

22175

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED

APR 03 2015

SC Court of Appeals

APPEAL FROM South Carolina
Workers Compensation Commission

Full Commission Order Dated December 19, 2013 Affirming Commissioner Melody L. James
orders dated January 04, 2013 And September 30, 2013

Case No.: 2014-000186

John McDaniel, Employee.....Appellant,

v.

Career Employment Professional D/B/A Snelling Staffing, Employer, and United Wisconsin Insurance
Co., Carrier.....Respondents.

RECORD ON APPEAL
VOLUME II OF II
470-867

John C. McDaniel
1387 Camp Road, Unit C
Charleston, SC 29412
843-425-3000
Jmcdaniel1982@gmail.com
Appellant

Helen F. Hiser
R. Mark Davis
Allison Nussbaum
Weston Adams, III
McAngus Goudelock & Courie, LLC
735 Johnnie Dodds Blvd., Suite 200
Mt. Pleasant, SC 29465
Attorneys for the Respondents

March 2, 2015

State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-



Tel: (803) 737-5700
Fax: (803) 737-1234
www.wcc.sc.gov

Workers' Compensation Commission

May 29, 2013

Allison C. Nussbaum, Esquire
PO Box 650007
Mount Pleasant, SC 29465

Carrier Code No. 01001
Carrier File No. 041100021048

Re: Letter rec'd about Order
WCC File No. 1116275 John McDaniel

Dear Atty. Nussbaum:

The Order dated 5/20/13 is solely based on the prior Judicial Conference Order that granted the Claimant's Motion for Additional Evidence. The Clt. pursued his right to the Regulation that allows this Motion to be addressed by the hearing Commissioner, which is Comm. James. So, the Order dated 5/20/13, is what was needed to get it back to the hearing Commissioner. Comm. James has been given the file/Motion back to address.

The latest Motions are not proper yet. The Form 32 has not come back from Comm. Beck for the latest Motions. Once received, if approved, I'll be serving the Motions. If not approved, I will be sending a letter to the clt. to give ten (10) days to send the fee. So, until that process is done, the Motions are not ready to be addressed. The Commission is responsible for serving all Pro Se' party actions.

Also, the objection to the packet received for the Motion of Additional evidence will be sent to Commissioner James for processing. I'll be serving the packet today. Thank you.

Sincerely,

Valerie D. Deller/Analyst

c:
JOHN MCDANIEL
1387 Camp Road
Unit C
CHARLESTON, SC 29412

2200 JAMES

Deller, Valerie

From: Deller, Valerie
Sent: Wednesday, May 29, 2013 8:52 AM
To: mdavis@mgclaw.com; Catherine Mullins (catherine.mullins@mgclaw.com);
allison.nussbaum@mgclaw.com
Subject: 1116275 McDaniel

I already spoke with someone in your office, Atty. Nussbaum, about this Order. However, this Order is solely based on the prior Judicial Conference Order that granted his Motion for Additional Evidence. He pursued his right to the Regulation that allows this Motion to be addressed by the hearing Commissioner, which is Comm. James. So, the Order dated 5/20/13, is what was needed to get it back to the hearing Commissioner. Comm. James has been given the file/Motion back to address.

The latest Motions are not proper yet. The Form 32 has not come back from Comm. Beck for the latest Motions. Once I receive that, if approved, I will be serving the Motions. If it is not approved, a letter will go out asking that the fee be paid in ten (10) days. So, until that is done, the Motions are not actually proper. Being that he is a Pro'se Claimant, we serve all the Motions. That's the proper service of them.

I am in receipt of your letter dated 5/24/13 also, your Objection will be attached to the packet submission. I will be serving that today. Thank you.



john mcdaniel <jmcdaniel1982@gmail.com>

wcc file # 1116275

john mcdaniel <jmcdaniel1982@gmail.com>
To: "Morris, Tamara" <TMorris@wcc.sc.gov>

Wed, Jun 26, 2013 at 3:48 PM

Ms. Morris, am i precluded from submitting a form 58 or updated apa's? Thanks, John McDaniel

On Jun 26, 2013 3:22 PM, "Morris, Tamara" <TMorris@wcc.sc.gov> wrote:

This is a remand hearing. No further forms are needed. Thanks, Tamara Morris

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]
Sent: Wednesday, June 26, 2013 2:21 PM
To: Morris, Tamara
Subject: RE: wcc file # 1116275

Ms. Morris, I am reciept of the hearing notice. I am unclear on a few points. Which form 50 is relied on for this hearing? Should I send in an amended 50? Is a form 58 sufficient instead? Are all issues open as the new evidence speaks to more than one issue? Thanks again, John McDaniel

On Jun 19, 2013 12:46 PM, "john mcdaniel" <jmcdaniel1982@gmail.com> wrote:



john mcdaniel <jmcdaniel1982@gmail.com>

wcc file # 1116275

john mcdaniel <jmcdaniel1982@gmail.com>
To: "Morris, Tamara" <TMorris@wcc.sc.gov>

Thu, Jun 27, 2013 at 10:23 AM

Ms. Morris, thank you. What mailing address should i use? John

On Jun 27, 2013 10:05 AM, "Morris, Tamara" <TMorris@wcc.sc.gov> wrote:

The Remand is for the addition of the evidence as indicated by the Order from the Full Commission. Thanks,
Tamara Morris

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]
Sent: Wednesday, June 26, 2013 3:49 PM
To: Morris, Tamara
Subject: RE: wcc file # 1116275

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To: Morris, Tamara
Subject: RE: wcc file # 1116275

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On Jun 19, 2013 12:46 PM, "john mcdaniel" <jmcdaniel1982@gmail.com> wrote:



john mcdaniel <jmcdaniel1982@gmail.com>

Proposed Findings of Fact RE:SCWCC file #1116275

john mcdaniel <jmcdaniel1982@gmail.com>

Fri, Aug 30, 2013 at 4:44 PM

To: keroberths@wcc.sc.gov, Allison Nussbaum <allison.nussbaum@mgclaw.com>

Mr. Roberts please find attached proposed findings of fact. Let me know if you have any questions. Thank you
John McDaniel



proposed-findings.docx

25K



john mcdaniel <jmcdaniel1982@gmail.com>

Proposed Findings of Fact RE:SCWCC file #1116275

Allison Nussbaum <allison.nussbaum@mgclaw.com>

Fri, Aug 30, 2013 at 9:35 PM

To: john mcdaniel <jmcdaniel1982@gmail.com>, "keroberts@wcc.sc.gov" <keroberts@wcc.sc.gov>

Please note Defendants object to Claimant's "Proposed Findings of Fact", as Commissioner James specifically directed Defendants to draft a Proposed Order based on her previously issued findings of fact. The proposed order will be forthcoming.

Thanks,

Allison

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Friday, August 30, 2013 4:45 PM

To: keroberts@wcc.sc.gov; Allison Nussbaum

Subject: Proposed Findings of Fact RE:SCWCC file #1116275

Mr. Roberts please find attached proposed findings of fact. Let me know if you have any questions. Thank you
John McDaniel

Bio	V-card	Location
 Allison Nussbaum Attorney Main: 843-576-2900 Direct: 843-576-2925 Fax: 843-534-0805 735 Johnnie Dodds Blvd. Suite 200 Mt. Pleasant, SC 29464 allison.nussbaum@mgclaw.com		



Please consider the environment
before printing this email.



john mcdaniel <jmcdaniel1982@gmail.com>

Proposed Findings of Fact RE:SCWCC file #1116275

john mcdaniel <jmcdaniel1982@gmail.com>

Sat, Aug 31, 2013 at 7:51 PM

To: Allison Nussbaum <allison.nussbaum@mgclaw.com>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Cc: "keroberts@wcc.sc.gov" <keroberts@wcc.sc.gov>

Mr. Roberts,

I received the attached order instructions, which state, that the staff attorney will be drafting the order and that proposed findings of fact may be submitted. In accordance with 1-23-350 if proposed findings of fact are submitted, the decision "shall include a ruling upon each proposed finding". I have clarified with the executive director, Mr. Gary Cannon, to whom I submit these proposed findings of fact.

Further, I would object to Defendants drafting the order and would request that I be copied on all communications between Commissioner James and Defendants' attorney as I feel there may have been *ex parte* communications regarding this matter.

Please contact me if you have any further questions.

Thanks

John C. McDaniel

[Quoted text hidden]

 scan0001.pdf
649K



john mcdaniel <jmcdaniel1982@gmail.com>

RE: John McDaniel Charleston Order Instructions from Commissioner James for Keith to prepare ORder.

1 message

Roberts, Keith <keroberts@wcc.sc.gov>

Tue, Sep 10, 2013 at 4:20 PM

To: "Morris, Tamara" <TMorris@wcc.sc.gov>

Cc: "jmcdaniel1982@gmail.com" <jmcdaniel1982@gmail.com>, "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>

Tamara,

Attached please find the proposed Decision and Order of the Single Commissioner in WCC File No. 1116275 McDaniel v. Career Employment Professional. Please review and let me know if Commissioner James has any questions or requires any changes.

Claimant pro se has requested ten days in which to comment on the proposed Order before the Decision and Order is filed. By copy of this email to John McDaniel, Claimant pro se, and Allison Nussbaum, Attorney for Defendants, I am providing them with a copy of the proposed Decision and Order and offering them an opportunity to submit any questions or comments to me for consideration by Commissioner James. The parties should be reminded that the purpose of any comments or questions should be limited to ensuring that the directives of Commissioner James are accurately reflected in the proposed Decision and Order and that this is not an opportunity to re-litigate the merits of the issues decided by Commissioner James. Commissioner James has the final decision regarding the contents of the Decision and Order.

Thank you!

From: Morris, Tamara

Sent: Monday, August 05, 2013 3:41 PM

To: Roberts, Keith

Subject: John McDaniel Charleston Order Instructions from Commissioner James for Keith to prepare ORder.

Importance: High



DECISION AND ORDER 1116275 McDaniel v. Career Employment 8.19.13 JKR.doc

39K



john mcdaniel <jmcdaniel1982@gmail.com>

Proposed Findings of Fact RE:SCWCC file #1116275

john mcdaniel <jmcdaniel1982@gmail.com>

Tue, Sep 10, 2013 at 11:07 PM

To: Allison Nussbaum <allison.nussbaum@mgclaw.com>, "Cannon, Gary" <gcannon@wcc.sc.gov>, "Morris, Tamara" <tmorris@wcc.sc.gov>

Cc: "keroberts@wcc.sc.gov" <keroberts@wcc.sc.gov>

Ms. Morris,

I believed there may have been some miscommunication between Mr. Roberts and I.

Attached is the order with my proposed findings of fact added which were previously submitted to be included in the decision and order. I received order instructions stating that I may submit purposed finding of facts to be included and for review. Pursuant to 1-23-350 if I submit proposed findings of facts, the decision shall include a ruling on each fact. Please let me know if you have any questions. I will be mailing a hard copy of the attached for your convenience.

Also, Please note, this hearing was held **July 8th, 2013, not July 12, 2012** as stated in Mrs. James' request for proposed order.

Thanks
John C. McDaniel

[Quoted text hidden]



Proposed Order.docx

33K



John McDaniel <jmcdaniel1982@gmail.com>

re: Proposed order language

6 messages

John McDaniel <jmcdaniel1982@gmail.com>

Fri, Sep 13, 2013 at 1:38 PM

To: "keroberts@wcc.sc.gov" <keroberts@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Mr. Roberts,

The purpose of this letter is to confirm the reason for our previous miscommunication. We had a phone conversation in response to my previous email exchange with you. Will you please answer the following:

Why would my previously submitted findings of fact not be contained in the proposed decision and order submitted by you on Sept. 10 to Commissioner James?

Did you tell me on the phone that my proposed findings of fact would be included in the proposed decision and order when we spoke at 2:47 P.M. on Fri. Sept 6, 2013?

Thank you,
John McDaniel

Roberts, Keith <keroberts@wcc.sc.gov>

Fri, Sep 13, 2013 at 2:05 PM

To: John McDaniel <jmcdaniel1982@gmail.com>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Cc: "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>, "Morris, Tamara" <TMorris@wcc.sc.gov>

Dear Mr. McDaniel,

Commissioner James directed me to prepare a Proposed Decision and Order consistent with her directives issued on or about August 5th, 2013. I drafted the Proposed Decision and Order consistent with Commissioner James' instructions, and submitted it to Commissioner James on Tuesday, September 10th, 2013.

Prior to my completion of the Proposed Decision and Order, on or about Friday, August 30th, 2013, you submitted proposed findings of fact of your own. That same day, Allison Nussbaum, attorney for Defendants, noted her objection to your proposed findings. Since that time, you requested that you be permitted ten days after the Proposed Decision and Order was submitted by me to Commissioner James to offer your comments.

All requests, proposals, and other correspondence have been made part of the file and can be considered by Commissioner James if she finds it prudent to do so. The language that will ultimately be contained in the final Decision and Order is solely up to the discretion of Commissioner James. You have been given the opportunity to present your case at the Hearing, and you have been given the opportunity to comment on the proposed Decision and Order prepared by the Commission's staff and offer proposed findings of your own.

At this time the parties must wait for Commissioner James to complete the Decision and Order. Once Commissioner James has completed the Decision and Order, you will be served with a copy of it at your address on file with the Commission.

J. Keith Roberts

Attorney at Law

South Carolina Workers' Compensation Commission

1333 Main Street - Suite 500

Columbia, South Carolina 29201

Direct: (803) 737-5701

KeRoberts@wcc.sc.gov

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Friday, September 13, 2013 1:39 PM

To: Roberts, Keith; Cannon, Gary

Subject: re: Proposed order language

[Quoted text hidden]

John mcdaniel <jmcdaniel1982@gmail.com>

Fri, Sep 13, 2013 at 4:02 PM

To: "Roberts, Keith" <keroberts@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Mr. Roberts,

" Prior to my completion of the Proposed Decision and Order, on or about Friday, August 30th, 2013, you submitted proposed findings of fact of your own. That same day, Allison Nussbaum, attorney for Defendants, noted her objection to your proposed findings. Since that time, you requested that you be permitted ten days after the Proposed Decision and Order was submitted by me to Commissioner James to offer your comments."

Was Allison Nussbaum's objection the reason for not including my submitted proposed findings of fact?

According to 1-23-350, "If, in accordance with agency rules, a party submitted proposed findings of fact, the decision shall include a ruling upon each proposed finding."

The directive for the proposed decision and order included directions pertaining to the submitting of proposed findings of fact.

These proposed findings are not a strategy to re-litigate any issues, these findings are very specific, based on

11/24/2014

Gmail - re: Proposed order language

submitted evidence and testimony, and to the very best of my ability, stated to be consistent with Commissioner James' directives.

Also, could you please clarify, did you tell me during our phone conversation on Sept. 6th, 2013 at 2:47 P.M. that my proposed language would be included in the proposed decision and order to be submitted to Commissioner James?

I would also clarify that I did not request a 10 day comment period but simply that the directives for the order be followed since one provision in them was that any proposed order should be given to pro se claimants 10 days prior to the proposed decision and order being submitted to the hearing Commissioner.

Sincerely,
John McDaniel

[Quoted text hidden]

Roberts, Keith <keroberts@wcc.sc.gov>

Fri, Sep 13, 2013 at 4:11 PM

To: john mcdaniel <jmcdaniel1982@gmail.com>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Cc: "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>

Dear Mr. McDaniel,

As I stated to you earlier, your proposed findings of fact have been made available for Commissioner James to consider in deciding what findings she wants included in the final Decision and Order. Only Commissioner James can make the decision what findings will be contained in the Decision and Order. You will be served with a copy as soon as the Commissioner makes her decision.

J. Keith Roberts

Attorney at Law

South Carolina Workers' Compensation Commission

1333 Main Street - Suite 500

Columbia, South Carolina 29201

Direct: (803) 737-5701

KeRoberts@wcc.sc.gov

11/24/2014

Gmail - re: Proposed order language

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Friday, September 13, 2013 4:03 PM

[Quoted text hidden]

[Quoted text hidden]

john mcdaniel <jmcdaniel1982@gmail.com>

Fri, Sep 13, 2013 at 4:21 PM

To: "Roberts, Keith" <keroberts@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Mr. Roberts,

Thank you for your attention in this matter. Have a good weekend.

John McDaniel

[Quoted text hidden]

Morris, Tamara <TMorris@wcc.sc.gov>

Mon, Sep 16, 2013 at 1:42 PM

To: "Roberts, Keith" <keroberts@wcc.sc.gov>, john mcdaniel <jmcdaniel1982@gmail.com>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Cc: "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>

Thank you, Tamara

From: Roberts, Keith

Sent: Friday, September 13, 2013 2:06 PM

To: john mcdaniel; Cannon, Gary

Cc: allison.nussbaum@mgclaw.com; Morris, Tamara

Subject: RE: Proposed order language

[Quoted text hidden]



john mcdaniel <jmcdaniel1982@gmail.com>

receipt of order "scwcc # 1116275

12 messages

john mcdaniel <jmcdaniel1982@gmail.com>

Fri, Oct 4, 2013 at 1:14 AM

To: Eugenia Hollmon <ehollmon@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>, "Deller, Valerie" <VDeller@wcc.sc.gov>, vcrocker@wcc.sc.gov, Allison Nussbaum <allison.nussbaum@mgclaw.com>, appeals@wcc.sc.gov

Ms. Hollmon,

I am in receipt of the notice of appellate hearing set for 10/14/13. This would be premature as i have not received the commissioner's order yet.

Pursuant to 67-707(C)(2)(e) "The original Hearing Commissioner will issue his or her findings and recommendations in the form of an order to the Commission *and* the parties."

I would just restate, I have not received the order from which appeal may be taken. This cannot be docketed without me knowing the subject matter: Being forced to proceed without the most recent order, or a chance to review it, would be highly prejudicial to my case and in violation of the Regulations that govern the commission.

Please contact me as soon as possible via email.

Sincerely, John C McDaniel

Hollmon, Eugenia <EHollmon@wcc.sc.gov>

Fri, Oct 4, 2013 at 9:12 AM

To: john mcdaniel <jmcdaniel1982@gmail.com>, "Cannon, Gary" <gcannon@wcc.sc.gov>, "Deller, Valerie" <VDeller@wcc.sc.gov>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>, "WCC Appeals," <wccappeals@wcc.sc.gov>

Mr. McDaniel,

According to our records, Comm. James has just served you with her order dated September 30, 2013. This order should have addressed all the motions that you filed and also the remand issue from Judicial Conference. We are now setting this case based on your original appeal filed on January 17, 2013.

If you have any further questions, please feel free to contact me.

Genia Hollmon

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Friday, October 04, 2013 1:15 AM

To: Hollmon, Eugenia; Cannon, Gary; Deller, Valerie; Crocker, Virginia; Allison Nussbaum; WCC Appeals,

Subject: receipt of order "scwcc # 1116275

[Quoted text hidden]

John mcdaniel <jmcdaniel1982@gmail.com>

Fri, Oct 4, 2013 at 10:43 AM

To: "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>

Cc: "WCC Appeals," <wccappeals@wcc.sc.gov>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>, "Deller, Valerie" <VDeller@wcc.sc.gov>

Ms. Hollmon,

Please let me know how this was served. I just returned from my honeymoon in Florida which lasted from 9-29 till 10-3. How was I served? I have not received the order. I HAVE NOT RECEIVED ANY ORDER. Please provide me with a scanned copy of the addressee only signed receipt for the certified mail through which service of the order would be proper. I would like to say that this is not in the best interest of the injured worker, which you are supposed to protect, to proceed with an appeal without ever providing the order.

Further, I would just point out that I will appeal additional violations of law, violations of procedure, errors of fact, errors of law and utter abuse of discretion, from both the first and second orders, once I receive the order. I will clarify once again, I DO NOT HAVE THE SIGNED ORDER.

Will this move forward on the 14th?

John McDaniel

On Oct 4, 2013 9:12 AM, "Hollmon, Eugenia" <EHollmon@wcc.sc.gov> wrote:

Hollmon, Eugenia <EHollmon@wcc.sc.gov>

Fri, Oct 4, 2013 at 10:51 AM

To: John mcdaniel <jmcdaniel1982@gmail.com>

Cc: "WCC Appeals," <wccappeals@wcc.sc.gov>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>, "Deller, Valerie" <VDeller@wcc.sc.gov>, "Morris, Tamara" <TMorris@wcc.sc.gov>

I am forwarding your concerns about service to Tamara Morris, Comm. James' assistant. Until otherwise informed, the hearing will proceed as scheduled on October 14th.

Thank you.

Genia Hollmon

From: John mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Friday, October 04, 2013 10:44 AM

To: Hollmon, Eugenia

Cc: WCC Appeals; Crocker, Virginia; Cannon, Gary; Allison Nussbaum; Deller, Valerie

Subject: RE: receipt of order "scwcc # 1116275"

[Quoted text hidden]

Morris, Tamara <TMorris@wcc.sc.gov>

Fri, Oct 4, 2013 at 11:26 AM

To: "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>, John mcdaniel <jmcdaniel1982@gmail.com>

Cc: "WCC Appeals," <wccappeals@wcc.sc.gov>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>, "Deller, Valerie" <VDeller@wcc.sc.gov>

Mr. McDaniel,

The Order was sent out by Certified Mail on September 30, 2013, we serve all Orders to un-represented Claimants by Certified Mail to make sure they receive it and can respond within the 14 days to Appeal. Thank you, Tamara Morris

From: Hollmon, Eugenia
Sent: Friday, October 04, 2013 10:52 AM
To: john mcdaniel
Cc: WCC Appeals;; Crocker, Virginia; Cannon, Gary; Allison Nussbaum; Deller, Valerie; Morris, Tamara
Subject: RE: receipt of order "scwcc # 1116275"

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Genia Hollmon

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John McDaniel

On Oct 4, 2013 9:12 AM, "Hollmon, Eugenia" <EHollmon@wcc.sc.gov> wrote:

Crocker, Virginia <vcrocker@wcc.sc.gov>
To: "Morris, Tamara" <TMorris@wcc.sc.gov>, "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>, john mcdaniel

Fri, Oct 4, 2013 at 11:55 AM

<jmcdaniel1982@gmail.com>

Cc: "WCC Appeals," <wccappeals@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>, "Deller, Valerie" <VDeller@wcc.sc.gov>

Everyone

It is difficult to understand how someone who was not served an order would be able to call and tell us about it. In order for him to know there was an order, he would have had to be served.

The hearing on October 14th is the hearing on his original appeal from the order served in January of this year. His appeal time for the September order is still running and he has been so advised by our staff.

Ginger

Virginia L. Crocker

Judicial Director

803.737.5739 Voice

803.239.7935 Cell

From: Morris, Tamara

Sent: Friday, October 04, 2013 11:27 AM

To: Hollmon, Eugenia; john mcdaniel

Cc: WCC Appeals;; Crocker, Virginia; Cannon, Gary; Allison Nussbaum; Deller, Valerie

Subject: RE: receipt of order "scwcc # 1116275"

Mr. McDaniel,

The Order was sent out by Certified Mail on September 30, 2013, we serve all Orders to un-represented Claimants by Certified Mail to make sure they receive it and can respond within the 14 days to Appeal. Thank you, Tamara Morris

From: Hollmon, Eugenia

Sent: Friday, October 04, 2013 10:52 AM

To: john mcdaniel

Cc: WCC Appeals;; Crocker, Virginia; Cannon, Gary; Allison Nussbaum; Deller, Valerie; Morris, Tamara

Subject: RE: receipt of order "scwcc # 1116275"

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Ms. Hollmon,

Please let me know how this was served. I just returned from my honeymoon in Florida which lasted from 9-29 till 10-3. How was I served? I have not received the order. I HAVE NOT RECEIVED ANY ORDER. Please provide me with a scanned copy of the addressee only signed receipt for the certified mail through which service of the order would be proper. I would like to say that this is not in the best interest of the injured worker, which you are supposed to protect, to proceed with an appeal without ever providing the order.

Further, I would just point out that I will appeal additional violations of law, violations of procedure, errors of fact, errors of law and utter abuse of discretion, from both the first and second orders, once I receive the order. I will clarify once again, I DO NOT HAVE THE SIGNED ORDER.

Will this move forward on the 14th?

John McDaniel

On Oct 4, 2013 9:12 AM, "Hollmon, Eugenia" <EHollmon@wcc.sc.gov> wrote:

john mcdaniel <jmcdaniel1982@gmail.com> Fri, Oct 4, 2013 at 12:32 PM
To: "Crocker, Virginia" <vcrocker@wcc.sc.gov>
Cc: "Morris, Tamara" <TMorris@wcc.sc.gov>, "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>, "WCC Appeals," <wccappeals@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>, "Deller, Valerie" <VDeller@wcc.sc.gov>

To all concerned,

AS OF NOW, 12:30 PM, Oct. 4 2013, I have not received the signed order from the remand hearing.

I believe this email from Ms. Crocker amounts to defamation.

Ms. Crocker, are you in receipt of my email in which I stated "I HAVE NOT RECEIVED THE ORDER"?

Ms. Crocker, are you calling me a liar?

Sincerely, John McDaniel

Crocker, Virginia <vcrocker@wcc.sc.gov>
To: john mcdaniel <jmcdaniel1982@gmail.com>

Fri, Oct 4, 2013 at 3:03 PM

Cc: "Allison Nussbaum (allison.nussbaum@mgclaw.com)" <allison.nussbaum@mgclaw.com>

Mr. McDaniel

The matter on appeal on October 14, 2013 is your appeal of the Decision and Order of Commissioner James dated January 4, 2013. The order served on September 30, 2013 is not currently on appeal although you are still within the time period for appeal of that order.

Virginia L. Crocker

Judicial Director

803.737.5739 Voice

803.239.7935 Cell

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Friday, October 04, 2013 12:33 PM

To: Crocker, Virginia

Cc: Morris, Tamara; Hollmon, Eugenia; WCC Appeals,; Cannon, Gary; Allison Nussbaum; Deller, Valerie

Subject: Re: receipt of order "scwcc # 1116275

[Quoted text hidden]

john mcdaniel <jmcdaniel1982@gmail.com>

Fri, Oct 4, 2013 at 3:08 PM

To: "Crocker, Virginia" <vcrocker@wcc.sc.gov>

Cc: "Allison Nussbaum (allison.nussbaum@mgclaw.com)" <allison.nussbaum@mgclaw.com>

Ms. Crocker, Did you imply I am a LIAR? John

[Quoted text hidden]

Crocker, Virginia <vcrocker@wcc.sc.gov>

Fri, Oct 4, 2013 at 3:09 PM

To: john mcdaniel <jmcdaniel1982@gmail.com>

Of course, not; Mr. McDaniel. I would never do that.

Virginia L. Crocker

Judicial Director

803.737.5739 Voice

803.239.7935 Cell

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Friday, October 04, 2013 3:08 PM

To: Crocker, Virginia

Cc: Allison Nussbaum (allison.nussbaum@mgclaw.com)

Subject: Re: receipt of order "scwcc # 1116275

Ms. Crocker, Did you imply I am a LIAR? John

On Fri, Oct 4, 2013 at 3:03 PM, Crocker, Virginia <vcrocker@wcc.sc.gov> wrote:

Mr. McDaniel

The matter on appeal on October 14, 2013 is your appeal of the Decision and Order of Commissioner James dated January 4, 2013. The order served on September 30, 2013 is not currently on appeal although you are still within the time period for appeal of that order.

Virginia L. Crocker

Judicial Director

803.737.5739 Voice

803.239.7935 Cell

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Friday, October 04, 2013 12:33 PM

To: Crocker, Virginia

Cc: Morris, Tamara; Hollmon, Eugenia; WCC Appeals,; Cannon, Gary; Allison Nussbaum; Deller, Valerie

Subject: Re: receipt of order "scwcc # 1116275

To all concerned,

AS OF NOW, 12:30 PM, Oct. 4 2013, I have not received the signed order from the remand hearing.

I believe this email from Ms. Crocker amounts to defamation.

Ms, Crocker, are you in receipt of my email in which I stated "I HAVE NOT RECEIVED THE ORDER"?

Ms. Crocker, are you calling me a liar?

Sincerely, John McDaniel

John mcdaniel <jmcdaniel1982@gmail.com>

Fri, Oct 4, 2013 at 3:22 PM

To: "Crocker, Virginia" <vcrocker@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>

Ms. Crocker, Please explain then, if you recieved my email where I stated I am NOT in reciept of the signed order.

How could you state " In order for him to know there was an order, he would have had to be served."?

Thanks John C McDaniel

[Quoted text hidden]

John mcdaniel <jmcdaniel1982@gmail.com>

Thu, Jul 17, 2014 at 11:23 PM

To: Elizabeth Dale <elizabeth@maybanklaw.com>

[Quoted text hidden]



John mcdaniel <jmcdaniel1982@gmail.com>

remanded or bifurcated? SCWCC file #1116275

Roberts, Keith <keroberts@wcc.sc.gov>

Tue, Oct 8, 2013 at 4:38 PM

To: "jmcdaniel1982@gmail.com" <jmcdaniel1982@gmail.com>

Cc: "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>, "Crocker, Virginia"

<vcrocker@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Dear Mr. McDaniel,

Please allow this email to serve as a response to the questions you posed yesterday morning.

The purpose of Appellate Hearing set for October 14th, 2013 is to determine the issues your former attorney raised on the Form 30 filed on January 14th, 2013, which appealed the Decision and Order of Commissioner James dated January 4th, 2013. You were served with a copy of the Brief Request notifying you that the matter was on the appellate docket on June 19th, 2013. You were served with a notice of the time and date of the Oral Arguments on October 1st, 2013.

The most recent Decision and Order issued by Commissioner James following the Hearing on July 8th, 2013 is not subject to the pending appeal. On March 8th, 2013, your former attorney filed a motion to consider additional evidence. On April 15th, 2013 the Full Commission at Judicial Conference granted the motion to consider the additional evidence and set the additional evidence to be considered by the Appellate Panel at the same time it considered the issues you raised on appeal in your Form 30 dated January 14th, 2013.

However, you wrote an email on April 15th, 2013 demanding that the review hearing by the appellate panel be stayed and that the additional evidence be considered by the single Commissioner. Pursuant to your request, the review hearing was stayed, and a Hearing was held by Commissioner James on July 8th, 2013 to consider the additional evidence.

Commissioner James issued her Order on September 30th, 2013. A copy of the September 30th, 2013 Decision and Order was sent to your address via U.S. Certified Mail.

The Decision and Order of Commissioner James filed September 30th, 2013 is not under review at the Hearing set for October 14th, 2013. If you wish to appeal the Decision and Order of Commissioner James filed September 30th, 2013 you must do so in accordance with the South Carolina Workers' Compensation Act.

11/25/2014

Gmail - remanded or bifurcated? SCWCC file #1116275

If you require further explanation of the rules and regulations of the Commission or of the legal implications of your case, you are permitted to retain a private attorney to represent you in all matters before the Workers' Compensation Commission.

Sincerely,

J. Keith Roberts

Attorney at Law

South Carolina Workers' Compensation Commission

1333 Main Street - Suite 500

Columbia, South Carolina 29201

Direct: (803) 737-5701

KeRoberts@wcc.sc.gov

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Monday, October 07, 2013 11:46 AM

To: Cannon, Gary; Crocker, Virginia; Allison Nussbaum

Subject: remanded or bifurcated? SCWCC file #1116275

Mr. Cannon & Ms. Crocker,

Could someone please explain to me whether my case was remanded or bifurcated?

67-707 which the motion for new evidence was granted under, states the appeal will be stayed and reset on the docket after an order is received. It also outlines that the hearing may be reconvened at the discretion of the commissioner.

Read 67-707 in full then please answer the following questions. please:

Was a remand order to the original hearing commissioner issued?

11/25/2014

Gmail - remanded or bifurcated? SCWCC file #1116275

Did commissioner James reconvene the hearing?

When was notice sent that my claim had been reset on the docket?

What date and time was the Order dated Sept 30, 2013, received by pro se claimant John McDaniel?

Was the hearing notice for October 14, 2013 set prior to 3:52 p.m. October 4, 2013?

Will you forward me any evidence that my case has been bifurcated?

Sincerely,

John C. McDaniel



john mcdaniel <jmcdaniel1982@gmail.com>

remanded or bifurcated? SCWCC file #1116275

Roberts, Keith <keroberts@wcc.sc.gov>

Wed, Oct 9, 2013 at 10:52 AM

To: "jmcdaniel1982@gmail.com" <jmcdaniel1982@gmail.com>

Cc: "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Dear Mr. McDaniel,

The appellate hearing was scheduled following the Hearing held by Commissioner James on July 8th, 2013 in accordance with the May 20th, 2013 judicial conference order. You should have been aware that the stay was lifted once the remanded issue was heard by Commissioner James on July 8th, 2013. Your case has not been "bifurcated" in the legal sense of the term. Bifurcation is a process that is sometimes used in Circuit Court that is inapplicable to workers' compensation. When a member of our staff informed you that your case had been "bifurcated", what they were trying to communicate to you was that, pursuant to your request on April 15th, 2013, the hearing by the appellate panel had been stayed and the issue of after discovered evidence had been separated from the remaining issues on appeal and remanded to the single Commissioner. As you are aware, the person who told you your case had been "bifurcated" is not an attorney and was merely trying to help you understand the status of your case. That person was wholly unaware that the verb "bifurcated" could be confused with a legal process that is used in civil and criminal trials that is unrelated to workers' compensation. Misunderstanding legal terms is a risk that you run by choosing to remain *pro se*. If you are having trouble understanding any aspect of your case, you are permitted to retain a private attorney to represent you in all proceedings before the Workers' Compensation Commission.

Since your case has not been "bifurcated" I am unable to forward you any records of the "bifurcation" of your case. However, if you would like a copy of your workers' compensation file, you may request it. There will be a base charge of \$20.00, plus \$0.50 for each page over twenty pages, plus the actual cost of postage.

I noticed that in your email below you did not send a copy to a representative of the Defendants. I am forwarding a copy of your email to Allison Nussbaum. In the future, you should Cc Ms. Nussbaum with any correspondence to the Commission, in order to avoid *ex parte* communication.

Since you made the decision to proceed with your claim *pro se*, you have relied heavily on the Commission's staff to assist you in understanding and pursuing your claim. We have made every effort to respond to your questions promptly and accurately. Various members of our staff have dedicated an inordinate amount of time to assisting you with your numerous inquiries. In order to best serve everyone involved and avoid future confusion, you are to direct all future correspondence with the Commission, other than official

11/25/2014

Gmail - remanded or bifurcated? SCWCC file #1116275

pleadings and motions, to my and Mr. Cannon's attention only.

Thank you in advance for your cooperation with our request.

Sincerely,

J. Keith Roberts

Attorney at Law

South Carolina Workers' Compensation Commission

1333 Main Street - Suite 500

Columbia, South Carolina 29201

Direct: (803) 737-5701

KeRoberts@wcc.sc.gov

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Tuesday, October 08, 2013 5:03 PM

To: Roberts, Keith; Cannon, Gary

Subject: Re: FW: remanded or bifurcated? SCWCC file #1116275

Mr Roberts,

This email does not address four concerns.

1. Was the appeal hearing scheduled prior to me receiving the 2nd order from Ms. James on October 4, at 3:52 pm?
2. When did I receive notice that the stay had been lifted?
3. When was I notified that my case had been bifurcated?
4. Can you forward any records of the bifurcation of my case?

Sincerely, John McDaniel

On Oct 8, 2013 4:41 PM, "Roberts, Keith" <keroberts@wcc.sc.gov> wrote:

11/25/2014

Gmail - remanded or bifurcated? SCWCC file #1116275



john mcdaniel <jmcdaniel1982@gmail.com>

remanded or bifurcated? SCWCC file #1116275

John mcdaniel <jmcdaniel1982@gmail.com>

Wed, Oct 9, 2013 at 4:07 PM

To: "Roberts, Keith" <keroberts@wcc.sc.gov>

Cc: "Cannon, Gary" <gcannon@wcc.sc.gov>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>

Mr. Roberts,

I am not in receipt of the notice for briefs, that you claim was served June 19. Could you forward a copy of this along with the return receipt? Also, this is odd that I would receive notice while the remand hearing had not yet been heard. There are other issues to be addressed from your most recent email, however I am away from the office and will get back to you soon.

Sincerely
John mcdaniel

On Oct 9, 2013 10:55 AM, "Roberts, Keith" <keroberts@wcc.sc.gov> wrote:



john mcdaniel <jmcdaniel1982@gmail.com>

Application for notice wcc #1116275

2 messages

john mcdaniel <jmcdaniel1982@gmail.com>

Thu, Oct 10, 2013 at 4:49 PM

To: Gary Cannon <gcannon@wcc.sc.gov>, "keroberts@wcc.sc.gov" <keroberts@wcc.sc.gov>, Virginia Crocker <vcrocker@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>

To all concerned,

This letter is to serve as an application for clarification of issues to be heard at the October 14, 2013 appellate hearing on the above named case. This application is submitted pursuant to 1-23-320 (B)(4).

Sincerely, john mcdaniel

Roberts, Keith <keroberts@wcc.sc.gov>

Thu, Oct 10, 2013 at 4:54 PM

To: john mcdaniel <jmcdaniel1982@gmail.com>, "Cannon, Gary" <gcannon@wcc.sc.gov>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>

Dear Mr. McDaniel,

The issues to be heard at the October 14th, 2013 are all the issues that you raised on your Form 30 filed on January 14th, 2013 that were not remanded to Commissioner James for adjudication pursuant to your request on April 15th, 2013.

Sincerely,

J. Keith Roberts

Attorney at Law

South Carolina Workers' Compensation Commission

1333 Main Street - Suite 500

Columbia, South Carolina 29201

Direct: (803) 737-5701

KeRoberts@wcc.sc.gov

11/25/2014

Gmail - Application for notice wcc #1116275

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]
Sent: Thursday, October 10, 2013 4:49 PM
To: Cannon, Gary; Roberts, Keith; Crocker, Virginia; Allison Nussbaum
Subject: Application for notice wcc #1116275

To all concerned,

This letter is to serve as an application for clarification of issues to be heard at the October 14, 2013 appellate hearing on the above named case. This application is submitted pursuant to 1-23-320 (B)(4).

Sincerely, john mcdaniel



john mcdaniel <jmcdaniel1982@gmail.com>

remanded or bifurcated? SCWCC file #1116275

6 messages

John mcdaniel <jmcdaniel1982@gmail.com>

Mon, Oct 7, 2013 at 11:45 AM

To: "Cannon, Gary" <gcannon@wcc.sc.gov>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, Allison Nussbaum <allison.nussbaum@mgclaw.com>

Mr. Cannon & Ms. Crocker,

Could someone please explain to me whether my case was remanded or bifurcated?

67-707 which the motion for new evidence was granted under, states the appeal will be stayed and reset on the docket after an order is received. It also outlines that the hearing may be reconvened at the discretion of the commissioner.

Read 67-707 in full then please answer the following questions please:

Was a remand order to the original hearing commissioner issued?

Did commissioner James reconvene the hearing?

When was notice sent that my claim had been reset on the docket?

What date and time was the Order dated Sept 30, 2013, received by pro se claimant John McDaniel?

Was the hearing notice for October 14, 2013 set prior to 3:52 p.m. October 4, 2013?

Will you forward me any evidence that my case has been bifurcated?

Sincerely,

John C. McDaniel

Roberts, Keith <keroberts@wcc.sc.gov>

Tue, Oct 8, 2013 at 4:38 PM

To: "jmcdaniel1982@gmail.com" <jmcdaniel1982@gmail.com>

Cc: "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Dear Mr. McDaniel,

Please allow this email to serve as a response to the questions you posed yesterday morning.

The purpose of Appellate Hearing set for October 14th, 2013 is to determine the issues your former attorney raised on the Form 30 filed on January 14th, 2013, which appealed the Decision and Order of Commissioner James dated January 4th, 2013. You were served with a copy of the Brief Request notifying you that the matter was on the appellate docket on June 19th, 2013. You were served with a notice of the time and date of the Oral Arguments on October 1st, 2013.

The most recent Decision and Order issued by Commissioner James following the Hearing on July 8th, 2013 is not subject to the pending appeal. On March 8th, 2013, your former attorney filed a motion to consider additional evidence. On April 15th, 2013 the Full Commission at Judicial Conference granted the motion to consider the additional evidence and set the additional evidence to be considered by the Appellate Panel at the same time it considered the issues you raised on appeal in your Form 30 dated January 14th, 2013.

However, you wrote an email on April 15th, 2013 demanding that the review hearing by the appellate panel be stayed and that the additional evidence be considered by the single Commissioner. Pursuant to your request, the review hearing was stayed, and a Hearing was held by Commissioner James on July 8th, 2013 to consider the additional evidence.

Commissioner James issued her Order on September 30th, 2013. A copy of the September 30th, 2013 Decision and Order was sent to your address via U.S. Certified Mail.

The Decision and Order of Commissioner James filed September 30th, 2013 is not under review at the Hearing set for October 14th, 2013. If you wish to appeal the Decision and Order of Commissioner James filed September 30th, 2013 you must do so in accordance with the South Carolina Workers' Compensation Act.

If you require further explanation of the rules and regulations of the Commission or of the legal implications of your case, you are permitted to retain a private attorney to represent you in all matters before the Workers' Compensation Commission.

Sincerely,

J. Keith Roberts

Attorney at Law

South Carolina Workers' Compensation Commission

1333 Main Street - Suite 500

Columbia, South Carolina 29201

Direct: (803) 737-5701

KeRoberts@wcc.sc.gov

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]
Sent: Monday, October 07, 2013 11:46 AM
To: Cannon, Gary; Crocker, Virginia; Allison Nussbaum
Subject: remanded or bifurcated? SCWCC file #1116275

[Quoted text hidden]

John mcdaniel <jmcdaniel1982@gmail.com>
To: "Roberts, Keith" <keroberts@wcc.sc.gov>, Gary Cannon <gcannon@wcc.sc.gov>

Tue, Oct 8, 2013 at 5:02 PM

Mr Roberts,

This email does not address four concerns.

1. Was the appeal hearing scheduled prior to me receiving the 2nd order from Ms. James on October 4, at 3:52 pm?
2. When did I receive notice that the stay had been lifted?
3. When was I notified that my case had been bifurcated?
4. Can you forward any records of the bifurcation of my case?

Sincerely, John McDaniel

On Oct 8, 2013 4:41 PM, "Roberts, Keith" <keroberts@wcc.sc.gov> wrote:

Roberts, Keith <keroberts@wcc.sc.gov>
To: "jmcdaniel1982@gmail.com" <jmcdaniel1982@gmail.com>
Cc: "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>

Wed, Oct 9, 2013 at 10:52 AM

Dear Mr. McDaniel,

The appellate hearing was scheduled following the Hearing held by Commissioner James on July 8th, 2013 in accordance with the May 20th, 2013 judicial conference order. You should have been aware that the stay was lifted once the remanded issue was heard by Commissioner James on July 8th, 2013. Your case has not been "bifurcated" in the legal sense of the term. Bifurcation is a process that is sometimes used in Circuit Court that is inapplicable to workers' compensation. When a member of our staff informed you that your case had been "bifurcated", what they were trying to communicate to you was that, pursuant to your request on April 15th, 2013, the hearing by the appellate panel had been stayed and the issue of after discovered evidence had been separated from the remaining issues on appeal and remanded to the single Commissioner. As you are aware, the person who told you your case had been "bifurcated" is not an attorney and was merely trying to help you understand the status of your case. That person was wholly unaware that the verb "bifurcated" could be confused with a legal process that is used in civil and criminal

trials that is unrelated to workers' compensation. Misunderstanding legal terms is a risk that you run by choosing to remain *pro se*. If you are having trouble understanding any aspect of your case, you are permitted to retain a private attorney to represent you in all proceedings before the Workers' Compensation Commission.

Since your case has not been "bifurcated" I am unable to forward you any records of the "bifurcation" of your case. However, if you would like a copy of your workers' compensation file, you may request it. There will be a base charge of \$20.00, plus \$0.50 for each page over twenty pages, plus the actual cost of postage.

I noticed that in your email below you did not send a copy to a representative of the Defendants. I am forwarding a copy of your email to Allison Nussbaum. In the future, you should Cc Ms. Nussbaum with any correspondence to the Commission, in order to avoid *ex parte* communication.

Since you made the decision to proceed with your claim *pro se*, you have relied heavily on the Commission's staff to assist you in understanding and pursuing your claim. We have made every effort to respond to your questions promptly and accurately. Various members of our staff have dedicated an inordinate amount of time to assisting you with your numerous inquiries. In order to best serve everyone involved and avoid future confusion, you are to direct all future correspondence with the Commission, other than official pleadings and motions, to my and Mr. Cannon's attention only.

Thank you in advance for your cooperation with our request.

Sincerely,

J. Keith Roberts

Attorney at Law

South Carolina Workers' Compensation Commission

1333 Main Street - Suite 500

Columbia, South Carolina 29201

Direct: (803) 737-5701

KeRoberts@wcc.sc.gov

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]

Sent: Tuesday, October 08, 2013 5:03 PM

To: Roberts, Keith; Cannon, Gary

Subject: Re: FW: remanded or bifurcated? SCWCC file #1116275

[Quoted text hidden]

John mcdaniel <jmcdaniel1982@gmail.com>

Wed, Oct 9, 2013 at 4:07 PM

To: "Roberts, Keith" <keroberts@wcc.sc.gov>

Cc: "Cannon, Gary" <gcannon@wcc.sc.gov>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>,

"allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>

Mr. Roberts,

I am not in receipt of the notice for briefs, that you claim was served June 19. Could you forward a copy of this along with the return receipt? Also, this is odd that I would receive notice while the remand hearing had not yet been heard. There are other issues to be addressed from your most recent email, however I am away from the office and will get back to you soon.

Sincerely

John mcdaniel

On Oct 9, 2013 10:55 AM, "Roberts, Keith" <keroberts@wcc.sc.gov> wrote:

John mcdaniel <jmcdaniel1982@gmail.com>

Sat, Oct 12, 2013 at 6:33 PM

To: "Roberts, Keith" <keroberts@wcc.sc.gov>, klove@wcc.sc.gov, bcheeseboro@wcc.sc.gov

Cc: "allison.nussbaum@mgclaw.com" <allison.nussbaum@mgclaw.com>, "Crocker, Virginia"

<vcrocker@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>, eboyd@wcc.sc.gov, john mcdaniel

<jmcdaniel1982@gmail.com>, Elizabeth McDaniel <eadmcdaniel@gmail.com>

Please see attached Amended Form 30 for the upcoming review hearing in the above referenced WCC file.

Thanks

John C. McDaniel

[Quoted text hidden]

14 attachments



Amended Form 30.pdf

803K



Amended Addendum (Form 30).pdf

541K



Index of Exhibits.docx

14K



Exhibit A (Excerpts from Cobbs testimony).pdf

1006K



Exhibit B (Hearing 11-28 Page 24).pdf

547K



Exhibit C (Light Industrial DOT Form).pdf

1070K



Exhibit D (Roper ER Findings).pdf

577K



Exhibit E (Tavels MMI).pdf

196K



Exhibit F (Email to Jim).pdf

438K

 **Exhibit G (Letter to MGC- late payment).pdf**
656K

 **Exhibit H (Employee Master Dossier Report).pdf**
560K

 **Exhibit I (Affidavit I).pdf**
1548K

 **Exhibit J (Affidavit III).pdf**
1488K

 **Exhibit K (Affidavit II).pdf**
1455K

APA SUBMISSIONS

John McDaniel vs. Career Employment Professional d/b/a Snelling Staffing

WCC File No.: 1116275

1.	Roper Hospital	Records, 11/21/11	Pages 1-15
2.	RehabCenters of Charleston	Records, 2/20/12-6/1/12	Pages 16-20
3. Blake Ohlson, MD	Orthopaedic Specialists of Chas.	Records, 11/28/11-8/13/12	Pages 21-55
4. Charles Gudas, MD	Associated Foot Specialists	Records, 4/27/12	Pages 56-58
5. Howard Brilliant, MD	Parkwood Orthopaedics	Records, 10/11/12	Pages 59-60
6. EXHIBIT		Pay Stubs	Pages 61-90
7. EXHIBIT		TTD Pay Stubs	Pages 91-109
8. EXHIBIT		Subpoenas/letters re: like employee wages	Pages 110-119
9. EXHIBIT		Wage Records of Like Employees	Pages 120-122
10. Edward Tavel, MD	Pain Specialists of Charleston	Records, 10/30/12	Pages 123-125

10/31/12

DEC 12 2011

ADMISSION RECORD

PATIENT	MED REC #	ADMISSION DATE/TIME	DISCHARGE DATE/TIME	SERVICE	STATION	ROOM NO	PAT TYPE	F.C.	BLACCT #
	001841194	11/21/11 0853		MED	KRA	-	KRA	S	11325-00699
PATIENT	LOCATION(S)	REL	PAT. CLA	PUBVAL	LNG	SEX	RACE	MS	DATE OF BIRTH
	KRA			/	N	F	M	W	S
PATIENT	PATIENT NAME AND ADDRESS	SOC SEC NO	PATIENT EMPLOYER	IMP STAT					
	MCDANIEL, JOHN 700 DANIEL ELLIS DRIVE CHARLESTON SC 29412	PRI TELEPHONE NO. (843) 425 3000							
GUARANTOR	GUARANTOR NAME AND ADDRESS	SOC SEC NO	GUARANTOR EMPLOYER	TELEPHONE NO.					
	MCDANIEL, JOHN 700 DANIEL ELLIS DRIVE CHARLESTON SC 29412	TELEPHONE NO. (843) 425-3000 RELATION SELF							
INSURANCE	INSURANCE 1			INSURANCE 2					
MISC	IN CASE OF EMERGENCY NOTIFY DATE, TIME, BIRTH HM: (843) 532 2971 WK:			SPOUSE HM: WK:					
	ADM DX/PRESENTING COMPLAINT LEFT FOOT INJURY			ARRIVAL MODE AMBULANC			ADM TYPE/SOURCE 1, 1		
MISC	ADMITTING DOCTOR	ATTENDING DOCTOR	REFERRING DOCTOR	PRIMARY CARE DOCTOR					
	DEFAULT, DOCTOR	DEFAULT, DOCTOR	DEFAULT, DOCTOR	DEFAULT, DOCTOR					
MISC	ALERTS	PREVIOUS ADM DATE	OPT OUT	DIR No	FND	MKT XX	PHN MSG	PRIMARY	ALT.
FOR EMERGENCY DEPARTMENT USE ONLY									
ALLERGIES									
PRINCIPLE DIAGNOSIS									
									ORG
OTHER DIAGNOSIS(ES)									CODE(S)
PRINCIPAL OPERATION/PROCEDURE:									
OTHER OPERATION(S)/PROCEDURE(S):									
BR Roper									

☐ OPERATIVE SUMMARY
DICTATED

☐ DISCHARGE SUMMARY
DICTATED

PHYSICIAN SIGNATURE: _____

DATE _____

PRINTED BY: gallja

DATE

CHART COPY
ROA 12/0/2011
306

1

ADMISSION RECORD

PRINTED BY: gallja DATE: ROA 5078/2011

MR#: 001841194 DOB: 03/05/82
MCDANIEL, JOHN
Roper ERA
PHYS: DEFAULT, DOCTOR



ACCT#: 1325-00699 11/21/11

Consent For Treatment

Roper Hospital

Page 2 of 2

PART II

Consent to the Use and Disclosure of Protected Health Information

YOU agree to honestly, completely, and correctly provide all requested information and permit the HOSPITAL to share your medical record as applicable under the law with your physician, your insurers, Medicare, Medicaid or their designated agents. They may review your record, copy it in full or in part in order to obtain billing and payment information and for insurers (private or government) to determine whether your services are covered by them. YOU agree to allow the HOSPITAL to use your record made during this visit at this time or later to meet its required reporting duties regarding your care and to collect payment for the services YOU received. YOU agree for your doctor to direct copies of your medical records to other physicians, hospitals, and other healthcare facilities as they deem necessary for continuity of care. YOU also agree to have your name posted on scheduling boards and outside your hospital room.

Specific uses of your protected information

The HOSPITAL originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among the many health professionals who contribute to your care (this includes posting your name on scheduling boards or outside your patient room)
- A source of information for applying diagnosis and surgical information to your bill
- A means by which a third-party 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 Roper St. Francis Healthcare 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 RSFII 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: _____

Print Name: _____

If agent, what is relationship to patient? _____

Parent, guardian, legal representative

Date: _____

Witness (when form is accepted verbally, by telephone or by electronic means)

Revised 3/06; 1/09; 1/10; 9/10; 1/11; 4/11



PRINTED BY: gallja DATE ROA 12/8/2011

Consent For Treatment

Roper Hospital

MR#: 001841194 DOB: 03-11-1954
MCDANIEL, JOHN
Roper
PHYS: DEFAULT, DOCTOR
ERA
ACCT#: 11325-00699
11/21/11

Page 1 of 2

To the Patient [or parent, guardian, or legal representative] (YOU) _____

Please print patient's name above if no label used.

Before Roper Hospital and any of its departments (the HOSPITAL) may provide you inpatient or outpatient services YOU must know what services YOU will receive, consent to them, agree to how to pay for them, and accept how the HOSPITAL will use your medical record. The HOSPITAL requests your consent to TWO (2) different parts of this form. Please carefully read Part I on treatment and other important matters AND Part II on the use of your patient information. YOU may request that this form be read to YOU. Be sure to ask any questions YOU may have about it. When YOU fully understand the form's content, please sign it in the place indicated on the back of the form. In advance, THANK YOU very much for your cooperation in meeting the HOSPITAL'S responsibility to YOU and to the community it serves.

PART I

CONSENT TO TREATMENT

YOU authorize your physician or a designated qualified assistant to provide YOU medical treatment. YOU consent to all HOSPITAL medical or diagnostic care ordered for YOU during this visit as an outpatient or stay in the HOSPITAL. This consent includes testing for infections such as hepatitis B and HIV and providing blood or body fluids for such tests in order to protect YOU and/or those who provide YOU services.

PAYMENT FOR SERVICES AND INSURANCE

YOU are directly responsible for paying for all provided services. The HOSPITAL will accept assignment of your payment responsibility to others. This includes health insurers, Medicare, Medicaid, workers' comp, and different types of liability, accident, and disability insurance policies. YOU agree that the assigned payment responsibility is covered by current, valid and in effect insurance arrangements and that YOU will promptly pay any required co-pay amounts and unpaid deductibles. If YOU are receiving Medicare benefits for the services provided, an assignment of benefits includes those for physician services that were part of the HOSPITAL's services to YOU.

YOU (patient or agent accepting financial responsibility) *guarantee payment* to the HOSPITAL for ALL NONCOVERED SERVICES and any unpaid, billed amounts not covered by insurance if the applicable benefit plan allows collection of the unpaid balance. YOU understand and accept that your physician's orders may include services not paid by benefit plans but will be provided to you by the HOSPITAL. Also, YOU accept that benefit plans may deny payment for what YOU believed were covered services resulting in your responsibility for paying for these services. YOU may be billed for the professional component of any hospital services, such as the professional component for clinical laboratory tests. 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 or jewelry. The HOSPITAL does not accept any liability for your valuables. The HOSPITAL expects YOU will entrust any valuables to family or friends for safekeeping or deposit them in the HOSPITAL safe provided for that purpose. This is especially important when you are an inpatient, but this responsibility also extends to when YOU are an outpatient and must change into a HOSPITAL gown, remove jewelry or be sedated for a procedure.

SPECIAL NOTE FOR MEDICARE OR CHAMPUS PATIENTS

YOU acknowledge and certify by your signature that all your information provided to the HOSPITAL for Medicare or Champus benefits is correct and YOU agree to allow the HOSPITAL OR OTHERS that have information on your Medicare or Champus benefits claim to provide the information to Medicare, Champus, or their agents in order for them to determine your eligibility for benefits. To carry out this activity, the HOSPITAL may use a copy rather than the original of this consent form. YOU also, acknowledge receipt of the "Important Message from Medicare" or "Important Message from Champus" forms, which does not waive any of your rights for a review or make YOU liable for any payment.



Roper Main
316 CALHOUN STREET CHARLESTON, SC 29402

Page: 1

Date:	Name	Acct. #	Financial Class		
11/26/11	MCDANIEL, JOHN	11325-00699	W - WORKER'S COMPEN		
Sex	Birth Date	Age	Adm Date	Dsch Date	LOS
M	03/05/82	29Y	11/21/11	11/21/11	1

Attending Physician
DEFAULT, DOCTOR
Coder: KEB

Discharge Status
H - H_OUTPT-SENT HOME

MDC: 08 DISEASES/DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
DRG: 563 FX, SP RN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC

OUTLIER STATUS: N/A

DIAGNOSIS DESCRIPTION/POA
1.(P) 825.25 FX METATARSAL-CLOSED/
2. E919.2 LIFTING MACHINE ACCIDE/

DIAGNOSIS DESCRIPTION/POA
3. E849.3 ACC ON INDUSTR PREMISE/

Reason for Visit: 729.5 PAIN IN LIMB

PROCEDURE DESCRIPTION
1.(P) 93.54 APPLICATION OF SPLINT

DATE SURGEON NAME
11/21/11 BARNES-MD, FRANK HURST

HCPCS DESCRIPTION MODIFIER(S)
1. 29515 APPLICATION LOWER LE

DATE SURGEON PRE APC
11/21/11 BARNES-MD, FRAN 00058

Roger Hospital
 316 Calhoun Street
 Charleston, SC 29401
 (843) 724-2010 F 724-1953

Fina

Emergency Department Chart

Patient Name: MCDANIEL, JOHN	Account Number: 1132600699
Medical Rec. Number: 001841194	Birthdate: 03/05/1982
Arrival Date: 11/21/2011 08:43	Primary MD: Patient has no local PCP.
Visit Date: 11/21/2011 08:45	

Vital Signs/Data

Time	Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
11/21/2011 08:46	DGS						8/10
11/21/2011 08:46	DGS		67 /min				
11/21/2011 08:46	DGS	99.1 F Oral		16 /min	116/73 mm hg.		
11/21/2011 08:46	DGS					99%	
11/21/2011 09:31	DGS		79 /min	16 /min	149/87 mm hg.	100%	
11/21/2011 10:42	SDL4	99.0 F Oral	80 /min	14 /min	157/90 mm hg.	100% on Room air	8/10

Allergies

No Known Allergies. (DGS 11/21/2011 08:53)

Chief Complaint

Soft tissue injury to left foot. (DGS 11/21/2011 08:46)

Pre-Hospital Treatment

Patient transported by Charleston County FMS. (DGS) 11/21/2011 08:46

Triage

3-Urgent (DGS 11/21/2011 08:46)
 Influenza was given no. (DGS 08:46)
 Pneumovax was given no. (DGS 08:46)
 Last Tetanus greater than 10 years ago. (DGS 08:46)
 No language barrier. (DGS 08:46)
 Patient has no mental status changes. (DGS 08:46)
 Onset of symptoms was about 1 hrs ago. (DGS 08:46)
 History comes from patient. (DGS 08:46)
 Patient smokes 0.5 pks/ day. (DGS 08:46)
 Patient drinks 5 drinks per month. (DGS 08:46)
 Patient denies illicit drug use. (DGS 08:46)
 Patient is single. (DGS 08:46)
 Patient lives with family. (DGS 08:46)
 Patient's support mechanism includes family. (DGS 08:46)
 Patient has no advance directives. (DGS 08:46)
 Patient indicates no infectious disease risk factors. (DGS 08:46)
 Presents with acute injury. (DGS 09:00)
 Nothing in history to suggest any head injury. (DGS 09:00)
 No prior injury to this extremity. (DGS 09:00)
 Collided with another object. (DGS 09:00)
 Symptoms started approximately 90 minutes ago. (DGS 09:00)
 Patient is source of history. (DGS 09:00)
 The patient is appropriate and reliable. (DGS 09:00)
 Comes to department from work AtSide-Revere. (DGS 09:00)
 Patient is triaged directly to Main ER. (DGS 08:46)

Emergency Department Chart

Patient Name: MCDANIEL, JOHN	Account Number: 1132500699
Medical Rec. Number: 001841194	Birthdate: 03/05/1982
Arrival Date: 11/21/2011 08:43	Primary MD: Patient has no local PCP.
Visit Date: 11/21/2011 08:45	

Height/Weight

Hgt: 75 inch (DGS 11/21/2011 08:46)
Wgt: 113.6 kg (DGS 08:46)

Nursing Assessment

GENERAL

NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (DGS) 11/21/2011 08:46

SKIN

Braden scale is . Patient is at no risk for a pressure sore. (DGS) 11/21/2011 08:58 There is a superficial but contaminated and dirty abrasion located over the dorsum of left foot. No active bleeding noted over the dorsum of left foot. (DGS) 11/21/2011 09:00

MUSCULOSKELETAL

The foot and ankle are normal. No significant local tenderness good color. No significant swelling or discoloration. (DGS) 11/21/2011 09:00

SOFT TISSUE

Neurovascular exam intact. (DGS) 11/21/2011 09:00

Nursing Continuation Notes - Refer to Orders section for all orders

Transferred from ambulance stretcher to bed # 15. (DGS 11/21/2011 08:46)
Ice applied to affected lower extremity injury. (DGS 09:00)
Injury to lower extremity placed in a temporary splint. (DGS 09:00)

Technician Notes

Crutches supplied to patient. Equipment adjusted to fit patient's height. Initial trial of crutch walking performed. Patient also instructed GAVE PERRLS AND ASSISTED PT IN DAILY TASKS INCLUDING GOING UP STAIRS AND OPENING DOORS. (SDL4) 11/21/2011 10:41

Clinician History of Present Illness

foot run over by a fork lift (DGS) 11/21/2011 08:46 Exam started at 08:55 Presenting problem started minutes ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. Patient's injury occurred while his foot was run over by a fork lift. Complaints of pain involving the left foot. Patient complains of pain over the left foot. Ecchymosis over the left foot. Local soft tissue swelling over left foot. Difficulty bearing weight due to pain. History of crush injury to foot. (FHB) 11/21/2011 08:55 No history to suggest any head injury. (FID) 11/21/2011 08:55 The patient states that this problem is job related. (FID) 11/21/2011 08:55 Injury can be coded as occurring in industrial/construction environs. (FHB) 11/21/2011 08:55 Fall risk level - no risk. (DGS) 11/21/2011 08:58 Accidentally struck by a foot run over by a fork lift. (DGS) 11/21/2011 09:00

Past Medical and Surgical History

Patient indicates no significant PMH. (DGS) 11/21/2011 08:46

Review of Systems

Except as noted all other ROS negative. (FHB) 11/21/2011 08:55

Family History

No relevant family history related to current problem. (FHB) 11/21/2011 08:55

Roper Hospital
318 Calhoun Street
Charleston, SC 29401
(843) 724-2010 F 724-1953

Emergency Department Chart

Patient Name: MCDANIEL, JOHN
Medical Rec. Number: 001841194
Arrival Date: 11/21/2011 08:43
Visit Date: 11/21/2011 08:45

Account Number: 1132500699
Birthdate: 03/05/1982
Primary MD: Patient has no local PCP.

Physical Exam

GENERAL:

This is a well developed well nourished alert adult male. He does not appear to be acute distress. No evidence of significant external trauma. Vital signs OK. (FHB) 11/21/2011 08:55

PULMONARY:

Unlabored respiration - No respiratory distress. No evidence of local chest wall tenderness or external injury. (FHB) 11/21/2011 08:55

ABDOMEN:

Soft abdomen. No external trauma. No local tenderness. (FHB) 11/21/2011 08:55

MUSCULOSKELETAL:

Cannot bear weight. The patient's baseline ambulation status is normal. It is exquisitely tender to palpation over the dorsum of left foot. There is a significant amount of swelling/effusion over the dorsum of left foot. There is a large hematoma over the dorsum of left foot. Exam of the dorsum of left foot is consistent with a very significant strain sprain to this joint. The rest of the foot exam is intact. The dorsalis pedis is easily palpated and brisk capillary refill. No deformity. Sensory exam is grossly intact. (FHB) 11/21/2011 08:55

SOFT TISSUE:

The rest of the soft tissue exam is normal. (FHB) 11/21/2011 08:55

Procedures

No anesthesia used during ankle procedure. (FHB 11/21/2011 09:40)

Good alignment was obtained. (FHB 09:40)

Fracture stable post treatment. (FHB 09:40)

Good distal color post treatment. (FHB 09:40)

Good capillary refill. (FHB 09:40)

Procedure note: Splint (FHB 09:41)

A posterior ankle splint was applied to the left lower extremity. Good capillary refill and intact sensation post procedure. (FHB 09:41)

Primary Diagnosis

Closed Multiple fracture of metatarsals (FHB 11/21/2011 09:42)

Drug Orders

OXYCODONE-APAP [5-325 MG] TAB [PERCOCET-5] 2 TABLET ORAL ONCE

Entered (FHB 11/21/2011 08:55) Completed (DGS 09:02) MD Sign (FHB 08:55) Indications: *FOR PAIN Comments: [OS: D] Notes: Just given OXYCODONE-APAP [5-325 MG] TAB [PERCOCET-5]. Awake and alert. (DGS 09:02)

FAMOTIDINE TAB [PEPCID] 20 MG ORAL ONCE

Entered (FHB 11/21/2011 09:42) Completed (DGS 09:44) MD Sign (FHB 09:42) Comments: [OS: D]

Non-Drug Orders

XR FOOT 3 VIEW MIN Foot Injury LEFT

Entered (FHB 11/21/2011 08:54) MD Sign (FHB 08:54) Comments: [OS: D] Notes: Taken to X-ray. (DGS 09:05)

ED CONSULT - SPECIALIST Orthopedic To see patient in office

Entered (EJ3 11/21/2011 09:53) Completed (EJ3 10:07) MD Sign (FHB 09:53) Comments: DR.AYMOND. [OS: W] Notes: Call returned from DR.AYMOND.. (EJ3 10:07)

ORTHO:

Entered (FHB 11/21/2011 09:54) Completed (SDL4 10:40) MD Sign (FHB 09:54) Comments: crutches [OS: D] Notes: Patient instructed to elevate injury, and if they note increasing pain or excessive discoloration of the area to get re evaluated. The area distal to the splint had good color. No numbness or decreased sensation distal to the splint. Instructed to ice area making sure no direct ice contact. (SDL4 10:40)

Roper Hospital
318 Calhoun Street
Charleston, SC 29401
(843) 724-2010 F 724-1953

Final

Emergency Department Chart

Patient Name: MCDANIEL, JOHN	Account Number: 1132500699
Medical Rec. Number: 001841194	Birthdate: 03/05/1982
Arrival Date: 11/21/2011 08:43	Primary MD: Patient has no local PCP.
Visit Date: 11/21/2011 08:45	

Results

XR FOOT 3 VIEW MIN Foot Injury LEFT - This film was independently interpreted by me as the primary reviewer. (FHB 11/21/2011 09:40)

They demonstrate a radiographic fracture. (FHB 09:40)

X-ray of the shaft of the fifth metatarsal shows an acute fracture which is associated with 3rd, 4th and 5th other fractured metatarsals. Skin over the site is intact. (FHB 09:40)

Films show a severe amount of soft tissue swelling noted over the shaft of the fifth metatarsal (FHB 09:40)

Acute fracture. (FHB 09:40)

Disposition

Patient discharged from department. Condition at discharge - stable. I have reviewed the chart of JOHN MCDANIEL and it is ready for final disposition - FRANK BARNES-MD MD. (FHB) 11/21/2011 10:07 Patient removed from Tracking Board by MELISSA CARSON RN. (MC) 11/21/2011 10:46 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. Patient educated on CRUTCH WALKING. A disposition has been done for JOHN MCDANIEL. The dispositioning nurse is MELISSA CARSON RN (electronic signature). (MC) 11/21/2011 10:48 Arrange for a follow up appointment with James Aymond, MD in 3 5 days or immediately if your symptoms get worse. (FHB) 11/21/2011 10:06

Discharge Prescriptions

Percocet 5-325 mg Tablet 1 tablet(s) Oral QID PRN 30 tablet(s) (FHB 11/21/2011 09:42)

Roper Hospital
318 Calhoun Street
Charleston, SC 29401
(843) 724-2010 F 724-1959

Emergency Department Chart

Patient Name: MCDANIEL, JOHN
Medical Rec. Number: 001841194
Arrival Date: 11/21/2011 08:43
Visit Date: 11/21/2011 08:45

Account Number: 1132500699
Birthdate: 03/05/1982
Primary MD: Patient has no local PCP.

Discharge Instructions

Metatarsal Fracture(s), Undisplaced
Metatarsal Fracture(s), Undisplaced

A metatarsal fracture is a break in the bone(s) of the foot. These are the bones of the foot that connect your toes to the bones of the ankle.

DIAGNOSIS

The diagnoses of these fractures are usually made with X-rays. If there are problems in the forefoot and x-rays are normal a later bone scan will usually make the diagnosis.

TREATMENT & HOME CARE INSTRUCTIONS

Treatment may or may not include a cast or walking shoe. When casts are needed the use is usually for short periods of time so as not to slow down healing with muscle wasting (atrophy).
Activities should be stopped until further advised by your caregiver.
Wear shoes with adequate shock absorbing capabilities and stiff soles.
Alternative exercise may be undertaken while waiting for healing. These may include bicycling and swimming, or as your caregiver suggests.
It is important to keep all follow-up visits or specialty referrals. The failure to keep these appointments could result in improper bone healing and chronic pain or disability.
Warning: Do not drive a car or operate a motor vehicle until your caregiver specifically tells you it is safe to do so.

IF YOU DO NOT HAVE A CAST OR SPLINT:

You may walk on your injured foot as tolerated or advised.
Do not put any weight on your injured foot for the first 1-2 weeks or as directed by your caregiver. Slowly increase the amount of time you walk on the foot as the pain allows or as advised.
Use crutches until you can bear weight without pain. A gradual increase in weight bearing may help.
Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the ice in a plastic bag and place a towel between the bag of ice and your skin.
Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

Your cast gets damaged or breaks.
You have continued severe pain or more swelling than you did before the cast was put on, or the pain is not controlled with medications.
Your skin or nails below the injury turn blue or grey, or feel cold or numb.
There is a bad smell, or new stains and/or pus-like (purulent) drainage coming from under the cast.

MAKE SURE YOU:

Understand these instructions.
Will watch your condition.
Will get help right away if you are not doing well or get worse.

Document Released: 04/07/2004 Document Re-Released: 03/16/2010
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Roper Hospital
316 Calhoun Street
Charleston, SC 29401
(843) 724-2010 F 724-1953

Emergency Department Chart

Patient Name: MCDANIEL, JOHN
Medical Rec. Number: 001841194
Arrival Date: 11/21/2011 08:43
Visit Date: 11/21/2011 08:45

Account Number: 1132500699
Birthdate: 03/05/1982
Primary MD: Patient has no local PCP.

Diagnosis Codes

825.25 Closed Multiple fracture of metatarsals Primary Diagnosis: Y
401.1 Borderline diastolic BP determination this visit
401.1 Moderate elevation of systolic BP this visit
719.07 Marked swelling of the dorsum of left foot
719.07 Soft tissue swelling of the left foot
719.47 Marked local tenderness over the dorsum of left foot
719.47 Pain involving the left foot
719.7 Trouble walking due to symptoms involving the left foot
719.7 Difficulty walking
825.25 Closed Multiple fracture of metatarsals
845.10 Significant strain/sprain of the dorsum of left foot
924.20 Large hematoma of the dorsum of left foot
924.20 Bruising - contusion foot
928.20 Crush type of injury to foot
959.7 Soft tissue injury left foot
E849.3 Construction/Industrial site injury
E886.9 Collision
E916 Injury

CPT Codes

29515
73630-26
94760
99284
99455

Staff Legend

DGS DANIEL SHUTT RN
EJ3 EARL JACKSON ED TECH
FHB FRANK BARNES-MD MD
IS IONF SACK Case Mgr
LLA5 LAURA ANDERSON RN
MC MELISSA CARSON RN
SDL4 SUSAN LOHRENTZ ED TECH
TBR1 TANISHA RIVERS ED TECH

ER HOME MED Reference List

Patient Name: MCDANIEL, JOHN
Date of Birth: 03/05/1982 Gender: M
Account Number: 1132500699

Unconfirmed Prior Visit and Query Medications

Medication - Brand Name	Dose	Route	Frequency	Last Dose Taken	QTY	Most Recent Fill Date
					#Fills	
UNKNOWN						
no medications found -					0	
					0	

Name: MCDANIEL, JOHN
Exam Date: 11/21/11 0859
Ord. Phy.: BARNES-MD, FRANK HURST II

BARNES-MD, FRANK HURST II
** 316 CALHOUN STREET

Acct_Nbr : A1132500699
Pat_Type : ERA

Chk-in #	Order	Exam	
2931472	0001	30192	XR FOOT 3 VIEW MIN*L
			Ord Diag: Foot Injury

LEFT FOOT THREE VIEWS: 11/21/11

COMPARISON: None

INDICATION: Foot injury, run-over by forklift.

FINDINGS:

There are transverse fractures of the distal metadiaphysis of the second through fifth metatarsals, the second and third metatarsal fractures are best appreciated on the oblique view and the fourth and fifth fractures are best appreciated on the AP view. There is also fracture of the distal aspect fifth proximal phalanx with articular extension. Congenital fusion of the fifth middle and distal phalanges normal variant. There is sparing of the first ray.

IMPRESSION:

Transverse fractures of the second through fifth metatarsals distally and fracture of the fifth phalanx as above.

sdw

Transcriptionist- SANDRA WILDER
Reading Radiologist- MATTHEW J BRADY-MD
Releasing Radiologist- MATTHEW J BRADY-MD
Released Date Time- 11/21/11 1113

Page 1

FINAL

Roper Hospital Imaging Services
316 Calhoun Street, Charleston S.C. 29401 * (843) 724-2150.

PRINTED BY: gallja DATE 12/8/2011 13
ROA 518

Roper Hospital

Patient Name: MCDANIEL, JOHN
Date of Birth: 03/05/1982 Gender: M
MRN: 001841194 Account Number: 1132500699
Unit: Admit Date: 11/21/11 8:53
Height: 0 cm Weight: 0 kg

REFERENCE HOME Medication List

Attending MD: DEFAULT, DOCTOR

Allergies:

Unconfirmed Prior Visit and Query Medications				
Medication - Brand Name	Dose	Route	Frequency	Last Dose

* 6 2 6 0 *

Report: Reference Home Medication List

REFERENCE ONLY

11/21/2011 10:51:39AM Page 1 of 1

PRINTED BY: gallja

DATE ROA

12/8/2011 519

14

Roper Hospital

316 Calhoun Street
Charleston, SC 29401
(843) 724-2010 F 724-1953

EMERGENCY DEPARTMENT**Discharge Acknowledgement Statement**

Patient Name: Mcdaniel, John

Visit Date: 11/21/2011

Med Rec No: 001841194

Acct No: 1132500699

I have received and understand information about hand washing and other methods that are used by the hospital staff and myself to prevent the spread of infection and promote safety. I have been seen in the Emergency Department today and have been given discharge instructions. I understand the instructions and I am able to restate and / or demonstrate the instruction given to me. All of my questions have been answered to my satisfaction. I know where to go for follow-up care and how to make an appointment. I understand that if my condition worsens I should seek care immediately.

Signed: _____

Date: 11/24/11Relationship: ☐ Self: ☐ Other: _____

Witness: _____

Date: 11/24/11***MCDANIEL, JOHN ***

Patient Name Mcdaniel, John

001841194

Med Rec No: 001841194

1132500699

Acct No: 1132500699

Feb. 21, 2012 1:56PM

NOV. 2011

Rehabilitation Centers **RCC** of Charleston

Request for Physical Therapy / Occupational/Hand Therapy / Athletic Training Letter of Medical Necessity

Date of Request 2 / 20 / 12

Patient Name John McDaniel

Referring Physician Chelon

Diagnosis (L) Bot MT & (crush injury)

Frequency of Treatment 2 Duration 6

Mt. Pleasant
(843) 884-7880
(843) 884-6635 fax

West Ashley
(843) 402-1495
(843) 402-1285 fax

North Charleston
(843) 824-2183
(843) 553-3221 fax

Moncks Corner
(843) 761-4622
(843) 761-4625 fax

Johns Island
(843) 768-2093
(843) 768-4526 fax

Summerville
(843) 695-0326
(843) 695-0328 fax

Daniel Island
(843) 284-5285
(843) 284-5201 fax

☒ Evaluate & Treat

☒ Exercise Program

Range of Motion
Strengthening
Joint Mobilization
Isokinetic Testing
KT1000

☒ Modalities

Ultrasound
Electrical Stimulation
Moist Heat/Cryotherapy
Iontophoresis
Phonophoresis
Tens

☐ Industrial Care
Work Hardening
Functional Capacity Eval
Work Conditioning
Job Site Analysis

☐ Adaptive Equipment
Orthotics
Bracing
Taping

☐ Pre-Natal & Postpartum

Exercise Program
SI Joint / Low Back Pain

☐ Post Rehabilitation Wellness Program

☐ Sports Performance Training and Conditioning

Special Treatment Considerations initiate strength, proprioception,
+ ROM exercises

Physician's Signature OP

Date 2 / 20 / 12

Post Operative & Other Special Considerations

Shoulder - ☐ SLAP Repair ☐ Bankart/Ant Capsule Repair ☐ RTC Repair ☐ SM
☐ MD
☐ LG

Knee- ACL ☐ Autograft ☐ Allograft

Spine- ☐ Discogenic ☐ Radiculopathy ☐ Muscle Strain

To schedule an appointment contact the office nearest you. To learn more about RCC, your first visit, and directions to our facilities, please visit our website at www.rcctherapy.com

16

Orthopaedic Specialists of Charleston

ROPER ST. FRANCIS PHYSICIANS

(843) 958-2500

James K. Aymond, M.D.
Kenneth M. Caldwell, M.D.
John M.J. Ernst, M.D.
John M. Graham, M.D.
Blake L. Ohlson, M.D.
James Price, M.D.

Robert Schoderbek, M.D.
Kelly Bailey Kruse, PA-C
Erin N. Watrobski, PA-C
Kate Eden, PA-C
Penni Vachon, ANP

Date: 2/20/12 Chart # 30-86-77-4
Patient: John McDaniel Diagnosis: ① foot fx

Please be advised that the above named patient:

☒ Was seen in this office on the following date(s): 2/20/12

☐ May return to full duty on _____

☐ May return to light duty on _____

☒ May not return to work/school until next appointment (6 weeks)

☐ May not participate in _____ until _____

Add'l Comments _____

NEXT APPOINTMENT _____ TESTS REQUIRED _____

____ Avoid

RESTRICTIONS
(circle choices)

____ Avoid repetitive

Bending

Excessive Walking

Twisting

Excessive Running & Cutting

Squatting

Prolonged Sitting/Standing

Climbing

Horizontal Lifting

Stooping

Overhead Activities

No Lifting Over 1, 5, 10, 15, 20, 25, 50 lbs.

Sedentary Work Only

Physician's Signature

Mt Pleasant Office
Building 6
694 Lone Tree Drive
Mt. Pleasant, SC 29464

North Charleston Office
Trident Medical Campus
2891-A Tricom St.
N. Charleston, SC 29406

West Ashley Office
St. Francis Medical Office
2093 Henry Tecklenburg Dr., Ste 200
Charleston, SC 29414

Progress Note

To: Ohlson, Blake L
From: Jennifer Wetzel PT
Date: 5/15/2012
Re: John McDaniel Visits: 17

Diagnosis
INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)

Problem Site(s)
Foot - Left

Objective Findings

Objective Finding	Initial	Last Measurement	Goal
Ankle AROM (L) Dorsiflexion	2	12(18 degrees on R)	WNL
Ankle AROM (L) Eversion	8	45	WNL
Ankle AROM (L) Inversion	20	20	WNL
Ankle AROM (L) Plantarflexion	35	55	WNL
Ankle Girth Figure 8 (L)	59 cm	59.5	WNL
Ankle Girth Figure 8 (R)	57 cm	57	WNL
Ankle MMT (L) Dorsiflexion		+3/5pain	
Ankle MMT (L) Eversion		+3/5pain	
Ankle MMT (L) Inversion		5/5	
Ankle MMT (L) Plantarflexion		-3/5	

Assessment

29 y/o L foot crush injury with pain, decreased strength and decreased tolerance for WB activity. Pt. demonstrates antalgic gait due to pain but presents with AROM wfl. Unable to determine source of marked pain with WB at this time.

Plan

Pt. to fu with MD today. Will proceed per MD.

I certify that the above rehabilitative services are required and authorized by me, and that the patient's plan will be reviewed every thirty- (30) days.

Physician: _____ Date: _____

Physician's Instructions:

☐ Evaluate and Treat ☐ Other: _____

Please sign the above authorization and fax to (843) 695-0328

Progress Note



To: Ohlson, Blake L.
 From: Lindsay Hunter PT
 Date: 6/1/2012
 Re: John McDaniel Visits: 22

Diagnosis
 INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)

Problem Site(s)
 Foot - Left

Objective Findings

Objective Finding	Initial	Last Measurement	Goal
Ankle AROM (L) Dorsiflexion	2	10	WNL
Ankle AROM (L) Eversion	8	15	WNL
Ankle AROM (L) Inversion	20	48	WNL
Ankle AROM (L) Plantarflexion	35	58	WNL
Ankle Girth Figure 8 (L)	59 cm	56	WNL
Ankle Girth Figure 8 (R)	57 cm	57	WNL
Ankle MMT (L) Dorsiflexion		+4/5	
Ankle MMT (L) Eversion		+3/5	
Ankle MMT (L) Inversion		+4/5	
Ankle MMT (L) Plantarflexion		3/5	

Assessment

Patient has WNL mobility in L ankle but is limited in strength by pain. Still demonstrating antalgic gait pattern with L knee buckling upon mid stance. Has most trouble shifting weight to ball of foot. Unable to perform SLS L due to pain. Significant improvement with swelling around L ankle/foot. Was encouraged to consider walking with one crutch to return to normal gait pattern by reducing WB through L foot. No goals met as of yet.

Plan

Patient to be seen for 2-3 times a week for 4-6 weeks for: strengthening, stretching, manual therapy, proprioception/balance training, gait training, and modalities. Focus for next session: Progress WB and gait training, continue LE PRE, and isolated ankle PRE/stabilization.

Resend06-04-12;09:00AM;adams-development

I certify that the above rehabilitative services are required and authorized by me, and that the patient's plan will be reviewed every thirty- (30) days.

Physician: [Signature] Date: 6/17/12

Physician's Instructions:
☒ Evaluate and Treat ☐ Other: _____

Please sign the above authorization and fax to (843) 402-1285.

[Signature] DFT

ORTHOPAEDIC SPECIALISTS OF CHARLESTON
 Kate Eden, PA-C

Patient Name: MCDANIEL, JOHN
 DOB: 3/5/1982
 PATIENT #: 30-86-77-4

2093 Henry Tecklenburg Drive
 Suite 200 East
 Charleston, SC 29414
 Telephone (843) 958-2500
 Fax (843) 958-2680

Date of Service: 11/28/2011

INITIAL EVALUATION

HISTORY OF PRESENT ILLNESS: The patient presented for evaluation of his left foot. He is a 29-year-old Caucasian male who sustained injury while at work when his left foot was run over by a forklift, date of injury November 21, 2011. He was seen at the emergency room at a Roper facility where he was told that he sustained a transverse fracture of the second through fifth metatarsals and the distal fifth phalanx of the left foot. He was placed into a short-leg splint. He has been nonweightbearing since his time of injury. He states that the pain is fairly severe, swelling throughout the foot, difficulty with bearing weight. He has been elevating the foot, which seems to help alleviate his symptoms. He denies any previous history of injury or trauma to the foot.

MEDICATIONS: Percocet prescribed by the emergency room.

ALLERGIES: None.

PAST MEDICAL HISTORY: Negative for diabetes, hypertension, or problems with thyroid.

PAST SURGICAL HISTORY: Negative.

FAMILY HISTORY: Significant for breast cancer.

SOCIAL HISTORY: He works as a truck driver in deliveries. Physical activities include constant walking and physical labor at work. He smokes approximately 2 packs of cigarettes a week for the past 10 years. He consumes approximately a couple drinks of alcohol per week.

REVIEW OF SYSTEMS: He is self-reported 6 feet 3 inches, 250 pounds. Denies constitutional symptoms such as fevers, chills, or night sweats. He denies heart problems such as chest pain, murmur, or irregular beats. He denies neurological problems such as seizures, weakness, or problems with balance.

PHYSICAL EXAMINATION: Well-developed, well-nourished male, sitting comfortably in his chair, awake, alert, and oriented, answers questions appropriately. Examination today of the left foot reveals diffuse swelling and ecchymosis about the lateral border and dorsal aspect of the foot as well as the forefoot. No evidence of skin breakdown, abrasion, or infection. No obvious evidence of bony prominence. There is diffuse tenderness about the shaft of the third, fourth, and fifth metatarsals as well as tenderness about the distal aspects of the metatarsals along the metatarsal heads with painful range of motion at the MTP joints at the third, fourth, and fifth MTP joints. Tenderness about the fifth phalanx. No tenderness about the second, third, or fourth phalanx. No tenderness along the peroneal tendons, anterolateral aspect of the ankle joint. No tenderness along the lateral malleolus or medial malleolus. Full range of motion of the ankle. Limited range of motion secondary to pain about the midfoot. Sensation is intact in the distribution of the sural nerve as well as along the distribution of the dorsomedial cutaneous branch of the superficial peroneal nerve. However, there is slight sensitivity over both of these areas as would be expected due to the extreme quality of the crush injury. No obvious evidence of pes planus or pes cavus foot deformity. Achilles tendon is intact.

X-RAYS: Three views of the left foot reviewed from the emergency room as well as 3 views of the left foot, nonweightbearing, taken today in the office reveal transverse fractures of the second, third, fourth, and fifth distal shaft of the metatarsals and a fracture noted of the proximal middle phalanx on the fifth toe. All fractures are within acceptable alignment. Minimal shortening noted of the fourth and fifth metatarsal fractures. They are extraarticular in nature. MTP joints remain in acceptable alignment with a normal cascade. No obvious comminution present.

ORTHOPAEDIC SPECIALISTS OF CHARLESTON Kate Eden, PA-C Patient Name: MCDANIEL, JOHN DOB: 3/5/1982 PATIENT #: 30-86-77-4	2093 Henry Teckdenburg Drive Suite 200 East Charleston, SC 29414 Telephone (843) 958-2500 Fax (843) 958-2680 Date of Service: 11/28/2011

IMPRESSION: The patient presents for initial evaluation following a crush injury while at work, date of injury November 21, 2011, sustaining a third, fourth, and fifth metatarsal fracture at the head of the metatarsals and a middle phalanx fracture of the fifth toe.

PLAN: Pathology and nature were discussed with him in detail. He does understand that a crush injury in particular can take up to a year for symptoms to resolve. At this time, conservative treatment is warranted. Fractures remain in acceptable alignment. Surgical intervention is not required at this time. X-rays and plan of care are discussed with Dr. Ohlson in detail. The patient was placed into a short-leg cast boot in a neutral position. He will remain nonweightbearing until his next evaluation. He will follow up in approximately 4 weeks for a repeat evaluation with repeat x-rays of the foot at that time. He will remain out of work or at sedentary duties if it is available until his next evaluation. The patient is given a prescription for Percocet 5/325 mg 1-2 tablets p.o. q. 4-6h. p.r.n. pain #30 with no refills. Told to call the office if questions or concerns, increased erythema, or dramatic increase in swelling. The patient needs to be icing the foot as well as elevating throughout the day. Otherwise, he needs to remain in the cast boot at all times. Pathology and nature were discussed in detail. All of his questions were answered. Told to call the office if questions or concerns.

Kate Eden, PA-C

Blake L. Ohlson, MD

KE/cma

DD: 10/26/2011 8:34:00 AM
 DT: 12/9/2011 2:55:37 PM
 16234293

Orthopaedic Specialists of Charleston

ROPER ST. FRANCIS PHYSICIANS

(843) 958-2500

James K. Aymond, M.D.
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Blake L. Ohlson, M.D.
James L. Price, Jr M.D.
Kelly Bailey Kruse, PA-C
Erin N. Watrobski, PA-C
Kate Eden, PA-C

Date: 11/28/11
Patient: JOHN MCDANIEL

Chart # 30-8677-4
Diagnosis: Metatarsal Fractures

Please be advised that the above named patient:

[] Was seen in this office on the following date(s): 11/28/11

[] May return to full duty on _____

[] May return to light duty on _____

[] May not return to work/school until _____

[] May not participate in _____

Add'l Comments _____

NEXT APPOINTMENT 5-6 weeks TESTS REQUIRED _____

____ Avoid	RESTRICTIONS (circle choices)	____ Avoid repetitive
Bending	Excessive Walking	
Twisting	Excessive Running & Cutting	
Squatting	Prolonged Sitting/Standing	
Climbing	Horizontal Lifting	
Stooping	Overhead Activities	

No Lifting Over 1, 5, 10, 15, 20, 25, 50 lbs.

Sedentary Work Only

Mt Eden PAC
Physician's Signature

Mt Pleasant Office
Building 6
594 Lone Tree Drive
Mt. Pleasant, SC 29464

North Charleston Office
Trident Medical Campus
2891-A Tricom St.
N. Charleston, SC 29406

West Ashley Office
St. Francis Medical Office
2093 Henry Tecklenburg Dr., Ste 200
Charleston, SC 29414

Patient: MCDANIEL, JOHN

MRN: 00003086774

Encounter: 00003086774

Page 1 of 1

#440

3086774

Patient Information		Referred By:
Last Name: <u>McDaniel</u>	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other	Sex: Male ☒ Female
First Name: <u>John</u>	Date of Birth: <u>3/5/82</u>	Age: <u>29</u> SSN: <u>458-99-7462</u>
Middle Name: <u>Christopher</u>	Preferred Name:	Primary Language: <u>English</u>
Marital Status: ☐ Married ☒ Single ☐ Separated ☐ Divorced ☐ Widowed	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or OPI ☒ White		
Student Status: ☒ Full ☐ Part ☐ N/A School:	Employment: ☒ Full ☐ Part ☐ N/A Employer: <u>Stalling Services</u>	
Home Address: <u>700 Daniel Ellis Dr #5104</u>	City: <u>Charleston</u> County:	State: <u>SC</u> Zip: <u>29412</u>
Email Address:		
Phone: Home ()	Work ()	Cell: <u>(843) 425-3000</u>
May we leave a voice message to remind you about appointments at your home or cell phone number? Yes ☒ No		
May we leave a voice message for normal test results at your home or cell phone number? Yes ☒ No		
Pharmacy Name and Phone Number: <u>Walgreens (James Island)</u>		
Emergency Contact Name: <u>Elizabeth Pike</u>		
Relationship: <u>Girlfriend</u> Home Phone: <u>(843) 532-2921</u> Work Phone ()		
If you want the Practice to contact you at an address/phone different than you gave above, please provide:		
Other Address:	City:	State: Zip: Other Phone ()

Guarantor/Responsible Person (if different from patient)	
Last Name:	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other
First Name:	Sex: Male Female
Middle:	Date of Birth: / / Age SSN: - -
Address:	Relationship to Patient:
City:	State: Zip:
Phone: Home ()	Work () Cell: ()
Guarantor Email Address:	

Primary Insurance	Secondary Insurance
Insurance Company:	Insurance Company:
Policyholder Name:	Policyholder Name:
Member or Policyholder ID#:	Member or Policyholder ID#:
Policy Holder Date of Birth:	Policy Holder Date of Birth:
Insurance Co. Phone Number: ()	Insurance Co. Phone Number: ()
Group #	Group #
Insurance Co. Address:	Insurance Co. Address:
City: State: Zip:	City: State: Zip:

Ongoing Communication Regarding Your Healthcare

We may release/discuss your health information with the following people or organizations for the following dates of service, range of time, or event(s):

From (MM/DD/YY) _____ To (MM/DD/YY) _____

Name (Physician, family, etc)	Address	Phone/Fax	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A separate Authorization to Release Information Form must be completed if the information being released is different for these people or organizations listed above.

Authorization, Assignment of Benefits, and Referral Medical Release

I allow this Practice to use and release my protected health information for treatment, payment and healthcare operations as allowed by HIPAA and as described in the Roper St. Francis Healthcare Notice of Information Practices. I have been provided a copy of the Roper St. Francis Healthcare Notice of Information Practices.

I allow the release of medical information including complete medical records, test results, and billing information to my insurance company and to other medical professionals and medical care institutions that I may be referred to for treatment.

I request the following restrictions on the use of my information: _____

I allow payment made directly to Roper St. Francis Healthcare for all medical or surgical benefits otherwise payable to me under terms of my insurance. I understand that I am financially responsible for paying all co-payments, co-insurance, deductibles and non-covered services. A photocopy of this form shall be considered as effective and as valid as the original.

To the best of my knowledge the information I have given on this form is accurate and true. I know it is my or my legal guardian's responsibility to keep this practice and my physician informed of changes to any of my contact information; a failure to do so may interfere with the ability to contact me concerning my healthcare.

Print Patient's Name: John C McDaniel

Patient Signature: [Signature]

Date 11 / 28 / 11

Print Guardian's Name: _____

Guardian Signature: _____

Date 1 / 1

Office Use Only:

Patient: MCDANIEL, JOHN

MRN: 00003086774

Encounter: 00003086774

Page 2 of 2

Patient's HPP Guarantor #:

Patient's HPP Acct#:

3086774

ROPER
ST FRANCIS
Physicians

Orthopaedic Specialists of Charleston

Patient Information - Injury and/or Pain Form

This information is required by most insurance carriers when medical services are related to any Accident/Injury/Incident.

To Be Filled Out by Patient: Injury/Accident/Incident Information

Patient's Name: John McDaniel Date of Birth: 3-5-82
Date of Accident: 11/21/11

OR the Approx. Date Symptom(s)/Pain first began: _____

Where Accident Occurred: (Please check one)

☒ Work Related (Give Employment Information Below)

☐ Auto Accident

State: _____

Note: If auto accident, the State in which the accident occurred is required

☐ Home

☐ Other, Please Specify: _____

Brief description of how accident/incident or onset of symptoms occurred and the affected body part:
Example: Twisted ankle/foot after stepping in hole in yard at home yesterday at approx. 5pm.

Left foot was run over by forklift fracturing
metatarsal bones

If not work related, please skip to signature section.

Employment Information for Work Related Injury:

This information is required for all work related injuries when a Worker's Compensation Insurance Carrier should be billed. Please give the staff any paperwork you received from your employment and/or their worker's compensation insurance, so we may file your services properly. Without the correct billing information, for a work related injury, you may be held responsible for payment.

Name of Employer: Snelling Snelling

Contact Phone: (843) 272-6500

Name of Employer Contact: Dr. Poscuzzi

Work Comp Policy/Claim #: 0700018933

Name and address of Work Comp Carrier:

United Healthcare
PO Box 3026
W. H. Walker, WI
53201

If Dept of Labor*, Diagnosis Code(s): _____

*Provide letter from DOL. The DOL should have sent you a letter approving your claim and assigned a diagnosis.

Name of Adjuster: _____ Phone # (800) 258-2667

Name of person providing information: _____ Relationship to Patient: _____

To the best of my knowledge, the information provided above is correct.

Patient's Signature: [Signature]

Date: 11/28/11

Created 3/24/2011
S:\physicians\c\audits/forms\Accident Information Sheet

Patient: MCDANIEL, JOHN

MRN: 00003086774

Encounter: 00003086774

Page 1 of 1

ORTHOPAEDIC SPECIALISTS OF CHARLESTON**Blake L. Ohlson, MD****Patient Name:** MCDANIEL, JOHN**DOB:** 3/5/1982**PATIENT #:** 30-86-77-4**2093 Henry Tecklenburg Drive
Suite 200 East****Charleston, SC 29414****Telephone (843) 958-2500****Fax (843) 958-2680****Date of Service:** 1/9/2012**FOLLOW-UP**

This patient is here for followup today for forklift injury, a crush injury to his foot on November 21, 2011. He is doing well. He states still pain in the foot and stiffness, still having difficulty bearing weight on the foot.

Examination today shows a substantial amount of swelling, eschar measuring approximately 3.5 cm in diameter over the dorsolateral border of his foot and some decreased sensation along the sural nerve distribution. He also has diffuse tenderness across the metatarsal region.

X-RAYS: Three views of his foot show some diffuse osteopenia and neck fractures involving the second through fifth metatarsals. The fourth has the most displacement with slight shortening, but the cascade of the metatarsals is still maintained. Also a fracture of the proximal phalanx of the fifth toe.

IMPRESSION: Followup for 2-5 metatarsal fractures with proximal phalanx fracture of the fifth toe.

PLAN: Eschar was debrided on the foot today. We talked about wet-to-dry dressing changes. He may begin progressive weightbearing, transition to a postop shoe. I am going to also begin him in therapy working on range of motion and gait training-type exercises, and see him back in 6 weeks' time for followup. I am going to keep him out of work until the wound is healed.

Blake L. Ohlson, MD

BLO/tg

DD: 1/9/2012 3:18:00 PM

DT: 1/10/2012 10:43:17 AM

16453988

This document was electronically signed by Blake Ohlson, MD

Date and Time: 2/26/2012 10:48:54 PM

W/C
17002136285

**Orthopaedic Specialists
of Charleston**
ROPER ST. FRANCIS PHYSICIANS

(843) 958-2500

James K. Aymond, M.D.
Kenneth M. Caldwell, M.D.
John M.J. Ernst, M.D.
John M. Graham, Jr M.D.
Robert Schoderbek, M.D.

Blake L. Ohlson, M.D.
James L. Price, Jr M.D.
Kelly Bailey Krusa, PA-C
Erin N. Watrobski, PA-C
Kate Eden, PA-C

Date: 1/9/12
Patient: John McDaniel

Chart # 3086774
Diagnosis: crushing OFFT

Please be advised that the above named patient:

☒ Was seen in this office on the following date(s): 1/12

☐ May return to full duty on _____

☐ May return to light duty on _____

☒ May not return to work/school until follow up - will reassess in 6 wks

☐ May not participate in _____ until _____

Add'l Comments _____

NEXT APPOINTMENT 6 wks TESTS REQUIRED _____

____ Avoid

RESTRICTIONS
(circle choices)

____ Avoid repetitive

Bending
Twisting
Squatting
Climbing
Stooping

Excessive Walking
Excessive Running & Cutting
Prolonged Sitting/Standing
Horizontal Lifting
Overhead Activities

No Lifting Over 1, 5, 10, 15, 20, 25, 50 lbs.

Sedentary Work Only

[Signature]
Physician's Signature

Mt Pleasant Office
Building 6
594 Lone Tree Drive
Mt. Pleasant, SC 29484

North Charleston Office
Trident Medical Campus
2891-A Tricom St.
N. Charleston, SC 29408

West Ashley Office
St. Francis Medical Office
2093 Henry Tecklenburg Dr., Ste 200
Charleston, SC 29414

Patient: MCDANIEL, JOHN

MRN: 00003086774

Encounter: 00003086774

Page 1 of 1

ORTHOPAEDIC SPECIALISTS OF CHARLESTON
Kate Eden, PA-C

Patient Name: MCDANIEL, JOHN
DOB: 3/5/1982
PATIENT #: 30-86-77-4

2093 Henry Tecklenburg Drive
Suite 200 East
Charleston, SC 29414
Telephone (843) 958-2500
Fax (843) 958-2680

Date of Service: 1/27/2012

FOLLOW-UP

The patient presented for a followup for his left foot. The patient sustained a crush injury involving a forklift while at work on November 21, 2011. He states he has had increased drainage from the area that was debrided at his visit with Dr. Ohlson a few weeks ago. He denies constitutional symptoms such as fevers, chills, or night sweats. He is concerned about the increase in drainage.

On examination today, he does have a substantial amount of residual swelling. The eschar measures approximately 3.5 cm in diameter over the dorsolateral border of the foot with a slight amount of serous drainage present. No evidence of purulence or active infection. There is decreased sensation along the distribution of the sural nerve. Diffuse tenderness about the metatarsal region.

IMPRESSION: The patient presents for a followup for metatarsal fractures 2-5 with proximal phalanx fracture of the fifth toe, date of injury November 21, 2011.

PLAN: The patient is to continue wet-to-dry dressing changes in the area of the eschar wound. He has not been performing wet-to-dry dressing changes. I have recommended that he be evaluated by wound care. I have given him a prescription for this. I have also placed him on a short course of antibiotics due to the fact that he states that there has been a fairly substantial increase in drainage as of recently, Bactrim DS 1 tablet p.o. b.i.d. #10 with 1 refill. He was also given a prescription for Lortab 5/500 mg 1-2 tablets p.o. q.6 h. p.r.n. pain #30 with no refills. He will follow up in approximately 4 weeks. He already has an appointment scheduled with myself or Dr. Ohlson. He was told to call the office with questions or concerns. He will remain out of work until his next followup.

Kate Eden, PA-C

Blake L. Ohlson, MD

KE/tg

DD: 1/29/2012 10:13:00 PM
DT: 1/31/2012 8:41:42 AM
16617675

This document was electronically signed by Blake Ohlson, MD
Date and Time: 2/26/2012 10:46:19 PM

W/C
17002136288

Orthopaedic Specialists of Charleston

PROPER ST. FRANCIS PHYSICIANS

(843) 958-2500

James K. Aymond, M.D.
Kenneth M. Caldwell, M.D.
John M.J. Ernst, M.D.
John M. Graham, Jr M.D.
Robert Schöderbek, M.D.

Blake L. Ohlson, M.D.
James L. Price, Jr M.D.
Kelly Bailey Kruse, PA-C
Erin N. Watrobski, PA-C
Kate Eden, PA-C

Date: 1-27-12
Patient: John MCDaniel

Chart # 3036774
Diagnosis: 1-12-5
7-22-7

Please be advised that the above named patient:
☐ Was seen in this office on the following date(s):

☐ May return to full duty on _____
☐ May return to light duty on _____
☒ May not return to work/school until Further Notice
☐ May not participate in _____ until _____

Add'l Comments _____

NEXT APPOINTMENT 1-28-12 TESTS REQUIRED _____

____ Avoid 2/20/12 RESTRICTIONS (circle choices) _____ Avoid repetitive

Bending	Excessive Walking
Twisting	Excessive Running & Cutting
Squatting	Prolonged Sitting/Standing
Climbing	Horizontal Lifting
Stooping	Overhead Activities

No Lifting Over 1, 5, 10, 15, 20, 25, 50 lbs. Sedentary Work Only

[Signature]
Physician's Signature

MI Pleasant Office
Building 6
594 Lone Tree Drive
Mt Pleasant, SC 29464

North Charleston Office
Trident Medical Campus
2891-A Tricom St
N. Charleston, SC 29406

West Ashley Office
St. Francis Medical Office
2093 Henry Tecklenburg Dr, Ste 200
Charleston SC 29414

(Original - Chart Copy 1 - WC Coordinator Copy 2 - Patient)

Patient: MCDANIEL, JOHN

MRN: 00003086774

Encounter: 002152446NEW

Page 1 of 1

W/C
17002136283
**Orthopaedic Specialists
of Charleston**
PROPER ST. FRANCIS PHYSICIANS
(843) 958-2500

James K. Aymond, M.D.
Kenneth M. Caldwell, M.D.
John M.J. Ernst, M.D.
John M. Graham, Jr M.D.
Robert Schoderbek, M.D.

Blake L. Ohlson, M.D.
James L. Price, Jr M.D.
Kelly Bailey Kruse, PA-C
Erin N. Watrobski, PA-C
Kate Eden, PA-C

Date: 1-22-12

Chart # 3086774

Patient: John McDaniel

Diagnosis: Fracture

Please be advised that the above named patient:

☐ Was seen in this office on the following date(s): 1/27/12

☐ May return to full duty on _____

☐ May return to light duty on _____

☒ May not return to work/school until Further Notice

☐ May not participate in _____ until _____

Add'l Comments _____

NEXT APPOINTMENT Has Appt

TESTS REQUIRED _____

____ Avoid

2/20/12 RESTRICTIONS
(circle choices)

____ Avoid repetitive

Bending

Twisting

Squatting

Climbing

Sloping

Excessive Walking

Excessive Running & Cutting

Prolonged Sitting/Standing

Horizontal Lifting

Overhead Activities

No Lifting Over 1, 5, 10, 15, 20, 25/50 lbs.

Sedentary Work Only

[Signature]
Physician's Signature

Mid Pleasant Office
Building 8
594 Lone Tree Drive
Mt. Pleasant, SC 29464

North Charleston Office
Tidwell Medical Campus
2881-A Trilcom St.
N. Charleston, SC 29406

West Ashley Office
St. Francis Medical Office
2093 Henry Teaklenburg Dr., Ste 200
Charleston, SC 29414

(Original - Chart Copy 1 - WC Coordinator Copy 2 - Patient)

294 Henry Teske Road, Dr. Ste 3A
Clarkston, GA 30144
404-956-2580

w/c

17002136285

ORTHOPAEDIC SPECIALISTS OF CHARLESTON**Blake L. Ohlson, MD****Patient Name:** MCDANIEL, JOHN**DOB:** 3/5/1982**PATIENT #:** 30-86-77-4**2093 Henry Teckdenburg Drive
Suite 200 East
Charleston, SC 29414
Telephone (843) 958-2500
Fax (843) 958-2680****Date of Service:** 2/20/2012**FOLLOW-UP**

The patient is here for followup for metatarsal fractures 2-5, proximal phalanx fracture, fifth toe, delayed wound healing. He states that he works for Snelling. He has been trying to facilitate getting wound care as well as physical therapy. He is still using crutches surprisingly. Although he has retained the Steinberg Law Firm for his worker's comp claim, he has really not been able to simply follow the recommendations that I have stated in the past visit.

Exam today still shows a fair amount of swelling. Stiffness in the MP joints. He is neurovascularly intact. The area measures about 2 cm x2 cm, extends below the subcutaneous tissue, appears clean in the dorsolateral portion of his foot and some numbness in the distribution of the sural nerve and intermediate branch of the superficial peroneal nerve. No evidence of infection.

X-rays today show some significant disuse osteopenia. However, the fractures show good bridging callus.

IMPRESSION: Followup for a 2-5 metatarsal fracture as well as proximal phalanx fracture.

PLAN: I encouraged him to touch base with the Steinberg Law Firm to help facilitate communication with the work case manager and get him into some wound care, help speed along the recovery of the wound, and also physical therapy, lagging behind as his x-rays suggest. I will see him back in about 6 weeks' time for followup. He really needs to get off the crutches and start weaning into a shoe with continued dressing changes.

Blake L. Ohlson, MD

BLO/cma

DD: 2/20/2012 2:23:00 PM

DT: 2/23/2012 10:51:04 AM

16812779

This document was electronically signed by Blake Ohlson, MD

Date and Time: 2/26/2012 10:44:44 PM

Orthopaedic Specialists of Charleston

ROPER ST. FRANCIS PHYSICIANS

(843) 958-2500

James K. Aymond, M.D.
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Blake L. Ohlson, M.D.
James Price, M.D.

Robert Schoderbek, M.D.
Kelly Bailey Kruse, PA-C
Erin N. Watrobski, PA-C
Kate Eden, PA-C
Penni Vachon, ANP

Date: 2/20/12

Chart # 30-86-77-4

Patient: John McDaniel

Diagnosis: ④ foot fx

Please be advised that the above named patient:
X Was seen in this office on the following date(s): 2/20/12

May return to full duty on _____

May return to light duty on _____

May not return to work/school until next appointment (6 wks)

May not participate in _____ until _____

Add'l Comments: _____

NEXT APPOINTMENT _____ TESTS REQUIRED _____

_____ Avoid	RESTRICTIONS (circle choices)	_____ Avoid repetitive
Bending	Excessive Walking	
Twisting	Excessive Running & Cutting	
Squatting	Prolonged Sitting/Standing	
Climbing	Horizontal Lifting	
Stooping	Overhead Activities	

No Lifting Over 1, 5, 10, 15, 20, 25, 50 lbs.

Sedentary Work Only

Physician's Signature

Mt Pleasant Office
Building 8
594 Lone Tree Drive
Mt. Pleasant, SC 29464

North Charleston Office
Trident Medical Campus
2801-A Tricom St.
N. Charleston, SC 29408

West Ashley Office
St. Francis Medical Office
2093 Henry Tecklenburg Dr., Ste 200
Charleston, SC 29414

(Original - Chart Copy 1 - WC Coordinator Copy 2 - Patient)

Patient: MCDANIEL, JOHN

MRN: 00003086774

Encounter: 00003086774

Page 1 of 1

#40

3086774

Patient Information		Referred By:
Last Name: <u>McDaniel</u>	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other	Sex: Male ☒ Female
First Name: <u>John</u>	Date of Birth: <u>3/5/82</u>	Age: <u>27</u> SSN: <u>458-99-7462</u>
Middle Name: <u>Christopher</u>	Preferred Name:	Primary Language: <u>English</u>
Marital Status: ☐ Married ☒ Single ☐ Separated ☐ Divorced ☐ Widowed		
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino		
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or OPI ☒ White		
Student Status: ☒ Full ☐ Part ☐ N/A School: Employment: ☒ Full ☐ Part ☐ N/A Employer: <u>Stelling Smith</u>		
Home Address: <u>700 Daniel Ellis Dr #8104</u> City: <u>Charleston</u> County: State: <u>SC</u> Zip: <u>29412</u>		
Email Address:		
Phone: Home () Work () Cell: <u>(843) 425-3000</u>		
May we leave a voice message to remind you about appointments at your home or cell phone number? Yes ☒ No		
May we leave a voice message for normal test results at your home or cell phone number? Yes ☒ No		
Pharmacy Name and Phone Number: <u>Walgreens (James Island)</u>		
Emergency Contact Name: <u>Elizabeth D.K.</u>		
Relationship: <u>Girlfriend</u> Home Phone: <u>(843) 532-2921</u> Work Phone ()		
If you want the Practice to contact you at an address/phone different than you gave above, please provide:		
Other Address: City: State: Zip: Other Phone ()		

Guarantor/Responsible Person (if different from patient)	
Last Name:	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other
First Name:	Sex: Male Female
Middle:	Date of Birth: Age SSN:
Address:	Relationship to Patient:
Phone: Home () Work () Cell: ()	City: State: Zip:
Guarantor Email Address:	

Primary Insurance	Secondary Insurance
Insurance Company:	Insurance Company:
Policyholder Name:	Policyholder Name:
Member or Policyholder ID#:	Member or Policyholder ID#:
Policy Holder Date of Birth:	Policy Holder Date of Birth:
Insurance Co. Phone Number: ()	Insurance Co. Phone Number: ()
Group #	Group #
Insurance Co. Address:	Insurance Co. Address:
City: State: Zip:	City: State: Zip:

MAY 01 2012

**MCDANIEL, JOHN**

30 Y old Male, DOB: 03/05/1982

700 DANIEL ELLIS DRIVE, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN

Appointment Facility: Orthopaedic Specialists Of Chas

Blake L Ohlson MD

04/02/2012

Current Medications

Percocet
 Bactrim DS 800-160 MG Tablet 1 tablet every 12 hrs
 Lortab 5-500 MG Tablet 1 tablet as needed for pain every 6 hrs
 Ultram 50 MG Tablet 1 to 2 tablets every 6 hrs
 Medication List reviewed and reconciled with the patient

Past Medical History

LEFT FOOT INJURY

Surgical History

Double Hernia sx Birth

Family History

SIGNIFICANT FAMILY HISTORY OF BREAST CANCER.

Social HistoryTobacco Use:

Tobacco Use/Smoking

Are you a *current smoker*How often do you smoke cigarettes? *every day*How many cigarettes a day do you smoke? *6-10*How soon after you wake up do you smoke your first cigarette? *after 60 minutes*Are you interested in quitting? *Thinking about quitting*Tobacco Use/Smokeless: *Denies*Drugs/Alcohol:Drugs: *Denies*Alcohol Screen: *Admits*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)*Points *3*Interpretation *Negative***Allergies**

N.K.D.A.

Hospitalization/Major**Reason for Appointment**

1. Left Foot Pain

History of Present IllnessSymptom(s):

Patient is here followup for her crush injury to his foot with multiple metatarsal fractures in a delayed wound healing states he still was not in the wound healing he has however began physical therapy and states he is showing slow but progressive improvement. He states the Ultram made her feel hot so he's no longer taking that. In fact he never got the prescription filled and states that his girlfriend had some that he took.

Vital Signs

Ht 6 ft 3 in, Wt 250 lbs, BMI 31.24.

ExaminationGeneral Examination:

PERIPHERAL PULSES: 2+ dorsalis pedis.

NEUROLOGIC: Patient is insensate in the distribution of the sural nerve. Rest the foot is neurologically intact..

ORTHOPEDIC Wound is nearly healed on the foot measures approximately 1 x 1 cm it is very superficial in nature there is no purulence no evidence of infection swelling is present but diminishing. He still has diffuse tenderness across the metatarsal region. He still has some stiffness in the MTP joints. Ankle also shows some minor stiffness..

Assessments

1. Crush injury - foot - 928.20 (Primary)

Treatment**1. Crush injury - foot**

Start Celebrex Capsule, 200 MG, 1 capsule, Orally, Once a day, 30 day (s), 30, Refills 01

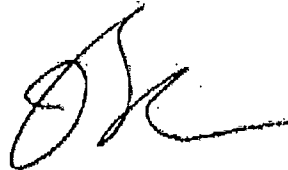
Patient will continue physical therapy at this time. Working on strength range of motion activities. He is a bit behind his recovery. at This point the wound is nearly healed so wound care specialist will not be necessary. He was instructed on local wound care. Advised him to quit smoking his as this affects the rate of healing. The diminished sensation in the distribution of the sural nerve may be permanent. Because he did not tolerate all tramadol which try him on Celebrex he's

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L Ohlson MD 04/02/2012
 Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Diagnostic Procedure
Denies Past Hospitalization

also tried first-generation anti-inflammatories in the past and this provided incomplete relief of symptoms. We'll see him back in approximate 6 weeks' time for followup. Work should consist of sedentary duty only.

Follow Up
6 Weeks



Electronically signed by BLAKE OHLSON MD, MD on
04/02/2012 at 11:36 PM EDT
Sign off status: Completed

Orthopaedic Specialists Of Chas
2093 HENRY TECKLENBURG DR
CHARLESTON, SC 29414-5742
Tel: 843-958-2500
Fax: 843-606-8059

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L Ohlson MD 04/02/2012

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

Orthopaedic Specialists of Charleston

ROPER ST. FRANCIS PHYSICIANS

James Aymond, MD
Kenneth Caldwell, MD
John Graham, MD

John Ernst, MD
Blake Ohlson, MD
Robert Schoderbek Jr, MD

James Price Jr, MD

Kate Eden, PA

Kelly Bailey Kruse, PA
Penni Vachon, APRN

Erin Watrobski, PA

Patient: JOHN MCDANIEL

Date: 4-2-2012

Chart: 00003086774

Diagnosis: _____

Please be advised that the above named patient:

☒ Was seen in this office on the following date(s) 4-2-2012

☐ May return to full duty on _____

☐ May return to light duty on _____

☐ May not return to work/school until _____

☐ May not participate in _____ until _____

Add'l Comments _____

NEXT APPOINTMENT _____ TESTS REQUIRED _____

RESTRICTIONS

(circle choices)

_____ Avoid

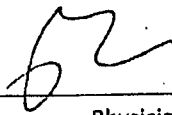
Bending
Twisting
Squatting
Climbing
Stooping

_____ Avoid Repetitive

Excessive Walking
Excessive Running and Cutting
Prolonged Sitting/Standing
Horizontal Lifting
Overhead Activities

No Lifting Over 1, 5, 10, 15, 20, 25, 50 lbs

Sedentary Work Only



Physician's Signature

West Ashley Office:
St. Francis Medical Office

North Charleston Office:
Trident Medical Campus

Mt Pleasant Office
Building 6

#410
3086774

Patient Information		Referred By:
Last Name: <u>McDaniel</u>	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other	Sex: Male ☒ Female ☐
First Name: <u>John</u>	Date of Birth: <u>3/5/82</u>	Age: <u>27</u> SSN: <u>458-99-746Z</u>
Middle Name: <u>Christopher</u>	Preferred Name: _____	Primary Language: <u>English</u>
Marital Status: ☐ Married ☒ Single ☐ Separated ☐ Divorced ☐ Widowed		
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino		
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or OPI ☒ White		
Student Status: ☒ Full ☐ Part ☐ N/A School: _____ Employment: ☒ Full ☐ Part ☐ N/A Employer: <u>Stallings Station</u>		
Home Address: <u>700 Annie Ellis Dr #5/04</u> City: <u>Charleston</u> State: <u>SC</u> Zip: <u>29412</u>		
Email Address: _____		
Phone: Home () _____ Work () _____ Cell: <u>(843) 425-3000</u>		
May we leave a voice message to remind you about appointments at your home or cell phone number? Yes ☒ No ☐		
May we leave a voice message for normal test results at your home or cell phone number? Yes ☒ No ☐		
Pharmacy Name and Phone Number: <u>Walgreens (James Island)</u>		
Emergency Contact Name: <u>Elizabeth P.R.</u>		
Relationship: <u>Girl Friend</u> Home Phone: <u>(843) 532-2921</u> Work Phone () _____		
If you want the Practice to contact you at an address/phone different than you gave above, please provide:		
Other Address: _____ City: _____ State: _____ Zip: _____ Other Phone () _____		

Guarantor/Responsible Person (if different from patient)	
Last Name: _____	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other
First Name: _____	Sex: Male _____ Female _____
Middle: _____	Date of Birth: <u>1/1</u> Age: _____ SSN: _____
Address: _____	Relationship to Patient: _____
City: _____	State: _____ Zip: _____
Phone: Home () _____	Work () _____ Cell: () _____
Guarantor Email Address: _____	

Primary Insurance	Secondary Insurance
Insurance Company: _____	Insurance Company: _____
Policyholder Name: _____	Policyholder Name: _____
Member or Policyholder ID#: _____	Member or Policyholder ID#: _____
Policy Holder Date of Birth: _____	Policy Holder Date of Birth: _____
Insurance Co. Phone Number: () _____	Insurance Co. Phone Number: () _____
Group #: _____	Group #: _____
Insurance Co. Address: _____	Insurance Co. Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

JUN 04 2012

**MCDANIEL, JOHN**

30 Y old Male, DOB: 03/05/1982

700 DANIEL ELLIS DRIVE, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN

Appointment Facility: Orthopaedic Specialists Of Chas

Blake L Ohlson MD

05/14/2012

Current Medications

Percocet
Bactrim DS 800-160 MG Tablet 1 tablet every 12 hrs
Lortab 5-500 MG Tablet 1 tablet as needed for pain every 6 hrs
Ultram 50 MG Tablet 1 to 2 tablets every 6 hrs
Celebrex 200 MG Capsule 1 capsule Once a day, stop date 06/01/2012
Medication List reviewed and reconciled with the patient

Past Medical History

LEFT FOOT INJURY

Surgical History

Double Hernia sx Birth

Family History

SIGNIFICANT FAMILY HISTORY OF BREAST CANCER.

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

Denies Past Hospitalization....

Reason for Appointment

1. F/u left foot crush injury, multiple metatarsal fractures
2. date of injury: 11/21/2011. OSC BLO Follow Up

History of Present IllnessSymptom(s):

This patient is here for followup of a crush injury to his left foot. He continues to have complaints of pain. He obtained a second opinion from podiatrist Charles Gudas who suggested he may need surgery on his fifth toe. He continues to have difficulty quitting smoking. He also states that he began to notice ingrown toenail great toe on the left foot. He states a history of ingrown toenails and has had surgery on the right in the past. He has been unable to get back into regular shoes. He is not working. He states persistent numbness on the outside border of his foot. He is not currently using any assistive devices.

ExaminationGeneral Examination:

RADIOGRAPHS _____

Orthopedics FNA:

Orthopedic Follow Up

Examination left foot shows the wound is nearly healed. There is an area that is insensate in the distribution of the sural nerve as well as intermediate branch of the superficial peroneal nerve. In addition there is a small dorsal prominence present on the dorsal lateral aspect of the fifth toe. There is no evidence of ulceration; there is no evidence of callus formation, and there is no evidence of skin breakdown. He has diminished sensation in this area. He ambulates with an exaggerated antalgic gait. there is no hypersensitivity. Tinel's is negative. There is no evidence of active infection. No pain whatsoever with motion of the fifth toe. He has noted pes planus on examination.

Assessments

1. Crush injury - foot - 928.20 (Primary)
2. FX Metatarsal - clsd - 825.25

Treatment

1. Crush injury - foot

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L Ohlson MD 05/14/2012
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Diagnostic Imaging: XR FOOT 3 VIEWS 3 views left foot weight bearing. There is diffuse osteopenia noted. The fractures appear healed on the second through fifth metatarsal fractures. Fracture of the proximal phalanx of fifth toe appears healed with residual overhang of the fracture fragment

Patient presents followup for crush injury to left foot with fractures of second through fifth metatarsals and proximal phalanx of the fifth toe complicated by delayed wound healing. In addition he presents with an ingrown toenail of the great toe left foot.

With respect to the ingrown toenail he will return to clinic tomorrow to have partial nail resection performed was noted purulence was expelled on exam today however the toe itself appeared benign in appearance. Talked about the risk of the procedure including infection and complication recurrence and incomplete relief of pain.

With respect to his crush injury and has been nearly 6 months since the injury occurred. I am almost certain that he will have permanent problems associated with this injury. Despite healing of the fractures he still has significant soft tissue damage. I recommended he continue physical therapy working on range of motion activities and gait training. It would also be reasonable to consider referral to chronic pain management doctor. At this point his foot is too swollen to wear regular shoes. He had a number of pointed questions today as to the appropriateness of removing a small overhanging fracture fragment on the fifth toe, because it took several months for the wound on his foot to heal it would not have been appropriate to place a surgical incision on an area that is asymptomatic. It would have also placed him at risk for infection. He was told in a second opinion that there may be a risk of ulceration. At this point his exam shows no evidence of ulceration and while he is insensate the toe has shown no signs of skin breakdown. I do believe this to be a concern however and perhaps more importantly the risk factors associated with performing surgery at this time. He has a history of delayed wound healing and severe trauma to the foot just proximal to the fifth toe. Before any surgery was even considered I would recommend that he have a vascular workup especially to document toe pressures in the fifth toe. In addition he has been unable to quit smoking which adds risk for infection and wound complications, and loss of the toe. At some point I suspect he will require removal of the malunited fragment. However there is no rush to this. I've advised him he needs to be paying close attention to the toe on a daily basis. If the toe shows any evidence of being at risk for ulceration then it would be more appropriate to proceed with surgery. He also had questions regarding use of orthotics. I would advise against a use of a medial arch support in this instance. Although he has pes planus, posting the medial arch will inevitably tilt him into placing more pressure on the lateral column of the foot or more specifically the zone of injury that continues to cause him grief. Lastly Mr. McDaniel expressed some interest in considering transfer of care to podiatrist Charles Gudas. If Dr. Gudas has further recommendations he thinks will be beneficial to Mr. McDaniel and Mr. McDaniel agrees and I'll be happy to assist with this in any way possible. I do believe he should be close to maximum medical improvement by the 8-9 month mark status post injury.

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L. Ohlson MD 05/14/2012
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Procedure Codes

73630 X-RAY EXAM OF FOOT

Follow Up

tomorrow



Electronically signed by BLAKE OHLSON MD, MD on
05/14/2012 at 08:28 PM EDT

Sign off status: Completed

Orthopaedic Specialists Of Chas
2093 HENRY TECKLENBURG DR
CHARLESTON, SC 29414-5742
Tel: 843-958-2500
Fax: 843-606-8058

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L Ohlson MD 05/14/2012

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

440

3086774

Patient Information		Referred By:
Last Name: <u>McDaniel</u>	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other	Sex: Male ☒ Female
First Name: <u>John</u>	Date of Birth: <u>3/5/82</u>	Age: <u>27</u> SSN: <u>458-99-7462</u>
Middle Name: <u>Christopher</u>	Preferred Name:	Primary Language: <u>English</u>
Marital Status: ☐ Married ☒ Single ☐ Separated ☐ Divorced ☐ Widowed	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or OPI ☒ White		
Student Status: ☒ Full ☐ Part ☐ N/A School:	Employment: ☒ Full ☐ Part ☐ N/A	Employer: <u>Stelling Smith</u>
Home Address: <u>700 Rmie / Ellis Dr #504</u>	City: <u>Charleston</u>	State: <u>SC</u> Zip: <u>29412</u>
Email Address:		
Phone: Home ()	Work ()	Cell: <u>(843) 425-3000</u>
May we leave a voice message to remind you about appointments at your home or cell phone number? Yes ☒ No		
May we leave a voice message for normal test results at your home or cell phone number? Yes ☒ No		
Pharmacy Name and Phone Number: <u>Walgreens (James Island)</u>		
Emergency Contact Name: <u>Elizabeth Rob</u>		
Relationship: <u>Girlfriend</u>	Home Phone: <u>(843) 532-2921</u>	Work Phone ()
If you want the Practice to contact you at an address/phone different than you gave above, please provide:		
Other Address:	City:	State: Zip: Other Phone ()

Guarantor/Responsible Person (if different from patient)	
Last Name:	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other
First Name:	Sex: Male Female
Middle:	Date of Birth: Age SSN:
Address:	Relationship to Patient:
Phone: Home ()	City: State: Zip:
Guarantor Email Address:	Work () Cell: ()

Primary Insurance	Secondary Insurance
Insurance Company:	Insurance Company:
Policyholder Name:	Policyholder Name:
Member or Policyholder ID#:	Member or Policyholder ID#:
Policy Holder Date of Birth:	Policy Holder Date of Birth:
Insurance Co. Phone Number: ()	Insurance Co. Phone Number: ()
Group #	Group #
Insurance Co. Address:	Insurance Co. Address:
City: State: Zip:	City: State: Zip:

Patient: MCDANIEL, JOHN

MRN: 00003086774

Encounter: 00003086774

Page 1 of 2

Patient: MCDANIEL, JOHN
DOB: 03/05/1982 **Age:** 30 Y **Sex:** Male
Phone: 843-425-3000
Address: 700 DANIEL ELLIS DRIVE, CHARLESTON, SC-29412

Provider: Blake L Ohlson MD
Date: 05/15/2012

Subjective:**CC:**

1. OFFICE VISIT. 2. INGROWN TOE REMOVAL ON LEFT GREAT TOE.

HPI:

Medical History: LEFT FOOT INJURY.

Surgical History: Double Hernia sx Birth.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Family History:

SIGNIFICANT FAMILY HISTORY OF BREAST CANCER.

Social History:

Medications: Percocet, Bactrim DS 800-160 MG Tablet 1 tablet every 12 hrs, Lortab 5-500 MG Tablet 1 tablet as needed for pain every 6 hrs, Ultram 50 MG Tablet 1 to 2 tablets every 6 hrs, Celebrex 200 MG Capsule 1 capsule Once a day, stop date 06/01/2012, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:**Examination:**

Address: 700 DANIEL ELLIS DRIVE, CHARLESTON, SC-29412

Assessment:**Assessment:**

1. Crush Injury - foot - 928.20 (Primary)

CC:**Plan:**

1. Crush injury - foot Start Minocycline HCl Capsule, 100 MG, 1 capsule, Orally, Twice a day, 5 day(s), 10, Refills 1. Start Lortab Tablet, 5-500 MG, 1 to 2 tablets, Orally, every 6 hrs, prn, 20, Refills 0.

Immunizations:**Labs:**

Examination, Major Diagnostic Procedure, Denies Past Hospitalization

Preventive:

Family History:

SIGNIFICANT FAMILY HISTORY OF BREAST CANCER.

Follow Up: 1 Week

Social History:

Provider: Blake L Ohlson MD

Patient: MCDANIEL, JOHN **DOB:** 03/05/1982 **Date:** 05/15/2012

CD, CD, CD, CD

Examination:

Assessment:

Assessment:

1. Crush Injury - foot - 928.20 (Primary)

Plan:

1. Crush injury - foot Start Minocycline HCl Capsule, 100 MG, 1 capsule, Orally, Twice a day, 5 day(s), 10, Refills 1. Start Lortab Tablet, 5-500 MG, 1 to 2 tablets, Orally, every 6 hrs, prn, 20, Refills 0.

Immunizations:

JUL 11 2012

**MCDANIEL, JOHN**

30 Y old Male, DOB: 03/05/1982

700 DANIEL ELLIS DRIVE, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN

Appointment Facility: Orthopaedic Specialists Of Chas

05/21/2012

KATE S EDEN, PA

Current Medications

Percocet
 Bactrim DS 800-160 MG Tablet 1 tablet every 12 hrs
 Ultram 50 MG Tablet 1 to 2 tablets every 6 hrs
 Celebrex 200 MG Capsule 1 capsule Once a day, stop date 06/01/2012
 Minocycline HCl 100 MG Capsule 1 capsule Twice a day, stop date 05/25/2012
 Lortab 5-500 MG Tablet 1 to 2 tablets every 6 hrs

Past Medical History

LEFT FOOT INJURY

Reason for Appointment

1. F/u left foot -- removal of ingrown toenail left great toe 05/15/12
2. F/u left foot crush injury

History of Present IllnessSymptom(s):

Patient states the toe has felt much better following partial removal of the nail. Denies continued purulent drainage. States that erythema has improved as well as tenderness. Denies fever, chills, or night sweats.

ExaminationGeneral Examination:

Examination reveals erythema improved. Tenderness about the nail bed of the great toe improved. No active drainage or purulence noted. Neurovascularly intact. No evidence of nail deformity.

Assessments

1. Ingrown Nail, infected - 703.0 (Primary)
2. Crush injury - foot - 928.20

Treatment**1. Ingrown Nail, infected**

Continue physical therapy for the left foot for crush injury. Follow up in 6 weeks with Dr. Ohlson. In regards to the nail removal, toe appears benign and healing appropriately. All of his questions were answered. Continue sedentary duty.

2. Crush injury - foot

Referral To: West Ashley RCC Rehabilitation Services

Reason:

Follow Up

6 Weeks

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: KATE S EDEN, PA 05/21/2012

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

Dawn

Orthopaedic Specialists of Charleston

ROPER ST. FRANCIS PHYSICIANS

(843) 958-2500

James K. Aymond, M.D.
Kenneth M. Caldwell, M.D.
John M.J. Ernst, M.D.
John M. Graham, M.D.
Blake L. Ohlson, M.D.
James Price, M.D.

Robert Schoderbek, M.D.
Kelly Bailey Kruse, PA-C
Erin N. Watrobski, PA-C
Kate Eden, PA-C
Penni Vachon, ANP

Cm: 041100021048

Date: 5/21/12

Chart # 30-26-27-9

Patient: Susan McDaniel

Diagnosis: CRUISE injury (L) F05

Please be advised that the above named patient:

☒ Was seen in this office on the following date(s): 5/21/12☐ May return to full duty on Continue☐ May return to light duty on Sedentary duty only☐ May not return to work/school until☐ May not participate in until

Add'l Comments

NEXT APPOINTMENT 6 wks 7/2/12 @ 10:45am TESTS REQUIRED

Avoid

RESTRICTIONS

(circle choices)

Avoid repetitive

Bending

Excessive Walking

Twisting

Excessive Running & Cutting

Squatting

Prolonged Sitting/Standing

Climbing

Horizontal Lifting

Stooping

Overhead Activities

No Lifting Over 1, 5, 10, 15, 20, 25, 30 lbs.

Sedentary Work Only

Physician's Signature

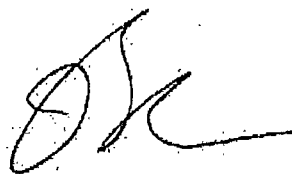
Mt Pleasant Office
Building 6
594 Lone Tree Drive
Mt Pleasant, SC 29464

North Charleston Office
Trident Medical Campus
2891-A Tricom St.
N Charleston, SC 29406

West Ashley Office
St. Francis Medical Office
2093 Henry Technburg Dr., Ste 200
Charleston, SC 29414

FAXED AS FYI...LAURIE
laura.inabinett@rsfh.com

(Original - Chart Copy 1 - WC Coordinator Copy 2 - Patient)



Electronically signed by BLAKE OHLSON MD, MD on
05/22/2012 at 11:25 PM EDT

Sign off status: Completed

Orthopaedic Specialists Of Chas
2093 HENRY TECKLENBURG DR
CHARLESTON, SC 29414-5742
Tel: 843-958-2500
Fax: 843-606-8058

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: KATE S EDEN, PA 05/21/2012

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

#40

3086774

Patient Information		Referred By:
Last Name: <u>McDaniel</u>	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other	Sex: Male ☒ Female
First Name: <u>John</u>	Date of Birth: <u>3/5/82</u> Age: <u>27</u>	SSN: <u>458-99-7467</u>
Middle Name: <u>Christopher</u>	Preferred Name:	Primary Language: <u>English</u>
Marital Status: ☐ Married ☒ Single ☐ Separated ☐ Divorced ☐ Widowed	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White		
Student Status: ☒ Full ☐ Part ☐ N/A School:	Employment: ☒ Full ☐ Part ☐ N/A Employer: <u>Stollie Smith</u>	
Home Address: <u>700 Annie Ellis Dr #5104</u>	City: <u>Charleston</u> County:	State: <u>SC</u> Zip: <u>29412</u>
Email Address:		
Phone: Home ()	Work ()	Cell: <u>(843) 425-3000</u>
May we leave a voice message to remind you about appointments at your home or cell phone number? Yes ☒ No		
May we leave a voice message for normal test results at your home or cell phone number? Yes ☒ No		
Pharmacy Name and Phone Number: <u>Walgreens (James Island)</u>		
Emergency Contact Name: <u>Elizabeth P.</u>		
Relationship: <u>Girlfriend</u>	Home Phone: <u>(843) 532-2921</u>	Work Phone ()
If you want the Practice to contact you at an address/phone different than you gave above, please provide:		
Other Address:	City:	State: Zip: Other Phone ()

Guarantor/Responsible Person (if different from patient)	
Last Name:	☐ Mr. ☐ Mrs. ☐ Miss ☐ Other
First Name:	Sex: Male Female
Middle:	Date of Birth: Age SSN:
Address:	Relationship to Patient:
Phone: Home ()	City: State: Zip:
Guarantor Email Address:	Work () Cell: ()

Primary Insurance	Secondary Insurance
Insurance Company:	Insurance Company:
Policyholder Name:	Policyholder Name:
Member or Policyholder ID#:	Member or Policyholder ID#:
Policy Holder Date of Birth:	Policy Holder Date of Birth:
Insurance Co. Phone Number: ()	Insurance Co. Phone Number: ()
Group #	Group #
Insurance Co. Address:	Insurance Co. Address:
City: State: Zip:	City: State: Zip:



MCDANIEL, JOHN

30 Y old Male, DOB: 03/05/1982

700 DANIEL ELLIS DRIVE, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN

Appointment Facility: Orthopaedic Specialists Of Chas

07/02/2012

Blake L Ohlson MD

Current Medications

Celebrex 200 MG Capsule 1 capsule Once a day, stop date 10/12/2012
Medication List reviewed and reconciled with the patient

Past Medical History

LEFT FOOT INJURY

Surgical History

Double Hernia sx Birth

Family History

SIGNIFICANT FAMILY HISTORY OF BREAST CANCER.

Social HistoryTobacco Use:

Tobacco Use/Smoking

Are you a *current smoker*How often do you smoke cigarettes? *every day*How many cigarettes a day do you smoke? *5 or less*How soon after you wake up do you smoke your first cigarette? *after 60 minutes*Are you interested in quitting? *Ready to quit*

Tobacco Use/Smokeless: Denies

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

Denies Past Hospitalization

Reason for Appointment

1. OSC BLO Follow Up
2. DOI: 5/15/12
3. LEFT FOOT CRUSH INJURY

History of Present IllnessSymptom(s):

Patient presents for followup for crush injury to left foot. He is limited in the types of shoes he is able to wear. He believes he has plateaued with respect to physical therapy. He continues to have pain. Symptoms are mildly managed with the use of Celebrex. His walking tolerance is limited.

Examination.General Examination:

RADIOGRAPHS _____

Orthopedics FNA:

Orthopedic Follow Up Less swelling, diminished sensation noted in the distribution of the sural nerve as well as intermediate branch of the superficial peroneal nerve. Incision is healed. Ingrown toenail's healed. no evidence of infection. there is also increased hindfoot valgus of approximately 7° compared to the contralateral side. There is also decreased longitudinal arch height on the left side compared to right. bony prominence overlying the fifth toe is nonpainful. There is no callus or ulcer formation..

Assessments

1. Crush injury - foot - 928.20 (Primary)

Treatment**1. Crush injury - foot**

Document several options for conservative treatment. A prescription was given for Lyrica to try and help manage neurogenic pain. I also recommended that he be fitted with an orthotic to help offset some of the acquired flatfoot deformity. I would also recommend he be fitted with custom shoes to accommodate chronic swelling in the foot. He will follow up in 6 weeks. He is likely approaching maximum medical improvement from the orthopedic standpoint. However he may need ongoing chronic pain management. we also agree holding any intervention to the fifth toe. He is not having any symptoms in this region. Should this become symptomatic in the future he will require likely resection of the malunited fracture fragment.

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L Ohlson MD 07/02/2012
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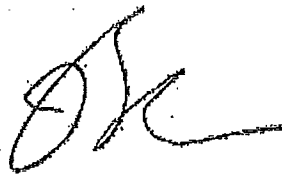
Referral To: Ashley Crossing Charleston Brace Company DME
Reason:

2. Others

Start Lyrica Capsule, 75 MG, 1 capsule, Orally, Twice a day, 30 days,
60, Refills 02

Follow Up

6 Weeks



Electronically signed by BLAKE OHLSON MD, MD on
07/05/2012 at 10:09 PM EDT

Sign off status: Completed

Orthopaedic Specialists Of Chas
2093 HENRY TECKLENBURG DR
CHARLESTON, SC 29414-5742
Tel: 843-958-2500
Fax: 843-606-8058

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L Ohlson MD 07/02/2012

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Orthopaedic Specialists of Charleston

ROPER ST. FRANCIS PHYSICIANS

Dawn

(843) 958-2500

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James Price, M.D.

Robert Schoderbek, M.D.
Kelly Bailey Kruse, PA-C
Erin N. Walrobski, PA-C
Kate Eden, PA-C
Penni Vachon, ANP

Cln: 041100021048

Date:

7-2-12

Chart #

30-86-774

Patient:

John McDaniel

Diagnosis:

Please be advised that the above named patient:

☐ Was seen in this office on the following date(s):

☐ May return to full duty on

☐ May return to light duty on

☒ May not return to work/school until

10 wks Flu w/ MR

☐ May not participate in

until

Add'l Comments

NEXT APPOINTMENT

8/13/12 @ 10am

TESTS REQUIRED

Avoid

RESTRICTIONS
(circle choices)

Avoid repetitive

Bending

Twisting

Squatting

Climbing

Stooping

Excessive Walking

Excessive Running & Cutting

Prolonged Sitting/Standing

Horizontal Lifting

Overhead Activities

No Lifting Over 1, 5, 10, 15, 20, 25, 50 lbs.

Sedentary Work Only

Physician's Signature

Mt Pleasant Office
Building 6
594 Lone Tree Drive
Mt. Pleasant, SC 29484

North Charleston Office
Trident Medical Campus
2891-A Tricorn St.
N. Charleston, SC 29406

West Ashley Office
St. Francis Medical Office
2093 Henry Tecklenburg Dr., Ste 200
Charleston, SC 29414

(Original - Chart Copy 1 - WC Coordinator Copy 2 - Patient)

FAXED AS FYI...LAURIE
laura.inabinett@rsfh.com

**MCDANIEL, JOHN**

30 Y old Male, DOB: 03/05/1982

700 DANIEL ELLIS DRIVE, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN

Appointment Facility: Orthopaedic Specialists Of Chas

08/13/2012

Blake L Ohlson MD

Current Medications

Celebrex 200 MG Capsule 1 capsule Once a day, stop date 10/12/2012
Lyrica 75 MG Capsule 1 capsule Twice a day
Medication List reviewed and reconciled with the patient

Past Medical History

LEFT FOOT INJURY

Allergies

N.K.D.A.

Reason for Appointment

1. OFFICE VISIT. OSC BLO Follow Up 6 WKS FU/P DOI 5/15/12 LEFT CRUSH INJURY W/C RELATED

History of Present IllnessSymptom(s):

Patient presents final followup visit for crush injury to the left foot sustained in November 2011. Patient describes persistent pain as well as limited walking tolerance. Patient states persistent numbness in the foot. Patient states he's limited tissues with a significant wide toebox specifically clogs. Patient's symptoms have been reasonably well controlled with combination of Celebrex and Lyrica.

ExaminationGeneral Examination:

RADIOGRAPHS _____

Orthopedics FNA:

Orthopedic Follow Up Examination left foot shows insensate area in the distribution of the intermediate branch of the superficial peroneal nerve as well as sural nerve. Minor dysesthesias noted. There is also a malunited fracture of the fifth toe present with small dorsal prominence overlying the phalanx on the fifth toe. This is nontender. No evidence of ulceration. Significant stiffness of the fifth toe is appreciated. Ankylosis of the fifth toe is noted. Minor diminished range of motion lesser MTP joints. Specifically 3-5..

Assessments

1. Crush injury - foot - 928.20 (Primary)

Treatment**1. Crush injury - foot**

Patient has reached maximum medical improvement. He continues to have chronic pain. Recommend referral to Dr. Nancy Lembo chronic pain management. Final work restrictions discussed. Walking tolerance is limited to one hour. Lifting capacity limited to approximately 10 pounds. Recommend against climbing especially ladders. Recommend against roof work. Recommend against running as well as prolonged periods of standing.

Fifth toe shows evidence of malunited fracture. Patient remains asymptomatic. Over time his changes in shoe wear result irritation of the toe revision surgery may be required. We discussed possible hammertoe surgery versus excision of the exostosis. Patient would like

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L Ohlson MD 08/13/2012
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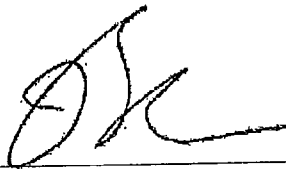
to avoid this if possible. Based upon the malalignment and ankylosed position of the toe is more likely than not surgery will be required in the future. There is risk however given the patient's history of wound complication in this area. Overall I would recommend avoiding surgery if possible. Patient also requires extrawide shoes. Recommended she is replaced or at least inspected and replaced as needed once every 6 months. This is to accommodate chronic swelling secondary to crush injury. Patient will continue on use of Celebrex for the time being. Patient has no primary care physician recommend that long-term use of Celebrex be followed by his pain management doctor. Impairment rating determine using AMA fifth edition guidelines to the evaluation of permanent impairment for decrease in sensation as well as dysesthesias in the distribution of the superficial peroneal nerve as well as thorough nerve yields 15% impairment to the left lower extremity. In addition 2% and should be added for ankylosis of the fifth toe. This brings a total of 17% impairment to the left lower extremity.

Referral To: Nancy Lembo Physical Medicine and Rehabilitation
Reason:

2- Others

Refill Celebrex Capsule, 200 MG, 1 capsule, Orally, Once a day, 60 days, 60, Refills 01
Refill Lyrica Capsule, 75 MG, 1 capsule, Orally, Twice a day, 30 days, 60, Refills 02

Follow Up
prn



Electronically signed by BLAKE OHLSON MD, MD on
08/14/2012 at 12:07 AM EDT

Sign off status: Completed

Orthopaedic Specialists Of Chas
2093 HENRY TECKLENBURG DR
CHARLESTON, SC 29414-5742
Tel: 843-958-2500

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L Ohlson MD 08/13/2012

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

Fax: 843-606-8058

Patient: MCDANIEL, JOHN DOB: 03/05/1982 Progress Note: Blake L Ohlson MD 08/13/2012

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Orthopaedic Specialists of Charleston

ROPER ST. FRANCIS PHYSICIANS

(843) 958-2500

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Robert Schoderbek, M.D.

Blake L. Ohlson, M.D.
James L. Price, Jr M.D.
Penni Vachon, APRN
Kate Eden, PA-C
Kelly Bailey Kruse, PA-C
Erin N. Watrobski, PA-C

Cm: 041100021048

Date:

Patient:

Chart #

Diagnosis:

Please be advised that the above named patient:
☒ Was seen in this office on the following date(s):

☐ May return to full duty on

☒ May return to light duty on

☒ May not return to work/school until

☐ May not participate in

Add'l Comments

NEXT APPOINTMENT

TESTS REQUIRED

Avoid

RESTRICTIONS
(circle choices)

Avoid repetitive

Bending

Twisting

Squatting

Climbing

Stooping

Excessive Walking

Excessive Running & Cutting

Prolonged Sitting/Standing

Horizontal Lifting

Overhead Activities

No Lifting Over 1, 5, 10, 15, 20, 25, 50 lbs.

Sedentary Work Only

Physician's Signature

Mt Pleasant Office
Building 6
594 Lone Tree Drive
Mt. Pleasant, SC 29464

North Charleston Office
Trident Medical Campus
2891-A Tricom St.
N. Charleston, SC 29406

West Ashley Office
St. Francis Medical Office
2093 Henry Tecklenburg Dr., Ste 200
Charleston, SC 29414

FAXED AS FYI...LAURIE
laura.inabinett@rsfh.com

Rendering Provider: Gudas, Charles J DPM Phone: (843)852-9444

Practice: Associated Foot Specialists, P.A.

Address: 2097 Henry Tecklenburg Dr., Suite West 210, CHARLESTON, SC29414 Phone: (843)852-9444

Visit Date: Friday, April 27, 2012

Patient: MCDANIEL, JOHN CHRISTOPHER

1284 APEX LANE, CHARLESTON, SC294128639

Medical Record #: 20197 DOB: March 05, 1982 Sex: Male

Status: Complete.

Visit Last Saved: 04/27/2012 02:31 PM.

CC / HPI:

New Patient Referred by Atty Tom White with Steinberg Law Firm- IME- Accident occurred nov 21, 2011- pt was ran over by a Forklift on the Left foot sustained a transverse fracture ,3,4,5 Metatarsal and distal fifth phalanx. Pt developed ulcer after injury. The patient has continued pain swelling and still has the presence of an open ulcerated area on the lateral aspect of the left foot. Patient also complains of significant numbness on the lateral aspect of the left foot with color changes on dependency and a painful antalgic gait.

He presented with fracture of the metatarsal, midfoot or phalanx. It is located on the left, in the third metatarsal bone, in the fourth metatarsal bone, in the fifth metatarsal bone and in the fifth proximal phalanx. It is described as throbbing, chronic and constant. The symptom started 5 months ago. The complaint moderately limits activities. The complaint is moderate. Mechanism of injury includes direct trauma and high energy. The symptom is alleviated by non weight bearing, elevation and NSAID's. The symptom is exacerbated by weight bearing and flexion of the foot. Patient denies open wound and redness.

Current Medication:

Ultram Oral.

Celebrex Oral.

Vital Signs:

data collected on 04/27/2012 12:37:45 PM by Charles Gudas
weight is 250 pounds clothed
height is 6 feet 3 inches
body mass Index is 31.25 Kg/m2

PE:

Constitutional: general appearance, atraumatic, cooperative, healthy appearance, no assistive devices, no deformities, normal body habitus, pleasant, well developed, well groomed, well nourished, well developed, well nourished, no deformities, good hygiene and normal grooming.

Cardiovascular: examination of vasculature, capillary refill: normal, dorsalis Pedis Pulse Left normal, dorsalis Pedis Pulse Right normal, overall: distal pulses palpable, good capillary refill, no clubbing, cyanosis, edema, No evidence of DVTs, warm extremities, posterior tibial pulse left normal, posterior tibial pulse right normal and temperature: skin temperature normal.

MS: left lower extremity: insp & palp - LLE, forefoot: **fracture 3rd, 4th 5th metatarsal and digital fracture.**

Integument: DERMATOLOGIC-, DERMATOLOGIC- open wound.

Neurological: orientation, tinell's: **lateral burning foot pain**, overall: alert and oriented to person, place and time.

Dx:

(825.25) - C - METATARSAL FX
(355.9) - C - NERVE ENTRAPMENT
(826.0) - C - PHALANGEAL FX

Services Performed:

Independent medical examination. The patient initially suffered an injury to his left foot when the left foot was run over by a forklift on November 21, 2011 the patient was seen in the emergency room at Roseberg Hospital facility and was advised that he sustained a transverse fracture of the second through fifth metatarsals and distal fifth phalanx of the left foot. The patient was placed in a temporary splint and maintain a nonweightbearing status the time of the injury. The patient was initially seen by Kate EdenPAC on November 28/2011. X-rays of the left foot reviewed from the emergency room as well as 3 additional views of the left foot showed transverse fractures of the second third fourth and fifth metatarsals at the distal shaft and a fracture of the proximal phalanx of the fifth toe on the left foot. The fractures were found to be within acceptable alignment minimal shortening of the fourth and fifth metatarsal fractures. The fractures were deemed to be extra-articular in nature and the metatarsal phalangeal joints were in good alignment. Treatment the patient was placed in a short leg cast in neutral position and was advised to remain nonweightbearing. The patient was to remain nonweightbearing for approximately 4 weeks with repeat x-rays at that time. Patient was placed on Percocet 5/325 for pain control. Patient was advised that a crush injury can take up for a year for the symptoms to resolve. There was also slight sensitivity along the distribution of the sural nerve.

The patient was next seen on January 9/2012 by Dr. Blake Ohlson. It was noted at that visit there was an eschar measuring 3.5 cm diameter over the dorsal lateral border of his left foot. It is also noted that there was some decreased sensation along the sural nerve distribution. X-rays taken at that visit show diffuse osteopenia and neck fractures involving the second through fifth metatarsals. The fourth metatarsal head the most displaced with slight shortening but the cascade of the metatarsals according to Dr. Ohlson was still maintained. There was also noted to be a fracture of the proximal phalanx of the fifth toe. The patient was placed on wet to dry dressings and progressive weightbearing with a transition to a postoperative shoe. The patient was also referred for physical therapy.

The patient was again seen by Kate Eden PAC on January 27/2012. Examination of the patient showed substantial swelling with an open wound/eschar measuring approximately 3.5 cm in diameter with a slight amount of serous drainage present. At that visit there is no evidence of pertinence or active infection there continued to be decreased sensation along the distribution of the sural nerve with diffuse tenderness in the metatarsal region. Treatment the patient was to continue wet to dry dressings which apparently the patient had not performed. Previously. The patient was referred to wound care for further evaluation. The patient was placed on a course of antibiotics in the form of Bactrim DS one tablet p.o. b.i.d. #10 with one refill the patient was also placed on Lortab 5 500 mg tabs 1-2 tabs q.6 h. p.r.n. pain.

The patient was seen again on February 20/2012 for followup work related stress fractures of the second third fourth and fifth metatarsals and a proximal phalangeal fracture of the fifth toe left. Patient also had delayed wound healing and apparently has had difficulty in getting the wound care certified as well as physical therapy. The patient was still ambulating on crutches. X-rays taken today show significant disuse osteopenia however the fractures at that time showed good bridging callus formation.

The patient was seen in our office today April 27/2012 with continued pain and swelling in the presence of an open wound on the lateral aspect of the left injured foot. Because of the injury the patient has a significant antalgic gait.

Examination of the patient today shows mild to moderate swelling still present with pain upon compression of the second third fourth and fifth metatarsal heads of the left foot. The patient also has a very sharp pointed area on the fifth toe that is in all probability secondary to the proximal phalangeal fracture. X-rays were reviewed today from the initial injury to the present. The tissues osteopenia has resolved to a great extent, although the patient still has evidence of mild to moderate osteopenia present. The parabola of the metatarsal phalangeal joints has been maintained although there is moderate displacement of the fourth metatarsal. Good healing is noted on all metatarsal fractures. There is a malunion of the proximal phalangeal fracture of the fifth digit on the left causing hammertoe formation and a bony protrusion from the fifth toe.

The wound is still open and was rated as a Wagner nondiabetic grade 1 chronic wound/ulceration measuring 1.5 x 1.5 cm penetrating through the depth of 1/2 mm. There is no active infection.

The patient has a definite decrease in sensation along the sural nerve distribution laterally on the left foot. I observed the patient during gait without shoes. The patient has an antalgic gait placing minimal stress on the left foot with maximum stress placed on the right lower extremity and right hip.

Impression-healing metatarsal fractures second third fourth and fifth left and good alignment, malposition fifth digital fracture with bony protuberance causing hammertoe formation. Mild disuse osteopenia left extremity, without evidence of complex regional pain syndrome. There is decreased sensation along the distribution of the sural nerve related to the crush injury.

It is my impression that this patient has not yet maximum medical improvement. The open chronic wound

has not closed today and he has significant dysesthesia and numbness at the sural nerve on the left foot. The patient has a significant antalgic gait because of the injury.

As a result of the injury and chronic wound problems this patient will not be able to stand climb squat or walk other than to and from his car at work until the open wound is completely closed, utilizing wound care to enhance the process as well as further intensive physical therapy to rehabilitate the foot and decrease the antalgic gait. I anticipate this process we'll take another 3 months. It is too soon to know whether the sural nerve injury is permanent. I would anticipate a further evaluation in 3 months to ascertain the status of the sural nerve.

Further medical treatment will include as mentioned wound care and physical therapy as well as a permanent orthotic device to support the left foot and also the right on an ongoing basis.

(99203) DETAILED (IME-600.00)

Plan:

A return visit is indicated in 3 months .

Plan Note:

Independent medical examination

Charles J Gudas



OCT 17 2012

PARKWOOD ORTHOPAEDIC CLINIC, LLC
1249 SAVANNAH HIGHWAY
CHARLESTON, SOUTH CAROLINA 29407

HOWARD L. BRILLIANT, M.D.
ROBERT H. BOWLES, M.D.
October 11, 2012

PHONE (843) 571-5152
FAX (843) 571-5371

Thomas M. White
Steinberg Law Firm, L.L.P.
P.O. Box 1028
Goose Creek, SC 29445

RE: John McDaniel
MR#: 34254

Dear Sir:

Mr. McDaniel is a 30-year-old warehouse man who was in good health until November 22, 2011, when a forklift truck backed over his left foot. Following the accident, he went to Roper Hospital where he was diagnosed with multiple metatarsal fractures and a crush injury. He has been treated since that time by Dr. Ohlsen.

He has not returned to work and he has been released from treatment.

He is single. He has no children.

He presently takes Celebrex for discomfort in his foot.

At one time after the accident, he had a breakdown on the outer border of his left foot that eventually healed.

In the office today, he is complaining of persistent pain about his left foot, difficulty walking, pain when he stands on it for any length of time and pain when he gets out of bed in the morning, also inability to do any sort of strenuous activities.

He presently is attending school.

Physical examination showed a well-nourished, well-developed male, alert and oriented to person, place and time. Positive findings were found in the lower extremities. The right lower extremity had good range of motion of hips, knees, and ankles with no signs of abnormalities or swelling, somewhat of a splayed forefoot was present. His left foot was diffusely swollen. Good range of motion of his hips, knees and ankles. There was a

healed tender scar over the lateral border of the midportion of the fifth metatarsal. There was tenderness over the metatarsal head. There was some early hammer toe formation of the second digit. Neurological appeared intact.

Today, he could not walk on his toes at all. Has some problem walking on his heels. He had a persistent antalgic limp to the left lower extremity.

X-rays were reviewed here showed fractures involving the second, third, fourth and fifth metatarsal heads and shafts. X-rays in May brought with him showed severe osteoporotic changes in the bones, which is felt secondary to disuse atrophy.

X-ray here today showed further healing of the fractures and the osteoporosis seems to be resolving.

Diagnoses:

1. Crush injury, left foot, with multiple fractures.
2. Probable Sudeck's bone atrophy, now starting to resolve.
3. Healing fracture blister.

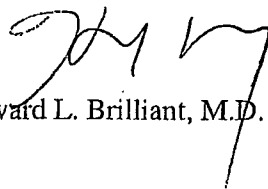
At the present time, he does not need any special treatment. No surgery is indicated. He may benefit by getting a supportive made-to-order shoe so he can get around more. It will probably be about another year until he is fully improved.

At the present time, based on his history of injury, x-ray findings, persistent pain and swelling, he has an impairment of his left foot of 50%.

He should, of course, avoid any strenuous activities such as running, jumping, prolonged standing. He is limited to basically sedentary activities.

He may benefit by supervised physical therapy to improve his gait, range of motion and decrease pain about his foot.

Sincerely,



Howard L. Brilliant, M.D.

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD154926			
Pay Date 5/20/2011		Start Period 5/6/2011		End Period 5/13/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	35.50	\$408.25	\$408.25	
Total:		35.50	\$408.25	\$408.25	
Payroll Deductions			Taxes		
Description	Amount	Year-To-Date	Code	Amount	Year-To-Date
			FED	\$25.66	\$25.66
			SS	\$17.15	\$17.15
			MED	\$5.92	\$5.92
			SC	\$13.76	\$13.76
Total:		\$0.00	\$0.00	Total:	\$62.49
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year-To-Date	Net wages/period		\$345.76
			Net wages YTD		\$345.76
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

mcDaniel, John C.
700 Ellis Drive
Apartment apt #5104
Charleston, SC 29412

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Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD156102			
Pay Date 6/3/2011		Start Period 5/20/2011		End Period 5/27/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$1,328.25	
Overtime Pay	\$17.25	3.25	\$56.06	\$90.56	
Total:		43.25	\$516.06	\$1,418.81	
Payroll Deductions			Taxes		
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$41.83	\$106.09
			SS	\$21.67	\$59.59
			MED	\$7.48	\$20.57
			SC	\$20.66	\$53.61
Total:		\$0.00	\$0.00	Total:	\$91.64
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year To Date	Net wages/period		\$424.42
			Net wages YTD		\$1,178.95
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

mcDaniel, John C.
700 Ellis Drive
Apartment apt #5104
Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement			
		DD156726			
		Pay Date	Start Period	End Period	
		6/10/2011	5/27/2011	6/3/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$1,788.25	
Overtime Pay	\$17.25	2.25	\$38.81	\$129.37	
Total:		42.25	\$498.81	\$1,917.62	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$39.24	\$145.33
			SS	\$20.95	\$80.54
			MED	\$7.24	\$27.81
			SC	\$19.46	\$73.07
Total:		\$0.00	\$0.00	Total:	\$86.89
Net Wage Amounts					
Description	Amount	Year To Date			
			Net wages/period		
			Net wages YTD		
Total:		\$0.00	\$0.00		
Direct Deposit Information					
Bank	Account	Amount			
Total:					
Miscellaneous					

mcdaniel, john c.
 700 ellis drive
 Apartment apt #5104
 Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD157399			
Pay Date		Start Period		End Period	
6/17/2011		6/3/2011		6/10/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amount	
Hourly Pay	\$11.50	40.00	\$460.00	\$2,248.25	
Overtime Pay	\$17.25	4.75	\$81.94	\$211.31	
Total:		44.75	\$541.94	\$2,469.56	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$45.71	\$191.04
			SS	\$22.76	\$103.30
			MED	\$7.85	\$35.66
			SC	\$22.47	\$95.54
Total:		\$0.00	\$0.00	Total:	\$98.79
Net Wage Amounts					
Description	Amount	Year To Date			
			Net wages/period		
			Net wages YTD		
Total:		\$0.00	\$0.00	\$443.15	
				\$2,034.02	
Direct Deposit Information					
Bank	Account	Amount			
Total:					
Miscellaneous					

mcDaniel, john c.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407				Direct Deposit Earnings Statement 00157940		
Pay Date		Start Period		End Period		
6/24/2011		6/10/2011		6/17/2011		
Earnings						
Description	Rate	Hours	Amount	YTD Amounts		
Hourly Pay	\$11.50	40.00	\$460.00	\$2,708.25		
Overtime Pay	\$17.25	2.25	\$38.81	\$250.12		
Total:			42.25	\$498.81	\$2,958.37	
Payroll Deductions						
Description	Amount	Year To Date	Code	Amount	Year To Date	
			FED	\$39.24	\$230.28	
			SS	\$20.95	\$124.25	
			MED	\$7.24	\$42.90	
			SC	\$19.46	\$115.00	
Total:				\$86.89	\$512.43	
Payroll Benefits						
Description	Amount	Year To Date	Net wages/period		\$411.92	
			Net wages YTD		\$2,445.94	
Total:				\$0.00	\$0.00	
Direct Deposit Information						
Bank	Account	Amount	Miscellaneous			
Total:						

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Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD158603			
Pay Date		Start Period		End Period	
7/1/2011		6/17/2011		6/24/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$3,168.25	
Overtime Pay	\$17.25	4.25	\$73.31	\$323.43	
Total:		44.25	\$533.31	\$3,491.68	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$44.42	\$274.70
			SS	\$22.40	\$146.65
			MED	\$7.73	\$50.63
			SC	\$21.87	\$136.87
Total:		\$0.00	\$0.00	Total:	\$96.42
Net Wage Amounts					
Description	Amount	Year To Date			
			Net wages/period		
			Net wages YTD		
Total:		\$0.00	\$0.00	\$436.89	
Direct Deposit Information					
Bank	Account	Amount			
Total:					

mcDaniel, john c.
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Apartment apt #5104
Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407				Direct Deposit Earnings Statement DD159289		
Pay Date		Start Period		End Period		
7/8/2011		6/24/2011		7/1/2011		
Earnings						
Description	Rate	Hours	Amount	YTD Amounts		
Hourly Pay	\$11.50	40.00	\$460.00	\$3,628.25		
Overtime Pay	\$17.25	6.00	\$103.50	\$426.93		
Total:			48.00	\$563.50	\$4,055.18	
Payroll Deductions						
Description	Amount	Year To Date	Code	Amount	Year To Date	
			FED	\$48.95	\$323.65	
			SS	\$23.67	\$170.32	
			MED	\$8.17	\$58.80	
			SC	\$23.98	\$160.85	
Total:				\$104.77	\$713.62	
Payroll Benefits						
Description	Amount	Year To Date	Net Wage Amounts			
			Net wages/period			
			Net wages YTD			
Total:			\$458.73 \$3,341.56			
Direct Deposit Information						
Bank	Account	Amount	Miscellaneous			
Total:						

mcdaniel, john c.
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Apartment apt #5104
Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407			Direct Deposit Earnings Statement DD159908		
Pay Date		Start Period		End Period	
7/15/2011		7/1/2011		7/8/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$4,088.25	
Overtime Pay	\$17.25	5.75	\$99.19	\$526.12	
Total:			45.75	\$559.19	\$4,614.37
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$48.30	\$371.95
			SS	\$23.48	\$193.80
			MED	\$8.11	\$66.91
			SC	\$23.68	\$184.53
Total:		\$0.00	\$0.00	Total:	\$103.57
Net Wage Amounts					
Description	Amount	Year To Date			
			Net wages/period		
			Net wages YTD		
Total:		\$0.00	\$0.00		
Direct Deposit Information					
Bank	Account	Amount			
Total:					
Miscellaneous					

mcDaniel, John C.
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Apartment apt #5104
Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD160625			
Pay Date		Start Period		End Period	
7/22/2011		7/8/2011		7/15/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	33.25	\$382.38	\$4,470.63	
Overtime Pay	\$0.00	0.00	\$0.00	\$526.12	
Total:		33.25	\$382.38	\$4,996.75	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$21.78	\$393.73
			SS	\$16.06	\$209.86
			MED	\$5.54	\$72.45
			SC	\$12.13	\$196.66
Total:		\$0.00	\$0.00	Total:	\$55.51
Net Wage Amounts					
Description	Amount	Year To Date			
			Net wages/period		
			Net wages YTD		
Total:		\$0.00	\$0.00	\$328.87	
Direct Deposit Information					
Bank	Account	Amount			
Total:					
Miscellaneous					

mcDaniel, john c.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Bew
Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407			Direct Deposit Earnings Statement		
DD161216			Pay Date	Start Period	End Period
			7/29/2011	7/15/2011	7/22/2011
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$4,930.63	
Overtime Pay	\$17.25	2.50	\$43.13	\$569.25	
Total:		42.50	\$503.13	\$5,499.88	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$39.89	\$433.62
			SS	\$21.13	\$230.99
			MED	\$7.30	\$79.75
			SC	\$19.76	\$216.42
Total:		\$0.00	\$0.00	Total:	\$88.08
Payroll Benefits					
Description	Amount	Year To Date	Net Wage Amounts		
			Net wages/period		\$415.05
			Net wages YTD		\$4,539.10
Total:		\$0.00	\$0.00		
Direct Deposit Information					
Bank	Account	Amount	Miscellaneous		
Total:					

modaniel, john c.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

52.50 hrs
7/15 - 7/22 Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407			Direct Deposit Earnings Statement DD161791		
Pay Date 8/5/2011		Start Period 7/15/2011		End Period 7/22/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Overtime Pay	\$17.25	10.00	\$172.50	\$741.75	
Hourly Pay	\$0.00	0.00	\$0.00	\$4,930.63	
Total:			10.00	\$172.50	\$5,672.38
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED.	\$0.00	\$433.62
			SS	\$7.25	\$238.24
			MED	\$2.50	\$82.25
			SC	\$1.62	\$218.04
Total:				\$11.37	\$972.15
Payroll Benefits					
Description	Amount	Year To Date	Net Wage Amounts		
			Net wages/period		
			Net wages YTD		
Total:			\$161.13 \$4,700.23		
Direct Deposit Information					
Bank	Account	Amount	Miscellaneous		
Total:					

mcDaniel, john c.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Ben Arnold

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Deposit
Statement
DD161216
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Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD161870			
Pay Date		Start Period		End Period	
8/5/2011		7/22/2011		7/29/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$5,390.63	
Overtime Pay	\$17.25	11.00	\$189.75	\$931.50	
Total:		51.00	\$649.75	\$6,322.13	
Payroll Deductions			Taxes		
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$61.89	\$495.51
			SS	\$27.29	\$265.53
			MED	\$9.42	\$91.67
			SC	\$30.02	\$248.06
Total:		\$0.00	\$0.00	Total:	\$128.62
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year To Date	Net wages/period		\$621.13
			Net wages YTD		\$5,221.36
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

mcDaniel, john c.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407				Direct Deposit Earnings Statement DD162379		
Pay Date		Start Period		End Period		
8/12/2011		7/29/2011		8/5/2011		
Earnings						
Description	Rate	Hours	Amount	YTD/Amounts		
Hourly Pay	\$11.50	40.00	\$460.00	\$5,850.63		
Overtime Pay	\$17.25	13.00	\$224.25	\$1,155.75		
Total:		53.00	\$684.25	\$7,006.38		
Payroll Deductions						
Description	Amount	Year To Date	Code	Amount	Year To Date	
			FED	\$67.06	\$562.57	
			SS	\$28.74	\$294.27	
			MED	\$9.92	\$101.59	
			SC	\$32.44	\$280.50	
Total:		\$0.00	\$0.00	Total:	\$138.16	\$1,238.93
Payroll Benefits						
Description	Amount	Year To Date	Net Wage Amounts			
			Net wages/period		\$546.09	
			Net wages YTD		\$5,767.45	
Total:		\$0.00	\$0.00			
Direct Deposit Information						
Bank Name	Account	Amount	Miscellaneous			
Total:						

mcDaniel, John C.
700 Ellis Drive
Apartment apt #5104
Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement			
		DD163042			
		Pay Date	Start Period	End Period	
		8/19/2011	8/5/2011	8/12/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$6,310.63	
Overtime Pay	\$17.25	5.50	\$94.88	\$1,250.63	
Total:		45.50	\$554.88	\$7,561.26	
Payroll Deductions			Taxes		
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$47.66	\$610.23
			SS	\$23.30	\$317.57
			MED	\$8.05	\$109.64
			SC	\$23.38	\$303.88
Total:		\$0.00	\$0.00	Total:	\$102.39
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year To Date	Net wages/period		\$452.49
			Net wages YTD		\$6,219.94
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

mcdaniel, john c.
 700 ellis drive
 Apartment apt #5104
 Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement			
		DD163752			
		Pay Date	Start Period	End Period	
		8/26/2011	8/12/2011	8/19/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$6,770.63	
Overtime Pay	\$17.25	1.25	\$21.56	\$1,272.19	
Total:		41.25	\$481.56	\$8,042.82	
Payroll Deductions			Taxes		
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$36.66	\$646.89
			SS	\$20.23	\$337.80
			MED	\$6.98	\$116.62
			SC	\$18.38	\$322.26
Total:		\$0.00	\$0.00	Total:	\$82.25
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year To Date	Net wages/period		\$399.31
			Net wages YTD		\$6,619.25
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

mcdaniel, john c.
 700 ellis drive
 Apartment apt #5104
 Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD164385			
Pay Date		Start Period		End Period	
9/2/2011		8/19/2011		8/26/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$7,230.63	
Overtime Pay	\$17.25	3.50	\$60.38	\$1,332.57	
Total:		43.50	\$520.38	\$8,563.20	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$42.48	\$689.37
			SS	\$21.85	\$359.65
			MED	\$7.55	\$124.17
			SC	\$20.97	\$343.23
Total:		\$0.00	\$0.00	Total:	\$92.85
Net Wage Amounts					
Description	Amount	Year To Date			
Net wages/period			\$427.53		
Net wages YTD			\$7,046.78		
Total:		\$0.00			
Miscellaneous					
Description	Amount	Year To Date			

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Career Employment Professionals, Inc.
2090 Executive Hall Drive
Suite 140
Charleston, SC 29407

Direct Deposit Earnings Statement

DD165697

Pay Date
9/16/2011

Start Period
9/2/2011

End Period
9/9/2011

Earnings

Description	Rate	Hours	Amount	YTD Amount
Hourly Pay	\$11.50	35.00	\$402.50	\$7,633.13
Overtime Pay	\$0.00	0.00	\$0.00	\$1,332.57
Total:		35.00	\$402.50	\$8,965.70

Payroll Deductions

Taxes

Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$24.80	\$714.17
			SS	\$16.91	\$376.56
			MED	\$5.83	\$130.00
			SC	\$13.40	\$356.63
Total:	\$0.00	\$0.00	Total:	\$60.94	\$1,577.36

Payroll Benefits

Net Wage Amounts

Description	Amount	Year To Date
Net wages/period		\$341.56
Net wages YTD		\$7,388.34
Total:	\$0.00	\$0.00

Direct Deposit Information

Miscellaneous

Bank	Account	Amount

May be 3
days pay -
in Texas ~
8/30 - 9/6

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD166341			
Pay Date		Start Period		End Period	
9/23/2011		9/9/2011		9/16/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	29.25	\$336.38	\$7,969.51	
Overtime Pay	\$0.00	0.00	\$0.00	\$1,332.57	
Total:		29.25	\$336.38	\$9,302.08	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$15.37	\$729.54
			SS	\$14.13	\$390.69
			MED	\$4.88	\$134.88
			SC	\$9.23	\$365.86
Total:		\$0.00	\$0.00	Total:	\$43.61
Net Wage Amounts					
Description	Amount	Year To Date			
			Net wages/period		
			\$292.77		
			Net wages YTD		
			\$7,681.11		
Total:		\$0.00	\$0.00		
Direct Deposit Information					
Bank	Account	Amount	Miscellaneous		
Total:					

mcDaniel, john c.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD166831			
Pay Date		Start Period		End Period	
9/30/2011		9/16/2011		9/23/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$8,429.51	
Overtime Pay	\$17.25	5.50	\$94.88	\$1,427.45	
Total:		45.50	\$554.88	\$9,856.96	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$47.66	\$777.20
			SS	\$23.30	\$413.99
			MED	\$8.05	\$142.93
			SC	\$23.38	\$389.24
Total:		\$0.00	\$0.00	Total:	\$102.39
Net Wage Amounts					
Description	Amount	Year To Date			
			Net wages/period		
			\$452.49		
			Net wages YTD		
			\$8,133.60		
Total:		\$0.00	\$0.00		
Direct Deposit Information					
Bank	Account	Amount			
Total:					
Miscellaneous					

mcDaniel, john c.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

1 wk @
Ben Arnold

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407			Direct Deposit Earnings Statement DD167588		
Pay Date		Start Period		End Period	
10/7/2011		9/23/2011		9/30/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$11.50	40.00	\$460.00	\$8,889.51	
Overtime Pay	\$17.25	7.75	\$133.69	\$1,561.14	
Total:			47.75	\$593.69	\$10,450.65
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$53.48	\$830.68
			SS	\$24.94	\$438.93
			MED	\$8.60	\$151.53
			SC	\$26.10	\$415.34
Total:				\$113.12	\$1,836.48
Payroll Benefits					
Description	Amount	Year To Date	Net Wage Amounts		
			Net wages/period		
			Net wages YTD		
Total:					\$480.57 \$8,614.17
Direct Deposit Information					
Bank	Account	Amount	Miscellaneous		
Total:					

mcdaniel, john c.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

1 wk @
Ben Arnold - (No work)
9/30/2011 -
11/10/2011

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD171776			
Pay Date 11/18/2011		Start Period 11/4/2011		End Period 11/11/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$13.00	9.00	\$117.00	\$9,006.51	
Overtime Pay	\$0.00	0.00	\$0.00	\$1,561.14	
Total:		9.00	\$117.00	\$10,567.65	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$0.00	\$830.68
			SS	\$4.91	\$443.84
			MED	\$1.70	\$153.23
			SC	\$0.34	\$415.68
Total:		\$0.00		\$6.95	\$1,843.43
Payroll Benefits					
Description	Amount	Year To Date	Net Wage Amounts		
			Net wages/period		
			Net wages YTD		
Total:		\$0.00	\$110.05 \$8,724.22		
Direct Deposit Information					
Bank	Account	Amount	Miscellaneous		
Total:					

medaniel, john c.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

9/30/11 - NO WORK
11/10/2011

1 day @
Revere
Start @ Revere
Friday 11/11
ROA 587

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD172267			
Pay Date		Start Period		End Period	
11/25/2011		11/11/2011		11/18/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$13.00	40.00	\$520.00	\$9,526.51	
Overtime Pay	\$19.50	5.50	\$107.25	\$1,668.39	
Total:		45.50	\$627.25	\$11,194.90	
Payroll Deductions			Taxes		
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$58.51	\$889.19
			SS	\$26.35	\$470.19
			MED	\$9.10	\$162.33
			SC	\$28.45	\$444.13
Total:		\$0.00	\$0.00	Total:	\$122.41
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year To Date	Net wages/period		\$504.84
			Net wages YTD		\$9,229.06
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

McDaniel, John C.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

418.16 = 2/3 of
627.25

1 wk @
Reverse

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407			Direct Deposit Earnings Statement D0172978		
Pay Date		Start Period		End Period	
12/2/2011		11/18/2011		11/25/2011	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$13.00	8.00	\$104.00	\$9,630.51	
Overtime Pay	\$0.00	0.00	\$0.00	\$1,668.39	
Total:			8.00	\$104.00	\$11,298.90
Payroll Deductions					
Description	Amount	Year To Date	FICA Code	Amount	Year To Date
			FED	\$0.00	\$889.19
			SS	\$4.36	\$474.55
			MED	\$1.50	\$163.83
			SC	\$0.10	\$444.23
Total:		\$0.00	\$0.00	Total:	\$5.96
Total:			\$0.00	\$0.00	\$1,971.80
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year To Date	Net wages/period		\$98.04
			Net wages YTD		\$9,327.10
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

McDaniel, John C.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

1 Day @
Revere -
INJURED
Monday 11/21

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement			
		DD187333			
		Pay Date	Start Period	End Period	
		4/13/2012	3/30/2012	4/6/2012	
Earnings					
Description	Rate	Hours	Amount	YTD Amount	
Hourly Pay	\$9.10	13.25	\$120.58	\$120.58	
Total:		13.25	\$120.58	\$120.58	
Payroll Deductions					
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$0.00	\$0.00
			SS	\$5.06	\$5.06
			MED	\$1.75	\$1.75
			SC	\$0.40	\$0.40
Total:		\$0.00	\$0.00	Total:	\$7.21
Payroll Benefits					
Description	Amount	Year To Date	Net Wage Amounts		
			Net wages/period		\$113.37
			Net wages YTD		\$113.37
Total:		\$0.00	\$0.00		
Direct Deposit Information					
Bank	Account	Amount	Miscellaneous		
Total:					

Mcdaniel, John C.
 700 ellis drive
 Apartment apt #5104
 Charleston, SC 29412

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD187911		
Pay Date 4/20/2012		Start Period 4/6/2012		End Period 4/13/2012
Earnings				
Description	Rate	Hours	Amount	YTD Amount
Hourly Pay	\$9.10	30.00	\$273.00	\$393.58
Total:		30.00	\$273.00	\$393.58
Payroll Deductions			Taxes	
Description	Amount	Year To Date	Code	Amount
			FED	\$8.55
			SS	\$11.47
			MED	\$3.96
			SC	\$5.59
Total:		\$0.00	Total:	\$29.57
Payroll Benefits			Net Wage Amounts	
Description	Amount	Year To Date		
			Net wages/period	
			Net wages YTD	
Total:		\$0.00	\$243.43	
			\$366.80	
Direct Deposit Information			Miscellaneous	
Bank	Account	Amount		
Total:				

McDaniel, John C.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407		Direct Deposit Earnings Statement DD189428			
Pay Date		Start Period		End Period	
5/4/2012		4/20/2012		4/27/2012	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$9.10	17.75	\$161.53	\$555.11	
Total:		17.75	\$161.53	\$555.11	
Payroll Deductions			Taxes		
Description	Amount	Year to Date	Code	Amount	Year to Date
			FED	\$0.00	\$8.55
			SS	\$6.78	\$23.31
			MED	\$2.34	\$8.05
			SC	\$1.32	\$7.31
Total:		\$0.00	\$0.00	Total:	\$10.44
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year to Date	Net wages/period		\$151.09
			Net wages YTD		\$507.89
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

Mcdaniel, John C.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407			Direct Deposit Earnings Statement DD190279		
Pay Date		Start Period		End Period	
5/11/2012		4/27/2012		5/4/2012	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$9.10	33.00	\$300.30	\$855.41	
Total:		33.00	\$300.30	\$855.41	
Payroll Deductions			Taxes		
Description	Amount	Year to Date	Description	Amount	Year to Date
			FED	\$11.28	\$19.83
			SS	\$12.62	\$35.93
			MED	\$4.35	\$12.40
			SC	\$7.06	\$14.37
Total:		\$0.00	Total:	\$35.31	\$82.53
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year to Date	Net wages/period		\$284.99
			Net wages YTD		\$772.88
Total:		\$0.00			
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

McDaniel, John C.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407 84327769000000			Direct Deposit Earnings Statement DD192666		
Pay Date		Start Period		End Period	
6/1/2012		5/18/2012		5/25/2012	
Earnings					
Description	Rate	Hours	Amount	YTD Amount	
Hourly Pay	\$9.10	30.75	\$279.83	\$1,642.57	
Total:		30.75	\$279.83	\$1,642.57	
Payroll Deductions			Taxes		
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$9.23	\$29.42
			SS	\$11.75	\$68.99
			MED	\$4.06	\$23.82
			SC	\$5.96	\$25.11
Total:		\$0.00	\$0.00	Total:	\$31.00
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year To Date	Net wages/perfor		\$248.83
			Net wages YTD		\$1,498.23
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

McDaniel, John C.
 700 Ellis drive
 Apartment apt #5104
 Charleston, SC 29412

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-57750

CHECK NO: 21333748
DATE: 12/02/11
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Nine hundred eighty five and 74/100 Dollars

CHECK AMOUNT: *****\$985.74

PAY
TO THE
ORDER OF John McDaniel

Stephen J. Cooper

⑈0021333748⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

2011-7-192

Service Period FROM 11/22/11 THRU 12/12/11

DEC 27 2011

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	985.74

TOTAL 985.74

MAIL TO:
McDaniel, John
700 Daniel Ellis Drive, Apt 51
Charleston, SC 29412

CHECK NO: 21333748
DATE: 12/02/11
TAX ID:
INV. NO:

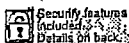
CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
3-0 TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-5/750



CHECK NO: 21337488
DATE: 12/09/11
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY
TO THE
ORDER OF John McDaniel

⑈0021337488⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 12/13/11 THRU 12/19/11

JAN 03 2012

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	328.58

TOTAL 328.58

MAIL TO:
McDaniel, John
700 Daniel Ellis Drive, Apt 51
Charleston, SC 29412

CHECK NO: 21337488
DATE: 12/09/11
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-5750

CHECK NO: 21340711
DATE: 12/16/11
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY
TO THE
ORDER OF John McDaniel

⑈0021340711⑈ ⑆075000051⑆ 00341⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 12/20/11 THRU 12/26/11

JAN 03 2012

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	328.58

TOTAL 328.58

MAIL TO:

McDaniel, John
700 Daniel Ells Drive, Apt 51
Charleston, SC 29412

CHECK NO: 21340711
DATE: 12/16/11
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-57750

CHECK NO: 21343410
DATE: 12/21/11
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY TO THE
ORDER OF John McDaniel

Stephen J. Coey

⑈0021343410⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

DEC 27 2011

Service Period FROM 12/27/11 THRU 01/02/12

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	328.58

TOTAL

328.58

MAIL TO:

McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21343410
DATE: 12/21/11
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

ROA 599

94

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-5/750

CHECK NO: 21357226
DATE: 01/19/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY
TO THE
ORDER OF John McDaniel

[Signature]

⑈0021357226⑈ ⑆07500005⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

JAN 24 2012

Service Period FROM 01/17/12 THRU 01/23/12

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	328.58

TOTAL 328.58

MAIL TO:

McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21357226
DATE: 01/19/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Isley Bank
Milwaukee, WI
12-57750

CHECK NO: 21360270
DATE: 01/26/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY
TO THE
ORDER OF John McDaniel

Stephan J. Cooper

⑈0021360270⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

JAN 31 2012

Service Period FROM 01/24/12 THRU 01/30/12

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	328.58

TOTAL 328.58

MAIL TO:
McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21360270
DATE: 01/26/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM-REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

ROA 601

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Isley Bank
Milwaukee, WI
12-5750

CHECK NO: 21371229
DATE: 02/16/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT *****\$328.58

PAY
TO THE
ORDER OF

John McDaniel

⑈0021371229⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 02/14/12 THRU 02/20/12

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	328.58

FEB 21 2012

TOTAL

328.58

MAIL TO:

McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21371229
DATE: 02/16/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:

1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

ROA 602

97

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Isley Bank
Milwaukee, WI
12-5/750

CHECK NO: 21375583
DATE: 02/23/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY TO THE
ORDER OF John McDaniel

⑈0021375583⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 02/21/12 THRU 02/27/12

PAYMENT ALLOCATION:

BENEFIT TYPE

TYPE

AMOUNT

FEB 27 2012

Indemnity

Temporary Total

328.58

TOTAL

328.58

MAIL TO:

McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21375583

DATE: 02/23/12

TAX ID:

INV. NO:

CLAIMANT: John McDaniel

CLAIM NO: 041100021048

ACCIDENT DATE: 11/21/11

CLAIM REP:

LOCATION CODE:

COMMENTS:

1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

ROA 603

98

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-5/750

CHECK NO: 21379337
DATE: 03/01/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY
TO THE
ORDER OF

John McDaniel

Stephen J. Cooper

⑈0021379337⑈ ⑆075000051⑆ 00346⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 02/28/12 THRU 03/05/12

PAYMENT ALLOCATION:

BENEFIT TYPE

TYPE

AMOUNT

MAR 05 2012

Indemnity

- Temporary Total

328.58

TOTAL

328.58

MAIL TO:

McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21379337
DATE: 03/01/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-5/750



CHECK NO: 21383456
DATE: 03/08/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY
TO THE
ORDER OF

John McDaniel

⑈0021383456⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 03/06/12 THRU 03/12/12

PAYMENT ALLOCATION:

BENEFIT TYPE

TYPE

AMOUNT

MAR 12 2012

Indemnity

Temporary Total

328.58

TOTAL

328.58

MAIL TO:

McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21383456
DATE: 03/08/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

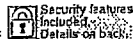
UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

ROA 605

100

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-5750



CHECK NO: 21387163
DATE: 03/15/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY TO THE
ORDER OF John McDaniel

⑈0021387163⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 03/13/12 THRU 03/19/12

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	328.58

MAR 19 2012

TOTAL 328.58

MAIL TO:
McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21387163
DATE: 03/15/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Isley Bank
Milwaukee, WI
12-5750



CHECK NO: 21390979
DATE: 03/22/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: *****\$328.58

PAY
TO THE
ORDER OF

John McDaniel

⑈0021390979⑈ ⑆075000051⑆ 00391⑈6078⑈⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 03/20/12 THRU 03/26/12

MAR 26 2012

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	328.58

TOTAL

328.58

MAIL TO:
McDaniel, John
c/o The Steinhilber Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21390979
DATE: 03/22/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-57750

CHECK NO: 21395159
DATE: 03/29/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Three hundred twenty eight and 58/100 Dollars

CHECK AMOUNT: \$328.58

PAY
TO THE
ORDER OF John McDaniel

Stephen J. Cooper

⑈0021395159⑈ ⑆075000051⑆ 0039⑆6078⑆⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 03/27/12 THRU 04/02/12

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Total	328.58

APR 02 2012

TOTAL 328.58

MAIL TO:

McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21395159
DATE: 03/29/12
FAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
1-0-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-5/750

CHECK NO: 21398266
DATE: 04/04/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: *Ninety three and 88/100 Dollars*

CHECK AMOUNT: \$93.88

PAY
TO THE
ORDER OF

John McDaniel

Stephen J. Coe

⑈0021398266⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 04/03/12 THRU 04/04/12

PAYMENT ALLOCATION:

BENEFIT TYPE

TYPE

AMOUNT

Indemnity

Temporary Total

93.88

APR 09 2012

TOTAL

93.88

MAIL TO:

McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21398266

DATE: 04/04/12

TAX ID:

INV. NO:

CLAIMANT: John McDaniel

CLAIM NO: 041100021048

ACCIDENT DATE: 11/21/11

CLAIM REP:

LOCATION CODE:

COMMENTS:

0-2-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-57750

CHECK NO: 21419865
DATE: 05/14/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: One hundred forty six and 55/100 Dollars

CHECK AMOUNT: \$146.55

PAY
TO THE
ORDER OF John McDaniel

Stephen J. Cooper

⑈0021419865⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 04/07/12 THRU 04/13/12

MAY 21 2012

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Partial	146.55

TOTAL

146.55

MAIL TO:

McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21419865
DATE: 05/14/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

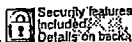
COMMENTS:

1-0-TPD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Isley Bank
Milwaukee, WI
12-5/750



CHECK NO: 21419866
DATE: 05/14/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Thirteen and 49/100 Dollars

CHECK AMOUNT: \$13.49

PAY
TO THE
ORDER OF John McDaniel

⑈0026469866⑈ ⑆075000051⑆ 00391⑈6078⑈⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 04/05/12 THRU 04/06/12

MAY 21 2012

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Partial	13.49

TOTAL

13.49

MAIL TO:
McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21419866
DATE: 05/14/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
0-2-TTD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-5/750

CHECK NO: 21433899
DATE: 06/11/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Eight hundred ninety six and 56/100 Dollars

CHECK AMOUNT: \$896.56

PAY
TO THE
ORDER OF John McDaniel

Stephen J. Cooper

⑈0021433899⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 04/21/12 THRU 05/25/12

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Partial	896.56

TOTAL

896.56

MAIL TO:
McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21433899
DATE: 06/11/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
5-0-TPD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

UNITED HEARTLAND
ON BEHALF OF
UNITED WISCONSIN INSURANCE COMPANY

M&I Marshall & Ilsley Bank
Milwaukee, WI
12-5/750

CHECK NO: 21442658
DATE: 06/27/12
CLAIM NO: 041100021048

EMPLOYEE: John McDaniel
EMPLOYER: Career Employment Professional

PAY: Four hundred seventy five and 30/100 Dollars

CHECK AMOUNT: \$475.30

PAY
TO THE
ORDER OF John McDaniel

Stephen J. Cooper

⑈0021442658⑈ ⑆075000051⑆ 00391⑈60781⑈

DETACH AND RETAIN THIS STUB

Service Period FROM 05/26/12 THRU 06/15/12

PAYMENT ALLOCATION:	BENEFIT TYPE	TYPE	AMOUNT
	Indemnity	Temporary Partial	475.30

TOTAL 475.30

MAIL TO:
McDaniel, John
c/o The Steinberg Law Firm
P O Box 1028
Goose Creek, SC 29445

CHECK NO: 21442658
DATE: 06/27/12
TAX ID:
INV. NO:

CLAIMANT: John McDaniel
CLAIM NO: 041100021048
ACCIDENT DATE: 11/21/11
CLAIM REP:
LOCATION CODE:

COMMENTS:
3-0-TPD

UNITED HEARTLAND
PO BOX 3026
MILWAUKEE, WI 53201-3026
1-800-258-2667

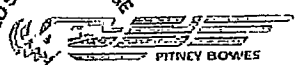


P.O. Box 3026
Milwaukee, WI 53201-3026

and

PRESORTED
FIRST CLASS



UNITED STATES POSTAGE

PITNEY BOWES
02 1M \$ 00.37⁴
0008002068 JUN 28 2012
MAILED FROM ZIP CODE 53005

EH*ASAP 29445



DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
DALE E. VAN SLAMBROOK
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
KEVIN B. SMITH
MICHAEL J. JORDAN
BENJAMIN W. AKERY

CHARLES S. GOLDBERG, LLC, OF COUNSEL

HUGO M. SPITZ (RETIRED)
IRVING STEINBERG (1902-1980)

THE STEINBERG

LAW FIRM

L. L. P.

118 Goose Creek Blvd., South
P.O. Box 1028
Goose Creek, South Carolina 29445
Telephone (843) 572-0700
Fax (843) 572-1871
www.steinberglawfirm.com

DOWNTOWN OFFICE
61 BROAD STREET
P.O. BOX 9
CHARLESTON, SC 29402-0009
TELEPHONE (843) 720-2800
FAX (843) 722-1190

SUMMERVILLE OFFICE
1520 OLD TROLLEY RD, SUITE B
SUMMERVILLE, SC 29485
TELEPHONE (843) 871-6522
FAX (843) 871-8565

October 05, 2012

Allison Nussbaum, Esquire
McAngus Goudelock & Courie, PLLC
735 Johnnie Dodds Blvd., Suite 200
P. O. Box 650007
Mt. Pleasant, SC 29465

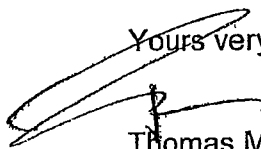
RE: John McDaniel v. Career Employment Professional d/b/a Snelling Staffing
DOI : November 21, 2011
WCC FILE # : 1116275
OUR FILE # : 20117192

Dear Allison:

Enclosed please find a Subpoena for a complete copy of any and all pay records, for Jarod Lampkin, employee at Alside Revere. We will, of course, be glad to pay for your copying costs.

Please note the Subpoena is returnable within ten days of receipt. I look forward to receiving those records in the near future. Should you have any questions, please do not hesitate to contact me.

Yours very truly,



Thomas M. White

TWM/ilb

Enclosure

cc: John McDaniel
Roy Maybank, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: 1116275
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: John McDaniel SSN: 458-99-7462 Employer's Name: Career Employment Professional d/b/a Snelling Staffing
Address: 1387 Camp Rd. Address: Ashley River Rd.
Unit C
City: Charleston State: SC Zip: 29412 City: Charleston State: SC Zip: _____
Home Phone: _____ Work Phone: _____ Insurance Carrier: United Wiconsin Insurance Company
Preparer's Name: Thomas M. White Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 720-2800

SUBPOENA

To: Personnel Manager Alside Revere % Allisom Nussbaum, Esquire, McAngus Goudelock & Courie LLC Post Office 650007Mt. Pleasant, SC 29465

☐ YOU ARE COMMANDED to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____
DATE AND TIME: _____

☐ YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

☐ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: Copies of any and all pay records for Jarod Lampkin from February 1, 2012 to present.

PLACE: Steinberg Law Firm PO Box 1028 Goose Creek, SC 29445 **DATE AND TIME:** Within 10 days of receipt

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

ISSUING OFFICER'S SIGNATURE AND TITLE: [Signature] (843) 720-2800 October 5, 2012
PHONE NUMBER: _____ DATE: _____

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

WCC Form # 27
Revised 3/96

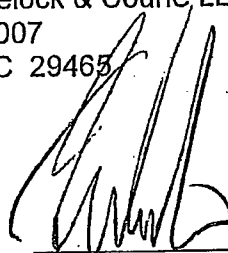
27

SUBPOENA

CERTIFICATE OF SERVICE

I hereby certify that on October 9, 2012, I served the Defendant in the foregoing matter with a copy of the attached WCC Form No. 27 (Subpoena) by mailing a copy of same via first class mail, postage pre-paid and addressed as follows:

Allison Nussbaum, Esquire
McAngus Goudelock & Courie LLC
Post Office 650007
Mt. Pleasant, SC 29465

By: 

Thomas M. White

DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
DALE E. VAN SLAMBROOK
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
MICHAEL J. JORDAN
BENJAMIN W. AKERY

CHARLES S. GOLDBERG, LLC, OF COUNSEL

HUGO M. SPITZ (RETIRED)
IRVING STEINBERG (1902-1980)

Reply to: Thomas M. White
twhite@steinberglawfirm.com

THE STEINBERG

LAW FIRM

L. L. P.

118 Goose Creek Blvd., South
P.O. Box 1028
Goose Creek, South Carolina 29445
Telephone (843) 572-0700
Fax (843) 572-1871
www.steinberglawfirm.com

DOWNTOWN OFFICE
61 BROAD STREET
P.O. BOX 9
CHARLESTON, SC 29402-0009
TELEPHONE (843) 720-2800
FAX (843) 722-1190

SUMMERVILLE OFFICE
1520 OLD TROLLEY RD, SUITE B
SUMMERVILLE, SC 29485
TELEPHONE (843) 871-6522
FAX (843) 871-8565

May 21, 2012

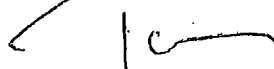
Dawn Bruce
United Heartland
PO Box 3026
Milwaukee, WI 53201-3026

RE: John McDaniel v. Career Employment Professional d/b/a Snelling Staffing
WCC File # : 1116275
Our File # : 20117192

Dear Ms. Bruce:

As you know, we are disputing the average weekly wage and compensation rate but even using your average weekly wage of \$492.87, the Claimant is not being paid temporary partial that he is entitled to. I previously wrote you about unpaid benefits for the weeks ending April 6 and April 13, 2012. You will find enclosed pay stubs for the weeks ending April 27, May 4, and May 11, 2012. His pay for those weeks was \$161.53, \$300.30, and \$186.55. Over that 3 week period, he earned a total of \$648.38. Had he earned his regular average weekly wage you are using, he would have earned \$1,478.61. He lost \$830.23 and is entitled to \$553.51 in temporary partial benefits for those 3 weeks. Please forward a check to us as soon as possible. Also, please provide use with a Form 20 and we need the wages of a like employee.

Yours very truly,



Thomas M. White

TMW/llb

enclosure

cc: John McDaniel
Roy Maybank, Esquire

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407			Direct Deposit Earnings Statement DD191095		
Pay Date		Start Period		End Period	
5/18/2012		5/4/2012		5/11/2012	
Earnings					
Description	Rate	Hours	Amount	YTD Amounts	
Hourly Pay	\$9.10	20.50	\$186.55	\$1,041.96	
Total:		20.50	\$186.55	\$1,041.96	
Payroll Deductions			Taxes		
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$0.00	\$19.83
			SS	\$7.83	\$43.76
			MED	\$2.71	\$15.11
			SC	\$2.02	\$16.39
Total:		\$0.00	\$0.00	Total:	\$12.56 \$95.09
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year To Date	Net wages/period		\$173.99
			Net wages YTD		\$946.87
Total:		\$0.00 \$0.00			
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

Mcdaniel, John C.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407			Direct Deposit Earnings Statement ND190279		
Pay Date		Start Period		End Period	
5/11/2012		4/27/2012		5/4/2012	
Earnings					
Description	Rate	Hours	Amount	YTD Amount	
Hourly Pay	\$9.10	33.00	\$300.30	\$855.41	
Total:		33.00	\$300.30	\$855.41	
Payroll Deductions			Taxes		
Description	Amount	Year to Date	Description	Amount	Year to Date
			FED	\$11.28	\$19.83
			SS	\$12.62	\$35.93
			MED	\$4.35	\$12.40
			SC	\$7.06	\$14.37
Total:		\$0.00	\$0.00	Total:	\$36.31
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year to Date	Net wages/period		\$264.99
			Net wages YTD		\$772.88
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

McDaniel, John C.
700 ellis drive
Apartment apt #5104
Charleston, SC 29412

Career Employment Professionals, Inc. 2090 Executive Hall Drive Suite 140 Charleston, SC 29407			Direct Deposit Earnings Statement DD189428		
Pay Date		Start Period		End Period	
5/4/2012		4/20/2012		4/27/2012	
Earnings					
Description	Rate	Hours	Amount	YTD Amount	
Hourly Pay	\$9.10	17.75	\$161.53	\$555.11	
Total:		17.75	\$161.53	\$555.11	
Payroll Deductions			Taxes		
Description	Amount	Year To Date	Code	Amount	Year To Date
			FED	\$0.00	\$8.55
			SS	\$6.78	\$23.31
			MED	\$2.34	\$8.05
			SC	\$1.32	\$7.31
Total:		\$0.00	\$0.00	Total:	\$10.44
Payroll Benefits			Net Wage Amounts		
Description	Amount	Year To Date	Net wages/period		\$151.09
			Net wages YTD		\$507.89
Total:		\$0.00	\$0.00		
Direct Deposit Information			Miscellaneous		
Bank	Account	Amount			
Total:					

Mcdaniel, John C.
 700 ellis drive
 Apartment apt #5104
 Charleston, SC 29412

DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
DALE E. VAN SLAMBROOK
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
MICHAEL J. JORDAN
BENJAMIN W. AKERY

CHARLES S. GOLDBERG, LLC, OF COUNSEL

HUGO M. SPITZ (RETIRED)
IRVING STEINBERG (1902-1980)

Reply to: Thomas M. White
twhite@steinberglawfirm.com

THE STEINBERG

LAW FIRM
L.L.P.

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P.O. Box 1028
Goose Creek, South Carolina 29445
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Fax (843) 572-1871
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DOWNTOWN OFFICE
61 BROAD STREET
P.O. BOX 9
CHARLESTON, SC 29402-0009
TELEPHONE (843) 720-2800
FAX (843) 722-1190

SUMMERVILLE OFFICE
1520 OLD TROLLEY RD, SUITE B
SUMMERVILLE, SC 29485
TELEPHONE (843) 871-6522
FAX (843) 871-8565

May 18, 2012

Dawn Bruce
United Heartland
PO Box 3026
Milwaukee, WI 53201-3026

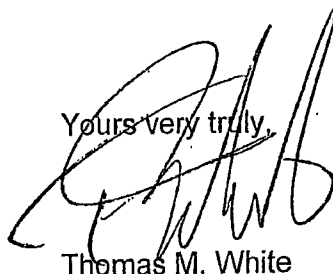
RE: John McDaniel v. Career Employment Professional d/b/a Snelling Staffing
WCC File # : 1116275
Our File # : 20117192

Dear Ms. Bruce:

You will find enclosed John's pay records. As you can see, his pay rate went from \$11.50 an hour to \$13.00 per hour shortly before his injury and he had been moving to a new position in the warehouse. He worked 45.5 hours the week before his injury and he was told that was the average for someone doing his job in the warehouse. We need to see a Form 20 for a similar employee who was at the income rate of \$13.00 per hour in the warehouse. By our calculations, that would give him an average weekly wage of \$627.25 and a compensation rate of \$418.19.

I would like to resolve this without the necessity of a Hearing. Please let me know your position on this. If we cannot reach an agreement, I will have to go forward with my Hearing request.

Yours very truly,



Thomas M. White

TMW/llb
enclosures
cc: John McDaniel
Roy Maybank, Esquire

Week: Monday- Friday	Location	Hourly Wage	Hours	Pay Stub	Quarter April-June	Quarter July-Sept	Quarter Oct-Dec Not staffed
5/9/11-5/13/11	Ben Arnold	11.5	35.5	408.25	Started May	559.19	October
5/16/11-5/20/11	Ben Arnold	11.5	42	494.5		382.38	
5/23/11-5/27/11	Ben Arnold	11.5	43.25	516.06		675.63	
5/30/11-6/3/11	Ben Arnold	11.5	42.25	498.81		649.75	
6/6/11-6/10/11	Ben Arnold	11.5	44.75	541.94		684.25	
6/13/11-6/17/11	Ben Arnold	11.5	42.25	498.91		554.88	
6/20/11-6/24/11	Ben Arnold	11.5	44.25	533.31		481.56	
6/27/11-7/1/11	Ben Arnold	11.5	46	563.5		520.38	
7/4/11-7/8/11	Ben Arnold	11.5	45.75	559.19		500.00	
7/11/11-7/15/11	Ben Arnold	11.5	33.25	382.38		402.5	
				503.13 &			
7/18/11-7/22/11	Ben Arnold	11.5	52.5	172.50		336.38	
7/25/11-7/29/11	Ben Arnold	11.5	51	649.75		554.88	
8/1/11-8/5/11	Ben Arnold	11.5	53	684.25		593.69	
8/8/11-8/12/11	Ben Arnold	11.5	45.5	554.88		6395.47	
8/15/11-8/19/11	Ben Arnold	11.5	41.25	481.56			
8/22/11-8/26/11	Ben Arnold	11.5	43.5	520.38			
8/29/11-9/2/11	In Texas	0	0	0			
9/5/11-9/9/11	Ben Arnold	11.5	35	402.5			
9/12/11-9/16/11	Ben Arnold	11.5	29.25	336.38			
9/19/11-9/23/11	Ben Arnold	11.5	45.5	554.88			
9/26/11-9/30/11	Ben Arnold	11.5	47.75	593.69			
10/3/11-10/7/11	Not Staffed	0	0	0			
10/10/11-10/14/11	Not Staffed	0	0	0			
10/17/11-10/21/11	Not Staffed	0	0	0			
10/24/11-10/28/11	Not Staffed	0	0	0			
10/31/11-11/4/11	Not Staffed	0	0	0			

	Not Staffed Mon 11/7-Thurs 11/10: Staffed			
11/7/11-11/11/11	Friday 11/11/11 Revere Building	13	9	117
11/14/11-11/18/11	Revere Building Supply	13	45.5	627.25
Monday 11/21/11	Injured Revere Building Supply	13	8	104

Employee Pay Summary

Employee ID: 000017GD

SSN: XXX-XX-9062

Name: Atkins, Wayne T.

Period: 1/1/2011 to 12/31/2011

Branch LI-CHS Light Industrial

EM020

Week Ending	Check Date	Check Number	Gross Pay	FICA W/H	Fed. W/H	State W/H	Local W/H	Other Ded.	Net Pay	Misc Pay	Reg Hrs.	OT Hrs.
4/8/2011	4/15/2011	186808	104.00	5.88	0.00	1.10	0.00	0.00	97.02	0.00	8.00	0.00
4/15/2011	4/22/2011	187209	637.00	35.98	70.65	32.22	0.00	0.00	498.15	0.00	40.00	6.00
4/22/2011	4/29/2011	187500	520.00	29.38	53.10	24.03	0.00	0.00	413.49	0.00	40.00	0.00
4/29/2011	5/6/2011	187897	549.25	31.04	57.48	26.08	0.00	0.00	434.65	0.00	40.00	1.50
5/6/2011	5/13/2011	188260	568.75	32.14	60.41	27.45	0.00	0.00	448.75	0.00	40.00	2.50
5/13/2011	5/20/2011	188635	539.50	30.48	56.02	25.40	0.00	0.00	427.60	0.00	40.00	1.00
5/20/2011	5/27/2011	189017	602.88	34.06	65.53	29.84	0.00	0.00	473.45	0.00	40.00	4.25
5/27/2011	6/3/2011	189353	520.00	29.38	53.10	24.03	0.00	0.00	413.49	0.00	40.00	0.00
6/3/2011	6/10/2011	189769	461.50	26.07	44.32	20.21	0.00	0.00	370.90	0.00	35.50	0.00
6/10/2011	6/17/2011	190165	632.13	35.72	69.92	31.88	0.00	0.00	494.61	0.00	40.00	5.75
6/17/2011	6/24/2011	190487	435.50	24.60	40.42	18.57	0.00	0.00	351.91	0.00	33.50	0.00
6/24/2011	7/1/2011	190927	593.13	33.51	64.07	29.15	0.00	0.00	466.40	0.00	40.00	3.75
7/1/2011	7/8/2011	191279	627.25	35.45	69.18	31.54	0.00	0.00	491.08	0.00	40.00	5.50
7/8/2011	7/15/2011	191679	468.00	26.43	45.30	20.62	0.00	0.00	375.65	0.00	36.00	0.00
7/15/2011	7/29/2011	192500	344.35	19.47	26.75	12.83	0.00	0.00	285.30	0.00	40.00	5.00
			7,603.24	429.59	776.25	354.95	0.00	0.00	6,042.45	0.00	553.00	35.25

ROA 625

Same position @ Alsip Reverse

Employee Pay Summary

Employee ID: 000018ND

SSN: XXX-XX-2492

Name: Clark Jr., Alvin Robert

Period: 1/1/2011 to 12/31/2011

EM020 121

Branch LI-CHS Light Industrial

Week Ending	Check Date	Check Number	Gross Pay	FICA W/H	Fed. W/H	State W/H	Local W/H	Other Ded.	Net Pay	MiscPay	Reg Hrs.	OT Hrs.
7/29/2011	8/5/2011	192943	416.00	23.50	0.00	1.56	0.00	0.00	390.94	0.00	32.00	0.00
8/5/2011	8/12/2011	193285	646.75	36.55	10.83	14.33	0.00	0.00	585.04	0.00	40.00	6.50
8/12/2011	8/19/2011	193747	646.75	36.54	10.83	14.33	0.00	0.00	585.05	0.00	40.00	6.50
8/19/2011	8/26/2011	194234	690.63	39.02	15.22	17.40	0.00	0.00	618.99	0.00	40.00	8.75
8/26/2011	9/2/2011	194661	617.50	34.89	7.90	12.28	0.00	0.00	562.43	0.00	40.00	5.00
9/2/2011	9/9/2011	195086	661.38	37.37	12.29	15.35	0.00	0.00	596.37	0.00	40.00	7.25
9/9/2011	9/16/2011	195610	474.50	26.81	0.00	3.56	0.00	0.00	444.13	0.00	36.50	0.00
9/16/2011	9/23/2011	196106	685.75	38.74	14.73	17.06	0.00	0.00	615.22	0.00	40.00	8.50
9/23/2011	9/30/2011	196543	578.50	32.69	4.00	9.55	0.00	0.00	532.26	0.00	40.00	3.00
9/30/2011	10/7/2011	197218	494.00	27.90	0.00	4.44	0.00	0.00	461.66	0.00	38.00	0.00
10/7/2011	10/14/2011	197725	487.50	27.55	0.00	4.15	0.00	0.00	455.80	0.00	37.50	0.00
10/14/2011	10/21/2011	198430	568.75	32.14	3.03	8.87	0.00	0.00	524.71	0.00	40.00	2.50
10/21/2011	10/28/2011	199271	419.25	23.68	0.00	1.65	0.00	0.00	393.92	0.00	32.25	0.00
10/28/2011	11/4/2011	200016	568.75	32.13	3.03	8.87	0.00	0.00	524.72	0.00	40.00	2.50
11/4/2011	11/10/2011	200533	474.50	26.81	0.00	3.56	0.00	0.00	444.13	0.00	36.50	0.00
11/11/2011	11/18/2011	201265	104.00	5.88	0.00	0.00	0.00	0.00	98.12	0.00	8.00	0.00
			8,534.51	482.20	81.86	136.96	0.00	0.00	7,833.49	0.00	580.75	50.50

ROA 626

Same position @ Aside Reverse

Employee Pay Summary

Employee ID: 000019Q7
 SSN: XXX-XX-3410
 Name: Lampkin, Jarod M
 Period: 1/1/2011 to 8/7/2012

EM020
 Branch LI-CHS Light Industrial

Week Ending	Check Date	Check Number	Gross Pay	FICA W/H	Fed. W/H	State W/H	Local W/H	Other Ded.	Net Pay	MiscPay	Reg Hrs.	OT Hrs.
11/25/2011	12/2/2011	DD172968	416.00	23.50	16.22	11.15	0.00	0.00	365.13	0.00	32.00	0.00
12/2/2011	12/9/2011	DD173636	646.75	36.55	50.76	26.71	0.00	0.00	532.73	0.00	40.00	6.50
12/9/2011	12/16/2011	DD174363	627.25	35.44	47.84	25.35	0.00	0.00	518.62	0.00	40.00	5.50
12/16/2011	12/23/2011	DD175094	632.13	35.71	48.57	25.69	0.00	0.00	522.16	0.00	40.00	5.75
12/23/2011	12/30/2011	DD175896	500.50	28.28	28.83	16.48	0.00	0.00	426.91	0.00	38.50	0.00
12/30/2011	1/6/2012	DD176495	549.25	42.01	34.94	19.89	0.00	0.00	452.41	0.00	40.00	1.50
1/13/2012	1/13/2012	DD177064	0.00	0.00	0.00	0.00	0.00	0.00	10.98	10.98	0.00	0.00
1/6/2012	1/13/2012	DD177183	554.13	31.31	35.67	20.23	0.00	0.00	466.92	0.00	40.00	1.75
	1/13/2012	BEG BAL	0.00	-10.98	0.00	0.00	0.00	0.00	10.98	0.00	0.00	0.00
1/13/2012	1/20/2012	DD178379	773.50	43.70	68.57	35.59	0.00	0.00	625.64	0.00	40.00	13.00
1/20/2012	1/27/2012	DD178995	846.63	47.84	79.54	40.71	0.00	0.00	678.54	0.00	40.00	16.75
1/27/2012	2/3/2012	DD179736	802.75	45.35	72.96	37.63	0.00	0.00	646.81	0.00	40.00	14.50
2/3/2012	2/10/2012	DD180364	554.13	31.32	35.67	20.23	0.00	0.00	466.91	0.00	40.00	1.75
2/10/2012	2/17/2012	DD180978	734.50	41.50	62.72	32.86	0.00	0.00	597.42	0.00	40.00	11.00
2/17/2012	2/24/2012	DD181706	403.00	22.76	14.24	10.33	0.00	0.00	355.67	0.00	31.00	0.00
			8,040.52	454.29	596.53	322.85	0.00	0.00	6,677.83	10.98	501.50	78.00

ROA 627

Same position @ A/side Reverse



Pain Specialists of Charleston, P.A.

MCDANIEL, JOHN C

30 Y old Male, DOB: 03/05/1982
1387 CAMP ROAD, UNIT C, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN C Insurance: UNITED
HEARTLAND

Referring: EDWARD M TAVEL

Appointment Facility: PAIN SPECIALISTS OF CHARLESTON

10/30/2012

PROGRESS NOTES: Amanda McFann, NP

Reason for Appointment

1. Foot Pain

History of Present Illness

Pain Management:

The patient is complaining of pain located in the left foot. The pain began 11/21/11. The pain occurred after a work accident. The pain is described as sharp, dull, aching, burning, numb, tingling. The severity of the pain is 5/10 average. The timing of the pain is continuous, nonspecific time worse. The pain is improved by ice, heat. The pain is aggravated by walking, standing. Imaging studies that have been performed include plain X-ray of foot. Medications that have been utilized include non-steroidal anti-inflammatories. Treatments have included TENS unit, physical therapy.

DOI: 11/21/11

WORK STATUS: NOT WORKING.

Current Medications

Celebrex 200 MG Capsule 1 capsule Once a day

Lyrica 125 MG Capsule 1 capsule Twice a day

Medication List reviewed and reconciled with the patient

Past Medical History

Heartburn

Surgical History

hernia repair

Family History

Siblings: alive

2 brother(s) - healthy.

Non-Contributory

Social History

Alcohol: yes.

no Children.

no Married.

Smoking: yes, 1 PACK/2DAYS.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

see above

Review of Systems

Cardiology:

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Amanda McFann, NP 10/30/2012

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

Patient denies chest pain (angina), shortness of breath, dizziness, swelling in ankles, swelling in ankles, irregular heartbeats (palpitations), cold extremities, Hypertension.

Constitutional:

Patient denies fever, loss of appetite, insomnia, rash, weight gain, weight loss. Patient complaining of weakness/fatigue.

Gastroenterology:

Patient denies nausea/vomiting, difficulty swallowing, Black or Tarry stools. Patient complaining of diarrhea, constipation, heartburn.

Musculoskeletal:

Patient complaining of joint pain, joint swelling, joint stiffness, leg cramps, muscle cramps.

Neurology:

Patient denies headache, leg weakness, arm weakness, blurred vision, poor balance, dizziness. Patient complaining of tingling, numbness.

Respiratory:

Patient denies wheezing, shortness of breath, cough, use of inhalers.

Vital Signs

Pain Scale 4/10, Ht 6'3, Wt 250, BP 135/93, HR 79, RR 20.

Examination

General examination:

General appearance: alert and oriented to person, place and time.

Physical Examination

General:

General appearance: well nourished pleasant no acute distress alert and oriented x4 with appropriate mood and affect Healthy appearing.

Neurological:

Sensory: diminished sensation, latero-dorsal aspect of the L foot. Gait: antalgic favoring the left side.

Dermatology:

Skin: no obvious rashes or lesions.

L foot mildly edematous with some skin color change. Temp and color WNL. 2+ dorsals pedis present.

Assessments

1. Closed fracture of metatarsal bone(s) - 825.25 (Primary)

Treatment

1. Others

Start Gralise Tablet, 600 MG, 3 tablets with evening meal, Orally, Once a day, 30 day(s), 90

Stop Lyrica Capsule, 125 MG, 1 capsule, Orally, Twice a day

Patient will return in office in 3-4 weeks for a follow up visit. Patient also advised to D/C Lyrica and a prescription for Gralise was issued. Total time spent with patient in excess of 30 minutes with 50% of that time spent counselling patient regarding treatment options. As always, thank you for this kind referral and I look forward to working with you in the care of this patient.

Follow Up

3 Weeks (Reason: follow up)

Electronically signed by AMANDA MCFANN on 11/14/2012 at 08:54 AM EST

Sign off status: Pending

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Amanda McFann, NP 10/30/2012

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

PAIN SPECIALISTS OF CHARLESTON
2791 TRICOM ST
NORTH CHARLESTON, SC 294065017
Tel: 843-818-1181
Fax: 843-818-1145

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Amanda McFann, NP 10/30/2012

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



ATTORNEYS AT LAW

Reply To
CATHERINE C. MULLINS
Direct Dial: (843) 576-2948
catherine.mullins@mgclaw.com
CHARLESTON

August 10, 2012

Thomas M. White, Esquire
The Steinberg Law Firm, L.L.P.
Post Office Box 1028
Goose Creek, South Carolina 29445

RE: John McDaniel v. Career Employment Professionals d/b/a Snelling Staffing Services and
United Wisconsin Insurance Company c/o United Heartland
Date of Accident: November 21, 2011
Claim No.: 041100021048
WCC File No.: 1116275
Our File No.: 20638.12027

Dear Mr. White:

Enclosed please find a copy of the personnel file you requested in this matter, less any privileged documents. We will forward our invoice for such copies under separate cover. Should you have any questions or concerns, please feel free to contact me.

Very truly yours,

Catherine C. Mullins
Paralegal to R. Mark Davis

/ccm

Enclosure

cc: Nicole Service, United Heartland (w/o encl) (via email)



SNELLING
STAFFING SERVICES

INTERVIEW DATA FORM (Full Service)
PLEASE DO NOT WRITE IN BORDER SHADED AREAS

☐ EMPACT
☐ BACKGROUND
☐ REFERENCE
☐ SUMMARY
☒ INTERVIEW
☒ SUMMARY

MASTER
john christopher mcdaniel
FIRST NAME MIDDLE LAST
700 ellis drive apt # 51080
ADDRESS APT NO.
charleston SC 29412
CITY STATE ZIP
NICK NAME John
HOME PHONE NUMBER 8434253000
SERVICE AREA
☒ ACCOUNTING
☒ INDUSTRIAL
☒ PROFESSIONAL
☐ MARKETING
☐ SALES
☐ MEDICAL
☐ TECHNICAL
☐ OTHER
FAX PHONE NUMBER
OTHER PHONE TYPE (MOBILE, ETC)
OTHER PHONE NUMBER
PLACEMENT INFORMATION
☒ DIRECT HIRE
☒ TEMP TO HIRE
EMERGENCY CONTACT NAME elizabeth dale ~ girlfriend
EMERGENCY PHONE NUMBER 8435322921
USE STATUS E+ E E- F
EMAIL ADDRESS jmcdaniel1982@gmail.com

APPLICATION TODAY'S DATE 05/09/2011
RECRUITING SOURCE Elizabeth
☐ BILLBOARD
☐ CENTER OF INFLUENCE
☐ CUSTOMER REFERRAL
☐ DIRECT MAIL
☐ EMPLOYEE REFERRAL
☐ FRIEND / RELATIVE
☐ INTERNET
☐ JOB FAIR
☐ MAGAZINE
☐ NEWSPAPER
☐ RADIO
☐ REMOTE RECRUITING EVENT
☐ SCHOOL REFERRAL
☐ STATE EMPLOYMENT OFFICE
☐ TELEMARKETING
☐ TELEVISION
☐ TRADE SHOW
☐ TRANSFER EMPLOYEE
☐ WALK-IN
☐ YELLOW PAGES

(Complete only if job related) DRIVER'S LICENSE # 102114628 DL STATE SC
PRIOR TEMPORARY EXPERIENCE? ☐ YES ☒ NO
HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☒ NO
If yes, explain, giving the nature of the offence and the date of your sentence, parole, probation, deferred adjudication or supervised release ended. (Each instance will be considered in relation to the position for which you are applying)

AVAILABILITY
FIRST DATE AVAILABLE 05/09/2011
LAST DATE AVAILABLE
SALARY DESIRED 11.50
HOUR PREFERENCE 40 HOURS/WEEK
TRAVEL DISTANCE MILES ONE WAY
OVERTIME ☒ YES ☐ NO
TRANSPORTATION ☐ ADVANCE NOTICE REQUIRED ☐ BUS LINE ☐ CAR ALWAYS AVAILABLE ☐ CAR POOL ☐ TAXI ☐ OTHER
NOTICE REQUIRED ☒ SAME DAY ☐ 1 Day ☐ MORE THAN 1 DAY AREA PREFERRED
ASSIGNMENT DURATION ☐ LONG OR SHORT TERM ☐ LONG TERM (OVER 2 WEEKS) ☐ SHORT TERM (UNDER 2 WEEKS) ☐ NOT APPLICABLE
RESTRICTIONS ☐ LAYOFF/RECALL ☐ STUDENT ☐ NONE DETAILS
HIGHEST EDUCATION ATTAINED
INSTITUTION NAME Dundee High School CITY Dundee STATE IL
INSTITUTION TYPE ☒ HIGH SCHOOL ☐ TECHNICAL OR TRADE SCHOOL ☐ COMMUNITY COLLEGE ☐ UNIVERSITY ☐ OTHER
DEGREE TYPE ☐ NO DEGREE ☐ ASSOCIATES ☐ B.A. ☐ B.S. ☐ MASTER OF ARTS ☐ MASTERS OF SCIENCE ☐ M.B.A. ☐ PH.D. ☐ J.D. ☐ HIGH SCHOOL ☐ GED ☐ SPECIAL TRAINING ☐ CERTIFICATION ☐ OTHER ☐ COURSEWORK IN PROGRESS
MAJOR STUDY OTHER STUDY/MINOR

INTERVIEW WORKSHEET - GENERAL
PLEASE LIST COMPANIES YOU HAVE CONTACTED FOR EMPLOYMENT OR WHERE YOU HAVE WORKED TEMPORARY OR CONTRACT, SO WE WILL NOT DUPLICATE YOUR EFFORTS.
COMPANY / CITY CONTACT / TITLE
1. 2. 3. 4.
CO-WORKERS PAST AND PRESENT WHO CAN COMMENT ON YOUR PERFORMANCE AND COMPETENCE
COMPANY / CITY CONTACT / TITLE
1. 2. 3. 4.
ACQUAINTANCES WHO COULD USE OUR SERVICES
COMPANY / CITY CONTACT / TITLE
1. 2. 3. 4.

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good attitude, great image, class A CDL, driving Record After
good ben Arnold girl friend is Elizabeth Dundee experience

PRESENT AND PAST EMPLOYERS (PLEASE LIST MOST RECENT FIRST)

1. COMPANY NAME hudson nissan *Can call*

CITY north charleston **STATE** SC **ZIP** 29418

TELEPHONE 8 4 3 5 5 3 1 0 0 0

SALARY \$8.00 **INCENTIVE** **BENEFITS**

ENDING W-2 PAY \$ **PART TIME WORK** **MAY WE CONTACT** **START DATE** 02/2011 **END DATE** 04/2011

JOB TITLE sales **WHY LEAVE?** did leave with notice to many hours, want

JOB DESCRIPTION new and used car sales

SUPERVISOR NAME / TITLE tommy russel

HOW OBTAINED? **COMMENTS / SAM** **WHO HIRED?** **DEPARTMENT SIZE & TITLES**

2. COMPANY NAME red lobster *Can call*

CITY charleston **STATE** SC **ZIP** 29407

TELEPHONE 8 4 3 7 6 3 7 3 4 5

SALARY \$2.13 **INCENTIVE** **BENEFITS**

ENDING W-2 PAY \$ **PART TIME WORK** **MAY WE CONTACT** **START DATE** 11/2010 **END DATE** 02/2011

JOB TITLE server **WHY LEAVE?** did leave with notice to pursue an auto sales position

JOB DESCRIPTION take care of tables along with opening and closing duties

SUPERVISOR NAME / TITLE vandetta young

HOW OBTAINED? **COMMENTS / SAM** **WHO HIRED?** **DEPARTMENT SIZE & TITLES**

3. COMPANY NAME caddie services inc *Can call*

CITY pinehurst **STATE** NC **ZIP** 28374

TELEPHONE 9 2 0 5 6 5 6 0 6 0

SALARY \$30.00 **INCENTIVE** **BENEFITS**

ENDING W-2 PAY \$ **PART TIME WORK** **MAY WE CONTACT** **START DATE** 07/2008 **END DATE** 10/2010

JOB TITLE caddie **WHY LEAVE?** did leave with notice to live full time in Charleston

JOB DESCRIPTION guide golfers and assist throughout the round

SUPERVISOR NAME / TITLE Pat Brooks

HOW OBTAINED? **COMMENTS / SAM** **WHO HIRED?** **DEPARTMENT SIZE & TITLES**

I hereby affirm that the information I have provided on this form is true and complete. I understand that providing false, incomplete or misleading information to the company will result in the cancellation of this form and dismissal from or refusal of employment.

I understand that if I am employed by Snelling, such employment will be on an employee at will basis, which means that I and Snelling are free to terminate my employment at any time, with or without prior notice, except as may be required by law.

I consent to submit to testing for the detection of illegally used drugs or controlled substances.

If offered a job, and if requested by Snelling, I will submit to a physical examination.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that you may obtain information about my character, reputation, personal characteristics, criminal history and financial responsibility in order to evaluate me as a prospective employee. Some clients may, as a condition to using Snelling's services, require additional information relevant to a particular job or assignment and may request copies of certain information obtained. I hereby authorize you to make inquiries of my previous employers, educational institutions, personal acquaintances and references about these matters through personal interviews or other means if required by a Snelling client to provide such information to them. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I agree to resolve any dispute, claim or controversy that may arise between me and Snelling regarding failure to be hired or termination from employment exclusively in accordance with the Snelling Staffing Services Dispute Resolution Policy, including mediation and binding arbitration of all such disputes.

I represent and warrant that I have fully read and completely understand the foregoing and seek employment under the conditions specified.

PRESENT AND PAST EMPLOYERS (PLEASE LIST MOST RECENT FIRST)			
1. COMPANY NAME <u>Beverco</u>		SALARY \$ <u>11 hr</u>	
CITY <u>Charleston</u>		STATE <u>SC</u>	
TELEPHONE <u>843 513 5153</u>		INCENTIVE _____ BENEFITS _____	
JOB TITLE <u>Auditor</u>		ENDING W-2 PAY \$ _____	
JOB DESCRIPTION <u>Produced weekly rev/loss/gain reports along with a detailed inventory and cost analysis</u>		PART TIME WORK ☐ START DATE <u>7.1.08</u> END DATE <u>4.1.09</u>	
SUPERVISOR NAME / TITLE <u>Bridge Walker</u>		WHY LEFT? <u>To leave with Acta</u>	
HOW OBTAINED? <u>Best friend</u> COMMENTS / SAM _____		WHO HIRED? _____ DEPARTMENT SIZE & TITLES <u>2 month notice</u>	
1. COMPANY NAME <u>SSM Contractor. Site Services</u>		SALARY \$ <u>N/A</u>	
CITY <u>Crowley</u>		STATE <u>TX</u>	
TELEPHONE <u>N/A</u>		INCENTIVE _____ BENEFITS _____	
JOB TITLE <u>Owner / Foreman</u>		ENDING W-2 PAY \$ _____	
JOB DESCRIPTION <u>managing op/Foreman ran 10-20 employees to do construction clean-up, lot work debris removal along with hauling items</u>		PART TIME WORK ☐ START DATE <u>05.10.08</u> END DATE <u>10.10.08</u>	
SUPERVISOR NAME / TITLE _____		WHY LEFT? <u>Family Business</u>	
HOW OBTAINED? _____ COMMENTS / SAM _____		WHO HIRED? _____ DEPARTMENT SIZE & TITLES _____	
1. COMPANY NAME _____		SALARY \$ _____	
CITY _____		STATE _____	
TELEPHONE _____		INCENTIVE _____ BENEFITS _____	
JOB TITLE _____		ENDING W-2 PAY \$ _____	
JOB DESCRIPTION _____		PART TIME WORK ☐ START DATE _____ END DATE _____	
SUPERVISOR NAME / TITLE _____		WHY LEFT? _____	
HOW OBTAINED? _____ COMMENTS / SAM _____		WHO HIRED? _____ DEPARTMENT SIZE & TITLES _____	

I hereby affirm that the information I have provided on this form is true and complete. I understand that providing false, incomplete or misleading information to the company will result in the cancellation of this form and dismissal from or refusal of employment.

I understand that if I am employed by Snelling, such employment will be on an "employee at will" basis, which means that I and Snelling are free to terminate my employment at any time, with or without prior notice, except as may be required by law.

I consent to submit to testing for the detection of illegally used drugs or controlled substances.

If offered a job, and if requested by Snelling, I will submit to a physical examination.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that you may obtain information about my character, reputation, personal characteristics, criminal history and financial responsibility in order to evaluate me as a prospective employee. Some clients may, as a condition to using Snelling's services, require additional information relevant to a particular job or assignment and may request copies of certain information obtained. I hereby authorize you to make inquiries of my previous employers, educational institutions, personal acquaintances and references about these matters through personal interviews or other means if required by a Snelling client to provide such information to them. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I agree to resolve any dispute, claim or controversy that may arise between me and Snelling regarding failure to be hired or termination from employment exclusively in accordance with the Snelling Personnel Services Dispute Resolution Policy, including mediation and binding arbitration of all such disputes.

I represent and warrant that I have fully read and completely understand the foregoing and seek employment under the conditions specified.

Signature of Applicant [Signature] Date Signed 5.19.11



SNELLING

PERSONNEL SERVICES

APPLICANT QUESTIONNAIRE

NAME: John McDaniel

1. Are you telephone accessible?
yes
2. Do you have reliable transportation?
yes
3. Do you have your I-9 (work status) information?
yes
4. What job (s) are you applying for?
Driver / other
5. What areas are you willing to work?
Industrial / Driver
6. For what pay rate?
Neg
7. Are you willing to take a drug screen according to our policy? *yes*
8. Will you release your background information inclusive of criminal records? *yes*

Signature of Applicant *[Signature]*
Date: 8-9-11

1990 Executive Hall Drive • Ste 140 • Charleston, South Carolina 29407
(843) 277-6900 • Fax (843) 277-6906

PAY POLICY

As an employee of Career Employment Professionals which does business using the name Snelling Personnel Services, you will be obligated to complete each assignment that you accept as an assignment, unless Snelling or the client ends the assignment under our or their discretion before the designated time period set for the end of the assignment. Snelling requires all employees to give at least 7 day notice if you need to be released from your assignment, so it will allow us as your employer ample time to replace you. If you leave the assignment and fail to give the required 7 day notice, then you agree that Snelling will be obligated to pay you at a rate of \$7.25 per hour, or then the applicable Minimum Wage Rate per hour, for all hours worked during that weekly pay period.

Furthermore, you acknowledge receipt and understanding of other Snelling policies as outlined in the employee handbook. Specifically as stated under Standards of Conduct. If you fail to comply with ANY of the outlined Standards of Conduct, you agree that Snelling is obligated to pay you at a rate of \$7.25 per hour, or then the applicable Minimum Wage Rate per hour for all hours worked during that weekly pay period.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATED PREMIUM PAY POLICY.

Employee Signature: _____

Employee Printed Name: _____

Date: _____

RELEASE OF CRIMINAL RECORDS

I, the undersigned do hereby authorize Snelling Personnel and its designated agents and authorized representatives to examine any and all criminal records and arrests on file in the State of _____ or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

Date of Release: 5-9-11

Signature: [Signature]

Print Applicant's Name John C. McDaniel

Driver License Number 102 114628

Social Security Number 458-99-7462

DOB 3-5-82 Race W Gender M

Current Street Address 700 Eliss Dr Apt # S104
City Charleston State SC Zip 29412

Previous Address 1 1284 App Lane
City Charleston State SC Zip 29412

Previous Address 2 _____
City _____ State _____ Zip _____

Previous Address 3 _____
City _____ State _____ Zip _____

Previous Address 4 _____
City _____ State _____ Zip _____

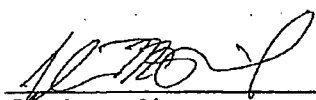
Previous Address 5 _____
City _____ State _____ Zip _____

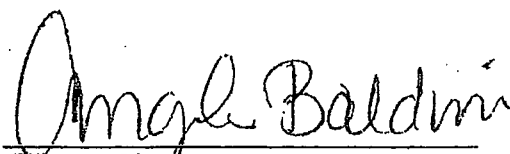
Previous Address 6 _____
City _____ State _____ Zip _____

PERMISSION FOR TESTING AND SUBSTANCE ANALYSIS

I Hereby give permission for analysis of urine specimen and/or biological specimen (blood, breath, saliva, etc), which I am voluntarily giving. I have been told that the urine and/or biological specimen will be analyzed for the presence of drugs, controlled substance and alcohol. I also give permission for disclosure of the test results to the employment/Personnel Dept, realizing that such results will be used in the final employment decision (excluding alcohol results). I understand that if an applicant fails to sign this consent form, the employment process will be discontinued. I understand that, if an employee fails this test, it will result in disciplinary actions up to and including dismissal.

I have been given a copy of the Company's Drug and Alcohol Policy. I have read and understand this policy.


Employee Signature


Witness Signature

John C McDaniel
Name (Printed)

Angela Baldwin
Name (Printed)

5-9-11
Date

5/9/2011
Date

Statements of Acknowledgement and Understanding

Please *initial* each statement, then sign and date the bottom of the form:

1. plm I have read and understand the General Information page of Snelling Personnel's Policies and Procedures.
2. plm I have read and understand Snelling Personnel's Equal Opportunity Policy.
3. plm I have read and understand Snelling Personnel's Harassment Policy.
4. plm I have read and understand Snelling Personnel's Safety Rules.
5. plm I have read and understand Snelling Personnel's Disciplinary Policy.
6. plm I have read and understand Snelling Personnel's Dispute Resolution Policy.
7. plm I have read and understand Snelling Personnel's Ergonomic Practice Policy.
8. plm I have read and understand the Explanation of the Panel of Physicians.
9. plm I have read and understand Snelling Personnel's Substance Abuse Policy. I hereby agree to submit to a drug/alcohol test when required under the provision of this policy and I authorize Snelling Personnel Services to receive the results of this test. Furthermore, I understand that refusing to submit to a drug screen, tampering with the specimen or testing positive will result in disciplinary action up to and including termination.
10. plm I have read understand Snelling Personnel's Security and Solicitation Policies.
11. plm I have read and sign the Release of Criminal Records.
12. plm I have read and understand the section on Solicitation.
13. plm I have read and understand the section on Paychecks.
14. plm I have read and understand the section on Premium Pay Policy.

I certify that all Snelling Personnel's Policies and Procedures listed above have been explained to me and I have received a copy of them. I acknowledge that, should I complete and assignment it is my responsibility to contact Snelling Personnel for reassignment. Failure to do this may jeopardize my eligibility for unemployment benefits.

I understand that my employment with Snelling Personnel is at-will. This means that either I or Snelling Personnel may end my employment at any time, with or without, and for any or no reason.

plm
Snelling Employee

Inga Baldurini
Snelling Representative

8/9/01
Date

8/9/2001
Date



REFERENCE CHECK REQUEST

REFERENCE CHECK AUTHORIZATION & DISCLOSURE STATEMENT

- ☒ I understand that you may obtain information about my character, general reputation, personal characteristics, and financial responsibility in order to enable you to evaluate me as a prospective employee. I hereby authorize you to make inquiries of my previous employers, educational institutions, friends, neighbors, associates, and references about these matters through personal interview or other means.
- ☒ I understand that, upon my written request, I will be notified as to the nature and scope of such investigations and inquiries. I acknowledge that I have read and received a copy of this statement.

Applicant's

Printed

Name:

John C. McDowell

Date:

5/9/11

Applicant's

Signature:

[Signature]

Please fax this form to: (fax #): _____

Attention:

Company

Name:

Date:

Mr./Mrs./Ms. _____ is seeking employment and has listed you as a former employer. Please verify the information below and complete the rest of this form.

Position(s)

held:

Employed from:

to:

Reason for leaving: _____

	Very Good	Good	Fair	Poor
Job Performance	☐	☐	☐	☐
Attendance and Punctuality	☐	☐	☐	☐
Accepts Responsibility	☐	☐	☐	☐
Ability to Get Along with Others	☐	☐	☐	☐
Dependability	☐	☐	☐	☐

Remarks (i.e., strong points, weaknesses, areas needing improvement): _____

In your opinion, for what type of work is he/she best suited? _____

Were you his/her direct supervisor? ☐ Yes ☐ No

Would you rehire if you had an opening? ☐ Yes ☐ No

Additional evaluation and comments: _____

Signature:

Title:

LIGHT INDUSTRIAL

D.O.T. Occupational Titles and Skills Coding

Position Desired #1 Driver

Position Desired #2 open

(Please indicate all areas in which you have prior referenceable experience and feel confident)

Yrs. Exp. Job Titles

Yrs. Exp. Job Titles

Warehousing

754 Assembler
754 General Labor
222 Inventory
922 Order Puller
920 Picker/Packer
929 Shipping & Receiving
920 Shrink Wrap
222 Stocker

Mobile Powered/Manual Lifting Equipment

921683050 Forklift Driver
921682014 Pallet Jack

Food Service/Housekeeping/Maintenance

5 311 Wait Staff
318 Kitchen Worker
311 Fast Food
313 Cook
381 Housekeeping
382 Janitor/Maintenance
406 Lawn Care / Groundskeeper
372 Security Guard

Manufacturing

754 Assembler
606 Drill Press Operator
556 Plastics Assembler
786 Sewing Machine Operator

Electronics

726 Electronic Assembler
726 Electronic Inspector
726 Electronic Tester

Printing

650 Typesetting
651 Offset Press
652 Screen Printing
653 Bindery Worker

Skilled Trades/Construction

310 Assembler
351 Bricklayer
360 Carpenter
919 Digger
324 Electrician
311 Gas Welding
353 Glazier
354 Lay & Finish Floor
359 Other Construction
341 Painter
369 Plumber
312 Resistance Welding
35 Soldering & Brazing
344 Sheet Metal Worker

Light/Clerical Office

205 Mail Clerk
211 Cashier
230 Delivery Clerk

SKILLS

Forklift Types

609 Standard
60915 Clamp
60910 Side Loader
60915 Sit Down
60920 Stand Up

Tools and Equipment

C1305 Crimpers
C131015 Callipers
5+ C131020 Tape Measure
C1325 Pneumatic Tools
3+ C1330 Screwdrivers
3+ C1360 Wrenches

For All Advance Offices - Prior to placing any temporary or temp-to-hire positions in the highlighted areas, contact Risk Management at 1-800-380-RISK.



OFFICIAL 10 YEAR DRIVER RECORD

Customer No.: 31966984 Driver License No.: 102114628
Name : MCDANIEL, JOHN CHRISTOPHER
Address : 1284 APEX LN
City : CHARLESTON State: SC Zip: 294128639
County : CHARLESTON
DOB: 03/05/1982 Sex: M Driver Training: N

Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.
Current							
CDL	A	Original	02/10/2011	03/05/2016	02/10/2011	N	N

Address Change -

Address: 80 DRAKE ST APT A
City: CHARLESTON

Date Changed: 04/27/2009

State: SC

Zip: 294035600

Address Change -

Address: 1249 OLD ORCHARD RD
City: CHARLESTON

Date Changed: 02/10/2011

State: SC

Zip: 294129408

Point Summary

Total Current Points: 0
Driver Credit: - 0
Adjusted Current Points: 0

OOS Driver License Surrendered

OOS License No.: 02579358

OOS Jurisdiction: TX

Issued: 11/06/2009

Date Surrendered: 02/10/2011

Reason For Return: OOS LICENSE EXCHANGE FOR SC LICENSE

SUSP: W00-Withdrawal, Non-ACD Violation

Suspension Beg: 05/05/2006

Withdrawal Loc Ref: GLR1297389658816

Withdrawal State: TX

Status: ACT

Ticket#:

Suspension End: 08/10/2006

Withdrawal Reason Ref: FA11

HISTORY ONLY

Last Change: 02/10/2011

End of Report

Certified to be a true and correct
copy of the driver's record on file
with the Department of
Transportation.

[Signature]
Deputy Director

Driver Service

5/9/2011-2:43:18 PM

Page 1

ROA 642



2470 Mall Drive Suite A North Charleston, S.C. 29406
843-745-6132
Fax: 843-745-6136

Results of Controlled Substance Test

Batch ID: 20110510
Test Type: 5 Panel Self Pay
Specimen ID:

Participant: John McDaniel
SSN: 458-99-7462
Record Status: Negative

ATTENTION:

Snelling Personnel Services
2090 Executive Hall Road
Charleston, SC 29407

Company: Snelling Personnel Services (SNELLING)
Collection Date/Time: 05/10/2011 1135
Specimen Collector: Robert Rawers
Collection Site: AccuDiagnostics Charleston
2470 Mall Drive Suite A
North Charleston, SC 29406
Laboratory: Arcpoint -North Charleston
2470 Mall Dr. Suite A
North Charleston, SC 29406
Sample Type: Urine

<u>Substance Tested</u>	<u>Result</u>
Amphetamines	Negative
Cocaine	Negative
Methamphetamine	Negative
Opiates 2000	Negative
Marijuana	Negative

Safety Video Test

Please complete the following:

Name: John McDaniel

True or False

- T 1. You will be drug tested if you have an on-the-job injury.
- T 2. If you fail to comply with both Snelling and the client's safety rules, your employment may be terminated.
- F 3. You are allowed to drive a forklift at work.
- F 4. As an employee in the workplace, you are expected to take risks, even if it's only a clerical job.
- F 5. If you observe hazardous conditions or unsafe work practices, you should keep it to yourself.

Multiple Choice

- A 6. Haz Com Training is:
 - a. Training on hazards and precautions to use when working with chemicals or hazardous materials
 - b. A foreign language class
 - c. A training program for machine operation
- C 7. When lifting a load, you should:
 - a. Jerk your back to add power
 - b. Bend at the wrist
 - c. Use your legs and keep your back straight
- B 8. If your supervisor asks you to operate machinery or equipment you have not been trained to use, you should:
 - a. Go ahead and operate the equipment
 - b. Tell your supervisor that you have not been trained in the use of the equipment
 - c. Figure it out by yourself
- B 9. You should report an accident and/or on-the-job injury:
 - a. On Monday
 - b. As soon as possible.
 - c. At the end of your shift
- C 10. Your employer is:
 - a. The government
 - b. The company where you are working
 - c. Snelling Personnel Services

Employee Master Dossier Report

MASTER INFORMATION

Employee ID : 000017ZC
Salutation :
First Name : John
Middle Name : Christopher
Last Name : Mcdaniel
Nickname :
Classification : Normal
Service Area : Light Industrial-eligible
Specialty :

Residence Address
Address 1 : 700 ellis drive
Address 2 : Apartment apt #5104
City/State : Charleston / South Carolina
Postal Code : 29412
County : Charleston
Country : United States

Placement Information
Temporary : Yes
Career : Yes
Temporary To Hire: Yes
Contract : Yes
Other : No

Control Information
Branch : Light Industrial
User Owner : Entake Charleston
Status : Active
Approved : Yes

Internet
PIN :
Email : jmcdaniel1982@gmail.com
WWW :
WWW Other : jmcdaniel1982@gmail.com

Mailing Address
Address 1 : 700 ellis drive
Address 2 : Apartment apt #5104
City/State : Charleston / South Carolina
Postal Code : 29412
County : Charleston
Country : United States

How To Contact
Phone : (843) 425-3000
Cell Phone :
Facsimile :
:

Source Information
Source : Entake - Open Application
Source Date : 5/9/2011 12:54 PM
Source Comment :

Custom
companies : Ben Arnold
A/I : +/+
Emergency # : 8435322921 (Elizabeth Dale-girlfriend)

AVAILABILITY

First Date Available : 7/24/2012
Last Date Available :
Wage/Salary Required : 11.5000 23920.0000
Hour Preference : 40
Travel Distance : 30
Transportation : Always available
Notice Required : Same Day
Assignment Duration : Not Investigated
Overtime : Yes
Layoff : No
Student : No

Monday : First and Second Shift
Tuesday : First and Second Shift
Wednesday : First and Second Shift
Thursday : First and Second Shift
Friday : First and Second Shift
Saturday : First and Second Shift
Sunday : First and Second Shift

Area Pref : Tri County
Equip Owned :

Comment :

APPLICATION

Application Date : 5/9/2011
Recruiting Source : Employee Referral
Recruiting Source ID : Elizabeth Dale
Smoking Acceptable : No

Lifting Ability : Not Investigated
(user-defined) :
(user-defined) :
(user-defined) :

Driver License
Number : 102114628

State : South Carolina

Drug Test
Willing To Take : Yes
Date/Result : 5/10/2011 Negative - No Substance found

Details :

Conviction
Date Month/Year :
City : State :

Offense Details : Checked no Pulled 05/10/2011Chas-clear Berk-clear Dorch-clear
National-clear

Bonding
Past Bonding : No
Submission Date :

Details :

Employee Master Dossier Report

APPLICATION (CONTINUED)

FBI / Police
Date :
U.S. Clearance :
Details :

INTERVIEW SUMMARY

Date/Time : 5/9/2011
User : Angela Baldwin
Communication : Understandable
Penmanship : Legible/Neat
Composure : Agreeable/Adjusts Well
Grooming : Neat/Clean
Speech : Understandable
Attire : Casual/Working
(user-defined) :
(user-defined) :
(user-defined) :
Monitor Comment : +/+ Good attitude, great image, Class A CDL, driving record attached. Good Ben Arnold, Girlfriend is Elizabeth Dale, caddie experience took Prove It test in the office

Other Comments :

PAYROLL

Employee ID : 0000172C
SSN : 458-99-7462
Hire Date : 5/10/2011
Adjusted Hire Date:
Birthday : 3/5/1982
Gender : N/A
Ethnic Origin : N/A
Pay Grade : C
Check Handling : Mail Check
Household Employee: No
Medicare Govt Emp : No
Withhold New York State Tax Difference: No
Federal Tax
Filing Status : SINGLE
Exemptions : 2
Additional Withhold: .0000
Estimated Withhold : .0000
Withholding % : .000
EIC Filing Status : Not Eligible
W2 Information
Statutory : No
Deceased : 0
Pension Plan : 0
Deferred Comp : No
Legal Rep : No

Miscellaneous Information

Citizen : No
Veteran : No
Disabled Veteran : No
(user-defined) :
(user-defined) :
Smoker : No
Vietnam Vet : No
Newly Separated Vet: No
(user-defined) :

Immigration and Naturalization Service

I-9 Date Completed :
Alternate Document ID :
Alternate Document Expiration:

Disabilities

Disabled : No
Accommodation :

Description :

STATE TAX SUMMARY

Code	Filing Status	Allowances
SC	One or More Exemptions Claimed	2
1 State Taxes on file.		

LOCAL TAX SUMMARY

No Local Taxes on file.

EDUCATION SUMMARY

Start Date	End Date	Institution Name	Major Study	Degree
05/2000		Burleson High School		Not Investigated
1 Education summaries on file.				

PAST EMPLOYER SUMMARY

Start Date	End Date	Company Name	Job Title	End Pay
Page 2		(Confidential Information)	8/5/2012	

Employee Master Dossier Report

PAST EMPLOYER SUMMARY (CONTINUED)

Start Date	End Date	Company Name	Job Title	End Pay
02/2011	04/2011	hudson nissan	sales	8.0000
05/2005	10/2007	JSM Construction Site Services	Owner/Foreman	
07/2008	10/2010	caddie services inc	caddie	30.0000
07/2008	04/2009	Bevinco	Auditor	11.0000
11/2010	02/2011	red lobster	server	2.1300

5 Past Employer summaries on file.

TEST SCORES

MS Word	: 87	(user-defined) :
MS Excel	: 87	(user-defined) :
MS PowerPoint	:	(user-defined) :
WordPerfect	:	(user-defined) :
Windows	:	(user-defined) :
Speed Typing	: 24 wpm	(user-defined) :
Letter Form Typ	:	(user-defined) :
Statistical Typ	:	(user-defined) :
Transcription	:	(user-defined) :
Standard Data	:	(user-defined) :
Inverted Data	:	(user-defined) :
10 Key	:	(user-defined) :
Wonderlic	:	(user-defined) :
Communication	:	(user-defined) :
Bookkeeping	:	(user-defined) :
Shipping	:	(user-defined) :
Math	:	(user-defined) :
Tape Measure	:	(user-defined) :
Spelling	:	(user-defined) :
GATB	:	(user-defined) :
(user-defined)	: Basic Ruler Reading: 100%	(user-defined) :
(user-defined)	: Basic Industrial Math: 93%	(user-defined) :
(user-defined)	: Basic Reading: 90%	(user-defined) :

Comment :

DOT LISTING

DOT Code : 222 Shipping, Receiving & Stocking Clerks
 Industry Code : -
 Years Experience: - Confidence :

Comment :

DOT Code : 311 Waiters & Waitresses & Related Food Service
 Industry Code : -
 Years Experience: - Confidence :

Comment :

2 DOT codes on file.

TEMPORARY ASSIGNMENT SUMMARY

Start Date	End Date	Customer Name	Supervisor Name	Pay	End Reason
5/11/2011	9/30/2011	Ben Arnold-Heritage Be	Rob Baxley	11.500	Ended at customer request, not work relat
11/11/2011	11/21/2011	Revere Building Produc	Dan Cobb	13.000	Other - Involuntary
4/5/2012	8	Snelling Personnel		9.1000	
5/9/2012	9 6/25/2012	Barnwell, Whaley, Patt	Judy Carberry	9.1000	Assignment Completed, employee obligation

4 Temporary Assignments on file.

HISTORY LISTING

Actual Date/Time	ID	Event	Employee	Customer/Contact
7/30/2012 12:49 PM	0000NF1G	Available	McDaniel, John	
			called in available	
7/24/2012 2:21 PM	0000ND7V	Available	McDaniel, John	
			called in available	
7/3/2012 1:07 PM	0000NSV7	Available	McDaniel, John	

Employee Master Dossier Report

HISTORY LISTING (CONTINUED)

Actual Date/Time	ID	Event	Employee	Customer/Contact
			called in available	
5/15/2012 8:41 AM	0000N43S	Offer Accepted	Mcdaniel, John	Barnwell, Whaley, Patterson, an Carberry, Judy
5/14/2012 4:01 PM	0000N43V	Workers' Compensatio	Mcdaniel, John	
			tt john, went to dr. olson and said appt went well. .lasted long time so he did not report to work,has to go to pt first thing in am and will be to work around 10:30.	
5/9/2012 7:55 AM	0000N3H3	General Comment	Mcdaniel, John	
			julie called and asked me to call him and tell him to be there at 9	
5/8/2012 8:43 AM	0000N43T	Workers' Compensatio	Mcdaniel, John	
			tt john and he mentioned he has been going to gold's gym 3 days/wk	
4/13/2012 11:34 AM	0000N0M7	Workers' Compensatio	Mcdaniel, John	
			Jim emailed me yesterday 4/12 - He will finish up the week in our office. He is leaving for a personal trip and will be out of state all next week and the following Monday. 4/24 will be his first day back for any kind of work	
4/10/2012 9:23 AM	0000N043	Offer Accepted	Mcdaniel, John	Snelling Personnel
4/4/2012 10:42 AM	0000M2NM	Workers' Compensatio	Mcdaniel, John	
			Got paperwork showing John released for light duty (sedentary work only), have called and offered him position to come in and shred in our office for \$9. 10/hr	
2/21/2012 2:47 PM	0000MSNM	Workers' Compensatio	Mcdaniel, John	
			Per Dawn Bailey @ United re: 2-20-12 Dr. Appt. I received the work note but not the actual medical report. There was a request for therapy and that has been authorized. This ortho is not the quickest at having their medical reports transcribed and submitted to us. Jim has forwarded me a light duty job offer that I will submit to his attorney and physician to see if it will be approved.	
2/16/2012 3:48 PM	0000MS40	Problem/Trouble Shoo	Mcdaniel, John	
			John called me back and said he was frustrated with insurance. His Dr had written him for physical therapy on his foot as well as debridement of his wound and it has been hung up waiting on approval. I sent message to dawn bailey to get an update	
2/14/2012 9:02 AM	0000MRZ8	Follow Up	Mcdaniel, John	
			lm to check on status	
2/9/2012 10:54 AM	0000MR0G	Offer Other	Mcdaniel, John	TorqTek (formerly Getrag Preci Thomkins, Anita
			I am making him inactive until the doctor clears him to go back to work.	
11/10/2011 4:38 PM	0000MDW8	Offer Accepted	mcdaniel, john	Revere Building Products Cobb, Dan
11/9/2011 1:49 PM	0000MDMF	Offer Other	mcdaniel, john	Revere Building Products Cobb, Dan
			Has an interview on November 10th at 3:00pm. I sent Dan his information already.	
11/9/2011 1:46 PM	0000MDMB	Offer Other	Mcdaniel, John	ZZ-Snelling-Charleston
			angela is talking to him about a job	
11/9/2011 9:53 AM	0000MDJ4	Offer Other	mcdaniel, john	Revere Building Products Cobb, Dan

Employee Master Dossier Report

HISTORY LISTING (CONTINUED)

Actual Date/Time	ID	Event	Employee	Customer/Contact
11/9/2011 8:14 AM	0000MDH5	Offer Other	mcDaniel, John	Revere Building Products Cobb, Dan
			I left him another message	
10/28/2011 9:54 AM	0000MC13	Offer Considered	mcDaniel, John	Cook and Boardman Morris, Kristy
			I am considering him for this position. Left him 2 messages	
10/6/2011 11:22 AM	0000M7JY	Follow Up	mcDaniel, John	
			I am sending over his resume.	
10/6/2011 8:03 AM	0000M7HJ	Problem/Trouble Shoo	mcDaniel, John	
			He stated that he is bringing the key in the next hour	
5/10/2011 10:55 AM	0000LMNQ	Offer Accepted	mcDaniel, John	Ben Arnold-Heritage Beverage Co Sox, Tonya
			I left him 2 messages to let him know that I need the key back for the truck. He stated that he was going to bring it yesterday but I never saw him. I am going to try him back if I don't hear back from him mid morning.	

23 history items on file.

EDUCATION DETAIL

Institution Name	: Burleson High School	Institution Type	: Not Investigated
Address 1	: Burleson, TX	Degree Type	: Not Investigated
Address 2	:	Major Study	:
City/State	: /	Other Study	:
Postal Code	:	Start Month / Year	:
County	:	End Month / Year	: 05/2000
Country	:	Email	:
Phone	:	WWW	:
Facsimile	:		

CREDENTIAL DETAIL

PAST EMPLOYER DETAIL

Company Name	: hudson nissan	Start Pay	: 8.0000
Address 1	: 7331 rivers ave	End Pay	: 8.0000
Address 2	:	Start Month/Year	: 02/2011
City/State	: North Charleston / South Carolina	End Month/Year	: 04/2011
Postal Code	: 29418	Part Time	: No
County	: (Unknown)		
Country	: United States		
Phone	: (843) 553-1000		
Facsimile	:		
Job Title	: sales		
Job Description	: new and used car sales		
Supervisor Name	: tommy russel		
Email	:		
WWW	:		
Termination Code	: Dissatisfaction - work hours		
Comments	: to many hours/did leave with notice		
Reference			
Allowed	: Yes	User	: Receptionist Receptionist
Check	: No	Performance	:
Date	:	Attitude	:
Contact Name	:	Attendance	:
Contact Title	:	Rehire	:
Results	:		
Company Name	: JSM Construction Site Services	Start Pay	:
Address 1	: Crowley, TX	End Pay	:

Employee Master Dossier Report

PAST EMPLOYER DETAIL (CONTINUED)

Address 2 :
City/State : /
Postal Code :
County :
Country :
Phone :
Facsimile :
Job Title : Owner/Foreman

Start Month/Year : 05/2005
End Month/Year : 10/2007
Part Time : No

Job Description : machine op/foreman 10-20 employees to do construction clean up, work debris removal, along with hauling items

Supervisor Name :
Email :
WWW :
Termination Code : Personal or family reasons

Comments : Family business

Reference
Allowed : Yes
Check : No
Date :
Contact Name :
Contact Title :
User :
Performance :
Attitude :
Attendance :
Rehire : Not Investigated

Results

Company Name : caddie services inc
Address 1 : 200 gaeta dr # b
Address 2 :
City/State : pinehurst / North Carolina
Postal Code : 28374
County : (Unknown)
Country : United States
Phone : (920) 565-6060
Facsimile :
Job Title : caddie

Start Pay : 13.0000
End Pay : 30.0000
Start Month/Year : 07/2008
End Month/Year : 10/2010
Part Time : No

Job Description : guide golfers and assist throughout the round
Supervisor Name : Pat Brooks

Email :
WWW :
Termination Code : Change in residence

Comments : to live full time in Charleston

Reference
Allowed : Yes
Check : Yes
Date : 5/10/2011
Contact Name :
Contact Title :
User : Receptionist Receptionist
Performance :
Attitude :
Attendance :
Rehire :

Results : Pat Brooks was on another line. Fellow that answered the phone would give him my information

Company Name : Bevinco
Address 1 :
Address 2 :
City/State : CHARLESTON / South Carolina
Postal Code : 29403
County : Charleston
Country : United States
Phone : (843) 513-5153
Facsimile :
Job Title : Auditor

Start Pay :
End Pay : 11.0000
Start Month/Year : 07/2008
End Month/Year : 04/2009
Part Time : No

Job Description : Produced weekly rev. loss/gain reports along with a detailed inventory and cost analysis

Supervisor Name : Rodney Walker
Email :
WWW :
Termination Code : Other - Voluntary

Comments : To caddie full time/gave 2 months notice

Reference
Allowed : Yes
Check : Yes
Date : 5/10/2011
Contact Name : Bruce
Contact Title :
User : Receptionist Receptionist
Performance : Excellent
Attitude : Excellent
Attendance : Excellent
Rehire : Yes

Results : Verified dates and title, kept saying over and over how much of a good guy he was. Hard worker. Rehire him in a second

PAST EMPLOYER DETAIL (CONTINUED)

Page 7 (Confidential Information) 8/5/2012

Order Assignment Dossier Report

MASTER INFORMATION

Assignment ID : 000021WK
 Start Date/Time : 5/11/2011 5:30 AM
 Scheduled Hours/Comment : 40 Mon - Fri, 530 AM until done route
 Estimate End Date/Comment : 8/21/2010 All trucks Automatic
 Bill Rate : 17.8300 Overtime Bill Rate: 26.7400
 Pay Rate : 11.5000 Overtime Pay Rate : 17.2500
 State Tax : South Carolina Temp To Hire Fee : .0000
 Local Tax : Career Fee : .0000
 Vendor :
 Vendor Charge Rate : Vendor OT Charge Rate :
 Employee Name : John Mcdaniel Customer Name : Ben Arnold-Heritage Beverage Company
 Address : 700 ellis drive Apartment apt Division Name : Ben Arnold - LI
 Phone : (843) 425-3000 Phone : (843) 745-1990
 City/State : Charleston / South Carolina 29 Order ID : 00000N6W
 Commission User : Charlotte Young User Owner : Angela Baldwin
 Invoice Field 1 : Invoice Field 2 :
 Invoice Field 3 :
 End Actual Date : 9/30/2011
 End Reason :
 End Comment : I spoke to Rob and he stated that John is not a good fit. He is in school and that was an issue with completing his work. He was slacking and wants him replace. I spoke to John and he does not want to change his school hours.
 (user-defined) :
 (user-defined) :
 (user-defined) :

HISTORY LISTING

Actual Date/Time	ID	Event	Employee	Customer/Contact
5/11/2011 7:49 AM	0000LMR3	Arrival Confirmation	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			I left a message on Rob's phone to make sure that John made it safe and on time.	
6/23/2011 10:54 AM	0000LTLP	Performance	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			Per Rob everyone is doing a good job. I spoke to John and he stated that everything is going good with the job but he said that the only thing is when he gets hired on Perm there is no pay raise and that is the only thing that is bothering him. I told him that I will get with my boss and we can go from there.	
7/1/2011 1:26 PM	0000LVVV	Follow Up	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			He knows to let Kevin know that time cards cards are due Friday. He is going to call the land line and leave the hours on our voicemail/	
7/25/2011 10:02 AM	0000LYFQ	Problem/Trouble Shoo	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			John gone for a week in August vacation. Also told Rob he is starting school and he needs to be off every Wed by 3:00 pm. Rob said he would workk with him as long as he could but if it became an issue he would let him go.	
8/3/2011 12:33 PM	0000LZKB	Follow Up	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			John gone for a week in August vacation. Also told Rob he is starting school and he needs to be off every Wed by 3:00 pm. Rob said he would workk with him as long as he could but if it became an issue he would let him go.	
8/3/2011 12:34 PM	0000LZKC	Problem/Trouble Shoo	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya

Order Assignment Dossier Report

HISTORY LISTING (CONTINUED)

Actual Date/Time	ID	Event	Employee	Customer/Contact
			I spoke to John and he stated that he is going on vacation from August 30th 2011 until September 6th 2011. I will let Rob know that also. I also talked about him going to school and he stated that he has school on Monday and Wednesdays and he stated that Monday is fine because they are off but Wednesday he needs to be off by 3. I told him that they are going to try to work with him as long as they could and he came back and stated that if they can't work with him he will have to find him another job.	
8/17/2011 10:44 AM	0000M17B	Performance	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			Pe John everything is going just fine. I left Rob a message to give me a call back.	
8/31/2011 8:30 AM	0000M22H	Problem/Trouble Shoo	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			Very slow, Making mistakes, Rob is not sure he is going to be the right fit.	
9/21/2011 8:19 AM	0000M5F0	Problem/Trouble Shoo	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			Per Billy we got a call from John stating that he is driving a Sprinter Van with the turning signal not working and he is very concerned about it. He stated that Harlan said that he drives the Van or he can go home so he is driving the van. I have left Rob a message and sent him an email to call me back to talk about it.	
9/21/2011 9:28 AM	0000M5FS	Performance	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			I spoke to John and with work everything is going fine. I have spoke to Rob and everything is going fine. He will keep me inform of that is going on.	
9/30/2011 11:59 PM	0000M6XW	End/Completion	mcdaniel, john	Ben Arnold-Heritage Beverage Co Sox, Tonya
			[102] Ended at customer request, not work related / I spoke to Rob and he stated that John is not a good fit. He is in school and that was an issue with completing his work. He was slacking and wants him replace. I spoke to John and he does not want to change his school hours.	

11 history items on file.

MASTER INFORMATION

Assignment ID	: 0000239G	Overtime Bill Rate	: 29.2500
Start Date/Time	: 11/11/2011 7:30 AM	Overtime Pay Rate	: 19.5000
Scheduled Hours/Comment	: 40 6:30am- until	Temp To Hire Fee	: .0000
Estimate End Date/Comment	: 6/3/2011	Career Fee	: .0000
Bill Rate	: 19.7600	Vendor OT	
Pay Rate	: 13.0000	Charge Rate	:
State Tax	: South Carolina	Customer Name	: Revere Building Products
Local Tax	:	Division Name	: Revere Building Products
Vendor	:	Phone	: (843) 745-5444
Vendor Charge	:	Order ID	: 00000P3V
Rate	:	User Owner	: Angela Baldwin
Employee Name	: John Mcdaniel	Invoice Field 2	:
Address	: 700 ellis drive Apartment apt		
Phone	: (843) 425-3000		
City/State	: Charleston / South Carolina 29		
Commission User	: Angela Baldwin		
Invoice Field 1	:		
Invoice Field 3	:		
End Actual Date	: 11/21/2011		
End Reason	:		
End Comment	: see notes in the system.		

Order Assignment Dossier Report

MASTER INFORMATION (CONTINUED)

(user-defined) :
(user-defined) :
(user-defined) :

HISTORY LISTING

Actual Date/Time	ID	Event	Employee	Customer/Contact
11/10/2011 8:19 AM	0000MF0N	Confirmation	mcDaniel, John	Revere Building Products Cobb, Dan
He made it there safe and on time.				
11/11/2011 4:42 PM	0000MF04	Follow Up	mcDaniel, John	Revere Building Products Cobb, Dan
He knows to report on Monday at 7:00am				
11/16/2011 8:22 AM	0000MPDF	Arrival Confirmation	mcDaniel, John	Revere Building Products Cobb, Dan
11/21/2011 12:26 PM	0000MFZK	Workers' Compensation	McDaniel, John	Revere Building Products Cobb, Dan
Received a call from Dan saying a guy ran over his foot with the forklift. Sent him to ER via EMS. John called and he said 4 of 5 metatarsals are broken. Needs to go to specialist but cant until swelling goes down. I asked him how it happen and he said guy was on lift on next row. He was at the corner pulling orders. He said guy backed into his row and did not look. Rolled over foot. Heard the beeping but thought it was from the other row. I sent over our paperwork to him and asked him to get Ropers stuff to us as soon as possible				
11/21/2011 11:59 PM	0000MK64	End/Completion	McDaniel, John	Revere Building Products Cobb, Dan
[399] Other - Involuntary / see notes in the system.				

5 history items on file.

MASTER INFORMATION

Assignment ID	: 00002477	Overtime Bill Rate	: .0000
Start Date/Time	: 4/5/2012 8:00 AM	Overtime Pay Rate	: .0000
Scheduled Hours/Comment	: 40 light duty	Temp To Hire Fee	: .0000
Estimate End Date/Comment	: 5/5/2012	Career Fee	: .0000
Bill Rate	: .0000	Vendor OT	
Pay Rate	: 9.1000	Charge Rate	:
State Tax	: South Carolina	Customer Name	: Snelling Personnel
Local Tax	:	Division Name	: Snelling -- West Ashley - Charleston,
Vendor	:	Phone	: (843) 277-6900
Vendor Charge	:	Order ID	: 00000QH5
Rate	:	User Owner	: Jim Pascutti
Employee Name	: John McDaniel	Invoice Field 2	:
Address	: 700 ellis drive Apartment apt		
Phone	: (843) 425-3000		
City/State	: Charleston / South Carolina 29		
Commission User	: Jim Pascutti		
Invoice Field 1	:		
Invoice Field 3	:		
End Actual Date	:		
End Reason	:		
End Comment	:		
(user-defined)	:		
(user-defined)	:		
(user-defined)	:		

HISTORY LISTING

Actual Date/Time	ID	Event	Employee	Customer/Contact
4/13/2012 1:18 PM	0000N1MH	General Comment	McDaniel, John	Snelling Personnel

Order Assignment Dossier Report

HISTORY LISTING (CONTINUED)

Actual Date/Time	ID	Event	Employee	Customer/Contact
			is heading out of town week of apr 16th returning tues apr 24th	
4/24/2012 1:19 PM	0000N1MJ	Problem/Trouble Shoo	McDaniel, John	Snelling Personnel
			left early today...sick to stomach	
4/30/2012 8:26 AM	0000N292	Workers' Compensatio	McDaniel, John	Snelling Personnel
			went to dr on fri afternoon..turns out it was a podiatrist he said his attorney set up for him; the podiatrist told him he was going to need surgery and would have life time issues (different from the ortho surg he has been seeing); tt caroline and she is going to follow up w dawn at united	

3 history items on file.

MASTER INFORMATION

Assignment ID	: 000024HQ		
Start Date/Time	: 5/9/2012 9:00 AM		
Scheduled Hours/Comment	: 40 9-5 M-F		
Estimate End Date/Comment	: 6/1/2012		
Bill Rate	: .0000	Overtime Bill Rate:	.0000
Pay Rate	: 9.1000	Overtime Pay Rate:	13.6500
State Tax	: South Carolina	Temp To Hire Fee	: .0000
Local Tax	:	Career Fee	: .0000
Vendor	:		
Vendor Charge	:	Vendor OT	
Rate	:	Charge Rate	:
Employee Name	: John McDaniel	Customer Name	: Barnwell, Whaley, Patterson, and Helm
Address	: 700 ellis drive Apartment apt	Division Name	: Barnwell, Whaley, Patterson, & Helms
Phone	: (843) 425-3000	Phone	: (843) 577-7700
City/State	: Charleston / South Carolina 29	Order ID	: 00000QN1
Commission User	: Jim Pascutti	User Owner	: Jim Pascutti
Invoice Field 1	:	Invoice Field 2	:
Invoice Field 3	:		
End Actual Date	: 6/25/2012		
End Reason	:		
End Comment	:		
(user-defined)	:		
(user-defined)	:		
(user-defined)	:		

HISTORY LISTING

Actual Date/Time	ID	Event	Employee	Customer/Contact
6/25/2012 11:59 PM	0000N9B3	End/Completion	McDaniel, John	Barnwell, Whaley, Patterson, an Carberry, Judy
			[100] Assignment Completed, employee obligation fulfilled /	

1 history items on file.

First Report of Injury Confirmation & Print Form

Claims - First Report of Injury

User's Login Name : pascutti,jim
 Policy Number: 0700018933
 Claim Number: 041100021048 Attach Claim Documents
 Submitted: 11/21/2011

Information entered:

Policyholder/Employer Information

Business Name: Career Employment Professional DBA Snelling Staffing Services
 Federal Employer Identification Number (FEIN): 58-1292180
 Policy Number: 0700018933
 Mailing Address: 702 Mall Blvd
 City, State Zip: Savannah, GA 31406
 Phone Number:
 OSHA Code:

Employee Information

Employee's Name: John McDaniel
 Mailing Address: 700 Ellis Drive, Apt 5104
 City, State Zip: Charleston, SC 29412
 Country: United States of America
 Phone Number: 843-425-3000
 Birth Date: 03/05/1982
 Claimant ID Type: SSN
 Claimant ID: XXX-XX-7469
 Gender: Male
 Marital Status: Single
 Date of Hire: 11/11/2011
 State of Hire: South Carolina
 Occupation: warehouse associate
 Class Code: 8068 - BUILDING MATERIAL DEALER - STORE EMPLOYEES
 Employment Location Code:
 Department Code:
 Rate of Pay: \$13.00 per Hour
 Hours Worked per Day: 8.00
 Days Worked per Week: 5.0
 Gross Wage: \$520.00 per Weekly

Injury Information

Date of Injury: 11/21/2011
 Time of Injury: 08:15 AM
 Full Pay for Date of Injury?: Yes
 Did Salary Continue?: Yes
 Last Day Worked: 11/21/2011
 Will Employee Miss Time from Work?: Yes
 If Yes, How Many Days?: Unknown
 Return to Work Date or Expected Return to Work Date: 11/22/2011
 Date Employer Notified: 11/21/2011
 Cause of Injury/Source: Struck by/Against Object
 Detailed Type of Injury/Illness: Fracture
 General Body Part Affected: Lower extremities
 Detailed Body Part Affected: Foot
 Did Injury Occur on Premises?: No
 Injury Location: 4260 Wilber Street
 City, State Zip: Charleston, SC 29405
 Country: United States of America
 Cause and Nature of Injury: John was pulling orders in the warehouse and a forklift operator backed up and hit his left foot. The forklift operator (Michael Hulsiger) was not paying attention or looking while backing up. The client company took him to er for x-rays and his foot is broken
 Witness Name: Rodney Petty

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Witness Phone Number: 843-745-6444
If Fatal, Date of Death:
Were Safeguards/Safety
Equipment Provided?: No
If yes, were they used?:

Primary Doctor Information

Doctor Name:
Doctor Address:

Treatment Information

Initial Treatment: Minor Clinic/Hospital
Physician/Healthcare
Provider:
Mailing Address:
City, State Zip:
Country: United States of America
Physician/Healthcare
Provider Phone Number:
Hospital Name: Roper Hospital
Mailing Address: 14 Lockwood Drive
City, State Zip: Charleston, SC 29401
Country: United States of America
Hospital Phone Number: 843-724-2000

General Information

Preparer's Name: Jlm Pascutti
Preparer's Phone Number: 843-277-8800
Preparer's Title:
Preparer's Email: jimp@snelling-search.com
Are you the Claim Contact?: Yes
Date Prepared: 11/21/2011



MEDICAL INFORMATION RELEASE

I, Joh. McDaniel, authorize Snelling Personnel Services to request and obtain all records regarding any accident/injury or occupational disease involving myself and Snelling Personnel Services. This is to include doctor's reports, follow up reports, nurse's notes, medical bills, test results, etc...

A facsimile or photo static copy of this authorization shall be considered as effective and valid as the original. This release shall remain in effect until specifically rescinded by me.

[Signature]
Signature

11/23/11
Date

[Signature]
Witness

11/23/11
Date

2090 Executive Hall Drive, Suite 140, Charleston, South Carolina 29407
(843) 277-6900 – Fax (843) 277-6906



Employee Injury/Incident Statement

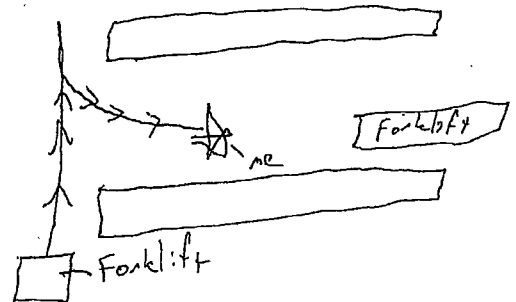
Name: John McPoniel

Date: 11/23/11

Date of Injury/Incident Statement:
11/24/11

Statement – Description:

while working on an aisle with my back to the main path the forklift driver reversed down the aisle and struck my left foot.



2090 Executive Hall Drive, Suite 140, Charleston, South Carolina 29407
(843) 277-6900 – Fax (843) 277-6906



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: John McDaniel SSN: 458-99-7469 Employer's Name: Snelling Staffing Services
Address: 700 Ellis DR, APT 5104 Address: 2090 Executive Hall Rd Ste 140
City: Charleston State: SC Zip: 29412 City: Charleston State: SC Zip: 29407
Home Phone: (843) 425-3000 Work Phone: (843) 277-6900 Insurance Carrier: United Heartland
Preparer's Name: Jim Pasutti Preparer's Phone #: (843) 277-6900

Date of Injury: _____
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	_____	\$ _____	
2nd	<u>6-30-11</u>	<u>\$ 2,958.37</u>	
3rd	<u>9-30-11</u>	<u>\$ 6,898.59</u>	
4th	_____	\$ _____	
		Total Paid	2. \$0.00 <u>9,856.96</u>

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.

3. \$ _____
4. \$0.00 9,856.96
5. 20

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. \$ 492.85

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. \$0.00 328.58

WEEKLY COMPENSATION RATE:

8. \$ 328.58

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.

Physician Finder

<< [Previous](#) | [New Search](#) | [Return to Search Results](#) | [Next](#) >>

Blake L. Ohlson, MD

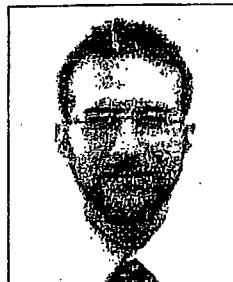
Orthopaedic Surgery

Medical Degree: Case Western Reserve University

Internship: Kalamazoo Center of Medical Studies

Residency: Kalamazoo Center of Medical Studies

Fellowship: Union Memorial Hospital



Orthopaedic Specialists of Charleston

2093 Henry Tecklenburg Drive

Suite 200

Charleston, SC 29414

Phone: 843-958-2500

Fax: 843-958-2635

([View Map](#)) ([Driving Directions](#))

Orthopaedic Specialists of Charleston

1300 Hospital Drive

Suite 150

Mt. Pleasant, SC 29464

Phone: 843-958-2500

Fax: 843-884-9357

([View Map](#)) ([Driving Directions](#))

Hospital Affiliations: Roper Hospital - Active
Bon Secours St. Francis Hospital - Active
Mount Pleasant Hospital - Active

Roper Hospital
316 Calhoun Street
Charleston, SC 29401
(843) 724-2010 F 724-1953

DISCHARGE INSTRUCTIONS

Patient Name: Mcdaniel, John

Visit Date: 11/21/2011

Med Rec No: 001841194

Acct No: 1132500699

Roper Hospital 316 Calhoun Street Charleston, SC 29401
Roper St. Francis Medical Center Northwoods 2233 Northwoods Blvd. N. Charleston, SC 29406
Roper St. Francis Medical Center Berkeley 730 Stony Landing Road Moncks Corner, SC 29461
Bon Secours St. Francis Hospital 2095 Henry Tecklenburg Dr. Charleston, SC 29407

You were treated today by :

FRANK BARNES-MD MD

ADDITIONAL FOLLOWUP INSTRUCTIONS

Arrange for a follow up appointment with James Aymond, MD in 3-5 days or immediately if your symptoms get worse.

Aymond, James K., MD
Orthopaedic Specialists of Charleston
2093 Henry Tecklenburg Dr. Ste. 200
Charleston, SC 29414
(843) 958-2620

DISCHARGE INSTRUCTIONS

Metatarsal Fracture(s), Undisplaced

Metatarsal Fracture(s), Undisplaced

A metatarsal fracture is a break in the bone(s) of the foot. These are the bones of the foot that connect your toes to the bones of the ankle.

DIAGNOSIS

The diagnoses of these fractures are usually made with X-rays. If there are problems in the forefoot and x-rays are normal a later bone scan will usually make the diagnosis:

TREATMENT & HOME CARE INSTRUCTIONS

Treatment may or may not include a cast or walking shoe. When casts are needed the use is usually for short periods of time so as not to slow down healing with muscle wasting (atrophy). Activities should be stopped until further advised by your caregiver.

Wear shoes with adequate shock absorbing capabilities and stiff soles.

Alternative exercise may be undertaken while waiting for healing. These may include bicycling and swimming, or as your caregiver suggests.

It is important to keep all follow-up visits or specialty referrals. The failure to keep these appointments could result in improper bone healing and chronic pain or disability.

Warning: Do not drive a car or operate a motor vehicle until your caregiver specifically tells you it is safe to do so.

IF YOU DO NOT HAVE A CAST OR SPLINT:

You may walk on your injured foot as tolerated or advised.

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Roper Hospital
316 Calhoun Street
Charleston, SC 29401
(843) 724-2010 F 724-1953

DISCHARGE INSTRUCTIONS

Patient Name: Mcdaniel, John

Visit Date: 11/21/2011

Med Rec No: 001841194

Acct No: 1132500699

DISCHARGE INSTRUCTIONS

Metatarsal Fracture(s), Undisplaced

Do not put any weight on your injured foot for the first 1-2 weeks or as directed by your caregiver. Slowly increase the amount of time you walk on the foot as the pain allows or as advised.

Use crutches until you can bear weight without pain. A gradual increase in weight bearing may help.

Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the ice in a plastic bag and place a towel between the bag of ice and your skin.

Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

Your cast gets damaged or breaks.

You have continued severe pain or more swelling than you did before the cast was put on, or the pain is not controlled with medications.

Your skin or nails below the injury turn blue or grey, or feel cold or numb.

There is a bad smell, or new stains and/or pus-like (purulent) drainage coming from under the cast.

MAKE SURE YOU:

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 04/07/2004 Document Re-Released: 03/16/2010
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Orthopaedic Specialists
of Charleston
ROPER ST. FRANCIS PHYSICIANS

James Aymond, MD
Kenneth Caldwell, MD
John Graham, MD

John Ernst, MD
Blake Ohlson, MD
Robert Schoderbek Jr, MD

James Price Jr, MD

Kate Eden, PA

Kelly Bailey Kruse, PA
Penni Vachon, APRN

Erin Watrobski, PA

Patient: JOHN MCDANIEL

Date: 4-2-2012

Chart: 00003086774

Diagnosis: _____

Please be advised that the above named patient:

☒ Was seen in this office on the following date(s) 4-2-2012

☐ May return to full duty on _____

☐ May return to light duty on _____

☐ May not return to work/school until _____

☐ May not participate in _____ until _____

Add'l Comments _____

NEXT APPOINTMENT _____ TESTS REQUIRED _____

RESTRICTIONS

(circle choices)

_____ Avoid

_____ Avoid Repetitive

Bending

Twisting

Squatting

Climbing

Stooping

Excessive Walking

Excessive Running and Cutting

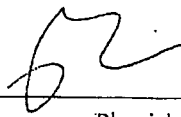
Prolonged Sitting/Standing

Horizontal Lifting

Overhead Activities

No Lifting Over 1, 5, 10, 15, 20, 25, 50 lbs

Sedentary Work Only



Physician's Signature

West Ashley Office:
St. Francis Medical Office

North Charleston Office:
Trident Medical Campus

Mt Pleasant Office
Building 6

Safety Incident Investigation Report

Employee Name: John McDaniel Perm. Or Temp. Employee: Temp
Incident Date: 11/21/2011 Location of Incident: Whse
Date of Report: 11/23/2011 Time: 7:40 AM
Distribution: _____ Investigation Team: Dan Cobb

Description of Incident:

Michael Hulsizer was making a turn backing down an aisle with a propane forklift when the rear tire ran over the top of John McDaniels' left foot.

Injury Classification / Nature of Injury:

4 broken bones to the left foot with additional swelling and bruising.

Facts Resulting from the Investigation:

Driving too close to co-worker. Rodney Petty was a witness to the accident

Root Cause Analysis:

Michael Hulsizer was not looking in the direction of travel.

Corrective Actions:

Responsible:

160

Completion Date:

Snelling Staffing Terms and Conditions

In consideration of services performed, Snelling Staffing Services and Client agree to the following:

- Client certifies that all hours transmitted to Snelling reflected on the group time sheet or the approved time clock data report are accurate and that Snelling's field employee is entitled to be paid in accordance with the time verified by Client. Client acknowledges that the services were performed in accordance with the request from Client for Temporary Staffing Services.
- Client shall pay all invoices upon receipt to Snelling at P. O. Box 202056 Dallas, TX 75320. Client shall not advance cash or valuables to Snelling's field employee(s) and shall have no right whatsoever to offset or recoup any such advances against any amounts owed to Snelling.
- Client shall comply with all laws, rules and regulations of duly constituted government bodies concerning Snelling and its field employees and agrees to indemnify and hold Snelling (including Snelling Staffing, LLC) harmless from any and all damages, claims, suits, demands, or other causes of action which may arise or be asserted against Snelling arising from Client's failure to do so.
- Client shall not permit or cause the Snelling employee to perform any work activities other than those specifically set forth in the eEmpACT Order record for the order placed with Snelling. Regardless of the work activities set forth in Client's order, Client shall not permit or cause the Snelling field employee to operate any motor vehicle, including the employee's own vehicle for work purposes, or machinery without first executing a Vehicle or Machinery Operator Release Agreement.
- Client acknowledges that no insurance is provided by Snelling covering physical loss or damage to Client's vehicles, machinery, equipment, merchandise, or materials that are in the care, custody or control of Snelling's field employee.
- Client shall not permit or cause the Snelling field employee to handle cash, negotiable instruments, or other valuables of any kind without Snelling's prior written permission. If permission is given, the Snelling employee cannot be left unattended or unsupervised by a Client supervisor. Client accepts full responsibility if the employee is left unattended.
- Snelling shall process claims arising from the dishonesty or misconduct of the employee only if such claims are reported directly to Snelling by Client within ten (10) days after discovery of the occurrence. Client shall cooperate fully in any investigation and prosecution relating to such claims.
- Snelling guarantees Client satisfaction with the field employee services by extending to Client a one-day (8-hour) guarantee period. If Client does not notify Snelling of dissatisfaction before the end of the first 8-hour day and permit Snelling to replace the Snelling field employee assigned, Client agrees that Client is not entitled to any refund or non-bill for the services.
- Client understands that the assigned person is Snelling's employee and that Snelling expends considerable effort and incurs substantial expense to recruit, screen, test, and train its employees to service clients. Client understands that the assigned person is contractually obligated to Snelling, and Client agrees to contact Snelling immediately if Client desires to employ the assigned person or to utilize the assigned person for any position through another personnel service agency servicing Client. Snelling will discuss with Client its Asset Transfer Fee ("Fee"). However, Client may not directly or indirectly hire the assigned person for any position for a period of 180 days after this assignment ends without Snelling's written consent, and Client may not directly or indirectly utilize the services of the assigned person in any position through another personnel agency for a period of 180 days after this assignment ends. Client hereby agrees that if the Client breaches the above terms, Client will pay to Snelling a Fee equal to the greater of \$1,000, or 1% per thousand dollars of the transferred person's annualized compensation up to a maximum of 30% of annual compensation.
- Client shall pay all reasonable attorneys' fees and other costs incurred by Snelling in enforcing this Agreement.
- No oral statement shall modify or affect the foregoing terms and conditions.

CLIENT COMPANY NAME: Atsde Haver
CLIENT SIGNATURE: [Signature]
PRINT NAME AND TITLE: Don Cobb Operations Mgr
DATE: 7-21-11

CLIENT SAFETY PARTNERSHIP

Alside Revere:

The cost of worker's compensation insurance is increasing rapidly throughout the country. There are many factors contributing to these high costs, some of which we cannot directly control, but others we can - such as unnecessary injuries and lost time caused by carelessness or an unsafe work environment.

In an attempt to keep our rates as low as possible, provide you the best service and provide a safe work environment for our employees and yours, we want to have a mutual understanding of safety and on-the-job injury procedures, practices and philosophies:

- * Our employees will only work on jobs for which they have been assigned and trained. Any variance must be reported to our office before work begins.
- * Our employees will be oriented/trained in all safety, hazardous communications and operational instructions in the same manner as any employee or as required by our policies or laws including safety meetings etc...
- * Our employees will be required to wear all appropriate safety equipment.
- * We will be notified immediately in the event of an accident or injury to one of our employees.
- * We will coordinate appropriate medical treatment (unless it is an emergency at a PPO or EPO (preferred or exclusive providers)).
- * You will notify us in the event any of our employees acts intoxicated or in a suspicious manner.
- * A qualified representative of our company will be allowed to obtain a report of an accident or injury to insure proper disposition of possible claims.

These areas of agreement are intended to insure a safe and productive partnership and reduce your liability to a minimum.

CLIENT COMPANY NAME

By: [Signature]

Date: 7-21-11

SNELLING STAFFING SERVICES

By: Angela Baldwin

Date: 7/21/11



Vehicle and Machinery Operator Release
(Including Bodily Injury and Property Damage)

1. This agreement is between:

Client: Alside Revere

Address: 4260 Wilbur Street, North Charleston, SC 29405
and

JVP Staffing Solutions, LLC D/B/A/ Snelling Personnel Services (SPS)
2090 Executive Hall Drive, Suite 140, Charleston, SC 29407

2. SPS temporaries are not permitted to operate vehicles or machinery for the Client unless the client shall hold SPS, any related companies associated with SPS, and its employees harmless from any and all loss, liability or claim, including bodily injury and property damage except Snelling employees Workers' Compensation liability arising from the operation of vehicles or machinery. This shall include vehicles owned, leased or borrowed by Client while being operated by any SPS employee, regardless of whether such loss or damage arises from the negligent acts or omissions of SPS employees. Vehicles include cars, vans, trucks and similar devices for transporting people, goods or materials. Machinery includes mobile and fixed construction equipment, dozers, graders, cranes, loaders, excavators, tractors and also forklifts, industrial trucks and other mechanical material handling equipment.
3. Client further agrees that any vehicle liability insurance purchased by Client or any other party for the benefit of Client to cover such vehicles is, for insurance purposes, primary with respect to any claims for bodily injury or property damage made by any party arising from the use, ownership or maintenance of these vehicles. SPS's automobile liability insurance will respond to a claim for a loss only after Client's or other available vehicle liability insurance limits are exhausted and then only if any such loss or damage results from the negligent act or omission of Snelling or its employees.
4. Client is responsible for verifying the SPS temporary's skills to operate the specific vehicle or machinery described as well as the safe operating condition of vehicles and machinery. Client shall not rely on representations made by SPS or Snelling Personnel Services, whether expressed or implied, concerning the SPS temporary's skills, abilities or qualifications to operate the above vehicle or machinery.
5. Description of machinery and/or vehicle to be operated - _____

For Client:

Signature

DAN COBB

Name (Print)

OPERATIONS MGR

Title

7-21-11

Date

For Snelling Personnel Services:

Signature

Angela Baldwin

Name (Print)

Staffing Manager

Title

7/21/11

Date



Money, Negotiable Securities, And Valuables Release

1. This agreement is between:

Client: Alside Revere

Address: 4260 Wilbur Street, North Charleston, SC 29405

JVP Staffing Solutions, LLC D/B/A/ Snelling Personnel Services (SPS)
2090 Executive Hall Drive, Suite 140, Charleston, SC 29407

2. SPS temporaries are not permitted to handle cash, negotiable securities, or other valuables as a regular part of their normal work duties outlined in the job description, unless the Client shall hold SPS, and any related companies associated with SPS, harmless from any claims for loss of cash, negotiable securities, or other valuables.

3. Client has requested:

SPS temporary(ies): _____
to perform _____
Job title(s): _____

Client does hereby agree to indemnify, defend, and hold SPS, its affiliated companies, agents, including the local Snelling Personnel office, and its employees harmless from any and all loss, liability, or claim for loss of cash, negotiable securities, or other valuables from the above job assignment.

4. SPS and its agents make no criminal background checks on our employees, and client acknowledges this fact and that SPS employee evaluation and reference checks are not designed to ascertain criminal background information. Client agrees that criminal background checks are the responsibility of the Client, unless otherwise pre-agreed with SPS in writing.

For Client:

Signature

Dan Cobb

Name (Print)

Operations Mgr

Title

7-21-11

Date

For SPS:

Signature

Angela Baldwin

Name (Print)

Staffing Manager

Title

7/21/11

Date



June 27, 2012

To Whom It May Concern:

The purpose of this letter is to serve as a reference for John McDaniel. John has worked for us in various capacities from May 2011 to present. Most recently he served as a project manager for one of our legal clients where he was responsible for data entry, filing, preparing documents for transactions, condensing files, reviewing and revising contracts, deeds and filings for errors and inconsistencies. He is always punctual, professional and diligent in his duties.

Please do not hesitate to contact me for additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Pascutti". The signature is fluid and stylized, with a large loop at the beginning and a cross at the end.

Jim Pascutti, General Manager
Snelling Staffing Services
843.277.6900

2090 Executive Hall Road, Suite 140, Charleston, SC 29407

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ROA 670



john mcdaniel<jmcdaniel1982@gmail.com>

Resume Revision

4 messages

john mcdaniel<jmcdaniel1982@gmail.com>
To: rpetit@carlockcopeland.com

Fri, Jun 29, 2012 at 3:59 PM

Mr. Petit,

Thank you very much for meeting with me yesterday. I appreciate your advice and honest opinion. I have attached a resume, one page, as requested. I feel that I could be an asset to your company and would ask that you keep me in mind as a candidate, for any openings in the future. I appreciate any and all critiques you may have for my entrance into the legal field. Thank you again for your time.

Sincerely,
John C. McDaniel

P.S. Lizzy said she will try to stay out of trouble. 8:32 am, 8lbs 14oz, 21 inches, Remington Michael Bunn

John C.docx
19K

Petit, Robert A.<RPetit@carlockcopeland.com>
To: john mcdaniel <jmcdaniel1982@gmail.com>

Fri, Jun 29, 2012 at 4:05 PM

John,

It was my pleasure and that resume looks much better. I will keep you in mind. Congrats to Lizzy and her family on Remington!!! All she can is try, haha.

Have a great weekend.

Bob

From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]
Sent: Friday, June 29, 2012 3:59 PM
To: Petit, Robert A.
Subject: Resume Revision

[Quoted text hidden]

john mcdaniel<jmcdaniel1982@gmail.com>
To: "Petit, Robert A." <RPetit@carlockcopeland.com>

Wed, Jul 18, 2012 at 11:00 AM

Mr. Petit,

I am writing to keep the line of communication open, as I am still in the market for employment. The respected firm of Carlock Copeland & Stair would be the perfect setting for my development in the law field. The ability to draw on such a large pool of knowledge is an opportunity I would pursue diligently. An

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unmatched thirst for knowledge and an unwavering work ethic are my best attributes and I would ask you to keep me in mind for any current or future needs. Thank you for your time.

Sincerely,

John McDaniel

[Quoted text hidden]

john mcdaniel <jmcdaniel1982@gmail.com>
To: "Petit, Robert A." <RPetit@carlockcopeland.com>

Fri, Aug 17, 2012 at 11:27 AM

Mr. Petit,

I was writing to inquire if there had been any movement within the office, possibly opening a position. I would be available to start immediately and look forward to hearing from you. Thank you for your time.

Sincerely,

John C McDaniel

[Quoted text hidden]



John mcdaniel <jmcdaniel1982@gmail.com>

Motivated Candidate for Administrative Assistant Position - John C McDaniel

1 message

John mcdaniel <jmcdaniel1982@gmail.com>
To: careers@ycrlaw.com

Mon, Jul 9, 2012 at 11:22 AM

Dear Ms. Walterhouse,

After review of your website, under advice from Bob Petit with Carlock Copeland, I believe your firm offers great opportunities and would like to submit my resume for your consideration. I am currently pursuing a degree in engineering (TTC/Citadel) with the goal of USC law after completion. A brief introduction to work in a law firm by assisting Barnwell, Whaley, Patterson & Helms in a short term assignment with their real-estate division, has helped cement the desire to work within the field as I round out my education. A unique background in concert with my desire to learn and succeed, I believe, makes me the perfect candidate to address your current needs. I will follow up within the next 48 hours, to ensure receipt of this letter and answer any questions that may arise. I thank you for your time in advance.

Sincerely,

John C. McDaniel

 JCM-resume.docx
19K

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john mcdaniel<jmcdaniel1982@gmail.com>

Fast learning and motivated candidate for legal assistant - John C McDaniel

1 message

john mcdaniel<jmcdaniel1982@gmail.com>

Mon, Jul 9, 2012 at 10:03 AM

To: rackerman@finkellaw.com

Dear Sir or Madam,

After review of your website, I believe your firm offers great opportunities and would like to submit my resume for your consideration. I am currently pursuing a degree in engineering (TTC/Citadel) with the goal of USC law after completion. A brief introduction to work in a law firm by assisting Barnwell, Whaley, Patterson & Helms in a short term assignment with their real-estate division, has helped cement the desire to work within the field as I round out my schooling. A unique background in concert with my desire to learn and succeed, I believe, makes me the perfect candidate to address you current needs. I thank you for your time in advance.

Sincerely,
John C. McDaniel

 JCM-resume.docx
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John mcdaniel<jmcdaniel1982@gmail.com>

Outstanding candidate for legal assistant/file clerk- John C. McDaniel

1 message

John mcdaniel<jmcdaniel1982@gmail.com>

Mon, Jul 9, 2012 at 10:30 AM

To: jobs@clawsonandstaubes.com

Dear Sir or Madam,

After review of your website, I believe your firm offers a one of a kind opportunity with your mentor program and would like to submit my resume for your consideration. I am currently pursuing a degree in engineering (TTC/Citadel) with the goal of USC law after completion. A brief introduction to work in a law firm by assisting Barnwell, Whaley, Patterson & Helms in a short term assignment with their real-estate division, has helped cement the desire to work within the law field as I round out my schooling. A unique background in concert with my desire to learn and succeed, I believe, makes me the perfect candidate to address your future needs. I thank you for your time in advance.

Sincerely,

John C. McDaniel

 JCM-resume.docx
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john mcdaniel<jmcdaniel1982@gmail.com>

Motivated, Dependable candidate - John C McDaniel

1 message

john mcdaniel<jmcdaniel1982@gmail.com>

Mon, Jul 9, 2012 at 5:24 PM

To: jvsrp-3118110748@job.craigslist.org

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my resume. Thank you for your time.

Sincerely,

John C McDaniel



JCM-resume.docx
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john mcdaniel< jmcdaniel1982@gmail.com>

receptionist opening - John C McDaniel

1 message

john mcdaniel< jmcdaniel1982@gmail.com>

Wed, Jul 25, 2012 at 1:13 PM

To: p48mx-3143411764@job.craigslist.org

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153

Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921

Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

 **J. McDaniel Resume.docx**
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John mcdaniel< jmcdaniel1982@gmail.com>

Legal assistant opening - John C McDaniel

1 message

John mcdaniel< jmcdaniel1982@gmail.com>

Wed, Jul 25, 2012 at 12:44 PM

To: 82b5f-3129010158@job.craigslist.org

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153

Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921

Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624



J. McDaniel Resume.docx

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john mcdaniel< jmcdaniel1982@gmail.com>

Project assistant opening - John C McDaniel

1 message

john mcdaniel< jmcdaniel1982@gmail.com>

Wed, Jul 25, 2012 at 12:38 PM

To: fpprj-3130926461@job.craigslist.org

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. I am the son of a general contractor and have extensive construction experience. I am currently pursuing a civil engineering degree with the eventual goal of attending law school and going into construction defense/litigation. I feel that this is the opportunity I have been waiting for and look forward to hearing from you. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153

Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921

Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

 J. McDaniel Resume.docx
19K

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john mcdaniel< jmcDaniel1982@gmail.com>

Outstanding Legal Assistant Candidate - John McDaniel

1 message

john mcdaniel< jmcDaniel1982@gmail.com>

Wed, Jul 25, 2012 at 12:21 PM

To: t9zjj-3158077759@job.craigslist.org

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153
Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921
Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

 John C.docx
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John mcdaniel< jmcdaniel1982@gmail.com>

Strong candidate for entry level openings - John McDaniel1 message

John mcdaniel< jmcdaniel1982@gmail.com>

Thu, Jul 26, 2012 at 4:27 PM

To: julie.dunn@hoodlaw.com

Mrs. Dunn,

I was prompted to look over your website by, Elizabeth Dale, a former employee who stressed your firms ability to train inexperienced but hard working individuals. After review of your website, I believe your firm offers great opportunities and would like to submit my resume for your consideration. I am currently pursuing a degree in engineering (TTC/Citadel) with the goal of law school after completion. An introduction to work in a law firm by assisting Barnwell, Whaley, Patterson & Helms in a short term assignment with their real-estate division, has helped cement the desire to work within the field as I complete my formal education. A unique background in concert with my desire to learn and succeed, I believe, makes me the perfect candidate to address any of your needs, current of future. I have provided references below and attached my resume. If any questions should arise please feel free to contact me directly at (843) 425-3000. I thank you for your time.

Sincerely,

John McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153
Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921
Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624



J. McDaniel Resume.docx

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john mcdaniel< jmcdaniel1982@gmail.com>

Possible solution - John McDaniel

2 messages

john mcdaniel< jmcdaniel1982@gmail.com>

Mon, Jul 30, 2012 at 11:44 AM

To: jhayes@hayeslaw.org

Mr. Hayes,

I have been in contact with Jena about any openings you might have. I understand that, even though you may be able to utilize me, the need for experience is a priority. However, the need for help sounds urgent. As a former business owner, I have a firm understanding of the skills central to success. My limited experience would be quickly made up for with my desire to learn and exceptional work ethic. I could use as much experience as possible and with this in mind, I would make the offer of an extended working interview. Two weeks of help would be beneficial to both myself and to help alleviate some of your current workload. I believe after that time you would be able to make an informed decision on the subject of retaining my services. The possibility of opening a door into a new field, would be worth it many times over. I would be willing to meet with you, to discuss my recent transition from industry to law, or to address any questions that may arise. I would even be available to start in the morning. I have attached my resume for further review, if need be. I thank you for your time.

Sincerely,

John C McDaniel

 **JCM-resume.docx**
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john mcdaniel< jmcdaniel1982@gmail.com>

Wed, Aug 8, 2012 at 1:17 PM

To: jhayes@hayeslaw.org

Mr. Hayes,

I am writing to you to further inquire about entry into your firm. I have an extensive customer service background and very strong organizational skills. I believe I would be an asset to your firm as you seek to increase your business efficiency. I thank you for your time.

Sincerely,

John C McDaniel

[Quoted text hidden]

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john mcdaniel< jmcdaniel1982@gmail.com>

Law Clerk Candidate - John C McDaniel

1 message

john mcdaniel< jmcdaniel1982@gmail.com>
To: wvnvj-3159765877@job.craigslist.org

Mon, Jul 30, 2012 at 12:09 PM

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

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Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921
Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

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John mcdaniel< jmcdaniel1982@gmail.com>

Strong customer service candidate - John C McDaniel

1 message

John mcdaniel< jmcdaniel1982@gmail.com>

Mon, Jul 30, 2012 at 12:04 PM

To: s59v3-3171949132@job.craigslist.org

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

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Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921

Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624



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john mcdaniel <jmcdaniel1982@gmail.com>

Motivated entry level candidate - John C McDaniel

5 messages

John mcdaniel <jmcdaniel1982@gmail.com>

Fri, Aug 3, 2012 at 8:09 AM

To: info@kernodlelaw.com

Cc: kkernodle@kernodlelaw.com

Dear Ms. Kernodle ,

After review of your website, I believe your firm offers great opportunities and would like to submit my resume for your consideration. I share a somewhat similar background with Mr. Kernodle. I was raised partially on a farm, in a house I helped build in Texas. I am the son of a general contractor and a factory worker, so I am no stranger to the concept of working hard. I have an extensive customer service background and understand that clients are not a hindrance to work but the reason for it. I am currently pursuing a degree in engineering (TTC/Citadel) with the goal of law school after completion. An introduction to work in a law firm by assisting Barnwell, Whaley, Patterson & Helms in a short term assignment with their real-estate division, has helped cement the desire to work within the field as I complete my formal education. A unique background in concert with my desire to learn and succeed, I believe, makes me the perfect candidate to address your current or future needs. I thank you for your time.

Sincerely,

John C. McDaniel

Personal References

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921
Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153
Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

John mcdaniel <jmcdaniel1982@gmail.com>

Fri, Aug 3, 2012 at 8:56 AM

To: info@kernodlelaw.com

Cc: kkernodle@kernodlelaw.com

Dear Ms. Kernodle,

After reviewing my previous email, I saw I had not attached my resume. I hope to hear from you today, if not, have a great weekend and I will be in contact Monday.

Sincerely,

John C McDaniel

[Quoted text hidden]



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JCM-resume.docx
19K

Kay Kernodle <kkernodle@kernodlelaw.com>
To: john mcdaniel <jmcdaniel1982@gmail.com>

Fri, Aug 3, 2012 at 1:55 PM

John,
Thank you for your consideration of our opening but we have chosen a candidate.
Good luck in you pursuit of law school.
Kay
[Quoted text hidden]

john mcdaniel <jmcdaniel1982@gmail.com>
To: Kay Kernodle <kkernodle@kernodlelaw.com>

Wed, Aug 8, 2012 at 1:34 PM

Ms. Kernodle,

I thank you for your consideration. I am a James Island resident and appreciate the use of your legal expertise in the recent issue of reincorporating James Island. Your firms use of resources to make a real difference in the community is something to be admired. I would like to work around people who have the knowledge and the ability to make real change. Although the recent position has been filled, I would request that you keep me in mind in the future as I believe that success in anything comes from the people that you surround yourself with as much as personal talent and drive. I thank you for your time.

Sincerely,

John C McDaniel

[Quoted text hidden]

Kay Kernodle <kkernodle@kernodlelaw.com>
To: john mcdaniel <jmcdaniel1982@gmail.com>

Wed, Aug 8, 2012 at 1:41 PM

John,
Thank you for your comments I have forwarded your email to Mr. Kernodle. I wish you much success in your legal field.
kay
[Quoted text hidden]

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john mcdaniel<jmcdaniel1982@gmail.com>

Motivated advocate for injured workers - John C McDaniel

1 message

John mcdaniel<jmcdaniel1982@gmail.com>
To: zfpn5-3185899905@job.craigslist.org

Sun, Aug 5, 2012 at 8:36 PM

Dear Sir or Madam,

November 21st of last year, I was struck by a forklift resulting in multiple fractures, chronic pain, nerve damage and limited mobility. Although my experience in the legal field is limited, I would be the perfect candidate for your opening. I could write extensively on this, however I think a list would be more concise.

- 1) I am currently pursuing an engineering degree and plan to attend law school. (My schedule will not conflict with a full time position.)
- 2) I care about people and would relish the opportunity to be an advocate on their behalf.
- 3) I have done extensive research on Title 42 since my accident, including appellate, circuit and supreme court opinions.
- 4) I have been actively involved in my case.
- 5) Although my lawyer is highly respected, my attention to detail has brought to light errors in material facts, forms and calculations.
- 6) I have strong organizational skills, a thirst for knowledge and an outstanding work ethic.
- 7) As a previous small business owner I understand the importance of having a motivated, competent and reliable staff.

I believe details can be taught, but motivation and a desire for success come from within. I have attached a resume and listed both personal and professional references. I look forward to hearing from you.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153
Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal References

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921
Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

JCM-resume.docx
19K

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john mcdaniel<jmcdaniel1982@gmail.com>

receptionist position - John C McDaniel

1 message

john mcdaniel<jmcdaniel1982@gmail.com>

Wed, Aug 8, 2012 at 1:45 PM

To: 6fhzx-3190852163@job.craigslist.org

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153

Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal References

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921

Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624



JCM-resume.docx

19K

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John mcdaniel< jmcdaniel1982@gmail.com>

Strong receptionist candidate - John C McDaniel

1 message

John mcdaniel< jmcdaniel1982@gmail.com>

Thu, Aug 9, 2012 at 11:33 AM

To: g6qhs-3192207224@job.craigslist.org

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. As your post asked for salary requirements, my situation is unique, and I would wait until the interview process to discuss this issue. I assure you my requirements are reasonable. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153

Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal References

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921

Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

 JCM-resume.docx
19K

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john mcdaniel<jmcdaniel1982@gmail.com>

receptionist candidate - John C McDaniel

1 message

john mcdaniel<jmcdaniel1982@gmail.com>
To: hszcv-3183119032@job.craigslist.org

Thu, Aug 9, 2012 at 1:38 PM

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153

Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal References

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921

Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

 **JCM-resume.docx**
19K

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John mcdaniel< jmcdaniel1982@gmail.com>

receptionist/closer candidate - John C McDaniel

2 messages

John mcdaniel< jmcdaniel1982@gmail.com>
To: 6pjgd-3176432784@job.craigslist.org

Thu, Aug 9, 2012 at 1:41 PM

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153

Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal References

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921

Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

John mcdaniel< jmcdaniel1982@gmail.com>
To: 6pjgd-3176432784@job.craigslist.org

Thu, Aug 9, 2012 at 1:42 PM

Below is the attached resume.

[Quoted text hidden]

 JCM-resume.docx
19K

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john mcdaniel<jmcdaniel1982@gmail.com>

Project Assistant - John C McDaniel

1 message

john mcdaniel<jmcdaniel1982@gmail.com>
To: vfwbb-3209422756@job.craigslist.org

Fri, Aug 17, 2012 at 11:19 AM

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. I have been seeking entry level work in a local firm while I finish my engineering degree. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. Although my law firm experience is limited, I have spent many hours doing research and aggregating information. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. I can start immediately and have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153
Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal References

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921
Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

 **JCM-resume.docx**
19K

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john mcdaniel< jmcDaniel1982@gmail.com>

Prime legal candidate - John C McDaniel

1 message

john mcdaniel< jmcDaniel1982@gmail.com>
To: 6s6ff-3216230518@job.craigslist.org

Wed, Aug 22, 2012 at 3:23 PM

Dear Sir or Madam,

In direct response to your ad, I would be a perfect fit for your office. Hard working, pleasant, team oriented, reliable and competent, I submit my resume for your consideration. I enjoy handling multiple tasks due to my ability to organize, prioritize, then set and attain short and long term goals. Polished communicative skills, in addition to an ability to think creatively and maintain a positive attitude would make me an incredible addition to any company. Feel free to contact me via phone or e-mail as I have attached my one page resume and provided references below. Thank you for your time.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153

Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal References

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921

Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

 JCM-resume.docx
19K

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john mcdaniel<jmcdaniel1982@gmail.com>

Available Now - John C McDaniel

1 message

John mcdaniel<jmcdaniel1982@gmail.com>
To: vfwbb-3209422756@job.craigslist.org

Wed, Aug 22, 2012 at 3:42 PM

Dear Sir or Madame,

Your post says you have a need for a project assistant immediately. I would urge you to meet with me before the end of the week to fill this position. I am seeking an entry level position for the medium term, 3 to 4 years, in an environment which will allow me to expand my knowledge as a career in law is my eventual goal. I am a hard worker and a quick learner. I am very confident if given the opportunity I would excel. I have attached my resume for your review, and provided references below.

Sincerely,

John C McDaniel

Professional References

Ridge Walker, Owner, Bev-intel, known 4 yrs (843) 513-5153
Jim Pascutti, GM/owner, Snelling Staffing, known 2 yrs (843) 277-6900

Personal References

Elizabeth Dale, Paralegal, Maybank Law, known 3 yrs (843) 532-2921
Darrin Kaiser, Operations Manager, Bev-intel, known 15 yrs (817) 689-5624

 JCM-resume.docx
19K

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john mcdaniel< jmcDaniel1982@gmail.com>

Re: Resume

Jim Pascutti< jimp@snelling-search.com>
To: john mcdaniel <jmcDaniel1982@gmail.com>

Wed, Jun 27, 2012 at 4:40 PM

John, resume looks fine...as discussed, you have a tricky background to layout on paper. I'll be happy to put a letter together for you. Unfortunately, Judy is not inclined to provide one for a temp/someone not her employee.

Jim Pascutti | General Manager

2090 Executive Hall Rd | Suite 140 | Charleston, SC 29407

843.277.6900 office 843.277.6906 fax 843.270.4227 mobile

www.snelling.com/charleston

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From: john mcdaniel [mailto:jmcDaniel1982@gmail.com]
Sent: Wednesday, June 27, 2012 12:08 PM
To: jimp@snelling-search.com
Subject: Re: Resume

Jim, Would you review the attached and let me know any changes you would make? Has there been any contact with Judy from Barnwell about a possible Letter Of Recommendation? Would it be possible to have you draft one to help in my private job search? Any news on the homefront? Thanks, John McDaniel

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john mcdaniel<jmcdaniel1982@gmail.com>

Re: Resume

john mcdaniel<jmcdaniel1982@gmail.com>
To: Jim Pascutti <jimp@snelling-search.com>

Thu, Jul 5, 2012 at 12:23 PM

Jim,

I have revised my resume down to one page and would like you to replace the one on file for me. Additionally, I would be interested in any and all tutorials we had discussed previously in order to further round out my skills. Any new possibilities on the horizon? Feel free to contact via phone or email. Thank you for your time.

Sincerely, John McDaniel

(quoted text hidden)

 John C.docx
19K

john mcdaniel<jmcdaniel1982@gmail.com>

Re: Resume

Jim Pascutti<jimp@snelling-search.com>
To: john mcdaniel <jmcdaniel1982@gmail.com>

Thu, Jul 5, 2012 at 2:16 PM

I will get those tutorials set up..should be ready tomorrow. Things are a little slow .. hope to heat up again next week

Sent from my Verizon Wireless 4G LTE DROID

-----Original message-----

From: john mcdaniel <[redacted]>
To: Jim Pascutti <[redacted]>
Sent: Thu, Jul 5, 2012 12:23:56 EDT
Subject: Re: Resume

[Content text hidden]



john mcdaniel <jmcdaniel1982@gmail.com>

Re: Resume

Jim Pascutti <jimp@snelling-search.com>
To: john mcdaniel <jmcdaniel1982@gmail.com>

Fri, Jul 13, 2012 at 10:17 AM

John, just wanted to check in and see if you had any bites out there on your search. Most of our admin/professional stuff lately has been in the accounting or higher level legal arena.

Jim Pascutti | General Manager

2090 Executive Hall Rd | Suite 140 | Charleston, SC 29407

843.277.6900 office 843.277.6906 fax 843.270.4227 mobile

www.snelling.com/charleston



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From: john mcdaniel [mailto:jmcdaniel1982@gmail.com]
Sent: Thursday, July 05, 2012 12:24 PM
To: Jim Pascutti
Subject: Re: Resume

[Quoted text hidden]

john mcdaniel< jmcDaniel1982@gmail.com>

Re: Resume

john mcdaniel< jmcDaniel1982@gmail.com>
To: Jim Pascutti <jimp@snelling-search.com>

Fri, Jul 13, 2012 at 1:19 PM

Jim,

No luck as of yet. I have probably put out 30 inquiries but only had one decline, and one possible interview coming Monday or Tuesday. Thanks for the help.

John

(contacted re: hidden)



john mcdaniel< jmcdaniel1982@gmail.com>

John McDaniel

john mcdaniel< jmcdaniel1982@gmail.com>

Thu, Dec 27, 2012 at 9:17 AM

To: Jim Pascutti <jimp@snelling-search.com>

Jim, I was wondering if you had found any work for me yet? Are you still looking? If not when did you stop and would that have an effect on applying to barnwell whaley since the 180 day clause? Also, the file I recieved did not have my weekly time sheets or my typing test results, can i come by and get a copy of those or would i have to go through mcangus? Thanks again, happy new year, john mcdaniel

From: john mcdaniel [mailto:john.mcdaniel@roa701.com]
Sent: Thursday, May 05, 2011 4:23 PM
To: job-px8hy-123456789@company.com
Subject: delivery driver

My name is John McDaniel, and I am very interested in the opening with your company. I grew up working in the construction field and am very familiar with building supplies, construction sites, and hard work. I have a respect for machinery that can only come from owning a company, and knowing that you have to take care of your equipment because it is what makes the money. I also have a class A CDL, DOT card, and a clean 10 year MVR. Able to load and offload, I have years of driving tilt bed trucks and dump trucks. An auditing background helps me understand the importance of accurate work, and extensive customer service experience I believe makes me the perfect candidate for you company. Please feel free to contact me at your earliest convenience. Thank you for your time and consideration, I have attached my work history. John McDaniel



john mcdaniel< jmcdaniel1982@gmail.com>

Snelling Process

1 message

Angela Baldwin< angelab@snelling-search.com>
To: john mcdaniel <jmcdaniel1982@gmail.com>

Fri, May 6, 2011 at 3:47 PM

It was a pleasure speaking with you today. We take applications Monday – Thursday from 9:00 – 11:00 am and then again from 2:00 – 3:30 pm. Prior to coming in, please visit the following link, www.snelling.com/charleston/application and follow the instructions. Please complete the application as thoroughly as possible. This information will be downloaded into our database to assist us in the matching process. Here are key details to be aware of:

Present and past employers section

- **list at least ten years of job history**
- **describe in detail what work you performed**
- **double-check employment dates for accuracy**

Attach your updated resume to the online process

- **maximizes your employment opportunities**
- **connects your more lengthy job history to your online application**

If you have not done so already, please email me a Microsoft word version of your resume also.

All of our placements are based upon your qualifications. Therefore, the more information you enter the better the chances of finding your desired employment.

Directions to Snelling can be found by visiting MapQuest.com and entering our address, 2090 Executive Hall Rd, Suite 140, CharlestonSC 29407. Please bring two forms of identification, one

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of them being a picture ID. When you arrive our Front Office Manager will give you your application to be signed and additional documents to complete.

Please do not hesitate to call me with any questions. I look forward to a great meeting.

Angela Baldwin

Staffing Manager

2090 Executive Hall Road

Charleston, SC 29407

(843) 277-6900- Office

(843) 277-6906- Fax

Grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference."

- Reinhold Niebuhr

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DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
DALE E. VAN SLAMBROOK
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
MICHAEL J. JORDAN
BENJAMIN W. AKERY

CHARLES S. GOLDBERG, LLC, OF COUNSEL

HUGO M. SPITZ (RETIRED)
IRVING STEINBERG (1902-1980)

Reply to: Thomas M. White
twhite@steinberglawfirm.com

THE STEINBERG

L A W F I R M

L. L. P.

118 Goose Creek Blvd., South
P.O. Box 1028
Goose Creek, South Carolina 29445
Telephone (843) 572-0700
Fax (843) 572-1871
www.steinberglawfirm.com

DOWNTOWN OFFICE
61 BROAD STREET
P.O. BOX 9
CHARLESTON, SC 29402-0009
TELEPHONE (843) 720-2800
FAX (843) 722-1190

SUMMERVILLE OFFICE
1520 OLD TROLLEY RD, SUITE B
SUMMERVILLE, SC 29485
TELEPHONE (843) 871-6522
FAX (843) 871-8565

COPY

July 05, 2012

Richard Romero
United Heartland
PO Box 3026
Milwaukee, WI 53201-3026

RE: John McDaniel v. Career Employment Professional d/b/a Snelling Staffing
WCC File # : 1116275
Our File # : 20117192

Dear Mr. Romero:

Enclosed please find Mr. McDaniel's pay stub for the week ending June 22, 2012. Mr. McDaniel earned \$266.79 for this week. Using your average weekly wage of \$492.87, he lost \$226.79. He is owed $\frac{2}{3}$ of that amount, or \$150.73, in temporary partial disability.

Also, please know that Mr. McDaniel informs me that due to his restrictions, his employer did not have any work for him for the weeks of June 25 through June 29, 2012 and July 2 through July 6, 2012. Please issue him a check for a full week of TTD benefits for each of these weeks for a total of \$985.74.

Should you have any questions, do not hesitate to call.

Yours very truly,



Thomas M. White

TMW/iib
enclosure

cc: John McDaniel
R. Mark Davies, Esquire
Roy Maybank, Esquire

DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
DALE E. VAN SLAMBROOK
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
KEVIN B. SMITH
MICHAEL J. JORDAN
BENJAMIN W. AKERY

CHARLES S. GOLDBERG, LLC, OF COUNSEL

HUGO M. SPITZ (RETIRED)
IRVING STEINBERG (1902-1980)

Reply to: Thomas M. White
twhite@steinberglawfirm.com

THE STEINBERG

L A W F I R M

L. L. P.

118 Goose Creek Blvd., South
P.O. Box 1028
Goose Creek, South Carolina 29445
Telephone (843) 572-0700
Fax (843) 572-1871
www.steinberglawfirm.com

DOWNTOWN OFFICE
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P.O. BOX 9
CHARLESTON, SC 29402-0009
TELEPHONE (843) 720-2800
FAX (843) 722-1190

SUMMERVILLE OFFICE
P.O. BOX 50577
SUMMERVILLE, SC 29485
TELEPHONE (843) 871-6522
FAX (843) 871-8565

COPY

July 23, 2012

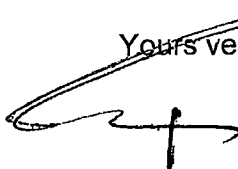
Allison Nussbaum, Esquire
McAngus Goudelock & Courie, PLLC
735 Johnnie Dodds Blvd., Suite 200
P. O. Box 650007
Mt. Pleasant, SC 29465

**RE: John McDaniel v. Career Employment Professional d/b/a Snelling Staffing
WCC File No. : 1116275**

Dear Allison:

When John McDaniel testified at his deposition he testified he had not been paid any checks since May 25, 2012. This was incorrect. He was paid temporary partial up through early June but is still owed temporary partial for the week ending June 22, 2012. In my letter of July 5, 2012 we noted he is owed \$150.73. Through the end of this week 5 more weeks will have accumulated that he has not been paid for which at the Form 20 comp rate is \$328.58. Currently there is \$1,793.63 owed in past due benefits. For some of these weeks there should be a 10% penalty because they are over 14 days late. He has no money to survive and no way to live without some money coming in. These checks must be brought current immediately. Please let us know the status of where these checks are and when they will be paid.

Yours very truly,



Thomas M. White

TMW/smc

cc: John McDaniel
Roy Maybank, Esquire
Nicole Servis, adjuster

Lori Beck

From: Lori Beck
Sent: July 23, 2012 11:53 AM
To: Tom White
Subject: John McDaniel checks

Importance: High

I spoke to the new adjustor, Nicole. She was reviewing his file yesterday and could not figure out why TTD had not been issued since 6/26/12 so she went ahead and issued a check for 6/26 – 7/23/12 in the amount of \$1,314.32. The check should go out in the mail today.

She has sent an email to the employer and is awaiting confirmation of TPD owed for 6/15 – 6/25/12 and will catch TPD up upon receipt of that verification.

She is aware of the dispute about the comp rate and said if they owe him anything in underpayment they will catch him up when the issue is resolved.

LoriAnn L. Beck
Paralegal to Thomas M. White
The Steinberg Law Firm
118 Goose Creek Blvd, South
PO Box 1028
Goose Creek, SC 29445
Ph 843-572-0700

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Elizabeth Dale

From: Elizabeth Dale
Sent: Friday, July 27, 2012 2:22 PM
To: 'Allison Nussbaum'
Cc: Tom White
Subject: RE: John McDaniel
Attachments: JCM (7-27-12).docx

Allison,

Attached is a list of the payments not yet received according to the current Form 20.

Also, based on yalls calculations of the Form 20, please see below:

1)The form 20 should be reviewed. The error most likely stemmed from the receipt of two checks for one week of work (period ending 7/22/11) The amount stated (\$9,856.96) was for 19 weeks (\$9856.96/19 weeks=\$518.79) resulting in an AWW of (\$518.79 x .6667) \$345.87. The amount of \$10,450 (Q3-2011 ending 9-30-11) would have been for 20 weeks (\$10,450.65/20 weeks=\$522.53) resulting in an AWW of (\$522.53 x .6667) \$348.37. With recovery of the remaining balance (\$348.37-\$328.58=\$19.79) of \$19.79 x number of weeks since injury (35) for an amount not including penalties of \$692.65

Thanks!
Have a good weekend.
Elizabeth Dale
Paralegal
Maybank Law Firm

-----Original Message-----

From: Allison Nussbaum [<mailto:allison.nussbaum@mgclaw.com>]
Sent: Friday, July 27, 2012 1:48 PM
To: Elizabeth Dale
Cc: Tom White
Subject: RE: John McDaniel

Elizabeth -

To make it easier on my adjuster, can you provide a list of dates that TPD and TTD are owed and the totals based on our Form 20?

Thanks,

Allison

-----Original Message-----

From: Elizabeth Dale [<mailto:Elizabeth@maybanklaw.com>]
Sent: Friday, July 27, 2012 1:38 PM
To: Allison Nussbaum
Cc: Tom White
Subject: RE: John McDaniel

Allison,

Could you also please let the adjuster know that to date Mr. McDaniel has not worked due to his restrictions and to please issue him a check for full TTD benefits.

Thanks
Elizabeth Dale
Paralegal
Maybank Law Firm

-----Original Message-----

From: Allison Nussbaum [mailto:allison.nussbaum@mgclaw.com]
Sent: Friday, July 27, 2012 1:02 PM
To: Elizabeth Dale
Cc: Tom White
Subject: RE: John McDaniel

Elizabeth -

I sent your letter to the current adjuster, Nicole Service. She can be reached at Post Office Box 3026 Milwaukee, Wisconsin 53201-3026.

Feel free to contact me if you have any additional questions or concerns.

Thanks,

Allison

<http://mm1.lettermark.net/mgclaw/card/ZOAA_6.map>

Allison Nussbaum

Attorney

843-576-2925

allison.nussbaum@mgclaw.com<http://mm1.lettermark.net/mgclaw/card/ZOAA_6.gif>

-----Original Message-----

From: Elizabeth Dale [mailto:Elizabeth@maybanklaw.com]
Sent: Friday, July 27, 2012 12:32 PM
To: Allison Nussbaum
Cc: Tom White; Elizabeth Dale; john mcdaniel
Subject: FW: John McDaniel

Good Afternoon,

Could you please let me know the status of the attached payments for John C. McDaniel.

Thanks!
Elizabeth Dale
Paralegal
Maybank Law Firm

-----Original Message-----

From: Tom White [mailto:twhite@steinberglawfirm.com]
Sent: Friday, July 20, 2012 12:55 PM
To: Allison Nussbaum

203

John C. McDaniel

WCC File: # 1116275

As of 7/27/12

Week Monday – Friday	Snelling Pay Stub	Paid by United	Owed According to current Form 20	Past Due
6/18-6/22/12	266.79	0	150.73	Not Received
6/25/12-6/29/12	Unable to staff	0	328.58	Not Received
7/2/12-7/6/12	Unable to staff	0	328.58	Not Received
7/9/12-7/13/12	Unable to staff	0	328.58	Not Received
7/16/12-7/20/12	Unable to Staff	0	328.58	Not Received
7/23/12-7/27/12	Unable to Staff	0	328.58	Not Received
Total			\$1793.63	

Tom White

From: Allison Nussbaum
Sent: Thursday, September 13, 2012 2:34 PM
To: Tom White
Subject: RE: John McDaniel

Tom -

We have scheduled an appointment for the Claimant to undergo a pain management evaluation with Dr. Alexander on October 1, 2012 at 1:00 PM.

A letter should be coming to your office to notify the Claimant of the upcoming appointment.

I'll also pass the Claimant's work restrictions along to the employer to see if they can put him back to work.

Thanks,

Allison

http://mm1.lettermark.net/mgclaw/card/ZOAA_6.map

Description: Allison Nussbaum

Attorney

843-576-2925

allison.nussbaum@mgclaw.com

http://mm1.lettermark.net/mgclaw/card/ZOAA_6.map

-----Original Message-----

From: Tom White [<mailto:twhite@steinberglawfirm.com>]

Sent: Thursday, September 13, 2012 2:06 PM

To: Allison Nussbaum

Subject: John McDaniel

Allison - please see attached and let me know. Thanks - Tom

-----Original Message-----

From: Tom White [<mailto:twhite@steinberglawfirm.com>]

Sent: Thursday, September 13, 2012 9:36 AM

To: Tom White

Subject: Message from "RNP108EA4"

DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
DALE E. VAN SLAMBROOK
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
KEVIN B. SMITH
MICHAEL J. JORDAN
BENJAMIN W. AKERY

CHARLES S. GOLDBERG, LLC, OF COUNSEL

HUGO M. SPITZ (RETIRED)
IRVING STEINBERG (1902-1980)

Reply to: Thomas M. White
twhite@steinberglawfirm.com

THE STEINBERG

L A W F I R M
L L P.

118 Goose Creek Blvd., South
P.O. Box 1028
Goose Creek, South Carolina 29445
Telephone (843) 572-0700
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DOWNTOWN OFFICE
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P.O. BOX 9
CHARLESTON, SC 29402-0009
TELEPHONE (843) 720-2800
FAX (843) 722-1190

SUMMERVILLE OFFICE
P.O. BOX 60577
SUMMERVILLE, SC 29485
TELEPHONE (843) 871-6522
FAX (843) 871-8565

October 05, 2012

Allison Nussbaum, Esquire
McAngus Goudelock & Courie, PLLC
735 Johnnie Dodds Blvd., Suite 200
P. O. Box 650007
Mt. Pleasant, SC 29465

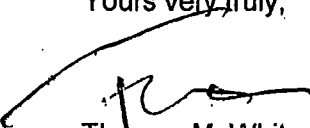
**RE: John McDaniel v. Career Employment Professional d/b/a Snelling Staffing
WCC File No. : 1116275**

Dear Allison:

We seem to have an ongoing problem getting John McDaniel what he needs. On August 13, 2012, almost 2 months ago, Dr. Ohlson referred him to Dr. Lembo for chronic pain management. Rather than follow the authorized doctor's recommendation, the carrier sent him to Dr. Alexander who he saw on October 1, 2012, six weeks after the referral. Mr. McDaniel saw Dr. Alexander and was told that he would not be able to help him since he only deals with spines. This was a complete waste of my client's time and we have lost 6 weeks of getting him to a doctor. He needs pain management and he needs to see Dr. Lembo. He is also supposed to be wearing orthotics as prescribed by Dr. Ohlson. Those have yet to be approved.

We have a Hearing coming up and it is not fair to my client to make him wait to get the things he is obviously entitled to. Please have the carrier take care of this as soon as possible.

Yours very truly,



Thomas M. White

TMW/llb
enclosure

cc: John McDaniel
Roy Maybank, Esquire

Tom White

From: Allison Nussbaum
Sent: Wednesday, October 10, 2012 3:14 PM
To: twhite@steinberglawfirm.com
Cc: Catherine Mullins; Mark Davis
Subject: John McDaniel v. Career Employment Professionals d/b/a Snelling (Claim No.: 041100021048)

Tom -

I'm in receipt of your correspondence dated October 5, 2012 in the above-referenced claim. Please be advised we are in the process of scheduling a pain management evaluation as soon as possible, and I will notify you when we have a date for the evaluation.

Also, I will check with the adjuster regarding authorization of orthotics as requested.

Please let me know if you have any questions or concerns.

Thanks,
Allison

<http://mm1.lettermark.net/mgclaw/card/FQKI_6.map>

Allison Nussbaum Attorney 843-534-0605

allison.nussbaum@mgclaw.com<http://mm1.lettermark.net/mgclaw/card/FQKI_6.gif>

TRIDENT TECHNICAL COLLEGE
STUDENT SERVICES

Policy Appeal for Extenuating Circumstances

STUDENT SERVICES FAX: 843-574-6696

Definition of an Extenuating Circumstance

An extenuating circumstance is an uncontrollable event such as a serious health condition, illness or injury; a traumatic event such as a natural disaster; divorce, sexual assault; criminal assault; a family emergency; employment changes such as military duty; mandated work schedule changes or involuntary lay-off/unemployment. **Not Included in this definition** are issues such as transportation, roommate problems, incompatibility with faculty, difficult course load, dislike of a course, etc.

FOR APPEAL CONSIDERATION: (1) Complete all areas of the form (2) Attach evidence of supporting documentation (3) Sign and date the form. Check your my.tridenttech e-mail account for an email with the appeal decision in approximately three weeks.

Name John C. McDaniel Semester & Year of Appeal Summer 2012

Student ID _____ Address _____

Home Phone 843-425-3000 Work Phone _____ Cell Phone 843-425-3000

What are you requesting? Reimbursement of Tuition payment (\$ 224.99)

FINANCIAL AID INFORMATION: Did you receive financial aid in the appeal semester? ☐ Yes ☒ No
Did you receive a financial aid refund check? ☐ Yes ☒ No
Did you charge books at the bookstore? ☐ Yes ☒ No
Do you owe funds for this financial aid? ☐ Yes ☒ No

EXTENUATING CIRCUMSTANCE:

An extenuating circumstance that affected your student status or student records for a semester is: (Select those that apply)

☒ Medical: Serious Illness or Injury ☐ Family Emergency ☒ Traumatic Event
☐ Military orders ☒ Employment Change ☐ Never Attended ☒ Other:

Student's Signature _____

Date: _____

1. Provide an explanation of your extenuating circumstances to support your appeal in the the space provided below
2. Attach documentation of your extenuation circumstances. Supporting documentation is required and must include date(s) of occurrence. Examples: Letter from health care provider, government agency or employer on official letterhead with authorized signature; hospital documents; accident/police reports; military orders; obituary notice/death certificate.

Documentation attached? ☒ Yes ☐ No Verified by staff _____ (Initial & Date)

Explanation of extenuating circumstances to support your appeal (you may write on the back of this form)

I was seriously injured in November 2011 and have been on worker comp to date. In April I was released to rescripted work & set to recieve partial benefits from workers comp. to date. Since being placed on partial benefits, the workers comp adjuster & company have been grossly late and delinquent in paying my partial benefits. Due to this I was unable to purchase books or the second 1/2 of my tuition payment. My first class was Wednesday, May 30th. I paid 1/2 of my tuition payment on ~~10~~ May 31st and then dropped my class that Sunday June 3rd after not recieving my past due to owed partial benefits from workers comp. Attached is a letter from my attorney to the workers comp adjuster ~~reg~~ regarding past due benefits & hearings to resolve same.

DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
DALE E. VAN SLAMBROOK
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
MICHAEL J. JORDAN
BENJAMIN W. AKERY

CHARLES S. GOLDBERG, LLC, OF COUNSEL

HUGO M. SPITZ (RETIRED)
IRVING STEINBERG (1902-1980)

Reply to: Thomas M. White
twhite@steinberglawfirm.com

THE STEINBERG

L A W F I R M

L.L.P.

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TELEPHONE (843) 720-2800
FAX (843) 722-1190

SUMMERVILLE OFFICE
1520 OLD TROLLEY RD, SUITE B
SUMMERVILLE, SC 29485
TELEPHONE (843) 871-8522
FAX (843) 871-8565

May 31, 2012

Dawn Bruce
United Heartland
PO Box 3026
Milwaukee, WI 53201-3026

RE: John McDaniel v. Career Employment Professional d/b/a Snelling Staffing
WCC File # : 1116275
Our File # : 20117192

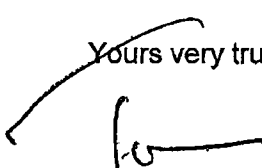
Dear Ms. Bruce:

I spoke to you on May 21, 2012 regarding unpaid temporary partial. There is no pay stub for the week of April 14 – April 20, 2012. The last benefit check paid was for April 7-13. Please have all checks brought current as I have written you about multiple weeks at this point.

We now have the pay stubs for May 18, 2012, which would be the next pay stub after my last letter. Mr. McDaniel earned \$320.78. His average weekly wage that you are using, which we do not agree to, is \$492.87. Using this figure, he lost \$172.09 per week and should be paid $\frac{3}{4}$ of that under Workers' Compensation in the amount of \$114.72. Please have that check forwarded as soon as possible.

We requested a Hearing on May 18, 2012 to resolve these issues. We will be happy to enter into a Consent Order if we can reach an agreement regarding the compensation rate and that all past due Temporary Partial benefits have been paid to date.

Yours very truly,


Thomas M. White

TMW/iib
enclosure

cc: John McDaniel
Roy Maybank, Esquire

ROA 714 209



ASSOCIATED MATERIALS®
I N C O R P O R A T E D

2/3/12

Jarod Lampkin
1450 Apt C, Summer Ave
North Charleston, S.C. 29406

Dear Jarod

This is to confirm our offer of employment to you for the position of *Driver/Warehouse person*. This offer carries with it an *hourly wage of \$13.25.*

You will be eligible to participate in all benefit programs and plans provided to Associated Materials employees in accordance with the terms and conditions of those programs and plans. Such benefits currently include medical, dental, vision, and the AMI 401(K) Plan.

This offer of employment is conditioned upon your providing proof of eligibility to legally work in the United States, acceptable background checks, negative pre-employment drug screen and on signing the Company's "non-compete" agreement.

We know that you can make a strong contribution to Associated Materials, and are looking forward to great things to come.

Sincerely,

Dan Cobb
Operations Mgr.
843-745-5444

*This offer of employment does not constitute an employment contract or affect your at-will employment status with the company. It is contingent on a negative pre-employment drug screen, acceptable background checks, and verification of eligibility to work in the United States.

____ Copy to HR
____ Copy to RVP

210

Earnings Statement

Period Ending: 02/18/2012

Pay Date: 02/24/2012

Taxable Marital Status: Single

Exemptions/Allowances:

Federal: 00

SC: 00

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		21.00	278.25	

Gross Pay			\$ 278.25	278.25

Important Notes

Deductions Statutory

Federal Withholding Tax	27.17-	27.17-
Social Security Tax	11.69-	11.69-
Medicare Tax	4.03-	4.03-
SC Withholding Tax	13.71-	13.71-

Other

Net Pay		\$ 221.65

Payroll check number: 0020669524

Period Ending: 02/18/2012

Pay Date: 02/24/2012

Pay to the
order of

JAROD M LAMPKIN

This Amount: TWO HUNDRED TWENTY-ONE AND 65/100 DOLLARS

\$221.65

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

211

Earnings Statement

Period Ending: 02/25/2012
Pay Date: 03/02/2012

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 00
SC: 00

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		11.50	228.56	
Gross Pay			758.56	1,036.81

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	102.96-	130.13-
	Social Security Tax	31.86-	43.55-
	Medicare Tax	11.00-	15.03-
	SC Withholding Tax	47.33-	61.04-
Other			
Net Pay		565.41	

Payroll check number: 0020676120
Period Ending: 02/25/2012
Pay Date: 03/02/2012

Pay to the order of: JAROD M LAMPKIN
This Amount: FIVE HUNDRED SIXTY-FIVE AND 41/100 DOLLARS

\$565.41

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

212

ROA 717

Earnings Statement

Period Ending: 03/03/2012
Pay Date: 03/09/2012

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 00
SC: 00

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		13.00	258.38	
Gross Pay			\$ 788.38	1,825.19

Important Notes

Deductions	Statutory		
Federal Withholding Tax		110.42-	240.55-
Social Security Tax		33.11-	76.66-
Medicare Tax		11.44-	26.47-
SC Withholding Tax		49.41-	110.45-
Other			
Net Pay			\$584.00

Payroll check number: 0020679394
Period Ending: 03/03/2012
Pay Date: 03/09/2012

Pay to the order of: JAROD M LAMPKIN
This Amount: FIVE HUNDRED EIGHTY-FOUR AND 00/100 DOLLARS

\$584.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Earnings Statement

Period Ending: 03/10/2012
Pay Date: 03/16/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		5.25	104.34	
Gross Pay			634.34	2,459.53

Important Notes

Deductions	Statutory		
	Federal Withholding Tax		240.55-
	Social Security Tax	24.10-	100.76-
	Medicare Tax	8.32-	34.79-
	SC Withholding Tax	9.23-	119.68-
Other			
	STD Buy-Up	0.25-	
	*MBD PreTax	57.69-	
	*DEN < Tax	2.68-	
Net Pay			532.07-

* This deduction reduces taxable gross.

Payroll check number: 0020683132
Period Ending: 03/10/2012
Pay Date: 03/16/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: FIVE HUNDRED THIRTY-TWO AND 07/100 DOLLARS

\$532.07

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

214

Earnings Statement

Period Ending: 03/17/2012

Pay Date: 03/23/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		10.00	198.75	
Gross Pay			728.75	3,188.28

Important Notes

Deductions	Statutory	
	Federal Withholding Tax	240.55-
	Social Security Tax	25.54- 126.30-
	Medicare Tax	8.81- 43.60-
	SC Withholding Tax	11.62- 131.30-
Other		
	Checking #1 - V	511.29-
	Savings #1-W	50.00-
	STD Buy-Up	0.75-
	*MED PreTax	115.38-
	*DEN < Tax	5.36-
Net Pay		0.00-

* This deduction reduces taxable gross.

Advice number: 0000120049

Period Ending: 03/17/2012

Pay Date: 03/23/2012

Pay to the
order of:

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

215

ROA 720

Earnings Statement

Period Ending: 03/24/2012
Pay Date: 03/30/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		7.25	144.09	
Gross Pay			674.09	3,862.37

Important Notes

Deductions	Statutory		
	Federal Withholding Tax		240.55-
	Social Security Tax	24.51-	150.81-
	Medicare Tax	8.47-	52.07-
	SC Withholding Tax	9.90-	141.20-
Other			
	Checking #1 - V	490.41-	
	Savings #1-W	50.00-	
	STD Buy-Up	0.25-	
	*MED PreTax	86.53-	
	*DEN < Tax	4.02-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000130050
Period Ending: 03/24/2012
Pay Date: 03/30/2012

Pay to the order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

216

Earnings Statement

Period Ending: 03/31/2012
Pay Date: 04/06/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		17.75	352.78	
Gross Pay			882.78	4,745.15

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	12.49-	253.04-
	Social Security Tax	33.27-	184.08-
	Medicare Tax	11.48-	63.55-
	SC Withholding Tax	24.51-	165.71-
Other			
	Checking #1 - V	660.22-	
	Savings #1-W	50.00-	
	STD Buy-Up	0.25-	
	*MBD PreTax	86.54-	
	*DEN < Tax	4.02-	
Net Pay		9	0.00

* This deduction reduces taxable gross.

Advice number: 0000140052
Period Ending: 03/31/2012
Pay Date: 04/06/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

217

ROA 722

Earnings Statement

Period Ending: 04/07/2012

Pay Date: 04/13/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		8.75	173.91	
Gross Pay			703.91	5,449.06

Important Notes

Deductions	Statutory	
	Federal Withholding Tax	253.04-
	Social Security Tax	26.65- 210.73-
	Medicare Tax	9.20- 72.75-
	SC Withholding Tax	13.47- 179.18-
Other		
	Checking #1 - V	520.33-
	Opt life-L	3.36-
	Savings #1-W	50.00-
	STD Buy-Up	0.25-
	*MBD PreTax	57.69-
	*DEN < Tax	2.68-
	*Vision - 25	9.10-
	ADD	9.00-
	Dep Life	2.18-
Net Pay		

* This deduction reduces taxable gross.

Advice number: 0000150050

Period Ending: 04/07/2012

Pay Date: 04/13/2012

Pay to the

order of

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

218

ROA 723

Earnings Statement

Period Ending: 04/14/2012

Pay Date: 04/20/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		13.50	268.31	
Gross Pay			\$ 798.31	6,247.37

Important Notes

Deductions	Statutory		
Federal Withholding Tax		7.06-	260.10-
Social Security Tax		30.99-	241.72-
Medicare Tax		10.70-	83.45-
SC Withholding Tax		20.71-	199.89-
Other			
Checking #1 - V		668.23-	
STD Buy-Up		0.25-	
*MED PreTax		57.69-	
*DEN < Tax		2.68-	
Net Pay			\$ 0.00

* This deduction reduces taxable gross.

Advice number: 0000160053

Period Ending: 04/14/2012

Pay Date: 04/20/2012

Pay to the

order of

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

219

ROA 724

Earnings Statement

Period Ending: 04/21/2012
Pay Date: 04/27/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		20.25	402.47	
Gross Pay			932.47	7,179.84

Important Notes

Deductions	Statutory		
Federal Withholding Tax		20.48-	280.58-
Social Security Tax		36.63-	278.35-
Medicare Tax		12.65-	96.10-
SC Withholding Tax		30.10-	229.99-
Other			
Checking #1 - V		721.99-	
Savings #2- Y		50.00-	
STD Buy-Up		0.25-	
*MED PreTax		57.69-	
*DBN < Tax		2.68-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000170056
Period Ending: 04/21/2012
Pay Date: 04/27/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

220

ROA 725

Earnings Statement

Period Ending: 04/28/2012
Pay Date: 05/04/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		17.50	347.81	
Gross Pay			877.81	8,057.65

Important Notes

Deductions	Statutory		
Federal Withholding Tax		15.01-	295.59-
Social Security Tax		34.33-	312.68-
Medicare Tax		11.85-	107.95-
SC Withholding Tax		26.28-	256.27-
Other			
Checking #1 - V		679.72-	
Savings #2- Y		50.00-	
STD Buy-Up		0.25-	
*MED PreTax		57.69-	
*DEN < Tax		2.68-	
Net Pay			0.00

* This deduction reduces taxable gross,

Advice number: 0000180056
Period Ending: 04/28/2012
Pay Date: 05/04/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

221

Earnings Statement

Period Ending: 05/05/2012

Pay Date: 05/11/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		9.75	193.78	
Gross Pay			723.78	8,781.43

Important Notes

Deductions	Statutory	
	Federal Withholding Tax	295.59-
	Social Security Tax	27.48-
	Medicare Tax	9.49-
	SC Withholding Tax	14.86-
	Other	
	Checking #1 - V	537.69-
	Opt life-L	3.36-
	Savings #2- Y	50.00-
	STD Buy-Up	0.25-
	*MED PreTax	57.69-
	*DEN < Tax	2.68-
	*Vision - 25	9.10-
	ADD	9.00-
	Dep Life	2.18-
	Net Pay	0.00-

* This deduction reduces taxable gross.

Advice number: 0000190055

Period Ending: 05/05/2012

Pay Date: 05/11/2012

Pay to the
order of:

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Earnings Statement

Period Ending: 05/12/2012

Pay Date: 05/18/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		11.75	233.53	
Gross Pay			763.53	9,544.96

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	3.58-	299.17-
	Social Security Tax	29.54-	369.70-
	Medicare Tax	10.19-	127.63-
	SC Withholding Tax	18.28-	289.41-
Other			
	Checking #1 - Y	591.32-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MED PreTax	57.69-	
	*DBN < Tax	2.68-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000200057

Period Ending: 05/12/2012

Pay Date: 05/18/2012

Pay to the

order of

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

223

ROA 728

Earnings Statement

Period Ending: 05/19/2012
Pay Date: 05/25/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		13.00	258.38	
Gross Pay			788.38	10,333.34

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	6.07-	305.24-
	Social Security Tax	30.57-	400.27-
	Medicare Tax	10.56-	138.19-
	SC Withholding Tax	20.02-	309.43-
Other			
	Checking #1 - V	610.54-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MED PreTax	57.69-	
	*DEN < Tax	2.68-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000210054
Period Ending: 05/19/2012
Pay Date: 05/25/2012

Pay to the order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Earnings Statement

Period Ending: 05/26/2012

Pay Date: 06/01/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		12.75	253.41	
Gross Pay			783.41	11,116.75

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	5.57-	310.81-
	Social Security Tax	30.37-	430.64-
	Medicare Tax	10.48-	148.67-
	SC Withholding Tax	19.67-	329.10-
	Other		
	Checking #1 - V	606.70-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MBD PreTax	57.69-	
	*DEN < Tax	2.68-	
	Net Pay		0.00

* This deduction reduces taxable gross.

Advice number: 0000220054

Period Ending: 05/26/2012

Pay Date: 06/01/2012

Pay to the
order of:

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

225

ROA 730

Earnings Statement

Period Ending: 06/02/2012
Pay Date: 06/08/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Holiday		8.00	106.00	
Regular		32.00	424.00	
Overtime		6.50	129.19	
Gross Pay			659.19	11,775.94

Important Notes

Deductions	Statutory		
	Federal Withholding Tax		310.81-
	Social Security Tax	24.77-	455.41-
	Medicare Tax	8.55-	157.22-
	SC Withholding Tax	8.95-	338.05-
Other			
	*401K Plan (82)	19.78-	
	Checking #1 - V	462.88-	
	Opt life-L	3.36-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MBD PreTax	57.69-	
	*DBN < Tax	2.68-	
	*Vision - 25	9.10-	
	ADD	9.00-	
	Dep Life	2.18-	
Net Pay			0.00-

* This deduction reduces taxable gross.

Advice number: 0000230054
Period Ending: 06/02/2012
Pay Date: 06/08/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0:00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

226

ROA 731

Earnings Statement

Period Ending: 06/09/2012
Pay Date: 06/15/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		15.00	298.13	
Gross Pay			828.13	12,604.07

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	7.56-	318.37-
	Social Security Tax	32.25-	487.66-
	Medicare Tax	11.14-	168.36-
	SC Withholding Tax	21.06-	359.11-
	Other		
	*401K Plan (82)	24.84-	
	Checking #1 - V	620.66-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MED PreTax	57.69-	
	*DBN < Tax	2.68-	
	Net Pay		0.00-

* This deduction reduces taxable gross.

Advice number: 0000240055
Period Ending: 06/09/2012
Pay Date: 06/15/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Earnings Statement

Period Ending: 06/16/2012
Pay Date: 06/22/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date	Important Notes
Regular		40.00	530.00		
Overtime		17.75	352.78		
Gross Pay			882.78	13,486.85	

Deductions	Statutory		
	Federal Withholding Tax	12.86-	331.23-
	Social Security Tax	34.54-	522.20-
	Medicare Tax	11.92-	180.28-
	SC Withholding Tax	24.77-	383.88-
Other			
	*401K Plan (82)	26.48-	
	Checking #1 - V	661.59-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MBD PreTax	57.69-	
	*DEN < Tax	2.68-	
Net Pay			0.00-

* This deduction reduces taxable gross.

Advice number: 0000250055
Period Ending: 06/16/2012
Pay Date: 06/22/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

228

Earnings Statement

Period Ending: 06/23/2012

Pay Date: 06/29/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		14.75	293.16	
Gross Pay			823.16	14,310.01

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	7.08-	338.31-
	Social Security Tax	32.03-	554.23-
	Medicare Tax	11.06-	191.34-
	SC Withholding Tax	20.72-	404.60-
Other			
	*401K Plan (82)	24.69-	
	Checking #1 - V	616.96-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MBD PreTax	57.69-	
	*DEN < Tax	2.68-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000260054

Period Ending: 06/23/2012

Pay Date: 06/29/2012

Pay to the
order of

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

229

ROA 734

Earnings Statement

Period Ending: 06/30/2012
Pay Date: 07/06/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-X-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		15.00	298.13	
Gross Pay			828.13	15,138.14

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	7.56-	345.87-
	Social Security Tax	32.25-	586.48-
	Medicare Tax	11.14-	202.48-
	SC Withholding Tax	21.06-	425.66-
Other			
	*401K Plan (82)	24.84-	
	Checking #1- V	620.66-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MED PreTax	57.69-	
	*DEN < Tax	2.68-	
Net Pay		0.00	

* This deduction reduces taxable gross.

Advice number: 0000270054
Period Ending: 06/30/2012
Pay Date: 07/06/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

230

ROA 735

Earnings Statement

Period Ending: 07/07/2012
Pay Date: 07/13/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XX- [REDACTED]

Earnings	rate	hours	this period	year to date
Regular		32.00	424.00	
Overtime		11.75	233.53	
Holiday		8.00	106.00	
Gross Pay			763.53	15,901.67

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	0.38-	346.25-
	Social Security Tax	29.15-	615.63-
	Medicare Tax	10.06-	212.54-
	SC Withholding Tax	16.04-	441.70-
	Other		
	*401K Plan (82)	22.91-	
	Checking #1 - V	550.73-	
	Opt life-L	3.36-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MED PreTax	57.69-	
	*DEN < Tax	2.68-	
	*Vision - 25	9.10-	
	ADD	9.00-	
	Dep Life	2.18-	
	Net Pay	6.00-	

*This deduction reduces taxable gross.

Advice number: 0000280053
Period Ending: 07/07/2012
Pay Date: 07/13/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

231

ROA 736

Earnings Statement

Period Ending: 07/14/2012
Pay Date: 07/20/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		7.50	149.06	
Gross Pay			679.06	16,580.73

Important Notes

Deductions	Statutory		
Federal Withholding Tax			346.25-
Social Security Tax		25.99-	641.62-
Medicare Tax		8.97-	221.51-
SC Withholding Tax		10.94-	452.64-
Other			
*401K Plan (82)		20.37-	
Checking #1 - V		502.17-	
Savings #2- Y		50.00-	
STD Buy-Up		0.25-	
*MED PreTax		57.69-	
*DEN < Tax		2.68-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000290054
Period Ending: 07/14/2012
Pay Date: 07/20/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

232

ROA 737

Earnings Statement

Period Ending: 07/21/2012
Pay Date: 07/27/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX- [REDACTED]

Earnings	rate	hours	this period	year to date	Important Notes
Vacation Taken		8.00	106.00		
Regular		32.00	424.00		
Overtime		15.75	313.03		
Gross Pay			843.03	17,423.76	
Deductions					
Statutory					
Federal Withholding Tax			9.00-	355.25-	
Social Security Tax			32.87-	674.49-	
Medicare Tax			11.35-	232.86-	
SC Withholding Tax			22.07-	474.71-	
Other					
*401K Plan (82)			25.29-		
Checking #1 - V			631.83-		
Savings #2- Y			50.00-		
STD Buy-Up			0.25-		
*MBD PreTax			57.69-		
*DEN < Tax			2.68-		
Net Pay			07.00		

* This deduction reduces taxable gross.

Advice number: 0000300054
Period Ending: 07/21/2012
Pay Date: 07/27/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

233

Earnings Statement

Period Ending: 07/28/2012

Pay Date: 08/03/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		13.00	258.38	
Gross Pay			788.38	18,212.14

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	3.70-	358.95-
	Social Security Tax	30.57-	705.06-
	Medicare Tax	10.55-	243.41-
	SC Withholding Tax	18.36-	493.07-
Other			
	*401K Plan (82)	23.65-	
	Checking #1 - V	590.93-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MBD PreTax	57.69-	
	*DEN < Tax	2.68-	
Net Pay			0.00-

* This deduction reduces taxable gross.

Advice number: 0000310055

Period Ending: 07/28/2012

Pay Date: 08/03/2012

Pay to the

order of

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

234

ROA 739

Earnings Statement

Period Ending: 08/04/2012
Pay Date: 08/10/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX- [REDACTED]

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		19.25	382.59	
Gross Pay			912.59	19,124.73

Important Notes

Deductions		Statutory	
		Federal Withholding Tax	14.84-
		Social Security Tax	35.41-
		Medicare Tax	12.23-
		SC Withholding Tax	26.16-
		Other	
		*401K Plan (82)	27.38-
		Checking #1 - V	662.31-
		Opt life-L	3.36-
		Savings #2- Y	50.00-
		STD Buy-Up	0.25-
		*MED PreTax	57.69-
		*DBN < Tax	2.68-
		*Vision - 25	9.10-
		ADD	9.00-
		Dep Life	2.18-
		Net Pay	0.00-

* This deduction reduces taxable gross.

Advice number: 0000320055
Period Ending: 08/04/2012
Pay Date: 08/10/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Earnings Statement

Period Ending: 08/11/2012
Pay Date: 08/17/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XXXX-XXXX

Earnings	rate	hours	this period	year to date
Regular		32.00	424.00	
Overtime		7.75	154.03	
Sick		8.00	106.00	
Gross Pay			684.03	19,808.76

Important Notes

Deductions	Statutory	
Federal Withholding Tax		373.79-
Social Security Tax	26.20-	766.67-
Medicare Tax	9.04-	264.68-
SC Withholding Tax	11.28-	530.51-
Other		
*401K Plan (82)	20.52-	
Checking #1 - V	506.37-	
Savings #2- Y	50.00-	
STD Buy-Up	0.25-	
*MED PreTax	57.69-	
*DEN < Tax	2.68-	
Net Pay		

* This deduction reduces taxable gross.

Advice number: 0000330056
Period Ending: 08/11/2012
Pay Date: 08/17/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

236

Earnings Statement

Period Ending: 08/18/2012
Pay Date: 08/24/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-X

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		8.50	168.94	
Gross Pay			\$ 698.94	20,507.70

Important Notes

Deductions	Statutory	
Federal Withholding Tax		373.79-
Social Security Tax	26.82-	793.49-
Medicare Tax	9.26-	273.94-
SC Withholding Tax	12.29-	542.80-
Other		
*401K Plan (82)	20.97-	
Checking #1 - V	518.98-	
Savings #2- Y	50.00-	
STD Buy-Up	0.25-	
*MED PreTax	57.69-	
*DBN < Tax	2.68-	
Net Pay \$ 0.00		

* This deduction reduces taxable gross.

Advice number: 0000340055
Period Ending: 08/18/2012
Pay Date: 08/24/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

237

ROA 742

Earnings Statement

Period Ending: 08/25/2012

Pay Date: 08/31/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		8.25	163.97	
Gross Pay			693.97	21,201.67

Important Notes

Deductions	Statutory	
Federal Withholding Tax		373.79-
Social Security Tax	26.61-	820.10-
Medicare Tax	9.19-	283.13-
SC Withholding Tax	11.95-	554.75-
Other		
*401K Plan (82)	20.82-	
Checking #1 - V	514.78-	
Savings #2- Y	50.00-	
STD Buy-Up	0.25-	
*MBD PreTax	57.69-	
*DEN < Tax	2.68-	
Net Pay		

* This deduction reduces taxable gross.

Advice number: 0000350054

Period Ending: 08/25/2012

Pay Date: 08/31/2012

Pay to the

order of: JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

238

ROA 743

Earnings Statement

Period Ending: 09/01/2012
Pay Date: 09/07/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX- [REDACTED]

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		12.50	248.44	
Gross Pay			778.44	21,980.11

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	2.74-	376.53-
	Social Security Tax	30.16-	850.26-
	Medicare Tax	10.41-	293.54-
	SC Withholding Tax	17.69-	572.44-
Other			
	*401K Plan (82)	23.35-	
	Checking #1 - V	583.47-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MED PreTax	57.69-	
	*DBN < Tax	2.68-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000360053
Period Ending: 09/01/2012
Pay Date: 09/07/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

239

ROA 744

Earnings Statement

Period Ending: 09/08/2012
Pay Date: 09/14/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX [REDACTED]

Earnings	rate	hours	this period	year to date	Important Notes
Holiday		8.00	106.00		
Regular		32.00	424.00		
Overtime		2.25	44.72		
Gross Pay			574.72	22,554.83	

Deductions	Statutory		
	Federal Withholding Tax		376.53-
	Social Security Tax	21.22-	871.48-
	Medicare Tax	7.33-	300.87-
	SC Withholding Tax	4.17-	576.61-
Other			
	*401K Plan (82)	17.24-	
	Checking #1 - V	390.50-	
	Opt life-L	3.36-	
	Savings #2- Y	50.00-	
	STD Buy-Up	0.25-	
	*MED PreTax	57.69-	
	*DEN < Tax	2.68-	
	*Vision - 25	9.10-	
	ADD	9.00-	
	Dep Life	2.18-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000370053
Period Ending: 09/08/2012
Pay Date: 09/14/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

240

ROA 745

Earnings Statement

Period Ending: 09/15/2012
Pay Date: 09/21/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX- [REDACTED]

Earnings	rate	hours	this period	year to date
Regular		32.00	424.00	
Overtime		6.75	134.16	
Vacation Taken		8.00	106.00	
Gross Pay			664.16	23,218.99

Important Notes

Deductions	Statutory	
	Federal Withholding Tax	376.53-
	Social Security Tax	25.36- 896.84-
	Medicare Tax	8.75- 309.62-
	SC Withholding Tax	9.93- 586.54-
	Other	
	*401K Plan (82)	19.92-
	Checking #1 - V	489.58-
	Savings #2- Y	50.00-
	STD Buy-Up	0.25-
	*MED PreTax	57.69-
	*DEN < Tax	2.68-
	Net Pay	0.00-

* This deduction reduces taxable gross.

Advice number: 0000380054
Period Ending: 09/15/2012
Pay Date: 09/21/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

241

Earnings Statement

Period Ending: 09/22/2012
Pay Date: 09/28/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX- [REDACTED]

Earnings	rate	hours	this period	year to date	Important Notes
Regular		40.00	530.00		
Overtime		2.25	44.72		
Gross Pay			574.72	23,793.71	

Deductions	Statutory		
Statutory			
Federal Withholding Tax			376.53-
Social Security Tax	21.60-		918.44-
Medicare Tax	7.46-		317.08-
SC Withholding Tax	4.58-		591.12-
Other			
*401K Plan (82)	17.24-		
Checking #1 - V	463.22-		
STD Buy-Up	0.25-		
*MED PreTax	57.69-		
*DEN < Tax	2.68-		
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000390054
Period Ending: 09/22/2012
Pay Date: 09/28/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

242

ROA 747

Earnings Statement

Period Ending: 09/29/2012

Pay Date: 10/05/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN

1448 OLD WHITESVILLE RD.

MONCK CORNER, SC 29461

Social Security Number: XXX- [REDACTED]

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		10.50	208.69	
Gross Pay			24,532.40	

Important Notes

Deductions	Statutory	
Federal Withholding Tax		376.53-
Social Security Tax	28.49-	946.93-
Medicare Tax	9.84-	326.92-
SC Withholding Tax	14.99-	606.11-
Other		
*401K Plan (82)	22.16-	
Checking #1 - V	602.59-	
STD Buy-Up	0.25-	
*MBD PreTax	57.69-	
*DEN < Tax	2.68-	
Net Pay		

* This deduction reduces taxable gross.

Advice number: 0000400054

Period Ending: 09/29/2012

Pay Date: 10/05/2012

Pay to the

order of

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

243

ROA 748

Earnings Statement

Period Ending: 10/06/2012
Pay Date: 10/12/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX [REDACTED]

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		12.75	253.41	
Gross Pay			783.41	25,315.81

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	2.31-	378.84-
	Social Security Tax	29.99-	976.92-
	Medicare Tax	10.35-	337.27-
	SC Withholding Tax	17.39-	623.50-
Other			
	*401K Plan (82)	23.50-	
	Checking #1 - V	615.61-	
	Opt life-L	3.36-	
	STD Buy-Up	0.25-	
	*MED PreTax	57.69-	
	*DEN < Tax	2.68-	
	*Vision - 25	9.10-	
	ADD	9.00-	
	Dep Life	2.18-	
Net Pay		0.00	

* This deduction reduces taxable gross.

Advice number: 0000410055
Period Ending: 10/06/2012
Pay Date: 10/12/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

244

ROA 749

Earnings Statement

Period Ending: 10/13/2012
Pay Date: 10/19/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX- [REDACTED]

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		7.25	144.09	
Gross Pay			674.09	25,989.90

Important Notes

Deductions	Statutory		
Federal Withholding Tax			378.84-
Social Security Tax		25.77-	1,002.69-
Medicare Tax		8.90-	346.17-
SC Withholding Tax		10.60-	634.10-
Other			
*401K Plan (82)		20.22-	
Checking #1 - V		547.98-	
STD Buy-Up		0.25-	
*MED PreTax		57.69-	
*DEN < Tax		2.68-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000420052
Period Ending: 10/13/2012
Pay Date: 10/19/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

ROA 750

245

Earnings Statement

Period Ending: 10/20/2012

Pay Date: 10/26/2012

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 07

SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		12.00	238.50	
Gross Pay			768.50	26,758.40

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	1.77-	380.61-
	Social Security Tax	29.74-	1,032.43-
	Medicare Tax	10.27-	356.44-
	SC Withholding Tax	17.01-	651.11-
	Other		
	*401K Plan (82)	23.06-	
	Checking #1 - V	626.03-	
	STD Buy-Up	0.25-	
	*MED PreTax	57.69-	
	*DEN < Tax	2.68-	
Net Pay			0.00-

* This deduction reduces taxable gross.

Advice number: 0000430055

Period Ending: 10/20/2012

Pay Date: 10/26/2012

Pay to the

order of

JAROD M LAMPKIN

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

246

ROA 751

Earnings Statement

Period Ending: 10/27/2012
Pay Date: 11/02/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XX [REDACTED]

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		2.25	44.72	
Gross Pay			574.72	27,333.12

Important Notes

Deductions	Statutory		
Federal Withholding Tax			380.61-
Social Security Tax	21.61-		1,054.04-
Medicare Tax	7.45-		363.89-
SC Withholding Tax	4.58-		655.69-
Other			
*401K Plan (82)	17.24-		
Checking #1 - V	463.22-		
STD Buy-Up	0.25-		
*MBD PreTax	57.69-		
*DEN < Tax	2.68-		
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000440054
Period Ending: 10/27/2012
Pay Date: 11/02/2012

Pay to the
order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

247

ROA 752

Earnings Statement

Period Ending: 11/03/2012
Pay Date: 11/09/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX [REDACTED]

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Overtime		4.50	89.44	
Gross Pay			619.44	27,952.56

Important Notes

Deductions	Statutory		
Federal Withholding Tax			380.61-
Social Security Tax	23.09-		1,077.13-
Medicare Tax	7.98-		371.87-
SC Withholding Tax	6.46-		662.15-
Other			
*401K Plan (82)	18.58-		
Checking #1 - V	479.07-		
Opt life-L	3.36-		
STD Buy-Up	0.25-		
*MED PreTax	57.69-		
*DEN < Tax	2.68-		
*Vision - 25	9.10-		
ADD	9.00-		
Dep Life	2.18-		
Net Pay		0.00	

* This deduction reduces taxable gross.

Advice number: 0000450051
Period Ending: 11/03/2012
Pay Date: 11/09/2012

Pay to the order of: JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

248

ROA 753

Earnings Statement

Period Ending: 11/10/2012
Pay Date: 11/16/2012

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 07
SC: 07

JAROD M LAMPKIN
1448 OLD WHITESVILLE RD
MONCK CORNER, SC 29461

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular		40.00	530.00	
Vacation Taken		8.00	106.00	
Overtime		9.75	193.78	
Gross Pay			829.78	28,782.34

Important Notes

Deductions	Statutory		
	Federal Withholding Tax	13.76-	394.37-
	Social Security Tax	34.86-	1,111.99-
	Medicare Tax	12.03-	383.90-
	SC Withholding Tax	25.40-	687.55-
Other			
	*401K Plan (82)	24.89-	
	Checking #1 - V	718.84-	
Net Pay			0.00

* This deduction reduces taxable gross.

Advice number: 0000460051
Period Ending: 11/10/2012
Pay Date: 11/16/2012

Pay to the
order of JAROD M LAMPKIN
This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

249

ROA 754

ADP TimeSaver - Windows Internet Explorer

https://timesaver.adp.com/114/15/15816card.htm

Automatic Data Processing, Inc (US) Live Search

File Edit View Favorites Tools Help

ADP TimeSaver

ADP TimeSaver

Time Card Editor

Employee: 2021685 - Lamplin, Jared M Employee Info

Pay Group: 2 - XOF Weekly

Pay Period: 02/26/2012 to 03/03/2012 (Pay Period Closed)

Start Date: 02/26/2012 End Date: 03/03/2012 Refresh Time Card

Signed Off by Manager Cobb401 on 03/05/2012 at 04:57:23 PM

Hours Paid

Actions	Notations	Day	In Date	Site	Dept./Posn	In	Out	Reg	OT	DT	Total	Amount	Forced	Work Day
		Mon	02/27/2012	404	611000404-600018	07:01 AM	06:08 PM	8.00	1.00	0.00	9.00	125.8750		
		Tue	02/28/2012	404	611000404-600018	07:04 AM	08:00 PM	8.00	4.00	0.00	12.00	185.5000		
		Wed	02/29/2012	404	611000404-600018	07:05 AM	08:07 PM	8.00	2.00	0.00	10.00	145.7500		
		Thu	03/01/2012	404	611000404-600018	08:57 AM	08:30 PM	8.00	2.50	0.00	10.50	155.8675		
		Fri	03/02/2012	404	611000404-600018	07:05 AM	07:30 PM	8.00	3.50	0.00	11.50	175.5625		

Clock	Daily	9.00hrs	\$125.8750	Weekly	53.00hrs	\$788.3760	Period:	53.00hrs	\$788.3760

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Done

Start Inbox Microsoft 2013 January pay Portal Integration ADP Enterprise H Enterprise Assoc FW Subpoena ADP TimeSaver 100% 3:47 PM

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https://timesaver.adp.com/2011/12/15/1230recard.php

Automatic Data Processing, Inc. (US)

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ADP TimeSaver

Time Card Editor

Employee: 2021685 - Lampldin, Jerod L. Employee Info.

Pay Group: 2 - XOF Weekly

Pay Period: 03/11/2012 to 03/17/2012 (Pay Period Closed)

Start Date: 03/11/2012 End Date: 03/17/2012 Refresh Time Card

Signed Off by Manager Cobbdj01 on 03/19/2012 at 05:12:38 PM

Hours Paid	Actions	Notations	Day	In Date	Site	Dept./Posn	In	Out	Reg	OT	DT	Total	Amount	Forced	Work Day
☐			Mon	03/12/2012	404	811000404-600018	07:04 AM	08:30 PM	8.00	4.50	0.00	12.50	195.4375		
☐			Tue	03/13/2012	404	811000404-600018	07:08 AM	05:03 PM	8.00	1.00	0.00	9.00	126.8760		
☐			Wed	03/14/2012	404	811000404-600018	07:06 AM	05:08 PM	8.00	1.25	0.00	9.25	130.8438		
☐			Thu	03/15/2012	404	811000404-600018	07:05 AM	04:50 PM	8.00	0.75	0.00	8.75	120.9063		
☐			Fri	03/16/2012	404	811000404-600018	07:05 AM	06:30 PM	8.00	2.50	0.00	10.50	155.8875		

Clock: Daily: 12.50hrs \$195.4380 Weekly: 50.00hrs \$728.7610 Period: 50.00hrs \$728.7610

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Invoicing Search Employees (20120318 - 20120324)

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https://timesaver.adp.com/20145/150/trecard.php

Automatic Data Processing, Inc (US)

Live Search

ADP TimeSaver

Time Card Editor

Employee: 2021595 - Lemphln, Jared M.

Pay Group: 2 - XQF Weekly

Pay Period: < 03/25/2012 to 03/31/2012 > (Pay Period Closed)

Start Date: 03/25/2012 End Date: 03/31/2012

Signed Off by Manager Cobbj01 on 04/02/2012 at 05:08:17 PM

Hours Paid

Actions	Notations	Day	In Date	Site	Dept-Posn	In	Out	Ited	OT	DT	Total	Amount	Forced	Work Day
☐		Mon	03/26/2012	404	611000404-600018	07:06 AM	09:00 PM		8.00	5.00	0.00	13.00	205.3750	
☐		Tue	03/27/2012	404	611000404-600018	07:02 AM	09:00 PM		8.00	5.00	0.00	13.00	205.3750	
☐		Wed	03/28/2012	404	611000404-600018	07:06 AM	05:04 PM		8.00	1.00	0.00	9.00	125.8750	
☐		Thu	03/29/2012	404	611000404-600018	07:06 AM	09:00 PM		8.00	5.00	0.00	13.00	205.3750	
☐		Fri	03/30/2012	404	611000404-600018	07:05 AM	05:44 PM		8.00	1.75	0.00	9.75	140.7813	

Clock: ☐ Daily: 13.00hrs \$205.3750 Weekly: 67.75hrs \$892.7810 Period: 67.75hrs \$892.7810

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JavaScript Search Employee (20120401/20120407)

Start: 03/25/2012 03:47 PM

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https://timesaver.adp.com/t00/115/151necard.jsp Automatic Data Processing, Inc. [US] Live Search

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ADP TimeSaver

ADP TimeSaver

Time Card Editor

Employee: 2021585 - Lampkin, Jared M. Employee Info

Pay Group: 2 - XQF Weekly

Pay Period: 04/01/2012 to 04/07/2012 (Pay Period Closed)

Start Date: 04/01/2012 End Date: 04/07/2012 Refresh Time Card

Signed Off by Manager Cobbdj01 on 04/09/2012 at 05:29:23 PM

Hours Paid

Actions	Notations	Day	In Date	Site	Dept-Pozn	In	Out	Reg	OT	OT	Total	Amount	Forced	Work Day
☐		Mon	04/02/2012	404	811000404-600018	07:41 AM	05:09 PM	8.00	0.50	0.00	8.50	115.9375		
☐		Tue	04/03/2012	404	811000404-600018	07:08 AM	07:00 PM	8.00	3.00	0.00	11.00	165.8250		
☐		Wed	04/04/2012	404	811000404-600018	07:04 AM	08:30 PM	8.00	2.50	0.00	10.50	155.8875		
☐		Thu	04/05/2012	404	811000404-600018	07:06 AM	05:11 PM	8.00	1.25	0.00	9.25	130.8438		
☐		Fri	04/06/2012	404	811000404-600018	07:08 AM	05:27 PM	8.00	1.50	0.00	9.50	135.8125		

Clock: Daily: 8.00hrs \$116.9380 Weekly: 48.76hrs \$703.9080 Period: 48.76hrs \$703.9080

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http://timesaver.adp.com/2011/15/13/index.jsp

Automatic Data Processing, Inc. (US)

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ADP TimeSaver

TimeSaver

Time Card Editor

Employee: 2021685 - Lamphkin, Jared L. [Employee Info](#)

Pay Group: 2 - XOF Weekly

Pay Period: < 04/16/2012 to 04/21/2012 > (Pay Period Closed)

Start Date: 04/16/2012 End Date: 04/21/2012 [Refresh Time Card](#)

Signed Off by Manager Cobbold01 on 04/23/2012 at 05:14:02 PM

Hours Paid	Actions	Notations	Day	In Date	Site	Dept. Posn	In	Out	Reg	OT	DT	Total	Amount	Forced	Work Day
☐			Mon	04/16/2012	404	811000404-600018	07:05 AM	08:00 PM	8.00	4.00	0.00	12.00	185.5000		
☐			Tue	04/17/2012	404	811000404-600018	07:02 AM	09:46 PM	8.00	5.75	0.00	13.75	220.2813		
☐			Wed	04/18/2012	404	811000404-600018	07:05 AM	07:15 PM	8.00	3.25	0.00	11.25	170.5838		
☐			Thu	04/19/2012	404	811000404-600018	07:06 AM	09:00 PM	8.00	6.00	0.00	14.00	205.3760		
☐			Fri	04/20/2012	404	811000404-600018	07:08 AM	08:34 PM	8.00	2.25	0.00	10.25	150.7188		

Clock	Daily:	12.00hrs	\$185.5000	Weekly:	60.25hrs	\$932.4680	Period:	60.25hrs	\$932.4680

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ADP TimeSaver - Windows Internet Explorer

Automatic Data Processing, Inc. (US) Live Search

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ADP TimeSaver

ADP TimeSaver

Time Card Editor

Employee: 2021685 - Lampkin, Jared M. [Employee Info.](#)

Pay Group: 2 - XQF Weekly

Pay Period: 05/13/2012 to 05/18/2012 (Pay Period Closed)

Start Date: 05/13/2012 End Date: 05/18/2012 [Refresh Time Card](#)

Signed Off by Manager Cobbid01 on 05/21/2012 at 05:11:24 PM

Hours Paid	Actions	Rotations	Day	In Date	Site	Dept Posn	In	Out	Reg	OT	OT	Total	Amount	Forced	Work Day
☐			Mon	05/14/2012	404	611000404-600018	07:06 AM	08:06 PM	8.00	4.00	0.00	12.00	185.5000		
☐			Tue	05/15/2012	404	611000404-600018	07:04 AM	07:35 PM	8.00	3.50	0.00	11.50	176.5625		
☐			Wed	05/16/2012	404	611000404-600018	07:05 AM	05:00 PM	8.00	1.25	0.00	9.25	130.8438		
☐			Thu	05/17/2012	404	611000404-600018	07:06 AM	05:39 PM	8.00	1.75	0.00	9.75	140.7813		
☐			Fri	05/18/2012	404	611000404-600018	07:03 AM	06:30 PM	8.00	2.50	0.00	10.50	155.5875		
Clock: Daily: 12.00hrs \$185.5000 Weekly: 53.00hrs \$788.3760 Period: 53.00hrs \$788.3760															

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ADP TimeSaver - Windows Internet Explorer

https://timesaver.adp.com/2011/13/Internet3.php

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ADP TimeSaver

ADP TimeSaver

Time Card Editor

Employee: 2021585 - Lampkin, Jared M. Employee Info

Pay Group: 2 - XQF Weekly

Pay Period: (<) 05/27/2012 to 06/02/2012 (>) (Pay Period Closed)

Start Date: 05/27/2012 End Date: 06/02/2012 Refresh Time Card

Signed Off by Manager cobbdj01 on 06/04/2012 at 01:35:06 PM

Hours Paid	Actions	Notations	Day	In Date	Site	Dept/Posn	Pay Code	Hours	Rate	Amount
			Mon	05/28/2012	404	811000404-600016	H	8.00	13.2500	106.0000
			Tue	05/29/2012	404	811000404-600016 07:03 AM 06:16 PM		8.00 2.25 0.00	10.25	160.7188
			Wed	05/30/2012	404	811000404-600016 07:00 AM 06:00 PM		8.00 2.00 0.00	10.00	146.7600
			Thu	05/31/2012	404	811000404-600016 07:00 AM 05:00 PM		8.00 1.00 0.00	8.00	126.8760
			Fri	06/01/2012	404	811000404-600016 06:45 AM 05:00 PM		8.00 1.25 0.00	-0.25	130.8438

Clock: Daily: 0.00hrs \$0.0000 Weekly: 38.50hrs \$553.1880 Period: 38.50hrs \$553.1880

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https://timesaver.adp.com/2012/08/15/15timesaver.jsp

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ADP Timesaver

ADP Timesaver

Time Card Editor

Employee: 2021585 - Lamph, Jared M Employee Info

Pay Group: 2 - XQF Weekly

Pay Period: 08/03/2012 to 08/09/2012 (Pay Period Closed)

Start Date: 08/03/2012 End Date: 08/09/2012 Refresh Time Card

Signed Off by Manager Cobbdj01 on 08/11/2012 at 03:54:27 PM

Hours Paid

Actions	Notations	Day	In Date	Site	Dept/Posn	In	Out	Reg	OT	DT	Total	Amount	Forced	Work Day
		Mon	08/04/2012	404	611000404-600018	08:51 AM	06:12 PM	8.00	2.50	0.00	10.50	155.8875		
		Tue	08/05/2012	404	611000404-600018	08:51 AM	10:00 PM	8.00	6.25	0.00	14.25	230.2188		
		Wed	08/06/2012	404	611000404-600018	08:40 AM	05:15 PM	8.00	1.50	0.00	9.50	135.8125		
		Thu	08/07/2012	404	611000404-600018	08:51 AM	06:42 PM	8.00	3.00	0.00	11.00	165.8250		
		Fri	08/08/2012	404	611000404-600018	09:09 AM	08:00 PM	8.00	1.75	0.00	9.75	140.7813		

Clock: ☐ Daily: 10.50hrs \$155.6880 Weekly: 55.00hrs \$828.1260 Period: 55.00hrs \$828.1260

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3:50 PM

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ADP Timesaver

ADP Timesaver

Time Card Editor

Employee: 2021585 - Lamplin, Jared M Employee Info

Pay Group: 2 - XOF Weekly

Pay Period: < 07/15/2012 to 07/21/2012 > (Pay Period Closed)

Start Date: 07/15/2012 End Date: 07/21/2012 Refresh Time Card

Signed Off by Manager Cobbdj01 on 07/23/2012 at 03:33:01 PM

Hours Paid

Actions	Rotations	Day	In Date	Site	Dept-Posn	In	Out	Reg	OT	OT	Total	Amount	Forced	Work Day
		Sun	07/15/2012	404	611000404-600018	08:00 AM	12:18 PM	4.25	0.00	0.00	4.25	58.3125		
		Mon	07/16/2012	404	611000404-600018	08:58 AM	08:58 PM	8.00	3.00	0.00	11.00	165.8250		
		Tue	07/17/2012	404	611000404-600018			8.00				13.2500	108.0000	
		Wed	07/18/2012	404	611000404-600018	07:03 AM	07:30 PM	8.00	3.50	0.00	11.50	175.5825		
		Thu	07/19/2012	404	611000404-600018	07:00 AM	08:00 PM	8.00	5.00	0.00	13.00	205.3750		
		Fri	07/20/2012	404	611000404-600018	07:01 AM	04:00 PM	3.75	4.25	0.00	8.00	134.1563		

Clock: Daily: 4.25hrs \$58.3130 Weekly: 47.75hrs \$737.0330 Period: 47.75hrs \$737.0330

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ADP TimeSaver - Windows Internet Explorer

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ADP TimeSaver

ADP TimeSaver

Time Card Editor

Employee: 2021685 - Lampkin, Jared M. [Employee Info](#)

Pay Group: 2 - XOF Weekly

Pay Period: < 07/22/2012 to 07/28/2012 > (Pay Period Closed)

Start Date: 07/22/2012 End Date: 07/28/2012 [Refresh Time Card](#)

Signed Off by Manager Cobbdj01 on 07/30/2012 at 05:40:21 PM

Hours Paid

Actions	Notations	Day	In Date	Site	Dept Posn	In	Out	Reg	OT	DT	Total	Amount	Forced	Work Day
		Mon	07/23/2012	404	811000404-600018	07:05 AM	07:01 PM	8.00	3.00	0.00	11.00	166.8250		
		Tue	07/24/2012	404	811000404-600018	07:06 AM	05:53 PM	8.00	2.00	0.00	10.00	145.7500		
		Wed	07/25/2012	404	811000404-600018	07:00 AM	07:30 PM	8.00	3.50	0.00	11.50	175.5825		
		Thu	07/26/2012	404	811000404-600018	07:08 AM	08:30 PM	8.00	4.50	0.00	12.50	195.4375		
		Fri	07/27/2012	404	811000404-600018	07:05 AM	04:00 PM	8.00	0.00	0.00	8.00	105.0000		

Clock: ☒ Daily: 11.00hrs \$166.8250 Weekly: 63.00hrs \$788.3760 Period: 63.00hrs \$788.3760

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ADP TimeSaver

ADP TimeSaver

Time Card Editor

Employee: 2021685 - Lampkin, Jared M [Employee Info]

Pay Group: 2 - XOF Weekly

Pay Period: [07/29/2012] to [08/04/2012] (Pay Period Closed)

Start Date: [07/29/2012] End Date: [08/04/2012] [Refresh Time Card]

Signed Off by Manager Cobbdj01 on 08/09/2012 at 02:42:07 PM

Hours Paid

Actions	Rotations	Day	In Date	Site	Dept/Posn	In	Out	Reg	OT	DT	Total	Amount	Forced	Work Day
[X]		Mon	07/30/2012	404	811000404-800018	07:00 AM	08:30 PM	8.00	4.50	0.00	12.50	195.4375		
[X]		Tue	07/31/2012	404	811000404-800018	07:03 AM	09:00 PM	8.00	5.00	0.00	13.00	205.3750		
[X]		Wed	08/01/2012	404	811000404-800018	07:05 AM	04:24 PM	8.00	0.50	0.00	8.50	115.9375		
[X]		Thu	08/02/2012	404	811000404-800018	07:05 AM	10:30 PM	8.00	6.50	0.00	14.50	235.1875		
[X]		Fri	08/03/2012	404	811000404-800018	07:05 AM	06:45 PM	8.00	2.75	0.00	10.75	160.8563		

Clock [X] Daily: 12.50hrs \$195.4380 Weekly: 59.26hrs \$912.6950 Period: 59.26hrs \$912.6950

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JavaScript: searchEmployee(2021685, 2021685, 1)

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Time Card Editor

Employee: 2021585 - Lampkin, Jared IA [Employee Info](#)

Pay Group: 2 - XOF Weekly

Pay Period: < 08/12/2012 to 08/18/2012 > (Pay Period Closed)

Start Date: 08/12/2012 End Date: 08/18/2012 [Refresh Time Card](#)

Signed Off by Manager Cobbj01 on 08/20/2012 at 05:39:38 PM

Hours Paid

Actions	Notations	Day	In Date	Site	Dept-Posn	In	Out	Reg	OT	OT	Total	Amount	Forced	Work Day
		Mon	08/13/2012	404	611000404-600018	06:41 AM	05:03 PM	8.00	1.25	0.00	9.25	130.8438		
		Tue	08/14/2012	404	611000404-600018	07:08 AM	05:54 PM	8.00	2.00	0.00	10.00	145.7500		
		Wed	08/15/2012	404	611000404-600018	07:05 AM	05:45 PM	8.00	1.75	0.00	9.75	140.7813		
		Thu	08/16/2012	404	611000404-600018	07:02 AM	05:42 PM	8.00	1.75	0.00	9.75	140.7813		
		Fri	08/17/2012	404	611000404-600018	07:06 AM	05:46 PM	8.00	1.75	0.00	9.75	140.7813		

Clock: ☒ Daily: 9.25hrs \$130.8440 Weekly: 48.50hrs \$508.9370 Period: 48.50hrs \$508.9370

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https://timesaver.adp.com/2013/11/15/191/record.php

ADP TimeSaver

Time Card Editor

Employee: 2021685 - Lampkin, Jarod M. [Employee Info](#)

Pay Group: 2 - XQF Weekly

Pay Period: 08/19/2012 to 08/25/2012 (Pay Period Closed)

Start Date: 08/19/2012 End Date: 08/25/2012 [Refresh Time Card](#)

Signed Off by Lioneger Cobbj01 on 08/27/2012 at 04:36:31 PM

Actions	Notations	Day	In Date	Site	Dept/Posn	In	Out	Reg	OT	DT	Total	Amount	Forced	Work Day
☐		Mon	08/20/2012	404	811000404-600018	08:57 AM	04:10 PM	8.00	0.25	0.00	8.25	110.9688		
☐		Tue	08/21/2012	404	811000404-600018	07:04 AM	08:30 PM	8.00	4.50	0.00	12.50	195.4376		
☐		Wed	08/22/2012	404	811000404-600018	07:03 AM	03:56 PM	8.00	0.00	0.00	8.00	108.0000		
☐		Thu	08/23/2012	404	811000404-600018	07:00 AM	05:22 PM	8.00	1.25	0.00	9.25	130.8438		
☐		Fri	08/24/2012	404	811000404-600018	07:02 AM	08:15 PM	8.00	2.25	0.00	10.25	150.7188		

Clock: ☐ Daily: 8.25hrs \$110.9690 Weekly: 48.26hrs \$693.9700 Period: 48.26hrs \$693.9700

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ADP TimeSaver

Time Card Editor

Employee: 2021685 - Lampkin, Jared M. [Employee Info](#)

Pay Group: 2 - XOF Weekly

Pay Period: < 08/26/2012 to 09/01/2012 > (Pay Period Closed)

Start Date: 08/26/2012 End Date: 09/01/2012 [Refresh Time Card](#)

Signed Off by Manager Cobbj01 on 09/04/2012 at 09:45:14 AM

Hours Paid

Actions	Notations	Day	In Date	Site	Dept/Posn	In	Out	Reg	OT	OT	Total	Amount	Forced	Work Day
		Mon	08/27/2012	404	611000404-600018	07:06 AM	07:30 PM	8.00	3.50	0.00	11.50	175.5825		
		Tue	08/28/2012	404	611000404-600018	07:03 AM	09:30 PM	8.00	5.50	0.00	13.50	215.3125		
		Wed	08/29/2012	404	611000404-600018	07:03 AM	04:43 PM	8.00	0.75	0.00	8.75	120.9063		
		Thu	08/30/2012	404	611000404-600018	07:00 AM	05:36 PM	8.00	1.60	0.00	9.60	135.8125		
		Fri	08/31/2012	404	611000404-600018	07:03 AM	05:08 PM	8.00	1.25	0.00	9.25	130.8438		

Clock: ☒ Daily: 11.50hrs \$175.5830 Weekly: 52.50hrs \$778.4390 Period: 52.50hrs \$778.4390

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ADP TimeSaver

Time Card Editor

Employee: 2021685 - Lamplán, Jared M. Employee Info

Pay Group: 2 - XOF Weekly

Pay Period: 09/02/2012 to 09/08/2012 (Pay Period Closed)

Start Date: 09/02/2012 End Date: 09/08/2012 Refresh Time Card

Signed Off by Manager Cobbj01 on 09/10/2012 at 04:07:27 PM

Actions	Notations	Day	In Date	Site	Dept-Posn	Pay Code	Hours	Rate	Amount
		Mon	09/03/2012	404	611000404-600018	H	8.00	13.2500	106.0000
		Tue	09/04/2012	404	611000404-600018 07:09 AM 05:33 PM		8.00 1.25 0.00 9.25		130.8438
		Wed	09/05/2012	404	611000404-600018 07:04 AM 03:59 PM		8.00 0.00 0.00 8.00		106.0000
		Thu	09/06/2012	404	611000404-600018 07:05 AM 04:45 PM		8.00 0.75 0.00 8.75		120.8063
		Fri	09/07/2012	404	611000404-600018 07:06 AM 04:20 PM		8.00 0.25 0.00 8.25		110.8888

Clock Daily: 0.00hrs \$0.0000 Weekly: 34.26hrs \$468.7190 Period: 34.26hrs \$468.7190

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Start 2013 January 2013 Portal Integration ADP Enterprise M Enterprise Assist FWT Subpoena ADP TimeSaver 10:58:53 PM

884-7880 Brooke
mt P to Billing

Daily Note

DATE:	2/27/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Patient is a 29 year-old male who presents to Physical Therapy for evaluation and treatment of: L foot metatarsal fractures/crush injury
Current History/Treatment: Patient reports that his L foot was ran over by a 800 lb fork lift truck. Metatarsals 2-5 were fractured at mid forefoot-per patient. Did not have surgery but has been wearing boot and slow progress with WB.

Past History/Treatment: Previous minor L foot/ankle injuries

DOI: 11/20/11

Symptoms: Patient reports constant dull pain over L foot, aching around ankle. Numbness/tingling at 4-5 toes and lateral foot, hypersensitivity and tingling around 1st toe and ball of foot.

Pain scale (VAS) where 0= no pain and 10= severe pain:

Best: 3/10

Worst: 8/10

Aggravation Factors/Functional limitations: WB L foot, walking, stairs

Easing Factors: pain meds (Vicodin)

24 Hour Pattern: Worse in the morning

Work duties/recreation/hobbies: Previously working for Snelling Staffing as a delivery driver. Plans to return to job.

Previous Level of Function: WNL independent

Home environment: 10 stairs in home

General Health: Good

Meds: NA

Imaging studies/other testing: x-ray

Next MD appt: April 2

Objective

Observation: open wound 2x3 cm that has been dressed at lateral L foot. Patient amb into clinic with foot boot and 1 crutch.

Palpation: Hypersensitivity at plantar surface of L forefoot.

Please refer to the following objective findings recorded during the patient's evaluation.

Patient received skilled therapy in clinic today which included evaluation, education (condition, HEP, POC), demonstration of HEP (flowchart), Ultrasound-100% 1.0 MHz with 2.0 w/cm2 8 min at L foot/ankle for healing, swelling, desensitization, cryoboot L ankle. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.

See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 55 min

Total Treatment Time = 55 min

Objective Finding	Initial	Last	Current	Goal
Ankle AROM (L) Dorsiflexion	2		2	WNL
Ankle AROM (L) Eversion	8		8	WNL
Ankle AROM (L) Inversion	20		20	WNL
Ankle AROM (L) Planterflexion	35		35	WNL
Ankle Girth Figure 8 (L)	59 cm		59 cm	WNL
Ankle Girth Figure 8 (R)	57 cm		57 cm	WNL

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Exercise/Modality Description (sets/reps/weight/duration)	2/27/2012				
Ankle/Foot - Toe Raises - in sitting	3/10/0/15				
Ankle/Foot - Heel Raise - in sitting	3/10/0/15				
Ankle/Foot - Flutters	3/10/0/15				
Ankle/Foot - Heelcord stretch	3/20/0/15				
Ultrasound	8				
Cryocuff	10				
Ankle/Foot - Ankle Pumps	3/10/0/15				

Assessment

Patient presents to physical therapy with signs and symptoms consistent with L foot metatarsal fractures limiting his ability to perform normal walking. Rehabilitation potential: Good

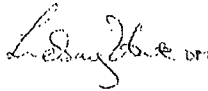
Potential barriers to patient's ability to reach maximum rehab potential: Delayed attendance to PT.

All short term goals will be met in 3 weeks , by 3/19/12.

All long term goals will be met in 6 weeks , by 4/9/12.

Plan

Patient to be seen for 2-3 times a week for 6 weeks for: strengthening, stretching, manual therapy, gait training, proprioception/balance training, desensitization training, and modalities. Focus for next session: Emphasize desensitization, gait training, and reduction of swelling.



Date: 2/27/2012

Lindsay Hunter PT

Daily Note

DATE:	2/29/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Patient reports that he feels better walking with larger boot that restricts ankle motion.
Next MD appt: April 2

Objective

Please refer to the following objective findings recorded during the patient's evaluation.

Patient received skilled therapy in clinic today which included bike, therex (flowchart), cryoboot L ankle. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.

See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 38 min

Total Treatment Time = 50 min

Exercise/Modality Description (sets/reps/weight/duration)	2/29/2012	2/27/2012			
Proprioception/Balance Weight Shif - Lateral - on foam	1/10/0/15				
Cryocuff	10	10			
Aerobic- Bike	6				
Ankle - Theraband Dorsiflexion	3/10/0/15				
Ankle - Theraband Eversion	3/10/0/15				
Ankle - Theraband Inversion	3/10/0/15				
Ankle - Theraband Plantarflexion	3/10/0/15				
Ankle/Foot - Rice Bucket	4				
Knee - NK Table-Flexion	3/20/10/4				
Ankle - Multiaxial	3/10/0/15				
Ankle/Foot - Flutters		3/10/0/15			
Ankle/Foot - Toe Raises - in sitting		3/10/0/15			
Ankle/Foot - Heel Raise - in sitting		3/10/0/15			
Ankle/Foot - Heelcord stretch		3/20/0/15			
Ultrasound		8			
Ankle/Foot - Ankle Pumps		3/10/0/15			

Assessment

Patient was self limiting with NK knee ext today due to patellofemoral jt pain. Notable L LE muscle atrophy. Good form with ankle PRE.

Plan

Patient to be seen for 2-3 times a week for 6 weeks for: strengthening, stretching, manual therapy, gait training, proprioception/balance training, desensitization training, and modalities. Focus for next session: Emphasize desensitization, gait training, and reduction of swelling.

Lindsay Hunter DPT

Date: 2/29/2012

Lindsay Hunter PT

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Daily Note

DATE:	3/7/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

He is not wearing the large walking boot anymore and tried to use the small walking shoe but his toes are too sensitive to use it. He is now just walking in a house shoe which is the most comfortable for him.

Admits that he is only doing some of his exercises at home and focuses most on the rice bucket.

Next MD appt: April 2

Objective

Patient received skilled therapy in clinic today which included bike, therex (flowchart), cryoboot L ankle. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.

See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 30 min

Total Treatment Time = 46 min

Exercise/Modality Description (sets/reps/weight/duration)	3/7/2012	2/29/2012	2/27/2012		
Proprioception/Balance Weight Shif - Lateral - on foam	1/10/0/15	1/10/0/15			
Ankle/Foot - Toe Raises - in sitting	3/10/0/15		3/10/0/15		
Ankle/Foot - Heel Raise - in sitting	3/10/0/15		3/10/0/15		
Ankle/Foot - Heelcord stretch	3/20/0/15		3/20/0/15		
Cryocuff	10	10	10		
Aerobic- Bike	6	6			
Ankle - Theraband Dorsiflexion	3/10/0/15	3/10/0/15			
Ankle - Theraband Eversion	3/10/0/15	3/10/0/15			
Ankle - Theraband Inversion	3/10/0/15	3/10/0/15			
Ankle - Theraband Plantarflexion	3/10/0/15	3/10/0/15			
Ankle/Foot - Rice Bucket	4	4			
Ankle - Multiaxial	3/10/0/15	3/10/0/15			
Knee - NK Table-Flexion		3/20/10/4			
Ankle/Foot - Flutters			3/10/0/15		
Ultrasound			8		
Ankle/Foot - Ankle Pumps			3/10/0/15		

Assessment

Educated on proper walking mechanics with crutches and to focus on heel/toe gt but patient was apprehensive secondary to increased sensitivity. Pt is minimally compliant with his HEP at this time. Reeducated on contrast bath use for home.

Plan

Patient to be seen for 2-3 times a week for 6 weeks for: strengthening, stretching, manual therapy, gait training, proprioception/balance training, desensitization training, and modalities. Focus for next session: Emphasize desensitization, gait training, and reduction of swelling.

283

Jessica Osgood, PTA

Date: 3/7/2012

Jessica Osgood, PTA

Daily Note

DATE:	3/8/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Patient reports soreness at anterior and superior ankle.
Next MD appt: April 2

Objective

Patient received skilled therapy in clinic today which included bike, therex (flowchart), gait training (heel strike to toe off with single crutch), cryoboot L ankle. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.
See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 45 min

Total Treatment Time = 60 min

Exercise/Modality Description (sets/reps/weight/duration)	3/8/2012	3/7/2012	2/29/2012	2/27/2012	
Proprioception/Balance Weight Shif - Lateral - on foam	1/10/0/15	1/10/0/15	1/10/0/15		
Gait Training/Crutch Training	15				
Ankle/Foot - Heelcord stretch	3/20/0/15	3/20/0/15		3/20/0/15	
Cryocuff	10	10	10	10	
Aerobic- Bike	6	6	6		
Ankle - Theraband Dorsiflexion	3/10/0/15	3/10/0/15	3/10/0/15		
Ankle - Theraband Eversion	3/10/0/15	3/10/0/15	3/10/0/15		
Ankle - Theraband Inversion	3/10/0/15	3/10/0/15	3/10/0/15		
Ankle - Theraband Plantarflexion	3/10/0/15	3/10/0/15	3/10/0/15		
Knee - NK Table-Extension	3/20/10/4				
Knee - NK Table-Flexion	3/20/10/4		3/20/10/4		
Ankle - Multiaxial	3/10/0/15	3/10/0/15	3/10/0/15		
Ankle/Foot - Toe Raises - in sitting		3/10/0/15		3/10/0/15	
Ankle/Foot - Heel Raise - in sitting		3/10/0/15		3/10/0/15	
Ankle/Foot - Rice Bucket		4	4		
Ankle/Foot - Flutters				3/10/0/15	
Ultrasound				8	
Ankle/Foot - Ankle Pumps				3/10/0/15	

Assessment

Improvement noted with gait mechanics. Suggested to patient to continue gait training at home using B crutches if needed for a few days before reducing back to one crutch. Good performance with therex today. Still unable to FWB on L ankle.

285

Plan

Patient to be seen for 2-3 times a week for 6 weeks for: strengthening, stretching, manual therapy, gait training, proprioception/balance training, desensitization training, and modalities. Focus for next session: Emphasize desensitization, gait training, and reduction of swelling.

Lindsay Hunter PT

Date: 3/8/2012

Lindsay Hunter PT

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Daily Note

DATE:	3/13/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Next MD appt: April 2

The patient states that he has been doing a lot of stuff around the house as far as helping paint. He was going up the steps with the single crutch and hurt his back on Sunday so he has tried to lay low.

Objective

Patient received skilled therapy in clinic today which included bike, therex (flowchart), gait training (heel strike to toe off with single crutch), cryoboot L ankle. Patients skin was checked prior to and after administering cold pack with no deficiencies noted. See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 38 min

Total Treatment Time = 47 min

Exercise/Modality Description (sets/reps/weight/duration)	3/13/2012	3/8/2012	3/7/2012	2/29/2012	2/27/2012
Ankle/Foot - Toe Raises - in sitting	3/10/0/3		3/10/0/15		3/10/0/15
Ankle/Foot - Heel Raise - in sitting	3/10/0/3		3/10/0/15		3/10/0/15
Proprioception/Balance Weight Shift - Lateral - on foam	1/10/0/3	1/10/0/15	1/10/0/15	1/10/0/15	
Gait Training/Crutch Training	10	15			
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/15	3/20/0/15		3/20/0/15
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/15	3/10/0/15	3/10/0/15	
Ankle - Theraband Eversion	3/10/0/2	3/10/0/15	3/10/0/15	3/10/0/15	
Ankle - Theraband Inversion	3/10/0/2	3/10/0/15	3/10/0/15	3/10/0/15	
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/15	3/10/0/15	3/10/0/15	
Ankle/Foot - Rice Bucket	4		4	4	
Knee - NK Table-Extension	3/20/10/4	3/20/10/4			
Knee - NK Table-Flexion	3/20/10/4	3/20/10/4		3/20/10/4	
Ankle - Multiaxial	3/10/0/3	3/10/0/15	3/10/0/15	3/10/0/15	
Ankle/Foot - Flutters					3/10/0/15
Ultrasound					8
Ankle/Foot - Ankle Pumps					3/10/0/15

Assessment

Pt enters with B crutches today secondary to increase LBP and unable to ambulate comfortably with a single crutch. Minimal compliance with 50% wb on the R. Improved ankle rom following PROM at the end of treatment.

287

Plan

Patient to be seen for 2-3 times a week for 6 weeks for: strengthening, stretching, manual therapy, gait training, proprioception/balance training, desensitization training, and modalities. Focus for next session: Emphasize desensitization, gait training, and reduction of swelling.

Patient: McDaniel, John (Pat#:1000052400) for 3/13/2012 Visit

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ROA 792

Jessica Osgood, PTA

Date: 3/13/2012

Jessica Osgood, PTA

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Daily Note

DATE:	3/15/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Next MD appt: April 2

Ankle is more sore than foot now.

Objective

Patient received skilled therapy in clinic today which included bike, reassessment, therex (flowchart), cryoboot L ankle. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.

See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 30 min

Total Treatment Time = 45 min

Objective Finding	Initial	Last	Current	Goal
Ankle AROM (L) Dorsiflexion	2	2	4	WNL
Ankle AROM (L) Eversion	8	8	16	WNL
Ankle AROM (L) Inversion	20	20	36	WNL
Ankle AROM (L) Planterflexion	35	35	48	WNL
Ankle Girth Figure 8 (L)	59 cm	59 cm	61.5 cm	WNL

Exercise/Modality Description (sets/reps/weight/duration)	3/15/2012	3/13/2012	3/8/2012	3/7/2012	2/29/2012
Ankle/Foot - Toe Raises - in sitting	3/10/0/3	3/10/0/3		3/10/0/15	
Ankle/Foot - Heel Raise - in sitting	3/10/0/3	3/10/0/3		3/10/0/15	
Proprioception/Balance Weight Shif - Lateral - on foam	1/10/0/3	1/10/0/3	1/10/0/15	1/10/0/15	1/10/0/15
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/15	3/20/0/15	
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/15	3/10/0/15	3/10/0/15
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/15	3/10/0/15	3/10/0/15
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/15	3/10/0/15	3/10/0/15
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/15	3/10/0/15	3/10/0/15
Proprioception/Balance Single Leg Stance - on foam	3				
Gait Training/Crutch Training		10	15		
Ankle/Foot - Rice Bucket		4		4	4
Knee - NK Table-Extension		3/20/10/4	3/20/10/4		
Knee - NK Table-Flexion		3/20/10/4	3/20/10/4		3/20/10/4
Ankle - Multiaxial		3/10/0/3	3/10/0/15	3/10/0/15	3/10/0/15

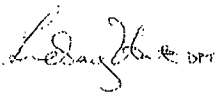
Assessment

Some improvement noted with ankle mobility, but increase in swelling. Notable improvement with gait mechanics. Able to FWB with UE support on foam mat today. No goals met yet. Average pain rating 5/10 around L ankle/foot.

289

Plan

Patient to be seen for 2-3 times a week for 6 weeks for: strengthening, stretching, manual therapy, gait training, proprioception/balance training, desensitization training, and modalities. Focus for next session: Continue to progress ankle PRE and WB activities.



Date: 3/15/2012

Lindsay Hunter PT

Daily Note

DATE:	3/20/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Next MD appt: April 2

Patient reports that ankle is still very sore on superior region when WB. Has been walking without crutches lately.

Objective

Patient received skilled therapy in clinic today which included bike, manual PROM L ankle in all directions with distraction/posterior/anterior talocrural joint mobs and calcaneal inversion/eversion jt mobs gr 3-4, Ultrasound-100% 1.0 MHz with 2.0 w/cm2 8 min superior L ankle for healing, swelling, scar tissue repair, Electrical Stimulation: IFC and cryocuff applied to superior L ankle for 15 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted. See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 38 min

Total Treatment Time = 55 min

Exercise/Modality Description (sets/reps/weight/duration)	3/20/2012	3/15/2012	3/13/2012	3/8/2012	3/7/2012
Manual Therapy	15				
E-stim - Unattended	15				
Gait Training/Crutch Training	10		10	15	
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/15	3/20/0/15
Ultrasound	8				
Cryocuff	15	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle/Foot - Toe Raises - in sitting		3/10/0/3	3/10/0/3		3/10/0/15
Ankle/Foot - Heel Raise - in sitting		3/10/0/3	3/10/0/3		3/10/0/15
Proprioception/Balance Weight Shif - Lateral - on foam		1/10/0/3	1/10/0/3	1/10/0/15	1/10/0/15
Ankle - Theraband Dorsiflexion		3/10/0/2	3/10/0/2	3/10/0/15	3/10/0/15
Ankle - Theraband Eversion		3/10/0/2	3/10/0/2	3/10/0/15	3/10/0/15
Ankle - Theraband Inversion		3/10/0/2	3/10/0/2	3/10/0/15	3/10/0/15
Ankle - Theraband Plantarflexion		3/10/0/2	3/10/0/2	3/10/0/15	3/10/0/15
Proprioception/Balance Single Leg Stance - on foam		3			
Ankle/Foot - Rice Bucket			4		4
Knee - NK Table-Extension			3/20/10/4	3/20/10/4	
Knee - NK Table-Flexion			3/20/10/4	3/20/10/4	
Ankle - Multiaxial			3/10/0/3	3/10/0/15	3/10/0/15

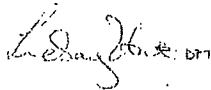
Assessment

patient able to tolerate manual therapy today. Good mobility noted but mild hypomobility with posterior talocrural glides. Emphasized mobility and pain relief due to patient having increased symptoms with WB activities lately. Will steadily progress into WB activities again. Instructed patient to IR hip when walking. Demonstrated excessive hip ER initially upon entering clinic today.

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Plan

Patient to be seen for 2-3 times a week for 6 weeks for: strengthening, stretching, manual therapy, gait training, proprioception/balance training, desensitization training, and modalities. Focus for next session: Continue to progress ankle PRE and WB activities.



Date: 3/20/2012

Lindsay Hunter PT

Daily Note

DATE:	3/22/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Next MD appt: April 2

Patient feels like he's not noticing any improvements lately.

Objective

Patient received skilled therapy in clinic today which included bike, therex, Electrical Stimulation: IFC and cryocuff applied to superior L ankle for 15 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted. See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 38 min

Total Treatment Time = 55 min

Exercise/Modality Description (sets/reps/weight/duration)	3/22/2012	3/20/2012	3/15/2012	3/13/2012	3/8/2012
Ankle/Foot - Heel Raise - in sitting	3/10/0/3		3/10/0/3	3/10/0/3	
Gait Training/Crutch Training	10	10		10	15
Proprioception/Balance Weight Shif - Lateral - on foam	1/10/0/3		1/10/0/3	1/10/0/3	1/10/0/15
E-stim - Unattended	15	15			
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/15
Cryocuff	15	15	10	10	10
Aerobic- Bike	6	6	6	6	6
Isotonic - Leg Curls	3/10/48/15				
Isotonic - Leg Extension	3/10/36/15				
Knee - Leg Press - Left	3/10/60/15				
Hip Resisted Four Way Hip	1/15/0/15				
Manual Therapy		15			
Ultrasound		8			
Ankle/Foot - Toe Raises - in sitting			3/10/0/3	3/10/0/3	
Ankle - Theraband Dorsiflexion			3/10/0/2	3/10/0/2	3/10/0/15
Ankle - Theraband Eversion			3/10/0/2	3/10/0/2	3/10/0/15
Ankle - Theraband Inversion			3/10/0/2	3/10/0/2	3/10/0/15
Ankle - Theraband Plantarflexion			3/10/0/2	3/10/0/2	3/10/0/15
Proprioception/Balance Single Leg Stance - on foam			3		
Ankle/Foot - Rice Bucket				4	
Knee - NK Table-Extension				3/20/10/4	3/20/10/4
Knee - NK Table-Flexion				3/20/10/4	3/20/10/4
Ankle - Multiaxial				3/10/0/3	3/10/0/15

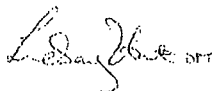
Assessment

Emphasized WB exercises and LE PRE today. Patient reports not having a preference or difference noticed with symptoms between manual therapy versus exercises.

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Plan

Patient to be seen for 2-3 times a week for 6 weeks for: strengthening, stretching, manual therapy, gait training, proprioception/balance training, desensitization training, and modalities. Focus for next session: Continue to progress ankle PRE and WB activities.



Date: 3/22/2012

Lindsay Hunter PT

Daily Note

DATE:	3/29/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Next MD appt: April 2

He has been doing a lot of packing and moving of heavy furniture at the house this week which has irritated the foot. No longer using the single crutch but he is walking in the walking shoe but it is uncomfortable.

Objective

Patient received skilled therapy in clinic today which included bike, therex, Electrical Stimulation: IFC and cryocuff applied to superior L ankle for 15 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted. See Flow Chart for specific treatment administered to this patient.

Please refer to the following objective findings recorded during the patient's evaluation.

Direct Treatment Time = 40 min

Total Treatment Time = 55 min

Objective Finding	Initial	Last	Current	Goal
Ankle AROM (L) Dorsiflexion	2	4	4	WNL
Ankle AROM (L) Eversion	8	16	50	WNL
Ankle AROM (L) Inversion	20	36	35	WNL
Ankle AROM (L) Planterflexion	35	48	20	WNL
Ankle Girth Figure 8 (L)	59 cm	61.5 cm	59.5	WNL
Ankle Girth Figure 8 (R)	57 cm	57 cm	57	WNL

Exercise/Modality Description (sets/reps/weight/duration)	3/29/2012	3/22/2012	3/20/2012	3/15/2012	3/13/2012
Ankle/Foot - Toe Raises - in sitting	3/10/0/3			3/10/0/3	3/10/0/3
Ankle/Foot - Heel Raise - in sitting	3/10/0/3	3/10/0/3		3/10/0/3	3/10/0/3
Proprioception/Balance Weight Shift - Lateral - on foam	1/10/0/3	1/10/0/3		1/10/0/3	1/10/0/3
E-stim - Unattended	15	15	15		
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	15	15	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2			3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2			3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2			3/10/0/2	3/10/0/2
Ankle - Theraband Planterflexion	3/10/0/2			3/10/0/2	3/10/0/2
Isotonic - Leg Curls	3/10/48/3	3/10/48/15			
Isotonic - Leg Extension	3/10/36/3	3/10/36/15			
Knee - Leg Press - Left	3/10/60/4	3/10/60/15			
Hip Resisted Four Way Hip	1/15/0/4	1/15/0/15			
Proprioception/Balance Single Leg Stance - on foam	3			3	
Ankle - Multiaxial	3/10/0/3				3/10/0/3
Gait Training/Crutch Training		10	10		10
Manual Therapy			15		

Exercise/Modality Description (sets/reps/weight/duration)	3/29/2012	3/22/2012	3/20/2012	3/15/2012	3/13/2012
Ultrasound			8		
Ankle/Foot - Rice Bucket					4
Knee - NK Table-Extension					3/20/10/4
Knee - NK Table-Flexion					3/20/10/4

Assessment

He continues to present with excessive ER when entering the clinic today and discussed the importance of proper gait mechanics and to attempt to maintain IR with ambulation. STG #3 met today but he reports that by the end of the day his foot is significantly swollen due to being on his feet all day. He is still unable to increased wb into the forefoot due to severe pain into the toes.

Plan

Patient to be seen for 2-3 times a week for 6 weeks for: strengthening, stretching, manual therapy, gait training, proprioception/balance training, desensitization training, and modalities. Focus for next session: Continue to progress ankle PRE and WB activities, modalities PRN for pain and inflammation.



Date: 3/29/2012

Jessica Osgood, PTA

Daily Note

DATE:	4/3/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

The Dr would like him to continue therapy for 6 more weeks if he feels it is helping. The pain has decreased some since last week but still has a fair amount of inflammation throughout the ankle and the distal foot. He has slowly begun to see progress but it is very little every day.

Objective

Patient received skilled therapy in clinic today which included bike, therex, Electrical Stimulation: IFC and cryocuff applied to superior L ankle for 15 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.

See Flow Chart for specific treatment administered to this patient.

Please refer to the following objective findings recorded during the patient's evaluation.

Direct Treatment Time = 30 min

Total Treatment Time = 44 min

Exercise/Modality Description (sets/reps/weight/duration)	4/3/2012	3/29/2012	3/22/2012	3/20/2012	3/15/2012
Ankle/Foot - Heel Raise - in sitting	3/10/0/3	3/10/0/3	3/10/0/3		3/10/0/3
Proprioception/Balance Weight Shif - Lateral - on foam	1/10/0/3	1/10/0/3	1/10/0/3		1/10/0/3
E-stim - Unattended	15	15	15	15	
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	15	15	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2			3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2			3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2			3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2			3/10/0/2
Isotonic - Leg Curls	3/10/48/3	3/10/48/3	3/10/48/15		
Isotonic - Leg Extension	3/10/36/3	3/10/36/3	3/10/36/15		
Knee - Leg Press - Left	3/10/60/4	3/10/60/4	3/10/60/15		
Proprioception/Balance Single Leg Stance - on foam	3	3			3
Ankle - Multiaxial	3/10/0/3	3/10/0/3			
Ankle/Foot - Toe Raises - in sitting		3/10/0/3			3/10/0/3
Hip Resisted Four Way Hip		1/15/0/4	1/15/0/15		
Gait Training/Crutch Training			10	10	
Manual Therapy				15	
Ultrasound				8	

Assessment

Increased tolerance to wb therex today but continues to ambulate with a significant antalgic gt due to distal foot pain.

Plan

Progress B and S leg activities in WB as tolerated. Modalities for pain prm.

297

Date: 4/3/2012

Jessica Osgood, PTA

298

Daily Note

DATE:	4/5/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

He is walking better now that the Dr. changed his medication which had decreased his pain from a 6-7/10 to a 4-5/10. Has returned to restricted duty at work due to not feeling comfortable to return to driving an 18 wheeler at this time.

Objective

Patient received skilled therapy in clinic today which included bike, therex, Electrical Stimulation: IFC and cryocuff applied to superior L ankle for 15 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted. See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 30 min

Total Treatment Time = 47 min

Exercise/Modality Description (sets/reps/weight/duration)	4/5/2012	4/3/2012	3/29/2012	3/22/2012	3/20/2012
Ankle/Foot - Toe Raises - in sitting	3/10/0/3		3/10/0/3		
Ankle/Foot - Heel Raise - in sitting	3/10/0/3	3/10/0/3	3/10/0/3	3/10/0/3	
Proprioception/Balance Weight Shift - Lateral - on foam	1/10/0/3	1/10/0/3	1/10/0/3	1/10/0/3	
E-stim - Unattended	15	15	15	15	15
Manual Therapy	15				15
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	15	15
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2		
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2		
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2		
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2		
Proprioception/Balance Single Leg Stance - on foam	3	3	3		
Ankle - Multiaxial	3/10/0/3	3/10/0/3	3/10/0/3		
Isotonic - Leg Curls		3/10/48/3	3/10/48/3	3/10/48/15	
Isotonic - Leg Extension		3/10/36/3	3/10/36/3	3/10/36/15	
Knee - Leg Press - Left		3/10/60/4	3/10/60/4	3/10/60/15	
Hip Resisted Four Way Hip			1/15/0/4	1/15/0/15	
Gait Training/Crutch Training				10	10
Ultrasound					8

Assessment

Difficulty performing FWB ex on the L foot secondary to distal foot and toe pain. Presents with decrease hip ER with ambulation today.

Plan

Progress B and S leg activities in WB as tolerated. Modalities for pain pm.

Date: 4/5/2012

Jessica Osgood, PTA

300 |

Daily Note

DATE:	4/10/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

The foot is doing ok with the new medication but he is having a bad day today due to getting bad news about an old friend.

Objective

Patient received skilled therapy in clinic today which included bike, therex: added 6" step ups with foam, r loop sided stepping with the teal loop, Manual therapy for PROM and gentle mobs, IFC/cryocuff applied to superior L ankle for 15 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.

See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 42 min

Total Treatment Time = 56 min

Exercise/Modality Description (sets/reps/weight/duration)	4/10/2012	4/5/2012	4/3/2012	3/29/2012	3/22/2012
Manual Therapy	15	15			
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	10	15
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Isotonic - Leg Curls	3/10/48/3		3/10/48/3	3/10/48/3	3/10/48/15
Isotonic - Leg Extension	3/10/36/3		3/10/36/3	3/10/36/3	3/10/36/15
Knee - Leg Press - Left	3/10/60/4		3/10/60/4	3/10/60/4	3/10/60/15
Hip Resisted Four Way Hip	1/15/0/4			1/15/0/4	1/15/0/15
Proprioception/Balance Single Leg Stance - on foam	3	3	3	3	
Proprioception/Balance Weight Shift - Lateral - on foam		1/10/0/3	1/10/0/3	1/10/0/3	1/10/0/3
E-stim - Unattended		15	15	15	15
Ankle/Foot - Toe Raises - in sitting		3/10/0/3		3/10/0/3	
Ankle/Foot - Heel Raise - in sitting		3/10/0/3	3/10/0/3	3/10/0/3	3/10/0/3
Ankle - Multiaxial		3/10/0/3	3/10/0/3	3/10/0/3	
Gait Training/Crutch Training					10

Assessment

Able to ambulate with improved gt mechanics, however still unable to perform proper toe off gt due to severe pain along the distal metatarsals. Pt is no longer bandaging the open wound and states that it has closed up some since he stopped.

Plan

Progress B and S leg activities in WB as tolerated. Modalities for pain prn.

Date: 4/10/2012

Jessica Osgood, PTA

302

Patient: McDaniel, John (Pat#:1000052400) for 4/10/2012 Visit

ROA 807

Page 2

Daily Note

DATE:	5/1/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

He has had a very hard time communicating with his Dr. due to the complications with his foot following his injury. He was able to join a gym to continue with his exercises while out of therapy. Also decided to get a second opinion from Dr. Gudas which he was very pleased with but he was told that he will have to have surgery due to a malunion in his foot. Awaiting to follow up with Dr. Ohlson in two weeks to discuss his options. He was approved for 12 more visits of PT and will continue until told otherwise by his DR.

Objective

Patient received skilled therapy in clinic today which included bike, therex: 6" step ups with foam, r loop sided stepping with the teal loop, Manual therapy for PROM and gentle mobs, cryocuff applied to superior L ankle for 10 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.
See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 30 min

Total Treatment Time = 44 min

Exercise/Modality Description (sets/reps/weight/duration)	5/1/2012	4/10/2012	4/5/2012	4/3/2012	3/29/2012
Manual Therapy	15	15	15		
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Isotonic - Leg Curls	3/10/48/3	3/10/48/3		3/10/48/3	3/10/48/3
Isotonic - Leg Extension	3/10/36/3	3/10/36/3		3/10/36/3	3/10/36/3
Knee - Leg Press - Left	3/10/60/4	3/10/60/4		3/10/60/4	3/10/60/4
Proprioception/Balance Single Leg Stance - on foam	3	3	3	3	3
Ankle - Multiaxial	3/10/0/3		3/10/0/3	3/10/0/3	3/10/0/3
Hip Resisted Four Way Hip		1/15/0/4			1/15/0/4
Proprioception/Balance Weight Shif - Lateral - on foam			1/10/0/3	1/10/0/3	1/10/0/3
E-stim - Unattended			15	15	15
Ankle/Foot - Toe Raises - in sitting			3/10/0/3		3/10/0/3
Ankle/Foot - Heel Raise - in sitting			3/10/0/3	3/10/0/3	3/10/0/3

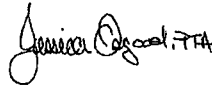
Assessment

Pt enters with cushioned crocs due to not being able to wear normal shoes but states the are comfortable on his foot. Notable antalgic gt with L LE circumduction and ER of the hip due to not tolerating a normal heel/toe gt. Discussed precautions with LE strengthening exercises out of therapy due to the malunion in his foot. Advised to perform all exercises with weight bearing into the heel vs the toe. Open wound still present along the L foot at the 5th metatarsal.

Plan

Progress B and S leg activities in WB as tolerated.

303



Date: 5/1/2012

Jessica Osgood, PTA

304

Daily Note

DATE:	5/3/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

No change since his last visit and has not heard back from his lawyer regarding his second opinion with Dr. Gudas.

Objective

Patient received skilled therapy in clinic today which included bike, therex: ankle 4 way with teal r loop, r loop sided stepping with the teal loop, Manual therapy for PROM and gentle mobs, cryocuff applied to superior L ankle for 10 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.

See Flow Chart for specific treatment administered to this patient.

Direct Treatment Time = 30 min

Total Treatment Time = 40 min

Exercise/Modality Description (sets/reps/weight/duration)	5/3/2012	5/1/2012	4/10/2012	4/5/2012	4/3/2012
Ankle/Foot - Toe Raises - in sitting	3/10/0/3			3/10/0/3	
Manual Therapy	15	15	15	15	
Proprioception/Balance Weight Shlf - Lateral - on foam	1/10/0/3			1/10/0/3	1/10/0/3
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Hip Resisted Four Way Hip	1/15/0/4		1/15/0/4		
Proprioception/Balance Single Leg Stance - on foam	3	3	3	3	3
Ankle - Multiaxial	3/10/0/3	3/10/0/3		3/10/0/3	3/10/0/3
Isotonic - Leg Curls		3/10/48/3	3/10/48/3		3/10/48/3
Isotonic - Leg Extension		3/10/36/3	3/10/36/3		3/10/36/3
Knee - Leg Press - Left		3/10/60/4	3/10/60/4		3/10/60/4
E-stim - Unattended				15	15
Ankle/Foot - Heel Raise - in sitting				3/10/0/3	3/10/0/3

Assessment

Avoided all exercises that involved weight shifting into the toes of the L foot today due to increased pain. Discussed precautions with gym exercises again.

Plan

Progress B and S leg activities in WB as tolerated.follow up regarding 2nd opinion from Dr. Gudas

Janice C. PTA

305

Date: 5/3/2012

Jessica Osgood, PTA

306

Daily Note

DATE:	5/8/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

He is going to do a workout at the gym later today and would like to focus more on stretching in therapy. The medication is still helping with the pain but he has a hard time walking with a heel to toe gt due to pain along the distal metatarsals during toe off.

Objective

Patient received skilled therapy in clinic today which included bike, therex: ankle 4 way with teal r loop, Focused on Manual therapy for PROM/stretching and gentle mobs, cryocuff applied to superior L ankle for 10 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.

See Flow Chart for specific treatment administered to this patient.

gt training to help normalize heel/toe gt

Direct Treatment Time = 30 min

Total Treatment Time = 40 min

Exercise/Modality Description (sets/reps/weight/duration)	5/8/2012	5/3/2012	5/1/2012	4/10/2012	4/5/2012
Ankle/Foot - Toe Raises - in sitting	3/10/0/3	3/10/0/3			3/10/0/3
Ankle/Foot - Heel Raise - in sitting	3/10/0/3				3/10/0/3
Manual Therapy	15	15	15	15	15
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Proprioception/Balance Weight Shif - Lateral - on foam		1/10/0/3			1/10/0/3
Hip Resisted Four Way Hip		1/15/0/4		1/15/0/4	
Proprioception/Balance Single Leg Stance - on foam		3	3	3	3
Ankle - Multiaxial		3/10/0/3	3/10/0/3		3/10/0/3
Isotonic - Leg Curls			3/10/48/3	3/10/48/3	
Isotonic - Leg Extension			3/10/36/3	3/10/36/3	
Knee - Leg Press - Left			3/10/60/4	3/10/60/4	
E-stim - Unattended					15

Assessment

Pt continues to ambulate with an antalgic gt to decrease time spent on the toe off phase. Discussed proper gt mechanics to limit hip ER and circumduction. There is still a small open wound present along the 5th metatarsal of the L foot which he no longer covers with a bandage. Also noted redness along the lateral great toe which is due to friction from poor gt mechanics.

Plan

Next session: focus on stretching, gentle mobilizations, ankle/LE strengthening.

307

Date: 5/8/2012

Jessica Osgood, PTA

308

Daily Note

DATE:	5/10/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Trying very hard to walk as normal as possible because the redness along the L lateral great toe has increased over the past few days. Also states he can tell that the strength in the L LE has decreased since the injury which is partially why the knee feels as if it buckles under him.

Objective

Patient received skilled therapy in clinic today which included bike, therex: ankle 4 way with teal r loop, Focused on Manual therapy for PROM/stretching and gentle mobs, cryocuff applied to superior L ankle for 10 mins for pain control/swelling. Patients skin was checked prior to and after administering cold pack with no deficiencies noted.
See Flow Chart for specific treatment administered to this patient.

gt training to help normalize heel/toe gt

Direct Treatment Time = 33 min

Total Treatment Time = 44 min

Exercise/Modality Description (sets/reps/weight/duration)	5/10/2012	5/8/2012	5/3/2012	5/1/2012	4/10/2012
Ankle/Foot - Toe Raises - in sitting	3/10/0/3	3/10/0/3	3/10/0/3		
Ankle/Foot - Heel Raise - in sitting	3/10/0/3	3/10/0/3			
Gait Training/Crutch Training	10				
Manual Therapy	15	15	15	15	15
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Isotonic - Leg Curls	3/10/48/3			3/10/48/3	3/10/48/3
Isotonic - Leg Extension	3/10/36/3			3/10/36/3	3/10/36/3
Knee - Leg Press - Left	3/10/60/4			3/10/60/4	3/10/60/4
Proprioception/Balance Weight Shif - Lateral - on foam			1/10/0/3		
Hip Resisted Four Way Hip			1/15/0/4		1/15/0/4
Proprioception/Balance Single Leg Stance - on foam			3	3	3
Ankle - Multiaxial			3/10/0/3	3/10/0/3	

Assessment

Increased time spent on L LE strengthening for quads and hamstrings due to deficit noted during leg curls/extensions. Discussed importance of maintaining LE strength and incorporating it into his gym routine along with the L ankle stabilization exercises. Redness present along the L lateral great toe.

Plan

Next session: focus on stretching, gentle mobilizations, ankle/LE strengthening, monitor great toe.

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Jessica Osgood, PTA

Date: 5/10/2012

Jessica Osgood, PTA

310

Daily Note

DATE:	5/15/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources in Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Patient reports day to day pain levels 4-5/10 with ambulating or weight shifts to outside of foot increasing pain to 7-8/10 VAS. Primary c/o is pain and decreased tolerance for weight bearing ADL's. Unable to resume PLOF. Pt. reports possible malunion of fracture in 5th toe/metatarsal.

Objective

Re-eval for f/u with MD.

See objective findings.

Strength deficits + cogwheeling.

Gait deviations: ankle eversion, pes planus, decreased stance, increased knee flexion. Gait can be corrected but with reports of increased pain and marked decrease in speed.

Proprioception: s/s on solid surface - 10 sec v. padded shoe 15-20 sec both with increased perturbation

Total re-eval time 30 min

Objective Finding	Initial	Last	Current	Goal
Ankle AROM (L) Dorsiflexion	2	4	12(18 degrees on R)	WNL
Ankle AROM (L) Eversion	8	50	45	WNL
Ankle AROM (L) Inversion	20	35	20	WNL
Ankle AROM (L) Planterflexion	35	20	55	WNL
Ankle MMT (L) Dorsiflexion			+3/5pain	
Ankle MMT (L) Eversion			+3/5pain	
Ankle MMT (L) Inversion			5/5	
Ankle MMT (L) Planterflexion			-3/5	

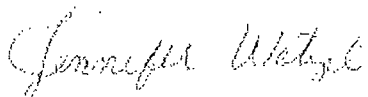
Exercise/Modality Description (sets/reps/weight/duration)	5/10/2012	5/8/2012	5/3/2012	5/1/2012	
Ankle/Foot - Toe Raises - in sitting	3/10/0/3	3/10/0/3	3/10/0/3		
Ankle/Foot - Heel Raise - in sitting	3/10/0/3	3/10/0/3			
Manual Therapy	15	15	15	15	
Gait Training/Crutch Training	10				
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	
Cryocuff	10	10	10	10	
Aerobic- Bike	6	6	6	6	
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Isotonic - Leg Curls	3/10/48/3			3/10/48/3	
Isotonic - Leg Extension	3/10/36/3			3/10/36/3	
Knee - Leg Press - Left	3/10/60/4			3/10/60/4	
Proprioception/Balance Weight Shif - Lateral - on foam			1/10/0/3		
Hip Resisted Four Way Hip			1/15/0/4		
Proprioception/Balance Single Leg Stance - on foam			3	3	
Ankle - Multiaxial			3/10/0/3	3/10/0/3	

Assessment

29 y/o L foot crush injury with pain, decreased strength and decreased tolerance for WB activity. Pt. demonstrates antalgic gait due to pain but presents with AROM wfl. Unable to determine source of marked pain with WB at this time.

Plan

Pt. to f/u with MD today. Will proceed per MD.



Date: 5/15/2012

Jennifer Wetzel, PT

Daily Note

DATE:	5/18/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Pt had a follow up with Dr. Ohlson and Dr. Gudas which will be a joint treatment from now on. They have not decided on surgery but would like him to continue therapy to improve overall ankle stability. He also had part of his great toe nail removed from the L foot which is causing a lot of pain when he pushes onto the toes.

Objective

Patient received skilled therapy in clinic today which included Bike x 8 min f/b therex per flowchart with focus on LE strengthening without wb into the toes. Manual therapy for ankle mobility. Finished with estim/ice x 15 min to the lateral and dorsal aspect of the L foot to decrease inflammation and pain. See Flow Chart for specific treatment administered to this patient.

DTT: 28

TTT: 43 min with estim/ice

Exercise/Modality Description (sets/reps/weight/duration)	5/18/2012	5/10/2012	5/8/2012	5/3/2012	
Manual Therapy	15	15	15	15	
E-stim - Unattended	15				
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	
Cryocuff	10	10	10	10	
Aerobic- Bike	6	6	6	6	
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Isotonic - Leg Curls	3/10/48/3	3/10/48/3			
Isotonic - Leg Extension	3/10/36/3	3/10/36/3			
Ankle - Multiaxial	3/10/0/3			3/10/0/3	
Gait Training/Crutch Training		10			
Ankle/Foot - Heel Raise - in sitting		3/10/0/3	3/10/0/3		
Ankle/Foot - Toe Raises - in sitting		3/10/0/3	3/10/0/3	3/10/0/3	
Knee - Leg Press - Left		3/10/60/4			
Proprioception/Balance Weight Shif - Lateral - on foam				1/10/0/3	
Hip Resisted Four Way Hip				1/15/0/4	
Proprioception/Balance Single Leg Stance - on foam				3	

Assessment

Notable antalgic gt secondary to subjective c/o pain along the distal metatarsals and the L great toe from removing an ingrown toe nail. Pt has begun to plateau with therex in the clinic at this time.

Plan

Cont PT to progress ankle stabilization activities.

Jennifer Ohlson, FTA

313

Date: 5/18/2012

Jessica Osgood, PTA

314

Daily Note

DATE:	5/23/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

He has been trying to place more weight into his toes of the R foot which is very uncomfortable but it is the only way he can walk with a semi-normal gait.

Objective

Patient received skilled therapy in clinic today which included Bike x 8 min f/b therex per flowchart, focused on weight shifts on foam. Added isotonic hip 4 way with B LE. Finished with estim/ice x 15 min to the lateral and dorsal aspect of the L foot to decrease inflammation and pain. See Flow Chart for specific treatment administered to this patient.

DTT: 30

TTT: 49 min with estim/ice

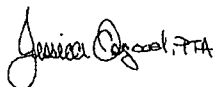
Exercise/Modality Description (sets/reps/weight/duration)	5/23/2012	5/18/2012	5/10/2012	5/8/2012	
Ankle/Foot - Toe Raises - in sitting	3/10/0/3		3/10/0/3	3/10/0/3	
Proprioception/Balance Weight Shif - Lateral - on foam	1/10/0/3				
E-stim - Unattended	15	15			
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	
Cryocuff	10	10	10	10	
Aerobic- Bike	6	6	6	6	
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Isotonic - Leg Curls	3/10/48/3	3/10/48/3	3/10/48/3		
Isotonic - Leg Extension	3/10/36/3	3/10/36/3	3/10/36/3		
Knee - Leg Press - Left	3/10/60/4		3/10/60/4		
Hip Resisted Four Way Hip	1/15/0/6				
Proprioception/Balance Single Leg Stance - on foam	3				
Ankle - Multiaxial	3/10/0/3	3/10/0/3			
Manual Therapy		15	15	15	
Gait Training/Crutch Training			10		
Ankle/Foot - Heel Raise - in sitting			3/10/0/3	3/10/0/3	

Assessment

No change in symptoms since his last appointment. Increased tenderness along the 3rd and 4th metatarsal heads with palpation.

Plan

Cont PT to progress ankle stabilization activities with WB to normal gt mechanics. LE strengthening



Date: 5/23/2012

Jessica Osgood, PTA

316

Daily Note

DATE:	5/25/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

He worked out at the gym yesterday and did an hour on the bike which has made both legs very sore. Requests to focus on manual activities and NWB exercises today. No changed in symptoms for pain or sensations in the foot.

Objective

Patient received skilled therapy in clinic today which included Bike x 8 min f/b therex per flowchart, Manual ankle mobs ant/post, passive stretching, tband ankle 4 way. ice x 15 min to the lateral and dorsal aspect of the L foot to decrease inflammation and pain. See Flow Chart for specific treatment administered to this patient.

DTT: 30

TTT: 40 min with ice

Exercise/Modality Description (sets/reps/weight/duration)	5/25/2012	5/23/2012	5/18/2012	5/10/2012	
Ankle/Foot - Toe Raises - in sitting	3/10/0/3	3/10/0/3		3/10/0/3	
Ankle/Foot - Heel Raise - in sitting	3/10/0/3			3/10/0/3	
Manual Therapy	15		15	15	
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	
Cryocuff	10	10	10	10	
Aerobic- Bike	6	6	6	6	
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Multiaxial	3/10/0/3	3/10/0/3	3/10/0/3		
Proprioception/Balance Weight Shif - Lateral - on foam		1/10/0/3			
E-stim - Unattended		15	15		
Isotonic - Leg Curls		3/10/48/3	3/10/48/3	3/10/48/3	
Isotonic - Leg Extension		3/10/36/3	3/10/36/3	3/10/36/3	
Knee - Leg Press - Left		3/10/60/4		3/10/60/4	
Hip Resisted Four Way Hip		1/15/0/6			
Proprioception/Balance Single Leg Stance - on foam		3			
Gait Training/Crutch Training				10	

Assessment

Pt continues to ambulate with a notable antalgic gt secondary to hypersensitivity along the 3rd and 4th metatarsal heads and increased pain with wb on the 5th metatarsal and 5th digit.

Plan

Cont PT to progress ankle stabilization activities with WB to normal gt mechanics. LE strengthening for functional activities, ws ex for normalization of gt mechanics.

Janice Ogden, FTA

Date: 5/25/2012

Jessica Osgood, PTA

318

Patient: McDaniel, John (Pat#:1000052400) for 5/25/2012 Visit

ROA 823

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Daily Note

DATE:	5/31/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

No change in the foot. Still fighting with his lawyers regarding his settlement for his pay. Not following up with his MD until the first part of July.

Objective

Patient received skilled therapy in clinic today which included Bike x 8 min f/b therex per flowchart, Manual ankle mobs ant/post, passive stretching, tband ankle 4 way. ice x 15 min to the lateral and dorsal aspect of the L foot to decrease inflammation and pain. See Flow Chart for specific treatment administered to this patient.

DTT: 30

TTT: 40 min with ice

Exercise/Modality Description (sets/reps/weight/duration)	5/31/2012	5/25/2012	5/23/2012	5/18/2012	
Ankle/Foot - Toe Raises - in sitting	3/10/0/3	3/10/0/3	3/10/0/3		
Ankle/Foot - Heel Raise - in sitting	3/10/0/3	3/10/0/3			
Manual Therapy	15	15		15	
Proprioception/Balance Weight Shif - Lateral - on foam	1/10/0/3		1/10/0/3		
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	
Cryocuff	10	10	10	10	
Aerobic- Bike	6	6	6	6	
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Isotonic - Leg Curls	3/10/48/3		3/10/48/3	3/10/48/3	
Isotonic - Leg Extension	3/10/36/3		3/10/36/3	3/10/36/3	
Knee - Leg Press - Left	3/10/60/4		3/10/60/4		
Hip Resisted Four Way Hip	1/15/0/4		1/15/0/6		
Proprioception/Balance Single Leg Stance - on foam	3		3		
Ankle - Multiaxial		3/10/0/3	3/10/0/3	3/10/0/3	
E-stim - Unattended			15	15	

Assessment

Improved ankle mobility following anterior/posterior mobilizations but continues to have pain with WB into the forefoot on the L.

Plan

Cont PT to progress ankle stabilization activities with WB to normal gt mechanics. LE strengthening for functional activities, ws ex for normalization of gt mechanics.

Reassessment of objective measurements and goals.

James C. C. FFA

Date: 5/31/2012

Jessica Osgood, PTA

Daily Note

DATE:	6/1/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Patient worried about numbness at lateral foot and discussed with MD about possible amputation.

Objective

Patient received skilled therapy in clinic today which included Bike, reassessment, therex (flowchart), Ultrasound-100% 3.3 MHz with 2.0 w/cm2 6 min over wound lateral L foot for healing, swelling, scar tissue repair. See Flow Chart for specific treatment administered to this patient.

DTT: 23 min

TTT: 40 min

Objective Finding	Initial	Last	Current	Goal
Ankle AROM (L) Dorsiflexion	2	12(18 degrees on R)	10	WNL
Ankle AROM (L) Eversion	8	45	15	WNL
Ankle AROM (L) Inversion	20	20	48	WNL
Ankle AROM (L) Planterflexion	35	55	58	WNL
Ankle Girth Figure 8 (L)	59 cm	59.5	56	WNL
Ankle MMT (L) Dorsiflexion		+3/5pain	+4/5	
Ankle MMT (L) Eversion		+3/5pain	+3/5	
Ankle MMT (L) Inversion		5/5	+4/5	
Ankle MMT (L) Planterflexion		-3/5	3/5	

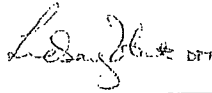
Exercise/Modality Description (sets/reps/weight/duration)	6/1/2012	5/31/2012	5/25/2012	5/23/2012	5/18/2012
Gait Training/Crutch Training	10				
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Ultrasound	8				
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Proprioception/Balance Weight Shif - Lateral - on foam		1/10/0/3		1/10/0/3	
Ankle/Foot - Toe Raises - in sitting		3/10/0/3	3/10/0/3	3/10/0/3	
Ankle/Foot - Heel Raise - in sitting		3/10/0/3	3/10/0/3		
Manual Therapy		15	15		15
Cryocuff		10	10	10	10
Isotonic - Leg Curls		3/10/48/3		3/10/48/3	3/10/48/3
Isotonic - Leg Extension		3/10/36/3		3/10/36/3	3/10/36/3
Knee - Leg Press - Left		3/10/60/4		3/10/60/4	
Hip Resisted Four Way Hip		1/15/0/4		1/15/0/6	
Proprioception/Balance Single Leg Stance - on foam		3		3	
Ankle - Multiaxial			3/10/0/3	3/10/0/3	3/10/0/3
E-stim - Unattended				15	15

Assessment

Patient has WNL mobility in L ankle but is limited in strength by pain. Still demonstrating antalgic gait pattern with L knee buckling upon mid stance. Has most trouble shifting weight to ball of foot. Unable to perform SLS L due to pain. Significant improvement with swelling around L ankle/foot. Was encouraged to consider walking with one crutch to return to normal gait pattern by reducing WB through L foot. No goals met as of yet.

Plan

Patient to be seen for 2-3 times a week for 4-6 weeks for: strengthening, stretching, manual therapy, proprioception/balance training, gait training, and modalities. Focus for next session: Progress WB and gait training, continue LE PRE, and isolated ankle PRE/stabilization.



Date: 6/1/2012

Lindsay Hunter PT

Daily Note

DATE:	6/4/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Patient worried about financial situation with worker's comp. Still has decreased sensation lateral L foot and pain at ball of foot.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), Ultrasound-100% 3.3 MHz with 2.0 w/cm2 6 min over wound lateral L foot for healing, swelling, scar tissue repair, cryoboot L ankle. See Flow Chart for specific treatment administered to this patient.

DTT: 30 min

TTT: 45 min

Exercise/Modality Description (sets/reps/weight/duration)	6/4/2012	6/1/2012	5/31/2012	5/25/2012	5/23/2012
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Ultrasound	8	8			
Cryocuff	10		10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle/Foot - Ankle Pumps - with resistance band on rocker	1/30/0/15				
Ankle/Foot - Rice Bucket	3				
Ankle/Foot - Toe Curls w/towel	1/10/0/15				
Gait Training/Crutch Training		10			
Ankle/Foot - Toe Raises - in sitting			3/10/0/3	3/10/0/3	3/10/0/3
Ankle/Foot - Heel Raise - in sitting			3/10/0/3	3/10/0/3	
Manual Therapy			15	15	
Proprioception/Balance Weight Shif - Lateral - on foam			1/10/0/3		1/10/0/3
Isotonic - Leg Curls			3/10/48/3		3/10/48/3
Isotonic - Leg Extension			3/10/36/3		3/10/36/3
Knee - Leg Press - Left			3/10/60/4		3/10/60/4
Hip Resisted Four Way Hip			1/15/0/4		1/15/0/6
Proprioception/Balance Single Leg Stance - on foam			3		3
Ankle - Multiaxial				3/10/0/3	3/10/0/3
E-stim - Unattended					15

Assessment

Patient reports that he injured R knee over weekend and that he would prefer NWB exercises today. Emphasized isolated ankle PRE. Patient has good strength and mobility of L ankle, but still has difficulty with WB tasks due to pain at ball of foot. Trial of estim for pain reduction unsuccessful due to risk of skin damage since patient is hyposensitive at area of electrode placement.

Plan

Patient to be seen for 2-3 times a week for 4-6 weeks for: strengthening, stretching, manual therapy, proprioception/balance training, gait training, and modalities. Focus for next session: Progress WB and gait training, continue LE PRE, and isolated ankle PRE/stabilization.

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L. Hunter DPT

Date: 6/4/2012

Lindsay Hunter PT

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Daily Note

DATE:	6/6/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

No change in condition.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), Ultrasound-100% 3.3 MHz with 2.0 w/cm2 8 min over wound lateral L foot for healing, swelling, scar tissue repair. See Flow Chart for specific treatment administered to this patient.

DTT: 40 min

TTT: 40 min

Exercise/Modality Description (sets/reps/weight/duration)	6/6/2012	6/4/2012	6/1/2012	5/31/2012	5/25/2012
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Ultrasound	8	8	8		
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Hip Resisted Four Way Hip	1/15/0/4			1/15/0/4	
Knee - Step-Ups - 6" with foam	2/10/0/15				
Knee - Physioball Wall Squats	3/10/0/15				
Cryocuff		10		10	10
Ankle/Foot - Ankle Pumps - with resistance band on rocker		1/30/0/15			
Ankle/Foot - Rice Bucket		3			
Ankle/Foot - Toe Curls w/towel		1/10/0/15			
Gait Training/Crutch Training			10		
Ankle/Foot - Toe Raises - in sitting				3/10/0/3	3/10/0/3
Ankle/Foot - Heel Raise - in sitting				3/10/0/3	3/10/0/3
Manual Therapy				15	15
Proprioception/Balance Weight Shif - Lateral - on foam				1/10/0/3	
Isotonic - Leg Curls				3/10/48/3	
Isotonic - Leg Extension				3/10/36/3	
Knee - Leg Press - Left				3/10/60/4	
Proprioception/Balance Single Leg Stance - on foam				3	
Ankle - Multiaxial					3/10/0/3

Assessment

Patient still has excessive pain at lateral forefoot that limits standing heel raises. Able to complete all therex but notable expressions of pain throughout activities. Severe bruising still remains at dorsal forefoot.

Plan

Focus for next session: Progress WB and gait training, continue LE PRE, and isolated ankle PRE/stabilization.

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Lindsay Hunter PT

Date: 6/6/2012

Lindsay Hunter PT

326

Daily Note

DATE:	6/13/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Pt states he feels that he has begun to plateau with therapy and that he does not believe he will progress too much further. He has a follow up with both MD's the first part of July. He pushes himself as much as he can when he goes to the gym but he still has difficulty with ankle stability due to not being able to place weight into the forefoot. No change with ultrasound or estim.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), Added dynadisc to single leg press and focused on ankle stabilization with the r loop. finished with the cryocuff per pt request x 10 min. See Flow Chart for specific treatment administered to this patient.

DTT: 30 min

TTT: 44 min

Exercise/Modality Description (sets/reps/weight/duration)	6/13/2012	6/6/2012	6/4/2012	6/1/2012	5/31/2012
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10		10		10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Knee - Leg Press - Left	3/10/60/4				3/10/60/4
Ultrasound		8	8	8	
Hip Resisted Four Way Hip		1/15/0/4			1/15/0/4
Knee - Step-Ups - 6" with foam		2/10/0/15			
Knee - Physioball Wall Squats		3/10/0/15			
Ankle/Foot - Ankle Pumps - with resistance band on rocker			1/30/0/15		
Ankle/Foot - Rice Bucket			3		
Ankle/Foot - Toe Curls w/towel			1/10/0/15		
Gait Training/Crutch Training				10	
Proprioception/Balance Weight Shif - Lateral - on foam					1/10/0/3
Manual Therapy					15
Ankle/Foot - Toe Raises - in sitting					3/10/0/3
Ankle/Foot - Heel Raise - in sitting					3/10/0/3
Isotonic - Leg Curls					3/10/48/3
Isotonic - Leg Extension					3/10/36/3
Proprioception/Balance Single Leg Stance - on foam					3

Assessment

no change in objective findings at this time. Agree with the patient that he has begun to plateau with therapy. Discussed how to incorporate his ankle stabilization exercises into his own gym routine.

Plan

Focus for next session: Progress WB and gait training, continue LE PRE, and isolated ankle PRE/stabilization.

327

Jessica Osgood, PTA

Date: 6/13/2012

Jessica Osgood, PTA

328

Daily Note

DATE:	6/15/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

No change in condition reported today.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), cryocuff L ankle. See Flow Chart for specific treatment administered to this patient.

DTT: 38 min

TTT: 44 min

Exercise/Modality Description (sets/reps/weight/duration)	6/15/2012	6/13/2012	6/6/2012	6/4/2012	6/1/2012
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10		10	
Aerobic- Bike	6	6	6	6	6
Knee - Squats - on bosu platform	3/10/0/15				
Isotonic - hip abd/add	2/20/40/15				
Isotonic - hip flex/ext	2/20/40/15				
Proprioception/Balance Single Leg Stance - on bosu ball	3				
Knee - Terminal Knee Extension w/ tubing	3/10/0/15				
Knee - NK Table-Extension	3/20/12.5/3				
Knee - NK Table-Flexion	3/20/12.5/3				
Ankle - Theraband Dorsiflexion		3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion		3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion		3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion		3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Knee - Leg Press - Left		3/10/60/4			
Ultrasound			8	8	8
Hip Resisted Four Way Hip			1/15/0/4		
Knee - Step-Ups - 6" with foam			2/10/0/15		
Knee - Physioball Wall Squats			3/10/0/15		
Ankle/Foot - Ankle Pumps - with resistance band on rocker				1/30/0/15	
Ankle/Foot - Rice Bucket				3	
Ankle/Foot - Toe Curls w/towel				1/10/0/15	
Gait Training/Crutch Training					10

Assessment

Patient had some pain but no weakness demonstrated with TKEs due to full pressure applied over entire foot. Good performance with all other therex.

Plan

Focus for next session: Progress WB and gait training, continue LE PRE, and isolated ankle PRE/stabilization.

329

Lindsay Hunter

Date: 6/15/2012

Lindsay Hunter PT

330

Daily Note

DATE:	6/20/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Patient reports that foot feels like it's on fire when FWB on it.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), cryocuff L ankle. See Flow Chart for specific treatment administered to this patient.

DTT: 30 min

TTT: 40 min

Exercise/Modality Description (sets/reps/weight/duration)	6/20/2012	6/15/2012	6/13/2012	6/6/2012	6/4/2012
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10		10
Aerobic- Bike	6	6	6	6	6
Knee - Squats - on bosu platform	3/10/0/15	3/10/0/15			
Proprioception/Balance Single Leg Stance - on foam	3	3			
Knee - Terminal Knee Extension w/ tubing	3/10/0/15	3/10/0/15			
Isotonic - hip abd/add		2/20/40/15			
Isotonic - hip flex/ext		2/20/40/15			
Knee - NK Table-Extension		3/20/12.5/3			
Knee - NK Table-Flexion		3/20/12.5/3			
Ankle - Theraband Dorsiflexion			3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion			3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion			3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion			3/10/0/2	3/10/0/2	3/10/0/2
Knee - Leg Press - Left			3/10/60/4		
Ultrasound				8	8
Hip Resisted Four Way Hip				1/15/0/4	
Knee - Step-Ups - 6" with foam				2/10/0/15	
Knee - Physioball Wall Squats				3/10/0/15	
Ankle/Foot - Ankle Pumps - with resistance band on rocker					1/30/0/15
Ankle/Foot - Rice Bucket					3
Ankle/Foot - Toe Curls w/towel					1/10/0/15

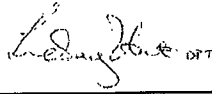
Assessment

Patient demonstrates good strength, balance, and mobility of L ankle/LE but still has severe pain with therex. Able to complete all activities including FWB SLS on L but reports high symptoms. Patient was educated on options for continuing PT versus taking a cessation after last 3 visits. Patient was self limiting with therex today due to increased pain with FWB activities. Walked with antalgic gait post treatment today.

Plan

Focus for next session: Progress WB and gait training, continue LE PRE, and isolated ankle PRE/stabilization.

331

 DPT

Date: 6/20/2012

Lindsay Hunter PT

332

Daily Note

DATE:	6/25/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Feels that his strength continues to improve but is still limited by burning pain in the foot.
MD follow up on July 2nd.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), cryocuff L ankle. manual techniques for ankle mobility/rom. See Flow Chart for specific treatment administered to this patient.

DTT: 32 min

TTT: 40 min

Exercise/Modality Description (sets/reps/weight/duration)	6/25/2012	6/20/2012	6/15/2012	6/13/2012	6/6/2012
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	10	
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2			3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2			3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2			3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2			3/10/0/2	3/10/0/2
Ankle/Foot - Toe Curls w/towel	1/10/0/3				
Knee - Squats - on bosu platform	3/10/0/3	3/10/0/15	3/10/0/15		
Proprioception/Balance Single Leg Stance - on bosu ball	3	3	3		
Knee - Terminal Knee Extension w/ tubing	3/10/0/3	3/10/0/15	3/10/0/15		
Isotonic - hip abd/add			2/20/40/15		
Isotonic - hip flex/ext			2/20/40/15		
Knee - NK Table-Extension			3/20/12.5/3		
Knee - NK Table-Flexion			3/20/12.5/3		
Knee - Leg Press - Left				3/10/60/4	
Ultrasound					8
Hip Resisted Four Way Hip					1/15/0/4
Knee - Step-Ups - 6" with foam					2/10/0/15
Knee - Physioball Wall Squats					3/10/0/15

Assessment

Pt is able to modify WB activities to avoid irritation to the forefoot but continues to be limited with proprioception strengthening secondary to pain and hypersensitivity.

Plan

Focus for next session: Progress WB and gait training, continue LE PRE, and isolated ankle PRE/stabilization.

Janice C. Good, DPT

333

Date: 6/25/2012

Jessica Osgood, PTA

334

Daily Note

DATE:	6/27/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

The patient states he has returned to working out at the gym every day due to no longer having a job to attend. He still has the most difficulty placing weight into his forefoot secondary to pain in the 5th toe. The small wound that remains on his foot recently opened which he thought was completely healed as of yesterday.
MD follow up on July 2nd.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), cryocuff L ankle. manual techniques for ankle mobility/rom. See Flow Chart for specific treatment administered to this patient.
updated objective measurements for ROM and goals.

DTT: 32 min

TTT: 40 min

Objective Finding	Initial	Last	Current	Goal
Ankle AROM (L) Dorsiflexion	2	10	18	WNL
Ankle AROM (L) Eversion	8	15	15	WNL
Ankle AROM (L) Inversion	20	48	40	WNL
Ankle AROM (L) Planterflexion	35	58	50	WNL
Ankle Girth Figure 8 (L)	59 cm	56	58.5	WNL
Ankle Girth Figure 8 (R)	57 cm	57	56.5	WNL
Ankle MMT (L) Dorsiflexion		+4/5	5/5	
Ankle MMT (L) Eversion		+3/5	4/5	
Ankle MMT (L) Inversion		+4/5	5/5	
Ankle MMT (L) Planterflexion		3/5	4/5	

Exercise/Modality Description (sets/reps/weight/duration)	6/27/2012	6/25/2012	6/20/2012	6/15/2012	6/13/2012
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2			3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2			3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2			3/10/0/2
Ankle - Theraband Planterflexion	3/10/0/2	3/10/0/2			3/10/0/2
Ankle/Foot - Ankle Pumps - with resistance band on rocker	1/30/0/2				
Ankle/Foot - Toe Curls w/towel		1/10/0/3			
Knee - Squats - on bosu platform		3/10/0/3	3/10/0/15	3/10/0/15	
Proprioception/Balance Single Leg Stance - on bosu ball		3	3	3	
Knee - Terminal Knee Extension w/ tubing		3/10/0/3	3/10/0/15	3/10/0/15	
Isotonic - hip abd/add				2/20/40/15	
Isotonic - hip flex/ext				2/20/40/15	
Knee - NK Table-Extension				3/20/12.5/3	
Knee - NK Table-Flexion				3/20/12.5/3	

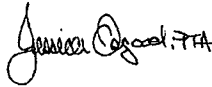
Exercise/Modality Description (sets/reps/weight/duration)	6/27/2012	6/25/2012	6/20/2012	6/15/2012	6/13/2012
Knee - Leg Press - Left					3/10/60/4

Assessment

STG # 1 met, LTG #1 met. Strength has returned to normal but is limited with manual resistance due to pain along the dorsum and lateral aspect of the 5th metatarsal. Able to complete all gym activities if modifications are made to place weight into the heel of the L foot versus into the forefoot. The patient has reached a plateau with therapy at this time and has become independent with his gym activities for functional LE/ankle strengthening.

Plan

Pt to complete 1 more visit of PT prior to following up with his MD to discuss the next phase of treatment. Possible D/C from PT.



Date: 6/27/2012

Jessica Osgood, PTA

Daily Note

DATE:	6/29/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

No change over the past several weeks.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), cryocuff L ankle. manual techniques for ankle mobility/rom. See Flow Chart for specific treatment administered to this patient.

DTT: 30 min

TTT: 40 min

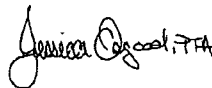
Exercise/Modality Description (sets/reps/weight/duration)	6/29/2012	6/27/2012	6/25/2012	6/20/2012	6/15/2012
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2		
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2		
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2		
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2		
Ankle/Foot - Ankle Pumps - with resistance band on rocker	1/30/0/2	1/30/0/2			
Ankle/Foot - Toe Curls w/towel	1/10/0/3		1/10/0/3		
Knee - Squats - on bosu platform			3/10/0/3	3/10/0/15	3/10/0/15
Proprioception/Balance Single Leg Stance - on bosu ball			3	3	3
Knee - Terminal Knee Extension w/ tubing			3/10/0/3	3/10/0/15	3/10/0/15
Isotonic - hip abd/add					2/20/40/15
Isotonic - hip flex/ext					2/20/40/15
Knee - NK Table-Extension					3/20/12.5/3
Knee - NK Table-Flexion					3/20/12.5/3

Assessment

Increased tenderness during PROM and mobs today due to pt stating his medication has not taken effect yet.

Plan

Pt to follow up with his MD on Monday and will discuss whether to continue with PT.



Date: 6/29/2012

Jessica Osgood, PTA

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Daily Note

DATE:	7/2/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

Patient met with MD who is DCing him from PT after next visit and is changing pain control plan to include new pain meds and orthotics.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), manual PROM L ankle. cryocuff L ankle. See Flow Chart for specific treatment administered to this patient.

DTT: 30 min

TTT: 52 min

Exercise/Modality Description (sets/reps/weight/duration)	7/2/2012	6/29/2012	6/27/2012	6/25/2012	6/20/2012
Ankle/Foot - Heelcord stretch	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	
Ankle/Foot - Ankle Pumps - with resistance band on rocker	1/30/0/2	1/30/0/2	1/30/0/2		
Knee - Squats - on bosu platform	3/10/0/15			3/10/0/3	3/10/0/15
Proprioception/Balance Single Leg Stance - on bosu ball	3			3	3
Ankle - Multiaxial	3/20/0/2				
Ankle/Foot - Toe Curls w/towel		1/10/0/3		1/10/0/3	
Knee - Terminal Knee Extension w/ tubing				3/10/0/3	3/10/0/15

Assessment

Patient has been consistent with HEP and demonstrates independence with all therex in clinic. Still has lateral L foot pain that is limiting factor for gait mechanics. Plans to continue for one more visit and then DC to HEP.

Plan

Pt to complete therapy for 1 more visit. DC next visit.

Lindsay Hunter

Date: 7/2/2012

Lindsay Hunter PT

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Daily Note

DATE:	7/5/2012	INSURANCE:	UNITED HEARTLAND
PATIENT:	McDaniel, John	SSN:	<No Resources In Database>
PATIENT #:	1000052400	DATE OF BIRTH:	3/5/1982
DIAGNOSIS:	INJURY - Fracture - Foot - Metatarsal(s) - Closed (825.25)		
PROBLEM SITE:	Foot - Left		
SITE DESCRIPTION:	West		
REFERRAL:	Blake L Ohlson	VISIT DUR:	

Subjective

He has started another medication on top of the celebrex this week that his Dr. stated would likely decrease the burning sensations he feels in the foot. Will be finished with therapy after today's visit and is eager to hear what the Dr. has to say at his follow up next week.

Objective

Patient received skilled therapy in clinic today which included Bike, therex (flowchart), manual PROM L ankle. cryocuff L ankle. See Flow Chart for specific treatment administered to this patient.

DTT: 30 min

TTT: 43 min

Exercise/Modality Description (sets/reps/weight/duration)	7/5/2012	7/2/2012	6/29/2012	6/27/2012	6/25/2012
Cryocuff	10	10	10	10	10
Aerobic- Bike	6	6	6	6	6
Ankle - Theraband Dorsiflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Eversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Inversion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Theraband Plantarflexion	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2	3/10/0/2
Ankle - Multiaxial	3/20/0/5	3/20/0/2			
Ankle/Foot - Heelcord stretch		3/20/0/2	3/20/0/2	3/20/0/2	3/20/0/2
Ankle/Foot - Ankle Pumps - with resistance band on rocker		1/30/0/2	1/30/0/2	1/30/0/2	
Knee - Squats - on bosu platform		3/10/0/15			3/10/0/3
Proprioception/Balance Single Leg Stance - on bosu ball		3			3
Ankle/Foot - Toe Curls w/towel			1/10/0/3		1/10/0/3
Knee - Terminal Knee Extension w/ tubing					3/10/0/3

Assessment

No change in symptoms with the new medication which he began taking 2 days ago. He continues to ambulate with an antalgic gt secondary to L lateral foot pain. Unable to WB through the toes on the L foot. Pt has hit a plateau with therapy but will continue his exercises on his own at the gym to maintain the progress made for LE and ankle strengthening. No new goals met at this time.

Plan

D/C to I HEP.

Jessica Osgood, PTA

Date: 7/5/2012

Jessica Osgood, PTA

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Pain Specialists of Charleston, P.A.

MCDANIEL, JOHN C

30 Y old Male, DOB: 03/05/1982

1387 CAMP ROAD, UNIT C, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN C Insurance: UNITED
HEARTLAND

Referring: EDWARD M TAVEL

Appointment Facility: PAIN SPECIALISTS OF CHARLESTON

12/04/2012

Progress Note: Crystal Gutierrez, PA-C

Reason for Appointment

1. Left Foot Pain

History of Present Illness

Med Follow Up:

The relief that the medication provides Patient was seen in the office on 10/30/2012 and was instructed to stop Lyrica and begin gralise 600 mg. Patient states that this new regimen provides 20% pain relief. He states that he is not "foggy" headed like he was while taking Lyrica. He is pleased with this since he is in college and able to think clearer.

DATE OF INJURY : 11/21/2011

WORK STATUS : NOT WORKING AT THIS TIME.

Pain Management:

The patient is complaining of pain located in the left foot. Compared to the last visit the pain is improved slightly. The pain is described as aching, burning, numb, tenderness, shock-like sensation. The pain radiates to into left foot.

Current Medications

Gralise 600 MG Tablet 3 tablets with evening meal Once a day

Celebrex 200 MG Capsule 1 capsule Once a day

Past Medical History

Heartburn

Surgical History

hernia repair

Family History

Siblings: alive

2 brother(s) - healthy.

Non-Contributory

Social History

Alcohol: yes.

no Children.

no Married.

Smoking: yes 1 PACK/2DAYS.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

see above

Review of Systems

Cardiology:

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Crystal Gutierrez, PA-C 12/04/2012

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

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Patient denies chest pain (angina), shortness of breath, dizziness.

Gastroenterology:

Patient denies nausea/vomiting, diarrhea, constipation.

Neurology:

Patient denies dizziness, poor balance, blurred vision, arm weakness, headache. Patient complaining of tingling, numbness, leg weakness (LEFT).

Respiratory:

Patient denies use of inhalers, shortness of breath, cough.

Vital Signs

Pain Scale 3/10, Ht 75, Wt 250, BP 108/72, HR 70, RR 20.

Examination

General examination:

General appearance: alert and oriented to person, place and time. pleasant.

Physical Examination

General:

General appearance: pleasant, alert and oriented x4 with appropriate mood and affect.

Assessments

1. Mononeuritis of unspecified site - 355.9 (Primary)
2. Closed fracture of metatarsal bone(s) - 825.25

Treatment

1. Mononeuritis of unspecified site

Refill Gralise Tablet, 600 MG, 3 tablets with evening meal, Orally, Once a day, 30 day(s), 90, Refills 1

Refill Celebrex Capsule, 200 MG, 1 capsule, Orally, Once a day, 30 day(s), 30, Refills 0

After talking with patient we will refill prescriptions for Gralise and Celebrex. Patient will follow up in 2 months for medication management. Total time spent with patient in excess of 15 minutes with 50% of time spent counselling patient regarding treatment options. As always, thank you for allowing me the opportunity to work with this patient.

Follow Up

2 Months (Reason: Medication Follow Up)

Electronically signed by CRYSTAL GUTIERREZ , PA-C on 05/07/2013 at 02:16 PM EDT

Sign off status: Pending

PAIN SPECIALISTS OF CHARLESTON
2791 TRICOM ST
NORTH CHARLESTON, SC 294065017
Tel: 843-818-1181
Fax: 843-818-1145

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Crystal Gutierrez, PA-C 12/04/2012

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



Pain Specialists
of Charleston, P.A.

MCDANIEL, JOHN C

30 Y old Male, DOB: 03/05/1982
1387 CAMP ROAD, UNIT C, CHARLESTON, SC, US 29412

Home: 843-425-3000

Provider: TAVEL, EDWARD M

Telephone
Encounter

Answered by KUFEN, DEBORAH

Date: 01/07/2013

Time: 10:43 AM

Reason Permission to hold blood thinner

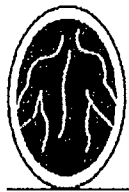
Message refills of celebrex 200 mg qd

Action Taken KUFEN, DEBORAH 1/7/2013 10:44:26 AM > refills called in to above pharmacy

Refills Continue Celebrex Capsule, 200 MG, Orally, 30, 1 capsule, Once a day, 30 day(s), Refills=2

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Provider: TAVEL, EDWARD M 01/07/2013

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



Pain Specialists of Charleston, P.A.

MCDANIEL, JOHN C

30 Y old Male, DOB: 03/05/1982
1387 CAMP ROAD, UNIT C, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN C Insurance: UNITED
HEARTLAND

Referring: EDWARD M TAVEL

Appointment Facility: PAIN SPECIALISTS OF CHARLESTON

02/05/2013

Crystal Gutierrez, PA-C

Reason for Appointment

1. Foot Pain

History of Present Illness

Response to treatment since last visit:

Mr. McDaniel is here today for a medication follow up. On patient's previous visit we refilled Gralise 600 MG and Celebrex 200 MG. Patient c/o left foot pain that radiates up into the left knee. Patient rates pain level today 5/10 on a pain scale.

DATE OF INJURY : 07/21/2012

WORK STATUS : NOT WORKING AT THIS TIME.

Med Follow Up:

The relief that the medication provides is 30-40%. The onset of the relief provided by the medication is less than 30 minutes. Compliance with the medical regimen has been as prescribed. Side effects of the medication include cognitive impairment, constipation, diarrhea, vomiting (rarely). He has been taking a Gralise tab in the morning.

Current Medications

Gralise 600 MG Tablet 3 tablets with evening meal Once a day

Celebrex 200 MG Capsule 1 capsule Once a day

Medication List reviewed and reconciled with the patient

Past Medical History

Heartburn

Surgical History

hernia repair

Family History

Siblings: alive

2 brother(s) - healthy.

Non-Contributory

Social History

Alcohol: yes.

no Children.

no Married.

Smoking: yes 1 PACK/2DAYS.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

see above

Review of Systems

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Crystal Gutierrez, PA-C 02/05/2013

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

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Constitutional:

Patient denies fever, loss of appetite, insomnia, weakness/fatigue, weight gain.

Gastroenterology:

Patient denies Black or Tarry stools, difficulty swallowing, heartburn. Patient complaining of nausea/vomiting, diarrhea, constipation.

Neurology:

Patient denies dizziness, poor balance, blurred vision. Patient complaining of tingling, numbness, leg weakness.

Vital Signs

Pain Scale 5/10, Ht 75, Wt 250, BP 142/90, HR 90, RR 20.

Examination

General examination:

General appearance: alert and oriented to person, place and time.

Assessments

1. Mononeuritis of unspecified site - 355.9 (Primary)

Treatment

1. Mononeuritis of unspecified site

Change to Celebrex Capsule, 100 MG, 1 capsule, Orally, Twice a day, 30 day(s), 60, Refills 1

Refill Gralise Tablet, 600 MG, 3 tablets with evening meal, Orally, Once a day, 30 day(s), 90, Refills 1

After talking with patient we will change Celebrex to 100mg bid and refill Gralise as directed. We will see patient back in 3 weeks for a medication follow up. Patient advised to take the Gralise at dinner time to prevent daytime drowsiness. Total time spent with patient in excess of 15 minutes with 50% of time spent counselling patient regarding treatment options. As always, thank you for allowing me the opportunity to work with this patient.

Follow Up

3 Weeks (Reason: Medication Follow Up)

Electronically signed by CRYSTAL GUTIERREZ, PA-C on 05/07/2013 at 02:16 PM EDT

Sign off status: Pending

PAIN SPECIALISTS OF CHARLESTON
2791 TRICOM ST
NORTH CHARLESTON, SC 294065017
Tel: 843-818-1181
Fax: 843-818-1145

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Crystal Gutierrez, PA-C 02/05/2013

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



Pain Specialists of Charleston, P.A.

MCDANIEL, JOHN C

31 Y old Male, DOB: 03/05/1982
1387 CAMP ROAD, UNIT C, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN C Insurance: UNITED
HEARTLAND

Referring: EDWARD M TAVEL

Appointment Facility: PAIN SPECIALISTS OF CHARLESTON

03/05/2013

Amanda McFann, NP

Reason for Appointment

1. Low Back Pain

History of Present Illness

Response to treatment since last visit:

Patient comes in today for medication management visit. Patient continues to take Celebrex 100 mg and Gralise as directed. Patient states that he doesn't like the Gralise and feels as though he is having cognitive problems from this.

DATE OF INJURY : 07/21/2012.

WORK STATUS : NOT WORKING AT THIS TIME.

Med Follow Up:

The relief that the medication provides is 40-50%. The onset of the relief provided by the medication is 1-2, hours. The duration of the effect of the medication is 6-8 hours. Compliance with the medical regimen has been as prescribed. Side effects of the medication include constipation.

Current Medications

Gralise 600 MG Tablet 3 tablets with evening meal Once a day
Celebrex 100 MG Capsule 1 capsule Twice a day

Past Medical History

Heartburn

Surgical History

hernia repair

Family History

Siblings: alive
2 brother(s) - healthy.
Non-Contributory

Social History

Alcohol: yes.
no Children.
no Married.
Smoking: yes 1 PACK/2DAYS.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

see above

Review of Systems

Cardiology:

Patient denies chest pain (angina), shortness of breath, dizziness, irregular heartbeats (palpitations).

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Amanda McFann, NP 03/05/2013

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

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Gastroenterology:

Patient denies difficulty swallowing, Black or Tarry stools. Patient complaining of nausea/vomiting, diarrhea, constipation.

Neurology:

Patient denies dizziness, poor balance, arm weakness.

Vital Signs

Pain Scale 5-6/10, Ht 75, Wt 250, BP 113/78, HR 78, RR 20.

Examination

General examination:

General appearance: alert and oriented to person, place and time, pleasant.

Physical Examination

General:

General appearance: well nourished, pleasant, no acute distress, alert and oriented x4 with appropriate mood and affect, Healthy appearing.

Assessments

1. Mononeuritis of unspecified site - 355.9 (Primary)

Treatment

1. Mononeuritis of unspecified site

Stop Gralise Tablet, 600 MG, 3 tablets with evening meal, Orally, Once a day, 30 day(s), 90

Refill Celebrex Capsule, 100 MG, 1 capsule, Orally, Twice a day, 30 day(s), 60, Refills 1

Start Neurontin Capsule, 300 MG, 1 capsule, Orally, Three times a day, 30 day(s), 90, Refills 1

We will refill patients prescriptions today for Celebrex and we will prescribed Neurontin as directed. Patient is satisfied and compliant with current medication regimen. Patient will return in 8 weeks for medication management Total time spent with patient in excess of 15 minutes with 50% of time spent counselling patient regarding treatment options. As always, thank you for allowing me the opportunity to work with this patient.

Follow Up

2 Months (Reason: Medication Follow Up)

Electronically signed by AMANDA MCFANN on 05/07/2013 at 02:16 PM EDT

Sign off status: Pending

PAIN SPECIALISTS OF CHARLESTON
2791 TRICOM ST
NORTH CHARLESTON, SC 294065017
Tel: 843-818-1181
Fax: 843-818-1145

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Amanda McFann, NP 03/05/2013

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



Pain Specialists
of Charleston, P.A.

MCDANIEL, JOHN C

31 Y old Male, DOB: 03/05/1982
1387 CAMP ROAD, UNIT C, CHARLESTON, SC, US 29412

Home: 843-425-3000
Provider: TAVEL, EDWARD M

Telephone
Encounter

Answered by BUXTON, ANGIE

Date: 03/12/2013
Time: 03:02 PM

Message

NICOLE, THE ADJUSTER ON FILE, HER NAME IS ALSO NICOLE ASKED THAT WE FAX 262-641-8279 THE PATIENT'S LAST NOTE FROM 3.5.13.

Action Taken

BUXTON, ANGIE 3/12/2013 3:02:35 PM > ISHERWOOD, NICOLE 3/12/2013 3:11:28 PM > faxed

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Provider: TAVEL, EDWARD M 03/12/2013

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



Pain Specialists
of Charleston, P.A.

MCDANIEL, JOHN C

31 Y old Male, DOB: 03/05/1982

1387 CAMP ROAD, UNIT C, CHARLESTON, SC, US 29412

Home: 843-425-3000

Provider: TAVEL, EDWARD M

Telephone
Encounter

Answered by BUXTON, ANGIE

Date: 04/25/2013

Time: 05:19 PM

Message PATIENT CANNOT BE SEEN WHEN DR T IS OUT OF THE OFFICE. RS TO ANOTHER TIME.

Action Taken BUXTON,ANGIE 4/25/2013 5:19:44 PM > BUXTON,ANGIE 4/26/2013 12:48:04 PM > per nicole ,
patient can be seen at Tricom.

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Provider: TAVEL, EDWARD M 04/25/2013

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

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Pain Specialists
of Charleston, P.A.

MCDANIEL, JOHN C

31 Y old Male, DOB: 03/05/1982
1387 CAMP ROAD, UNIT C, CHARLESTON, SC, US 29412

Home: 843-425-3000
Provider: TAVEL, EDWARD M

Telephone
Encounter

Answered by KUFEN, DEBORAH

Date: 05/01/2013
Time: 09:33 AM

Reason Message

Message REFILLS OF GRALISE

Action Taken KUFEN, DEBORAH 5/1/2013 9:33:10 AM > REFILLS OF GRALISE CALLED IN TO WALGREENS LISTED ABOVE

Refills Stop Neurontin Capsule, 300 MG, Orally, 90, 1 capsule, Three times a day, 30 day(s)
Start Gralise Tablet, 600 MG, Orally, 90, 3 tablets with evening meal, Once a day, 30 day(s), Refills=2

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Provider: TAVEL, EDWARD M 05/01/2013

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

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Pain Specialists of Charleston, P.A.

MCDANIEL, JOHN C

31 Y old Male, DOB: 03/05/1982
1387 CAMP ROAD, UNIT C, CHARLESTON, SC-29412

Home: 843-425-3000

Guarantor: MCDANIEL, JOHN C Insurance: UNITED
HEARTLAND

Referring: EDWARD M TAVEL

Appointment Facility: PAIN SPECIALISTS OF CHARLESTON

05/06/2013

Crystal Gutierrez, PA-C

Reason for Appointment

1. Left Foot Pain

History of Present Illness

Med Follow Up:

DATE OF INJURY : 07/21/2012

WORK STATUS : NOT WORKING AT THIS TIME

Mr. McDaniel is here today for medication management. At last appointment on 03/05/2013 we refilled patients prescriptions for Celebrex 100mg for pain and Neurontin 300mg for nerve pain. Patient was taken off Gralise at last appointment due to it causing cognitive problems, however, on 05/01/2013 a telephone encounter was made for refills of Gralise. Patient states on 05/03/2013 he went to the pharmacy to pick up his prescriptions and was given refills for all three (Gralise, Celebrex, and Neurontin), but that he is not taking the Gralise.

Patient states he feels as though the medications and taking the edge off the pain, as he is taking Celebrex and Neurontin daily.

The relief that the medication provides is 40-50%. The onset of the relief provided by the medication is 30 minutes - 1 hour. The duration of the effect of the medication is 2-3, hours. Side effects of the medication include constipation, diarrhea, vomiting.

Pain Management:

Today patient complains of LEFT foot pain that is radiating up to the ankle and knee, and patient states he feels as though it is working its way up to his hip and low back. Patient rates pain 4-5/10 on pain scale today.

Current Medications

Gralise 600 MG Tablet 3 tablets with evening meal Once a day

Celebrex 100 MG Capsule 1 capsule Twice a day

Medication List reviewed and reconciled with the patient

Past Medical History

Heartburn

Surgical History

hernia repair

Family History

Siblings: alive

2 brother(s) - healthy.

Non-Contributory

Social History

Alcohol: yes.

no Children.

no Married.

Smoking: yes Smoking Status: Current Smoker, How often do you smoke cigarettes? Every day, How many cigarettes a day do you smoke? 5 or less, How soon after you wake up do you smoke your first cigarette? 6-30 min, Are you interested in quitting? Thinking about quitting.

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Crystal Gutierrez, PA-C 05/06/2013

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

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Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

see above

Review of SystemsConstitutional:

Patient denies fever, loss of appetite, insomnia. Patient complaining of weakness/fatigue.

Gastroenterology:

Patient complaining of nausea/vomiting, diarrhea, constipation.

Neurology:

Patient denies dizziness, blurred vision, headache, tingling, numbness, arm weakness. Patient complaining of poor balance, leg weakness.

Vital Signs

Pain Scale 4-5/10, Ht 75, Wt 250, BMI 31.24, BP 141/99, HR 84, RR 20.

ExaminationGeneral examination:

General appearance: alert and oriented to person, place and time. pleasant.

Assessments

1. Mononeuritis of unspecified site - 355.9 (Primary)

Treatment**1. Mononeuritis of unspecified site**

Stop Gralise Tablet, 600 MG, 3 tablets with evening meal, Orally, Once a day

Continue Neurontin Capsule, 300 MG, 1 capsule, Orally, Three times a day

After talking with patient, he will stop gralise due to side effects and continue Neurontin 300mg and Celebrex 100mg as prescribed, no refills needed today. We will see patient back in the office in 4-5 weeks to discuss placing at MMI with referral for FCE to determine permanent work restrictions. Patient will continue current work restrictions until completion of FCE. Total time spent with patient in excess of 15 minutes with 50% of time spent counselling patient regarding treatment options. Electronic records being sent to referring provider. As always, thank you for allowing me the opportunity to work with this patient.

Follow Up

4-5 weeks (Reason: Medication Follow Up)

Electronically signed by CRYSTAL GUTIERREZ , PA-C on 05/14/2013 at 03:13 PM EDT

Sign off status: Pending

PAIN SPECIALISTS OF CHARLESTON
2791 TRICOM ST
NORTH CHARLESTON, SC 294065017
Tel: 843-818-1181
Fax: 843-818-1145

Patient: MCDANIEL, JOHN C DOB: 03/05/1982 Progress Note: Crystal Gutierrez, PA-C 05/06/2013

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

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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM South Carolina
Workers Compensation Commission

Full Commission Order Dated December 19, 2013 Affirming Commissioner Melody L. James
orders dated January 04, 2013 And September 30, 2013

Case No.: 2014-000186

John C. McDaniel Appellant,

v.

Snelling Staffing Services and United Wisconsin Insurance
Company c/o United Heartland Respondents.

APPELLANT'S RESPONSE TO RESPONDENTS'
MOTION TO STRIKE AND/OR
AMEND CLAIMANTS INITIAL BRIEF
AND DESIGNATION OF MATTER

PLEASE TAKE NOTICE that the Appellant hereby replies to Respondents' Motion
to Strike and/or Amend Portions of Appellant's Initial Brief and Designation as follows:

As to Paragraphs 1 and 2: The recordings are communications with an
administrative agency in execution of its public functions. These recordings support the
claims of the Appellant that the SCWCC actively and aggressively suppressed
constitutional guarantees of Due Process and Equal Protection. The Appellant will supply
the Respondents with copies of the two recordings in question.

As to Paragraph 3: The "Amended Form 30" was ruled on so it must necessarily be
part of the record that can be reviewed.

It is the Appellants responsibility to place evidence into the Record on Appeal to sufficiently allow for judicial review.

For justification to exclude Appellant's "Amended Form 30" Respondents cite Rule 210 (c), SCACR, "[t]he Record shall not...include matter which was not presented to the lower court or tribunal."

The SC Workers Compensation addressed the acceptance of Appellant's Amended Form 30 During the hearing as reflected in the full commission hearing transcript from October 14, 2013 p.5:15-19 where Commissioner Barden said, "We have that [amended form 30] in front of us, yes, sir."

Then on November 1, Appellant received drafting instructions that stated "the Form 30 was not timely served, so no documents outside the record were considered."

Then on Dec. 16, 2013 Appellant notified the commission of his objection to the form 30's exclusion, among various other defects. (Exhibit A) None of the defects were addressed and the commission signed a order on December 19, 2013.

Following the Decision and Order of the Commission the Appellant notified the court of the intent to seek review with the first topic in the "Statement of Issues on Appeal" was:
"I DID THE COMMISSION ERR IN FAILING T ACCEPT THE APPELLANTS AMENDED FORM 30?"

When a document is presented to the lower court, the matter decided upon, the appellant has a right to judicial review of the decision.

Terry v. SC DEPT. OF HEALTH 377 S.C. 569, 660 SE 2d 291 (Ct. App. 2008) After an aggrieved party has exhausted all administrative remedies, the party is entitled to judicial review by the South Carolina Court of Appeals. See S.C. Code Ann. § 1-23-380(A) (Supp. 2007). Judicial review is confined to the record and is governed by South Carolina Code section § 1-23-380(A)(5), which provides:

The court may not substitute its judgment for the judgment of the agency as to the weight of the evidence on questions of fact. The court may affirm the decision of the agency or remand the case for further proceedings. [However,] [t]he court may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions, or decisions are: (a) in violation of constitutional or statutory provisions; (b) in excess of the statutory authority of the agency; (c) made upon unlawful procedure; (d) affected by other error of law; (e) clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or (f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

A) Disallowing the Appellant his right of review would suppress his right to due process and equal protection under the South Carolina and United States Constitutions.

B) S.C. Code Ann. §1-23-320 prohibits an administrative agency from excluding relevant evidence.

C) The Original Form 30 and Review hearing was stayed by the SCWCC "appellate panel" to admit additional and newly discovered evidence pursuant to R. 67-707 (C)(2)(e) and remanded to the original commissioner for further proceedings. After the remand hearing Appellant retains the right of judicial review regarding rulings of law and findings of fact from both hearings.

D) Lack of exercise of discretion amounts to an abuse of discretion, and when the SCWCC denies an injured worker the RIGHT to introduce evidence it is in contradiction of *Watson v. Extra Mile Trucking*, 399 SC 455, 732 SE 2d 190 (Ct App. 2012) where the court clearly established that the commission in exercise of its authority was not bound by the strict rules of evidence and was given wide latitude to accept additional evidence.

In lay terms, the Amended Form 30 clearly and concisely states errors of law and fact alleged by the appellant that were not ruled on by the Commission, to allow this document to be excluded from the review process would severely prejudice the appellants right to review.

As to Paragraph 4 and 5: Upon information and belief these records are dated as proposed. I will clarify when the SC Worker Compensation Commission complies with my records request for the forms that were filed on my behalf by my former counsel.

As to Paragraph 6: Appellant agrees.

As to Paragraph 7: Appellant clarifies a date of October 12, 2013.

As to Paragraph 8: Appellant clarifies record dated and received March 26, 2013.

As to Paragraph 10: Appellant clarifies date of service of May 15, 2013 by Virginia Crocker.

As to Paragraph 12: Appellant clarifies date filed of May 09, 2013.

As to Paragraph 13: Appellant clarifies date filed of May 14, 2013

As to Paragraphs 9, 11, 14, 15: Appellant agrees.

As to Paragraphs 16 and 17: I have attached copies of the letters as requested.

As to Paragraph 18: the appellant would clarify that the notation should have read "(ROA____ Form 14-b Dated September 6, 2012.)"

As to Paragraph 19: Appellant further clarifies: (ROA____ Exhibit/APA submission to Claimant's Motion for Additional Evidence and Notice of Additional APA Submissions filed May 09, 2013 APA p.# 127)

As to Paragraph 20: Appellant further clarifies: (ROA____ Exhibit/APA submission to Claimant's Motion for Additional Evidence and Notice of Additional APA Submissions filed May 09, 2013 APA p.# 166-195)

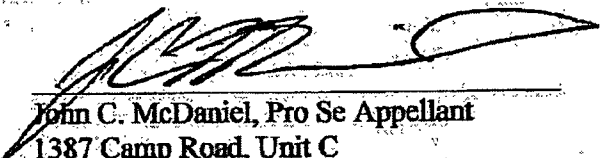
As to Paragraph 21: See "Exhibit C" letter Dated October 4, and Filed 10/10/13 which included APA p.# 340-351

As to Paragraph 22: Appellant further clarifies (ROA____ Wages of like employees APA exhibit 9 p. 120-122)

As to Paragraph 23: Appellant further clarifies (ROA____ RCC report Dated 2/27/12 attached to and referenced in paragraph 9 in Claimants Motion for penalties Filed June 14, 2013)

Appellant admits the oversight of failing to address the Columbia office of MG&C and will address all further correspondence to that office.

WHEREFORE, based on all of the above, the Appellant respectfully requests that the Respondents' Motion be denied or that the Appellant be given the opportunity to Amend both his initial brief and designation of matter.



John C. McDaniel, Pro Se Appellant
1387 Camp Road, Unit C
Charleston, SC 29412
843-425-3000
Jmcdaniel1982@gmail.com

May 31, 2014

John McDaniel v. Career Employment Professionals d/b/a Snelling (Claim No.: 041100021048)

john mcdaniel <jmcdaniel1982@gmail.com>

Mon, Dec 16, 2013 at 7:09 PM

To: "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>, "Cannon, Gary" <gcannon@wcc.sc.gov>
Cc: Allison Nussbaum <allison.nussbaum@mgclaw.com>, "WCC Appeals," <wccappeals@wcc.sc.gov>, "Crocker, Virginia" <vcrocker@wcc.sc.gov>, "Heather M. Sherrill" <heather.sherrill@mgclaw.com>

Good Evening and Happy Holidays to All,

I am in receipt of defendants proposed order, please let this serve as notice of the following :

Attached please find my proposed Findings of Fact to be ruled upon by the SC Workers Compensation Full Commission Panel, specifically Commissioners Bearden, McCaskill and Roche, for my claim and a synopsis of evidence for the Proposed Order previously submitted by the Defendants and Objected to by the Claimant (Me).

Although I am confident that this email will be discarded by the SCWCC and that my proposed finding of fact will not be ruled upon as required by Title 1 of SC Code of LAW by the SCWCC. I am again submitting findings of fact, after a hearing in front of an Administrative Agency (SC WCC), in an effort to seek resolution and actuality of this claim.

I further would request and have previously requested, clarification and findings of facts on multiple administrative rulings on Claimant's motions (specifically the Claimant's Motion for Additional Evidence & APA Submissions, Motions for Additional Evidence & Testimony and Motion for Penalties to be Enforced) filed prior to the Full Commission Hearing, so that these decisions may be reviewable in a court for error of law.

I object to the Proposed Order submitted by the Defendants on multiple grounds. Please see below.

I object to the Proposed Order submitted by the Defendants, which is not consistent with the original order signed by Commissioner Melody James on January 4th, 2013.

I object to the Proposed Order drafted and submitted by the Defendants on the ground that there is MATERIAL MISREPRESENTATION OF NUMERICAL DATA in the Proposed Order that is inconsistent with the record on file and the orders dated November 28, 2012 and July 8, 2013.

I object to the Defendants Summary of Evidence which is void of the entirety of the APA's submitted from the first hearing and remand hearing.

I object to the sufficiency of notice of the remand hearing.

I object to the sufficiency of notice of the full commission hearing.

I object to the exclusion of the amended form 30 dated October 9, 2013.

I object to being told at the hearing that the form 30 had been accepted only to have it excluded at a later date.

0

Exhibit A
862

I object to the statement that the Amended form 30 was not timely served.

I object to the Full Commission Hearing proceeding without an opportunity to submit briefs on the issues to be raised.

I object to the issuance of the appeal hearing notice (October 1, 2013) prior to reception of the remand hearing order by Claimant (received October 4th, 2013).

I object to defendants' request for an extension being granted to draft the proposed order.

I object to having my inquiries not addressed by the SCWCC.

I object to the defendants non adherence to the proposed decision directive to include "Amended Form 30 was not timely served. So, no documents outside the record were considered." was changed to say "In reaching this Decision, the appellate panel did not consider any documents outside the record because the claimant's Amended form 30 was not timely served; therefore, any records submitted with the amended form 30 were not considered by the panel."

I object to the Defendant's summarizing the deposition testimony of Dan Cobb and ask that any reference to Dan Cobb's testimony be directly quoted.

I further request that the Defendants do not summarize my testimony in their "Summary of Evidence" as a summarization of testimony depends on an individual's interpretation. I would request that any reference to my testimony be directly quoted, as only I can speak directly to the intent of my statements.

I object to the statement by defendants that claimant was "ultimately referred to a wound facility" no wound care or treatment was EVER provided for by the defendants.

I object to the allegation by defendants that claimant has "alleged malunited fracture." As the record indicates that claimant has malunited fractures.

Sincerely,

John C. McDaniel

[Quoted text hidden]

 proposed-findings.docx
25K

John C. McDaniel

1387 Camp Road, Unit C, Charleston SC 29412
Phone Number: 843-425-3000
Email: jmcDaniel1982@gmail.com

October 7, 2013

Via US Mail

Virginia Crocker, Judicial Director
S.C. Workers Compensation Commission
Post Office Box 1715
Columbia, SC 29292-1715

RE: John C. McDaniel v. Career Employment Professional d/b/a Snelling Staffing
DOI: 11/21/2011
WCC File: 1116275

Dear Ms. Crocker,

Enclosed please find the originals and copies of three affidavits for the above referenced claim. Please file the originals and return the filed stamped copies in the self-addressed stamped envelope.

If you have any questions, please do not hesitate to call. Thank you in advance for your assistance in this matter.

Thank you,



John C. McDaniel

1387 Camp Road, Unit C, Charleston SC 29412
Phone Number: 843-425-3000
Email: jmcDaniel1982@gmail.com

Via US Mail

RE: John C. McDaniel v. Career Employment Professional d/b/a Snelling Staffing
DOI: 11/21/2011
WCC File: 1116275

Enclosed please find additional medical records, to include two copies of Dr. Tavel's MMI dated 7/22/2013 for completion of the file. Please return a filed stamped copy in the self-addressed stamped envelope.

Thank you,

John C. McDaniel

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED

APR 03 2015

SC Court of Appeals

APPEAL FROM South Carolina
Workers Compensation Commission

Full Commission Order Dated December 19, 2013 Affirming Commissioner Melody L. James
orders dated January 04, 2013 And September 30, 2013

Case No.: 2014-000186

John C. McDaniel.....Appellant,

v.

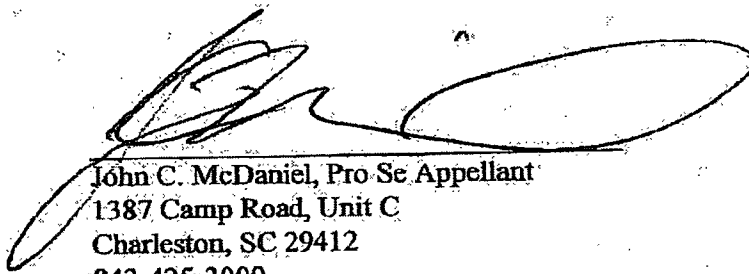
Snelling Staffing Services and United Wisconsin Insurance
Company c/o United Heartland Respondents.

PROOF OF SERVICE

I certify that I have served Appellant's Reply to Respondents' Motion by depositing a
copy in the U.S. Mail, postage paid on March 31, 2014 addressed to the below:

R. Mark Davis
Alison Nussbaum
Helen F. Hiser
McAngus Goudelock & Courie, LLC
735 Johnnie Dodds Blvd., Suite 200
Mt. Pleasant, SC 29465

Weston Adams, III
PO Box 12519
Columbia, SC 29211-2519



John C. McDaniel, Pro Se Appellant
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