

22260

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
ORDER OF THE APPELLATE PANEL

RECEIVED
NOV 25 2015
SC Court of Appeals

WCC FILE NO.: 1404431

APPELLATE CASE NO.: 2015-001169

Wanda Weaver, Employee, ... Appellant,

v.

SC Dept. of Disabilities and Special Needs, Employer, and State Accident Fund,
Carrier, Defendants,

Of whom SC Dept. of Disabilities and Special Needs is the..... Respondent.

RECORD ON APPEAL

H. Thad White, Jr.
LUCAS, WARR AND WHITE
2917 West Palmetto Street
Florence, South Carolina 29501
(843) 665-8187
Attorney for Appellant

Ashley R. Kirkham
COLLINS AND LACY, P.C.
Kerri Brown Rupert
COLLINS AND LACY, P.C.
Post Office Box 12487
Columbia, South Carolina 29211
(803) 256-2660
Attorneys for Respondent

October 28, 2015

INDEX

Order of Appellate Panel dated April 27, 2015.....	1
Order of the Single Commissioner dated October 28, 2014.....	7
Form 50, Request for Hearing of Appellant.....	12
Form 58, Brief of the Respondent.....	13
Form 30, Request for Commission Review by Respondent.....	16
Transcript of hearing before the Appellate Panel.....	17
Transcript of Hearing before the Single Commissioner.....	34
Brief to the Appellate Panel of Appellant.....	62
Brief to the Appellate Panel of Respondent.....	69
Claimant's APA Submissions.....	75

STATE OF SOUTH CAROLINA)
COUNTY OF FLORENCE)

BEFORE THE S.C. WORKERS'
COMPENSATION COMMISSION

Wanda Weaver,
Employee/Claimant,

WCC File No. 1404431

v.

Appellate Panel of the
Full Commission Decision and Order

SC Dept. of Disabilities and
Special Needs,

Employer,

and

State Accident Fund,

Carrier/Defendants.

DATE OF ORAL ARGUMENT: Heard on February 25, 2015, in Columbia, South Carolina.

APPEARANCES:

Claimant, Wanda Weaver, was represented by H. Thad White, Jr., Esquire.

Defendants, South Carolina Department of Disabilities and Special Needs and the State Accident Fund, were represented by Ashley R. Kirkham, Esquire.

PURPOSE OF HEARING:

Appeal from the Single Commissioner.

COMMISSIONERS:

Aisha Taylor, Chairperson
Melody L. James
Gene McCaskill

FILED:

April 27th, 2015

Having reviewed the record and heard arguments from counsel, the Appellate Panel hereby REVERSES the decision of the Single Commissioner. Pursuant to S.C. Code Ann. § 42-17-50, the Appellate Panel hereby issues the following Order.

STATEMENT OF THE CASE

Respondent, Wanda Gail Weaver, hereinafter "Claimant," filed a Form 50 Request for Hearing alleging injury to her neck and left shoulder from an accident occurring on April 11, 2014 when she was attacked by a patient that grabbed and twisted her left arm.

Appellants, South Carolina Department of Disabilities and Special Needs, and their carrier, State Accident Fund, hereinafter "Defendants," admit a minor injury occurred, but denied Claimant's need for additional treatment and work restrictions are related to the minor accident because of Claimant's extensive pre-existing condition.

A hearing was held before Jurisdictional Commissioner Avery Wilkerson on October 8, 2014. The Jurisdictional Commissioner issued the following Findings of Fact, Conclusions of Law, and Award in an Order on October 28, 2014:

FINDINGS OF FACT

1. All parties to these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended.
2. Based on the greater weight of the evidence, I would find this to be a compensable accident. Temporary total disability is to be started from the date it was cut off by the State Accident Fund.
3. Pee Dee Orthopaedic Associates is to be the authorized provider, specifically Dr. Robert E. Elvington. All recommended medical treatment, past and present, is so to be paid through the medical fee schedule set forth by the Commission.

CONCLUSIONS OF LAW

Section 42-15-60 of the South Carolina Code of Laws as amended, governs payment of medical expenses; Section 42-1-60 governs injury and personal injury.

AWARD

1. Based on the greater weight of the evidence, I would find this to be a compensable accident. Temporary total disability is to be started from the date it was cut off by the State Accident Fund.

2. Pee Dee Orthopaedic Associates is to be the authorized provider, specifically Dr. Robert E. Elvington. All recommended medical treatment, past and present, is so to be paid through the medical fee schedule set forth by the Commission.

Within the applicable statutory time period, Defendants filed a Form 30 Request for Commission Review regarding the following issues:

1. Whether the hearing commissioner erred in Finding of Fact #2 finding Claimant sustained a compensable injury by accident therefore entitling her to temporary total disability benefits.
2. Whether the hearing commissioner erred in Finding of Fact #3 that Claimant is entitled to all past and present medical treatment recommended by Pee Dee Orthopaedic Associates.
3. Whether the hearing commissioner erred in not limiting the order to a medical evaluation to determine causation.
4. Whether the hearing commissioner erred in the Conclusion of Law finding Claimant's injury compensable entitling her to medical treatment under S.C. Code Sections 42-1-60 and 42-15-60.

After reviewing the record in total and hearing arguments from counsel, the Appellate Panel hereby **REVERSES** the decision of the Single Commissioner pursuant to S.C. Code Ann. § 42-17-50 and hereby issues its own Findings of Fact, Conclusions of Law, and Order as follows:

FINDINGS OF FACT

1. All parties to these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended.
2. Claimant failed to meet her burden of proving an injury by accident.
3. Claimant did not meet her burden of proving the work injury sustained on April 11, 2014 aggravated her pre-existing left shoulder condition pursuant to S.C. Code Section 42-9-35.
4. Authorized treating physician, Dr. Jones, opined Claimant had an extensive, pre-existing condition in the left shoulder which had been present for years. (Clmt. APA p. 43, 46).
5. Dr. Jones opined "I believe [Claimant] knew she had significant damage." (Clmt. APA p. 46).
6. Claimant treated with two other physicians, Dr. Hyler and Dr. Elvington, but did not present any evidence at the Form 50 Hearing proving her pre-existing condition was aggravated by the April 11, 2014 work accident. (Hrg. Tr. 17: 18-24; 18: 5-11).
7. Based on Dr. Jones' medical opinion Claimant had an extensive pre-existing condition and she knew she had significant damage, Claimant failed to meet her burden of proving an injury by accident or aggravation of her pre-existing condition.

CONCLUSIONS OF LAW

1. The Claimant must prove she sustained an injury by accident and demonstrate entitlement to benefits. Crisp v. SouthCo., Inc., 401 S.C. 627 (2013) (citing Clade v. Champion Labs., 330 S.C. at 11, 496 S.E.2d at 857).

2. The employee shall establish by a preponderance of the evidence, including medical evidence, that: (1) the subsequent injury aggravated the preexisting condition or permanent physical impairment; or (2) the preexisting condition or the permanent physical impairment aggravates the subsequent injury. S.C. Code Section 42-9-35.

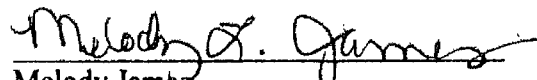
ORDER

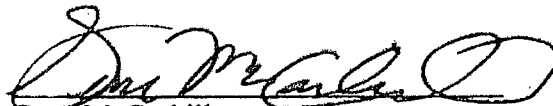
1. The Single Commissioner's Order is hereby **REVERSED** in its entirety.
2. Claimant's claim for temporary benefits and medical treatment pursuant to the Act is hereby **DENIED**.
3. Claimant is not entitled to additional benefits pursuant to the Act for the work injury occurring on April 11, 2014 because she failed to meet her burden of proving a compensable injury by accident and an aggravation of her pre-existing condition.

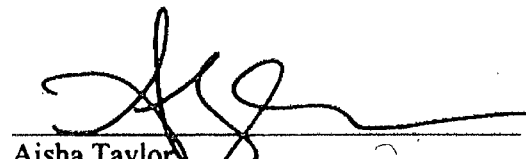
AND IT IS SO ORDERED.

[Signature page follows]

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**


Melody James


Gene McCaskill


Aisha Taylor

April 27th, 2015.

CERTIFICATE OF SERVICE

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

By Kim Falls on April 27, 2015

ORDER
OF
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 1404431

Wanda Gail Weaver,

Employee and Claimant

vs.

South Carolina Department of Disabilities and Special Needs,

Employer,

Defendants.

Hearing: Held in Florence, South Carolina on October 8, 2014

Appearances: Claimant represented by H. Thad White, Jr., Esquire of Lucas, Warr and White

Defendant represented by Kristian C. Bell

Purpose of Hearing: To determine issues as set forth in Forms 50 and 51 and any other issues which may have timely come before the Commissioner.

Decision and Order: Avery B. Wilkerson, Jr., Commissioner

Filed: October 28, 2014

APA SUBMISSIONS

SUBMISSIONS FROM CLAIMANT ONLY

Records from McLeod Occupational Health
Records from Dynamic Physical Therapy
Records from Florence MRI and Imaging
Records from Pee Dee Orthopaedic Associates

SUBMISSIONS FROM EMPLOYER ONLY

None

STIPULATIONS

1. The purpose of the hearing is to determine the issues set forth in the hearing notice and issues plead in Forms 50 and 51 and any other issues which may timely come before the Commissioner.
2. Notice of the Hearing was timely and properly served upon all parties of interest.
3. Venue, set in Florence County, is proper as agreed by the parties.
4. Claimant's average weekly wage and compensation rate are \$517.50 and \$345.02 respectively.
5. The Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an alleged accidental injury occurring approximately April 11, 2014 while in the employ of the Defendant/Employer and, therefore, the South Carolina Workers' Compensation Commission has jurisdiction over the case.

STATEMENT OF CASE

Claimant works as an LPN and alleges that she was injured in the scope and course of her employment on April 11, 2014 when an adult, male autistic patient grabbed her left arm and twisted it behind her injuring her left shoulder and neck. Claimant seeks additional medical treatment as well as past due and continuing temporary total compensation until such time as Claimant reaches maximum medical improvement. Defendant contends Claimant had a

preexisting condition that was not aggravated by the April 11, 2014 incident.

EVIDENCE OF CASE

Claimant testified that she worked for the South Carolina Department of Disabilities and Special Needs at the Pee Dee Center as an LPN and on April 11, 2014, she was handing out medications when an adult male autistic patient grabbed her left arm. She testified that the patient twisted and jerked her arm behind her and she felt a pop and pain in her left neck and shoulder.

Claimant testified that she reported the incident to her supervisor, Vicki Leeke, and was sent to Dr. June Jones at McLeod Occupational Health. Claimant treated with Dr. Jones from April 11, 2014 until June 24, 2014. (APA pp. 1-46). Dr. Jones placed Claimant on work restrictions, prescribed medications and ordered physical therapy. Claimant completed her physical therapy at Dynamic Physical Therapy. (APA pp. 47-80).

Claimant testified that the employer did not have light duty work available for her. Dr. Jones ordered an MRI of Claimant's left shoulder which was completed on June 19, 2014. (APA p. 41). The MRI showed significant problems with Claimant's left shoulder. (APA p. 81). Dr. Jones referred Claimant to an orthopedic surgeon, Dr. Kyle Watford, to determine whether the problems shown on the MRI were as a result of the April 11, 2014 injury. (APA pp. 43-46). Claimant testified that she tried to see Dr. Watford but the Carrier would not authorize the appointment. She then saw her family doctor who referred her to Dr. Robert Elvington at Pee Dee Orthopaedic Associates. Dr. Elvington has continued Claimant's work restrictions and she is continuing treatment with Dr. Elvington. (APA p. 83).

FINDINGS OF FACT

1. All parties to these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended.

2. Based on the greater weight of the evidence, I would find this to be a compensable accident. Temporary total disability is to be started from the date it was cut off by the State Accident Fund.

3. Pee Dee Orthopaedic Associates is to be the authorized provider, specifically Dr. Robert E. Elvington. All recommended medical treatment, past and present, is so to be paid through the medical fee schedule set forth by the Commission.

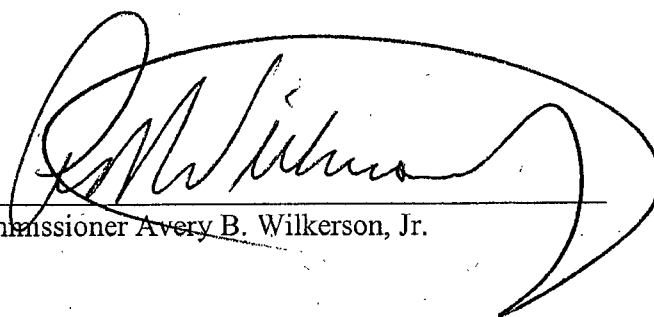
CONCLUSIONS OF LAW

Section 42-15-60 of the South Carolina Code of Laws as amended, governs payment of medical expenses; Section 42-1-60 governs injury and personal injury.

AWARD

1. Based on the greater weight of the evidence, I would find this to be a compensable accident. Temporary total disability is to be started from the date it was cut off by the State Accident Fund.

2. Pee Dee Orthopaedic Associates is to be the authorized provider, specifically Dr. Robert E. Elvington. All recommended medical treatment, past and present, is so to be paid through the medical fee schedule set forth by the Commission.


Commissioner Avery B. Wilkerson, Jr.

CERTIFICATE OF SERVICE

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

October 28, 2014.

By: Elaine Boyd, Administrative Assistant to Commissioner Wilkerson

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

SC File #:	1404431
Carrier File #:	
Carrier Code #:	
Employer FEIN #:	

Claimant's Name: Wanda Gail Weaver SSN: 349-50-5953 Employer's Name: SC Dept. of Disabilities and Special Needs

Address: 1285 Lee State Park Road Address: 714 National Cemetery Road

City: Lamar State: SC Zip: 29069

City: Florence State: SC Zip: 29502

Home Phone: (843) 326-1939 Work Phone: () Insurance Carrier: State Accident Fund

Preparer's Name: H. Thad White, Jr. Law Firm: Lucas, Warr and White Preparer's Phone #: (843) 665-8187

A claim for workers' compensation benefits is made based on the following grounds:**Date of Injury or Illness: April 11, 2014**

X Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

- The claimant sustained an injury to neck and left shoulder (Part(s) of Body Injured) on April 11, 2014 (Month/Day/Year) in Florence county, state of SC.
- Body part(s) affected are: neck and left shoulder.
Briefly describe how the accident occurred. An autistic patient grabbed Plaintiff by her left arm and twisted it behind her causing injury to her left shoulder & neck.
- Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
- The relationship of employer and employee existed at the time of injury.
- At the time of the injury the claimant was performing services arising out of and in the course of employment.
- Notice of the accidental injury was given to the Employer on 4/11/14 (Month/Day/Year) in the following manner:
Claimant notified Vicki Lecke

X7. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: _____

X (b) additional medical examination and treatment for: neck and left shoulder.

X8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
April 11, 2014 and continuing until Claimant reaches MMI

X9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

X1) General Disability: ☐ Total X Partial X (2) Specific Disability: ☐ Total X Partial ☐ (3) Wage Loss

9a. ☐ A determination of permanent disability is premature at this time.

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$517.50, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None

11. Further grounds or unusual aspects of claim:

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
McLeod Occupational Health 901 E. Cheves St., Florence, SC 29506; Dr. Kyle Watford, 800 E. Cheves St., Florence, SC 29506; Dynamic PT 2724 W. Palmetto St., Ste 2, Florence, SC 29501; Dr. Robert Elvington, 901 E. Cheves St., Florence, SC 29506

11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

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

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

14. Estimated time needed for hearing: 30 mins.

X13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to see certificate of service attached

address _____ on the _____ day of _____ 20____ by X first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature: H. Thad White, Jr. Attorney for Claimant: chad@warrandwhite.com Date: 8-13-14

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.



Claimant's Name: Wanda Weaver Employer's Name: SC Dept. of Disabilities and Special Needs
Address: 1285 Lee State Park Rd Address: _____
City: Lamar State: SC Zip: 29069 City: Florence State: SC Zip: 29502
Home Phone: (843) 326-1939 Work Phone: () - Carrier: State Accident Fund
Preparer's Name: Kristian C. Bell, Esquire Preparer's Phone #: 803.256.2660

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 345.02 2. AWW: \$ 517.50 Date of Injury: 4/11/2014
3. Type of injury and body part(s): Denied neck and left shoulder
4. Facts in controversy: Claimant alleges injuries to her neck and left shoulder arising out of her employment with SC Department of Disabilities and Special Needs. However, medical evidence supports Claimant has a pre-existing condition that was not aggravated by the alleged accident.
5. Legal issues involved: Whether Claimant sustained a compensable injury by accident arising out of her employment. S.C. Code Ann. 42-1-160.
6. Unusual aspects: None known to the Defendants at this time.
7. Witnesses (designate if expert): * Claimant, Sarah Hennings, and/or other representative of the employer. Defendants reserve the right to supplement or amend this response based on witnesses named by Claimant. Defendants also reserve the right to call any witnesses named by Claimant.
8. Exhibits: None at this time
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Claimant has submitted all medical records relevant to this matter in her APA submissions. As such, Defendants rely on the APA submissions submitted by the Claimant.
10. Name, address, and specialty, if any, of the treating physician: McLeod Occupational Health, 555 East Cheves Street, Florence, SC 29502
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Thad White, 2917 W. Palmetto Street, Florence, SC 29501-5933 on September 26, 2014 by: ☒ first class postage ☐ certified mail ☐ personal service.

Signature: Kristian Bell Email: kbell@collinsandlacy.com
Date of hearing: October 8, 2014 Time needed for hearing: 30 minutes

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

STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC File No. 1404431

Wanda Weaver,)
)
Employee,)
)
Claimant,)
)
vs.)
)
SC Dept. of Disabilities and Special Needs,)
)
Employer,)
)
and)
)
State Accident Fund,)
)
Carrier,)
)
Defendants.)
_____)

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS DIRECT
EVIDENCE ON BEHALF
EMPLOYER/CARRIER

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND THAD
WHITE,

YOU ARE HEREBY NOTIFIED that the Employer/Carrier will rely upon the APA
Submissions of the Claimant.

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or
photocopies received from said physicians/others, will be delivered to the South Carolina Workers'

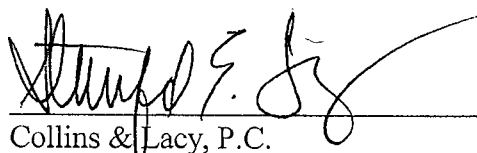
Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employer/Carrier, at the hearing in this matter.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employer/Carrier:

Claimant, Sarah Hennings, and/or another representative of the employer, and any witnesses named by the Claimant.

COLLINS & LACY, P.C.

BY:



Collins & Lacy, P.C.
Kristian C. Bell, Esquire
Post Office Box 12487
Columbia, SC 29211
803.256.2660

ATTORNEYS FOR DEFENDANTS

Columbia, South Carolina

September 26, 2014.



Claimant's Name: Wanda Weaver SSN: 349-50-5953 Employer's Name: SC Dept. of Disabilities and Special Needs
Address: 1285 Lee State Park Rd Address: 714 National Cemetery Road
City: Lamar State: SC Zip: 29069 City: Florence State: SC Zip: 29502
Home Phone: (843) 326-1939 Work Phone: () - Insurance Carrier: State Accident Fund
Preparer's Name: Kristian C. Bell, Esquire Law Firm: Collins & Lacy, P.C. Preparer's Phone #: 803.256.2660

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 4/11/2014
(mm/dd/yyyy)

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

- (1) Whether the hearing Commissioner erred in Findings of Fact #2 finding claimant sustained a compensable injury by accident; therefore, entitling her to temporary total disability benefits.
- (2) Whether the hearing Commissioner erred in Findings of Fact #3 that claimant is entitled to all past and present medical treatment recommended by Pee Dee Orthopaedic Associates.
- (3) Whether the hearing Commissioner erred in not limiting the Order to medical evaluation to determine causation.
- (4) Whether the hearing Commissioner erred in the Conclusion of Law finding claimant's injury compensable entitling her to medical treatment under S.C. Code Sections 42-1-60 and 42-15-60.

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

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Thad White, Esquire, 2917 W. Palmetto Street, Florence, SC 29501-5933 on the 11th day of November 2014, by X first class postage ☐ certified mail ☐ personal service.

Kristian Bell
Preparer's Signature

Attorney at Law
Title

kbell@collinsandlacy.com
Email

November 11, 2014
Date

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1404431

Wanda Weaver,)
)
Claimant,)
)
v.)
)
SC Department of Disabilities)
and Special Needs,)
)
Employer,)
)
and)
)
State Accident Fund,)
)
Carrier/Defendants.)
-----)

COPY

FULL COMMISSION PANEL HEARING

Wednesday, February 25, 2015
11:28 a.m. - 11:48 a.m.

The full commission panel hearing was held before the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina, on the 25th day of February, 2015 before Jill H. Vickers, Certified Court Reporter and Notary Public in and for the State of South Carolina.



APPEARANCES**COMMISSION PANEL:****Aisha Taylor, Chair****Melody James****Gene McCaskill****H. Thad White, Jr., Esquire**

Lucas, Warr & White Attorneys at Law

2917 W. Palmetto Street

Florence, South Carolina 29501

Attorneys for the Claimant/Respondent

Ashley R. Kirkham, Esquire**Matthew E. Brown, Esquire**

Collins & Lacy Attorneys at Law

1330 Lady Street, 6th Floor

Columbia, South Carolina 29201

Attorney for the Defendants/Respondent

INDEXPAGE

Certificate 18

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 **COURT REPORTER:** Today is February 25, 2015. This
2 is South Carolina Workers' Compensation Case
3 Number 1404431. This is the case of Wanda
4 Weaver, Claimant, versus the South Carolina
5 Department of Disabilities and Special Needs,
6 Defendant, and the State Accident Fund is the
7 Carrier. The Appellant is the Defendant
8 represented by Ashley R. Kirkham. The
9 Respondent is represented by H. Thad White,
10 Jr.. Each side is allowed ten minutes for oral
11 argument and the Appellant three minutes in
12 reply. You are requested to argue the grounds
13 of exception and stay within the record.

14 **MS. KIRKHAM:** Thank you, Commissioners, and may it
15 please the Court. I'm Ashley Kirkham. I'm
16 here today representing the South Carolina
17 Department of Disabilities and Special Needs.
18 We have two issues on appeal today, and I'm
19 requesting that this court reverse the single
20 commissioners's decision finding that the
21 claimant aggravated her left shoulder injury in
22 a work accident in April of 2014 because she
23 did not meet her burden of proving an
24 aggravation based on a preponderance of the
25 evidence. The facts of this case are simple.



1 On April of 2014, the claimant was working as
2 a CNA for the Department of Disabilities and
3 Special Needs, and a patient came and twisted
4 her left arm. The employer provided medical
5 treatment with McLeod Occupational Health, and
6 the claimant alleges and continues to allege
7 that she never had any prior symptoms or
8 injuries to the left shoulder. After we
9 provided medical treatment, including physical
10 therapy, Dr. Jones at McLeod Occupational
11 Health, decided it was time for an MRI which
12 showed extensive pre-existing conditions,
13 including a tear of the supraspinatus, a tear
14 of the biceps long head tendon, sprain of the
15 labral and adhesive capsulitis. And her
16 follow-up with Dr. Jones which can be found on
17 the claimant's APA's at Page 43, Dr. Jones
18 says, "I believe the claimant knew of these
19 symptoms, and she has had them for years". Of
20 course, the claimant continues to deny that she
21 had any left shoulder symptoms or injuries
22 prior to the April of 2014 accident, and the
23 employer then denied the claim. The claimant
24 then treated on her own with her primary care
25 physician, who referred her to Dr. Elvington of



1 Pee Dee Orthopaedics. The claimant testified
2 at the hearing that she saw Dr. Elvington on
3 two occasions. The only report in the APA
4 submissions from Dr. Elvington was Out-of-Work
5 Excuse. There's absolutely nothing in the
6 record to indicate that the claimant aggravated
7 her left shoulder pre-existing condition as
8 found on the MRI. As you know, the claimant
9 bears the burden of proving entitlement to
10 benefits. In fact, if there's an aggravation
11 of a pre-existing condition, the claimant needs
12 to prove it by a preponderance of the evidence.
13 The only evidence in the record that the
14 claimant aggravated her pre-existing condition
15 was she testifying at the hearing that she had
16 no prior symptoms or injuries to the left
17 shoulder. Obviously, Dr. Jones disagrees with
18 her and says, "I think she's known about these
19 symptoms for years".

20 **COMMISSIONER JAMES:** Where is that in the record,
21 that Dr. Jones ---

22 **MS. KIRKHAM:** It's on Page 43 through 46 of the
23 claimant's APAs. The claimant went on her own
24 to at least three different appointments, one
25 with her primary care doctor and two with



1 Dr. Elvington, yet, at her Form 50 Hearing, was
2 unable to present any evidence from any doctor
3 that her pre-existing left shoulder condition
4 was aggravated by the April of 2014 injury
5 where she was -- her arm was twisted by a
6 patient. There's no evidence in the record to
7 support an aggravation, and therefore, the
8 defendant should not be required to provide
9 ongoing treatment. It's the claimant's burden
10 to prove an aggravation of the pre-existing
11 condition, and absolutely none exists in this
12 case. Requiring the employer to provide
13 ongoing benefits would require every employer
14 in any situation to provide benefits whenever
15 someone has a pre-existing condition and
16 alleges a work accident. If you somehow find
17 that there is evidence in the record to support
18 an aggravation of her pre-existing left
19 shoulder condition, we'd request that this
20 court allow the defendants to choose the
21 medical provider. The single commissioner in
22 his order determined that Dr. Elvington would
23 become the authorized treating physician and
24 essentially took away the employer's right to
25 provide medical treatment pursuant to McKinney



1 versus Kimberly-Clark. The defendants have not
2 been negligent in this case or done anything
3 that would make this commission take away their
4 right to choose medical treatment. We
5 originally provided treatment. It wasn't until
6 we got a report from Dr. Jones saying that the
7 claimant knew of these pre-existing condition
8 and they had probably been there for years that
9 we even denied treatment, and this claim has
10 gone through the Workers' Comp. process like it
11 should. We haven't been negligent, and we
12 haven't been prejudicial in denying treatment,
13 and if, for some reason, you do find in the
14 record that there is evidence that the injury
15 aggravated that left shoulder, the defendant
16 should still be entitled to choose the medical
17 provider.

18 **COMMISSIONER TAYLOR:** Ms. Kirkham, I just want to
19 make sure that it is the defendant's position
20 that essentially Section C of 42-9-35 that
21 there's been absolutely nothing met?

22 **MS. KIRKHAM:** Correct, Your Honor. You've got --
23 the claimant has to show by the preponderance
24 of the evidence that the work injury in April
25 of 2014 aggravated the pre-existing condition



1 which is obvious from the MRI report and
2 Dr. Jones' review of that MRI report. The
3 claimant has to prove it by a preponderance of
4 the evidence, and the only record in the
5 evidence of any aggravation is the claimant
6 saying that she had no prior symptoms or
7 injuries to the left shoulder. The claimant
8 even went on her own to at least three separate
9 doctors' appointments but was unable to present
10 a report to the hearing commissioner showing an
11 aggravation of that pre-existing condition.
12 There's literally no evidence in the record
13 that there was an aggravation caused by the
14 April of 2014 accident. And unless there are
15 any further questions, I'd ask that this court
16 reverse the single commissioner's decision,
17 finding the claimant entitled to medical
18 treatment for an aggravation of the left
19 shoulder. Thank you.

20 **COMMISSIONER TAYLOR:** Thank you. Mr. White, is
21 there any medical evidence based to a
22 reasonable degree of medical certainty that
23 there was an aggravation of a pre-existing
24 condition?

25 **MR. WHITE:** Not that I'm aware of, commissioner, but



1 the reason for that is, this is not an
2 aggravation of a pre-existing condition case.

3 COMMISSION TAYLOR: Okay.

4 MR. WHITE: The claimant never had any prior
5 problems with her left shoulder. She -- this
6 lady is five feet tall. She's worked as an LPN
7 for years. She had worked for the Department
8 of Disabilities and Special Needs for two years
9 prior to this injury, never had any complaints
10 whatsoever, never had any shoulder problem,
11 never had any treatment to her shoulder,
12 nothing in the record whatsoever, never seen a
13 doctor for any follow-up whatsoever related to
14 her left shoulder. On this day, this autistic
15 patient, male autistic patient who was about 10
16 inches taller than the claimant. The claimant
17 is 5 feet tall, and this autistic patient was
18 5 feet 10, pulled up behind her, takes her left
19 arm and snatches it back behind her. The
20 claimant testified that she felt something snap
21 or pop in her shoulder, felt immediate pain,
22 reported it to her supervisor, who is an RN,
23 and also the Director of Nursing at the
24 Department of Disabilities and Special Needs.
25 The RN referred her to Dr. Jones at McLeod



1 Occupational Health. Dr. Jones treats the
2 claimant conservatively with medications, and
3 after a couple of weeks, Dr. Jones orders
4 physical therapy. The claimant tells her
5 supervisor that Dr. Jones has sent her to
6 physical therapy, and the supervisor, not the
7 claimant, but the supervisor questions, "Well,
8 how are they going to treat something that they
9 don't know what it is? Have they done any
10 imaging studies? Did they get an X-ray or an
11 MRI or anything?" So, when the supervisor
12 tries to arrange to get an MRI done for the
13 claimant prior to initiating physical therapy
14 on her shoulder, then it gets reported that
15 it's the claimant that's wanting this MRI, and
16 Dr. Jones -- she doesn't get the MRI initially.
17 Dr. Jones gives her physical therapy for two
18 months, and then, since she's still having
19 problems, finally gets the MRI. The MRI shows
20 a lot worse problems with the shoulder than
21 what Dr. Jones was expecting. So, rather than
22 Dr. Jones saying, "I'm sorry, her condition is
23 worse than I thought, you know, obviously
24 you've got a problem here", Dr. Jones says,
25 "Well, that explains why she wanted the MRI.



1 She knew she had a problem with her left
2 shoulder. That's simply not the case. This is
3 not a pre-existing condition case. She felt
4 something snap or pop in her shoulder, had
5 these problems ever since, and the MRI does
6 show she's got problems with her shoulder, and
7 significantly, the radiologist that read the
8 MRI report, doesn't indicate in that report
9 that this was an old injury or that this is
10 something that predated that incident that
11 occurred in April of the 2014. Commissioner,
12 also, under 42-9-35, in Section D, it says "The
13 provisions of this regarding a pre-existing
14 condition, provisions of this section apply
15 whether or not the employer knows of the
16 pre-existing disability". It doesn't say that
17 "This condition -- or this section applies
18 whether or not the employee knows that they
19 have some condition with the shoulder". This
20 is not a pre-existing condition case, although,
21 I can understand why the defense would like to
22 make it so, but that's not the case. In this
23 case, Dr. Jones, she didn't even say it. She
24 says, "I don't think all of the claimant's
25 shoulder problems are related to this injury".



1 So, clearly, she thinks some of the claimant's
2 shoulder problems are related to this injury,
3 and Dr. Jones refers the claimant to Dr. Kyle
4 Watford, an orthopaedic surgeon, and you can
5 read Dr. Jones' notes For a determination as to
6 what's going on with her shoulder and what's
7 related and in the orthopaedic doctor's
8 opinion, and given that information, the
9 carrier, rather than do what the authorized
10 treating physician and Dr. Jones is
11 recommending and ordered, they just denied the
12 case altogether. This claimant, she's 59 years
13 old, never had any prior shoulder problems,
14 never filed a Workers' Compensation claim
15 before in her life, and the carrier, when they
16 get this that they need to refer her to
17 Dr. Watford, they just denied the case
18 altogether. They stopped for temporary total.
19 They won't provide her medical treatment. Her
20 employer won't let her come back to work,
21 because she's still under restrictions with
22 Dr. Jones, and that's when she was forced to
23 file her first Workers' Compensation claim
24 ever, and that's -- anyway, as I say, this is
25 not an aggravation of a pre-existing injury



1 case or certainly none known to the claimant or
2 none known to the doctors prior to this.

3 **MR. TAYLOR:** So, in your opinion, Dr. Jones never
4 made a concrete statement as to whether the
5 injuries he saw on the MRI were old or new
6 or -- not new, but ...

7 **MR. WHITE:** Dr. Jones, when she saw the extent of
8 the injuries on the MRI, she says that she
9 didn't think all of these injuries came from
10 this accident. That's all she said, that "I
11 don't think all of these injuries came from
12 this accident". She didn't say "None of these
13 injuries came from this accident". And based
14 on the claimant's testimony, as well as her
15 Director of Nursing trying to go to bat for her
16 and get her an MRI earlier on, you know,
17 Dr. Jones then says, "Well, you know, that
18 explains why claimant wanted this MRI earlier,
19 because she knew she had shoulder problems",
20 but that's simply not the case, commissioners.
21 This lady, she didn't know she had shoulder
22 problems. She never had shoulder problems that
23 she was aware of until that incident. She said
24 she felt something snap and felt immediate pain
25 in her shoulder and then sought medical



1 treatment with Dr. Jones, and Dr. Jones'
2 records, if you look through them, she talks
3 about a shoulder sprain, and she's got her own
4 on restrictions and everything up until she
5 gets the MRI, and the MRI -- she says, "Oh,
6 it's worse than I thought it was". So, rather
7 than saying, you know, "I'm sorry, it's was
8 worse than I thought it was", she says, "Well,
9 I don't think all this came from this injury",
10 and that's -- and she recommended the referral
11 to an orthopaedic surgeon to make a
12 determination, and that's all we wanted.
13 That's all the claimant wanted. She tried to
14 see the same orthopaedic surgeon that Dr. Jones
15 wanted her to see, Dr. Kyle Watford. She went
16 to Dr. Watford and wasn't able to see
17 Dr. Watford, so then she goes to her family
18 doctor, and he refers her to Dr. Elvington at
19 Pee Dee Orthopaedics, but the claimant doesn't
20 have any -- even now, if they want her to see
21 Dr. Watford, you know, she doesn't have any
22 problem. She'd be willing to see Dr. Watford.
23 She just wants her shoulder taken care of and
24 wants to get back to work. She enjoys her job
25 and would like to be able to continue that.



1 Thank you.

2 **COMMISSIONER TAYLOR:** Thank you. All right. Ms.
3 Kirkham.

4 **MS. KIRKHAM:** Thank you, Commissioner. If you look
5 on Page 43 of the claimant's APAs on the very
6 last line, Dr. Jones says there, "There are
7 obvious changes in the shoulder that have been
8 there for sometime", in parentheses, "years",
9 end of parentheses. I think the argument about
10 the MRI is a red herring. There's evidence in
11 the record that the physical therapist, rather
12 than the supervisor, wanted the MRI before
13 treatment, but it was only two months after the
14 accident that she had this MRI performed, and
15 it obviously showed some problems with that
16 shoulder that had been there for years,
17 obviously not related to the Workers' Comp.
18 accident. Again, there's no evidence in the
19 record, certainly not a preponderance of the
20 evidence, that there has been any aggravation
21 of those symptoms in the left shoulder as a
22 result of the August -- or excuse me -- April
23 of 2014 report.

24 **COMMISSIONER JAMES:** Well, she's saying she's not
25 symptomatic, but what you're saying is it



1 pre-existing, and under the statute, it's
2 pre-existing, symptomatic or not. I mean,
3 you're not saying she was symptomatic. There's
4 nothing in the record to show she was
5 symptomatic prior to this.

6 **MS. KIRKHAM:** Correct, Your Honor, but the defendant
7 should not be required to provide ongoing
8 treatment for that left shoulder, because the
9 claimant has the burden to prove her
10 entitlement to benefits based upon a
11 preponderance of the evidence of that
12 aggravation. Those issues in the shoulder have
13 been there for years, and there's nothing in
14 the report or in any of the APA submissions
15 that ---

16 **COMMISSIONER JAMES:** When you say "issues", there's
17 nothing to show there weren't issues, but there
18 is an underlying condition, which is my
19 understanding of what the record showed. So,
20 you're saying under 42-9-35, symptomatic or
21 non-symptomatic, if you have an underlying
22 pre-existing condition, that you still have to
23 have the statement under 42-9-35?

24 **MS. KIRKHAM:** Correct, Your Honor. The defendants
25 shouldn't be required to repair the rotator



1 cuff repair that's been there for some years
2 based on, you know, no evidence in the record
3 that there has been an aggravation of that
4 underlying rotator cuff tear, and we shouldn't
5 be required to provide ongoing treatment. I
6 will also point out that Commissioner
7 Wilkerson's Order does not order the defendants
8 to provide a one-time evaluation to determine
9 whether there's been an aggravation. It
10 actually ordered ongoing treatment for that
11 left shoulder. Thank you, Commissioners.

12 **MR. TAYLOR:** All right. That concludes this
13 hearing.

14 (Whereupon, the hearing concluded at 11:43 a.m.)
15
16
17
18
19
20
21
22
23
24
25



SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1404431

WANDA G. WEAVER	)	
	)	
CLAIMANT,	)	
	)	SC WORKERS' COMPENSATION COMMISSION
VS.	)	
	)	HEARING OF
SC DSN	)	
	)	WANDA G. WEAVER
EMPLOYER,	)	
AND	)	VS
	)	
STATE ACCIDENT FUND	)	SC DEPARTMENT OF SPECIAL NEEDS
	)	
CARRIER.	)	

This is the Transcript of the South Carolina Workers' Compensation Hearing of Wanda G. Weaver versus South Carolina Department of Special Needs, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 10:00 A.M., Wednesday, October 8, 2014, at Southeastern Institute of Manufacturing and Technology, 1951 Pisgah Road, Florence, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

PALMETTO COURT REPORTING
 321 Mac Circle Lexington, SC 29073
 (803) 358-0515
www.PalmettoCourtReporting.com

APPEARANCES

FOR THE CLAIMANT:

H. Thad White, Jr., Esquire
Warr and White
2917 West Palmetto Street
Florence, SC 29501

FOR THE EMPLOYER/CARRIER:

Kristian C. Bell, Esquire
Collins and Lacy
1330 Lady Street, 6th Floor
Columbia, SC 29201

ALSO PRESENT:

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

**This is an Official Transcript governed by 25A S.C. Code ANN. Regs 67-615 D (Supp. 2000). The unauthorized copying of this document is deemed to be conversion of an asset belonging to the Court Reporter.

I N D E X

WITNESSES

All Witnesses:	Page
Ms. Weaver for Claimant	
Direct Examination by Mr. White	10:1
Cross-Examination by Ms. Bell	20:16
Certificate	29

STIPULATIONS

Commissioner Wilkerson: Today's date is the 8th day of October, 2014. We're here in reference to Workers' Comp File Number 1404431. The Claimant is Wanda Weaver and she's represented by Thad White. The Employer is the South Carolina Department of DSN; the carrier is the State Accident Fund and they're represented by Kristian Bell. The date of accident is 4/11/2014. The average weekly wage on today's case is five-seventeen, fifty (\$517.50); thus the comp rate would be three forty-five, oh two (\$345.02). We're here to determine the issues as set forth on the Form 50 and 51. I think I mentioned the date of accident is 4/11/2014 -- and what is this? That's the supplemental page, I don't --

Mr. White: Yes, sir.

Commissioner Wilkerson: -- I've got that one. I think.

Mr. White: Yes, that's my copy of it.

Commissioner Wilkerson: Okay. Good. All right. Are there any objections to APA's, jurisdiction, venue, or any other

1 items by the moving party?

2 Mr. White: None -- none, Commissioner.

3 Commissioner Wilkerson: I think you have
4 an objection to a report coming in, September
5 the 23rd, which he's taken out. You have no
6 objection to the August 12th report, is my
7 understanding; is that correct?

8 Ms. Bell: That is correct,
9 Commissioner.

10 Commissioner Wilkerson: Is there any
11 other objections?

12 Ms. Bell: No other objections,
13 Commissioner.

14 Commissioner Wilkerson: Okay. Thank
15 you. Since we've straightened those
16 objections out, now the Commission's file
17 becomes a part of the record with the
18 exception of self-serving declarations and
19 unstipulated medical reports. At this time,
20 Mr. White, I'm going to ask you if you'd put
21 your client's position on the record and
22 then, likewise, I'll have Ms. Bell do the
23 same.

24 Mr. White: All right, Commissioner.
25 It's the Claimant's position that she

1 sustained a work related injury on April
2 11th, 2014, where she works at the Department
3 of Disabilities and Special Needs when a
4 special needs, an adult male special needs
5 patient, grabbed the Claimant by the left
6 arm, and twisted it around behind the
7 Claimant and -- and jerked on her left arm
8 injuring the Claimant's left shoulder. The
9 Claimant felt shoulder pain immediately after
10 that and reported it to her supervisor and
11 was referred to Dr. June Jones. Dr. Jones
12 treated the Claimant for a period of time,
13 from April 11th, 2014, through June 24th,
14 2014, at which time she eventually got an
15 MRI. The MRI apparently revealed more damage
16 than Dr. Jones was expecting. Dr. Jones
17 referred the Claimant to an orthopedic
18 doctor, Dr. Kyle Watford. The carrier would
19 not authorize or did not authorize the
20 Claimant's appointment with Dr. Watford.

21 Commissioner Wilkerson: What kind of
22 doctor is June Jones?

23 Mr. White: Occupational Health.

24 Commissioner Wilkerson: Okay. Okay. A
25 general practitioner, I'm guessing.

1 Mr. White: Yes, sir.

2 Commissioner Wilkerson: Yes. Okay.

3 All right. All right, go ahead. I'm sorry.

4 Mr. White: So, at this point the -- the
5 carrier denies Claimant's case is work
6 related at all, stops temporary total, won't
7 authorize the treatment, won't let her come
8 back to the work because the doctor has still
9 got her on restrictions, and that's when we
10 filed this request for a hearing. We're
11 seeking additional medical treatment. We're
12 seeking past due temporary total and
13 continuing temporary total benefits.

14 Commissioner Wilkerson: When did they
15 cut it off?

16 Mr. White: Right after that June 24th
17 visit with Dr. Jones, within just a few days
18 of that visit.

19 Commissioner Wilkerson: Okay. Okay.
20 Anything else? I'm sorry.

21 Mr. White: No, sir. I think that's it.

22 Commissioner Wilkerson: Thank you. Ms.
23 Bell, your client's position.

24 Ms. Bell: Thank you, Commissioner
25 Wilkerson. The position of the State

1 Accident Fund and South Carolina Department
2 of Disabilities and Special Needs is that
3 although the -- my clients indicate that,
4 yes, there was an injury by accident, that
5 the extent of Ms. Weaver's injuries are not
6 causally related to her work. The report of
7 Dr. Jones, which is indicated on page 46 of
8 the APA submissions, indicates that there is
9 a pre-existing condition and the extent of
10 Ms. Weaver's injury is not causally related
11 to her work, and on that basis TTD was
12 stopped and medical treatment was denied.
13 She has received physical therapy and
14 treatment up to that date from my clients;
15 however, they did stop it because it was in
16 that one hundred (100) -- first one hundred
17 and fifty (150) days of the accident and it
18 was their investigation period. So, after
19 they investigated the claim they found that
20 there was a pre-existing condition and denied
21 further medical treatment.

22 Commissioner Wilkerson: Okay.

23 Ms. Bell: Thank you.

24 Commissioner Wilkerson: Thank you.

25 Anything else before we take some testimony?

1 Mr. White: Just that in -- in Dr.
2 Jones' note on page 43 she says, she
3 recommends you refer her to an orthopedic
4 surgeon who will evaluate this employee and
5 give an opinion on whether this occurred from
6 the injury employee describes.

7 Commissioner Wilkerson: Okay.

8 Ms. Bell: What page are you looking at?

9 Mr. White: Page 43.

10 Commissioner Wilkerson: Okay. Ma'am,
11 I'm going to get you to raise your right
12 hand. I'm going to have the Court Reporter
13 swear you in, okay? Thank you.

14 WHEREUPON,

15 WANDA GAIL WEAVER, being duly sworn and cautioned
16 to speak the truth, the whole truth, and nothing but
17 the truth, testified as follows:

18 Court Reporter: Please state your full
19 name for the record.

20 Witness: Wanda Gail Weaver.

21 Court Reporter: Thank you, ma'am.

22 Commissioner Wilkerson: Thank you, Ms.
23 Weaver. Please, Mr. White.

24 Mr. White: All right.

25 DIRECT EXAMINATION

- 1 By Mr. White:
- 2 Q. Ms. Weaver, where do you live?
- 3 A. In Lamar, South Carolina.
- 4 Q. All right. And what's your educational
5 background; how far did you go in school?
- 6 A. Well, I have a high school diploma and then I have
7 a practical nursing license.
- 8 Q. All right. And how long have you been an LPN?
- 9 A. Since 1992.
- 10 Q. All right. And what's your work history; where
11 have you worked as an LPN?
- 12 A. I worked mostly in the hospital setting until
13 about 2010, where -- with my son going to graduate
14 school I took an extra job also working in a long-term
15 care facility. And then I worked some part-time with
16 Florence-Darlington Tech doing clinicals for CNA
17 students. Then I went to work with the State for the
18 Special Needs and Disabilities I think in 2011 -- 2012,
19 and that's been the --
- 20 Q. All right. And where is it that you work for the
21 Department of Disabilities and Special Needs; right
22 here --
- 23 A. -- at the --
- 24 Q. -- in Florence?
- 25 A. -- Pee Dee Center.

- 1 Q. Okay. And what kind of patients do you see there
2 at the Pee Dee Center?
- 3 A. Well, we have a lot of special needs; we have a
4 lot of autistic, mental retardation, those type things.
- 5 Q. All right. Who's your supervisor there?
- 6 A. Vicky Leek.
- 7 Q. All right. And Ms. Leek, is she also the Director
8 of Nursing?
- 9 A. She is.
- 10 Q. Is she a registered nurse?
- 11 A. She is.
- 12 Q. Okay. Are you married?
- 13 A. I am.
- 14 Q. Okay. And your children, they're both grown now?
- 15 A. Yes.
- 16 Q. Ms. Weaver, if you would, tell the Commissioner
17 what happened on April the 11th of 2014.
- 18 A. Okay. We, as nurses, work in dormitory style
19 buildings and when we go to work in the morning we have
20 to have to do our med passes and everything, and get
21 everybody ready to go to programming; they go out for
22 special programming. And usually you have to have
23 everything done by nine o'clock because they start
24 loading them up, and when I say loading them up,
25 sometimes they have to put them in the wheelchair van,

1 they have to be transported. They all have Human -- I
2 think they're called Human Service Assistants who are
3 supposed to be helping with that. So, that morning I
4 was trying to give my medications out. We have a drug
5 cart that we push out like into the common dining area.
6 And I was in the process of trying to give my
7 medications out and one of the clients came from behind
8 me. I had taken care of him a few times and I always
9 talked to him because he had a poor appetite and I
10 would tell him, you know, you need to eat so you can
11 get big and strong, and I give him the thumbs up, good
12 job. And we have -- we nicknamed him; we call him Bug.
13 And what he was trying to do, in my opinion, was to let
14 me know that he had eaten all of his breakfast. And
15 usually I would pet his stomach and tell him that he
16 did a good job. He was standing behind me, sort of off
17 to the left back behind me, and he started out by
18 trying to get my attention, tapping me on the shoulder.
19 And the little guy that was his Human Service Assistant
20 was standing there, and he started grabbing my arm.
21 And I told him, I said, you need to stop him because
22 when they do that you're supposed to redirect them and
23 --

24 Commissioner Wilkerson: Which arm was
25 he grabbing?

1 A. -- the left. You're supposed to redirect them and
2 take them out of the area, you know, and let them focus
3 on something else. I did not know this young man; I
4 think that he was new at the time. And basically
5 that's what I was doing. He -- he just became really
6 insistent that I turn around and, of course, I was
7 trying to do my med pass and get everybody medicated
8 before they took them out of the building to go to
9 programming. So, that's basically what happened.

10 Commissioner Wilkerson: How big is this
11 guy?

12 A. Bug is -- he's probably about five, ten (5'10")
13 maybe. I don't think he weighs a whole, whole lot. He
14 probably weighs, I'd say, a hundred and twenty/thirty
15 (120/30) pounds.

16 Commissioner Wilkerson: And how tall
17 are you?

18 A. Five foot (5') --

19 Commissioner Wilkerson: Okay.

20 A. -- on good days.

21 Q. All right. When he grabbed your left arm what did
22 he do with it?

23 A. Well, he kept grabbing it and he kept pulling it
24 back and I was kind of at an odd angle, you know. And
25 he kept grabbing it, and pulling it, and the last time,

1 when I felt something like pop or snap, he was pulling
2 and he was trying to take me down the -- you know, he
3 wanted me to get away from my med cart and turn around
4 and come to where he was. And then when the Human
5 Assistant -- when the Human -- I don't know what they
6 call them -- Human Service Assistant, when he saw that
7 I was actually hurt and in pain he took him and
8 redirected him.

9 Q. Okay.

10 A. And that's when I had them to call my boss and she
11 came over and looked and they filled out the report,
12 and she's the one that sent me to the Occupational
13 Health..

14 Q. Okay. Was she also the one that recommended that
15 you have the MRI?

16 A. She was. When I went back and told her that they
17 were going to do physical therapy her question to me
18 was, well, did they do an x-ray and I told her no, and
19 she said, well, how are they going to treat you if they
20 don't know they're treating? And I told her, I said, I
21 don't know but the Human Resource lady told me that it
22 was within my rights, certainly, to have imaging if I
23 requested it. So, my boss tried to get them to do an
24 MRI, which delayed physical therapy even two (2) more
25 weeks because when I went for my first treatment at

1 physical therapy they said, well, we have down they
2 need imaging so I called my boss again. So, it was
3 like a month before anything was done.

4 Q. Okay. And then I believe you started seeing Dr.
5 June Jones --

6 A. I did.

7 Q. -- at McLeod Occupational Health?

8 A. I did.

9 Q. What did Dr. Jones do for you during that time
10 between April 11th and June 24th?

11 A. Well, she gave me a couple of prescriptions and
12 ordered physical therapy and that's basically it.

13 Q. Okay. She eventually ordered an MRI?

14 A. Eventually.

15 Q. Okay.

16 A. I had gone to physical therapy that day and had a
17 doctor's appointment afterwards. And while I was at
18 physical therapy the Physical Therapist would not
19 exercise and do exercises to that arm because he said
20 we've done everything --

21 Ms. Bell: Objection, hearsay.

22 Commissioner Wilkerson: You can't tell
23 me what the doctor said.

24 Q. You can't really say what somebody said.

25 A. -- okay.

- 1 Q. That's hearsay.
- 2 A. All right.
- 3 Q. All right. When you last saw Dr. Jones --
- 4 A. Uh-huh.
- 5 Q. -- what was your understanding of what was to be
6 done next?
- 7 A. I was being referred to an orthopedic doctor to
8 make a decision.
- 9 Q. Okay. From the time of the incident until now
10 how's your shoulder doing?
- 11 A. It's improving.
- 12 Q. Does it still bother you?
- 13 A. Yeah.
- 14 Q. All right. Do you need additional medical
15 treatment for your left shoulder?
- 16 A. Well, I think so.
- 17 Q. Okay. What doctor are you following up with now?
- 18 A. Dr. Elvington, orthopedic.
- 19 Q. All right. Dr. Jones, I think she wanted you to
20 see -- was it Dr. Watford --
- 21 A. She said Dr. Watford.
- 22 Q. -- okay. Did you try to see Dr. Watford?
- 23 A. I tried to. When I found out that they had denied
24 my claim I actually called Dr. Watford's office because
25 I was going to go ahead and go where she wanted me to

1 with my personal insurance, and was not able to get an
2 appointment with him because they said that he only
3 took referrals from, like, the emergency room or
4 trauma.

5 Commissioner Wilkerson: Who's he with?

6 Mr. White: McLeod Orthopaedics, I
7 think, Commissioner.

8 Commissioner Wilkerson: Who else is in
9 there; anybody else?

10 Mr. White: I'm not sure.

11 A. I have no idea.

12 Commissioner Wilkerson: Okay. I don't
13 know.

14 Ms. Bell: I have no idea.

15 Mr. White: I don't either. They're
16 right across the street from McLeod Hospital.

17 Q. And so, what did you do?

18 A. Well, I had to make an appointment with my family
19 physician and go explain to him, you know, what had
20 happened.

21 Q. Who -- who is your family doctor?

22 A. Dr. Daniel Hyler.

23 Q. Okay.

24 A. And he made a referral to Dr. Elvington.

25 Q. Okay. And Dr. Elvington is at Pee Dee

- 1 Orthopaedics?
- 2 A. Yes.
- 3 Q. Which is also in McLeod Hospital?
- 4 A. That's correct.
- 5 Q. All right. And you've been following up with Dr.
- 6 Elvington since that time?
- 7 A. I have.
- 8 Q. Okay. Has -- what has he been doing for you?
- 9 A. He ordered physical therapy. They gave me a
- 10 Cortisone shot in my shoulder, and then I am presently
- 11 doing physical therapy.
- 12 Q. All right. After June 24th, when you last saw Dr.
- 13 Jones, did -- I guess they stopped your temporary total
- 14 compensation at that point; is that correct?
- 15 A. They did. And I did not -- I was waiting for them
- 16 to contact me because sometimes with the State it takes
- 17 a long time to get things authorized, and I was waiting
- 18 for somebody to call me and tell me when my appointment
- 19 with Dr. Watford was going to be, and in the meantime I
- 20 got a letter from the State saying that they were
- 21 denying my claim.
- 22 Q. All right. Since the date of this accident, June
- 23 -- I mean, April the 11th, 2014, has Dr. Jones or Dr.
- 24 Elvington had you on restrictions during that whole
- 25 time; what are the restrictions?

- 1 A. It's usually -- always is no pushing, pulling, or
2 lifting greater than ten (10) pounds, and Dr. Elvington
3 has me no overhead.
- 4 Q. Okay. Your Employer is the Department of Special
5 -- Disabilities and Special Needs; are you able to work
6 with them within those restrictions?
- 7 A. I am not. Because I'm a temporary employee they
8 say that they don't have light duty for me and that is
9 considered light duty so, therefore, I'm not allowed to
10 work.
- 11 Q. All right. Ms. Weaver, prior to this injury on
12 April 11th of 2014, had you ever had any problems with
13 your left shoulder?
- 14 A. No, I have not.
- 15 Q. Okay. Prior to this injury on April 11th, 2014,
16 have you ever filed a compensation claim before this
17 one?
- 18 A. No, I have not.
- 19 Q. Do you just want your shoulder fixed where you can
20 get back to work?
- 21 A. Uh-huh.
- 22 Q. Is that a yes?
- 23 A. Yes.
- 24 Q. Thank you.
- 25 A. I sure do because I'm too young to retire.

1 Commissioner Wilkerson: Speaking of
2 that, how old are you?

3 A. Fifty-nine (59).

4 Commissioner Wilkerson: Okay. I need
5 to make a note of that back here. You may
6 have -- no. Fifty-nine (59); is that --

7 A. Uh-huh.

8 Commissioner Wilkerson: -- correct?
9 Okay. Yes, ma'am. Okay.

10 Mr. White: I think that's all the
11 questions I have, Commissioner.

12 Commissioner Wilkerson: Please, Ms.
13 Bell.

14 Ms. Bell: Thank you.

15 CROSS-EXAMINATION

16 By Ms. Bell:

17 Q. Good morning, Ms. Weaver.

18 A. Good morning.

19 Q. I introduced myself to you earlier. My name is
20 Kristian Bell and I'm an attorney with the State
21 Accident Fund. I just have a few questions for you this
22 morning.

23 A. Sure.

24 Q. You mentioned your family doctor was Dr. Daniel --
25 is it Hower?

- 1 A. Hyler.
- 2 Q. Hyler. And what practice is Dr. Hyler with?
- 3 A. McLeod Physicians, I think. He -- he's in the --
- 4 the building across the street from McLeod.
- 5 Q. Okay. How long has he been your family doctor?
- 6 A. Probably for about five (5) years now. I used Dr.
- 7 Griffin in Lamar, and when he retired then I started
- 8 seeing Dr. Hyler.
- 9 Q. Have you ever received treatment for left -- your
- 10 left shoulder at all before this accident?
- 11 A. No.
- 12 Q. You mentioned you'd never had any Workers' Comp
- 13 claims; have you ever had any other personal injury
- 14 accidents, like a car accident or anything like that?
- 15 A. I have -- was injured at McLeod, on the job, by a
- 16 patient probably in '99, and we did the same thing. I
- 17 had to go to the Occupational Health, did not get any
- 18 results so I went to my family physician, Dr. Sidney
- 19 Griffin. He sent me for an MRI and then refer --
- 20 referred me to Dr. Nassau, who did surgery. I have
- 21 bone grafted into my neck. I have screws and plates in
- 22 my neck; this -- from this side right here
- 23 (indicating).
- 24 Q. That's your right side?
- 25 Commissioner Wilkerson: The right side?

1 A. Uh-huh. And McLeod said that I didn't follow up
2 correctly because I went to my regular physician so I
3 never followed it up. I had two (2) children I had to
4 raise and I needed to keep my job.

5 Q. Any other accidents that you can think of?

6 A. Fell and broke my arm once.

7 Commissioner Wilkerson: Which arm?

8 A. Left, the wrist.

9 Q. Okay. And how did you do that?

10 A. Was picking my son up from kindergarten and
11 slipped and fell.

12 Q. You mentioned your children were grown; so what --

13 A. Right.

14 Q. -- year would that have been?

15 A. Actually, my youngest was in 4-K; so, that was
16 probably about twenty-three (23), twenty-four (24)
17 years ago.

18 Q. Any other accidents?

19 A. Not that I recall right -- nothing major, that was
20 those, you know. Oh, I did fall at the beach --

21 Q. Okay.

22 A. -- a couple or three (3) years ago and broke my
23 ankle. And they did refer me --

24 Commissioner Wilkerson: Which ankle?

25 A. -- the right. And they did refer me -- the

- 1 emergency room referred me to see an orthopedic doctor
2 and I did see Dr. Kyle Watford with my foot. And when
3 -- I thought that since I had already seen him that
4 they would take me as a patient --
- 5 Q. Yes, ma'am.
- 6 A. -- when this happened, and they wanted to know if
7 it was related to that prior injury; I told them no.
8 And they said we're sorry, we can't see you.
- 9 Q. Okay. What emergency room did you go to?
- 10 A. Somewhere at the beach, it may be Seacoast or it
11 -- it was like an Urgent, I think. It was right there
12 on 544 on the left. I don't know what the name of that
13 one is.
- 14 Q. Okay. But it was more like an Urgent Care as
15 opposed to like an emergency room --
- 16 A. I --
- 17 Q. -- at the hospital?
- 18 A. -- yes -- I -- well, it was an emergency room but
19 I don't know if it was a hospital or -- I'm not sure.
- 20 Q. Okay. But it was on 554 -- 544?
- 21 A. It was on 544.
- 22 Q. Okay. Thank you. And in regards to this accident
23 that we're here about today -- sorry, strike that. Are
24 there anymore accidents that you can recall?
- 25 A. No.

- 1 Q. Okay. And the accident that we're here today you
2 saw Dr. Jones with Occupational Health at McLeod; is
3 that correct?
- 4 A. That's correct.
- 5 Q. And Dr. Jones recommended that you see an
6 orthopedist; is that correct?
- 7 A. She did.
- 8 Q. Okay. And you, in fact, did see an orthopedist;
9 you saw Dr. Elvington, is that correct?
- 10 A. Later.
- 11 Q. Yes. But you did see an orthopedic?
- 12 A. She -- on my own.
- 13 Q. Yes.
- 14 A. Dr. Jones recommended it but the Workman's Comp
15 denied that claim; so I had to get my family physician
16 to refer me, but I have seen an orthopedic.
- 17 Q. Okay. Thank you.
- 18 A. He's the one that put the injection in my
19 shoulder.
- 20 Q. And did the injection help?
- 21 A. Somewhat, I had some side effects from it, blood
22 sugar.
- 23 Q. To your knowledge, are there any medical records
24 indicating that there is a relationship between your
25 shoulder injury and your work accident?

1 A. Not to my knowledge.

2 Mr. White: I would object to the form
3 of the question. I don't know --

4 Q. When was the last time you received --

5 Commissioner Wilkerson: I don't know
6 without reading the medical records. Go
7 ahead... I'm sorry.

8 Mr. White: Go ahead.

9 Q. -- when was the last time you received your
10 temporary total check; do you remember, your Workers'
11 Comp check?

12 A. It was, like, the last of June.

13 Q. And how are you currently paying for your -- the
14 medical treatment that you've received since of June
15 2014?

16 A. My husband has me covered under insurance with his
17 employer.

18 Q. And have you had any issues getting any of your
19 bills paid for with your husband's insurance?

20 A. Physical therapy, they said that I had a five
21 hundred dollar (\$500.00) deductible, which I had not
22 met, and that it only pays eighty percent (80%) but she
23 -- they're seeing me anyway without anything up front.

24 Q. But you haven't been denied coverage by your
25 husband's insurance company, have you?

- 1 A. No.
- 2 Q. Okay.
- 3 A. And I have co-pays when I go to the doctor, you
4 know. My co-pay with my physician is twenty dollars
5 (\$20.00) and then with the specialist, which was Dr.
6 Elvington, its forty dollars (\$40.00).
- 7 Q. Do you have any co-pays for physical therapy?
- 8 A. Well, they're not charging me anything right now.
- 9 Q. You indicated you had an understanding of work
10 restrictions related to the injury to your left
11 shoulder; is that correct?
- 12 A. Explain that now?
- 13 Q. You have some work restriction related to your
14 left shoulder --
- 15 A. Just --
- 16 Q. -- is that correct?
- 17 A. -- no pushing, pulling, lifting greater than ten
18 (10) pounds. Dr. Jones had always restricted me to
19 keeping my elbow in at my waist. Dr. Elvington, I
20 don't think he did that but he did say no overhead
21 lifting.
- 22 Q. Okay. And who did you speak to at your employer
23 to try to get back to work?
- 24 A. My Director of Nurses and Cynthia McIver at -- Mc
25 -- McIver, I think at the Pee Dee Center, Human

1 Resource.

2 Q. And the director, is that Vicky?

3 A. Uh-huh.

4 Q. Okay. Is that a yes?

5 Mr. White: Yes.

6 A. Yes.

7 Q. Thank you.

8 A. Sorry.

9 Q. That's okay.

10 A. As a matter of fact, they had -- Ms. McIver had

11 just offered me full time employment and we couldn't

12 negotiate salary, right before -- I think that was in

13 March -- February or March.

14 Q. Do you play any sports or have any hobbies?

15 A. No.

16 Q. Okay.

17 A. I walk.

18 Q. No tennis or racquetball or anything?

19 A. No.

20 Q. Okay.

21 Ms. Bell: I believe those are all the

22 questions I have. Thank you so much.

23 Commissioner Wilkerson: Anything else?

24 Mr. White: I don't think I have anything

25 further.

1 Commissioner Wilkerson: Okay. Any
2 other witnesses for the Claimant?

3 Mr. White: That's all.

4 Commissioner Wilkerson: Any witnesses
5 for the Defense?

6 Mr. Bell: No, sir.

7 Commissioner Wilkerson: Okay. This
8 concludes the hearing. Let me meet with the
9 attorneys for a few minutes. Thank you all.

10 (THERE BEING NO FURTHER QUESTIONS, THE HEARING CONCLUDED

11 AT 10:30 A. M.).

12

13

14

15

16

17

18

19

20

21

22

23

24

25

STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC File No. 1404431

Wanda Weaver,)
)
Employee,)
)
Claimant,)
)
vs.)
)
SC Dept. of Disabilities and Special Needs,)
)
Employer,)
)
and)
)
State Accident Fund,)
)
Carrier,)
)
Defendants.)
_____)

**APPELLANT'S BRIEF TO THE FULL
COMMISSION**

STATEMENT OF THE CASE

Respondent, Wanda Gail Weaver, hereinafter "Claimant," filed a Form 50 Request for Hearing on August 13, 2014 alleging injury to her neck and left shoulder from an accident occurring on April 11, 2014 when Claimant was attacked by a patient that grabbed and twisted Claimant's left arm.

Appellants, South Carolina Department of Disabilities and Special Needs, and their carrier, State Accident Fund, hereinafter "Defendants," admit a minor injury occurred, but denied Claimant's need for additional treatment and work restrictions are related to the minor accident because of Claimant's extensive pre-existing condition.

A hearing was held before Jurisdictional Commissioner Avery Wilkerson on October 8, 2014. The Jurisdictional Commissioner issued an Order on October 28, 2014 finding Claimant suffered a compensable accident and was entitled to temporary total disability benefits and medical treatment by Dr. Elvington of Pee Dee Orthopaedic Associates.

Defendants timely filed a Form 30 Request for Commission Review, and this appeal follows.

FACTS

Claimant first treated with McLeod Occupational Health and underwent physical therapy. After physical therapy, Claimant's symptoms in the left shoulder continued, so an MRI of the left shoulder was ordered. (Clmt. APA p. 39). The MRI revealed multiple significant changes in the left shoulder, including a complex and high-grade partial thickness tear of the supraspinatus, intrasubstance fraying of the subscapularis, tearing of the biceps long head tendon, superior and posterior labral fraying, and evidence suggestive of adhesive capsulitis. (Clmt. APA p. 82).

"All of the changes did not occur from this injury of pulling her arm backwards. Writer will recommend that you refer her to an orthopedic surgeon who will evaluate this employee and give an opinion on whether this occurred from the injury the employee describes." (Clmt. APA p.43). Dr. Jones reported.

[t]his explains why then employee wante[d] the writer to get an MRI earlier. She told her therapist she should be scheduled for an MRI before she starts PT. The employee denies any previous injury to the left shoulder. There are obvious changes in the shoulder have been there for some time[] (years)....I believe she knew she had significant damage.

(Clmt. APA p.43, 46). However, Claimant denies any prior problems with the left shoulder. (Hrg. Tr. 19: 11-14).

Dr. Elvington of Pee Dee Orthopaedic Associates opined Claimant had a 10 pound lifting/carrying restriction on August 12, 2014, which Defendants were not able to accommodate. (Clmt. APA p. 83).

Claimant testified that after the claim was denied due to her extensive pre-existing condition, she began treatment through her private insurance with her family doctor, Dr. Hyler, who referred Claimant to Dr. Elvington. (Hrg. Tr. 17:18-24). Claimant continues to treat with Dr. Elvington, who has ordered additional physical therapy and performed an injection into the shoulder. (Hrg. Tr. 18:5-11).

ISSUES

1. WHETHER THE HEARING COMMISSIONER ERRED IN FINDINGS OF FACT #2 FINDING CLAIMANT SUSTAINED A COMPENSABLE INJURY BY ACCIDENT; THEREFORE, ENTITLING HER TO TEMPORARY TOTAL DISABILITY BENEFITS.
2. WHETHER THE HEARING COMMISSIONER ERRED IN FINDINGS OF FACT #3 THAT CLAIMANT IS ENTITLED TO ALL PAST AND PRESENT MEDICAL TREATMENT RECOMMENDED BY PEE DEE ORTHOPAEDIC ASSOCIATES.
3. WHETHER THE HEARING COMMISSIONER ERRED IN NOT LIMITING THE ORDER TO MEDICAL EVALUATION TO DETERMINE CAUSATION.

4. WHETHER THE HEARING COMMISSIONER ERRED IN THE CONCLUSION OF LAW FINDING CLAIMANT'S INJURY COMPENSABLE ENTITLING HER TO MEDICAL TREATMENT UNDER S.C. CODE SECTIONS 42-1-60 AND 42-15-60.

DISCUSSION

I. The Jurisdictional Commissioner erred in finding Claimant is entitled to additional medical treatment and temporary total disability benefits.

A preponderance of the evidence in the record does not support a finding that Claimant's extensive, pre-existing left shoulder condition was caused or aggravated by the minor work accident occurring April 11, 2014. Dr. Jones opined Claimant had an extensive pre-existing condition, in contradiction to Claimant's testimony that she never had symptoms in the left shoulder prior to the work accident, and Claimant presented no evidence the pre-existing condition was aggravated by the minor work accident.

"[I]t is always incumbent on the employee-claimant to prove that he or she has sustained an injury by accident, and demonstrate that he or she is entitled to benefits." Crisp v. SouthCo., Inc., 401 S.C. 627 (2013)(citing Clade v. Champion Labs., 330 S.C. at 11, 496 S.E.2d at 857). Further, "[t]he employee shall establish by a preponderance of the evidence, including medical evidence, that: (1) the subsequent injury aggravated the preexisting condition or permanent physical impairment; or (2) the preexisting condition or the permanent physical impairment aggravates the subsequent injury." S.C. Code Section 42-9-35 (emphasis added). Thus, Claimant had the burden to prove the pre-existing left shoulder condition was aggravated by the work accident in order for Claimant to be entitled to benefits under the Act. However, there is no

evidence in the record finding Claimant's pre-existing left shoulder symptoms, which had been present for years, were aggravated as a result of the work accident.

In fact, Claimant treated with her family doctor and Dr. Elvington, but was still unable to present any evidence at the hearing, scheduled at her request, showing her pre-existing condition was aggravated as a result of the work accident.

It is not Defendants' burden to prove a pre-existing condition was aggravated by a work accident. Further, a decision cannot be based on surmise, conjecture or speculation. See Herndon v. Mills, Inc., 246 S.C. 201, 210 (1965) (citing Hines v. Pacific Mills, 214 S.C. 125, 51 S.E.2d 383). Therefore, Claimant's claim for additional benefits under the Act should be denied. In the alternative, the Jurisdictional Commissioner could have ordered Defendants to provide a one-time evaluation to complete the record with a report as to whether Claimant's pre-existing condition was aggravated by the work accident.

II. The Jurisdictional Commissioner erred in finding Claimant is entitled to past and future medical treatment as recommended by Dr. Elvington.

Defendants are entitled to direct medical treatment. See McKinney v. Kimberly Clark Corp., 376 S.C. 636 (Ct. App. 2008). Defendants concede the Commission has the authority to direct medical treatment, but that authority should not be used to punish an employer who denies a claim within 150 days as authorized under the Act. This claim has proceeded through the workers' compensation hearing system without complication. Defendants denied the claim based on medical reports from the authorized treating physician confirming an extensive pre-existing condition, Claimant filed a Form 50 Request for Hearing when benefits were denied, and a

hearing was held within 60 days. Denying an employer's right to choose the provider in all denied cases is an abuse of discretion and takes away the employer's rights under the Act to direct medical treatment.

Accordingly, if this Court affirms the Jurisdictional Commissioner's findings that Claimant suffered an aggravation of her pre-existing left shoulder condition and is entitled to additional medical treatment, Defendants should be entitled to direct medical treatment with a physician of their choosing. Unless and until a controversy regarding medical treatment arises, the Commission should allow an employer to choose the medical provider.

CONCLUSION

Based on the above-stated grounds, the Jurisdictional Commissioner's Order should be reversed in its entirety. A preponderance of the evidence does not support the finding Claimant met her burden of proving an aggravation of her extensive pre-existing condition, and any decision to the contrary is based wholly on surmise, conjecture and speculation because no evidence was submitted finding an aggravation of Claimant's pre-existing condition. However, if this Court affirms the Jurisdictional Commissioner's finding that Claimant is entitled to additional medical treatment; Defendant should direct medical treatment rather than the Commission.

Respectfully Submitted,

COLLINS & LACY, P.C.

BY:

A handwritten signature in cursive script, appearing to read "Ashley R. Kirkham", written over a horizontal line.

Collins & Lacy, P.C.
Ashley R. Kirkham, Esquire
Post Office Box 12487
Columbia, SC 29211
803.256.2660

Columbia, South Carolina

January 15, 2015.

ATTORNEYS FOR DEFENDANTS

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No.: 1404431

Wanda Weaver,

Claimant,

vs.

SC Department of Disabilities and
Special Needs and State Accident
Fund,

Employer,

Defendant.

**RESPONDENT'S BRIEF ON
BEHALF OF CLAIMANT**

This matter comes before the South Carolina Workers Compensation Commission pursuant to the Defendant's application for review of the Single Commissioner's Order dated October 28, 2014.

STATEMENT OF THE CASE

Claimant works as an LPN and alleges that she was injured in the scope and course of her employment on April 11, 2014 when an adult, male autistic patient grabbed her left arm and twisted and jerked it behind her injuring her left shoulder and neck. Claimant seeks additional medical treatment as well as past due and continuing temporary total compensation until such time as Claimant reaches maximum medical improvement. A hearing was held before Commissioner Avery Wilkerson on October 8, 2014. Commissioner Wilkerson, by Order dated October 28, 2014, found that Claimant sustained a compensable

injury and ordered temporary total as well as continued medical treatment with Dr. Elvington of Pee Dee Orthopaedic Associates.

Defendant filed a Form 30 and this appeal follows.

FACTS OF THE CASE

Claimant is a fifty-nine year old woman who is approximately five feet tall and has worked as an LPN since 1992. (TR. p. 10, ll. 8-9). She worked for the South Carolina Department of Disabilities and Special Needs for two years with special needs patients that are autistic and/or mentally retarded. On April 11, 2014, Claimant was giving out medications when an adult male patient that was approximately five feet ten inches tall came up behind her and grabbed her left arm and twisted and jerked it behind her. (TR. p. 13, l. 23-p. 14, l. 2). Claimant felt something pop or snap and felt immediate pain in her left shoulder. (TR. p. 14, l. 1). Claimant reported the injury to her supervisor, Vicky Leeke who is an RN and also the Director of Nursing. (TR. p. 11, ll. 5-10).

Claimant was sent to Dr. June Jones at McLeod Occupational Health on that same day and Dr. Jones diagnosed Claimant with a rotator cuff strain, gave Claimant medication for pain and placed Claimant on work restrictions. (APA pp. 4-5). Claimant returned to Dr. Jones on April 17, 2014 and the diagnosis was rotator cuff syndrome of the left shoulder. Dr. Jones order physical therapy and Naproxen for pain and continued Claimant's work restrictions. (APA pp. 16-17).

Claimant reported to her supervisor that they were going to start her on physical therapy. Her supervisor questioned whether they were going to obtain an x-ray or MRI and stated "how are they going to treat you if they don't know

what they're treating?" Claimant's supervisor tried to get Claimant an MRI but was not successful which delayed Claimant's physical therapy for two weeks.

(TR p. 14, ll. 23-24).

Claimant continued treating with Dr. Jones and at each visit the diagnosis was always rotator cuff strain/syndrome. Dr. Jones gave prescriptions, ordered physical therapy and continued work restrictions. (APA pp. 1-46). On Claimant's June 9, 2014 visit, Dr. Jones stopped physical therapy and ordered an MRI (APA pp. 38-39).

Claimant last saw Dr. Jones on June 24, 2014 and the MRI results were discussed. The MRI showed multiple significant changes in the left shoulder and Dr. Jones did not believe that all of the changes were as a result of this injury. Dr. Jones referred Claimant to Dr. Kyle Watford, an orthopedic surgeon for an evaluation. (APA pp. 43-46).

While Claimant was waiting for her appointment with Dr. Watford to be authorized her claim was denied. (TR p. 18, ll. 17-21). Claimant tried to see Dr. Watford but was unable to so her family doctor, Dr. Daniel Hyler referred her to Dr. Elvington at Pee Dee Orthopaedic Associates. (TR. p. 16, l. 22- p. 17, l. 24,). Dr. Elvington has given her a cortisone shot and prescribed physical therapy. (TR. p. 18, ll. 9-11). Claimant is still on work restrictions and the employer has been unable to provide light duty work. (TR. p. 18, l. 23-p. 19, l. 10).

Prior to her April 11, 2014 injury, Claimant has never had any problems with her left shoulder and has never filed a workers' compensation claim. (TR. p. 19, ll. 11-18).

ARGUMENT

I. The Single Commissioner correctly found that Claimant sustained a compensable work related injury on April 11, 2014 and was entitled to additional medical treatment and temporary total benefits.

All of the evidence in the records supports a finding that Claimant's problems with her left shoulder were caused and/or aggravated by her work related accident on April 11, 2014:

- 1) Claimant's description of the accident in which she states that she felt something pop or snap and felt immediate pain. (TR. p. 14, l. 1).
- 2) At every visit, Dr. Jones diagnosed Claimant with left rotator cuff strain/syndrome and kept Claimant on work restrictions.
- 3) The MRI report which revealed multiple significant problems with Claimant's left shoulder including several tears. The radiologist, Dr. Zachary Kilpatrick does not indicate in his report that this was an old injury. (APA pp. 81-82).
- 4) Claimant is 59 years old and has never had any prior problems with her left shoulder.
- 5) Claimant has worked for employer, South Carolina Department of Disabilities and Special Needs for two years with no prior complaints.
- 6) Claimant has never filed a workers' compensation claim before.
- 7) Dr. Jones, in her last note dated June 24, 2014, states "The MRI shows multiple significant changes in the left shoulder. All of the changes did not occur from this injury of pulling her left arm backwards." Significantly, Dr. Jones

has never stated that none of Claimant's shoulder problems came from the April 11, 2014 injury. Simply that she did not believe all of the problems did. Dr. Jones then referred Claimant to Dr. Kyle Watford, an orthopedic surgeon for further evaluation. Dr. Jones also questioned why Claimant wanted an MRI earlier; however, it was not Claimant but Claimant's supervisor, a RN and the Director of Nursing, who thought that Claimant should have an MRI before beginning physical therapy. Apparently, Claimant's supervisor is a better diagnostician than Dr. Jones.

Based on Dr. Jones' last report, the Carrier denies Claimant's case altogether, stops temporary total, will not authorize the treatment or referral as recommended by the authorized treating physician, and the Employer will not let her come back to work because she is still on restrictions. This is when Claimant was forced to file her first workers' compensation claim.

This overwhelming evidence in the record supports that Claimant's left shoulder problems were caused and/or aggravated by her April 11, 2014 injury at work.

II. The Single Commissioner correctly determined that Claimant was entitled to medical treatment as recommended by Dr. Elvington.

Dr. June Jones, the authorized treating physician, referred Claimant to Dr. Kyle Watford, an orthopedic surgeon for evaluation. The Carrier failed to authorize Claimant's visit to Dr. Watford and instead denied Claimant's claim entirely. Claimant testified that she tried to see Dr. Watford on her own but was unable to see him; therefore, her family doctor referred her to Dr. Elvington at

Pee Dee Orthopaedic Associates. Claimant had started treatment with Dr. Elvington and had seen him twice at the time of the hearing.

§42-15-60 provides that when the Employer fails to provide medical care with a physician of its choosing, the Commission can order medical care with a different physician. Furthermore, Defendants in their brief concede that the Commission has the authority to direct medical treatment.

CONCLUSION

For the foregoing reasons, the Order of the Single Commissioner should be affirmed.

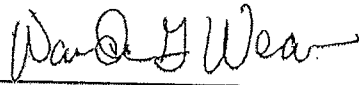


H. THAD WHITE, JR.
LUCAS, WARR AND WHITE
Attorney for Employee/Claimant
2917 West Palmetto Street
Florence, South Carolina 29501
(843) 665-8187

Florence, South Carolina
January 28, 2015

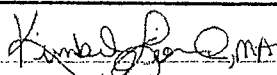
Patient Visit Summary and Instructions

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

PATIENT LAST NAME Weaver		PATIENT FIRST NAME Wanda	AGE 58	GENDER Female
DATE OF TREATMENT 04/11/2014	DATE OF INJURY OR ILLNESS 04/11/2014	PRACTITIONER'S NAME June Jones, MD		
TIME ARRIVE 11:16 AM		TIME IN 11:41 AM		TIME OUT 2:43 PM
PATIENT'S DESCRIPTION OF PROBLEM Patient States " While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".				
DIAGNOSIS 				
MEDICATIONS PRESCRIBED RX #1: Acetaminophen/Tramadol. Dosage: 325 mg./37.5 mg. Amount: 40 (FORTY). Instructions: Take 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain up to a maximum of 8 tablets per day. Refills: None. Warning: Yes. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes. She has been instructed in medication use and side effects. She has been instructed of the impact medication (Acetaminophen/Tramadol) has on driving and machine operation.				
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less. Sendary work only.				
AFTERCARE INSTRUCTIONS 				
NEXT 3 APPOINTMENTS 04/17/2014 1:15 PM Work Comp Follow-up Visit 				
PATIENT I received this information and was given the opportunity to ask questions about my care. 		STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding. 		

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

Visit Summary for Employer

COMPANY SCDDSN-Pee Dee Regional Center		PHONE (843) 664-2699	
CONTACT Sarah Hennings		FAX (843) 664-2701	
		EMAIL	
PATIENT NAME Wanda G. Weaver		RESTRICTED DAYS	
PATIENT ID 349-50-5953		LOST DAYS	
DATE OF INJURY OR ILLNESS 04/11/2014		PRACTITIONER'S NAME June Jones, MD	
DATE OF TREATMENT 04/11/2014 Work Comp Initial Visit		TIME ARRIVE 11:16 AM	TIME OUT 2:43 PM
PATIENT'S DESCRIPTION OF PROBLEM Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".			
DIAGNOSIS			
MEDICATIONS PRESCRIBED RX #1: Acetaminophen/Tramadol. Dosage: 325 mg./37.5 mg. Amount: 40 (FORTY). Instructions: Take 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain up to a maximum of 8 tablets per day. Refills: None. Warning: Yes. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes. She has been instructed in medication use and side effects. She has been instructed of the impact medication			
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less. Sendary work only.			
TREATMENT RENDERED I've directed the patient to begin physical therapy. Need to decrease the pain to get the patient to cooperate with the exam. Moist heat in the morning and cool compress in the evening. Take meds as directed.			
NEXT 3 APPOINTMENTS 04/17/2014 1:15 PM Work Comp Follow-up Visit			
PRINTED 04/11/2014		SIGNATURE 	

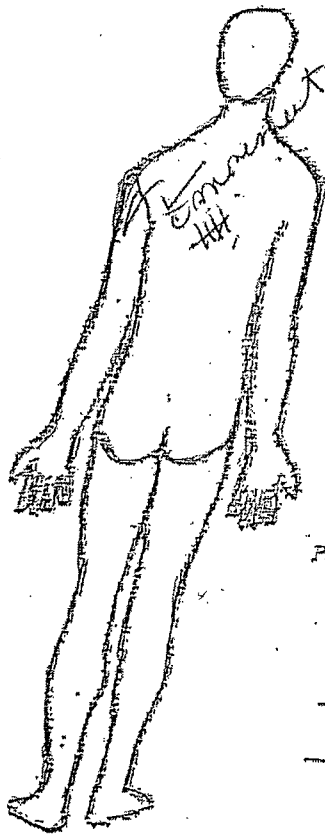
PATIENT PAIN DRAWING

Name: Whitney Lane Weaver

Date: 4/10/14

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, draw in your feet.

Aching ~~~~~	Numbness _____	Pins and Needles *****	Burning XXXXX	Stinging VVVVV	Other OOOOO
-----------------	-------------------	---------------------------	------------------	-------------------	----------------



Pain in arms(s) Compared with pain in the back

☐ Worse than
☐ Same as
☐ Less than



Pain in the Leg(s) compared to With the Back

☐ Worse than
☐ Same as
☐ Less than

Is your pain aggravated by any of the following?

- | | |
|---|---|
| ☐ Coughing or sneezing | ☐ In the middle of the night |
| ☐ Sitting in a chair | ☐ Lying flat on your back |
| ☐ Bending forward to brush teeth | ☐ Lying flat on your stomach |
| ☐ When you wake up | ☐ Walking a distance |

OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Wanda G. Weaver
Company: SCDDSN-Pee Dee Regional Center
Physician: June Jones, MD

Date of Birth: August 13, 1955
Injury Date: April 11, 2014
Exam Date: April 11, 2014
Time: 11:16 AM

DEMOGRAPHICS: Wanda G. Weaver is a 58 year-old female, employee of SCDDSN-Pee Dee Regional Center, Caucasian, right-handed, LPN, resident of Lamar.

DESCRIPTION OF INCIDENT: Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".

HISTORY OF PRESENT ILLNESS: The patient's primary problem is pain located in the left shoulder radiating down into left. She describes it as aching. It has been less than a day since the onset of the pain. The patient says that it seems to be constant. She has noticed that it is made worse by lefting arm and extending in an upward direction. She also notes that it is accompanied by sharp shooting pain with movement. Her pain level is 4/10. Pain with movement is 8/10.

REVIEW OF SYSTEMS:

Constitutional: Negative for recent weight loss, fatigue, chills, fever.

Eyes: Negative for blurred vision, loss of visual acuity, double vision, inflamed eyes, light sensitivity.

ENT: Negative for difficulty swallowing, hoarseness, swollen lymph nodes, difficulty hearing, ringing in the ears, ear pain, dizziness.

Cardiovascular: Negative for chest pain, palpitations, shortness of breath, swelling of feet, varicose veins.

Respiratory: Negative for pneumonia, hemoptysis, chronic cough, asthma, fever, shortness of breath, wheezing.

Gastrointestinal: Negative for stomach ulcer, chronic heartburn, recent change in bowel habits, gall bladder disease, liver disease, bleeding.

Genitourinary: Negative for frequent urination, burning on urination, kidney stones, change in urinary stream, nocturia.

Musculoskeletal: Negative for joint pain, joint redness, joint swelling, joint stiffness, muscle cramping, muscle weakness.

Skin and Breast: Negative for eczema, psoriasis, unusual hair loss, rash, skin discoloration, recent change in mole.

Neurological: Negative for weakness, seizures, paralysis, numbness, headache, hands falling asleep.

Psychiatric: POSITIVE for depression, insomnia. Negative for anxiety, panic, fatigue.

Endocrine: Negative for excessive hunger, excessive thirst, thyroid disease, diabetes.

Hematologic: Negative for anemia, easy bruising, history of blood clots, bleeding, blood thinners.

Immunologic: Negative for frequent infections, swollen lymph nodes, allergies.

PAST, FAMILY AND SOCIAL HISTORY:

Current Conditions: GERD. Hypertension. Insomnia. Depression.

Current Work Status: She is working part time on regular duty.

Previous Illnesses: None.

Previous Surgery: Left broken wrist surgery 1992. ACD 1996. C-section 1982 and 1988.

Alcohol Use: She states she rarely consumes alcoholic beverages.

Tobacco Use: She currently does not smoke and has never smoked.

CURRENT MEDICATIONS: Protonix, Lisinopril HCTZ 20/25mg, Prozac and Ambien.

ALLERGIES: Codiene and NSAIDS.

VITAL SIGNS: Weight: 215 lbs. Height: 60 inches. BMI: 42.0 (Obese). Blood Pressure: 152/60. Respiratory Rate: 16/min and normal. Pulse Rate: 72/min. Temperature: 98.1 °F (oral).

EXAMINATION:

Left Shoulder: Pain to palpation is present over the shoulder. Very sensitive to very light palpation. Range of motion is limited to ext rotation, abduction, to hand behind the head. No abduction, flexion, or extension w/o pain. Swelling is not present. Bruising is not present.

DIAGNOSIS: 1. Rotator Cuff Strain, Shoulder, Left (840.4).

DISCUSSION: I've directed the patient to begin physical therapy. Need to decrease the pain to get the patient to cooperate with the exam. Moist heat in the morning and cool compress in the evening. Take meds as directed.

PRESCRIPTIONS: The patient has been prescribed the following:

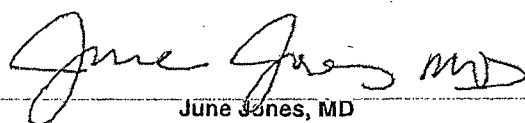
RX #1: Acetaminophen/Tramadol. Dosage: 325 mg./37.5 mg. Amount: 40 (FORTY).

Instructions: Take 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain up to a maximum of 8 tablets per day. Refills: None. Warning: Yes. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes.

She has been instructed in medication use and side effects. She has been instructed of the impact medication (Acetaminophen/Tramadol) has on driving and machine operation.

RECOMMENDED ACTIVITY RESTRICTIONS:

Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.


June Jones, MD

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

Wanda G. Weaver
1285 Lee State Park Road
Lamar, SC 29069

DOB: 8/13/1955
Phone: 843-326-1939
Date: 4/11/2014

R_x

Workers Compensation Claim

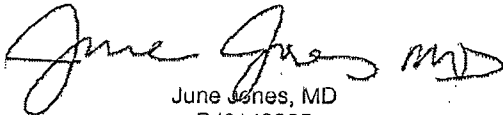
Medication: Acetaminophen/Tramadol

Dosage: 325 mg./37.5 mg

Amount: 40 (FORTY)

Instructions: Take 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain up to a maximum of 8 tablets per day

Refills: None


June Jones, MD
BJ6143325

Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed is listed in the current edition of either the National Formulary or United States Pharmacopoeia and provided no checkmark has been placed in the box to the right.

☐

MEDICAL HISTORY FORM

Employee Name <u>Wanda Sue Weaver</u>		SSN <u>349-50-5953</u>	
Employer _____		Job Title <u>LPN</u>	
Sex: ☐ Male ☒ Female		Date of birth <u>8/13/55</u>	
(Please use the last page if you need additional space to explain any answers)			
MEDICAL CONDITION:			
Have you ever had chronic or recurring pain, abnormal sensation, tingling or numbness associated with:		Have you ever had chronic or recurring pain, abnormal sensation, tingling or numbness associated with:	
Neck	☒ Y ☐ N	Arms	☐ Y ☐ N
Wrists	☐ Y ☐ N	Hands	☐ Y ☐ N
Feet	☐ Y ☐ N	Back	☐ Y ☐ N
Shoulders	☐ Y ☐ N	Knees	☐ Y ☐ N
Please explain all "YES" answers:			
Do you have or have you ever had:		Do you have or have you ever had:	
Hearing or Vision problems	☐ Y ☐ N	Back Problems	☐ Y ☐ N
Skin Problems (e.g. rash, open sores)	☐ Y ☐ N	Muscular Disease	☐ Y ☐ N
Asthma	☐ Y ☐ N	Varicose Veins	☐ Y ☐ N
Lung or Pulmonary Problems	☐ Y ☐ N	Broken Bones	☒ Y ☐ N
Heart Condition	☐ Y ☐ N	Automobile Accidents	☐ Y ☐ N
Hepatitis	☐ Y ☐ N	Seizures, Fainting	☐ Y ☐ N
Diabetes	☐ Y ☐ N	Mental Illness	☐ Y ☐ N
Cancer	☐ Y ☐ N	Depression/Anxiety	☐ Y ☐ N
Hypertension	☒ Y ☐ N	History of substance abuse	☐ Y ☐ N
HIV	☐ Y ☐ N	Hernia	☒ Y ☐ N
Arthritis	☐ Y ☐ N	Surgeries	☒ Y ☐ N
Head/spinal injuries	☐ Y ☐ N	Other	☐ Y ☐ N
Please explain all "YES" answers: <u>yes</u>			
ACD			
Are you currently under treatment or follow-up care from a doctor, chiropractor or other health care provider?		Do you need any accommodations, job modifications, and or structural changes to your work area due to a health-related condition?	
☐ Y ☐ N		☒ Y ☐ N	
Please explain all "YES" answers:			
MEDICAL HISTORY:			
Please list all inpatient or outpatient admissions with date, diagnosis/injury, reason for surgery and treatment. Include childbirths, surgeries and injuries. <u>1992 - broken arm wrist</u>			
<u>1996 ACD C-section X2</u>			
ALLERGIES			
Have you ever had a reaction, allergy, and/or sensitivity to any medications, immunizations, foods, chemicals, or other?		Do you have problems when wearing gloves or has a physician ever diagnosed you with a latex allergy?	
☒ Y ☐ N		☒ Y ☐ N	
If "Yes" - Please list medications, immunizations, foods, chemicals or other allergies.			
<u>Codine</u>			
Do you use tobacco products of any kind? ☐ Yes ☒ No If yes, describe how much:			
(Females only) Is it possible you are pregnant? ☐ Yes ☒ No Due Date: _____			

PLEASE LIST ALL EMPLOYMENT STARTING WITH THE MOST RECENT:

Employer: Job Title: <u>Per. Sec. Center</u>	Job Duties: <u>LPN</u>	Occupational Exposures or Injuries: <u>no</u>
Dates of employment: <u>X1 year</u>	Hazards	
Employer: Job Title: <u>Unmanned</u> <u>NH</u>	Job Duties: <u>LPN</u>	Occupational Exposures or Injuries: <u>no</u>
Dates of employment: <u>2009-2012</u>	Hazards	
Employer: <u>MRMC</u>	Job Duties: <u>LPN</u>	Occupational Exposures or Injuries: <u>no</u>
Job Title: <u>1992-2010</u>	Hazards	
Dates of employment:		

Have you ever had an exposure to blood or body fluids while working on the job? Y ☐ N ☐

If "Yes", please describe:

Have you ever been hurt on the job while working for any employer? Y ☐ N ☒

Did you ever file a Workers Compensation Claim?

If yes, How many? 1

If you answered yes to the above question, describe all your incidents & injury (ies):

Date	Diagnosis/Injury	Treatment	Claim Status	Employer (where were you working for each claim)
			☐ Open ☐ Closed	
			☐ Open ☐ Closed	
			☐ Open ☐ Closed	

Are you still being treated for any of the injuries above? Y ☐ N ☒

If "YES", explain any current treatment:

Have you received any permanent restrictions and/or medical impairment rating from any healthcare provider? Y ☐ N ☒

If "Yes", describe the details as well as the year of the permanent restrictions and/or impairment rating:

The preceding answers are true to the best of my knowledge. I understand that any misstatement of fact may be grounds for termination of my employment. Misstatement of facts could result in my not receiving benefits for any injury or illness sustained on the job. I understand the information related to this medical history and evaluation will become part of my medical record, and may be used to determine my capability to perform essential functions of the job (with or without accommodations.) I further understand that information gained from this medical history and evaluation may be shared with my employer in determining medical clearance for job placement, job restrictions, or need for accommodations.

Patient Signature: Nanda D. Wong

Date: 4/11/14

Examining Nurse: Lana Lee, RN

Date: 4/11/14

Additional Notes and/or Explanations:

PATIENT DESCRIPTION OF INJURY

Patient Name: <i>Wanda Gail Weaw</i>	Date of Birth: <i>8/13/55</i>	SS#: <i>349-50-5953</i>	Race: <i>W</i>	Sex: <i>F</i>
Employer Name: <i>Pee Dee Center</i>				
Specific Part(s) of Body Injured: <i>Left arm + shoulder</i>	Time Of Injury/illness: <i>8AM</i>	Date Of Injury/illness: <i>4/11/14</i>		
Who did you first report the injury/illness to: <i>In charge person</i>				
Were there any witnesses to your accident: ☒ Yes ☐ No If yes, please list the names below: <i>Don't know their names staff in building</i>				
Briefly explain what happened: <i>While giving out medications an individual approached me from behind grabbing my left arm + twisting it backward</i>				
PATIENT'S SIGNATURE: <i>Wanda Gail Weaw</i>			DATE: <i>4/11/14</i>	

NON D.O.T. CUSTODY AND CONTROL FORM

(Do Not Use This Form For D.O.T. Collections)

LABCORP
1904 ALEXANDER DRIVE
RTP, NC 27709
1100

Customer Serv: 800-833-3984

SPECIMEN ID NO.

0909086113

LAB ACCESSION NO.



STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. MCLEOD REGIONAL MEDICAL CTR OCCUPATIONAL HEALTH SERVICES 565 EAST CHEVES STREET FLORENCE SC 29506 843-777-5146 FX: 843-777-5159		B. MRO Name, Address, Phone and Fax No. PETER HYMAN MD 565 E CHEVES STREET FLORENCE SC 29506 843-777-5146 FX: 843-777-5159	
C. Donor SSN or Employee I.D. No. 349505953		LOCATION CODE: 39705350	
D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____			
E. Drug Tests to be Performed: ☒ 799452 ☐ 799007 ☐ 798116 ☐ 798267			
F. Collection Site Address: MCLEOD REGIONAL MEDICAL CENTER 565 EAST CHEVES STREET FLORENCE SC 29506		Collector Phone No. 843-777-5152 Collector Fax No. 843-777-5159	

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☒ Yes ☐ No. Enter Remark _____	Specimen Collection: ☒ Split ☐ Single ☐ None Provided (Enter Remark) _____ ☐ Observed (Enter Remark) _____
REMARKS:	

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector <i>Thommy Williams</i> (PRINT) Collector's Name (First, MI, Last)	Date of Collection 150 AM 04/11/14 (Mo/Day/Yr)	SPECIMEN BOTTLE(S) RELEASED TO: <i>USA</i> Name of Delivery Service Transferring Specimen to Lab.
--	---	---

RECEIVED AT LAB:

Signature of Accessioner <i>[Signature]</i> (PRINT) Accessioner's Name (First, MI, Last)	Date (Mo/Day/Yr.) 1/1	Primary Specimen Bottle Seal Intact ☐ Yes ☐ No, Enter Remark Below	SPECIMEN BOTTLE(S) RELEASED TO:
--	--------------------------	---	---------------------------------

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor <i>Wanda Gail Weaver</i> (PRINT) Donor's Name (First, MI, Last)	Date (Mo/Day/Yr.) 4/11/14
Daytime Phone No. 843-326-1939	Evening Phone No. _____
Date of Birth 8/13/55 Mo. Day Yr.	

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (COPY 5). --DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☒ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS:
Peter Hyman MD
Jay Pam Kelly
(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer
Peter Hyman MD
(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr.)
4/14/14

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

Signature of Medical Review Officer
[Signature]
(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr.)
1/1

COPY 2 - MEDICAL REVIEW OFFICER COPY - PINK

LabCorp

04/12/2014 4:36:08 PM
TO: NURSE

FROM: LABCORP LCLS BULK TO: 8437775159 LABCORP
FLORENCE COUNTY (G502)

Page 4 of 6

LabCorp
Laboratory Corporation of America

LabCorp OTS RTP
1904 Alexander Drive
RTP, NC 27709-0153

Phone: 919-572-6900

Specimen Number 102-743-2750-0	Patient ID 349505953	Control Number 0909086113	Account Number 39705350	Account Phone Number 843-777-5152	Route 23
Patient Last Name 349-50-5953		Account Address McLeod Regional Medical Center Occupational Health Services 555 East Cheves Street Florence SC 29506-2617			
Patient First Name		Patient Middle Name			
Patient SS# ***-**-5953	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex N	Fasting		
Patient Address			Additional Information 349-50-5953 CCU:0909086113 H-00555779 \$02 LM Y		
Date and Time Collected 04/11/14 13:50	Date Entered 04/12/14	Date and Time Reported 04/12/14 16:35ET	Physician Name	NPI	Physician ID

Split Receipt; 799452 5 Drug-Bund

Tests Ordered

Reason for testing: Post Accident
Collectors Name:
Collectors Phone #: 8437775152
MRO Name from CCF:

General Comments

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
799452 5 Drug-Bund					
Amphetamine Screen, Urine	Negative		ng/mL	Cutoff=1000	01
Cannabinoid	Negative		ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01
Opiates	Negative		ng/mL	Cutoff=2000	01
Opiate test includes Codeine and Morphine only.					
Phencyclidine	Negative		ng/mL	Cutoff=25	01

01 UI LabCorp OTS RTP Dir: Michael Fox, MD
1904 Alexander Drive, RTP, NC 27709-0153
For inquiries, the physician may contact Branch: 800-762-4344 Lab: 919-572-6900

349-50-5953, 349505953 102-743-2750-0 Seq # 6239

04/12/14 16:35 ET

FINAL REPORT

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 800-762-4344.

©2004-14 Laboratory Corporation of America © Holdings
All Rights Reserved
DOC1 Ver: 1.49

McLeod**Occupational Health****OCCUPATIONAL HEALTH SERVICES**

555 E. Cheves Street

Florence, S.C. 29506

Phone#: 843-777-5146 Fax#: 843-777-5159

EMPLOYERS AUTHORIZATION FOR EXAMINATION OR TREATMENT

PATIENT NAME: Wanda Weaver SSN#: 349-50-5953
COMPANY NAME: SCDDSN - Pee Dee Region DATE OF BIRTH: 8-13-55
ADDRESS: 714 E. Nat'l. Cemetery Rd., Flo 29506 DATE OF INJURY: 4-11-14
Appointment Date and Time: Walk-IN

PHYSICAL EXAMINATIONS ☐ DOT New Certification ☐ DOT Recertification ☐ Routine Physical Exam ☐ Complex Physical Exam ☐ Chromium ☐ Respirator Certification ☐ Hazmat ☐ Other _____	DRUG/ALCOHOL TESTING ☐ Federal Regulated (DOT) ☐ Non-Regulated (Non-DOT) ☒ Urine Collection Only ☐ Automatic UDS ☐ Hair Collection ☐ Breath Alcohol (DOT) ☐ Breath Alcohol (NON-DOT)
IMMUNIZATIONS ☐ MMR ☐ PPD ☐ Influenza ☐ Tetanus ☐ Hepatitis A ☐ Hepatitis B	TEST TYPE ☐ Preplacement ☐ Random ☐ Reasonable Suspicion ☒ Post Accident ☐ Periodic ☐ Follow-up ☐ Return to Duty
WORK RELATED INJURY Post Accident Drug Screen Required Yes ☒ No _____	BILLING ☒ Bill Company for Services ☐ Bill Workers' Compensation Carrier Carrier: _____ Address: _____ Phone#: _____ Policy#: _____
Authorized by: <u>Cynthia H. Hester</u> Title: <u>HRM</u> Phone: (843) 664-2699 Date: <u>4-11-14</u>	

Patient Visit Summary and Instructions

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

PATIENT LAST NAME Weaver		PATIENT FIRST NAME Wanda		AGE 58	GENDER Female
DATE OF TREATMENT 04/17/2014	DATE OF INJURY OR ILLNESS 04/11/2014	PRACTITIONER'S NAME P PROVIDER			
TIME ARRIVE 1:05 PM		TIME IN 1:05 PM		TIME OUT 1:54 PM	
PATIENT'S DESCRIPTION OF PROBLEM Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".					
DIAGNOSIS 1. Rotator Cuff Syndrome, Shoulder, Left (726.10). 2. (924.11).					
MEDICATIONS PRESCRIBED 					
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.					
AFTERCARE INSTRUCTIONS Take covered naprosyn which is aleve or covered motrin which is advil to help with the pain.					
NEXT 3 APPOINTMENTS 05/01/2014 2:00 PM Work Comp Follow-up Visit					
PATIENT I received this information and was given the opportunity to ask questions about my care. 			STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding. 		

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

Visit Summary for Employer

COMPANY SCDDSN-Pee Dee Regional Center		PHONE (843) 664-2699	
CONTACT Sarah Hennings		FAX (843) 664-2701	
		EMAIL	
PATIENT NAME Wanda G. Weaver		RESTRICTED DAYS	
PATIENT ID 349-50-5953		LOST DAYS	
DATE OF INJURY OR ILLNESS 04/11/2014		PRACTITIONER'S NAME June Jones, MD	
DATE OF TREATMENT 04/17/2014 Work Comp Follow-up Visit		TIME ARRIVE 1:05 PM	TIME OUT 1:54 PM
PATIENT'S DESCRIPTION OF PROBLEM Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".			
DIAGNOSIS 1. Rotator Cuff Syndrome, Shoulder, Left (726.10). 2. (924.11).			
MEDICATIONS PRESCRIBED			
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.			
TREATMENT RENDERED I've directed Wanda to begin physical therapy. I have instructed her to take naproxen over-the counter. She will take one (220 mg.) pill twice a day. She will contact me if she has side effects. She will continue her stretching program. F/U in two weeks after starting PT.			
NEXT 3 APPOINTMENTS 05/01/2014 2:00 PM Work Comp Follow-up Visit			
PRINTED 04/17/2014		SIGNATURE Sarah Gannon-Sparks	

PATIENT PAIN DRAWING

Name

Wanda Sue Weaver

Date

7/1/84

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, draw in your face.

Aching

+++++

Numbness

=====

Pins and Needles

Burning

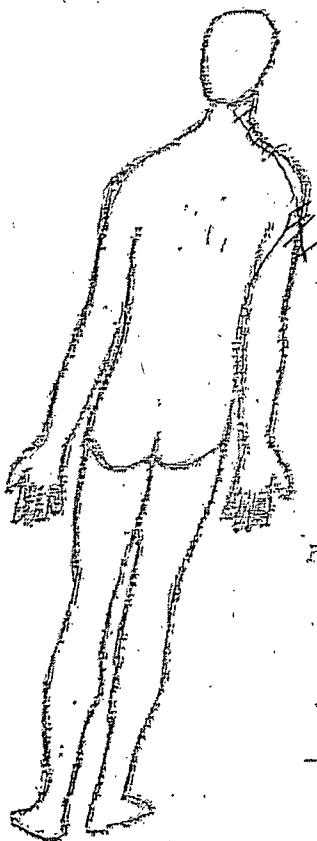
XXXXX

Stabbing

VVVVV

Other

OOOOO



Pain in arms(s) Compared with pain in the neck

___ Worse than

___ Same as

___ Less than



Pain in the Leg(s) compared to With the Back

___ Worse than

___ Same as

___ Less than

Is your pain aggravated by any of the following?

___ Coughing or sneezing

___ Sitting in a chair

___ Bending forward to brush teeth

___ When you wake up

___ In the middle of the night

___ Lying flat on your back

___ Lying flat on your stomach

___ Walking a distance

OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Wanda G. Weaver

Company: SCDDSN-Pee Dee Regional Center

Physician: June Jones, MD

Date of Birth: August 13, 1955

Injury Date: April 11, 2014

Exam Date: April 17, 2014

Time: 1:15 PM

DEMOGRAPHICS: Wanda G. Weaver is a 58 year-old female, employee of SCDDSN-Pee Dee Regional Center, Caucasian, right-handed, LPN, resident of Lamar.

DESCRIPTION OF INCIDENT: Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".

HISTORY OF PRESENT ILLNESS: Wanda's primary problem is pain located in the left shoulder . She describes it as aching and sharp . It has been 6 days since the onset of the pain . Wanda says that it seems to be constant. She has noticed that it is made worse by movement, reaching or lifting . It is improved with keeping it immobilized . She feels it is not improving. Her pain level is 5/10. Her pain is an 8/10 with she tries to move it or use it.

REVIEW OF SYSTEMS:

Eyes: Negative for inflamed eyes, drooping eyelid.

ENT: Negative for swollen lymph nodes, hoarseness.

Cardiovascular: Negative for previous myocardial infarction, heart murmur.

Respiratory: Negative for positive skin test for tuberculosis, asthma, lung cancer.

Gastrointestinal: Negative for liver disease, stomach ulcer, chronic heartburn.

Genitourinary: Negative for kidney failure, kidney cancer.

Musculoskeletal: Negative for joint pain, joint stiffness, joint swelling, scoliosis, Lyme disease, fibromyalgia.

Skin and Breast: Negative for psoriasis, breast cancer.

Neurological: Negative for numbness, clumsiness, tingling, weakness, hands falling asleep at night.

Psychiatric: Negative for depression, history of drug dependence.

Endocrine: Negative for diabetes, thyroid disease.

Hematologic: Negative for easy bruising.

Immunologic: Negative for frequent infections, intravenous drug use.

PAST, FAMILY AND SOCIAL HISTORY:

Current Conditions: GERD. Hypertension. Insomnia. Depression.

Current Work Status: She is working part time on regular duty.

Previous Illnesses: None.

Previous Surgery: Left broken wrist surgery 1992. ACD 1996. C-section 1982 and 1988.

Alcohol Use: She states she rarely consumes alcoholic beverages.

Tobacco Use: She currently does not smoke and has never smoked.

CURRENT MEDICATIONS: Protonix, Lisinopril HCTZ 20/25mg, Prozac and Ambien.

ALLERGIES: Codiene and NSAIDS.

VITAL SIGNS: Weight: 215 lbs. Height: 60 inches. BMI: 42.0 (Obese). Blood Pressure: 124/66. Respiratory Rate: 16/min and normal. Pulse Rate: 84/min. Temperature: 98.1°F (oral).

EXAMINATION:

Left Shoulder: Range of motion is limited with abduction, extension and flexion. Range of Motion is limited with extension. Pain on motion is present over the posterior scapula. Pain to palpation is present over the supraspinatus. Swelling is not present. Bruising is not present. Erythema is not present.

DIAGNOSIS: 1. Rotator Cuff Syndrome, Shoulder, Left (726.10). 2. (924.11):

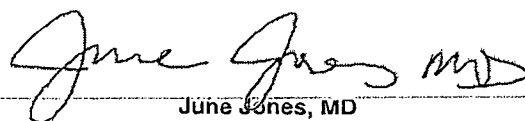
DISCUSSION: I've directed Wanda to begin physical therapy. I have instructed her to take naproxen over-the counter. She will take one (220 mg.) pill twice a day. She will contact me if she has side effects. She will continue her stretching program. F/U in two weeks after starting PT.

RECOMMENDED WORK STATUS: Wanda's recommended work status is restricted duty. The effective date for this work status is 4/17/2014. This work status designation ends 04/24/2014.

RECOMMENDED ACTIVITY RESTRICTIONS:

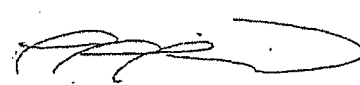
Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.

AFTERCARE INSTRUCTIONS: Take covered naprosyn which is aleve or covered motrin which is advil to help with the pain.


June Jones, MD

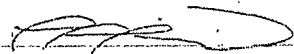
Patient Visit Summary and Instructions

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

PATIENT LAST NAME Weaver		PATIENT FIRST NAME Wanda	AGE 58	GENDER Female
DATE OF TREATMENT 05/01/2014	DATE OF INJURY OR ILLNESS 04/11/2014	PRACTITIONER'S NAME June Jones, MD		
TIME ARRIVE 1:50 PM		TIME IN 1:57 PM	TIME OUT 4:05 PM	
PATIENT'S DESCRIPTION OF PROBLEM Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".				
DIAGNOSIS 1. Rotator Cuff Strain, Shoulder, Left (840.4).				
MEDICATIONS PRESCRIBED RX #1: Acetaminophen/Hydrocodone. Dosage: 325 mg./5 mg. Amount: 20 (TWENTY). Instructions: Take one tablet by mouth every six hours as needed for pain. Refills: None. Warning: Yes. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes. She has been instructed in medication use and side effects. She has been instructed of the impact medication (Acetaminophen/Hydrocodone) has on driving and machine operation.				
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.				
AFTERCARE INSTRUCTIONS Will reschedule the PT. Get your prescription filled. Return here for your follow-up visit in 7 days. Should see primary doctor for your stomach concerns.				
NEXT 3 APPOINTMENTS 05/08/2014 1:30 PM Work Comp Follow-up Visit				
PATIENT I received this information and was given the opportunity to ask questions about my care. 		STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding. 		

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

Visit Summary for Employer

COMPANY SCDDSN-Pee Dee Regional Center		PHONE (843) 664-2699	
CONTACT Sarah Hennings		FAX (843) 664-2701	
		EMAIL	
PATIENT NAME Wanda G. Weaver		RESTRICTED DAYS	
PATIENT ID 349-50-5953		LOST DAYS	
DATE OF INJURY OR ILLNESS 04/11/2014		PRACTITIONER'S NAME June Jones, MD	
DATE OF TREATMENT 05/01/2014 <i>Work Comp Follow-up Visit</i>		TIME ARRIVE 1:50 PM	TIME OUT 4:05 PM
PATIENT'S DESCRIPTION OF PROBLEM Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".			
DIAGNOSIS 1. Rotator Cuff Strain, Shoulder, Left (840.4).			
MEDICATIONS PRESCRIBED RX #1: Acetaminophen/Hydrocodone. Dosage: 325 mg./5 mg. Amount: 20 (TWENTY). Instructions: Take one tablet by mouth every six hours as needed for pain. Refills: None. Warning: Yes. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes. She has been instructed in medication use and side effects. She has been instructed of the impact medication (Acetaminophen/Hydrocodone) has on driving and machine operation.			
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.			
TREATMENT RENDERED There is a misunderstanding in regards to her w/u on her left shoulder. Writer wanted her to start PT. She mentions that the PT called the office here and they want her to get some imaging before she has PT. Will change medications. Medications to lortab and tramadol. Stop the aleve.			
NEXT 3 APPOINTMENTS 05/08/2014 1:30 PM Work Comp Follow-up Visit			
PRINTED 05/01/2014		SIGNATURE 	

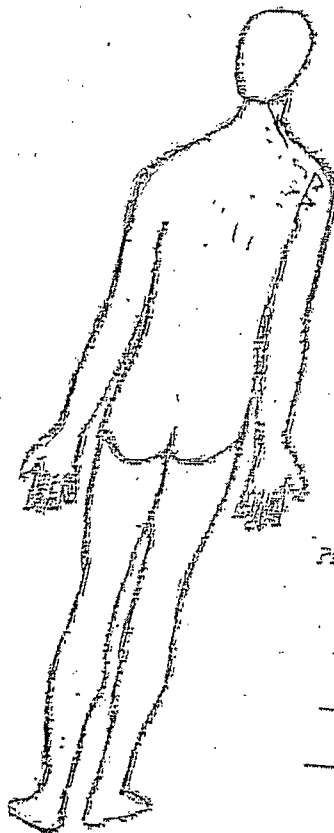
PATIENT PAIN DRAWING

Name: Wanda Weaver

Date: 5/11/2014

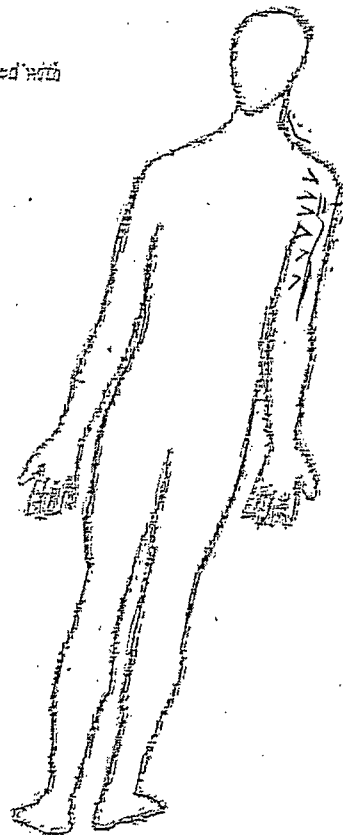
Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, draw in your face.

Aching	Numbing	Pins and Needles	Burning	Stinging	Other
-----------------	------------------	---------------------------	------------------	-------------------	----------------



Pain in arms(s) Compared with pain in the neck

☐ Worse than
☐ Same as
☐ Less than



Pain in the Leg(s) compared to With the Back

☐ Worse than
☐ Same as
☐ Less than

Is your pain aggravated by any of the following?

- | | |
|---|--|
| ☐ Coughing or sneezing | ☒ In the middle of the night |
| ☐ Sitting in a chair | ☐ Lying flat on your back |
| ☐ Bending forward to brush teeth | ☐ Lying flat on your stomach |
| ☐ When you wake up | ☐ Walking a distance |

OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Wanda G. Weaver
Company: SCDDSN-Pee Dee Regional Center
Physician: June Jones, MD

Date of Birth: August 13, 1955
Injury Date: April 11, 2014
Exam Date: May 1, 2014
Time: 2:00 PM

DEMOGRAPHICS: Wanda G. Weaver is a 58 year-old female, employee of SCDDSN-Pee Dee Regional Center, Caucasian, right-handed, LPN, resident of Lamar.

DESCRIPTION OF INCIDENT: Patient States "While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".

CHIEF COMPLAINT:

Mrs. Weaver is here to follow up for pain in the left shoulder. She states she has been injured for 3 weeks and has only recieved a prescription. Physical therapy has been ordered but she was told by the person at PT that she would need imaging prior to getting PT. She says she thought she might be getting better until she turned over in bed one night and had a lot of pain. She states she can't take Tramadol and she has Percocet but it doesn't help. She says Aleve helps but it upsets her stomach. She is also asking about getting a sling.

HISTORY OF PRESENT ILLNESS: Wanda's primary problem is pain located in the left shoulder . She describes it as aching . It has been 20 days since the onset of the pain . Wanda says that it seems to be constant. She has noticed that it is made worse by movement . She also notes that it is accompanied by sharp pain radiating up into neck and down arm with movement. Her pain level is 5/10. She states her pain is a 9/10 with movement.

REVIEW OF SYSTEMS:

Musculoskeletal: POSITIVE for joint pain, muscle pain. Negative for joint redness.

PAST, FAMILY AND SOCIAL HISTORY:

Current Conditions: GERD. Hypertension. Insomnia. Depression.

Current Work Status: She is working part time on regular duty.

Previous Illnesses: None.

Previous Surgery: Left broken wrist surgery 1992. ACD 1996. C-section 1982 and 1988.

Alcohol Use: She states she rarely consumes alcoholic beverages.

Tobacco Use: She currently does not smoke and has never smoked.

CURRENT MEDICATIONS: Protonix, Lisinopril HCTZ 20/25mg, Prozac and Ambien.

ALLERGIES: Codiene and NSAIDS.

VITAL SIGNS: Weight: 215 lbs. Height: 60 inches. BMI: 42.0 (Obese). Blood Pressure: 144/70. Respiratory Rate: 16/min and normal. Pulse Rate: 88/min. Temperature: 97.6°F (oral).

EXAMINATION:

Left Shoulder: Passive abduction measures 30 degrees. Pain to palpation is present over the supraspinatus on the left. Bruising is not present. An abrasion is not present. Swelling is not present. Spasm is not present.

DIAGNOSIS: 1. Rotator Cuff Strain, Shoulder, Left (840.4).

DISCUSSION: There is a misunderstanding in regards to her w/u on her left shoulder. Writer wanted her to start PT. She mentions that the PT called the office here and they want her to get some imaging before she has PT. Will change medications. Medications to lortab and tramadol. Stop the aleve.

PRESCRIPTIONS: Wanda has been prescribed the following:

RX #1: Acetaminophen/Hydrocodone. Dosage: 325 mg./5 mg. Amount: 20 (TWENTY).
Instructions: Take one tablet by mouth every six hours as needed for pain. Refills: None.
Warning: Yes. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes.

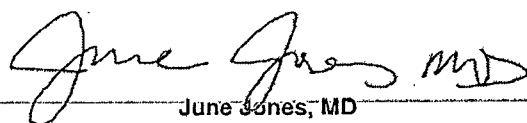
She has been instructed in medication use and side effects. She has been instructed of the impact medication (Acetaminophen/Hydrocodone) has on driving and machine operation.

RECOMMENDED WORK STATUS: Wanda's recommended work status is restricted duty. The effective date for this work status is 5/1/2014. This work status designation ends 04/24/2014.

RECOMMENDED ACTIVITY RESTRICTIONS:

Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.

AFTERCARE INSTRUCTIONS: Will reschedule the PT. Get your prescription filled. Return here for your follow-up visit in 7 days. Should see primary doctor for your stomach concerns.


June Jones, MD

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

Wanda G. Weaver
1285 Lee State Park Road
Lamar, SC 29069

DOB: 8/13/1955
Phone: 843-326-1939
Date: 5/1/2014

R_x

Workers Compensation Claim

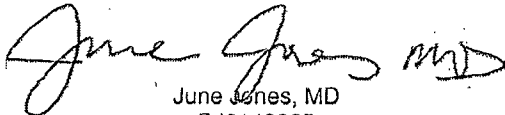
Medication: Acetaminophen/Hydrocodone

Dosage: 325 mg./5 mg

Amount: 20 (TWENTY)

Instructions: Take one tablet by mouth every six hours as
needed for pain

Refills: None


June Jones, MD
BJ6143325

Any drug which is the generic or chemical equivalent of the drug specified above in this prescription
may be dispensed provided that the drug dispensed is listed in the current edition of either the
National Formulary or United States Pharmacopoeia and provided no checkmark has been placed in
the box to the right.

☐

McLeod

Occupational Health

The Choice for Medical Excellence.

555 East Cheves Street
Florence, SC 29506
Phone: (843) 777-5146 *
Fax (843) 777-5296

☐ Occupational Therapy Referral
☒ Physical Therapy / Sports Medicine Referral

Patient's Name: Wanda G. Weaver DOB: 08/13/1955

Date: 04/17/2014

Diagnosis: (L) Rotator Cuff Syndrome

Frequency: 3 x wk for 2 wks

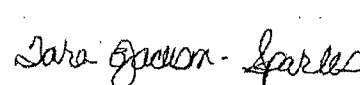
☒ EVALUATE AND TREATMENT

☒ Other: Must have a home program

Provider Signature: Jane Jones

Patient Visit Summary and Instructions

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

PATIENT LAST NAME Weaver		PATIENT FIRST NAME Wanda	AGE 58	GENDER Female									
DATE OF TREATMENT 05/08/2014	DATE OF INJURY OR ILLNESS 04/11/2014	PRACTITIONER'S NAME June Jones, MD											
TIME ARRIVE 1:40 PM		TIME IN 1:42 PM	TIME OUT 2:29 PM										
PATIENT'S DESCRIPTION OF PROBLEM Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".													
DIAGNOSIS 1. Rotator Cuff Strain, Shoulder, Left (840.4).													
MEDICATIONS PRESCRIBED 													
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.													
AFTERCARE INSTRUCTIONS Use ice after activities. Use heat before activities. Return here for your follow-up visit in 14 days. Continue physical therapy.													
NEXT 3 APPOINTMENTS <table border="0"> <tr> <td>05/22/2014</td> <td>1:30 PM</td> <td>Work Comp Follow-up Visit</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>					05/22/2014	1:30 PM	Work Comp Follow-up Visit						
05/22/2014	1:30 PM	Work Comp Follow-up Visit											
PATIENT I received this information and was given the opportunity to ask questions about my care. 		STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding. 											

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

Visit Summary for Employer

COMPANY SCDDSN-Pee Dee Regional Center		PHONE (843) 664-2699	
CONTACT Sarah Hennings		FAX (843) 664-2701	
		EMAIL	
PATIENT NAME Wanda G. Weaver		RESTRICTED DAYS	
PATIENT ID 349-50-5953		LOST DAYS	
DATE OF INJURY OR ILLNESS 04/11/2014		PRACTITIONER'S NAME June Jones, MD	
DATE OF TREATMENT 05/08/2014 <i>Work Comp Follow-up Visit</i>		TIME ARRIVE 1:40 PM	TIME OUT 2:29 PM
PATIENT'S DESCRIPTION OF PROBLEM Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".			
DIAGNOSIS 1. Rotator Cuff Strain, Shoulder, Left (840.4).			
MEDICATIONS PRESCRIBED			
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.			
TREATMENT RENDERED Emp. started to work at PT this week. Tuesday she was evaluated. She is improving in terms of the pain. She states that she still does not have that much function. The plan will be to PT her for the next two weeks. To f/u with her then. will keep the res. until she gets better range of motion.			
NEXT 3 APPOINTMENTS 05/22/2014 1:30 PM <i>Work Comp Follow-up Visit</i>			
PRINTED 05/08/2014		SIGNATURE <i>Sara Gannon-Sparks</i>	

OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Wanda G. Weaver
Company: SCDDSN-Pee Dee Regional Center
Physician: June Jones, MD

Date of Birth: August 13, 1955
Injury Date: April 11, 2014
Exam Date: May 8, 2014
Time: 1:30 PM

DEMOGRAPHICS: Wanda G. Weaver is a 58 year-old female, employee of SCDDSN-Pee Dee Regional Center, Caucasian, right-handed, LPN, resident of Lamar.

DESCRIPTION OF INCIDENT: Patient States "While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".

HISTORY OF PRESENT ILLNESS: Wanda's primary problem is pain located in the left shoulder . She describes it as aching . It has been 27 days since the onset of the pain . Wanda says that it seems to be constant. She has noticed that it is made worse by movement . It is improved with PT and medication . She also notes that it is accompanied by pain radiating up into neck and down arm . She feels it is improving slightly. Her pain level is 5/10.

REVIEW OF SYSTEMS:

Musculoskeletal: POSITIVE for muscle pain.

PAST, FAMILY AND SOCIAL HISTORY:

Current Conditions: GERD. Hypertension. Insomnia. Depression.

Current Work Status: She is working part time on regular duty.

Previous Illnesses: None.

Previous Surgery: Left broken wrist surgery 1992. ACD 1996. C-section 1982 and 1988.

Alcohol Use: She states she rarely consumes alcoholic beverages.

Tobacco Use: She currently does not smoke and has never smoked.

CURRENT MEDICATIONS: Protonix, Lisinopril HCTZ 20/25mg, Prozac, Ambien, Flexeril, Tylenol, Aleve and Loracet.

ALLERGIES: Codiene and NSAIDS.

VITAL SIGNS: Weight: 215 lbs. Height: 60 inches. BMI: 42.0 (Obese). Blood Pressure: 132/80. Respiratory Rate: 16/min and normal. Pulse Rate: 68/min. Temperature: 97.6°F (oral).

EXAMINATION:

Left Shoulder: Pain to palpation is present over the left supraspinatus. Pain on motion is present over the supraspinatus, infraspinatus and subscapular in the axillary area. Spasm is not present. Swelling is not present. Bruising is not present. Range of motion is limited. abduction at 30 degrees. Keep her forearm at her left waist.

DIAGNOSIS: 1. Rotator Cuff Strain, Shoulder, Left (840.4).

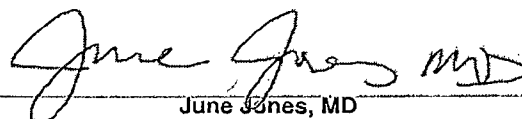
DISCUSSION: Emp. started work at PT this week. Tuesday she was evaluated. She is improving in terms of the pain. She states that she still does not have that much function. The plan will be to PT her for the next two weeks. To f/u with her then. will keep the res. until she gets better range of motion.

RECOMMENDED WORK STATUS: Wanda's recommended work status is restricted duty. The effective date for this work status is 5/8/2014. This work status designation ends 04/24/2014.

RECOMMENDED ACTIVITY RESTRICTIONS:

Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.

AFTERCARE INSTRUCTIONS: Use ice after activities. Use heat before activities. Return here for your follow-up visit in 14 days. Continue physical therapy.


June Jones, MD

PATIENT PAIN DRAWING

Name Wanda Williams Date 5/19/74

Using the symbols given below, mark the areas on your body where you feel the described sensation. Include all affected areas. Just to complete the picture, draw in your face.

Aching
~~~~~

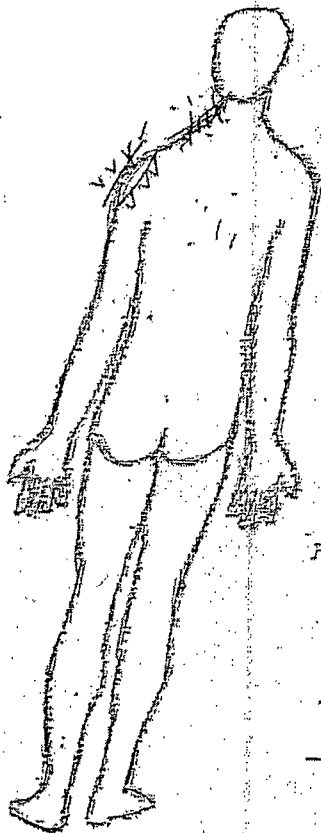
Numbness  
~~~~~

Pins and Needles
.....

Burning
XXXXX

Stinging
VVVVV

Other
OOO



Pain in arm(s) Compared with pain in the neck

- ☐ Worse than
☐ Same as
☐ Less than



Pain in the Leg(s) compared to With the Back

- ☐ Worse than
☐ Same as
☐ Less than

Is your pain aggravated by any of the following?

- | | |
|---|--|
| ☐ Coughing or sneezing | ☒ In the middle of the night |
| ☐ Sitting in a chair | ☒ Lying flat on your back |
| ☐ Bending forward to brush teeth | ☐ Lying flat on your stomach |
| ☐ When you wake up | ☐ Walking a distance |

Patient Visit Summary and Instructions

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

PATIENT LAST NAME Weaver		PATIENT FIRST NAME Wanda	AGE 58	GENDER Female
DATE OF TREATMENT 05/23/2014	DATE OF INJURY OR ILLNESS 04/11/2014	PRACTITIONER'S NAME June Jones, MD		
TIME ARRIVE 1:15 PM		TIME IN 1:15 PM	TIME OUT 2:08 PM	
PATIENT'S DESCRIPTION OF PROBLEM Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".				
DIAGNOSIS 1. Rotator Cuff Strain, Shoulder, Left (840.4).				
MEDICATIONS PRESCRIBED				
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.				
AFTERCARE INSTRUCTIONS Perform exercises, as instructed. Use ice after activities. Use heat before activities. Continue physical therapy. Return here for your follow-up visit in 14 days.				
NEXT 3 APPOINTMENTS 06/09/2014 1:00 PM Work Comp Follow-up Visit				
PATIENT I received this information and was given the opportunity to ask questions about my care.		STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding.		
				

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

Visit Summary for Employer

COMPANY SCDDSN-Pee Dee Regional Center		PHONE (843) 664-2699	
CONTACT Sarah Hennings		FAX (843) 664-2701	
		EMAIL	
PATIENT NAME Wanda G. Weaver		RESTRICTED DAYS	
PATIENT ID 349-50-5953		LOST DAYS	
DATE OF INJURY OR ILLNESS 04/11/2014		PRACTITIONER'S NAME June Jones, MD	
DATE OF TREATMENT 05/23/2014 <i>Work Comp Follow-up Visit</i>		TIME ARRIVE 1:15 PM	TIME OUT 2:08 PM
PATIENT'S DESCRIPTION OF PROBLEM Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".			
DIAGNOSIS 1. Rotator Cuff Strain, Shoulder, Left (840.4).			
MEDICATIONS PRESCRIBED			
WORK OR ACTIVITY RESTRICTIONS Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.			
TREATMENT RENDERED The employee has started PT. She is stating that she has less pain and more movement with the rubber bands and exercises. She does not need the medicine as much but she is using aleeve or Tylenol when she does. will ext. for 3 more weeks twice a week for a total of 12 sessions.			
NEXT 3 APPOINTMENTS 06/09/2014 1:00 PM Work Comp Follow-up Visit			
PRINTED 05/23/2014		SIGNATURE 	

PATIENT PAIN DRAWING

Name: Wanda Weaver

Date: 5.23.14

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, draw in your feet.

Aching
~~~~~

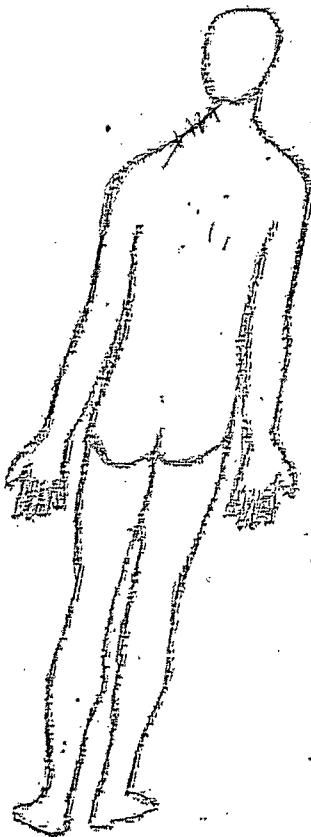
Numbness  
=====

Pins and Needles  
+++++

Burning  
XXXXX

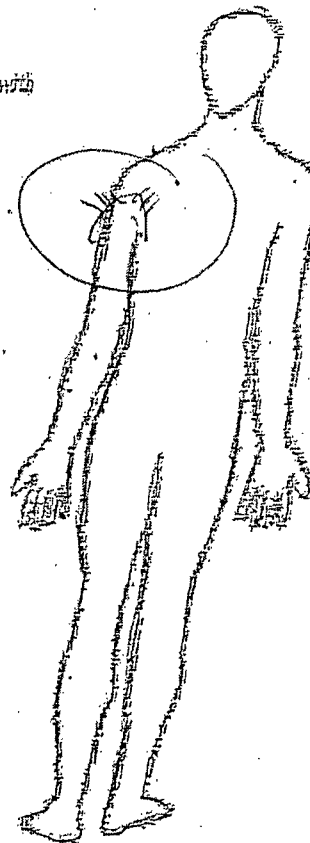
Stabbing  
VVVVV

Other  
OOOOO



Pain in arms(s) Compared with  
pain in the neck.

- ☐ Worse than
- ☐ Same as
- ☐ Less than



Pain in the Leg(s) compared to  
With the Back

- ☐ Worse than
- ☐ Same as
- ☐ Less than

Is your pain aggravated by any of the following?

- ☐ Coughing or sneezing
- ☐ In the middle of the night
- ☐ Sitting in a chair
- ☐ Lying flat on your back
- ☐ Bending forward to brush teeth
- ☐ Lying flat on your stomach
- ☐ When you wake up
- ☐ Walking a distance

## OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Wanda G. Weaver  
Company: SCDDSN-Pee Dee Regional Center  
Physician: June Jones, MD

Date of Birth: August 13, 1955  
Injury Date: April 11, 2014  
Exam Date: May 23, 2014  
Time: 1:15 PM

DEMOGRAPHICS: Wanda G. Weaver is a 58 year-old female, employee of SCDDSN-Pee Dee Regional Center, Caucasian, right-handed, LPN, resident of Lamar.

DESCRIPTION OF INCIDENT: Patient States "While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".

### CHIEF COMPLAINT:

Pt here today for f/u for left shoulder pain. States she is starting to have pain in left side of her neck. Started PT 2 wks ago and it is helping.

HISTORY OF PRESENT ILLNESS: Wanda's primary problem is pain located in the left shoulder. She describes it as dull ache. She considers it to be moderate. It has been about 6 weeks since the onset of the pain. Wanda says that it seems to be constant. She has noticed that it is made worse by lifting and reaching. It is improved with physical therapy, ice and Aleve. She feels it is improving. Her pain level is 2/10. Reaching and lifting causes a sharp pain 7/10.

### REVIEW OF SYSTEMS:

Musculoskeletal: POSITIVE for muscle pain, muscle weakness.

### PAST, FAMILY AND SOCIAL HISTORY:

Current Conditions: GERD. Hypertension. Insomnia. Depression.

Current Work Status: She is working part time on regular duty.

Previous Illnesses: None.

Previous Surgery: Left broken wrist surgery 1992. ACD 1996. C-section 1982 and 1988.

Alcohol Use: She states she rarely consumes alcoholic beverages.

Tobacco Use: She currently does not smoke and has never smoked.

CURRENT MEDICATIONS: Protonix, Lisinopril HCTZ 20/25mg, Prozac, Ambien, Flexeril, Tylenol, Aleve and Loracet.

ALLERGIES: Codiene and NSAIDS.

VITAL SIGNS: Weight: 215 lbs. Height: 60 inches. BMI: 42.0 (Obese). Blood Pressure: 124/68. Respiratory Rate: 16/min and normal. Pulse Rate: 68/min. Temperature: 97.6°F (oral).

EXAMINATION:

Neck: Pain to palpation is present over the left side of the posterior neck. Pain on motion is present over the left side of the posterior neck. Nodularity is present over the left trapezius. Erythema is not present. Spasm is not present.

Left Shoulder: Pain on motion is present over the deltoid. Hawkin's test is positive. Neer's test is positive. Speed's maneuver is negative. Pain to palpation is present over the deltoid. Range of motion is limited. abduction at the shoulder 80 degrees.

DIAGNOSIS: 1. Rotator Cuff Strain, Shoulder, Left (840.4).

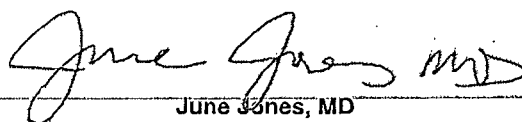
DISCUSSION: The employee has started PT. She is stating that she has less pain and more movement with the rubber bands and exercises. She does not need the medicine as much but she is using aleve or Tylenol when she does. will ext. for 3 more weeks twice a week for a total of 12 sessions.

RECOMMENDED WORK STATUS: Wanda's recommended work status is restricted duty. The effective date for this work status is 5/23/2014. This work status designation ends 06/06/2014.

RECOMMENDED ACTIVITY RESTRICTIONS:

Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.

AFTERCARE INSTRUCTIONS: Perform exercises, as instructed. Use ice after activities. Use heat before activities. Continue physical therapy. Return here for your follow-up visit in 14 days.

  
June Jones, MD

# Patient Visit Summary and Instructions

McLeod Occupational Health  
PO Box 100551, 555 East Cheves ST.  
Florence, SC 29502-0551  
843-777-5146

|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                |                  |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| PATIENT LAST NAME<br>Weaver                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | PATIENT FIRST NAME<br>Wanda                                                                                                                    | AGE<br>58        | GENDER<br>Female |
| DATE OF TREATMENT<br>06/09/2014                                                                                                                                                                                                                                                                                                                                                                                                | DATE OF INJURY OR ILLNESS<br>04/11/2014 | PRACTITIONER'S NAME<br>June Jones, MD                                                                                                          |                  |                  |
| TIME ARRIVE 1:07 PM                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | TIME IN 1:09 PM                                                                                                                                | TIME OUT 1:58 PM |                  |
| <b>PATIENT'S DESCRIPTION OF PROBLEM</b><br>Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".                                                                                                                                                                                                                                                |                                         |                                                                                                                                                |                  |                  |
| <b>DIAGNOSIS</b><br>1. Rotator Cuff Strain, Shoulder, Left (840.4).                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                |                  |                  |
| <b>MEDICATIONS PRESCRIBED</b><br>RX #1: Tramadol. Dosage: 50 mg. Amount: 40 (FORTY). Instructions: Take one tablet by mouth every six hours as needed for pain. Refills: None. Warning: Yes. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes.<br><br>She has been instructed in medication use and side effects. She has been instructed of the impact medication (Tramadol) has on driving and machine operation. |                                         |                                                                                                                                                |                  |                  |
| <b>WORK OR ACTIVITY RESTRICTIONS</b><br>Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.                                                                                                                                                                                                                                                               |                                         |                                                                                                                                                |                  |                  |
| <b>AFTERCARE INSTRUCTIONS</b><br>Use ice after work out activities. Use heat before work out activities. Will refer to MRI for the shoulder. F/U after the MRI.                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                |                  |                  |
| <b>NEXT 3 APPOINTMENTS</b><br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                                                                                                                                |                  |                  |
| <b>PATIENT</b><br>I received this information and was given the opportunity to ask questions about my care.<br><br><i>W Weaver</i>                                                                                                                                                                                                                                                                                             |                                         | <b>STAFF MEMBER</b><br>I reviewed this information with the patient. The patient verbalized understanding.<br><br><i>Sara Jackson - Sparks</i> |                  |                  |

McLeod Occupational Health  
PO Box 100551, 555 East Cheves ST.  
Florence, SC 29502-0551  
843-777-5146

Visit Summary for Employer

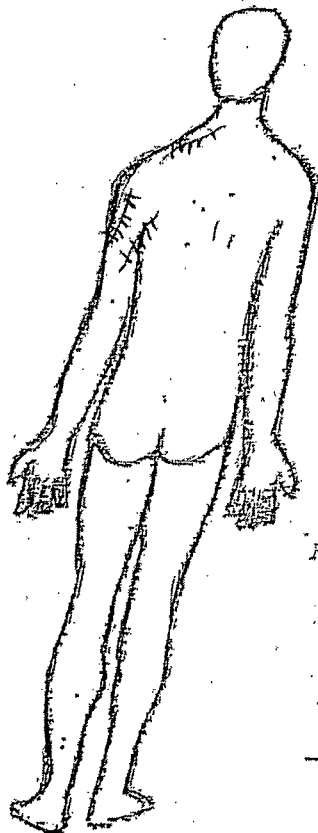
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                        |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|---------------------|
| COMPANY<br>SCDDSN-Pee Dee Regional Center                                                                                                                                                                                                                                                                                                                                                                                                                   |  | PHONE<br>(843) 664-2699                |                     |
| CONTACT<br>Sarah Hennings                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | FAX<br>(843) 664-2701                  |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | EMAIL                                  |                     |
| PATIENT NAME<br>Wanda G. Weaver                                                                                                                                                                                                                                                                                                                                                                                                                             |  | RESTRICTED DAYS                        |                     |
| PATIENT ID<br>349-50-5953                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | LOST DAYS                              |                     |
| DATE OF INJURY OR ILLNESS<br>04/11/2014                                                                                                                                                                                                                                                                                                                                                                                                                     |  | PRACTITIONER'S NAME<br>June Jones, MD  |                     |
| DATE OF TREATMENT<br>06/09/2014 <i>Work Comp Follow-up Visit</i>                                                                                                                                                                                                                                                                                                                                                                                            |  | TIME ARRIVE<br>1:07 PM                 | TIME OUT<br>1:58 PM |
| PATIENT'S DESCRIPTION OF PROBLEM<br>Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".                                                                                                                                                                                                                                                                                    |  |                                        |                     |
| DIAGNOSIS<br>1. Rotator Cuff Strain, Shoulder, Left (840.4).                                                                                                                                                                                                                                                                                                                                                                                                |  |                                        |                     |
| MEDICATIONS PRESCRIBED<br>RX #1: Tramadol. Dosage: 50 mg. Amount: 40 (FORTY). Instructions: Take one tablet by mouth every six hours as needed for pain. Refills: None. Warning: Yes. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes.<br><br>She has been instructed in medication use and side effects. She has been instructed of the impact medication (Tramadol) has on driving and machine operation.                                     |  |                                        |                     |
| WORK OR ACTIVITY RESTRICTIONS<br>Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.                                                                                                                                                                                                                                                                                                   |  |                                        |                     |
| TREATMENT RENDERED<br>The employee is not able to do as much range of motion as the last visit. She appears to be in more pain than the last visit. She states that she went to bed instead of laying in a recliner and when she laid on it the pain was so bad she could not sleep. writer will proceed with an MRI of the left shoulder. Will stop the PT and get the MRI. Will recommend that she do the exercises at home. will see back after the MRI. |  |                                        |                     |
| NEXT 3 APPOINTMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        |                     |
| PRINTED<br>06/09/2014                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | SIGNATURE<br><i>Sarah Jones Sparks</i> |                     |

# PATIENT PAIN DRAWING

Name Wanda Weaver Date 6/9/84

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, draw in your face.

|                 |                   |                           |                  |                   |                |
|-----------------|-------------------|---------------------------|------------------|-------------------|----------------|
| Aching<br>+++++ | Numbness<br>===== | Pins and Needles<br>~~~~~ | Burning<br>XXXXX | Stabbing<br>VVVVV | Other<br>OOOOO |
|-----------------|-------------------|---------------------------|------------------|-------------------|----------------|



Pain in arm(s) Compared with pain in the back

☐ Worse than  
☐ Same as  
☐ Less than



Pain in the Leg(s) compared to With the Back

☐ Worse than  
☐ Same as  
☐ Less than

Is your pain aggravated by any of the following?

- |                                                         |                                                     |
|---------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Coughing or sneezing           | <input type="checkbox"/> In the middle of the night |
| <input type="checkbox"/> Sitting in a chair             | <input type="checkbox"/> Lying flat on your back    |
| <input type="checkbox"/> Bending forward to brush teeth | <input type="checkbox"/> Lying flat on your stomach |
| <input type="checkbox"/> When you wake up               | <input type="checkbox"/> Walking a distance         |

with movement of extremity

## OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Wanda G. Weaver  
Company: SCDDSN-Pee Dee Regional Center  
Physician: June Jones, MD

Date of Birth: August 13, 1955  
Injury Date: April 11, 2014  
Exam Date: June 9, 2014  
Time: 1:00 PM

DEMOGRAPHICS: Wanda G. Weaver is a 58 year-old female, employee of SCDDSN-Pee Dee Regional Center, Caucasian, right-handed, LPN, resident of Lamar.

DESCRIPTION OF INCIDENT: Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".

### CHIEF COMPLAINT:

In today for follow-up, patient states her therapy was just approved and she's had 2 visits.

HISTORY OF PRESENT ILLNESS: Wanda's primary problem is pain located in the left shoulder. She describes it as aching. She considers it to be troubling. It has been about 8 weeks since the onset of the pain. Wanda says that it seems to be variable - depending on the activity level. She has noticed that it is made worse by moving it. It is improved with rest and therapy. She also notes that it is accompanied by sharp pain with movement. She feels it is not improving. Her pain level is 2/10. She has received occupational therapy in the past and found it helpful.

### REVIEW OF SYSTEMS:

Musculoskeletal: POSITIVE for muscle pain. Negative for muscle weakness.

### PAST, FAMILY AND SOCIAL HISTORY:

Current Conditions: GERD. Hypertension. Insomnia. Depression.

Current Work Status: She is working part time on regular duty.

Previous Illnesses: None.

Previous Surgery: Left broken wrist surgery 1992. ACD 1996. C-section 1982 and 1988.

Alcohol Use: She states she rarely consumes alcoholic beverages.

Tobacco Use: She currently does not smoke and has never smoked.

CURRENT MEDICATIONS: Protonix, Lisinopril HCTZ 20/25mg, Prozac, Ambien, Flexeril, Tylenol, Aleve and Loracet.

ALLERGIES: Codiene and NSAIDS.

VITAL SIGNS: Weight: 215 lbs. Height: 60 inches. BMI: 42.0 (Obese). Blood Pressure: 120/66. Respiratory Rate: 16/min and normal. Pulse Rate: 68/min. Temperature: 98°F (oral).

EXAMINATION:

Left Shoulder: Range of motion is limited. abduction was 80 deg. Now it is 30 deg. Bruising is not present. The shoulder examination is abnormal. unable to demonstrate the exercises she does at home. Swelling is not present. unable to move the arm at the shoulder to do any testing.

DIAGNOSIS: 1. Rotator Cuff Strain, Shoulder, Left (840.4).

DISCUSSION: The employee is not able to do as much range of motion as the last visit. She appears to be in more pain than the last visit. She states that she went to bed instead of laying in a recliner and when she laid on it the pain was so bad she could not sleep. writer will proceed with an MRI of the left shoulder. Will stop the PT and get the MRI. Will recommend that she do the exercises at home. will see back after the MRI.

PRESCRIPTIONS: Wanda has been prescribed the following:

RX #1: Tramadol. Dosage: 50 mg. Amount: 40 (FORTY). Instructions: Take one tablet by mouth every six hours as needed for pain. Refills: None. Warning: Yes. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes.

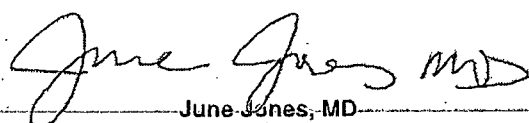
She has been instructed in medication use and side effects. She has been instructed of the impact medication (Tramadol) has on driving and machine operation.

RECOMMENDED WORK STATUS: Wanda's recommended work status is restricted duty. The effective date for this work status is 6/9/2014. This work status designation ends 06/18/2014.

RECOMMENDED ACTIVITY RESTRICTIONS:

Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.

AFTERCARE INSTRUCTIONS: Use ice after work out activities. Use heat before work out activities. Will refer to MRI for the shoulder. F/U after the MRI.

  
June Jones, MD

McLeod Occupational Health  
PO Box 100551, 555 East Cheves ST.  
Florence, SC 29502-0551  
843-777-5146

Wanda G. Weaver  
1285 Lee State Park Road  
Lamar, SC 29069

DOB: 8/13/1955  
Phone: 843-326-1939  
Date: 6/9/2014

R<sub>x</sub>

Workers Compensation Claim

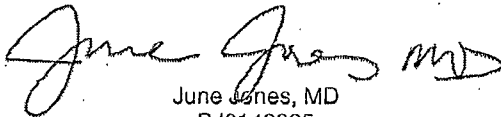
Medication: Tramadol

Dosage: 50 mg

Amount: 40 (FORTY)

Instructions: Take one tablet by mouth every six hours as  
needed for pain

Refills: None



June Jones, MD  
BJ6143325

Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed is listed in the current edition of either the National Formulary or United States Pharmacopela and provided no checkmark has been placed in the box to the right.

☐

# McLeod

## Occupational Health

*The Choice for Medical Excellence.*

### MCLEOD OCCUPATIONAL HEALTH Radiology Prescription

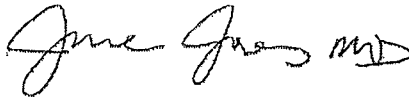
Patient's Name: Weaver, Wanda G.

Social Security Number: 349-50-5953

Date of Birth: 08/13/1955 Date of Injury: 04/11/2014

Procedure: MRI of the left shoulder without contrast

Diagnosis: 1. Rotator Cuff Strain, Shoulder, Left (840.4).

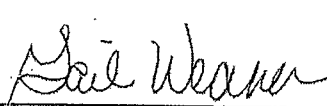
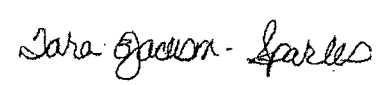
Provider Signature:  Date Ordered: 06/09/2014

June Jones, MD

McLeod Occupational Health  
555 E. Cheves Street  
Florence, SC 29506  
Telephone: (843) 777-5146 Fax: (843) 777-5159

# Patient Visit Summary and Instructions

McLeod Occupational Health  
PO Box 100551, 555 East Cheves ST.  
Florence, SC 29502-0551  
843-777-5146

|                                                                                                                                                                                                                                                                             |                                                |                                              |                                                                                                                                                                                                                                                                   |                         |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
| <b>PATIENT LAST NAME</b><br>Weaver                                                                                                                                                                                                                                          |                                                | <b>PATIENT FIRST NAME</b><br>Wanda           |                                                                                                                                                                                                                                                                   | <b>AGE</b><br>58        | <b>GENDER</b><br>Female |
| <b>DATE OF TREATMENT</b><br>06/24/2014                                                                                                                                                                                                                                      | <b>DATE OF INJURY OR ILLNESS</b><br>04/11/2014 | <b>PRACTITIONER'S NAME</b><br>June Jones, MD |                                                                                                                                                                                                                                                                   |                         |                         |
| <b>TIME ARRIVE</b> 2:15 PM                                                                                                                                                                                                                                                  |                                                | <b>TIME IN</b> 2:15 PM                       |                                                                                                                                                                                                                                                                   | <b>TIME OUT</b> 4:15 PM |                         |
| <b>PATIENT'S DESCRIPTION OF PROBLEM</b><br>Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".                                                                                             |                                                |                                              |                                                                                                                                                                                                                                                                   |                         |                         |
| <b>DIAGNOSIS</b><br>1. Rotator Cuff Strain, Shoulder, Left (840.4).                                                                                                                                                                                                         |                                                |                                              |                                                                                                                                                                                                                                                                   |                         |                         |
| <b>MEDICATIONS PRESCRIBED</b>                                                                                                                                                                                                                                               |                                                |                                              |                                                                                                                                                                                                                                                                   |                         |                         |
| <b>WORK OR ACTIVITY RESTRICTIONS</b><br>Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.                                                                                                            |                                                |                                              |                                                                                                                                                                                                                                                                   |                         |                         |
| <b>AFTERCARE INSTRUCTIONS</b><br>will refer to ortho doctor. give a copy of the MRI report to the employee.                                                                                                                                                                 |                                                |                                              |                                                                                                                                                                                                                                                                   |                         |                         |
| <b>NEXT 3 APPOINTMENTS</b><br><div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |                                                |                                              |                                                                                                                                                                                                                                                                   |                         |                         |
| <b>PATIENT</b><br>I received this information and was given the opportunity to ask questions about my care.<br><br><div style="text-align: center; margin-top: 20px;">  </div>           |                                                |                                              | <b>STAFF MEMBER</b><br>I reviewed this information with the patient. The patient verbalized understanding.<br><br><div style="text-align: center; margin-top: 20px;">  </div> |                         |                         |

McLeod Occupational Health  
PO Box 100551, 555 East Cheves ST.  
Florence, SC 29502-0551  
843-777-5146

Visit Summary for Employer

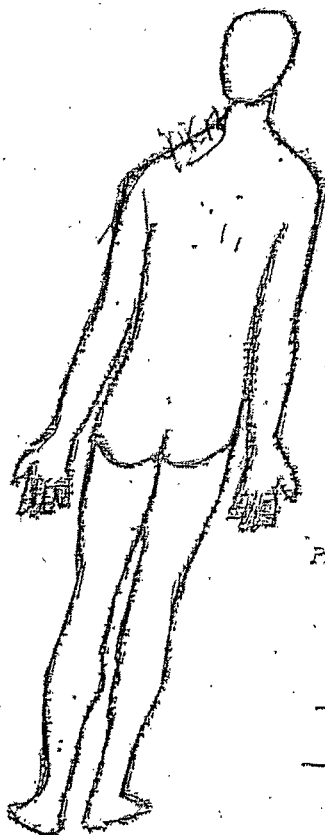
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|---------------------|
| COMPANY<br>SCDDSN-Pee Dee Regional Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | PHONE<br>(843) 664-2699                   |                     |
| CONTACT<br>Sarah Hennings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | FAX<br>(843) 664-2701                     |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | EMAIL                                     |                     |
| PATIENT NAME<br>Wanda G. Weaver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | RESTRICTED DAYS                           |                     |
| PATIENT ID<br>349-50-5953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | LOST DAYS                                 |                     |
| DATE OF INJURY OR ILLNESS<br>04/11/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | PRACTITIONER'S NAME<br>June Jones, MD     |                     |
| DATE OF TREATMENT<br>06/24/2014 <i>Work Comp Follow-up Visit</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TIME ARRIVE<br>2:15 PM                    | TIME OUT<br>4:15 PM |
| PATIENT'S DESCRIPTION OF PROBLEM<br>Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                           |                     |
| DIAGNOSIS<br>1. Rotator Cuff Strain, Shoulder, Left (840.4).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |                     |
| MEDICATIONS PRESCRIBED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |                     |
| WORK OR ACTIVITY RESTRICTIONS<br>Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                           |                     |
| TREATMENT RENDERED<br>The MRI Shows multiple significant changes in the left shoulder. All of the changes did not occur from this injury of pulling her left arm backwards. Writer will recommend that you refer her to an orthopedic surgeon who will evaluate this employee and give an opinion on whether this occurred from the injury the employee describes. This explains why then employee wanten the writer to get an MRI earlier. She told her therapist she should be schedule for an MRI before she starts PT. The employee denies any previous injury to the left shoulder. There are obvious changes in the shoulder that have been there for some times (years). will make a referral to Dr. Wafford for evaluation. |  |                                           |                     |
| NEXT 3 APPOINTMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                           |                     |
| PRINTED<br>06/24/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | SIGNATURE<br><i>Sara Jackson - Sparks</i> |                     |

# PATIENT PAIN DRAWING

Name Wanda Weaver Date 6/24/14

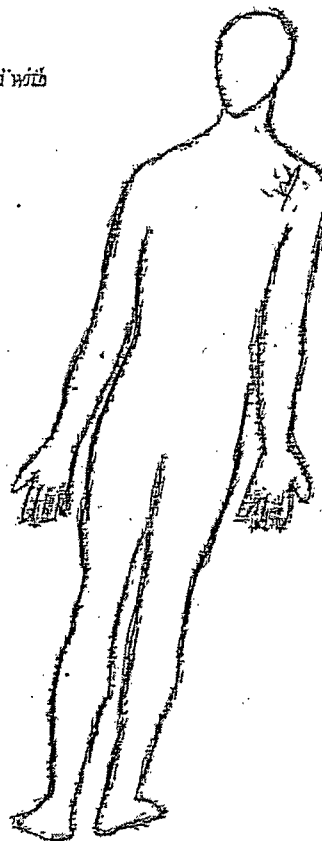
Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, draw in your face.

|                 |                   |                           |                  |                   |                |
|-----------------|-------------------|---------------------------|------------------|-------------------|----------------|
| Aching<br>..... | Numbness<br>..... | Pins and Needles<br>..... | Burning<br>..... | Stabbing<br>..... | Other<br>..... |
|-----------------|-------------------|---------------------------|------------------|-------------------|----------------|



Pain in arm(s) Compared with pain in the neck.

\_\_\_ Worse than  
\_\_\_ Same as  
\_\_\_ Less than



Pain in the Leg(s) compared to With the Back

\_\_\_ Worse than  
\_\_\_ Same as  
\_\_\_ Less than

Is your pain aggravated by any of the following?

- |                                                         |                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Coughing or sneezing           | <input checked="" type="checkbox"/> In the middle of the night  |
| <input type="checkbox"/> Sitting in a chair             | <input type="checkbox"/> Lying flat on your back <i>maximum</i> |
| <input type="checkbox"/> Bending forward to brush teeth | <input type="checkbox"/> Lying flat on your stomach             |
| <input type="checkbox"/> When you wake up               | <input type="checkbox"/> Walking a distance                     |

## OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Wanda G. Weaver  
Company: SCDDSN-Pee Dee Regional Center  
Physician: June Jones, MD

Date of Birth: August 13, 1955  
Injury Date: April 11, 2014  
Exam Date: June 24, 2014  
Time: 2:15 PM

**DEMOGRAPHICS:** Wanda G. Weaver is a 58-year-old female, employee of SCDDSN-Pee Dee Regional Center, Caucasian, right-handed, LPN, resident of Lamar.

**DESCRIPTION OF INCIDENT:** Patient States" While giving out medications an individual approached me from behind grabbing my left arm and twisting it backward".

### CHIEF COMPLAINT:

In today to follow-up on MRI, patient states she is still having aching and stabbing pain in left shoulder.

**HISTORY OF PRESENT ILLNESS:** Wanda's primary problem is pain located in the left shoulder. She describes it as aching. She considers it to be minimal. It has been about 11 weeks since the onset of the pain. Wanda says that it seems to be worst at night. She has noticed that it is made worse by laying on it. It is improved with medications. She also notes that it is accompanied by stabbing pain. She feels it is improving slightly. Her pain level is 4/10.

### PAST, FAMILY AND SOCIAL HISTORY:

Current Conditions: GERD. Hypertension. Insomnia. Depression.

Current Work Status: She is working part time on regular duty.

Previous Illnesses: None.

Previous Surgery: Left broken wrist surgery 1992. ACD 1996. C-section 1982 and 1988.

Alcohol Use: She states she rarely consumes alcoholic beverages.

Tobacco Use: She currently does not smoke and has never smoked.

**CURRENT MEDICATIONS:** Protonix, Lisinopril HCTZ 20/25mg, Prozac, Ambien, Flexeril, Tylenol, Aleve, Loracet and Motrin.

**ALLERGIES:** Codiene and NSAIDS.

**VITAL SIGNS:** Weight: 200 lbs. Height: 60 inches. BMI: 39.1 (Obese). Blood Pressure: 150/70. Respiratory Rate: 16/min and normal. Pulse Rate: 68/min. Temperature: 97.7°F (oral).

EXAMINATION:

Left Shoulder: The shoulder was not examined this visit. The MRI was discussed.

DIAGNOSIS: 1. Rotator Cuff Strain, Shoulder, Left (840.4).

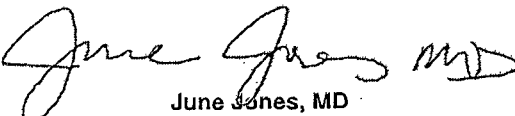
DISCUSSION: The MRI Shows multiple significant changes in the left shoulder. All of the changes did not occur from this injury of pulling her left arm backwards. Writer will recommend that you refer her to an orthopedic surgeon who will evaluate this employee and give an opinion on whether this occurred from the injury the employee describes. This explains why then employee wanted the writer to get an MRI earlier. She told her therapist she should be schedule for an MRI before she starts PT. I believe she knew she had significant damage. The employee denies any previous injury to the left shoulder. She again states the male patient grabbed her short sleeve vest type top and pulled her left wrist backwards. There are obvious changes in the shoulder that have been there for some times (years). will make a referral to Dr. Wafford for evaluation.

RECOMMENDED WORK STATUS: Wanda's recommended work status is restricted duty. The effective date for this work status is 6/24/2014. This work status designation ends 06/18/2014.

RECOMMENDED ACTIVITY RESTRICTIONS:

Left Arm: Must keep her left arm near her waist during work. Lift, push, or pull should be limited to 10 pounds or less.

AFTERCARE INSTRUCTIONS: will refer to ortho doctor. give a copy of the MRI report to the employee. will f/u after the ortho evaluation.

  
June Jones, MD



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

**Patient:** Wanda Weaver  
**Acct #:** 1643  
**DOB:** Aug 13, 1955  
**Physician:**  
**Phys Fax:**  
**Physician:** Not Specified  
**Clinician:** Leah Hamoy  
**FSC:** Workers Compensation  
**Case Mgr:**  
**Payor:**  
**Pol/Claim#:**

**Visit Date:** May 06, 2014  
**Phys Phone:**  
**SSN:** XXX-XX-XXXX  
**Inj. Date:** Apr 11, 2014  
**Surg. Date:**  
**Visits:** 1  
**Cxl/Ns:** 0

**Employer:**  
**Insured:**

## Initial Evaluation

**Diagnoses** Left Shoulder 72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## General Information

### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

## Subjective Examination

The patient's medical history has been verbally reviewed with the patient by the evaluating therapist. The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.

### ADL / Functional Status:

- Premorbid Status:**
  - Basic care: Independent Without Difficulty. Work status: Independent Without Difficulty.
- Current Status:**
  - Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

### ADL / Functional Status: ADL's: Activities:

- Driving/Traveling unable to strap belt w/ LUE
- Light Housework unable to use LUE
- Reaching Unable to perform
- Sleeping sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping R handed

### Chief Complaint:

- Pain:**
  - Current Severity: 3/10. Severity at Worst: 8/10. Severity at Best: 3/10. Aggravating Factors: any movement
- Pain: Nature:**
  - Stabbing. Sharp.

### Daily Comments:

- Pt reports that the initial soreness is gone. Pt states that she could move it the wrong way and it feels that it is back to here it was.

### Extremity Dominance:

- Right.

### Mechanism of Injury: Primary Episode: Force Applied:

- Hyperextension. Traction/Distracton.

### Medical History:

- Surgeries: Cervical Spine: fusion unknown level

### Medical Management: Medications: Prescription:

- Pain Medication/Analgesics. Muscle Relaxers. NSAIDs.

### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Disability/Symptom Score 42.00

### Rehabilitation Expectations/Goals:

- Return to Work Activities: Unrestricted/Symptom Free.

## Objective Examination

### Functional Tests: ADL: Apley's Scratch Test:

- Cross Body Reach
- ER - Combined
- IR - Combined

#### Left

Unable to Perform  
To Ear  
To Lateral Buttocks

#### Right

Posterior Opposite Shoulder  
To T3  
To T7

### Muscle Testing: Upper Extremity MMT:

- Gross Assessment
- Shoulder Abduction
- Shoulder Flexion
- Shoulder External Rotation
- Shoulder Internal Rotation
- Elbow Flexion

#### Left

+2/5  
+2/5  
+2/5  
+2/5  
+2/5

#### Right

WNL/5

### Palpation: Musculature: Tenderness:

- Biceps, Long head
- Rotator Cuff
- Trapezius, Upper

#### Left

3=Wincing and withdrawl  
3=Wincing and withdrawl  
3=Wincing and withdrawl

### Posture:

- Forward Head/Rounded Shoulders: Slight.

### Range of Motion: Shoulder: Pre-Treatment:

#### Left AROM

#### Right AROM

- Gross Assessment
- Flexion
- Abduction
- External Rotation - 45 deg
- Internal Rotation - 45 deg

0

45

35

60

WNL

## Treatments

### Documented Procedural Code Summary:

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Physical Therapy Evaluation         | 97001 | 1     | n/a     |
| • Therapeutic Procedure               | 97110 | 1     | 15      |

### Exercise Activities: Isometrics:

- -Sh All Planes

Time Elapsed: 10 Minutes, Repetitions: 5, Hold: 10 Seconds.  
Range: Mid, Angle: Single, Intensity: Muscle Recruitment, Charge  
As: Therapeutic Exercise, Billing Code: 97110.

### Exercise Activities: Range of Motion:

- Pendulum

Time Elapsed: 5 Minutes, Repetitions: all directions, Charge As:  
Therapeutic Exercise, Billing Code: 97110.

### Modalities:

- Electric Stim, Unattended

Time Elapsed: 15 Minutes, Location: L shoulder complex,  
Performed With: Cryotherapy, Mode: Continuous, Type:  
Interferential, Clinical Use: Post Activity, Charge As: E-Stim,  
Unattended, Billing Code: 97014

### Timed Code Total Time:

- 15 Minutes

## Assessment

In my professional opinion, this client requires skilled physical therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good.

### Impairments Identified:

- Flexibility, Functional Activities, Joint Integrity/Mobility, Pain, Posture, Range of Motion, Soft Tissue Mobility, Strength.

Weakness. Work Capacity.

**Signs/Symptoms:**

- Spasm: occurred during IFC after thera exercises

## Problems & Goals

**Problem #1 ADL / Functional Status: ADL's: Activities.**

*STG Achieve by May 20, 2014.*

**ADL Improvements In: Activities:**

- Reaching Shoulder Level

*LTG Achieve by Jun 03, 2014.*

**ADL Improvements In: Activities:**

- Reaching Above Head to wash/groom hair efficiently

**Problem #2 Muscle Testing: Upper Extremity MMT.**

*STG Achieve by May 20, 2014.*

**Musculoskeletal Improvements In: Upper Left  
Extremity Strength to:**

- Shoulder Abduction +3/5
- Shoulder Flexion +3/5
- Shoulder External Rotation +3/5
- Shoulder Internal Rotation +3/5
- Elbow Flexion +3/5

*LTG Achieve by Jun 03, 2014.*

**Musculoskeletal Improvements In:**

- Increase gross L shoulder strength to 5-/5 to allow lifting at work

**Problem #3 Range of Motion: Shoulder: Pre-Treatment.**

*STG Achieve by May 20, 2014.*

**Range of Motion Improvements to: Shoulder: Left AROM**

- Flexion 45
- Abduction 60
- External Rotation - 45 deg 60

*LTG Achieve by Jun 03, 2014.*

**Range of Motion Improvements to: Shoulder: Left AROM**

- Flexion 100
- Adduction 100
- External Rotation - 90 deg 60
- Internal Rotation - 90 deg 60

**Problem #4 Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH).**

*LTG Achieve by Jun 03, 2014.*

**Questionnaire Improvements:**

- Decrease NDI to 20% to show improved functional use of LUE

## Plan

**Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

**Therapeutic Contents:**

- Client Education. Home Exercise Program. Joint Mobilization Techniques. Joint Protection. Manual Therapy Techniques. Manual Range of Motion Activities. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities. Therapeutic Exercise.
- Modalities:

Patient: Wanda Weaver  
Acct #: 1643

Visit Date: May 06, 2014

• As Needed. Cryotherapy. Electrical Stimulation (E-Stim): Unattended. Ice Massage. Interferential Stimulation. Iontophoresis.

**Therapeutic Contents: Modalities: Iontophoresis: Medication:**

• Medication Name: Dexamethazone, Dosage: 12-2.0cc@40-80mA/mi

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on May 07, 2014 11:24:26



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

Patient: Wanda Weaver  
Acct #: 1643  
DOB: Aug 13, 1955  
Physician:  
Phys Fax:  
Physician: Not Specified  
Clinician: Leah Hamoy  
FSC: Workers Compensation  
Case Mgr:  
Payor:  
Pol/Claim#:

Visit Date: May 06, 2014  
Phys Phone:  
SSN: XXX-XX-XXXX  
Inj. Date: Apr 11, 2014  
Surg. Date:  
Visits: 1  
Cxl/Ns: 0

Employer:  
Insured:

## Plan of Care

**Diagnoses** Left Shoulder 72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## Assessment

In my professional opinion, this client requires skilled physical therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good.

### Impairments Identified:

- Flexibility. Functional Activities. Joint Integrity/Mobility. Pain. Posture. Range of Motion. Soft Tissue Mobility. Strength. Weakness. Work Capacity.

### Signs/Symptoms:

- Spasm: occurred during IFC after thera exercises

## Problems & Goals

### Problem #1 ADL / Functional Status: ADL's: Activities.

- Driving/Traveling unable to strap belt w/ LUE
- Light Housework unable to use LUE
- Reaching Unable to perform
- Sleeping sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping R handed

STG Achieve by May 20, 2014.

### ADL Improvements In: Activities:

- Reaching Shoulder Level

LTG Achieve by Jun 03, 2014.

### ADL Improvements In: Activities:

- Reaching Above Head to wash/groom hair efficiently

### Problem #2 Muscle Testing: Upper Extremity MMT.

- |                            | Left | Right |
|----------------------------|------|-------|
| Elbow Flexion              | +2/5 |       |
| Gross Assessment           |      | WNL/5 |
| Shoulder Abduction         | +2/5 |       |
| Shoulder External Rotation | +2/5 |       |
| Shoulder Flexion           | +2/5 |       |
| Shoulder Internal Rotation | +2/5 |       |

STG Achieve by May 20, 2014.

### Musculoskeletal Improvements In: Upper Extremity Strength to:

- |                            | Left |
|----------------------------|------|
| Shoulder Abduction         | +3/5 |
| Shoulder Flexion           | +3/5 |
| Shoulder External Rotation | +3/5 |
| Shoulder Internal Rotation | +3/5 |
| Elbow Flexion              | +3/5 |

LTG Achieve by Jun 03, 2014.

### Musculoskeletal Improvements In:

- Increase gross L shoulder strength to 5-/5 to allow lifting at work

| Problem #3 | Range of Motion: Shoulder: Pre-Treatment. | Left AROM | Right AROM |
|------------|-------------------------------------------|-----------|------------|
|            | • Abduction                               | 45        |            |
|            | • External Rotation - 45 deg              | 35        |            |
|            | • Flexion                                 | 0         |            |
|            | • Gross Assessment                        |           | WNL        |
|            | • Internal Rotation - 45 deg              | 60        |            |

STG Achieve by May 20, 2014.

**Range of Motion Improvements to: Shoulder: Left AROM**

|                              |    |
|------------------------------|----|
| • Flexion                    | 45 |
| • Abduction                  | 60 |
| • External Rotation - 45 deg | 60 |

LTG Achieve by Jun 03, 2014.

**Range of Motion Improvements to: Shoulder: Left AROM**

|                              |     |
|------------------------------|-----|
| • Flexion                    | 100 |
| • Adduction                  | 100 |
| • External Rotation - 90 deg | 60  |
| • Internal Rotation - 90 deg | 60  |

**Problem #4 Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH).**

- Disability/Symptom Score 42.00

LTG Achieve by Jun 03, 2014.

**Questionnaire Improvements:**

- Decrease NDI to 20% to show improved functional use of LUE

## Plan

**Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

**Therapeutic Contents:**

- Client Education. Home Exercise Program. Joint Mobilization Techniques. Joint Protection. Manual Therapy Techniques. Manual Range of Motion Activities. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities. Therapeutic Exercise.
- Modalities:
  - As Needed. Cryotherapy. Electrical Stimulation (E-Stim): Unattended. Ice Massage. Interferential Stimulation. Iontophoresis.

**Therapeutic Contents: Modalities: Iontophoresis: Medication:**

- Medication Name: Dexamethazone, Dosage: 1.2-2.0cc@40-80mA/mi

Patient: Wanda Weaver  
Acct #: 1643

Visit Date: May 06, 2014

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on May 07, 2014 11:24:26

**Please sign and return**

I have reviewed this Plan of Care and certify that the skilled therapy services identified are required to meet the patient's need.  
Comments and/or revisions to this Plan of Care are noted below.

Comments/Revisions

Physician/NPP Signature

Date

Print Name and Credentials



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

**Patient:** Wanda Weaver  
**Acct #:** 1643  
**DOB:** Aug 13, 1955  
**Physician:** June Jones  
**Phys Fax:** (843) 777-5296  
**Physician:** Not Specified  
**Clinician:** Leah Hamoy  
**FSC:** Workers Compensation  
**Case Mgr:**  
**Payor:**  
**Pol/Claim#:**

**Visit Date:** May 08, 2014  
**Phys Phone:** (843) 777-5146  
**SSN:** XXX-XX-XXXX  
**Inj. Date:** Apr 11, 2014  
**Surg. Date:**  
**Visits:** 2  
**Cxl/Ns:** 0

**Employer:**  
**Insured:**

## Daily Note

### Diagnoses Left Shoulder

72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

### General Information

#### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

### Subjective Examination

#### ADL / Functional Status: Current Status:

- Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

#### ADL / Functional Status: ADL's: Activities:

- Driving/Traveling: unable to strap belt w/ LUE
- Light Housework: unable to use LUE
- Reaching: Unable to perform
- Sleeping: sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping: R handed

#### Chief Complaint:

- Pain: Severity at Worst: 8/10.

#### Daily Comments:

- Pt reports taking pill to relax her shoulder muscle. Pt continue to be in pain more so with movement.

#### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Disability/Symptom Score 42.00

### Objective Examination

#### Functional Tests: ADL: Apley's Scratch Test:

- |                  | Left                | Right                       |
|------------------|---------------------|-----------------------------|
| Cross Body Reach | Unable to Perform   | Posterior Opposite Shoulder |
| ER - Combined    | To Ear              | To T3                       |
| IR - Combined    | To Lateral Buttocks | To T7                       |

#### Muscle Testing: Upper Extremity MMT:

- |                            | Left | Right |
|----------------------------|------|-------|
| Gross Assessment           |      | WNL/5 |
| Shoulder Abduction         | +2/5 |       |
| Shoulder Flexion           | +2/5 |       |
| Shoulder External Rotation | +2/5 |       |
| Shoulder Internal Rotation | +2/5 |       |
| Elbow Flexion              | +2/5 |       |

#### Palpation: Musculature: Tenderness:

- |                   | Left                    |
|-------------------|-------------------------|
| Biceps, Long head | 3=Wincing and withdrawl |
| Rotator Cuff      | 3=Wincing and withdrawl |
| Trapezius, Upper  | 3=Wincing and withdrawl |

#### Posture:

- Forward Head/Rounded Shoulders: Slight.

**Range of Motion: Shoulder: Pre-Treatment:**

**Left AROM**

**Right AROM**

• Gross Assessment

WNL

• Flexion

0

• Abduction

45

• External Rotation - 45 deg

35

• Internal Rotation - 45 deg

60

## Treatments

**Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 1     | 15      |

**Exercise Activities: Isometrics:**

• -Sh All Planes

Time Elapsed: 10 Minutes, Repetitions: 5, Hold: 10 Seconds,  
Range: Mid, Angle: Single, Intensity: Muscle Recruitment, Charge  
As: Therapeutic Exercise, Billing Code: 97110.

**Exercise Activities: Range of Motion:**

• Pendulum

Time Elapsed: 5 Minutes, Repetitions: all directions, Charge As:  
Therapeutic Exercise, Billing Code: 97110.

**Manual Interventions: Soft Tissue:**

• Soft Tissue Mobilization I

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique:  
Myofascial Release/effluerage, Description: shoulder complex -  
STM, Charge As: Manual Therapy Techniques, Billing Code:  
97140

**Modalities:**

• Electric Stim, Unattended

Time Elapsed: 15 Minutes, Location: L shoulder complex,  
Performed With: Cryotherapy, Mode: Continuous, Type:  
Interferential, Clinical Use: Post Activity, Charge As: E-Stim,  
Unattended, Billing Code: 97014.

**Timed Code Total Time:**

• 25 Minutes

## Assessment

**Signs/Symptoms:**

- Left shoulder muscle guarding noted. Pt continue to have pain, mobility/ROM restrictions. Muscle compensation which affected her cervical muscles.

## Plan

**Daily Plan:**

- Continue w/ Current Rehabilitation Program.

Electronically authenticated.

Cyreano Hamoy, PTA(SC Lic: 2464)

Signed on May 08, 2014 14:08:04

Under the direct supervision of the primary therapist.

Patient: Wanda Weaver  
Acct #: 1643

Visit Date: May 08, 2014

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on May 09, 2014 13:14:35



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

**Patient:** Wanda Weaver  
**Acct #:** 1643  
**DOB:** Aug 13, 1955  
**Physician:** June Jones  
**Phys Fax:** (843) 777-5296  
**Physician:** Not Specified  
**Clinician:** Leah Hamoy  
**FSC:** Workers Compensation  
**Case Mgr:**  
**Payor:**  
**Pol/Claim#:**

**Visit Date:** May 12, 2014  
**Phys Phone:** (843) 777-5146  
**SSN:** XXX-XX-XXXX  
**Inj. Date:** Apr 11, 2014  
**Surg. Date:**  
**Visits:** 3  
**Cxl/Ns:** 0

**Employer:**  
**Insured:**

## Daily Note

**Diagnoses** Left Shoulder 72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## General Information

### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

## Subjective Examination

### ADL / Functional Status: Current Status:

- Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

### ADL / Functional Status: ADL's: Activities:

- Driving/Traveling unable to strap belt w/ LUE
- Light Housework unable to use LUE
- Reaching Unable to perform
- Sleeping. sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping R handed

### Chief Complaint:

- Pain: Severity at Worst: 8/10.

### Daily Comments:

- Overall Condition is: A little better. Disposition: Previous Treatment: Decreased Symptoms.

### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Disability/Symptom Score 42.00

## Objective Examination

### Functional Tests: ADL: Apley's Scratch Test:

- |                  | Left                | Right                       |
|------------------|---------------------|-----------------------------|
| Cross Body Reach | Unable to Perform   | Posterior Opposite Shoulder |
| ER - Combined    | To Ear              | To T3                       |
| IR - Combined    | To Lateral Buttocks | To T7                       |

### Muscle Testing: Upper Extremity MMT:

- |                            | Left | Right |
|----------------------------|------|-------|
| Gross Assessment           |      | WNL/5 |
| Shoulder Abduction         | +2/5 |       |
| Shoulder Flexion           | +2/5 |       |
| Shoulder External Rotation | +2/5 |       |
| Shoulder Internal Rotation | +2/5 |       |
| Elbow Flexion              | +2/5 |       |

### Palpation: Musculature: Tenderness:

- |                   | Left                    |
|-------------------|-------------------------|
| Biceps, Long head | 3=Wincing and withdrawl |
| Rotator Cuff      | 3=Wincing and withdrawl |
| Trapezius, Upper  | 3=Wincing and withdrawl |

### Posture:

- Forward Head/Rounded Shoulders: Slight.

**Range of Motion: Shoulder: Pre-Treatment:**

**Left AROM**

**Right AROM**

• Gross Assessment

WNL

• Flexion

0

• Abduction

45

• External Rotation - 45 deg

35

• Internal Rotation - 45 deg

60

## Treatments

**Documented Procedural Code Summary:**

**Description**

**Code**

**Units**

**Minutes**

• Manual Therapy Techniques

97140

1

10

• Therapeutic Procedure

97110

2

21

• Ultrasound

97035

1

12

**Exercise Activities: Isometrics:**

• Sh All Planes

Time Elapsed: 10 Minutes, Repetitions: 5, Hold: 10 Seconds,  
Range: Mid, Angle: Single, Intensity: Muscle Recruitment, Charge  
As: Therapeutic Exercise, Billing Code: 97110.

**Exercise Activities: Range of Motion:**

• Active Assistive Activities

Time Elapsed: 6 Minutes, Technique: self assisted, Additional  
Detail: on table, Activity 1: Flex, Activity 2: Abduction, Activity 3:  
ER at 90, Charge As: Therapeutic Exercise, Billing Code: 97110.

• Pendulum

Time Elapsed: 5 Minutes, Repetitions: all directions, Charge As:  
Therapeutic Exercise, Billing Code: 97110.

**Manual Interventions: Soft Tissue:**

• Soft Tissue Mobilization I

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique:  
Myofascial Release/effluage, Additional Detail: biceps, deltoid,  
shoulder blade, Description: shoulder complex - STM, Charge As:  
Manual Therapy Techniques, Billing Code: 97140.

**Modalities:**

• Electric Stim. Unattended(This visit)

Did Not Perform: This visit

• Ultrasound

Time Elapsed: 12 Minutes, Location: L UTM, bicept long head,  
Watts/cm2: 1.30, MHz: 1, Charge As: Ultrasound, Billing Code:  
97035.

**Timed Code Total Time:**

• 43 Minutes

## Assessment

**Signs/Symptoms: Pain:**

• Decreased With: Treatment. Increased With: Exercise Activity.

## Plan

**Daily Plan:**

• Continue w/ Current Rehabilitation Program. Progression Under Current Plan.

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)

Signed on May 13, 2014 18:24:25



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

**Patient:** Wanda Weaver  
**Acct #:** 1643  
**DOB:** Aug 13, 1955  
**Physician:** June Jones  
**Phys Fax:** (843) 777-5296  
**Physician:** Not Specified  
**Clinician:** Leah Hamoy  
**FSC:** Workers Compensation  
**Case Mgr:**  
**Payor:**  
**Pol/Claim#:**

**Visit Date:** May 14, 2014  
**Phys Phone:** (843) 777-5146  
**SSN:** XXX-XX-XXXX  
**Inj. Date:** Apr 11, 2014  
**Surg. Date:**  
**Visits:** 4  
**Cxl/Ns:** 0

**Employer:**  
**Insured:**

## Daily Note

**Diagnoses** Left Shoulder  
72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## General Information

### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

## Subjective Examination

### ADL / Functional Status: Current Status:

- Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

### ADL / Functional Status: ADL's: Activities:

- Driving/Traveling: unable to strap belt w/ LUE
- Light Housework: unable to use LUE
- Reaching: Unable to perform
- Sleeping: sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping: R handed

### Chief Complaint:

- Pain: Severity at Worst: 8/10.

### Daily Comments:

- Pt states that the shoulder is moving better and she can at least take her burger to her mouth w/ both hands

### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Disability/Symptom Score 42.00

## Objective Examination

### Functional Tests: ADL: Apley's Scratch Test:

- |                  | Left                | Right                       |
|------------------|---------------------|-----------------------------|
| Cross Body Reach | Unable to Perform   | Posterior Opposite Shoulder |
| ER - Combined    | To Ear              | To T3                       |
| IR - Combined    | To Lateral Buttocks | To T7                       |

### Muscle Testing: Upper Extremity MMT:

- |                            | Left | Right |
|----------------------------|------|-------|
| Gross Assessment           |      | WNL/5 |
| Shoulder Abduction         | +2/5 |       |
| Shoulder Flexion           | +2/5 |       |
| Shoulder External Rotation | +2/5 |       |
| Shoulder Internal Rotation | +2/5 |       |
| Elbow Flexion              | +2/5 |       |

### Palpation: Musculature: Tenderness:

- |                   | Left                     |
|-------------------|--------------------------|
| Biceps, Long head | 3=Wincing and withdrawal |
| Rotator Cuff      | 3=Wincing and withdrawal |
| Trapezius, Upper  | 3=Wincing and withdrawal |

### Posture:

- Forward Head/Rounded Shoulders: Slight.

**Range of Motion: Shoulder: Pre-Treatment:**

**Left AROM**

**Right AROM**

• Gross Assessment

WNL

• Flexion

0

• Abduction

45

• External Rotation - 45 deg

35

• Internal Rotation - 45 deg

60

## Treatments

**Documented Procedural Code Summary:**

| Description                 | Code  | Units | Minutes |
|-----------------------------|-------|-------|---------|
| • Manual Therapy Techniques | 97140 | 1     | 10      |
| • Therapeutic Procedure     | 97110 | 2     | 22      |
| • Ultrasound                | 97035 | 1     | 12      |

**Exercise Activities: Isometrics:**

• Sh All Planes

Time Elapsed: 10 Minutes, Repetitions: 5, Hold: 10 Seconds, Range: Mid, Angle: Single, Intensity: Muscle Recruitment, Charge As: Therapeutic Exercise, Billing Code: 97110.

**Exercise Activities: Range of Motion:**

• Active Assistive Activities

Time Elapsed: 6 Minutes, Technique: self assisted, Additional Detail: on table, Activity 1: Flex, Activity 2: Abduction, Activity 3: ER at 90, Charge As: Therapeutic Exercise, Billing Code: 97110.

• Pendulum(This visit)

Did Not Perform: This visit

**Exercise Activities: Tubing/Bands:**

• Extension, Shoulder

Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Resistance: Concentric/Eccentric, Additional Detail: to neutral, Charge As: Therapeutic Exercise, Billing Code: 97110.

• Rows

Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Hold: 5 Seconds, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110.

**Manual Interventions: Soft Tissue:**

• Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Myofascial Release/effluage, Additional Detail: biceps, deltoid, shoulder blade, Description: shoulder complex - STM, Charge As: Manual Therapy Techniques, Billing Code: 97140.

**Modalities:**

• Electric Stim, Unattended(This visit)

Did Not Perform: This visit

• Ultrasound

Time Elapsed: 12 Minutes, Location: L UTM, bicep long head, lateral border of L scapula, Watts/cm2: 1.30, MHz: 1, Charge As: Ultrasound, Billing Code: 97035.

**Timed Code Total Time:**

• 44 Minutes

## Assessment

**Signs/Symptoms:**

• Pain: Increased With: manual therapy and modalities

## Plan

**Daily Plan:**

• Continue w/ Current Rehabilitation Program. Progression Under Current Plan. Advance as tolerated.

Patient: Wanda Weaver  
Acct #: 1643

Visit Date: May 14, 2014

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on May 15, 2014 11:28:19



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

**Patient:** Wanda Weaver  
**Acct #:** 1643  
**DOB:** Aug 13, 1955  
**Physician:** June Jones  
**Phys Fax:** (843) 777-5296  
**Physician:** Not Specified  
**Clinician:** Leah Hamoy  
**FSC:** Workers Compensation  
**Case Mgr:**  
**Payor:**  
**Pol/Claim#:**

**Visit Date:** May 16, 2014  
**Phys Phone:** (843) 777-5146  
**SSN:** XXX-XX-XXXX  
**Inj. Date:** Apr 11, 2014  
**Surg. Date:**  
**Visits:** 5  
**Cxl/Ns:** 0  
**Employer:** Pee Dee Center  
**Insured:**

## Daily Note

**Diagnoses** Left Shoulder 72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## General Information

### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

## Subjective Examination

### ADL / Functional Status: Current Status:

- Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

### ADL / Functional Status: ADL's: Activities:

- Driving/Traveling unable to strap belt w/ LUE
- Light Housework unable to use LUE
- Reaching Unable to perform
- Sleeping sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping R handed

### Chief Complaint:

- Pain: Severity at Worst: 8/10.

### Daily Comments:

- Pt reports that therapy has really helped her and she has been doing exercises at home and has done most of them this morning.

### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Disability/Symptom Score 42:00

## Objective Examination

### Functional Tests: ADL: Apley's Scratch Test:

- |                  | Left                | Right                       |
|------------------|---------------------|-----------------------------|
| Cross Body Reach | Unable to Perform   | Posterior Opposite Shoulder |
| ER - Combined    | To Ear              | To T3                       |
| IR - Combined    | To Lateral Buttocks | To T7                       |

### Muscle Testing: Upper Extremity MMT:

- |                            | Left | Right |
|----------------------------|------|-------|
| Gross Assessment           |      | WNL/5 |
| Shoulder Abduction         | +2/5 |       |
| Shoulder Flexion           | +2/5 |       |
| Shoulder External Rotation | +2/5 |       |
| Shoulder Internal Rotation | +2/5 |       |
| Elbow Flexion              | +2/5 |       |

### Palpation: Musculature: Tenderness:

- |                   | Left                    |
|-------------------|-------------------------|
| Biceps, Long head | 3=Wincing and withdrawl |
| Rotator Cuff      | 3=Wincing and withdrawl |
| Trapezius, Upper  | 3=Wincing and withdrawl |

### Posture:

- Forward Head/Rounded Shoulders: Slight.

**Range of Motion: Shoulder: Pre-Treatment:**

|                              | Left AROM | Right AROM |
|------------------------------|-----------|------------|
| • Gross Assessment           |           | WNL        |
| • Flexion                    | 0         |            |
| • Abduction                  | 45        |            |
| • External Rotation - 45 deg | 35        |            |
| • Internal Rotation - 45 deg | 60        |            |

## Treatments

**Documented Procedural Code Summary:**

| Description                 | Code  | Units | Minutes |
|-----------------------------|-------|-------|---------|
| • Manual Therapy Techniques | 97140 | 1     | 10      |
| • Strapping - Shoulder      | 29240 | 1     | n/a     |
| • Therapeutic Procedure     | 97110 | 2     | 18      |
| • Ultrasound                | 97035 | 1     | 12      |

**Exercise Activities: Isometrics:**

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| • Sh All Planes(Home Program Component.) | Did Not Perform: Home Program Component. |
|------------------------------------------|------------------------------------------|

**Exercise Activities: Range of Motion:**

|                                     |                                                                                                                                                                                                      |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Active Assistive Activities       | Time Elapsed: 6 Minutes, Technique: self assisted, Additional Detail: on table, Activity 1: Flex, Activity 2: Abduction, Activity 3: ER at 90, Charge As: Therapeutic Exercise, Billing Code: 97110. |
| • Pendulum(Home Program Component.) | Did Not Perform: Home Program Component.                                                                                                                                                             |

**Exercise Activities: Tubing/Bands:**

|                                                |                                                                                                                                                                      |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • ER-0 deg(increases pain)                     | Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110. |
| • Extension, Shoulder(Home Program Component.) | Did Not Perform: Home Program Component.                                                                                                                             |
| • IR 0 deg                                     | Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110. |
| • Rows(Home Program Component.)                | Did Not Perform: Home Program Component.                                                                                                                             |

**Exercise Activities: Isotonies:**

|                               |                                                                                                                                                         |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Abduction:                  | Time Elapsed: 2 Minutes, Weight - Pounds: 0 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110. |
| • Flexion.                    | Time Elapsed: 2 Minutes, Weight - Pounds: 0 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110. |
| • Scaption/External Rotation: | Time Elapsed: 2 Minutes, Weight - Pounds: 0 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110. |

**Manual Interventions: Soft Tissue:**

|                              |                                                                                                                                                                                                                                           |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Soft Tissue Mobilization 1 | Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Myofascial Release/effluage, Additional Detail: biceps, deltoid, shoulder blade, Description: shoulder complex - STM, Charge As: Manual Therapy Techniques, Billing Code: 97140. |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Manual Interventions: Taping to Stabilize/Align:**

|                              |                                                                                                                                                                                                         |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Glenohumeral Joint Complex | Time Elapsed: 8 Minutes, Technique: Kinesiotape, Clinical Use: Decrease Pain, Vector Applied: 1: Superior Glide, Instruction: Applied by Another, Charge As: Strapping - Shoulder, Billing Code: 29240. |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Modalities:**

|                                         |                             |
|-----------------------------------------|-----------------------------|
| • Electric Stim: Unattended(This visit) | Did Not Perform: This visit |
|-----------------------------------------|-----------------------------|

Patient: Wanda Weaver  
Acct #: 1643

Visit Date: May 16, 2014

- Ultrasound

Time Elapsed: 12 Minutes, Location: L UTM, bicep long head,  
lateral border of L scapula, Watts/cm2: 1.30, MHz: 1, Charge As:  
Ultrasound, Billing Code: 97035.

**Timed Code Total Time:**

- 40 Minutes

**Assessment**

**Signs/Symptoms:**

- Pain: Becomes less intense with: manual therapy and US

**Plan**

**Daily Plan:**

- Continue w/ Current Rehabilitation Program. Progression Under Current Plan. Advance as tolerated. Reassess objective measurements next visit.

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on May 19, 2014 08:52:59



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

Patient: Wanda Weaver  
Acct #: 1643  
DOB: Aug 13, 1955  
Physician: June Jones  
Phys Fax: (843) 777-5296  
Physician: Not Specified  
Clinician: Leah Hamoy  
FSC: Workers Compensation  
Case Mgr:  
Payor:  
Pol/Claim#:

Visit Date: May 19, 2014  
Phys Phone: (843) 777-5146  
SSN: XXX-XX-XXXX  
Inj. Date: Apr 11, 2014  
Surg. Date:  
Visits: 6  
Cxl/Ns: 0  
Employer: Pee Dee Center  
Insured:

## Daily Note

**Diagnoses** Left Shoulder 72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## General Information

### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

## Subjective Examination

### ADL / Functional Status: Current Status:

- Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

### ADL/ Functional Status: ADL's: Activities:

- Driving/Traveling: unable to strap belt w/ LUE
- Light Housework: unable to use LUE
- Reaching: below shoulder level
- Sleeping: sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping: R handed

### Chief Complaint:

- Pain: Severity at Worst: 8/10.

### Daily Comments:

- Pt states that therapy has helped a great deal but when she moves the pain shoots up to 7-8/10

### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Test Name: QuickDASH
- Disability/Symptom Score: 72.50

## Objective Examination

### Functional Tests: ADL: Apley's Scratch Test:

- |                  | Left                | Right                       |
|------------------|---------------------|-----------------------------|
| Cross Body Reach | Unable to Perform   | Posterior Opposite Shoulder |
| ER - Combined    | To Ear              | To T3                       |
| IR - Combined    | To Lateral Buttocks | To T7                       |

### Muscle Testing: Upper Extremity MMT:

- |                            | Left | Right |
|----------------------------|------|-------|
| Gross Assessment           |      | WNL/5 |
| Shoulder Abduction         | +2/5 |       |
| Shoulder Flexion           | +2/5 |       |
| Shoulder External Rotation | +2/5 |       |
| Shoulder Internal Rotation | +2/5 |       |
| Elbow Flexion              | +2/5 |       |

### Palpation: Musculature: Tenderness:

- |                  | Left                    |
|------------------|-------------------------|
| Biceps Long head | 3=Wincing and withdrawl |
| Rotator Cuff     | 3=Wincing and withdrawl |
| Trapezius Upper  | 3=Wincing and withdrawl |

### Posture:

- Forward Head/Rounded Shoulders: Slight.

**Range of Motion: Shoulder: Pre-Treatment:**

|                              | Left AROM | Right AROM |
|------------------------------|-----------|------------|
| • Gross Assessment           |           | WNL        |
| • Flexion                    | 60        |            |
| • Abduction                  | 60        |            |
| • External Rotation - 45 deg | 60        |            |
| • Internal Rotation - 45 deg | 60        |            |

## Treatments

**Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Therapeutic Procedure               | 97110 | 2     | 27      |
| • Ultrasound                          | 97035 | 1     | 12      |

**Exercise Activities: Isometrics:**

- Sh All Planes(Home Program Component.) Did Not Perform: Home Program Component

**Exercise Activities: Range of Motion:**

- Active Assistive Activities  
Time Elapsed: 6 Minutes, Technique: self assisted, Additional Detail: on-table, Activity 1: Flex, Activity 2: Abduction, Activity 3: ER at 90, Charge As: Therapeutic Exercise, Billing Code: 97110
- Pendulum(Home Program Component.) Did Not Perform: Home Program Component.

**Exercise Activities: Tubing/Bands:**

- ER 0 deg(increases pain)  
Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110
- Extension, Shoulder  
Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Resistance: Concentric/Eccentric, Additional Detail: to neutral, Charge As: Therapeutic Exercise, Billing Code: 97110
- IR 0 deg  
Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110
- Rows  
Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Hold.: 5 Seconds, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110

**Exercise Activities: Isotonics:**

- Abduction  
Time Elapsed: 2 Minutes, Weight - Pounds: 0 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110
- Biceps Curls.  
Time Elapsed: 3 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 5, Sets: 3, Charge As: Therapeutic Exercise, Billing Code: 97110
- Flexion.  
Time Elapsed: 2 Minutes, Weight - Pounds: 0 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110
- Scaption/External Rotation.  
Time Elapsed: 2 Minutes, Weight - Pounds: 0 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110

**Manual Interventions: Soft Tissue:**

- Soft Tissue Mobilization 1(This visit) Did Not Perform: This visit

**Manual Interventions: Taping to Stabilize/Align:**

- Glenohumeral Joint Complex(This visit) Did Not Perform: This visit

**Modalities:**

• Electric Stim, Unattended

Time Elapsed: 15 Minutes, Location: L shoulder complex,  
Performed With: Cryotherapy, Mode: Continuous, Type:  
Interferential, Clinical Use: Post Activity, Charge As: E-Stim,  
Unattended, Billing Code: 97014

• Ultrasound

Time Elapsed: 12 Minutes, Location: L UTM, bicep long head,  
lateral border of L scapula, Watts/cm2: 1.30, MHz: 1, Charge As:  
Ultrasound, Billing Code: 97035.

**Timed Code Total Time:**

• 39 Minutes

## Assessment

**Assessment of Improvement:**

- Pt is noted w/ improved active movement in LUE though still not able to raise LUE up to shoulder level. Pt also limited severely w/ reaching her back which limits ability to wash her back and dress efficiently. Pt pain levels is mild level w/o movement but severe level when attempting to reach out from her body. Pt will benefit from continued PT services to address pain and functional impairments. Pt may also benefit from specialist consult for further evaluation and possible invasive pain management in conjunction w/ conservative PT intervention.

**Presentation:**

- QuickDASH score at SOC should have been 77.5% not 42% which decreased to 72.5% on reassessment today showing pt's slightly decreased perceived impairment

## Plan

**Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 2 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

**Therapeutic Contents:**

- Home Exercise Program. Manual Therapy Techniques. Joint Protection. Joint Mobilization Techniques. Modalities: As Needed. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities. Therapeutic Exercise.

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on May 20, 2014 11:39:32



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

Patient: Wanda Weaver  
Acct #: 1643  
DOB: Aug 13, 1955  
Physician: June Jones  
Phys Fax: (843) 777-5296  
Physician: Not Specified  
Clinician: Leah Hamoy  
FSC: Workers Compensation  
Case Mgr:  
Payor:  
Pol/Claim#:

Note Date: May 20, 2014  
Phys Phone: (843) 777-5146  
SSN: XXX-XX-XXXX  
Inj. Date: Apr 11, 2014  
Surg. Date:  
Visits: 6  
Cxl/Ns: 0  
Employer: Pee Dee Center  
Insured:

## Progress Note

**Diagnoses** Left Shoulder 72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## General Information

### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

## Subjective Examination

### ADL / Functional Status: Current Status:

- Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

### ADL / Functional Status: ADL's: Activities:

- Driving/Traveling: unable to strap belt w/ LUE
- Light Housework: unable to use LUE
- Reaching: below shoulder level
- Sleeping: sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping: R-handed

### Chief Complaint:

- Pain: Severity at Worst: 8/10.

### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Test Name: QuickDASH
- Disability/Symptom Score: 72.50

## Objective Examination

### Functional Tests: ADL: Apley's Scratch Test:

- |                  | Left                | Right                       |
|------------------|---------------------|-----------------------------|
| Cross Body Reach | Unable to Perform   | Posterior Opposite Shoulder |
| ER - Combined    | To Ear              | To T3                       |
| IR - Combined    | To Lateral Buttocks | To T7                       |

### Muscle Testing: Upper Extremity MMT:

- |                            | May 06, 2014 |       | May 20, 2014 |       |
|----------------------------|--------------|-------|--------------|-------|
|                            | Left         | Right | Left         | Right |
| Cross Assessment           |              | WNL/5 |              | WNL/5 |
| Shoulder Abduction         | +2/5         |       | +2/5         |       |
| Shoulder Flexion           | +2/5         |       | +2/5         |       |
| Shoulder External Rotation | +2/5         |       | +2/5         |       |
| Shoulder Internal Rotation | +2/5         |       | +2/5         |       |
| Elbow Flexion              | +2/5         |       | +2/5         |       |

### Palpation: Musculature: Tenderness:

- |                   | Left                    |
|-------------------|-------------------------|
| Biceps, Long head | 3=Wincing and withdrawl |
| Rotator Cuff      | 3=Wincing and withdrawl |
| Trapezius, Upper  | 3=Wincing and withdrawl |

### Posture:

- Forward Head/Rounded Shoulders: Slight.

| Range of Motion: Shoulder: Pre-Treatment: | May 06, 2014 |         | May 20, 2014 |         |
|-------------------------------------------|--------------|---------|--------------|---------|
|                                           | L. Act.      | R. Act. | L. Act.      | R. Act. |
| • Gross Assessment                        |              | WNL     |              | WNL     |
| • Flexion                                 | 0            |         | 60           |         |
| • Abduction                               | 45           |         | 60           |         |
| • External Rotation - 45 deg              | 35           |         | 60           |         |
| • Internal Rotation - 45 deg              | 60           |         | 60           |         |

## Assessment

### Assessment of Improvement:

- Pt is noted w/ improved active movement in LUE though still not able to raise LUE up to shoulder level. Pt also limited severely w/ reaching her back which limits ability to wash her back and dress efficiently. Pt pain levels is mild level w/o movement but severe level when attempting to reach out from her body. Pt will benefit from continued PT services to address pain and functional impairments. Pt may also benefit from specialist consult for further evaluation and possible invasive pain management in conjunction w/ conservative PT intervention.

### Presentation:

- QuickDASH score at SOC should have been 77.5% not 42% which decreased to 72.5% on reassessment today showing pt's slightly decreased perceived impairment

## Plan

### Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 2 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

### Therapeutic Contents:

- Home Exercise Program. Manual Therapy Techniques. Joint Protection. Joint Mobilization Techniques. Modalities: As Needed. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities. Therapeutic Exercise.

### Therapy Referral

I have read the above report and request that my patient:

- ☐ Continue with treatment program as indicated above.
- ☐ Continue treatment program for \_\_\_ days/week for \_\_\_ weeks.
- ☐ Revise treatment program as indicated: \_\_\_\_\_
- ☐ Progress to a home exercise program.
- ☐ Be discharged.
- ☐ Other: \_\_\_\_\_

Electronically authenticated.

Please sign  
and return

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on May 20, 2014 11:40:30

Physician/NPP Signature

Date

Print Name and Credentials



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

**Patient:** Wanda Weaver  
**Acct #:** 1643  
**DOB:** Aug 13, 1955  
**Physician:** June Jones  
**Phys Fax:** (843) 777-5296  
**Physician:** Not Specified  
**Clinician:** Leah Hamoy  
**FSC:** Workers Compensation  
**Case Mgr:**  
**Payor:**  
**Pol/Claim#:**

**Visit Date:** Jun 04, 2014  
**Phys Phone:** (843) 777-5146  
**SSN:** XXX-XX-XXXX  
**Inj. Date:** Apr 11, 2014  
**Surg. Date:**  
**Visits:** 7  
**Cxl/Ns:** 0

**Employer:** Pee Dee Center  
**Insured:**

## Daily Note

**Diagnoses** Left Shoulder 72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## General Information

### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

## Subjective Examination

### ADL / Functional Status: Current Status:

- Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

### ADL / Functional Status: ADL's: Activities:

- Driving/Traveling: unable to strap belt w/ LUE
- Light Housework: unable to use LUE
- Reaching: below shoulder level
- Sleeping: sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping: R handed

### Chief Complaint:

- Pain: Severity at Worst: 8/10.

### Daily Comments:

- Pt states that her doctor ordered more therapy but still no x-rays or MRI

### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Test Name: QuickDASH
- Disability/Symptom Score: 72.50

## Objective Examination

### Functional Tests: ADL: Apley's Scratch Test:

- |                  | Left                | Right                       |
|------------------|---------------------|-----------------------------|
| Cross Body Reach | Unable to Perform   | Posterior Opposite Shoulder |
| ER - Combined    | To Ear              | To T3                       |
| IR - Combined    | To Lateral Buttocks | To T7                       |

### Muscle Testing: Upper Extremity MMT:

- |                            | Left | Right |
|----------------------------|------|-------|
| Gross Assessment           |      | WNL/5 |
| Shoulder Abduction         | +2/5 |       |
| Shoulder Flexion           | +2/5 |       |
| Shoulder External Rotation | +2/5 |       |
| Shoulder Internal Rotation | +2/5 |       |
| Elbow Flexion              | +2/5 |       |

### Palpation: Musculature: Tenderness:

- |                   | Left                    |
|-------------------|-------------------------|
| Biceps, Long head | 3=Wincing and withdrawl |
| Rotator Cuff      | 3=Wincing and withdrawl |
| Trapezius, Upper  | 3=Wincing and withdrawl |

### Posture:

- Forward Head/Rounded Shoulders: Slight.

**Range of Motion: Shoulder: Pre-Treatment:**

|                              | Left AROM | Right AROM |
|------------------------------|-----------|------------|
| • Gross Assessment           |           | WNL        |
| • Flexion                    | 60        |            |
| • Abduction                  | 60        |            |
| • External Rotation - 45 deg | 60        |            |
| • Internal Rotation - 45 deg | 60        |            |

## Treatments

**Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 3     | 34      |

**Exercise Activities: Isometrics:**

- Sh All Planes(Home Program Component) Did Not Perform: Home Program Component.

**Exercise Activities: Range of Motion:**

- Active Assistive Activities Time Elapsed: 6 Minutes, Technique: self assisted, Additional Detail: on table, Activity 1: Flex, Activity 2: Abduction, Activity 3: ER at 90, Charge As: Therapeutic Exercise, Billing Code: 97110.
- Pendulum(Home Program Component.) Did Not Perform: Home Program Component.

**Exercise Activities: Tubing/Bands:**

- ER 0 deg(increases pain) Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110.
- Extension, Shoulder Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Resistance: Concentric/Eccentric, Additional Detail: to neutral, Charge As: Therapeutic Exercise, Billing Code: 97110.
- IR 0 deg Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110.
- Rows Time Elapsed: 3 Minutes, Repetitions: 5, Sets: 3, Tubing/Band Color: Yellow, Hold.: 5 Seconds, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110.

**Exercise Activities: Isotonics:**

- Abduction Time Elapsed: 2 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110.
- Biceps Curls. Time Elapsed: 3 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 5, Sets: 3, Charge As: Therapeutic Exercise, Billing Code: 97110.
- External Rotation Sidelying Time Elapsed: 1 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Exercise, Billing Code: 97110.
- Flexion. Time Elapsed: 2 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110.
- Prone Extension Time Elapsed: 2 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Exercise, Billing Code: 97110.
- Prone Horizontal Abduction. Time Elapsed: 2 Minutes, Weight - Pounds: 0 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Exercise, Billing Code: 97110.
- Prone Row Time Elapsed: 2 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Exercise, Billing Code: 97110.

- Scaption/External Rotation.

Time Elapsed: 2 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110.

**Manual Interventions: Soft Tissue:**

- Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Myofascial Release/effluage, Additional Detail: biceps, deltoid, shoulder blade, Description: shoulder complex - STM, Charge As: Manual Therapy Techniques, Billing Code: 97140.

**Manual Interventions: Taping to Stabilize/Align:**

- Glenohumeral Joint Complex(This visit)

Did Not Perform: This visit

**Modalities:**

- Electric Stim, Unattended

Time Elapsed: 15 Minutes, Location: L shoulder complex, Performed With: Cryotherapy, Mode: Continuous, Type: Interferential, Clinical Use: Post Activity, Charge As: E-Stim, Unattended, Billing Code: 97014.

- Ultrasound(This visit)

Did Not Perform: This visit

**Timed Code Total Time:**

- 44 Minutes

## Assessment

**Signs/Symptoms: Pain:**

- Becomes less intense with: Treatment. Becomes more intense with: Exercise Activity.

**Tolerance: With Mild:**

- Soreness. Fatigue/Weakness. Pain.

## Plan

**Daily Plan:**

- Continue w/ Current Rehabilitation Program. Progression Under Current Plan. Advance as tolerated.

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on Jun 05, 2014 17:30:59



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

**Patient:** Wanda Weaver  
**Acct #:** 1643  
**DOB:** Aug 13, 1955  
**Physician:** June Jones  
**Phys Fax:** (843) 777-5296  
**Physician:** Not Specified  
**Clinician:** Cyreano Hamoy  
**FSC:** Workers Compensation  
**Case Mgr:**  
**Payor:**  
**Pol/Claim#:**

**Visit Date:** Jun 06, 2014  
**Phys Phone:** (843) 777-5146  
**SSN:** XXX-XX-XXXX  
**Inj. Date:** Apr 11, 2014  
**Surg. Date:**  
**Visits:** 7  
**Cxl/Ns:** 1  
**Employer:** Pee Dee Center  
**Insured:**

## Cancel/No Show *Patient cancelled appointment*

**Diagnoses** Left Shoulder  
72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

### General Information

**Cancel Reasoning:**

- out of town

Electronically authenticated.

Cyreano Hamoy, PTA(SC Lic: 2464)  
Signed on Jun 06, 2014 11:11:31



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

**Patient:** Wanda Weaver  
**Acct #:** 1643  
**DOB:** Aug 13, 1955  
**Physician:** June Jones  
**Phys Fax:** (843) 777-5296  
**Physician:** Not Specified  
**Clinician:** Leah Hamoy  
**FSC:** Workers Compensation  
**Case Mgr:**  
**Payor:**  
**Pol/Claim#:**

**Visit Date:** Jun 09, 2014  
**Phys Phone:** (843) 777-5146  
**SSN:** XXX-XX-XXXX  
**Inj. Date:** Apr 11, 2014  
**Surg. Date:**  
**Visits:** 8  
**Cxl/Ns:** 1  
**Employer:** Pee Dee Center  
**Insured:**

## Daily Note

**Diagnoses** Left Shoulder 72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## General Information

### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

## Subjective Examination

### ADL / Functional Status: Current Status:

- Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

### ADL / Functional Status: ADL's: Activities:

- Driving/Traveling: unable to strap belt w/ LUE
- Light Housework: unable to use LUE
- Reaching: below shoulder level
- Sleeping: sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping: R handed

### Chief Complaint:

- Pain: Severity at Worst: 8/10.

### Daily Comments:

- Pt reports that she's frustrated that the shoulder pain is still there and that she's already going to the doctor and she just started back on therapy because of delayed authorization.

### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Test Name: QuickDASH
- Disability/Symptom Score: 72.50

## Objective Examination

### Functional Tests: ADL: Apley's Scratch Test:

- |                  | Left                | Right                       |
|------------------|---------------------|-----------------------------|
| Cross Body Reach | Unable to Perform   | Posterior Opposite Shoulder |
| ER - Combined    | To Ear              | To T3                       |
| IR - Combined    | To Lateral Buttocks | To T7                       |

### Muscle Testing: Upper Extremity MMT:

- |                            | Left | Right |
|----------------------------|------|-------|
| Gross Assessment           |      | WNL/S |
| Shoulder Abduction         | +2/5 |       |
| Shoulder Flexion           | +2/5 |       |
| Shoulder External Rotation | +2/5 |       |
| Shoulder Internal Rotation | +2/5 |       |
| Elbow Flexion              | +2/5 |       |

### Palpation: Musculature: Tenderness:

- |                   | Left                     |
|-------------------|--------------------------|
| Biceps, Long head | 3=Wincing and withdrawal |
| Rotator Cuff      | 3=Wincing and withdrawal |
| Trapezius, Upper  | 3=Wincing and withdrawal |

**Posture:**

- Forward Head/Rounded Shoulders: Slight.

**Range of Motion: Shoulder: Pre-Treatment:**

|                              | Left AROM | Right AROM |
|------------------------------|-----------|------------|
| • Gross Assessment           |           | WNL        |
| • Flexion                    | 60        |            |
| • Abduction                  | 60        |            |
| • External Rotation - 45 deg | 60        |            |
| • Internal Rotation - 45 deg | 60        |            |

## Treatments

**Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 2     | 29      |
| • Ultrasound                          | 97035 | 1     | 10      |

**Exercise Activities: Isometrics:**

- Sh All Planes(Home Program Component) Did Not Perform: Home Program Component.

**Exercise Activities: Range of Motion:**

- Active Assistive Activities(This visit) Did Not Perform: This visit
- Pendulum(Home Program Component.) Did Not Perform: Home Program Component.

**Exercise Activities: Tubing/Bands:**

- ER 0 deg(This visit) Did Not Perform: This visit
- Extension, Shoulder(This visit) Did Not Perform: This visit
- IR 0 deg(This visit) Did Not Perform: This visit
- Rows(This visit) Did Not Perform: This visit

**Exercise Activities: Isotonics:**

- Abduction Time Elapsed: 2 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110
- Biceps Curls.(This visit) Did Not Perform: This visit
- External Rotation Sidelying.(This visit) Did Not Perform: This visit
- Flexion. Time Elapsed: 2 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 10, Sets: 1, Position: Standing, Charge As: Therapeutic Exercise, Billing Code: 97110.
- Prone Extension.(This visit) Did Not Perform: This visit
- Prone Horizontal Abduction.(This visit) Did Not Perform: This visit
- Prone Row.(This visit) Did Not Perform: This visit
- Scaption/External Rotation.(This visit) Did Not Perform: This visit
- Isotonic Activity 1(with detailed instructions) Time Elapsed: 25 Minutes, Weight - Pounds: 1 Pounds, Repetitions: 20, Description: FMR - shoulder flexion all planes, Charge As: Therapeutic Exercise, Billing Code: 97110.

**Manual Interventions: Soft Tissue:**

- Soft Tissue Mobilization 1 Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Myofascial Release/effluage, Additional Detail: biceps, deltoid, shoulder blade, Description: shoulder complex - STM, Charge As: Manual Therapy Techniques, Billing Code: 97140.

**Manual Interventions: Taping to Stabilize/Align:**

- Glenohumeral Joint Complex(This visit) Did Not Perform: This visit

**Modalities:**

• Electric Stim, Unattended

Time Elapsed: 10 Minutes, Location: L shoulder complex,  
Performed With: Cryotherapy, Mode: Continuous, Type:  
Interferential, Clinical Use: Post Activity, Charge As: E-Stim,  
Unattended, Billing Code: 97014

• Ultrasound

Time Elapsed: 10 Minutes, Location: L UTM, bicep long head,  
lateral border of L scapula, Watts/cm2: 1.30, MHz: 1, Charge As:  
Ultrasound, Billing Code: 97035.

**Timed Code Total Time:**

• 49 Minutes

## Assessment

**Signs/Symptoms:**

• Pt continue to have shoulder ROM restrictions secondary to pain and hypomobility.

## Plan

**Daily Plan:**

• Reassess objective measurements next visit.

Electronically authenticated.

Cyreano Hamoy, PTA(SC Lic: 2464)

Signed on Jun 11, 2014 15:42:40

Under the direct supervision of the primary therapist.

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)

Signed on Jun 11, 2014 16:51:48



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

**Patient:** Wanda Weaver  
**Acct #:** 1643  
**DOB:** Aug 13, 1955  
**Physician:** June Jones  
**Phys Fax:** (843) 777-5296  
**Physician:** Not Specified  
**Clinician:** Leah Hamoy  
**FSC:** Workers Compensation  
**Case Mgr:**  
**Payor:**  
**Pol/Claim#:**

**Visit Date:** Jun 11, 2014  
**Phys Phone:** (843) 777-5146  
**SSN:** XXX-XX-XXXX  
**Inj. Date:** Apr 11, 2014  
**Surg. Date:**  
**Visits:** 8  
**Cxl/Ns:** 2

**Employer:** Pee Dee Center  
**Insured:**

## Cancel/No Show *Patient cancelled appointment*

**Diagnoses** Left Shoulder  
72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

## General Information

### Cancel Reasoning:

- Dr. put her on hold until MRI

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on Jun 12, 2014 17:15:56



DYNAMIC PHYSICAL THERAPY  
OF FLORENCE

2724 W. Palmetto Street, Suite 2  
Florence, SC USA 29526  
Phone: (843) 292-1900 Fax: (843) 292-1902

Patient: Wanda Weaver  
Acct #: 1643  
DOB: Aug 13, 1955  
Physician: June Jones  
Phys Fax: (843) 777-5296  
Physician: Not Specified  
Clinician: Leah Hamoy  
FSC: Workers Compensation  
Case Mgr:  
Payor:  
Pol/Claim#:

Note Date: Jul 14, 2014  
Phys Phone: (843) 777-5146  
SSN: XXX-XX-XXXX  
Inj. Date: Apr 11, 2014  
Surg. Date:  
Visits: 8  
Cxl/Ns: 2

Employer: Pee Dee Center  
Insured:

## Discharge Summary

**Diagnoses** Left Shoulder 72610 ROTATOR CUFF SYND NOS  
71941 JOINT PAIN-SHLDER  
72887 MUSCLE WEAKNESS-GENERAL

### General Information

#### Reason for Referral:

- Pt reports L shoulder was injured on April 11, 2014 when a resident at Pee Dee Behavioral Center grabbed her L arm to get her attention in a non violent way. No diagnostic studies were done yet.

### Subjective Examination

#### ADL / Functional Status: Current Status:

- Work status: Unable to work secondary to dysfunction. Basic care: assistance with strapping brassiere

#### ADL / Functional Status: ADL's: Activities:

- Driving/Traveling unable to strap belt w/ LUE
- Light Housework unable to use LUE
- Reaching below shoulder level
- Sleeping sleep on recliner for about 5 hours
- Vacuum/Sweeping/Mopping R-handed

#### Chief Complaint:

- Pain: Severity at Worst: 8/10.

#### Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH):

- Test Name: QuickDASH
- Disability/Symptom Score 72.50

### Objective Examination

#### Functional Tests: ADL: Apley's Scratch Test:

- |                  | Left                | Right                       |
|------------------|---------------------|-----------------------------|
| Cross Body Reach | Unable to Perform   | Posterior Opposite Shoulder |
| ER - Combined    | To Ear              | To T3                       |
| IR - Combined    | To Lateral Buttocks | To T7                       |

#### Muscle Testing: Upper Extremity MMT:

- |                            | May 06, 2014 |       | Jun 09, 2014 |       |
|----------------------------|--------------|-------|--------------|-------|
|                            | Left         | Right | Left         | Right |
| Gross Assessment           |              | WNL/5 |              | WNL/5 |
| Shoulder Abduction         | +2/5         |       | +2/5         |       |
| Shoulder Flexion           | +2/5         |       | +2/5         |       |
| Shoulder External Rotation | +2/5         |       | +2/5         |       |
| Shoulder Internal Rotation | +2/5         |       | +2/5         |       |
| Elbow Flexion              | +2/5         |       | +2/5         |       |

#### Palpation: Musculature: Tenderness:

- |                  | Left                     |
|------------------|--------------------------|
| Biceps Long head | 3=Wincing and withdrawal |
| Rotator Cuff     | 3=Wincing and withdrawal |
| Trapezius Upper  | 3=Wincing and withdrawal |

#### Posture:

- Forward Head/Rounded Shoulders: Slight.

| Range of Motion: Shoulder: Pre-Treatment: | May 06, 2014 |         | Jun 09, 2014 |         |
|-------------------------------------------|--------------|---------|--------------|---------|
|                                           | L. Act.      | R. Act. | L. Act.      | R. Act. |
| • Gross Assessment                        |              | WNL     |              | WNL     |
| • Flexion                                 | 0            |         | 60           |         |
| • Abduction                               | 45           |         | 60           |         |
| • External Rotation - 45 deg              | 35           |         | 60           |         |
| • Internal Rotation - 45 deg              | 60           |         | 60           |         |

## Assessment

### Recommendations:

- Discharge, Secondary to: pt was undergoing further diagnostic testing

### Signs/Symptoms:

- Pt continue to have shoulder ROM restrictions secondary to pain and hypomobility.

## Problems & Goals

### Problem #1 ADL / Functional Status: ADL's: Activities.

Goal Abandoned Jul 14, 2014. due to increased pain

#### ADL Improvements In: Activities:

- Reaching Shoulder Level

#### ADL Improvements In: Activities:

- Reaching Above Head to wash/groom hair efficiently

### Problem #2 Muscle Testing: Upper Extremity MMT.

Goal Abandoned Jul 14, 2014. due to increased pain

#### Musculoskeletal Improvements In: Upper Left Extremity Strength to:

- Shoulder Abduction +3/5
- Shoulder Flexion +3/5
- Shoulder External Rotation +3/5
- Shoulder Internal Rotation +3/5
- Elbow Flexion +3/5

#### Musculoskeletal Improvements In:

- Increase gross L shoulder strength to 5-/5 to allow lifting at work

### Problem #3 Range of Motion: Shoulder: Pre-Treatment.

Goal Achieved May 19, 2014.

#### Range of Motion Improvements to: Shoulder: Left AROM

- Flexion 45
- Abduction 60
- External Rotation - 45 deg 60

Goal Abandoned Jul 14, 2014. due to increased pain

#### Range of Motion Improvements to: Shoulder: Left AROM

- Flexion 100
- Adduction 100
- External Rotation - 90 deg 60
- Internal Rotation - 90 deg 60

### Problem #4 Questionnaires: Disabilities of the Arm, Shoulder and Hand (DASH).

Goal Abandoned Jul 14, 2014. due to increased pain.

#### Questionnaire Improvements:

- Decrease ND1 to 20% to show improved functional use of LUE

## Plan

Discharge from Physical Therapy.

Patient: Wanda Weaver  
Acct #: 1643

Note Date: Jul 14, 2014

Electronically authenticated.

Leah Hamoy, DPT(SC Lic: 2655)  
Signed on Jul 14, 2014 18:02:21



SOUTH CAROLINA DIAGNOSTIC IMAGING

Florence MRI & Imaging  
805 South Irby St Florence, SC 29501  
p: (843) 292-0400 f: (843) 292-0470

PATIENT: WEAVER, WANDA  
DOB: 08/13/1955  
MRN: 995892  
PHONE: 843-326-1939 (Home)  
PHYSICIAN: JUNE B JONES, MD  
EXAM DATE: 06/20/2014

EXAM: MR Left Shoulder Without Contrast

REASON FOR EXAM: pain

ADDITIONAL HISTORY: Pain. Twisting injury.

TECHNIQUE: Multiplanar, multisequence images were performed through the left shoulder without contrast.

FINDINGS: The study demonstrates AC joint arthropathy which is mildly edematous with undersurface spurring producing mild to moderate medial arch stenosis and likely contributing to the patients pain syndrome given the edema.

The patient has a curved/type II acromion with mild outlet stenosis.

The supraspinatus is diffusely tendinopathic. There is intrasubstance linear tear noted of the distal insertion of the supraspinatus that is essentially an undersurface tear. As noted on sagittal image 7, there is an approximately 1.5 cm wide area of signal alteration of the undersurface of the distal anterior portion of the supraspinatus. Also, on coronal images 12 and 13, linear abnormal signal is present and also favors a tear here. The subscapularis also is moderately to markedly tendinopathic. There is a distal insertional tear of its superior margin of the high-grade partial-thickness tear.

The infraspinatus demonstrates a mild amount of undersurface fraying and intrasubstance tendinopathic signal but is otherwise intact. The teres minor is also intact.

There is abnormal signal noted about the bicipital labral anchor and proximal/horizontal biceps long head tendon, which is suggestive of synovitis-like signal. The biceps long head tendon is not only tendinopathic but its vertical segment also has vertical intrasubstance tear arising from its medial aspect. There are no findings of biceps instability at this point.

There is also synovitis-like signal present within the subcoracoid triangle. The axillary recess is overall relatively normal but these findings could be indicative of adhesive capsulitis. Abnormal signal and fraying is also noted within the bicipital labral anchor and superior/posterior superior labrum. The anterior labrum is overall intact. There is a mild amount of fraying in the posterior labrum.

IMPRESSION:

1. The supraspinatus is markedly tendinopathic with a complex and somewhat

PATIENT: WEAVER, WANDA  
DOB: 08/13/1955  
EXAM: MR Left Shoulder Without Contrast  
EXAM DATE: 06/20/2014

multidirectional high-grade partial-thickness tear noted through its distal anterior insertion measuring approximately 1.5 cm in AP dimension/width.

2. The subscapularis is also markedly tendinopathic with distal intrasubstance fraying and distal superior margin high-grade partial-thickness tear is also present.

3. The biceps long head tendon is diffusely tendinopathic with a split tear in its vertical segment.

4. There is also synovitis-like signal noted in the subcoracoid triangle and about the proximal/horizontal biceps tendon which can suggest adhesive capsulitis.

5. Superior and posterior labral fraying.

Zachary Kilpatrick, MD

ZK/rw

DD: 06/21/2014 09:40 A

DT: 06/21/2014 10:29 A

Accession#: 08-1865022 VS#: 11939542 CS#: 866498

CC:

Electronically Signed and Reviewed by Zachary Kilpatrick, MD 06/21/2014 01:27 P



**Pee Dee  
Orthopaedic  
Associates, PA**

Date of Service: August 12, 2014 Patient: Wanda Weaver Page: 1  
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,  
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,  
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,  
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769

(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Patient Name: Wanda Weaver

DATE: 8/12/2014

( ) UNABLE TO RETURN TO WORK

(X) RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 8/13/14

- |                                      |                                                      |
|--------------------------------------|------------------------------------------------------|
| (X) No Lifting/Carrying over 10 lbs. | ( ) No repetitive bending                            |
| ( ) No sitting over hrs./day         | ( ) No repetitive stooping                           |
| ( ) No standing over                 | ( ) Cannot reach above shoulder                      |
| ( ) No prolonged walking             | (X) No work involving overhead use of left extremity |
| ( ) No Climbing                      | ( ) No repetitive squatting                          |
| ( ) No Kneeling                      | ( ) No repetitive crawling                           |
| ( ) No repetitive twisting           | (X) No pushing or pulling                            |

Other:

Return Appointment:

May return to work with no restrictions on

*Robert E. Elvington, Jr., M.D.*

Robert E. Elvington, Jr., M.D.

This document was electronically signed on 8/12/2014 12:43:09 PM

*has an appointment with*

|                                |                            |
|--------------------------------|----------------------------|
| Anthony W. Alexander, M.D.     | Jason B. O'Dell, M.D.      |
| Rakesh P. Chokshi, M.D.        | Chadley M. Runyan, M.D.    |
| Barry L. Clark, D.O.           | Nigel A.R. Watt, M.D.      |
| Patrick K. Denton, M.D.        | Matthew D. Welsch, M.D.    |
| W.S. (Bill) Edwards, Jr., M.D. | Dean Huiet, PA-C           |
| Robert E. Elvington, Jr., M.D. | Brian Feagin, OTR/I, CHT   |
| Dewey N. Ervin, M.D.           | Cathy Edwards, MHSA, OTR/L |

**PEE DEE ORTHOPAEDIC ASSOCIATES, P.A.**

901 E. Cheves St. - Suite 100 - Phone: (843) 662-5233  
Florence, South Carolina 29506-2769

☐ MON. ☐ TUES. ☐ WED. ☐ THURS. ☐ FRI. ☐ SAT.

*Sept 23, 2014 8:45 A.M.*

P.M. 1-57

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

---

APPEAL FROM SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION  
ORDER OF THE APPELLATE PANEL

---

WCC FILE NO.: 1404431

APPELLATE CASE NO.: 2015-001169

---

Wanda Weaver,.....Appellant,

v.

South Carolina Department of.....Defendants.  
Disabilities and Special Needs, and  
Employer, State Accident Fund, Carrier

Of whom South Carolina Department of  
Disabilities and Special Needs is the.....Respondent.

---

**CERTIFICATE OF COUNSEL**

---

The undersigned hereby certifies that this Record on Appeal contains all materials proposed to be included by any of the parties and not any other material.



---

H. Thad White, Jr.  
LUCAS, WARR AND WHITE  
2917 West Palmetto Street  
Florence, South Carolina 29501  
(843) 665-8187  
Attorney for Appellant

October 28, 2015

**RECEIVED**

NOV 25 2015

SC Court of Appeals