

19 Sworn to and subscribed before me this the
20 2nd day of May 2013.

21 *Lynda A. Bousquet*



22 Lynda A. Bousquet
23 Court Reporter and Notary Public.
24 My Commission Expires: 6/2/16
25

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

WCC File # 0523803
Carrier File # 2015-005942
Carrier Code # 501 - SF
Employer FEIN 576008015

R7

Thomas Contreras
P. Charleston, SC 29407

ST JOHNS FIRE DIST COMM
P.O. Box 56, Johns Island, SC 29457

(843) 769-4429 (home) (work)

Preparer's name: Fay Jennings (803) 896-5853 State Accident Fund, Insurance Carrier

Compensation Paid	Number of Weeks	From	To	Amount
1. Number of weeks T.T.				
2. Number of weeks T.P.				
3. Number of weeks P.P.				
4. Disfigurement				
5. Agreement and Final Release				19,000.00
Total Compensation Paid				19,000.00
6. Total Medical Benefits* Paid				12,229.34
7. Funeral Benefits				

To: Peggy
843-722-2867

() Case Denied

Date of Injury: 11/17/2005

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

By: **RECEIVED**
Claimant

By: *D. M. Jones*
Employer's Representative

Date: 12/13/06

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

By: *S.C. Workers Comp. Council*

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.



Claimant's Name: Thomas Contreras SSN: _____ Employer's Name: St. Johns Fire Dist Comm
Address: _____ Address: PO Box 56
City: Charleston State: SC Zip: 29407 City: Johns Island State: SC Zip: 29457
Home Phone: 843-324-5387 Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: Margaret M. Urbanic Law Firm: Clawson and Staubes, LLC Preparer's Phone #: 843-577-2026

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by Claimant Employer (check one) Date of Injury or Illness: 10/08/2008 (m/d/yyyy)

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

- Whether the Single Commissioner erred in Finding of Fact #9 as it is not supported by substantial evidence. _____
- Whether the Single Commissioner erred in Finding of Fact # 19 as it is not supported by substantial evidence. _____
- Whether the Single Commissioner erred in Finding of Fact # 21 as it is not supported by substantial evidence. _____
- Whether the Single Commissioner erred in Finding of Fact # 22 as it is not supported by substantial evidence. _____
- Whether the Single Commissioner erred in Finding of Fact # 23 as it is not supported by substantial evidence. _____
- Whether the Single Commissioner erred in Finding of Fact # 24 as it is not supported by substantial evidence. _____
- Whether the Single Commissioner erred in Finding of Fact # 25 as it is not supported by substantial evidence. _____
- Whether the Single Commissioner erred in Finding of Fact # 26 as it is not supported by substantial evidence. _____
- Whether the Single Commissioner erred in Finding of Fact # 28 as it is not supported by substantial evidence. _____
- Whether the Single Commissioner erred in ordering that the Claimant suffered permanent partial wage loss. _____
- Whether the Single Commissioner erred in ordering the calculation of the permanent partial wage loss. _____
- See attachment. _____

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

Mediation
 Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

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 Gary Christmas, Esquire
address P.O. Box 1886 Mt Pleasant, SC 29465 on the 3rd day of September, 2013
by first class postage certified mail personal service.

Preparer's Signature: _____ Attorney: _____ purbanic@clawsonandstaubes.com 9/3/2013
Title: _____ Email: _____ Date: _____

Check this box if you are not represented by an attorney

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov. If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

Attachment to Form 30

Whether the Single Commissioner erred in ordering temporary partial wage loss as a Form 17 had been signed and filed with the Commission.

Whether the Single Commissioner erred in the calculation of temporary partial wage loss.

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0822640

Thomas Contreras,)
)
 Claimant,)
)
 vs.)
)
 St. Jones Fire District)
 Commission, Employer,)
)
 and)
)
 State Accident Fund, Carrier,)
)
 Defendants.)
)

TRANSCRIPT OF PROCEEDINGS

May 14, 2013

This hearing was held before Commissioner Gene McCaskill, reported by Kimberly T. Power, Court Reporter and Notary Public in and for the State of South Carolina; said proceedings were held at the South Carolina Workers' Compensation Commission, 500 North Main Street, County Services Building, Summerville, South Carolina, on Tuesday, May 14, 2013, commencing at 2:20 p.m.

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1 THE COURT: Today's date is May 14, 2013.
2 This is the case of Thomas Contreras vs. St. Johns Fire
3 District Commission. The carrier is the State Accident
4 Fund. The claimant is represented by James G.
5 Christmas, and the carrier/employer is represented by
6 Margaret M. Urbanic. The Workers' Compensation
7 Commission File Number is 0822640.

8 The date of the accident is October 8, 2008.
9 There are -- there are issues concerning average weekly
10 wage and comp rate which we discussed in the
11 pre-hearing conference, so that's yet to be determined.
12 This is an admitted claim?

13 MS. URBANIC: It's admitted to the right
14 shoulder.

15 THE COURT: Admitted to the right shoulder.
16 All right. Objections to APAs, jurisdiction, venue?

17 MR. CHRISTMAS: None from the claimant.

18 MS. URBANIC: Commissioner, I have an
19 objection to the claimant's Tab 14, which is Pages 274
20 to 299 of their APAs as I just received it yesterday,
21 so it's untimely. Payroll records from the bowling
22 alley and the bowling alley Form 20.

23 MR. CHRISTMAS: Commissioner, if I could just
24 speak to that. The Form 20 has been -- should have
25 been made a part of the Commission file and sent in

1 under a separate cover letter. These are the actual
2 wages from the bowling alley. We just got them. We
3 produced them as soon as we got them. It only goes to
4 the issue of temporary partial disability. And as we
5 discussed off the record, we have no objection to the
6 defendants having a day or two to review those numbers,
7 meet with us and try to get a consensus on that if
8 there is any good faith dispute to those. Whatever the
9 numbers are, they are and we don't see any prejudice
10 there. We just ask that they be moved into evidence,
11 please.

12 THE COURT: All right. Ms. Urbanic, we're
13 going to note your objection for the record. But as we
14 discussed in the pre-hearing conference, you do have
15 time to review these records. And if you have
16 concerns, we certainly can reconvene in some fashion
17 whether that be a conference call or actually reconvene
18 a hearing if we need to to address your concerns.

19 MS. URBANIC: Thank you.

20 THE COURT: Any other objections?

21 MR. CHRISTMAS: No, Your Honor.

22 MS. URBANIC: No.

23 THE COURT: All right. The Commission file
24 becomes a part of the record with the exception of
25 self-serving declarations and unstipulated medical

1 reports.

2 All right. Mr. Christmas, if you could,
3 please, sir, put your client's position on the record.

4 MR. CHRISTMAS: Thank you, Your Honor. It's
5 claimant's position that he is permanently partially --
6 or suffered permanent partial wage loss as a result --
7 under Section 42-9-20 as a result of sustaining
8 injuries to his right shoulder, right upper extremity,
9 specifically the right bicep being the second body part
10 that's affected.

11 The analysis for the wage loss argument is
12 authorized treating orthopedic surgeon, Dr. Demarco,
13 has said that claimant is not able to return to his old
14 job, that is APA No. 3, Page 15, as a firefighter. The
15 two body parts are from authorized treating physician,
16 Dr. James Demarco. He mentions the right shoulder,
17 right upper extremity, and specifically the right
18 bicep. He says that the right shoulder affects the
19 right upper extremity as well. That is APA No. 3,
20 Pages 16, 17, and 18.

21 Also he in giving his global impairment which
22 included the shoulder and the upper extremity assigned
23 three percent specifically to the right bicep which is
24 APA No. 3, Page 20. And there's also notation
25 throughout the medical records with Demarco and

1 Jacowitz who is another authorized treating orthopedic
2 surgeon talking about the biceps. The fourth surgery
3 that the claimant had -- he's had four surgeries in
4 this case -- was also to repair the bicep. That's APA,
5 I think we mentioned it earlier, No. 4, Pages 54 and
6 55. And also there is an opinion from another
7 orthopedic surgeon, Dr. Charles Hughes, that also
8 states that the right shoulder affects the right upper
9 extremity, mentions the right shoulder, right upper
10 extremity, and right bicep, and that's APA No. 2, Page
11 9.

12 With regard to wage loss, there is also a
13 vocational report from Jean Hutchinson, it's APA No. 1,
14 Page 8, that finds the claimant has sustained permanent
15 partial wage loss. There also are his actual earnings
16 which are APA No. 13, Page 20 with the fire department
17 and also APA 13, Page 27 with regard to the bowling
18 alley.

19 He was duly employed. We need to talk about
20 that as well. He has a Form 20 that I don't believe is
21 disputed from the fire department that has an average
22 weekly wage of \$993.49, a compensation rate of \$662.36
23 which is the max -- which would reach the maximum
24 compensation rate for 2008 on its own. But given this
25 is a permanent partial wage loss case, we do need to

1 consider the second employment to determine that
2 correct average weekly wage. APA No. 12, Page 270 is
3 the Form 20 that should be part of the Commission file
4 and also has been submitted as an APA exhibit that has
5 the average weekly wage of being an additional \$180.72
6 with a new comp rate of \$120.49. When you combine the
7 work for the fire department with the work with the
8 bowling alley, the new combined average weekly wage is
9 \$1,174.21, and we would ask that that number be used in
10 determining his permanent partial wage loss under
11 42-9-20.

12 He's asking for, you know, past and future
13 medical care and treatment. Specifically authorized
14 treating physician Demarco at APA No. 3, Page 16 has
15 recommended medications, pain management, injections,
16 TENS unit, repeat diagnostics, physical therapy, and
17 office visits. We are also seeking a period of
18 temporary partial disability from January 21, 2011,
19 which is the date that the claimant was terminated by
20 the St. Johns Fire Department, up through May 16, 2011
21 for a total of 17 weeks. That's the date he reached
22 maximum medical improvement per authorized treating Dr.
23 James Demarco.

24 We are asking that he be paid his money in a
25 lump sum. And we are also asking that, just out of

1 abundance of caution, while he is working for the
2 bowling alley that we be allowed to have James vs. Anne
3 and Utica Mohawk language for apportionment in the
4 event that he is unable to work in the future.

5 Because of the pre-trial and the notes, I
6 went a little faster on that. If you need me to repeat
7 any of that, I'll be happy to do that.

8 THE COURT: All right. Ms. Urbanic.

9 MS. URBANIC: Commissioner, we've admitted
10 this claim to the right shoulder only. Gary referenced
11 the surgical record from surgery number four which is
12 on Pages 56 and 57 of the claimant's APA submissions.
13 You will note the pre-operative and post-operative
14 diagnosis is -- are regard to the right shoulder.
15 There is reference to the bicep, that the bicep
16 attaches to the right shoulder. And we would argue if
17 you look at the reports and records, you will see the
18 pain to the shoulder.

19 The most recent 14B which is from
20 Dr. Demarco, the most recent authorized treating
21 physician, which is on Page 56, Tab 8 of defendant's
22 APA submissions, references the 9 percent impairment
23 rating to the right upper extremity which converts to
24 15 percent radiating to the right shoulder. And just
25 because Dr. Demarco in his note from August of 2012

1 references the biceps as part of his radiating to the
2 right upper -- to the upper extremity, doesn't mean
3 it's a separate body part. It's just included because
4 that was attached to the right shoulder and part of the
5 surgery. So we think it should be limited to a 42-9-30
6 award to the right shoulder only.

7 With regards to the contention under 42-9-20
8 you should rely on Jean Hutchinson's report, we would
9 point out that report is from the fall of 2011. One,
10 it doesn't accurately reflect the amount of money
11 Mr. Contreras is currently earning from the bowling
12 alley. I believe he is earning a little over \$9 an
13 hour. And Mr. Contreras testified in his deposition
14 about some various jobs he's applied for and the type
15 of work he is capable of doing which I don't believe
16 it's appropriate to the vocational report of Jean
17 Hutchinson and we would argue that they fail to meet
18 their burden of proof with regards to that.

19 If for some reason you decide it shouldn't be
20 a 42-9-30 case with regard to the additional income
21 from the bowling alley and comp rate issue, you have
22 given me a few extra days to look at the documents that
23 Gary just sent over, so I would take the opportunity to
24 reply then just to go through the numbers and double
25 check ours to that.

1 As to the lump sum and allocation language,
2 Mr. Contreras is not on Social Security, he's not
3 applied for Social Security, and we don't think that's
4 appropriate for him to get that allocation language.

5 THE COURT: What's your position on the lump
6 sum?

7 MS. URBANIC: The lump sum, we would argue
8 that he has to show that he needs a lump sum. It's
9 always more appropriate for claimants to receive
10 benefits as a weekly check which is the State Accident
11 Fund's position in regards to that. I want to make
12 sure that's everything in there. And I believe that's
13 -- that covers everything.

14 MR. CHRISTMAS: Commissioner, I left one
15 thing out. Just in an the alternative to protect the
16 record, while we do believe this is a permanent partial
17 wage loss case under 42-9-20, in the alternative it
18 would be 42-9-30, Subsection 14, for the shoulder for
19 the 15 percent, also there's a rating of 10 percent to
20 the clavicle which we would be asking for disability on
21 under 67-11-01, Regulation 67-11-01, that's through
22 Dr. Hughes.

23 And also with regard to the evidence issue of
24 the Hutchinson report. There's nothing that has
25 physically changed in claimant's impairment or his

1 restrictions from any physician, authorized or
2 otherwise, since that report was created. There's
3 nothing in claimant's employment that has changed since
4 that report was created. The defendants have offered
5 absolutely no vocational evidence of any kind to
6 support their contention that he is employable at a
7 greater wage than he has actually earned.

8 In addition to that report, we don't have
9 speculative wage loss here. We have actual wage loss
10 that is demonstrated by loss of employment with the
11 fire department and demonstrated by his ability to only
12 work for 15 or 14 hours at the bowling alley.

13 MS. URBANIC: Just briefly in response.
14 Dr. Hughes is not an authorized treating physician.
15 He's an IME doctor that Mr. Christmas sent his client
16 to several years ago. The clavicle is not an accepted
17 body part. There would have to be a finding of
18 compensability in regards to that. We're not aware of
19 Dr. Demarco ever addressing that.

20 The one thing I forgot to mention was the
21 thing about ongoing medical treatment. We obviously
22 want that as related by the authorized treating
23 physician, Dr. Demarco, for causally-related medicals
24 and issues which I don't think is an issue.

25 THE COURT: Anything else, Mr. Christmas?

1 MR. CHRISTMAS: No, Your Honor.

2 THE COURT: All right. Ready to hear from
3 your witness?

4 MR. CHRISTMAS: Thank you.

5 (THOMAS CONTRERAS, JR., being duly sworn to
6 tell the whole truth, testified as follows:)

7 THE COURT: Please state and spell your full
8 name for the record.

9 THE WITNESS: Thomas Contreras, Jr. Thomas,
10 T-H-O-M-A-S, C-O-N-T-R-E-R-A-S.

11 THE COURT: Two requests for you. One, this
12 is a council chamber, not a hearing room. So it's a
13 little large for our purposes, but we're happy to have
14 it. I ask that you speak up. It's imperative that
15 young lady sitting right there who is making the record
16 hear you, but it's also equally important that the two
17 attorneys and I hear you. So if you -- the P.A. system
18 is not on, so you will need to speak up. Okay?

19 THE WITNESS: Yes.

20 THE COURT: The second is if you're asked a
21 yes or no question, please respond with yes or no. If
22 you shake or nod your head, she actually has to put
23 that in the record and sometimes that can be
24 misunderstood. An answer of yes or no is clearly
25 understood. So if it's a yes or no question, please

1 answer that way. All right?

2 THE WITNESS: Yes, sir.

3 THE COURT: Okay. Mr. Christmas.

4 MR. CHRISTMAS: Thank you.

5 DIRECT EXAMINATION

6 BY MR. CHRISTMAS:

7 Q Tommy, how old are you now?

8 A Fifty-one.

9 Q Okay. And how far did you go in school?

10 A High school, 12.

11 Q What year did you graduate?

12 A What year did I graduate?

13 Q Yes, sir.

14 A 1979.

15 Q Okay. And your current -- your past employment
16 with the fire department, how long had you been working with
17 them?

18 A Twenty-two years and seven months.

19 Q And is that the St. Johns Fire Department?

20 A Yes.

21 Q Is that the employer with which you were working
22 when you were injured?

23 A Yes.

24 Q Have you ever had any write-ups for dishonesty
25 with the St. Johns Fire Department or any other employer?

1 A No.

2 Q And, again, make sure you speak up for the court
3 reporter and for Ms. Urbanic. Do you have any criminal
4 record of any kind?

5 A No.

6 Q Do you have any history of drug or alcohol abuse
7 or treatment?

8 A No.

9 Q Do you have any military experience?

10 A Yes.

11 Q What branch were you in?

12 A Army.

13 Q And how many years were you in the service?

14 A Four years and three months.

15 Q Were you honorably discharged?

16 A Yes.

17 Q And when you were discharged, what was your final
18 rank there, your class?

19 A I was an E4.

20 Q All right. In terms of your work with the fire
21 department, I know you were there for over 22 years. In
22 that time, did you have any awards or anything given to you
23 by the department or by the community for your service?

24 A I was given most improved one year, and also I was
25 given a citizens award from Bank of America.

1 Q Ultimately did you rise to the level of being
2 captain of the department?

3 A Yes.

4 Q And before we get into that job description, I
5 want to ask you, are you married?

6 A Yes.

7 Q Okay. And how long have you been married?

8 A Twenty-eight years.

9 Q Do you have any kids?

10 A Two.

11 Q And what are their ages?

12 A Twenty-eight and 24.

13 Q Do you have any type of four year degree?

14 A No.

15 Q Any type of two year degree?

16 A No.

17 Q Do you have any type of technical college
18 certificates or training of any kind?

19 A No.

20 Q In terms of computer skills, I imagine almost
21 everybody can get on the internet and probably shoot an
22 e-mail. But do you have any computer training of any kind?

23 A No.

24 Q Have you ever been trained in QuickBooks?

25 A No.

1 Q Have you ever been trained in Excel?

2 A No.

3 Q Have you ever been trained in, you know,
4 PowerPoint or Adobe?

5 A No.

6 Q Have you ever worked in any type of office job in
7 the last 23, 25 years where you had any on-the-job training
8 for QuickBooks, Excel, Outlook, PowerPoint, anything like
9 that?

10 A No.

11 Q Okay. Now, before we get into your job
12 description with the fire department, what was your past
13 employment before working for the fire department? What
14 other types of jobs had you done?

15 A I worked for Domino's Pizza delivering pizza and
16 making pizza also. I worked at Home Depot. I've worked at
17 the bowling alley, and I did install fireplaces also.

18 Q And the jobs that you're talking about, past
19 employment before the fire department, were those physical
20 jobs?

21 A Yes.

22 Q Did they require to use both of your arms?

23 A Yes.

24 Q And how so?

25 A Well, the fireplace job, we had to carry the

1 fireplaces and we had to put them in the hole that they
2 made, you know, for the fireplace. We had to run pipes for
3 the chimney. So we had to hold the pipes and stick them
4 together.

5 Q How about with the pizza job with the delivering
6 and with making the pizzas?

7 A With the pizzas, I had to drive. I also had to
8 make boxes -- the boxes for the pizza. And if I was helping
9 make pizza, I had to grab the dough and flatten dough and
10 throw cheese on it.

11 Q Okay. And in terms of those jobs with the
12 injuries and the work restrictions you have now, do you
13 think you would be able to go and do that type of work now?

14 A No.

15 Q What would keep you from doing the -- putting in
16 the fireplaces work?

17 A The lifting and holding anything overhead.

18 Q How about with the pizza job, what would keep you
19 from doing that job?

20 A The pizza job, there's also some lifting. When
21 the truck comes in, you've got to pick stuff up. And with
22 moving around a lot, folding the boxes and stuff like that,
23 it will hurt afterwards.

24 Q Okay. In terms of your work restrictions, what's
25 your understanding of what your work restrictions are from

1 Dr. Demarco?

2 A As far as?

3 Q Let's say weight -- what weight can you lift
4 according to him?

5 A Fifteen, 20 pounds.

6 Q And what about do you have any restrictions with
7 the use of your right arm?

8 A My right arm? No overhead.

9 Q Okay. And I want to talk a little bit about your
10 job with the fire department. I know that you were a
11 captain. As a captain, did you also have to do the same
12 type of work that every other firefighter does?

13 A Yes.

14 Q Did you have to meet the same physical
15 requirements?

16 A Yes.

17 MR. CHRISTMAS: And in the APAs Page 228
18 through 230, Commissioner, we submitted a copy of the
19 job description.

20 BY MR. CHRISTMAS:

21 Q When it says you have to have the ability to meet
22 physical standard NFPA, what does that mean?

23 A Whatever the policy was for NFPA, which was as far
24 as it includes hearing, lifting, seeing.

25 Q What amounts of weight do you have to lift to meet

1 those physical requirements?

2 A The weights were up to at least a 165 pound dummy
3 that we had that we had to drag for the physical fitness
4 test.

5 Q Is that dummy supposed to simulate a human being
6 that you're saving from a fire?

7 A Yes.

8 Q In your job, would your job also require you to
9 have the ability to actually save a real person in a fire?

10 A Yes.

11 Q Whatever weight they happen to be?

12 A Whatever weight, yes.

13 Q Okay. It says that you also have to have the
14 ability to function, react quickly, calmly and so forth, and
15 that you also have to have the abilities for standard for
16 fire officer. Those physical requirements that are required
17 of you as a -- as a fire department firefighter, are you
18 physically able to do those now after this work accident and
19 your injuries?

20 A No.

21 Q Okay. What specifically can you not do as a
22 result of your work restrictions and your impairments?

23 A I can't lift ladders. I can't raise ladders.
24 When we had to carry the generator, I couldn't carry that.

25 Q Okay. I know this is an admitted accident, but I

1 want you to please tell the Commissioner briefly what
2 happened on October 8th of 2008.

3 A We went out -- at four o'clock we have to do
4 physical training. We usually run on the treadmill for a
5 little bit and then we would lift weights. I was lifting.
6 I was bench pressing. And when I went up, I heard something
7 pop, and my arm just dropped and I couldn't lift it back up.

8 Q Okay. As a result of this work accident, from
9 head to toe, if you could please describe to the
10 Commissioner what all was injured?

11 A My shoulder.

12 Q Which shoulder?

13 A My right shoulder and my bicep.

14 Q Which bicep?

15 A My right bicep.

16 Q If you could describe for me where it is in the
17 shoulder, what area are we talking about? Show the
18 Commissioner, please.

19 A It's right -- (Witness indicates.) I don't know
20 what you call it.

21 Q Just let the record reflect that you're pointing
22 to the top part of your shoulder in about the center?

23 A Yes.

24 Q Okay. On a pain scale of zero to ten, zero being
25 no pain and ten being the worse pain, what's it like in the

1 right shoulder?

2 A Seven.

3 Q Okay. What's it like on your worse days?

4 A On my worse days, seven.

5 Q What's it like on your best days?

6 A Five.

7 Q Okay. And in terms of the right bicep that you
8 were talking about, if you can show the Commissioner where
9 that hurts.

10 A The bicep hurts in the front and in the back.

11 (Witness indicates.)

12 Q Okay. And let the record reflect the claimant is
13 pointing to the front of his bicep near the bend of his
14 elbow and the front and the backside of his right arm.

15 And so in that area with the bicep, on that same
16 pain scale of zero to ten, zero being no pain and ten being
17 the worse pain, what does it feel like in your right bicep?

18 A About a seven.

19 Q And what's it like on your best days with that?

20 A Five.

21 Q Okay. In the bicep area what, if any, symptoms do
22 you have other than the pain?

23 A Spasms sometimes and sometimes it gets tight.

24 Q Okay. Is there ever a time where your right
25 shoulder injury is completely gone, you can't feel it?

1 A No.

2 Q Is it always there?

3 A Yes.

4 Q And in the right bicep, is there ever a time when
5 your right bicep injury is always gone and you can't feel
6 it?

7 A No.

8 Q Is it always there?

9 A Yes.

10 Q Okay. Now, with regard to your right shoulder and
11 your right bicep and right arm, have you ever had any prior
12 accidents at work or anywhere before this work accident
13 we're here for today?

14 A Yes.

15 Q On your right shoulder?

16 A Oh, not on my right shoulder, no.

17 Q Did you have one on your left shoulder?

18 A On my left shoulder.

19 Q So listen to my question again. On the right
20 shoulder, right arm, and right bicep, have you ever had any
21 prior work accidents or any other type of accident to the
22 right side before this work accident?

23 A No.

24 Q Okay. With regard to the one to the left
25 shoulder, how did that happen?

1 A Left shoulder was the same thing. I was lifting
2 weights and my shoulder popped.

3 Q Was that also when you were at work?

4 A Yes.

5 Q Okay. With regard to your medical treatment, I'm
6 going to let most of the medicals speak for themselves, but
7 did you have any injections in your shoulder and bicep?

8 A From the injury?

9 Q Yes.

10 A Yes.

11 Q How many injections do you think you had?

12 A Probably had about three.

13 Q After those injections, did you go on to have
14 surgeries?

15 A Yes.

16 Q How many surgeries did you have?

17 A Total four.

18 Q In terms of the four surgeries, and I know you
19 probably don't know the medical jargon, but do you know what
20 the surgeries were designed to do?

21 A I had -- well, up here he called it a tore labrum.
22 He just cut it and stitched it together.

23 Q What about your fourth surgery, your last surgery?

24 A The fourth surgery was the bicep where he cut it
25 up right in here and moved it and screwed it to the bone.

1 (Witness indicates.)

2 Q And let the record reflect the claimant is
3 pointing to the top of his bicep and talking about moving
4 the tendon over, you know, to try to repair the area.

5 So with regard to the four surgeries, did that
6 take away -- any of them take away all your pain in your
7 right shoulder and your right bicep?

8 A No.

9 Q Are you still having the permanent problem in your
10 right shoulder and right bicep?

11 A Yes.

12 Q Okay. Now, I know that you were terminated by the
13 fire department. What was the last date of work that you
14 did there?

15 A Dr. Demarco released me January 21st.

16 MR. CHRISTMAS: And, Commissioner, I just
17 point you to APA No. 10, Page 231 where he was
18 terminated on January 31st -- excuse me, 21st, 2011.

19 BY MR. CHRISTMAS:

20 Q At the time of your accident, were you working any
21 other jobs other than the St. Johns Fire Department?

22 A I was working at the bowling alley.

23 Q Okay. And I'm looking at APA No. 11, Page 2,
24 looks like 66. This was a Form 20 that was produced by the
25 St. Johns Fire Department. It has your four quarters of

1 what you earned and it has you having an average weekly wage
2 of \$993.49 and a compensation rate of \$662.36. Can you
3 review that and I'm just going to ask you a few questions.

4 In terms of the quarters and what you earned, does
5 that look about right to you as to what you earned in the
6 first, second, third, and fourth quarter in 2008 and 2007?

7 A Yes.

8 Q Okay. And this average weekly wage of \$993.49,
9 does that look accurate to you?

10 A Yes.

11 MR. CHRISTMAS: Commissioner, I'm looking at
12 APA No. 12, Page 270.

13 BY MR. CHRISTMAS:

14 Q And this was a Form 20 that was submitted by the
15 bowling alley that showed what you earned for your quarters
16 to determine your average weekly wage. Can you look at
17 those quarters and also the amounts and I'm going to ask you
18 a few questions when you're ready.

19 These quarters when it shows what you earned for
20 the first, second, third, and fourth quarters in 2008 and
21 2007, does that appear accurate to you?

22 A Yes.

23 Q And the average weekly wage of \$180.72, does that
24 appear accurate to you as well?

25 A Yes.

1 Q Okay. Now, in January of 2013, did your hours
2 increase at the bowling alley?

3 A Yes.

4 Q Okay. And what did they increase to at that time?

5 A It went from like 4 to 14, 17 hours.

6 Q Okay. Have you --

7 A Excuse me, 17 hours.

8 Q What do you typically get a week?

9 A Fourteen hours.

10 MR. CHRISTMAS: And so, Commissioner, I'm
11 looking at APA No. 13, Page 272.

12 BY MR. CHRISTMAS:

13 Q This is the reporting of what you earned at the
14 beginning of 2013, January through March, and it has you at
15 \$1,610.08. Is that accurate?

16 A Yes.

17 Q And in terms of the number of hours. I think you
18 testified it was 14, what are you earning per hour in that
19 job?

20 A It's \$9.18 an hour.

21 Q Now, with regard to that job, are you working any
22 other employment other than the bowling alley?

23 A I have a little snack route I take care of.

24 Q So tell the Commissioner about that. Do you earn
25 any money from that snack route?

1 A I don't make nothing off that snack route, really.

2 Q Where is the snack route? Where are the machines?

3 A At fire stations and I don't charge that much
4 money, so I put the money back -- back into it.

5 Q Did you also run that snack route back when you
6 were injured?

7 A Yes.

8 Q Okay. So you've had that both before and after
9 the accident?

10 A I've had it since '95.

11 Q And are you claiming any extra average weekly wage
12 from the snack route?

13 A No.

14 Q Okay. With regard to your attempts to find work,
15 I know that the -- you were terminated by the fire
16 department and you're working for the bowling alley. Have
17 you looked for work anywhere else?

18 A Yes.

19 Q Okay. What other types of places, if you can tell
20 the Commissioner, have you tried to find work?

21 A I've looked at Wal-Mart, Carmax. I've looked in
22 the federal job listing to try to find something in there.

23 Q Okay. Have you applied for jobs?

24 A Yes.

25 Q Okay. Has anyone hired you?

1 A No.

2 Q Okay. Is -- are you earning the same type of
3 money now that you were earning at the time of the accident
4 when employed by the fire department?

5 A No.

6 Q Okay. Are you earning less now?

7 A Yes.

8 Q Okay. Have you tried to find employment to become
9 fully employed and make the most money you can since being
10 let go by the fire department?

11 A Yes.

12 Q If you were physically able to return to work at
13 the fire department, would you have returned there?

14 A Yes.

15 Q Were you physically able to return there?

16 A No.

17 Q And why not?

18 A Because I couldn't -- I couldn't pass the physical
19 agility test. And the training that they had, I couldn't do
20 that training.

21 Q If Wal-Mart or these government jobs or any of the
22 places you've applied, any of them had hired you, would you
23 have tried your best to work in those jobs?

24 A Yes.

25 Q Have you done everything you know how to do to try

1 to become fully employed?

2 A Yes.

3 Q With those jobs like the ones at Wal-Mart and so
4 forth, do you know as you sit here now whether you would
5 really be able to do those jobs or not?

6 A I won't know unless I try.

7 Q Okay. If you were -- if there was some other job
8 that was made available to you that was within your
9 restrictions, would you be working at it now?

10 A Yes.

11 Q Has any job offer been made to you within your
12 work restrictions?

13 A No.

14 Q All right. I want to talk about your range of
15 motion. And what I mean by that is your ability -- first,
16 let's talk about being able to put your arm completely up
17 over your head. Prior to this work accident, did you have
18 any problems with your range of motion in your right
19 shoulder?

20 A No.

21 Q Do you have any problems with the range of motion
22 there now?

23 A Yes.

24 Q How so?

25 A I can't go straight up and hold it, but like -- or

1 swinging, like if I'm going to swing my arm up, I have to
2 swing it around.

3 Q Okay. Did you have those limitations before the
4 work accident?

5 A No.

6 Q And the limitations you have now, is that from
7 your injury from the work accident?

8 A Yes.

9 Q I want to talk about the strength in your right
10 shoulder and right arm. Did you have any problem with the
11 strength in it prior to the work accident?

12 A No.

13 Q And do you have any problems with the strength in
14 it now as a result of the work accident?

15 A Yes.

16 Q What kind of problems, if you could tell the
17 Commissioner, are you having with the strength?

18 A Just with lifting when I go to lift or hold
19 something up, my shoulder will hurt and the bicep will spasm
20 real bad.

21 Q Okay. Did you ever get spasms in the bicep before
22 this work accident?

23 A No.

24 Q And the spasms that you have in your right bicep,
25 does that come from the injury in the work accident?

1 A Yes.

2 Q Are you right or left hand dominant?

3 A Right hand.

4 Q And in terms of your ability to lift with the
5 right arm before this work accident, did you have any
6 restriction or limitation on your ability to lift before
7 this work accident?

8 A On my right arm?

9 Q Yes, sir.

10 A No.

11 Q Do you have restrictions on what you can lift with
12 your right arm now as a result of the work accident?

13 A Yes.

14 Q What's the most -- I know what the doctors think
15 you can lift. What's the most you'll attempt to lift?

16 A The most I'll attempt to lift is about 25 pounds
17 I'll try. But when I lift, I don't raise everything up
18 high.

19 Q Okay. Now, talking about -- moving to the area of
20 what you used to do around the home. Are there any
21 activities inside the home or outside the home that you used
22 to do that you are now limited in any way as a result of the
23 accident?

24 A I used to vacuum and dust and clean windows. I
25 don't do that no more.

1 Q Why not?

2 A My shoulder when raising up and the bicep just
3 hurts. I stop.

4 Q How about in terms of your ability to get dressed?
5 Do you have any problems dressing yourself?

6 A No.

7 Q How about driving, any problems driving?

8 A I drive left-handed now. I don't keep my right
9 hand on the steering wheel no more.

10 Q And why not?

11 A Moving it back and forth, it hurts.

12 Q Okay. Now, with regard to medical treatment,
13 Dr. Demarco has recommended a series of treatments including
14 medications, pain management, injections, TENS unit, repeat
15 diagnostics, physical therapy, office visits, and so forth.
16 Are you interested in continuing in having that medical
17 treatment going forward?

18 A Yes.

19 Q And with regard to the issue of lump sum, are you
20 in charge of your own bank account?

21 A Yes.

22 Q Do you handle your own financial affairs?

23 A Yes.

24 Q Do you make decisions for yourself on food,
25 clothing, shelter, things of that nature?

1 A Yes.

2 Q Could you use the money in this case in a lump sum
3 to help pay for food, clothing, shelter, debt, things of
4 that nature?

5 A Yes.

6 Q And have you ever been deemed by a court of
7 competent jurisdiction to be incompetent?

8 A No.

9 MR. CHRISTMAS: That's all I have,
10 Commissioner.

11 THE COURT: All right. Ms. Urbanic.

12 MS. URBANIC: Thank you. Commissioner, one
13 thing I failed to point out earlier was the last note
14 from August of 2012 from Dr. Demarco referenced some of
15 that ongoing medical care. But on the 14B from
16 September of 2012, which is Tab 8, Page 56 of the
17 defendant's APAs, he actually checked the box that he
18 would not need future medical care. So I just wanted
19 to point that out.

20 CROSS-EXAMINATION

21 BY MS. URBANIC:

22 Q Mr. Contreras, you mentioned briefly on direct
23 examination that you injured your left shoulder I think it
24 was back in 2006?

25 A Yes.

1 Q And it was the exact same thing lifting weights at
2 the fire station?

3 A Yes.

4 Q And you had a workers' compensation claim for that
5 as well?

6 A Yes.

7 Q And you actually received \$19,000 for the injury
8 to your left shoulder?

9 A Yes.

10 Q I understand you've worked at the bowling alley
11 for approximately 12 years?

12 A Yes.

13 Q You said in January your hours went up to about 14
14 hours a week?

15 A Yes.

16 Q And you had actually thought you were going to get
17 the manager position at the bowling alley; is that right?

18 A No. That was my goal when I retired as a fire
19 firefighter, to go right into management.

20 Q Okay. Well, didn't that position come up recently
21 at the bowling alley and it went to somebody else?

22 A They transferred a manager from a bowling alley
23 that closed to that one, so they never advertised or
24 anything.

25 Q You've been looking for work in the past couple of

1 months; is that right?

2 A Yes.

3 Q Okay. Because you mentioned the Wal-Mart job; is
4 that right?

5 A Yes.

6 Q And you didn't get that job because Wal-Mart makes
7 you take a test?

8 A I took a test and I didn't pass.

9 Q You didn't pass the test. Okay. And that was
10 about turning in employees if somebody was stealing a soda
11 kind of thing?

12 A Something like that, yeah.

13 Q I've never taken a test for Wal-Mart, so I don't
14 know firsthand. And you also applied at Carmax as a finance
15 clerk; is that right?

16 A Yes.

17 Q Okay. And you mentioned a couple of jobs with the
18 federal government; is that correct?

19 A Yes.

20 Q And one of them was immigration?

21 A I was looking into that, yes.

22 Q Because you're fluent in Spanish; is that right?

23 A Yes.

24 Q And the immigration job, what was the range of
25 salary in that position?

1 A I think it was from 58 to 90.

2 Q And the other job at the federal government was a
3 finance clerk position?

4 A Yes.

5 Q And what was that range?

6 A Forty-nine -- 30 or 49.

7 Q And you have not heard back with regards to either
8 one of those federal jobs?

9 A No. I didn't -- the finance clerk job was in
10 North Carolina, so -- but I was hoping to get one in
11 Charleston and never came through.

12 Q All right. But those would all be sitdown behind
13 a desk type position; is that right?

14 A Yes.

15 Q And you think you can do that type of sitdown
16 behind the desk type job?

17 A Yes.

18 Q And you mentioned briefly about your snack machine
19 business. Can you explain what exactly that entails?

20 A I have about six machines that I take care of. I
21 sell snacks out of them or soda and they're in the fire
22 stations.

23 Q So you deliver the snacks to the fire stations and
24 restock the machines?

25 A Yes.

1 Q You order the snacks?

2 A I go to Sam's or Cosco.

3 Q You go buy the snacks?

4 A Uh-huh.

5 Q Is that yes?

6 A Yes.

7 THE COURT: Do you own these machines?

8 THE WITNESS: Yes.

9 BY MS. URBANIC:

10 Q And you keep track of the books on these machines?

11 A Yes.

12 Q And I think you told me in your deposition that
13 because you're selling them at fire stations, you don't
14 charge a lot money for the snacks?

15 A I can't because they're not going to buy it. I
16 don't charge them for it.

17 Q All right. So you've never -- you've only broken
18 even on this business?

19 A They notice if I go up a nickel. Oh, you went up
20 a nickel on the Snickers.

21 Q And you've been doing that for how many years?

22 A Since '95.

23 Q And how many weeks do you devote to that business?

24 A How many weeks?

25 Q How many hours a week? Excuse me.

1. A Maybe three -- three hours.

2. Q And you work at the bowling alley about 14 hours a
3. week?

4. A Yes.

5. Q And I think you told me in your deposition you
6. have a two-year-old granddaughter you help take care?

7. A I help while my daughter is in school.

8. Q And is that on a daily basis?

9. A No, that's just -- you know, she'll call me and
10. tell me, Can you watch her tomorrow?

11. Q I think you also told me your mother lives with
12. you and you spend time driving her to appointments during
13. the day?

14. A Yes.

15. Q You haven't been back to Dr. Demarco since August
16. of 2012; is that correct?

17. A Yes.

18. Q You haven't been to a doctor for your shoulder
19. since then?

20. A No.

21. Q And you're not taking any -- currently taking any
22. pain medication for your right shoulder?

23. A No.

24. Q And you talked about some things you can and can't
25. do around the house on direct, but you're able to do some

1 yard work; is that right?

2 A Yes.

3 Q Rake leaves?

4 A Yes.

5 Q You mentioned trimming, cutting bushes?

6 A I tried that. I don't do that.

7 Q Are you able to wash your car?

8 A Yes.

9 Q Okay. Do dishes in the house for your wife?

10 A Sometimes, yeah.

11 Q I believe up until the time of your deposition,
12 you had been going to the gym; is that right?

13 A I signed up for the gym, but I haven't been in a
14 long time.

15 Q In your deposition you mentioned it had been about
16 three weeks since you had gone to the gym.

17 A The last time I went, yeah.

18 Q And you stopped going to the gym because you lose
19 weight when you go to the gym?

20 A Right -- no, I gain weight.

21 Q You gain weight when you go in the gym, but you
22 lose weight when you stop going, right?

23 A Yes.

24 Q We all want that diet.

25 THE COURT: I was going to say, I want that

1 diet.

2 BY MS. URBANIC:

3 Q And you used to run on the treadmill at the gym?

4 A Yes.

5 Q And when I asked you about whether or not you had
6 thought about going back to school in your deposition, you
7 mentioned about possibly going back to study human
8 resources?

9 A Yes.

10 Q Is that something you thought about?

11 A Something I like, yeah.

12 Q And the reason you haven't gone back is because it
13 cost money to go back to school?

14 A Yes.

15 Q But you think you can do that type of work if you
16 got training for it?

17 A Yes.

18 Q You've never applied for Social Security
19 disability?

20 A No.

21 Q And your plan for the future is to get a full-time
22 job; is that correct?

23 A Yes.

24 Q You only saw Dr. Hughes once; is that right? He
25 was the doctor I think up in Orangeburg.

1 A Orangeburg? I went to Mt. Pleasant.

2 Q Okay. Well, maybe he has an office in Mt.
3 Pleasant. And the voc report that was done by Jean
4 Hutchinson, you hadn't seen her since 2011; is that correct?

5 A Yes.

6 Q Since 2011 you actually had surgery number four on
7 your right shoulder. Does that sound right? Your surgery
8 was in March of 2012?

9 A I know it was in March.

10 Q 2012, though, right? Your last surgery was about
11 a year ago?

12 A Yes.

13 MS. URBANIC: Okay. I believe that's all the
14 questions I have for Mr. Contreras.

15 THE COURT: All right. Mr. Christmas.

16 MR. CHRISTMAS: Thank you. I'll be brief,
17 Commissioner.

18 REDIRECT EXAMINATION

19 BY MR. CHRISTMAS:

20 Q Okay. When you had the left shoulder -- not the
21 right shoulder we're here for today, but the left shoulder
22 injury back in 2005, were you able to return to duty full
23 duty?

24 A Yes.

25 Q With the fire department?

1 A Yes.

2 Q Full-time?

3 A Yes.

4 Q Without restrictions?

5 A Yes.

6 Q Able to do all the job requirements that they
7 required of you?

8 A Yes.

9 Q Okay. Are you able to do that with your right
10 shoulder?

11 A No.

12 Q Okay. With regard to the bowling alley, you were
13 asked about I know your goal maybe was to become manager
14 there. When the opportunity came up and they were looking
15 for a manager, did they hire you to do it?

16 A No.

17 Q What did they do?

18 A The took -- the bowling alley closed in Savannah
19 and they moved that manager to Charleston. He lived in
20 Charleston anyway.

21 Q Even though you had been there for all those
22 years?

23 A Yes.

24 Q How many years you been working there?

25 A Twelve.