

9

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas

Hon. Alison R. Lee, Circuit Court Judge

Case No. 2011-CP-40-03561

RECEIVED

AUG 09 2016

SC Court of Appeals

Gertrude Shiver,.....Claimant, Appellant,

v.

Palmetto Health Richland, Employer,
Key Risk Management Services, Inc., TPA
Palmetto Hospital Trust Services, Carrier,
Trident Regional Medical Center, Employer,
Zurich American Insurance Company, Carrier,.....Respondents,

RECORD ON APPEAL
VOLUME II

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68196

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
Circuit Court

Alison Renee Lee, Circuit Court Judge

Case No. 2011CP4003561

Gertrude Shiver

Appellant,

v.

Palmetto Health Richland, et.al

Respondent,

NOTICE OF APPEAL

Gertrude Shiver appeals the order of the Honorable Alison R. Lee dated March 26, 2013. Appellant received written notice of entry of this order on March 29, 2013.

April 19, 2013

Gertrude Shiver, Pro se
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

RECEIVED
APR 26 2013
SC Court of Appeals

(215)

April 22, 2013

Ms. Jenny Abbott Kitchings
Clerk, South Carolina Court Of Appeals
P.O. Box 11629
1015 Sumter Street
Columbia, South Carolina 29201

RE: Shiver v. Palmetto Health et.al,

Case No. 2011CP4003561

Dear Ms. Kitchings:

Enclosed for filing is a notice of appeal in the above case. Also enclosed are the following:

1. Proof of service of the notice of appeal on the respondents.
2. A copy of the order which is to be challenged on appeal.
3. A filing fee of \$100.
4. A copy of my book, "The Fall of a Nurse," which caused Commissioner Huffstetler to be very angry with me and the case that I requested wasn't heard. The Worker's Compensation Commissioner, The Circuit Court, and Attorney Michael E. Chase all have copies of the book. The other attorneys and the insurance adjusters are aware of what is contained in the book because they have read portions of it, if not all. (I hope this is appropriate.)

RECEIVED
APR 26 2013
SC Court of Appeals

(216)

Sincerely,

Gertrude Shiver

Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

cc: Attorneys A. Carter, L. Sims, M. Chase.

(217)

NOTICE OF HEARING

S. C. Workers' Compensation Commission
1612 Marion Street
P. O. Box 1715
Columbia, S. C. 29202-1715

WCC File No.: 0217755
Emp. Code No.: 576000276
Carrier Code No.: 00867
Carrier File No.: NRCF20070509

July 19, 2007

GERTRUDE SHIVER
1026 CONGAREE RD
GADSDEN, SC 29052

GERTRUDE SHIVER v PALMETTO RICHLAND MEMORIAL HOSP

A hearing for the above case is set for:

Date: 09/04/07
Time: 09:00 AM
Before: David W. Huffstetler, Commissioner
Place: SC Workers' Compensation Commission, 1612 Marion St.
Law Library
Location: Columbia, SC 29202

Subject of hearing: To determine all issues pursuant to R.67-601.

S. C. Code R. 67-601 – R. 67-615 governs the conduct of hearings. The employee must attend when not represented by an attorney or when disfigurement is involved. An uninsured employer must attend. A Corporation must be represented by an attorney. All witnesses must be present and available to testify. Attorneys must file Form 58 (Prehearing Brief) with proof of service pursuant to R. 67-611. Contact the commissioner's office listed above to notify that the case has been settled or to request a postponement. Postponements are granted only for grounds stated in R.67-613. The transcript of a hearing is prepared only when requested by a party. Please request a transcript when filing an appeal. An appeal hearing may not be postponed due to failure to timely request the transcript.

If you have questions pertaining to this hearing, please contact the above commissioner's office at 803-737-5663.

"I certify all listed parties, or their counsel, were mailed a copy of this notice on July 19, 2007 at the address listed."

By: Robin R Strama, SC Workers' Compensation Commission

(218)

Notice of Scheduled Hearing

GERTRUDE SHIVER VS PALMETTO RICHLAND MEMORIAL HOSP

Party

Employee: GERTRUDE SHIVER
1026 CONGAREE RD
GADSDEN, SC 29052

Employer: PALMETTO RICHLAND
MEMORIAL HOSP

Carrier: Palmetto Hospital Trust
P.O. Box 21099
Columbia, SC 29221-1099

Attorney

Lana H. Sims, Jr, JR
Ellis, Lawhorne & Sims, PA
P O Box 2285
Columbia, SC 29202

MISSING DOCUMENT

**July 23, 2007 Form 50, Claimant Request for Hearing (WCC Claim No. 9503744).
Missing Four (4) Pages, Pages 220-223.**

(220)

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0217755
Carrier File # _____
Carrier Code # _____
Employer FEIN _____

Gertrude Shiver 249-98-2546
Claimant's Name SSN
026 Congaree Church Rd.
Address City State Zip
addden, S. C. S C 29052
803) 353-3892
Home Phone # Work Phone #

Palmetto Health Richland
Employer's Name
5 Medical Park Drive
Address City State Zip
Columbia, S.C. 29202
PHTS
Insurance Carrier

Gertrude Shiver (803) 353-3892
Preparer's Name Phone #

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

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

1a. The claimant sustained an accidental injury to Lower back side on 3-23-2002 in
part of body hurt month day year

Richland County, State of South Carolina

1b. Describe briefly how the accident occurred missed and dropped my marker. As I reached down to pick up the marker, the chair rolled out from under me and toppled over on my lower back.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

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

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

5. Notice of the accidental injury was given to the employer on 3-25-2002 in the following manner:
month day year

I told Alice Ammons. I believe an incident report was filled out.

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

☐ (a) medical examination and treatment for _____

☐ (b) additional medical examination and treatment for _____

☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 3-23-02 through 4-8-2002.

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

☐ (1) General Disability:

☐ Total

☐ (2) Specific Disability:

☐ Total

☐ Partial

☐ Partial

Body part(s) affected are: Lower back and side

☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of N/A

10 a. At the time of injury, the claimant was paid weekly wages of \$ Unknown, and demands accounting of days worked and wages earned as provided by law: See attached sheet.

10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
Only Richland

11 a. Further grounds of claim: PHTS has not paid my doctors bills which they said that they would. See attached sheet.

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

11 c. To the best of your knowledge, did you have any prior permanent disability? yes

If yes, describe: Herniated disc in lower back.

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

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

☒ 13 b. I am requesting a hearing.

Gertrude Shiver
Signature of Claimant/Representative

SCWCC

OCT 20 2006

JUDICIAL

10-19-06
Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

WCC Form # 50.

Rev. Date 9/90

(224) 50

Employee's Notice of Claim and/or Request for Hearing.

ATTACHED SHEET TO WCC FILE# 0217755

7. I wasn't paid for the days that I was out because I didn't go over to HealthWorks to the nurse practitioners. The ER physician at Palmetto Baptist Hospital ER had told me not to go to HealthWorks but to follow up with my private physician which was Dr. Jeffrey Hook. He gave me an excuse to be out for the injury. They would not pay for the days that I was out because Dr. Hook had given me an excuse.
- 10 a. At the time of the accident, I was working some part time hours in the Trauma Office and I lost my check stub and I cannot remember my hourly wages. I was making approximately \$8.840 base pay in the Medical Records Department.
- 11 a. PHTS had promised to pay Dr. Gregory Jones for treatment to my back if I would relinquish my rights to mileage. I had signed an agreement with Attorney Paula Stewart that I would relinquish my rights to mileage only if PHTS would pay for my treatment. They never paid for my treatment, so I want my rights to mileage reinstated. I want them to pay my doctors for taking care of me. I also had an MRI of my back done. Blue Cross and Blue Shield need to be reimbursed. I have another herniated disc from this fall that was found on the MRI of the sacral area at L5-S1 and possibly new-onset symptomatic disc bulge L3-4. Also, I developed some sacroiliitis and some sciatica complaints from this fall. I need to be compensated for this disc and the sciatica.
- 11 b.
1. Palmetto Health Baptist ER Physician
Taylor at Marion St.
Columbia, S. C.
(803) 296-5010
 2. Jeffrey Hook, MD
Midlands Internal Medicine Associates
3000 Northeast Medical Park
Suite 108
Columbia, S. C. 29223
(803) 462-9200
 3. Gregory Jones, MD
Charleston Spine and Physical Medicine

(225)

2093 Henry Tecklenburg Drive
Suite 310 East
Charleston, S. C. 29414
(843) 402-0111

4. Disc Imaging
1136 Bowman Road
Mount Pleasant, SC 29464
(800) 933-3472

11c. I have a herniated disc at the L4-5 level that came from a previous worker's compensation injury.

Debra Shum
10-19-06

(226)

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

C File # 0126962

Carrier File #

Carrier Code #

Employer FEIN

Gertrude Shiver 249-98-2546
Claimant's Name SSN
1026 Congaree Church Rd.
Gadsden, S.C. 29052
Address City State Zip
(803) 353-3892
Home Phone # Work Phone #

Palmetto Health Richland
Employer's Name
5 Medical Park Drive
Columbia, S.C. 29202
Address City State Zip
PHTS
Insurance Carrier

Gertrude Shiver
Preparer's Name

(803) 353-3892
Phone #

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

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

1a. The claimant sustained an accidental injury to See sheet on 11-15-2001 in
part of body hurt month day year
Richland County, State of South Carolina

1b. Describe briefly how the accident occurred See attached Sheet

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

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

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

5. Notice of the accidental injury was given to the employer on 11-15-2001 in the following manner:
month day year
Employer told verbally. Incident report filled out

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

☐ (a) medical examination and treatment for

☐ (b) additional medical examination and treatment for

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

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

☐ (1) General Disability:

☐ Total

☐ Partial

☒ (2) Specific Disability:

☐ Total

☒ Partial

Body part(s) affected are: left Achilles tendon, foot, heel, and ankle

☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of N/A

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

10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
None except Richland

11 a. Further grounds of claim: PHTS did not pay for physical therapy nor my doctor bills
Blue Cross and Blue Shield and Companion Insurance company have to be

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

11 c. To the best of your knowledge, did you have any prior permanent disability? yes

If yes, describe: Both feet became flat after a fall on 1-23-95. See sheet.

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

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

☒ 13 b. I am requesting a hearing.

Gertrude Shiver
Signature of Claimant/Representative

SCWCC

OCT 23 2006

JUDICIAL 10-18-06
Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

WCC Form # 50.

Rev. Date 9/90

50

Employee's Notice of Claim and/or Request for Hearing.

(227)

ATTACHED SHEET FOR WWW FILE # 0126962

- 1a. Left Achilles Tendon, heel, ankle, foot.
- 1b. As I was getting off of the elevator to go to my job in the Medical Records Department, one of the male white employees, James McDonald, pushed a metal supply cart into the bottom part of my lower leg area in the area of my Achilles tendon and the top part of the heel of my left foot. He almost knocked me down with the force of the cart, and he didn't say excuse me until I started fussing at him in the hallway because I was angry.
5. I was sent over the HealthWorks to the occupational health nurse by the morning supervisor, Barrington Wint. There I had to fill out several papers.
8. I didn't know what to mark on this question, but I had to have some specially made insteps for my feet and I have to wear orthopedic shoes. I have to wear an ankle brace on my left ankle.
- 10 a. At the time of the accident, I was working a second job in addition to my main job in the Medical Records Department. I was doing various part-time hours in the Trauma Office and I lost my check stub. I don't know how much I was making an hour in the Trauma Office. I was making approximately \$8.84/hour base rate in the Medical Records Department.
- 11a. The last thing that I know, PHTS had never paid for my physical therapy for my left foot that I received at Palmetto Health Richland Rehab Center. It has not paid my doctor bills. Blue Cross and Blue Shield and Companion Health Care need to be reimbursed for paying for my medical care. I had to make an emergency room visit to Palmetto Baptist because I developed some swelling in the legs including my left leg concerning this accident. I had to have a test done to my legs. Blue Cross and Blue Shield have to be reimbursed.
- 11b. First, I was sent to HealthWorks by Barrington Wint where I saw Barbara Griffin, occupational health nurse. Then I saw Coleen Collins, the NP. Then I saw Dr. Martin Durkin, the neurologist and the Medical Director of Health Works.
1. Robert Belding, MD
Midlands Orthopedic

(228)

1910 Blanding Street
Columbia, S. C. 29201
(803) 256-4107

2. Palmetto Health Richland Rehab Center
14 Richland Medical Park
Columbia, S. C.
(803) 434-2500
3. Angus McBryde, MD
Two Richland Medical Park
Columbia, S. C.
(803) 434-6812)
4. David B. Minter, MD
3624 Dewey Gray Circle South
Suite 308
Augusta, Georgia 30909
(706) 210-7529
5. Bruce Cohen, MD
Miller Orthopaedic Clinic
1001 Blythe Boulevard
Charlotte, NC 28203
(704) 373-0544
6. Thomas E. Brandt DO
The Center For Pain Control
1165 Hwy 1
South Suite 300
Lugoff, S.C. 29078
(803)408-3033
7. Devin J. Troyer, MD
Rehabilitation and Geriatric Specialist
2935 Colonial Dr.
Columbia, S. C.
(803) 401-1369
8. Columbia Rehabilitation Clinic, INC.
4350 St. Andrews Rd. /3000 Northeast Medical Park
Columbia, S. C. 29210/29223
(803) 772-2735/736-4845

(229)

Page 3

- 11 c. Both of my feet became flat as a result of a fall on 1-23-95. I had prior problems with my ankle as a result of some falls in 1994 and 1995.

Pertinle Shivers
10-19-06

(230)

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715

File # 0007012
Prior File #
Carrier Code #
Employer FEIN

Gertrude Shiver 249-98-2546
Employee's Name SSN
1026 Congaree
Church Rd. Gadsden, S. C. 29052
Address City State Zip
803 353-3892
Home Phone # Work Phone #

Palmetto Health Richland
Employer's Name
5 Richland Medical Park Drive
Address City State Zip
PHTS Columbia, S.C.
Insurance Carrier Palmetto Health Trust
(803) 353-3892
Phone #

Gertrude Shiver
Preparer's Name

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

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

- 1 a. The claimant sustained an accidental injury to left neck, shoulder on 10/24/2002 in Richland County, State of South Carolina.
part of body hurt month day year
- 1 b. Describe briefly how the accident occurred See attached sheet
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 10/24/2002 in the following manner:
month day year
Immediate supervisor notified, Beverly Fulton. Occurance Rpt. done
6. Due to injury, the claimant is in need of (check one): N/A
☐ (a) medical examination and treatment for
☐ (b) additional medical examination and treatment for
7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: None
8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total ☒ Partial
☐ Partial
- Body part(s) affected are: Left neck, shoulder See Sheet
9. Due to the injury, the claimant has a serious bodily disfigurement consisting of N/A
- 10 a. At the time of injury, the claimant was paid weekly wages of \$404.005; and demands accounting of days worked and wages earned as provided by law.
- 10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
N/A
- 11 a. Further grounds of claim: Payment to physicians and providers for care
- 11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: See attached sheet
- 11 c. To the best of your knowledge, did you have any prior permanent disability? yes
If yes, describe: See attached sheet
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the South Carolina Workers' Compensation Commission may direct as just and proper.
- 13 a. I am filing a claim. I am not requesting a hearing at this time.
- 13 b. I am requesting a hearing.

Gertrude Shiver
Signature of Claimant/Representative

Richland

OCT 10 2006
JUDICIAL

10-07-06
Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

Form 32
SCC Form # 50 Rev. Date 3-00

50 Employee's Notice of Claim and/or Request for Hearing.

(231)

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street

Columbia, South Carolina 29202-1715

WCC File # 0322274
 Carrier File # _____
 Carrier Code # _____
 Employer FEIN # _____

Gertrude Shiver 249-98-2546
 Claimant's Name SSN
 1026 Congaree Gadsden, S.C. 29052
 Address City State Zip
 (803) 353-3892 (803) 434-2045
 Home Phone # Work Phone #

Palmetto Health Richland
 Employer's Name
 5 Medical Park Drive Columbia, S.C.
 Address City State Zip 29203
 Palmetto Health Trust
 Insurance Carrier
 (803) 353-3892
 Preparer's Name Phone #

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

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

- 1 a. The claimant sustained an accidental injury to see attached sheet on 1/21/03 in Richland County, State of South Carolina month day year
- 1 b. Describe briefly how the accident occurred Fell on a waxed floor when my left foot went out from under me as I was trying to go to the time clock.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 1/21/03 in the following manner: Nsg Supervisor Mary Sas notified Occurrence report filled out on 1/22/03. month day year
- ☐ 6. Due to injury, the claimant is in need of (check one): Unknown at present
☐ (a) medical examination and treatment for _____
☐ (b) additional medical examination and treatment for _____
- ☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: none.
- ☐ 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one) Unknown.
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ Partial ☐ Partial
 Body part(s) affected are: neck, back, side, and all body, lt. leg, wrists, feet.
- ☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of NA
- 10 a. At the time of injury, the claimant was paid weekly wages of \$412.40; and demands accounting for days worked and wages earned as provided by law.
- 10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. None others except Palmetto Health Richland.
- 11 a. Further grounds of claim: Payment to physicians and providers for care.
Compensation for humiliation.
- 11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident See attached sheet
- 11 c. To the best of your knowledge, did you have any prior permanent disability? To my neck, back, and
 If yes, describe: Cervico-thoracic area.
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13 a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13 b. I am requesting a hearing.

Gertrude Shiver
 Signature of Claimant/Representative

SCWCC

OCT 10 2006

JUDICIAL

10-7-06
 Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

WCC Form # 50 Rev. Date 9/90

50

Employee's Notice of Claim and/or Request for Hearing

(232)

October 9, 2006

RE: WWW#0322274

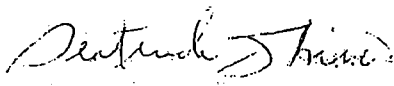
Dear Sir:

This is a refiling of my original claim dated 12/26/03 where I am now asking for a hearing. PHTS has not paid any of my doctor bills. I have no legal representation.

On October 6, 2006, I was fired from my job at Palmetto Health Richland because of my book entitled, "The Fall of a Nurse: What is wrong with Gerly." I was accused of derogatory and slanderous references to Palmetto Richland, employees, and physicians. Therefore, I was terminated from employment which left me without any medical insurance and no way to pay on my medical bills.

I am now requesting a hearing without an attorney because the attorneys will not help me. I am trying to avoid filing for bankruptcy. I am enclosing the original correspondence that was filed with my first claims of 12/26/03. Thank you.

Sincerely,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

(233)

December 26, 2003

Worker's Compensation Injury of January 21, 2003. No WCC File Number given by Palmetto Health Trust Services, the worker's compensation carrier for Palmetto Health Richland.

Dear Sir:

On January 21, 2003, around 12:30 a.m., I fell at Palmetto Health Richland on a hard waxy floor when my left foot went out from under me. Since management at my place of employment was already angry with me because they said that I was not following their worker's compensation policy and procedure with the accident of October 24, 2002, when I went to the emergency room at Palmetto Health Richland, I followed the policy and call the night Nursing Supervisor Mary Sas around 12:45 a. m., and notified her of the fall and the circumstances behind the fall. She stated that she was very busy with a situation upstairs and she could not come. She asked me was I hurt. I told her that I didn't know, but that I had fallen and the whole floor was wet. She did not follow their policy and procedure and told me to go to the emergency room that night to get seen. Instead, she told me when I came back to work the next day that she would leave the accident report and a note with the evening supervisor and that I must go by the office and fill out the form.

I went to work the next day in the Medical Record Department until the nursing supervisor, Pam Schglione called and told me to come to the office and fill out the form. She instructed me to let her know if during the night if I had anymore problems because my whole body was hurting. Around 11:10 p. m. that night, I went back to the nursing supervisor's office where I spoke with Ms. Schglione and Mrs. Lenora Bell because my body still hurt all over and the pain in my perineum area was getting worst. I was instructed to call Ms. Mary Kay Parham that Wednesday morning and talk with her because I had already had a bad experience with Dr. Durkin, Coleen Collins, the nurse practitioner, and Barbara Griffin, the occupational health nurse over at HealthWorks. Also, I had had a bad experience with Dr. Beldin, the orthopedist whom they sent me to.

(234)

When I called HealthWorks on Wednesday morning, January 22, 2003, Ms. Parham wasn't there and I was told by one of the employees that she would not be in the office until Friday, January 24, 2003.

Around 11 a. m., on January 24, 2003, I got up and called Ms. Parham. Someone else in the office who said she was the coordinator of worker's compensation spoke to me. She said, "You didn't go to the ER." I replied, "The nursing supervisor didn't tell me to go to the ER. I want to speak to Ms. Parham because the nursing supervisors told me to speak specifically to her. She replied, "I'll go and get her." Ms. Parham said to me over the telephone, "What do you want Ms. Shiver." I replied, "Are you all still working under Dr. Durkin or is there another doctor working over there?" Ms. Parham stated, "I am an independent practitioner. If I have a question, I will ask another nurse practitioner or call a physician. Dr. Durkin is only the medical director and I will tell Jim Lathern that." Then I asked, "What kind of medication can you order?" Ms. Parham replied, "I can order Motrin, Naprosyn, and other medications like that." "Can you order any narcotics?" Ms. Parham said in an angry voice, "No, we are not allowed to order narcotics." I said, "I can buy motrin over the counter and I am not supposed to take Naprosyn because I have had two esophageal dilatations in the past. Naprosyn doesn't work for me." Ms. Parham said, "Gertrude, I don't have time to talk to you about narcotics over the phone and I haven't seen you yet. What problems are you having that is worker's comp. related." I replied, "My whole body is hurting, I have left sided pain, I am nauseated and having dry heaves, and my perineum hurts. The doctor in the ER ordered some narcotics and flexeril when I was last injured." Ms. Parham replied, "Ms. Shiver, if you are having other problems, you need to see your own physician." "Okay, I will tell him about the other problems that I am having, too." After this, Ms. Parham hung up the phone.

Around 1:15 p.m., on January 24, 2003, I received a telephone call from Ms. Annette Sullivan, the manager from the Medical Record Department. She sounded angry over the phone. "I need you to come in here around 2 O'clock, can you come." I replied, "I will try. I'm still in bed and I have to wash up and get dressed. Is this about the fall?" Ms. Sullivan said, "Yes, and I need to talk to you about it that's all." Around 1:30 p.m., I called Ms. Sullivan back and told her that I couldn't come that I had to go to Palmetto Baptist and have some X-rays done. She still insisted that I come to the office. It was after 3 p. m., when I arrived to the office and she handed me a disciplinary action report. She told me that I had to sign it or that I couldn't work. Then she told me that she didn't want to hear anything from me. In the meantime, she had gone outside and gotten Jason Morgan, the white supervisor who had dropped the heavy chart on the left side of my neck and shoulder. I told her that I wasn't going to sign the disciplinary action report so I had to make a statement on the back. The staff at HealthWorks had made up some accusations on me, and they along with the management in the Medical Record Department had accused me of seeking narcotics and using alcohol. I don't drink alcohol

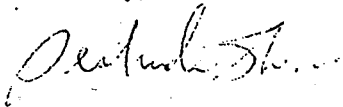
(235)

or beer, and neither do I do drugs. I had needed something for pain with a previous injury, and I didn't received anything.

Afterward, Ms. Sullivan and Mr. Morgan marched me over to HealthWorks where I had to submit to a urine drug screen test after trying to do the breath analysis test for alcohol. Even though I tried many times, I was unable to do blow enough air to do the breath analysis test. I was still sick with the hoarseness and throat pain that I had gotten on December 25, 2002, and my voice had not returned yet. Even though I told the occupational health nurse, Ms. Elizabeth Holland, and Ms. Sullivan that I had to go to Palmetto Baptist and get some X-rays done, I was told that I couldn't leave until I had performed the breath analysis test. I never was able to blow enough air to perform the test, though. Since I couldn't do the breath analysis test, they humiliated me by telling me that I had to catch a taxi home or have someone pick me up since I was under suspicion for narcotics and alcohol. I had to sign a statement that I release Palmetto Health Richland from all liabilities before they would let me go so that I could get my X-Rays done at Palmetto Health Baptist. After this, Ms. Sullivan told me that I couldn't come back to work until she told me to.

On Friday, January 31, 2003, around 4:30 p. m., Ms. Sullivan called and stated that my urine test was negative. I could return to work Saturday or Monday and that she would pay me for the days that I was off and that none of my paid time off days would be used. Since I was on probation and for fear of some other repercussion, I went back to work on Saturday, February 1, 2003, even though my body wasn't really up to it. Although I was paid for the days that I was barred from returning to work, this still has not taken away the continued humiliation and suffering that I am still enduring. In addition, I never did hear anything or received a letter from their worker's compensation carrier PHTS notifying me of my worker's compensation number although it has been nearly a year. Thank you.

Sincerely,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

(236)

South Carolina Workers Compensation Commission

P.O. Box 1715 • 1612 Marion Street

Columbia, South Carolina 29202-1715

WCC File #

0616756

Carrier File #

Carrier Code #

Employer FEIN

Gertrude Shiver 249-98-2546
Claimant's Name SSN
1026 Congaree Church Rd Gadsden, S.C.
Address City State Zip 29052
(803) 353-3892
Home Phone # Work Phone #

Palmetto Health Richland
Employer's Name
5 Medical Park Columbia, S.C.
Address City State Zip

Key Risk
Insurance Carrier
(803) 853-3892

Gertrude Shiver
Preparer's Name

Phone #

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

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

- 1 a. The claimant sustained an accidental injury to rt. wrist on 7-16-06 in Columbia County, State of South Carolina.
part of body hurt month day year
- 1 b. Describe briefly how the accident occurred I developed some moderate pain in right wrist while using the hole puncher. I started to drop things.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 7-17-06 in the following manner:
month day year
I sent an E-mail to Toni Pait, supervisor.

- ☐ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for _____
☒ (b) additional medical examination and treatment for pain and weakness.
- ☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: none

- ☐ 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
☐ (1) General Disability: ☐ Total ☐ Unknown ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial
Body part(s) affected are: right wrist
- ☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of none

10 a. At the time of injury, the claimant was paid weekly wages of \$ app. \$500.00; and demands accounting of days worked and wages earned as provided by law.

10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.

11 a. Only Palmetto Health.
Further grounds of claim: See separate sheet

11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: Frank Noojin, Md. Columbia Rehab Clinic.

11 c. To the best of your knowledge, did you have any prior permanent disability? I don't think so.
If yes, describe: I have hurt my wrists in past accidents.

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

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

☒ 13 b. I am requesting a hearing.

Detra Shiver
Signature of Claimant/Representative

OCT 11 '06

(23)

SCWCC

OCT 10 2006

OCT 11 2006

JUDICIAL

10-7-06

Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

WCC Form # 50

Rev. Date 5/90

Form 32

50

Employee's Notice of Claim and/or Request for Hearing

attached

3302
0610756

ATTACHED SHEET TO ACCIDENT OF 7-16-06

6. Pain, weakness, and numbness and tingling in fingers.
- 11a. I was terminated from employment while still under worker's compensation and no way to finish paying for my medical treatments.
- Blue Choice Health Care and I believe Health Care Options have to be reimbursed.
- 11b. Frank K. Noojin, III, MD
The Moore Orthopaedic Clinic, P.A.
Suite 200
14 Medical Park
Columbia, S. C. 29203
(803) 227-8000
- Columbia Rehabilitation Clinic, Inc.
3000 Northeast Medical Pk.
Columbia, S.C. 29223
(803) 736-4845

Pentruke Shiner
10-19-2006

(238)

Attachment ltr off previous 50

~~G. Shiver~~

G. Shiver

249-98-2526

SCWCC

OCT 20 2006

JUDICIAL

October 7, 2006

Re: Injury to right wrist on July 16, 2006

Dear Sir:

On July 16, 2006, around 11:15 p. m., I developed some moderate pain in my right wrist while I was using the hole puncher. Also, I started to drop things and I had difficult removing staples.

On Monday morning, July 17, 2006, I sent Toni Pait, my supervisor an e-mail about the pain in my right wrist. I communicated with her via e-mail and verbally from then on. Also, Barrington Wint, manager of the medical records department was aware of the problems with my right wrist. Around June 21, 2006, I had visited Dr. Jeffrey Hook's office where I had seen Jean Massey, Adult Nurse Practitioner about some continued pain in both knees and left wrist where I had fallen on May 20, 2006, on the steps of Red Hill Baptist Church Fellowship hall.

During the time that the pain started in my right wrist, Mrs. Massey was in the process of referring me to an orthopedic for the pain in my left wrist and knees. I was waiting on the girls from the office to call me and tell me when the appointment was.

I had notified Mrs. Pait that I was going to ask the orthopedic doctor to check my right wrist also when I went to visit him. I didn't see any sense in going to the Nurse Practitioner at Health Work for pain in the right wrist when the Nurse Practitioner in Dr. Hook's office was already sending me to an orthopedic for the pain in my left wrist and knees.

I am still under the care of Dr. Frank Noojin and I am still taking some physical therapy. My medical care has been being paid for by my private insurance. The Worker's compensation carrier has not paid any thing.

On October 5, 2006, I was terminated from my employment at Palmetto Health Richland by Barrington Wint and Annette Sullivan. They had found out about my book, "The Fall

SCWCC

(239)

OCT 11 '06

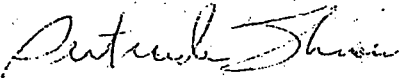
INSURANCE

Page 2

of a Nurse" and that it was posted on Amazon.com. They were very angry with me because I had written a book. They accused me of having written a book with very derogatory, slanderous references to Palmetto Health, several employees and physicians. They had only picked out the part where I told about how Palmetto Health was treating me while I was under The Worker's Compensation Laws of South Carolina. He used the book as an excuse to fire me with this worker's compensation injury. This book mainly was a testimony to my faith in God and the trials and tribulations that I have gone through for about 12 years in the State of South Carolina.

Since they have fired me with a worker's compensation injury, I have no insurance to pay for my treatments. Annette Sullivan, Barrington Wint, and another employee from personnel had ganged up on me in her office. Annette Sullivan had tried to fire me before with a worker's compensation injury. I am filing this claim because I need some help with my medical bills. Thank you.

Sincerely,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

SCWCC

OCT 11 '06

INSURANCE &
MEDICAL SERVICES

(240)

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street

Columbia, South Carolina 29202-1715

VFC File # 0321756

Carrier File # 02041416

Carrier Code #

Employer FEIN

Gertrude Shiver : 249-98-2546
 Claimant's Name SSN
 1026 Congaree
 Church Rd. Gadsden S.C. 29052
 Address City State Zip
 (803) 353-3892 (803) 434-2045
 Home Phone # Work Phone #

Palmetto Health Richland
 Employer's Name
 5 Medical Park Drive Columbia, S.C.
 Address City State Zip
 Key Risk Management Ser. Inc.
 Insurance Carrier
 (803) 353-3892
 Phone #

Gertrude Shiver
 Preparer's Name

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

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

- 1 a. The claimant sustained an accidental injury to See attached sheet on 10/23/03 in Richland County, State of South Carolina in part of body hurt month day year.
- 1 b. Describe briefly how the accident occurred I fell on the hard floor after my right foot became caught in the telephone cord that some of the workers left in aisle
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 10/23/03 in the following manner: Nsg. Supervisor Lenora Bell notified. month day year
HTM supervisor Heather Doyle notified. Occurrence rpt filled out.
6. Due to injury, the claimant is in need of (check one): Continued treatment for left side.
☐ (a) medical examination and treatment for
☐ (b) additional medical examination and treatment for
7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work or wages for the period of: None
8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one) Unknown
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ Partial ☐ Partial
 Body part(s) affected are: back, left side, knees, wrists, all of body.
9. Due to the injury, the claimant has a serious bodily disfigurement consisting of N/A
- 10 a. At the time of injury, the claimant was paid weekly wages of \$ 412.40; and demands accounting days worked and wages earned as provided by law.
- 10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. None except Palmetto Health Richland.
- 11 a. Further grounds of claim: to determine if this was a compensatory accident.
Payment to physicians and providers for care.
- 11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: See attached sheet
- 11 c. To the best of your knowledge, did you have any prior permanent disability? Yes. Two herniated discs
 If yes, describe: in back and one in the neck. Disability to back, neck and car
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. vico-thoracic area.
- 13 a. I am filing a claim. I am not requesting a hearing at this time.
- 13 b. I am requesting a hearing.

FEB 13 2006

Gertrude Shiver
 Signature of Claimant/Representative

C2411

10-18-05
 Date

October 18, 2005

0000 - CL 4/01
lpml
3302

RE: W. C. C. FILE NO. 0321756

Dear Sir:

This is a refiling of my original claim dated December 27, 2003, for a hearing with some additions in response to a denial letter that I had received from Key Risk Management Services, Inc., the worker's compensation carrier at that time for Palmetto Health Richland. This is mostly to determine if my accident was a compensatory accident. Thank you.

Sincerely,

Gertrude Shiver

Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

Date

10/20/05

Check #

4387

Serial #

192419

(242)

October 18, 2005

**WORKER'S COMPENSATION ACCIDENT OF 10/23/03. WCC FILE NO.
0321756.**

1 a. both knees, both wrists, all of left side and back, and whole body except head. I fell on the hard floor in the Medical Records Department.

11 a. Palmetto Health Emergency Room
5 Richland Medical Park Drive
Columbia, S. C. 29203

Dr. Jeffrey Hook
Midlands Internal Medicine
3000 Northeast Medical Park, Suite 108
Columbia, S. C. 29223
(803) 462-9200

Dr. Gregory M. Jones
Charleston Spine & Physical Medicine, PA
1930 Charlie Hall Blvd.
Charleston, S. C. 29414
(843) 402-0111
(800) 393-7008

Dr Albert Odom (for left sided pain)
1301 Taylor St.
Columbia, S. C. 29201
(803) 254-3230

Dr. Thomas E. Brandt

New Address:

- Center for Pain Controlled

(243)

West Wateree Medical Complex
1165 Highway 1
Suite 300
Lugoff, S. C. 29078
(803) 408-3033

Old Address:
Center for Pain Management
223 Stoneridge Drive
Columbia, S. C. 29210
(803) 296-5990

Dr. Timothy Zgleszewski
Center for Pain Management
223 Stoneridge Drive
Columbia, S. C. 29210
(803) 296-5990

(244)

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 9503744Carrier File # 938481

Carrier Code # _____

Employer FEIN _____

Gertrude Shiver 249-98-2546

Claimant's Name SSN

1026 Congaree Church Road, Gadsden, SC 29052

Address City State Zip

(803) 353-3892

Home Phone

Work Phone

Allison M. Carter

Preparer's Name

Trident Regional Medical Center

Employer's Name

9330 Medical Plaza Drive, North Charleston, SC 29406

Address City State Zip

Zurich American Insurance Company

Insurance Carrier

(843) 284-1083

Phone #

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.

The employer-insurance carrier in answer to the claim, respectfully shows:

1. It is (admitted) (denied) that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants deny the claimant sustained an injury by accident arising out of and in the course of employment, pending investigation.
2. It is (admitted) (denied) that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1
3. It is (admitted) (denied) that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1
4. It is (admitted) (denied) that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: See No. 1
5. It is (admitted) (denied) that notice of injury was given the employer. The reasons for denial are: See No. 1
6. It is (admitted) (denied) that the employee needs or is entitled to additional medical care as a result of injury. The reasons for denial are: See No. 1
7. It is (admitted) (denied) that the employee is entitled to temporary total disability for the period(s) of: _____
8. It is (admitted) (denied) that the employee is permanently disabled. The reasons for denial are: See No. 1. Also, No evidence of such.
9. It is (admitted) (denied) that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ To Be Provided applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Defendants reserve the right to amend and to assert defenses as they become aware of them. Doctrine of Laches, §42-15-20, §42-15-40.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Gertrude Shiver, 1026 Congaree Church,

Name

Road, Gadsden, SC 29052 (certified) and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202

Address

on the 24th day of August, 2007 by ☒ first class mail; ☐ personal service; ☒ certified mail.

Preparer's Signature, Attorney for Defendants

Michelle L. Barnes, Certifier

August 24, 2007

Date

For: Allison M. Carter

Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

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

Gertrude Shiver
Claimant's Name
249-98-2546
SSN
1026 Congaree Church Gadsden SC 29052
Road
Address City State Zip
803-353-3892
Home Phone # Work Phone #

Palmetto Health Richland
Employer's Name
Five Richland Medical Park Columbia SC 29203
Address City State Zip
PHTS Risk Management Services
Insurance Carrier

Lana H. Sims, Jr.
Preparer's Name

(803)254-4190
Phone #

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

1. It is ADMITTED that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: The Defendants acknowledge a minor injury to the claimant's left heel on 11/15/01 but lack sufficient information regarding allegations of injuries to her Achilles Tendon, ankle, or foot and therefore deny these allegations and demand strict proof thereof.
2. It is ADMITTED that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for admission are: See No. 1.
3. It is ADMITTED that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1.
4. It is ADMITTED that at the time in question, the employee was performing services arising out of and in the course of employment. The reasons for admission are: See No. 1.
5. It is ADMITTED that notice of injury was given the employer. The reasons for denial are: See No. 1.
6. It is NOT APPLICABLE that the employee needs/is entitled to additional medical care as a result of injury. The reasons for denial are: No benefits requested.
7. It is NOT APPLICABLE that the employee is entitled to temporary total disability for the period(s) of: No benefits requested.
8. It is DENIED that the employee is permanently disabled. The reasons for denial are: Claimant was released without any medical impairment and no treatment recommended by both Dr. Belding and Dr. McBride.
9. It is NOT APPLICABLE that the employee has a serious disfigurement. No benefits requested.
10. It is contended that an average weekly wage of \$455.11/\$303.42 comp. rate per Form 20 applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: All affirmative and specific defenses (see Reg. 67-603), including but not limited to Sections 42-9-60, 42-15-20, 42-15-40, 42-17-90; and Cooper v. McDevitt & Street; pre-existing disability to allegedly injured members; election of remedies; intervening trauma; no compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury speculative; claimant's problems personal in nature and not work related; defendant pleads the doctrine of laches; and failure to prosecute claim in a timely manner; defendant reserves right to amend this Answer and plead additional defenses.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Virginia Crocker, Judicial Director, SCWCC, 1612 Marion Street, Columbia, SC 29201 by ☒ personal service and to Ms. Gertrude Shiver, 1026 Congaree Church Road, Gadsden, SC, 29052 by ☒ certified mail on the 8th day of August, 2007.

Lana H. Sims, Jr.
Preparer's Signature Attorney for Employer/Carrier

[Signature]
Certifier's Signature

8/8/07
Date

8/8/07
Date

RECEIVED

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

Gertrude Shiver
Claimant's Name
1026 Congaree Church Gadsden SC 29052
Road-
Address City State Zip
803-353-3892
Home Phone # Work Phone #

Lana H. Sims, Jr.

Preparer's Name

Palmetto Health Richland

Employer's Name

Five Richland Medical Park Columbia SC 29203

Address City State Zip

PHTS Risk Management Services

Insurance Carrier

(803)254-4190

Phone #

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

1. It is **ADMITTED** that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants acknowledge a minor injury to the claimant's low back on 3/23/02.
2. It is **ADMITTED** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for admission are: See No. 1.
3. It is **ADMITTED** that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1.
4. It is **ADMITTED** that at the time in question, the employee was performing services arising out of and in the course of employment. The reasons for admission are: See No. 1.
5. It is **ADMITTED** that notice of injury was given the employer. The reasons for denial are: See No. 1.
6. It is **NOT APPLICABLE** that the employee needs/is entitled to additional medical care as a result of injury. The reasons for denial are: No benefits requested.
7. It is **DENIED** that the employee is entitled to temporary total disability for the period(s) of: Claimant alleges entitlement to two weeks lost time from work. Claimant refused evaluation offered to her through HealthWorks.
8. It is **NOT APPLICABLE** that the employee is permanently disabled. The reasons for denial are: No benefits requested.
9. It is **NOT APPLICABLE** that the employee has a serious disfigurement. No benefits requested.
10. It is contended that an average weekly wage of Form 20 to be submitted applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: All affirmative and specific defenses (see Reg. 67-603), including but not limited to Sections 42-9-60, 42-15-20, 42-15-40, 42-17-90; and Cooper v. McDevitt & Street; pre-existing disability to allegedly injured members; election of remedies; intervening trauma; no compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury speculative; claimant's problems personal in nature and not work related; defendant pleads the doctrine of laches; and failure to prosecute claim in a timely manner; defendant reserves right to amend this Answer and plead additional defenses.
Claimant alleges doctor bills related to this claim were not paid. The claimant was well aware of her opportunity to obtain medical treatment, had she wanted it, through HealthWorks but chose, on her own and knowingly unauthorized, to obtain medical treatment through her personal physician.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Virginia Crocker, Judicial Director, SCWCC, 1612 Marion Street, Columbia, SC 29201 by ☒ personal service and to Ms. Gertrude Shiver, 1026 Congaree Church Road, Gadsden, SC, 29052 by ☒ certified mail on the 8th day of August, 2007.

Preparer's Signature Attorney for Employer/Carrier

Certifier's Signature

Date

Date

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

South Carolina Workers' Compensation Commission
P.O. Box 1715 * 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #0227098
Carrier File #WC2003067610
Carrier Code #
Employer FEIN

Gertrude Shiver
Claimant's Name
249-98-2546
SSN
1026 Congaree Church Gadsden SC 29052
Road
Address City State Zip
803-353-3892
Home Phone # Work Phone #

Palmetto Health Richland
Employer's Name
Five Richland Medical Park Columbia SC 29203
Address City State Zip
PHT Risk Management Services
Insurance Carrier

Lana H. Sims, Jr.
Preparer's Name

(803)254-4190
Phone #

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

1. It is ADMITTED that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: The Employer/Carrier acknowledges a very minor injury to the claimant's left trapezius muscle from which she completely recovered with no permanent medical impairment.
2. It is ADMITTED that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for admission are: See No. 1.
3. It is ADMITTED that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1.
4. It is ADMITTED that at the time in question, the employee was performing services arising out of and in the course of employment. The reasons for admission are: See No. 1.
5. It is ADMITTED that notice of injury was given the employer. The reasons for denial are: See No. 1.
6. It is NOT APPLICABLE that the employee needs/is entitled to additional medical care as a result of injury. The reasons for denial are: No benefits requested.
7. It is NOT APPLICABLE that the employee is entitled to temporary total disability for the period(s) of: No benefits requested.
8. It is DENIED that the employee is permanently disabled. The reasons for denial are: See No. 1.
9. It is NOT APPLICABLE that the employee has a serious disfigurement. No benefits requested.
10. It is contended that an average weekly wage of Form 20 to be submitted applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Laches and Estoppel. This claim was closed by filing a Form 19 in May 2004. All affirmative and specific defenses (see Reg. 67-603), including but not limited to Sections 42-9-60, 42-15-20, 42-15-40, 42-17-90; and Cooper v. McDewitt & Street; pre-existing disability to allegedly injured members; election of remedies; intervening trauma; no compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury speculative; claimant's problems are personal in nature and not work-related; defendant pleads the doctrine of laches; and failure to prosecute claim in a timely manner, defendant reserves the right to amend this Answer and plead additional defenses.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Virginia L. Crocker, Judicial Director, SCWCC, 1612 Marion Street, Columbia, SC 29201 by ☒ personal service and to Ms. Gertrude Shiver, 1026 Congaree Church Road, Gadsden, SC, 29052 by ☒ certified mail on the 8th day of August, 2007.

Lana H. Sims, Jr.
Preparer's Signature Attorney for Employer/Carrier

Cheryl Sims
Certifier's Signature

8/8/07
Date

8/8/07
Date

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

Aug 08 2007
RECEIVED
FRONT DESK

(248)

South Carolina Workers' Compensation Commission
P.O. Box 1715 * 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #0322274
Carrier File #WC2003067610
Carrier Code #
Employer FEIN

Gertrude Shiver
Claimant's Name
1026 Congaree Church Gadsden SC 29052
Road
Address City State Zip
803-353-3892
Home Phone # Work Phone #

Lana H. Sims, Jr.
Preparer's Name

Palmetto Health Richland
Employer's Name
Five Richland Medical Park Columbia SC 29203
Address City State Zip
PHTS Risk Management Services
Insurance Carrier

(803)254-4190
Phone #

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

1. It is **DENIED** that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: The Employer/Carrier lacks sufficient information upon which a belief as to the allegations contained therein and therefore denies these allegations and demands strict proof thereof. The Employer/Carrier is aware of an alleged slip-and-fall incident at work on January 20, 2003 and, when the Employee was offered medical evaluation through Richland Memorial Hospital Healthworks, evaluation was declined.
2. It is **DENIED** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1.
3. It is **DENIED** that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1.
4. It is **DENIED** that at the time in question, the employee was performing services arising out of and in the course of employment. The reasons for denial are: See No. 1.
5. It is **DENIED** that notice of injury was given the employer. The reasons for denial are: See No. 1.
6. It is **NOT APPLICABLE** that the employee needs/is entitled to additional medical care as a result of injury. The reasons for denial are: No benefits requested.
7. It is **NOT APPLICABLE** that the employee is entitled to temporary total disability for the period(s) of: No benefits requested.
8. It is **NOT APPLICABLE** that the employee is permanently disabled. The reasons for denial are: No benefits requested.
9. It is **NOT APPLICABLE** that the employee has a serious disfigurement. No benefits requested.
10. It is contended that an average weekly wage of Form 20 to be submitted applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: All affirmative and specific defenses (see Reg. 67-603), including but not limited to Sections 42-9-60, 42-15-20, 42-15-40, 42-17-90; and Cooper v. McDevitt & Street; pre-existing disability to allegedly injured members; election of remedies; intervening trauma; no compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury speculative; claimant's problems personal in nature and not work related; defendant pleads the doctrine of laches; and failure to prosecute claim in a timely manner; defendant reserves right to amend this Answer and plead additional defenses.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Virginia Crocker, Judicial Director, SCWCC, 1612 Marion Street, Columbia, SC 29201 by ☒ personal service and to Ms. Gertrude Shiver, 1026 Congaree Church Road, Gadsden, SC, 29052 by ☒ certified mail on the 8th day of August, 2007.

Lana H. Sims, Jr.
Preparer's Signature Attorney for Employer/Carrier

Ashley Hue
Certifier's Signature

8/8/07
Date

8/8/07
Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.
WCC Form #51 Rev. Date 9/90 51 Employer's Answer to Request for Hearing

AUG 08 2007
FRONT DESK

(299)

Gertrude Shiver 249-98-2546
Claimant's Name SSN
1026 Congaree Church Road Gadsden, SC 29052
Address City State Zip
803-353-3892
Home Phone Work Phone

Palmietto Health Richland
Employer's Name
Five Richland Medical Park Columbia, SC 29203
Address City State Zip
Companion Property & Casualty
Insurance Carrier

Michael E. Chase
Preparer's Name

803-227-4241
Phone #

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

1. It is denied that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: It is denied Claimant sustained injury by accident arising out of and in the course of employment on date in question.
2. It is admitted that both the employer and employee were subject to the Workers' Compensation Act at the time in question.
3. It is admitted that the relationship of employer and employee existed at the time in question.
4. It is admitted that at the time in question the employee was performing services arising out of and in the course of employment.
5. It is admitted that notice of injury was given the employer.
6. It is denied that the employee needs/is entitled to additional medical care as a result of injury. The reasons for denial are:
Not compensable.
7. It is denied that the employee is entitled to temporary total disability for the period(s) of:
8. It is denied that the employee is permanently disabled. The reasons for denial are: Not compensable; no competent evidence of any permanent impairment or disability.
9. It is denied that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$(Form 20 Requested) applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Any and all defenses available and applicable under the Act to include, but not limited to, the affirmative defenses set forth in Reg. 67-603; any and all defenses available under the statutory and case law of this state including, but not limited to, horseplay, intoxication, intentional injury, jurisdiction, *res judicata*, and *Cooper v. McDevitt & Street*; *Medlin v. Greenville County*; *Miller v. Springs Mill*; and *Havird v. Columbia YMCA*.

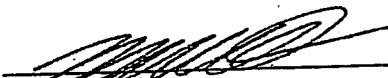
I certify that I have served this document pursuant to R.67-212 by delivering a copy to

Gertrude Shiver
Name

1026 Congaree Church Road, Gadsden, SC 29052

Address

on the 13th day of November, 2006 by ☐ first class mail; ☐ personal service; ☒ certified mail.


Preparer's Signature

Attorney for Employer and Carrier
Title

11/13/06
Date

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

(250)

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WC File # 0321756

Carrier File # 02041416

Carrier Code #

Employer FEIN

Gertrude Shiver 249-98-2546
Claimant's Name SSN
1026 Congaree Church Road Gadsden, SC 29052
Address City State Zip
803-353-3892
Home Phone Work Phone

Palmetto Health Richland
Employer's Name
Five Richland Medical Park Columbia, SC 29203
Address City State Zip
Key Risk Management Services
Insurance Carrier

Michael E. Chase

803-227-4241

Preparer's Name

Phone #

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.

The employer-insurance carrier in answer to the claim, respectfully shows:

1. It is denied that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: It is denied Claimant sustained any injuries on the date in question arising out of and in the course of employment as claimed, pending completion of employer's investigation.
2. It is denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1.
3. It is denied that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1.
4. It is denied that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: See No. 1.
5. It is denied that notice of injury was given the employer. The reasons for denial are: Although Claimant reported an alleged accident, she refused employer's offer of medical evaluation.
6. It is denied that the employee needs/is entitled to additional medical care as a result of injury. The reasons for denial are: See No. 1; Claimant denied employer's offer of medical evaluation at time she reported alleged accident.
7. It is denied that the employee is entitled to temporary total disability for the period(s) of:
8. It is denied that the employee is permanently disabled. The reasons for denial are: See No. 1; no competent evidence of any permanent impairment or disability.
9. It is denied that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$(Form 20 Requested) applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Any and all defenses available and applicable under the Act to include, but not limited to, the affirmative defenses set forth in Reg. 67-603; any and all defenses available under the statutory and case law of this state including, but not limited to, horseplay, intoxication, intentional injury, jurisdiction, *res judicata*, and Cooper v. McDevitt & Street; Medlin v. Greenville County; Miller v. Springs Mill; and Havird v. Columbia YMCA.

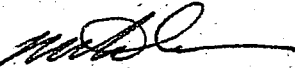
I certify that I have served this document pursuant to R.67-212 by delivering a copy to

Gertrude Shiver,

1026 Congaree Church Road, Gadsden, SC 29052

Address

on the 10th day of March, 2006 by ☐ first class mail; ☐ personal service; ☒ certified mail.



Preparer's Signature

Attorney for Employer and Carrier

Title

3/10/06

Date

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

SCWCC
MAR 13 2006
JUDICIAL

(251)

MISSING DOCUMENT

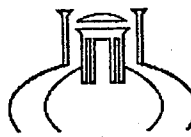
March 10, 2006 Form 51, Employer's Answer (WCC Claim No. 0321756).
Missing One (1) Page, Page 252.

(252)

PRATT-THOMAS, PEARCE, EPTING & WALKER

E. DOUGLAS PRATT-THOMAS
W. GREGORY PEARCE
ANDREW K. EPTING, JR.
G. TRENHOLM WALKER
W. ANDREW GOWDER, JR.
JON L. AUSTEN
ALLISON MOLONY CARTER
THOMAS H. HESSE (SC & GA)

SEAN K. TRUNDY
JOHNNIE W. BAXLEY III
DERWIN T. BRANNON
I. KEITH MCCARTY (SC & TN)
LINDSAY K. SMITH-YANCEY (SC & NC)
MATTHEW D. HAMRICK
WILSON W. McDONALD



PROFESSIONAL
ASSOCIATION

16 CHARLOTTE STREET
CHARLESTON, SC 29403

P.O. DRAWER 22247
CHARLESTON, SC 29413-2247

TELEPHONE: (843) 727-2200
FAX: (843) 727-2238

<http://www.wiselaw.com>

ATTORNEYS AT LAW

April 20, 2000

(843) 727-2212 (direct dial)
(843) 727-2239 (direct fax)
dpt@wiselaw.com (e-mail)

The Honorable Ann McCrowey Mickle
S.C. Workers' Compensation Commission
1612 Marion Street
P.O. Box 1715
Columbia, SC 29202-1715

RE: Employer: Trident Regional Medical Center
Employee: Gertrude Shiver
Carrier: Alexsis Risk Management Services
D/A: 1/23/95 WCC File#: 9503744
Carrier File#: 47893
Our File#: 383-125

Dear Commissioner Mickle:

As you will recall I represent the Employer and Carrier in the above-referenced workers' compensation claim and this matter was, of course, set for a hearing on 4/12/00 here in Charleston. As you will recall at that time you had a long discussion with Ms. Shiver advising her of her options and as I understand it Ms. Shiver decided to withdraw her Form 50, with leave to refile if she so desires in the future. As such, the hearing did not take place.

At that time you also discussed with Ms. Shiver the possibility of resolving this claim and her outstanding 1997 claim with the Employer on a clincher if my clients were indeed interested in making an offer in the range of \$7,604.64, in return for a full release of all claimed injuries in her 1995 accident, as well as releasing any claims which may remain in her 1997 claim. Before I had an opportunity to discuss same with my clients, I received the enclosed letter from Ms. Shiver by certified mail. As you will see, it is dated 4/12/00 and, as such, was obviously written the same day as the scheduled hearing. Since Ms. Shiver is not interested in any settlement offer, my clients are not going to make one.

By copy of this letter to Ms. Shiver, I am informing her of the above and of the fact that I am providing to you a copy of her letter to me of 4/12/00.

Under these circumstances, I am assuming the Commission will issue an appropriate form order indicating that Ms. Shiver was allowed to withdraw her Form 50. Should you have any questions or should I need to take any further action, please do not hesitate to contact me.

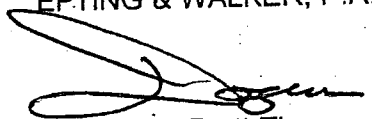
(253)

The Honorable Ann McCrowey Mickle
April 20, 2000
Pg. 2

With warmest regards, I am,

Sincerely,

PRATT-THOMAS, PEARCE,
EPTING & WALKER, P.A.



E. Douglas Pratt-Thomas

EDP-T:ksl
Enclosure
cc (w/enc.):

Gertrude Shiver, 1100 Congaree Church Road, Gadsden, SC 29052
Mr. Howard A. Levy
David W. Weeks, BSN, MA
Mr. Stan Cobb

(254)

ORDER

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 9503744

Employee: GERTRUDE SHIVER Employer: TRIDENT REGIONAL MEDICAL CENTER

Carrier: CONTINENTAL INSURANCE COMPANY

☒ The hearing in this matter was not held because:

- ☐ Claimant and/or claimant's attorney ☐ Defense attorney was unable to appear for ☐ legal ☐ non-legal reasons;
- ☐ Appointment of Guardian ad Litem is necessary;
- ☐ Claimant desires an opportunity to retain counsel;
- ☐ The hearing is premature due to need for additional discovery;
- ☒ Form 50 or 52 voluntarily withdrawn;
- ☐ Form ☐ 15, ☐ 16, or ☐ Agreement and Final Release (put on the record) proposed for voluntary settlement of the claim;

IS ORDERED THAT:

- ☐ This file be retained in the Commissioner's office awaiting receipt for approval of settlement.
- ☐ This file be returned to the Judicial Department and rescheduled for hearing on or before _____.
- ☒ This file be returned to central files and rescheduled for hearing upon request of either party.
- ☐ Claimant referred for evaluation to Dr. _____ pursuant to 42-15-80.
- ☐ Fines _____

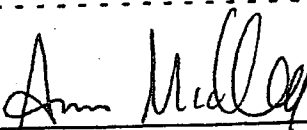
☐ This claim was heard before the undersigned Commissioner. The issues have been heard and the following decision rendered.

- a. ☐ The record is closed.
- b. ☐ The record shall remain open for _____ days from the date of this order for purposes of filing:
 - ☐ deposition of _____
 - ☐ medical report of _____ ☐ other _____
- c. ☐ Settlement agreement put on the record.
- d. ☐ _____

IS ORDERED THAT:

Counsel for the ☐ Claimant ☐ Employer/Carrier shall file in this Commissioner's office and serve all parties a proposed order within _____ days of the date of this Order. (If counsel is unable to file and serve a proposed order within the period set forth above, please contact this Commissioner's office.)

Ms. Gertrude Shiver ^{(E) * reg. mail}
Mr. E. Douglas Pratt-Thomas


Commissioner

(255)

RE: SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE
PROGRESS NOTES

29 July, 1998: Gertrude is seen in follow-up. Has had continued benefit from lumbar epidural steroid injection 04/23/98, been involved in two injuries, specifically 04/20/97 motor vehicular accident which caused low back pain and neck pain treated by Dr. James McIntosh. Patient was then involved in re-injury/flaring of low back pain, working as RN at her previous work site, this was treated with Dr. George Warren. I have Dr. McIntosh's notes, do not have Dr. Warren's notes.

I have gone over several issues today, several regarding history clarification, and specifically injury history as noted above.

Impression:

1. Persisting cervicothorac sprain syndrome, likely secondary to 10/11/97 work-related injury, with history of initial onset following MVA 04/20/97.
2. Persisting low back pain, partially discogenic, with L4-5 disc bulge and partial myofascial component.

Recommendation/Discussion: Gertie can likely be considered at MMI, and based on assumption of MMI, as well as *AMA Guides to Evaluation of Permanent Impairment, Fourth Edition*, I would suggest the following:

1. Consideration for permanent impairment to cervicothoracic spine, DRE Category II, 3-5 % spinal impairment, translatable to 3-5% whole person impairment directly. Apportionment may be necessary in regard to assignment of appropriate impairment % of this total/whole person impairment relating to two injuries sustained.
2. Consideration for permanent impairment to the lumbosacral spine, DRE Category II, 5% spinal impairment, translatable to 5% whole person impairment directly. This is not a disability rating, and based on normal neurologic status, I would have no restrictions for patient regarding vocational and/or avocational pursuits.

Follow-up is prn for any significant flares in future. Again, may be necessary to consider apportionment also for low back symptomatology, will be available for these issues if need be in assessment/estimation.


Gregory M. Jones, M.D.

GMJ:igh

cc: James C. McIntosh, M.D.
FAX 853-3500

William E. Crouch, M.D.
FAX 577-0097

Gertrude Shiver
1545 Sam Rittenburg Blvd.
Unit 19
Charleston, SC 29407

(256)

DATE 2/4/95 AGE 40 WT _____ BP _____ LMP 12/94 CON _____
MAMM 12/94 LPR 12/94 URINE 56mL 210
fell on the job - having vaginal pain
11/23 (3rd fall in 6mo) low post fibroid
total size 16cm

02/14/95

SHIVER, GERTRUDE

The patient comes in today complaining of lower abdominal pain. This she relates to a fall on January 23, 1995. She also has some back and ankle pain.

PHYSICAL EXAMINATION: The abdomen is somewhat tender. There is a suprapubic mass palpable. On pelvic examination she has what feels to be an approximately 16 week size pelvic abdominal mass consistent with uterine myomas. Although this was not appreciated as being this large when seen in December, there is no question about the enlargement. Ultrasound evaluation today with a nonfilled bladder reveals a single myoma approximately 9 cm and girth of the uterus 11 cm. This is quite a bit larger when she was scanned prior in 1993.

PLAN: I feel the abdominal pain is secondary to enlarging uterine myomas. I have discussed this with Gertie and feel that the options would be to deal with the pain, obviously this is not her interest at this time, myomectomy to preserve fertility or a hysterectomy. The patient is considering myomectomy and would like to preserve her fertility. I am not comfortable evaluating her back or ankles with respect to her fall and she is seeing an orthopedist for this. I have asked her to consider the possibility of myomectomy and she will let me know how she feels like proceeding.

VJW/sh

(257)

02/27/95

SHIVER, GERTRUDE

I spoke to the patient today about her fibroids. She was under the impression that I could give her a pill to make the fibroids shrink. I told her that was not the case. Should she not get periods I could give her Provera to bring her periods on, but she has been getting normal periods. Her last one was around February 10. What I described to Gertrude is the fact that the fibroids could not be eliminated or shrunk permanently, but Lupron could be given intramuscularly to decrease the size of the fibroids prior to myomectomy surgery. At the present time Gertrude is now understanding better the plan of action. She has some things that she needs to clear up at work and will call me back when she wishes to schedule the surgery.

VJW/sh

(258)

3/31/95 - 3.75 mg Lupron given @ Hip (SK)

03/30/95
SHIVER, GERTIE

The patient comes in today. She is taking her first Depo-Lupron shot to try to shrink her fibroids. I discussed the fact that most of the time one or two injections are all that is necessary to get maximum shrinkage. We will see her in a month and see if this has had any effect on the fibroids. She had a blister like lesion on her right breast. I am not sure of the etiology but it seems to be healing. I will see her in four weeks for follow-up.

VJW/dr

5/1/95 Depo-Lupron 3.75mg given @ hip (LK)

(259)

DATE 5/1/95 AGE 42 WT 121 BP 100/90 LMP 12/94 CON
MAMM LPR URINE
4 wk y/u
chron HB-

ALLERGIC TO:

05/01/95
SHIVER, GERDY
GERTIE

The patient comes in today for follow-up after having been on the Lupron for one month. Her fibroids have decreased from perhaps 16 to 14 weeks size and I have given her an additional Lupron injection, but feel that her myomectomy surgery should be scheduled in June after this.

VJW/sh

(260)

DATE 6/2/95 AGE 40 WT BP 130/90 LV apml CON
MAMM LPR 12/94 URINE

Pre-Op

Prostate 20 x L.

ALLERGIC TO:

21AC 25g 9mg

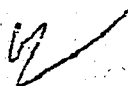
Has

06/02/95

SHIVER, GERTRUDE

The patient comes in today for preoperative evaluation. The uterus is approximately fourteen weeks size. The operation of myomectomy along with risks and complications including bleeding, infection and damage to surrounding structures has been discussed. In addition, Gertie has never been pregnant and there is no guarantee that she will be able to do this in the future although fertility is the reason she is going to have a myomectomy rather than hysterectomy. She is on medication for hypertension and it is well controlled at this time.

VJW/dr



(261)

06/14/95

SHIVER, GERTRUDE

The patient comes in today for follow-up. She had a small area of wound separation in the right side and this will be treated with peroxide. She has been reassured.

VJW/sh

sh

(262)

(263)

DATE 1/8/96 AGE 41 WT 175 BP 120/50 LMP 1 1/2 wks CON
MAMM 12/94 LPR 12/94 URINE
6 month f/u periods 5-6d. as before
no clots **ALLERGIC TO:**
no penicillin NECA

01/08/96

SHIVER, GERTRUDE

The patient comes in today for six month follow-up.

PHYSICAL EXAMINATION: The abdomen is soft, non-tender without masses. The heart, lungs, breasts, thyroid and lymphatics are within normal limits. Pelvic: Within normal limits with an anteverted uterus which does not seem enlarged and there are no evidence of masses.

IMPRESSION: Normal exam.

PLAN: Pap smear is taken. I feel that the patient has had no recurrence of her fibroids and will be seen at annual intervals.

VJW/lc

(264)

ASHLEY RIVER OB/GYN
1364 ASHLEY RIVER ROAD
CHARLESTON, SOUTH CAROLINA 29407

S. SANDFORD ESTES, M.D.
VICTOR J. WEINSTEIN, M.D.
KATHRYN M. HARGROVE, M.D.
CONNIE DEWEES, Dr. P.H., C.N.M.

TELEPHONE (803) 763-0184
FAX: (803) 763-1002

ATT: ~~Atina~~ 3rd Floor

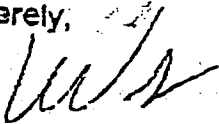
July 31, 1995

Re: Gertie Shiver

To Whom It May Concern:

Gertie has been seen after her surgery for a myomectomy which was done on June 6, 1995. Her return to work at eight weeks postoperatively is appropriate. The date she may return is August 8, 1995.

Sincerely,



Victor J. Weinstein, M. D.

VJW/dr

(265)

7
105

OFFICE NOTE:

October 14, 1996
RE: Gertrude Shiver
#7302

Ms. Shiver is a forty two year old single black female seen in the office at the recommendation of Dr. Crouch for consideration of bilateral reduction mammoplasty. The patient has no children and has no plans for marriage or children at any time in the near future. Her only medical problems include high blood pressure for which she is treated with Procardia and Relafin for right shoulder pain. The shoulder pain is as a result of a job related injury. The patient is a nurse at Trident Hospital and fell in January of 1995 sustaining an injury to her right shoulder. Since that time she has been followed by Dr. Crouch for pain in the neck and shoulder area radiating down into the right chest. The patient takes hot tub treatments for the pain and is also on Relafin 1000 mgs. po daily. The patient understands that a breast reduction would not cure her shoulder pain but is in hopes that the reduction of the weight of her 36 D breasts could produce less aggravation to the right shoulder.

The patient is otherwise healthy. She is 5'3 1/2 " tall, weighs 175 lbs. and presently wears a 36 D cup bra. Beside the pain in her shoulders, she is also suffering from shoulder strap indentations. She has a negative family history for breast cancer. She had a negative mammogram done in December of 1994 and plans to schedule a routine mammogram in December of this year. Her previous surgery includes removal of fibroid tumors by Dr. Vic Weinstein in June of 1995. The patient had no problems with the surgery or anesthesia with the exception of a keloid scar in the lower abdomen. She has no known drug allergies although she does have a brother who was allergic to Sulfa drugs and is concerned whether this might similarly be a problem in herself.

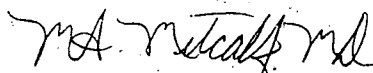
Physical examination shows the right breast to be greater in volume than the left. The width of the right breast is also fuller than that of the left. Her sternal notch to nipple measurement is 27 cm. bilaterally. The patient does demonstrate chronic inflammatory changes in the shoulder strap area from strap indentation. She has a small distinct areolae that are medially located on the position of her breasts. Ideal nipple position on this patient I think would be approximately 20 cm. making a 7 cm. superior pedicle length.

I have reinforced the patient's understanding that a bilateral McKissock reduction mammoplasty would not cure her shoulder pain. The intent of this surgery would be to relieve some of the pulling on the shoulder in hopes of making this less aggravating. In exchange for the easing of the weight on her shoulder, the patient has a distinct possibility of keloid formation such as she has seen in her abdominal wound. I have drawn on her breasts and have used photographs and drawings from a textbook to illustrate the position of these scars and have reminded her that the scar on the abdomen may be seen in a much

(766)

broader area on the breasts. The patient feels that she could deal with this without difficulty. We then went on to discuss the other risks with surgery including that of devascularization and loss of the nipple, desensitization and loss of the ability to breastfeed from the nipple, the possibility of infection, bleeding and fat necrosis. I have also illustrated for her how the infolding of the vertical pedicle may produce an impact on interpretation of her future mammograms. I would suggest that the patient go to a smaller size breast in an attempt to eliminate as much pain on her shoulder as possible. The patient herself feels that a 36 B size breasts would be a comfortable size for her. I think this would still be possible with the removal of 400 grams of breast tissue. Unfortunately, I am unfamiliar with her particular insurance company and will need to determine whether or not they have greater requirements for tissue removal. The patient is advised that she should plan for approximately two weeks of leave time from her job and would then be restricted from any heavy lifting for approximately six weeks. Because of her past surgery, the patient does not have enough leave time built up until after January 1997 to consider the surgery. Nevertheless she wants to submit a prior approval today and will then make the decision as to timing in several months.

MAM/cas


M.A. Metcalf, M.D.

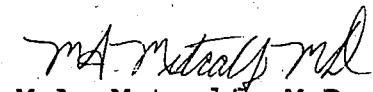
6267

OFFICE NOTE:

June 18, 1997
RE: Gertrude Shiver
#7302

Gertrude is seen in the office today for a pre-operative visit in preparation for a bilateral McKissock reduction mammoplasty to be performed at Roper Ambulatory tomorrow. The patient has no further questions regarding the procedure and I have today updated her history and physical. She tells me that since her last visit in this office, she has had two episodes of atrial fibrillation and for that reason has undergone a cardiac work up including an echocardiogram and EKG. Her physician, Dr. Crouch has noted the echo to have been normal and has put the patient on Toprol XL 50 mgs. qd and has continued her Procardia XL 30 mgs. qd. The patient also tells me that she has undergone treatment with Naprocin 500 mgs. ec bid since an automobile accident on April 29th when she injured her neck and back. She takes Ambian 5 mgs. po hs prn sleep as well. Her weight is relatively stable at 178 lbs. and again today the patient tells me that she would prefer to go to a B cup size breast following reduction mammoplasty. I have placed the marks on her breasts today along with updating her physical examination. Although she has some mild tachycardia in the office today, no other abnormalities in her cardiopulmonary exam are noted. The patient is given instructions in preparation for surgery tomorrow and having no further questions was given a follow up visit time for one week after surgery for initial suture removal.

MAM/cas


M.A. Metcalf, M.D.

OFFICE NOTE:

June 26, 1997

RE: Gertrude Shiver
#7302

Gertrude is seen one week following a bilateral McKissock reduction mammaplasty for initial suture removal. The patient tells me that she has not yet resumed her energy level and feels that she does need a replacement of her Mepergan Fortis for post operative pain. Nevertheless, her wounds appear to be healing nicely and I do not see any problems with early vascularity to the nipples or scar formation. I have removed her suture knots from her absorbing monocryl suture and have given her instructions for wound care at this point. We have gone over her pathology report which shows no evidence of malignancy but did confirm fairly extensive fibrocystic changes. I would then like to see the patient back in the office in one weeks time for anticipated final suture removal and instructions on wound care.

MAM/cas


M.A. Metcalf, M.D.

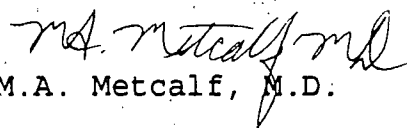
(269)

OFFICE NOTE:

July 10, 1997
RE: Gertrude Shiver
#7302

Gertrude is seen two weeks following a bilateral McKissock reduction mammoplasty for final suture removal. The patient has been doing well at home although she is telling me that she remains quite sensitive over the breast area. The healing of this area however appears to be progressing very nicely and I think that her sensitivity is probably because of the return of some sensation over the nipple and skin area. I have removed all final sutures today and have instructed her in wound care. She may now discontinue the use of her bra if she feels more comfortable without it and may start trying on other bras as soon as all healing is complete. I have asked her to begin massaging the healed portions of her scar with vitamin E. I would then like to see her back in approximately three weeks before her return to work.

MAM/cas


M.A. Metcalf, M.D.

(270)

OFFICE NOTE:

August 12, 1997
RE: Gertrude Shiver
#7302

Gertrude is seen two months following a bilateral McKissock reduction mammaplasty for routine wound check and release to return to work. The patient's surgery looks excellent although she still has some immature scars which she complains caused some itching and stinging. I have encouraged her to continue to massage these areas with Vitamin E and have reminded her that it may take up to a year before the final appearance of these scars is appreciated. I would like to see her back in approximately three to four months and if any indication of early keloid formation is noted at that point, I may recommend injection with Kenalog for comfort and the appearance of the scars as well. She is therefore released to return to work and will see me back in December of this year.

MAM/cas

M.A. Metcalf M.D.
M.A. Metcalf, M.D.

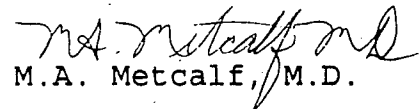
(271)

OFFICE NOTE:

January 27, 1998
RE: Gertrude Shiver
#7302

Gertrude is seen back in the office following a bilateral McKissock reduction mammaplasty performed in June of 1997. The patient has done very nicely following surgery and does tell me that she has had much improvement in the discomfort in the upper chest and shoulder area compared to her pre-operative situation. She is now experiencing some sub sternal burning pain and is actually scheduled for a gastroscopy within the next week. I think this is pain not related to her surgical procedure in that all scarring and positioning of the breast tissue looks excellent at this point. The patient has some sensation over the nipple area but it is not totally normal. She also tells me that she is scheduled for a routine appointment with her Gynecologist, Dr. Weinstein and feels that he will be ordering her follow up mammogram when he sees her next month. I have asked her to have a copy of this mammogram forwarded to my office as well. If the patient does not experience any further problems, I would like to see her back in the office in approximately one years time. In the meantime, I have taken a follow up photograph of her today.

MAM/cas


M.A. Metcalf, M.D.

(272)

PRE-APPROVAL REQUEST

PATIENT INFORMATION

Patient's Name: Shiver, Gertrude

Age: 42 Sex: F Height: 5'3 1/2 Weight: 175

Subscriber's Name: Shiver, Gertrude

Subscriber's Social Security Number: 249-98-2546 Policy:

Subscriber's Address: 15455 Sam Rittenberg Blvd.
Unit 19
Charleston, SC 29407

PHYSICIAN'S STATEMENT

Physician Name: Margaret Metcalf, M.D. Physician NO: 57-0703958

Name of Hospital: Roper

Anticipated Admission Date: January

Admitting Diagnosis/Proposed Procedures/Tests:
BILATERAL MAMMARY HYPERTROPHY.

BILATERAL REDUCTION MAMMAPLASTY.

PHOTOGRAPH INCLUDED, PLEASE RETURN

Criteria supporting need for inpatient care:

This forty two year old black female had an injury to her shoulder in January of 1995 with chronic pain in the neck, shoulder and right chest wall area. She is referred by Dr. W.F. Crouch for a bilateral breast reduction to modify the weight on her right shoulder. The patient

Physician's Signature:

wears a 36 D bra. Is there a weight requirement for removal of breast tissue with her policy?

Address: 44 Folly Rd. Suite C
Charleston, SC 29407

Phone: 803-766-9048

PRE-TREATMENT

Attending Physician Procedure to be Performed:

CPT 4 Codes: 19318 - Right reduction mammaplasty...\$2000.00
19318 - 50 - Left reduction mammaplasty...\$1000.00

Estimated Charge:

YOUR RESPONSE

(273)

SHIVER, Gertrude

DOB: 5/19/54

3/1/94 Pt. has had no improvement on Gaviscon and Pepcid. EKG shows slight ST elevation in the precordial and inferior leads. Believe pain is much more likely now to be a mild pericarditis and possibly as well a costochondritis. Will switch from Gaviscon and Pepci to Ansaïd 100 mg. Samples are given and she will return. WEC/sf

3/15/94 Pt. feeling better on Ansaïd. BP 100/70. Lungs clear. Heart tones are normal today. She will continue on Ansaïd as needed. More samples are given. WEC/sf

4/18/94 Pt. comes in for follow up for her costochondritis. Still has occasional pain but it is much less than it has been in the past. BP 110/80. She is still somewhat tender over the left costochondral junctions. She is reassured and will take no medications unless she gets an exacerbation.

IMPRESSION: Costochondritis. WEC/sf

11/15/94 Pt.'s left ankle was injured twice at work. She now has difficulty walking on it. Apparently injured it on stairs twice although this was several weeks ago. Pain has increased recently again. BP 100/60. She has clear swelling or edema of the dorsal aspect of the left ankle with pain on flexion of the left ankle. There is tenderness in this area as well.

IMPRESSION: Tendinitis and tendon strain.

Plan: Zostrix cream, Darvocet N 100 and an Ace bandage. She is excused from work for five to seven days. WEC/sf

11/22/94 Pt.'s left ankle is still tender and painful although it is about 30-40% improved. She still has difficulty walking and limps obviously. Situation discussed. Will stay off work another week. WEC/sf

01/10/95 Patient's left ankle is still swollen, particularly when she stands on it, and still tender over the lateral malleolus and anterior portion. She complains of pain on eversion of the left ankle.

IMPRESSION: Continued pain two months after accident on the job.

Plan: To see Dr. Robert Bowles.

BP today is 128/80. WEC/tb

2/28/95 GPX Pt. still complaining of pain but now, because of a fall, it is in her right shoulder and right breast. BP 120/80. Examination reveals tenderness over the anterior capsule of the right shoulder as well as the mid-portion of the medial head of the right biceps.

IMPRESSION: Tendinitis or tendon strain.

Plan: Treat symptomatically and physical therapy. Other findings unchanged. WEC/sf

5/18/95 Pt. seen in the E.R. yesterday for an episode of high blood pressure and headache. She received two injections over the last two months of Luprin by Dr. Weinstein for uterine fibroids. These will be removed when they have become shrunken from her injections. BP is 160/105-110 at the beginning of the examination, 155/95 at the end. She has already started Procardia and to this will be added Ziac 2.5 mg. Q.D. WEC/sf

5/23/95 pt. having trouble about her disability. Is taking her antihypertensive. BP is 118/80 today. She has pain in both shoulders but particularly in the right pectoral muscles as well as in the right periscapular region. She cannot raise her right arm above the horizontal in any plane and has exquisite pain in the shoulder when her humerus is abducted. The lifting motion causes exquisite pain in the humeral head area as well. **Plan:** Continue Procardia 30 mg. and continue Ziac 2.5 mg. Q.D. WEC/shf

(274)

SHIVER, Gertrude

DOB: 5/19/54

8/21/95 Pt. had been following her BP's. These began to rise off Procardia so she restarted it. She is no longer taking Ziac. On this her BP is 105/75-70. She has a tender area right between the right clavicle but otherwise exam is unchanged. She will be given Darvocet for musculoskeletal pain and will continue Procardia at 30 XL. WEC/shf

1/9/96 Pt. has had pain in her right shoulder and a dull blocked feeling in her left ear. Had a U.R.I. about five days ago. BP 105/80. Left tympanic membrane is retracted. Pharynx is erythematous. She has diffuse tenderness in the rotator cuff around the right shoulder. Situation discussed. She is given samples of Bromfed PD for her congest and Daypro 600 mg. tablets two each day for three weeks for her shoulder. Samples of both are given.

- IMPRESSION: 1. Costochondritis.
2. Pain in the right rotator cuff.
3. U.R.I.
4. Hx. of esophageal stricture.
5. Chronic partial alopecia of unknown etiology. WEC/shf

5/14/96 GPX: The patient's weight is stable. She still has intermittent pain in the right shoulder although it is somewhat improved from earlier this year. In addition, she has general aches and pains, mostly in the muscle areas and not so much isolated to the joints. She continues her Procardia XL 30 mg q day. BP is 110/80. Complete physical exam, excepting a pelvic exam, is basically unchanged or unremarkable. She still has her tender area on the medial border of the right scapula.

IMPRESSION: (1) Myofasciitis; (2) URI, intermittent; (3) History of esophageal stricture; (4) Hypertension. WEC/sg

9/23/96 Patient comes back in with vague pains around both shoulders and neck as well as in the anterior area of the chest, immediately below the clavicles, right greater than left. BP 110/70. She has pendulous breasts and on inspection she sits with round shoulders and her neck is thrust forward. Her bra straps cut deeply into both shoulders. Situation discussed. She will continue Procardia XL 30 mg q day for day. She will have Relafen 500 mg two each morning and is referred to Dr. Margaret Metcalf for her opinion as to the possible propriety of breast reduction. WEC/sg

SHIVER, GERTRUDE

2/24/97 Patient has been having headaches in the frontal region radiating back to the occiput. She has also been having numbness of her right wrist and fifth and fourth digits of her hand on the right. BP 102/70. She has markedly edematous nasal mucosa. She has a positive Tinel sign on the right.

IMPRESSION: In addition to other diagnoses, she has allergic rhinitis and sinusitis and probable early carpal tunnel syndrome on the right. WEC/sg

(275)

SHIVER, GERTRUDE

3/28/97 Patient was seen at the Trident ER two days ago with a feeling of pounding in her chest and lightheadedness with weakness. She was found to be in S.V.T. which apparently converted to N.S.R. while she was lying on the gurney waiting for them to give her intravenous medication to terminate the rhythm disturbance. Felt well since. She states she has been somewhat heavy on caffeine recently. Situation discussed. Toprol XL is a possibility but she wishes to stay off medication unless she has another rhythm disturbance and I think this is reasonable as she suffered no ill effects from the arrhythmia. Situation discussed at length. Her BP today is 110/70. Lungs are clear. Heart tones are normal without murmurs, rubs, gallops or clicks. WEC/sg

SHIVER, GERTRUDE

5/30/97 Patient had an episode of SVT last night which broke spontaneously at St. Francis ER. She has been feeling well since. BP 118/80. Lungs clear. Heart tones are normal. There is no edema or tachycardia today. She does not wish to start on another medication as yet. WEC/sg

SHIVER, GERTRUDE

6/9/97 Patient taking her Toprol and feels it is helping. She is to have breast reduction performed next week and wants to be assured that she is safe as far as her cardiac condition is concerned. I have reassured her to the best of my ability. BP 110/60 with a pulse of 60. Lungs are clear and heart tones are unremarkable.

IMPRESSION: (1) History of P.A.T.; (2) Costochondrytis; (3) History of torn right rotator cuff; (4) Esophageal stricture in the past; (5) Alopecia. WEC/sg

NAME: Shiver, Gertrude

REASON FOR VISIT: F/U

DATE: 12/11/97

S: Since last seen the patient has had bilateral reduction surgery. Immediately post-operatively she developed palpitations again. She denies any stimulants such as caffeine, etc.

O: BP 120/85. Lungs are clear. Heart tones are unremarkable.

P: 1) The situation was discussed

Page 2 - Shiver, Gertrude

- 2) Will have a Holter Monitor and a BP monitor to check frequency of her arrhythmias and to identify the type. EKG is essentially normal today.

WEC/ccd

(276)

DATE: 1/8/98

S: The patient's holter monitor, etc., have shown episodes of sinus tachycardia with a moderate number of PAC's and rare PVC's. The patient's data also shows the same results.

P: 1) Begin Tenormin 50 mg q d.
2) Will slowly take off Toporal XL and will continue to follow her on Tenormin as above.

WEC/ccd

(277)



Internal Medicine and Cardiovascular Disease
Treatment of Addictions
114 Ashley Avenue
Charleston, SC 29401

Phone: (803) 577-0095
FAX: (803) 577-0097

William E. Crouch, M.D.

March 3, 1995

To whom it may concern re: Gertrude Shiver

Ms. Gertrude Shiver is restricted to lifting no more than 5 lbs. She must not lift her arm above head level or behind her back.

She may return to work if these restrictions are heeded.

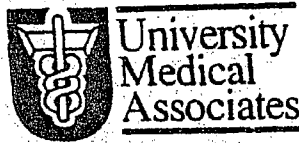
Sincerely,

W.E. Crouch, M.D.

dictated but not read

WEC/sf

(278)



University
Medical
Associates
Internal Medicine and Cardiovascular Disease
Treatment of Addictions
114 Ashley Avenue
Charleston, SC 29401

William E. Crouch, M.D.

Phone: (803) 577-0095
FAX: (803) 577-0097

October 16, 1995

To whom it may concern re: Gertrude Shiver

I am a physician who looks after the medical needs of Ms. Gertrude Shiver. For the last several months she has recurrent and very troublesome pain in the right shoulder, particularly in the acromioclavicular joint. This makes it difficult for her to keep her shoulder and upper arm elevated for any period of time without disabling pain. It would be expected to cause a good deal of discomfort for constant use such as in typing, key entry and mouse manipulation in the computer. For this reason she has been considerably slowed in her work. Please let me know if any further data is necessary.

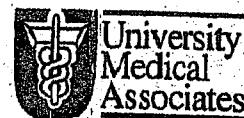
Sincerely,

W.E. Crouch, M.D.

WEC/shf

(279)

(780)



INTERNAL MEDICINE AND
CARDIOVASCULAR DISEASE

TREATMENT OF ADDICTIONS

William E. Crouch, M.D.

114 Ashley Ave. • Charleston, SC 29401
(803) 577-0095

DEA No. AC92301
SC LICENSE 731

For

C. Shain

Address

Date

11/1/98

PR

*Dr. Crouch employed should
be excused from work for*

REFILL

TIMES

*1 wk - Dr. Friedman
P. Traumatic*

M.D.

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

M.D.

Affiliated with University Medical Associates



University
Medical
Associates

INTERNAL MEDICINE AND
CARDIOVASCULAR DISEASE

TREATMENT OF ADDICTIONS

William E. Crouch, M.D.

114 Ashley Ave. • Charleston, SC 29401

(803) 577-0095

DEA No. AC9230309

SC LICENSE 7380

For

G. Stuch

Address

Date

Ph

*May return to work
11/30/94, but not before*

REFILL _____ TIMES

AB

M.D.

M.D.

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

"Affiliated with University Medical Associates"

(281)

ROBERT H. BOWLES, M.D., P.A.
112 BULL STREET
CHARLESTON, SC 29401

TELEPHONE
(803) 723-2713

PAGE ONE

PRACTICE LIMITED TO
ORTHOPAEDIC SURGERY
SHIVER, GERTRUDE
FILE #17272

1-19-95

HISTORY: Ms. Shiver is a 40 year old nurse at Trident Hospital who is seen for painful function of the left ankle. She fell on September 25, 1994 at work. She fell over a chair, injuring her left knee. She went to the emergency room and had x-rays of the left hand, left side, and left knee. The diagnosis was that she had a contusion on her side; the left knee was fine, and the left wrist was fine. She went to see Dr. Cook who recommended conservative treatment. She could go back to work as a health nurse. She fell again, on November 3, falling down steps at the hospital. There was no apparent injury, and she continued working. She developed pain and swelling in the left ankle. Two weeks later, she noticed more swelling in the left ankle.

EXAMINATION: Examination of the left ankle reveals no deformity and only slight swelling. The ankle is stable. There is mild anterolateral tenderness. The ankle is negative for anterior posterior stress. ROM of motion of the ankle is full with crepitation. Neurovascular function of the extremity is intact.

X-RAYS: X-rays of the left ankle are essentially negative.

DIAGNOSIS: Initial diagnosis is traumatic synovitis of the left ankle.

TREATMENT: Treatment included an injection of 1/2 cc of Depo Medrol and 1 cc of 1% Xylocaine into the anteromedial left ankle. She is to return in 1 month for follow-up.

RHB/eab

2-14-95 Ms. Shiver returns. Since her last visit, she had another slip and fall accident. She hurt her right foot and ankle. Examination today of the right foot and ankle was essentially negative.

The left ankle had a good response to the cortisone injection. There is a bilateral pronation deformity. I suspect this is a predisposing factor in her loss of agility and multiple falls. My recommendation is that she obtain bilateral orthotics. She is given a prescription for the orthotics to take to the Foot Store. She is to return in 6 weeks.

RHB/eab

4-3-95 Ms. Shiver returns. The Spenco arch foot supports are very effective. There is less pronation with walking. She is to continue as is and return on an as needed basis.

RHB/eab

xc: Complete Copy of file E. Douglas Pratt-Thomas 5-17-95

(282)

Robert H. Bowles, M.D.
112 Bull Street
Charleston, SC 29401
723-2713

DATE: 1-19-95

NAME: Mertude Shiner

FILE#: 17272 AGE: 40

REFERRED BY: McCrack

DATE OF ACCIDENT: 11-3-94

X-RAYS FROM: _____

work Nurse at Hosp:

CHIEF COMPLAINT: Left Ankle

fell twice Sept 25 at work fell over a chair

PRESENT HISTORY: @ lunchtime → to ER knee @ hand

@ knee & @ knee no cont. side, wrist OK, knee OK.

→ Bob Cook → cont. to work → cont. treatment back to back @ Health House,

PAST HISTORY: fell again & fell down steps at Hosp

No apparent injury → cont work (developed pain)

@ ankle with later (11-3) noticed more swelling @

EXAMINATION:

→ @ knee & C-spine.

→ @ ankle: no deformity, slight swelling, no instability
and last tend (mild) - neg stress ant/post
ROM within full 5 crept. A/V mtr

X-RAYS: @ ankle: essen neg.

DIAGNOSIS: Traumatic Synovitis Left Ankle

TREATMENT: sig 1/24/ ant med @ ankle

ROBERT H. BOWLES, M.D., P.A.
ORTHOPEDIC SURGERY

112 Bull Street
CHARLESTON, SC 29401

DEA No. AB 5050909

Office Hours by Appointment
Phone 723-2713

For

Address

To

Gestruke Shiver
to
Bent orthotic
neuralgia, bent pronator/
per planus

Date

2-14-95

M.D.

Substitution is Permitted

Dispense as Written

(284)

GERTRUDE SHIVER SCDL 4948232
411 MEETING ST., APT. 4309
CHARLESTON, SC 29403

1878

67-448/539

PAY TO THE
ORDER OF

Remo D. Shiver

\$18.53

Eighteen 53/100

DOLLARS

NationsBank

NationsBank of South Carolina, N.A.
Columbia, SC 29201

Deluxe Banking Customer

FOR

682430

Gertrude Shiver

⑆053904483⑆ 707207182⑈ 1878

⑈0000001853⑈

©Clarke American

Flying Colors® TSFL

GERTRUDE SHIVER SCDL 4948232
411 MEETING ST., APT. 4309
CHARLESTON, SC 29403

2-18 95 1826

67-448/539

PAY TO THE
ORDER OF

Remo

\$31.81

Thirty One 81/100

DOLLARS

NationsBank

NationsBank of South Carolina, N.A.
Columbia, SC 29201

Deluxe Banking Customer

FOR

Gertrude Shiver

⑆053904483⑆ 707207182⑈ 1826

⑈0000003189⑈

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Flying Colors® TSFL

GERTRUDE SHIVER SCDL 4948232
411 MEETING ST., APT. 4309
CHARLESTON, SC 29403

2-10 95 1821

67-448/539

PAY TO THE
ORDER OF

Remo D. Shiver

\$46.14

Forty Six 14/100

DOLLARS

NationsBank

NationsBank of South Carolina, N.A.
Columbia, SC 29201

Deluxe Banking Customer

FOR

Gertrude Shiver

⑆053904483⑆ 707207182⑈ 1821

⑈0000004614⑈

©Clarke American

Flying Colors® TSFL

(285)

SAVE TIME CALL AHEAD FOR REFILLS

REVCO
4201795
PHONE (803) 723-9481
1015 KING ST.
CHARLESTON SC 29403

PATIENT GERTRUDE SHIVER
411 MEETING STREET, #4309
CHARLESTON SC 29403
(803) 577-2904

DATE 02/10/95
R.NO. 0564-693848
PRICE \$10.39

407 693848 00 9
SKELAXIN 400MG TABLET
CARNRICK
00086-0062-10 B

REVCO
4201795
PHONE (803) 723-9481
1015 KING ST.
CHARLESTON SC 29403

PATIENT GERTRUDE SHIVER
411 MEETING STREET, #4309
CHARLESTON SC 29403
(803) 577-2904

DATE 02/10/95
R.NO. 0564-693849
PRICE \$31.89

407 693849 00 6
CATAFLAM 50 MG TAB
CIBA
00028-0151-01 B

REVCO
4201795
PHONE (803) 723-9481
1015 KING ST.
CHARLESTON SC 29403

PATIENT GERTRUDE SHIVER
411 MEETING STREET, #4309
CHARLESTON SC 29403
(803) 577-2904

DATE 02/10/95
R.NO. 0564-693849
PRICE \$31.89

407 693849 00 6
CATAFLAM 50 MG TAB
CIBA
00028-0151-01 B

(286)

Trident Regional Health System
Employee Health Department

I, Gertrude Shriver have had a health status change and have been seen by a physician who has prescribed physical limitations as follows: Sit down work

My transitional job duties include the following:

Telemetry Monitor tech
Some Blood draws
" meds
" Basic Care - but not to be on
feet extended periods - Guard @
Arm care
no lifting

I have discussed and agreed to the above duties with my department director/supervisor and the occupational health nurse.

I further understand that I am expected to perform the above duties in accordance with the policies, procedures and performance expectations of Trident Regional Health System.

If my health status changes or I am unable to perform these duties I will notify my supervisor or the occupational health nurse immediately.

Gertrude Shriver
Employee

1-26-95
Date

Anita Korb 1/26/95
OHN Date

Director/Supervisor

Date

initiated 11/94

(787)

Time In 9:00
Time Out 10:20 Authorized By Anita

7974958

Trident Industrial Medicine
9237 University Blvd.
N. Charleston, SC 29406
803-572-0810

Disposition Form

Name GERTRUDE SHIVER S.S. # 249-98-2546
Employer TRIDENT REGIONAL HOSPITAL Occupation NURSE
Home Address 411 MEETING ST CHARLESTON, SC Home Tel. 577-2904
Sex F Marital Status 40 Age 40 Birthdate 5-19-54
Date & Time of Injury 1-23-95 1:55A First Exam 1-26-95 9:30A AM/P.M.
Allergy? ☐ No ☐ Yes What? NONE
Is there history of: ☐ Diabetes ☐ Heart Trouble ☐ Ulcer ☐ Back Trouble ☐ Arthritis
☐ High Blood Pressure ☐ Other Significant Illness ARTHRITIS ESOPHAGEAL REFLUX

Status of Tetanus Immunization QUESTIONABLE
Is patient on any medication now? ☐ No ☒ Yes What? DARVISET, MOTRIN
Do you believe you are pregnant? ☒ No ☐ Yes X-Ray & Tumor
Has patient been previously seen at TIM? ☐ No ☒ Yes Why and When? Rt Shoulder, Rt Elbow, Rt Knee, C ankle

History of Injury SLIPPED & FELL BY CANTINE, INJURED BOTH KNEES, AND FEET, RT. SIDE, ARM AND SHOULDER IN MAIN HALLWAY

X-RAYS FROM TRIDENT ER 1/23/95. Cont pain in knee
Examination not better. C ankle continue pain & swelling
from old injury (followed by ulna). Pain problem
now is at shoulder. Note pain & some popping
Pt. Pain thru ant. up rt & palp & motion. Some clicking
Loss of full motion behind back
It tender at ant knee - no loss or instability
Diagnosis C ankle - soft swelling med area
DX: Resolving contusion of knee & shoulder &
Treatment sprain of shoulder
Rt Shoulder got x3
Acute to pain

BILLING CODES

56 -

X-Ray DT - Monday 1/30/95 10:00
Work Status: Regular work ☐ Light work ☒
Limitations: Set down work only

Date of Next Visit 1/26/95 9:00A M.D.

I authorize Trident Industrial Medicine to release the results of this medical evaluation to the above-named company.

Signature Gertrude Shiver Date 1/26/95
(288)

TIME IN 9:20 TIME OUT 9:40

197-4958

Patient Return Report

Trident Industrial Medicine
9237 University Blvd.
N. Charleston, SC 29406

Date 2/2/95

Employee Anthony Shiner Social Security Number 219-98-2546
Employer TRMC

Insurance Company _____

Date of Injury 1-23-95

Diagnosis SpRAIN of Shoulder

Date of Last Visit Prior to Return 1-25-95

Physical Exam Shoulder "no better" not working. Has been chest pain -
abd pain - malaise. Shoulder better in motion (advised not to
use arm). Pain over Rt ant shoulder at int. pectoralis
muscle - com. full abduction.
no clicking felt.

Impression: SpRAIN of shoulder @ Flu syndrome (not Wc)

Report of X-ray and/or Special Tests _____

Treatment and/or Disposition - Remarks: _____

Rel. Relativ
Cont Motion

Work Status: Regular Duty ☐ Limited Duty ☒

Limitations: no use Rt arm (ok to write)
Rec: 20 PMD Re Flu Sx's

Date of Next Visit 7 Wednesday 2/9/95 9:30

O. Scott

M.D.

(289)

TIME IN 10:05 TIME OUT 10:50

Patient Return Report

Trident Industrial Medicine
9237 University Blvd.
N. Charleston, SC 29406

Date 2/10/95

Employee Opstrude, Shiree
Employer TRMC

Social Security Number 229-98-2546

Insurance Company _____

Date of Injury 1-23-95

Diagnosis Sprain of shoulder @ the gym (not W/C)

Date of Last Visit Prior to Return 2-2-95 She has apt. for general PE with PMD/Dr. Co

on 2/28/95 (non-w/c). She says she saw ortho (Dr. Bunker) in Jan 95 for low back pain. She thought it was sports related but now injection in shoulder, stopped for awhile, but now has pain.
Physical Exam no tenderness which she feels is related to her fall at work. She also
still has shoulder pain.

Shoulder exam well - full ROM; no reflex or motor deficit;
arth. exam well except for possible minor swelling

Impression: 1) Sprain of shoulder - resolving 2) Possible repetitive strain

Report of X-ray and/or Special Tests _____

Treatment and/or Disposition - Remarks: _____

1) diclofenac 400mg

2) Rx - Celecoxib 50mg; # 20; Sig: 11 initially, then TID with food

Work Status: Regular Duty ☐ Limited Duty ☒

Limitations: Sedentary work only; no lifting or straining over
the shoulder.

Date of Next Visit Wednesday 2/17/95 10:00

W. Bunker, M.D. M.D.

(290)

TIME IN 10:05 TIME OUT 10:33

Patient Return Report

Trident Industrial Medicine
9237 University Blvd.
N. Charleston, SC 29406

Date

2/17/95

Employee

Artrude, Shiner

Social Security Number

249-98-2546

Employer

TRMC

Insurance Company

Date of Injury

1-23-95

Diagnosis

Spinal shoulder - rescaling @ possible separation of ankle

Date of Last Visit Prior to Return

2-10-95

Eng. she went to orth. last week (Dr. Boudier)
& he told her she had fallen and she to get better work supports - seem to be helping her feet

Physical Exam

Still motor discomfort in st. shoulder & st. trochanter region;
but essentially normal ROM; no reflex or motor deficit

37-

Impression:

St. shoulder & st. trochanter

Report of X-ray and/or Special Tests

Treatment and/or Disposition - Remarks:

1) Discontinue Colchicine

2) Re. Keflex 500 mg; #29; 5 in. II a.d. with food

(3) PT 3x/week x 2 wk & Tuesday 2/21/95 11:00

Work Status: Regular Duty ☐ Limited Duty ☒

Limitations:

lost present limitations

Date of Next Visit

2 weeks Friday 3-3-95 10:00

Upshur, MD

M.D.

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE WORKMEN'S COMPENSATION ACT

Please type this report

I.C. File No. _____

Emp. Code No. _____

Carrier Code No. _____

Carrier File No. _____

Code numbers furnished each employer and carrier should be inserted before mailing.

(Refer to I.C. File No. in all correspondence about this injury.)

SOUTH CAROLINA INDUSTRIAL COMMISSION

Columbia, South Carolina 29204

PHYSICIAN'S REPORT AND ITEMIZED STATEMENT

Authorized by Anita

411 Meeting St
Charleston, SC

1. Employee: Gertrude Shiver 249-98-2546 5-19-54 Address: (Complete)

Last First Middle SS# DOB

2. Employer: TRMC Address: (Complete)

3. Date of Injury: 1-23-95 4. Time of Injury: 1:55a AM PM 5. Date Disability Began:

6. Describe in Employee's Words how accident occurred?

sts. slipped & fell in main hall way-injured both knees, feet, R. arm & shoulder.

7. Who rendered first treatment? C T Cook, MD Where? office Date 1-26-95 Time 3:30a AM PM

8. Who engaged your services? personnel 9. Name and address of hospital

10. Was patient hospitalized? no 11. Date of Admission 12. Date Discharged

13. Were x-rays taken? no 14. By Whom?

15. Describe any pre-existing condition? arthritis, esophageal 16. Diagnosis Resolving contusion of knee & shoulder w/sprain of shoude

17. Describe treatment rendered: exam, f/u 18. Operations? If so, what?

exam. 1/1

19. Codes:	O - Office					V - House Visit					H - Hospital					N - Night					S - Operation					X - X-ray					M - Other Medical Charges										
20. Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
January																										0															
February		0							0								0																								

21. DATE	SERVICE	MED. FEE SCH. CODE	No. of	RATE	AMOUNT
1/26/95	Office visit	99202	1	3.5	56.00
2/2/95	Follow up visit	99212	1	2.0	32.00
2/10/95	Follow up visit	99212	1	2.0	32.00
2/17/95	Follow up visit	99212	1	2.0	32.00

TOTAL CHARGES 152.00

22. Is present disability result of above described injury? Yes X No 23. Are physical restoration services indicated? Yes X No 24. Are Voc. Rehab. services indicated? NO Yes No

25. Date Able to Return to Work 1/26/95 Light Normal 26. Additional Remarks: Sedentary work only; no lifting or straining over 5 lbs w/R. arm.

27. Date Discharged As Cured: Follow up appointment 3/3/95 - NO SHOW!

28. Any Permanent Injury: none indicated 29. Describe Fully

30. Name, Address and Phone Number of Physician: (Please Print)

C T Cook, MD

IRS NO 57-0609614-007

Trident Industrial Medicine

9237 University Blvd

Charleston, SC 29406

Physician's Signature: C.T. COOK, MD/Sm

Date of Report 3-14-95

IRS No. _____

(292)

AGENCY
COUNTER RECORD
TRIDENT REG HLTH SYS
MEDICAL PLAZA DR
ARLESTON SC

REG DATE: 01-31-95
REG TIME: 22:50

2 BILLING NO. 009530342992								
VISIT INFORMATION								
4 CPT ED	5 DATE 01-31-95	6 TIME 22:50	7 SP 01	8 TYPE E	9 SAE			
11 SEX F	12 RACE B	13 BIRTH DATE 05-19-1954	14 AGE 040	15 HEIGHT	16 WEIGHT	17 SS	18 MS 8	19
21 HOME 803		22 WORK 353-3235	24 HOW PATIENT ARRIVED WALK			25 OUT PATIENT SURGERY INFORMATION		
26 PROC CD		27 PROCEDURE		28 LOC	29 TIME	30		31
32 EMERGENCY PHYSICIAN RICE E 040								

Y OF ARRIVAL	☒ AMBULATORY	☐ WHEELCHAIR	☐ CARRIED	☐ STRETCHER	☐ EMS UNIT	☐ COMA
CONDITION ON ADMISSION	☒ GOOD	☐ FAIR	☐ POOR	☐ SHOCK	☐ HEMORRHAGE	
AGENCY CARE GIVEN TO PATIENT PRIOR TO ARRIVAL	TEMP 98	ORAL RECTAL AXILL	PULSE 100	B.P. 148/98	RESP. 20	WEIGHT
ANALYSIS	NURSE'S SIGNATURE S. Weigelt, RN/AC					TIME IN ROOM 2305
SENT MEDICATION						M.D. IN TO SEE 2330

ALLERGIES: NKDA

1/31/95 Chest shoulder + foot pain
8-9 pm to a fall from laundry
shelf + fell on white stool, hurt
I n/c - chest x 2, 15 min rest.
(2) foot @ shoulder - after wet floor

1/31/95 Hx N/A/T, under comp
1 pm on Thursday
chest discomfort, tachy, SOB
+ palp

1/31/95 C/O SOB HT
Hx N/A/T, Hx angina
Sx chest pain, tachy, SOB
after @ rest

X 2 - all as above

TREATMENT/DIAGNOSTIC & THERAPEUTIC ORDERS	
☐ CBC	☐ W/DIFF
☐ UA	
☐ SMA-7	
☐ CULTURE-URINE	
☐ CULTURE-BLOOD	
☐ PACXR	
☒ (R) chest	
☒ (L) shoulder	2330 DL
☐ ABG'S	
☐ EKG	
☐ I.V. PUMP	
☒ ONE-TOUCH	done
☒ (R) foot	6010

RESPONSE TO TREATMENT:		ALEXIS		FEB - 9 1995	
DIAGNOSIS CODES		Chest pain + SOB 2nd slip + fall		TIME	
DISPOSITION OF CASE		ADMITTED ☐ DISCH ☐ ADMIT FOR OBSERV ☐ LEFT AMA ☐		ADMITTING NOTIFIED	
OMIT TO ROOM		AT (TIME)		PER DR.	
CONDITION ON DISCHARGE FROM		APPROVED ☒ CRITICAL ☐ D.O.A. ☐ DIED ☐		DISCHARGED ☐ AMBUL ☐ W.C. ☐ CARRIED ☐ OTHER	
WORSENERD ☐ UNCHANGED ☐		DISCHARGE TIME 0010		DISCHARGE DATE 2-4-95	
NURSES INITIALS K		I CERTIFY THAT I RECEIVED AND UNDERSTAND THE ABOVE INSTRUCTIONS		PATIENT'S SIGNATURE (294)	

EMERGENCY ENCOUNTER RECORD

1. NAME Green, Sarah		2. BIRTH DATE 1-23-95		3. SEX F		4. CLASS 1-23-95-2231		5. VISIT INFORMATION OS 3009	
6. HOME TELE 353-0724		7. WORK TELE 353-0724		8. HOW PATIENT ARRIVED WALK		9. AGE 40		10. HEIGHT 5	
11. COMPLAINT Shoulder & knee injury		12. PROC CODE 203		13. PROCEDURE WALK		14. LOCATION 203		15. TIME 1:23	
16. PRIVATE PHYSICIAN Dr. W. E. Davidson		17. AND IS PERSON		18. HOW PATIENT ARRIVED WALK		19. LOCATION 203		20. TIME 1:23	
21. WAY OF ARRIVAL WALK		22. CONDITION ON ADMISSION GOOD		23. FAIR		24. POOR		25. STRETCHER	
26. EMERGENCY CARE GIVEN TO PATIENT PRIOR TO ARRIVAL		27. TETANUS		28. PRESENT MEDICATION		29. ALLERGIES		30. TREATMENT DIAGNOSTIC & THERAPEUTIC ORDERS	

31. CHIEF COMPLAINT AND ASSESSMENT PT fell out work - early this AM - slipped - landing on both knees & hands - Did not hit head - No LOC - C/O popping @ shoulder & @ knee - has had some popping in knee before - PMH - no ankle injury @ being treated by Dr. Boles for tendonitis - Social - Nurse here - ROS - No W/C - NO CP No atk - Alert, lucid - appears com - no evidence head injury - neck spine went to palpation - @ shoulder - no point tenderness - tender post-spiralizer on flap - humerus went - @ elbow - sore post olecranon area - no fracture - cool to touch		32. CBC		33. W/DIFF	
34. UA		35. SMA-7		36. CULTURE-URINE	
37. CULTURE-BLOOD		38. PA CXR		39. @ Shoulder	
40. @ Elbow		41. @ Knee		42. @ Ankle	
43. ABG'S		44. EKG		45. TREATMENT	
46. I.V. PUMP		47. ONE-TOUCH		48. Ace wrap @ knee	
49. @ Ankle		50. WOUND CLEANED, DRAPED, COPIOUSLY FLUSHED INFL W / 1% LIDOCAINE AND CLOSED WITH:		51. DISCHARGE	
52. AMBUL		53. W.C.		54. CARRIED	
55. OTHER		56. DISCHARGE DATE		57. NURSES INITIALS	
58. DISCHARGE TIME		59. I CERTIFY THAT IF I RECEIVED AND UNDERSTAND THE ABOVE INSTRUCTIONS		60. PATIENT'S SIGNATURE	

9530332069

01231995

DAVISON

SHIVER GERTRUDE

05191954

40 F

MR249982546

TRIDENT REGIONAL HEALTH SYSTEM

EMERGENCY CARE UNIT

(803) 797-7000 EXTENSION 160

CHARLESTON, SOUTH CAROLINA 29418-9195

ECU Discharge Instructions

The exam and treatment that you have received in the ER was on an emergency basis only and does not substitute for a complete medical exam. You must follow-up with your doctor because it is sometimes impossible to find and treat all elements of an injury or illness in a single ER visit. You must see your doctor as instructed. All X-rays, EKG's, and cultures will be read by a specialist, if there is a change we will call or write you. Be sure you have given us your correct address and phone numbers in case we need to contact you. We are not allowed to give advice or results over the phone.

☐ WOUNDS, CUTS, ABRASIONS, AND BURNS

- _____ Keep your wound clean and dry.
- _____ See your doctor or return for redness, red streaks, pus, discharge or any signs of infection.
- _____ Have your stitches removed in _____ days.
- _____ Have your wound rechecked in _____ days.
- _____ Change your bandage in 24 hours.
- _____ Use Hydrogen Peroxide to clean your wound. Then bacitracin and sterile bandage for dressing.
- _____ Your tetanus booster is good for 5 years.
- _____ Elevate the wound for 24 hours.
- _____ Stitches will dissolve in 2-3 weeks. Soft diet for 5-6 days.
- _____ Keep the _____ mobile. Do range of motion exercises several times a day.
- _____ Take your antibiotics until gone.
- _____ Do not remove your bandage until seen by your doctor.

☐ HEAD INJURY OR HEADACHE

- _____ See your doctor or return immediately for: vomiting, high fever, bleeding from ears or nose, clear drainage from ears or nose, worsening headache, change in pupils (black part of eyes), eyes that are moving separately, change in speech, change in walking, seizure, any strange behavior, or change in behavior that you or your family are concerned about.
- _____ Waken the patient hourly for the first 12 hours to check these signs.

☐ SPRAINS, FRACTURES, AND BRUISES

- _____ Elevate the area, use ice pack for _____ days.
- _____ Use the sling or ace as directed. Remove if your toes/fingers turn blue, numb, cold, or painful. And return.
- _____ No weight bearing until comfortable, if not comfortable in _____ days
- _____ Return for numbness, blueness, or if the area becomes cold.
- _____ Use crutches for _____ days.
- _____ Your cast will be damp for 24 hours. Do not apply pressure bearing weight.
- _____ Keep your cast elevated for 24 hours.
- _____ Decrease your use of the injured area.
- _____ Do range of motion exercises for your shoulder as directed, during the period of time that you are in a sling.

☐ GASTRITIS AND ABDOMINAL PAIN

- _____ Clear liquids for 24 hours (broth, soup, jello, gatorade, etc.)
- _____ Do not take aspirin, motrin, advil, coffee, milk, or spicy food.
- _____ You may start a light diet after 24 hours if you are improving (soup, bread, crackers, jello, etc.)
- _____ Return or call your doctor for any vomiting of blood or if your stools turn black.
- _____ Call your doctor for worsening of fever or pain.
- _____ In children offer or encourage the intake of fluids two or three times an hour.

☐ BACK OR NECK INJURY

- _____ Use heat or cold compresses, massage, no heavy lifting or bending.
- _____ Use a bed board between your mattress and box springs.
- _____ Avoid movements that make the pain worse.
- _____ Return immediately if you lose control of your urine or stool.
- _____ If there is no improvement in 2 or 3 days see your doctor.

☐ CULTURES, X-RAYS, AND TESTS

- _____ Some tests and cultures take several days to be ready. We will call you with any results that affect your care.
- _____ All of your x-rays will be read by radiologist tomorrow, if there are any changes that affect your care we will again notify you.

☐ FEVER

- _____ Drink plenty of fluids (gatorade, pedialyte, soup, ginger ale, etc.).
- _____ Tylenol for fever. Do not use aspirin for fever.
- _____ Give Tylenol and/or tepid (warm not cold) water bath for fever greater than or equal to 102°. Check the temperature every 4 hours. Do not use alcohol for sponge bath.
- _____ Light diet (jello, soup, clear liquids, broth, etc.), no milk.
- _____ You must treat the fever because children can have seizures from fever.

☐ GENERAL INSTRUCTIONS

- _____ IF YOU GET WORSE, OR HAVE PROBLEMS, RETURN FOR RE-EVALUATION.
- _____ See doctor _____ days.
- _____ Call one of the doctors on the list we have given you for follow-up.
- _____ May miss work/school/PE from _____ to _____
- _____ Light duty from _____ to _____
- _____ BE CAUTIOUS: Your medicine shouldn't be mixed with alcohol and may make you drowsy.
- _____ Take your medicines as directed.

Light duty tonight - Rest
Walking & lifting to 5 lbs
to see Anita tomorrow
for referral to TCM

ER Physician _____
 Witness giving instructions _____

I understand these instructions. I understand that I have received emergency treatment only. I must follow-up with my doctor.
 Patient or Guardian _____

(296)

EMERGENCY DEPT. RECORD

BON SECOURS-ST. FRANCIS XAVIER HOSPITAL, 135 RUTLEDGE AVE., CHARLESTON, S.C. 29401

TELEPHONE NO. (803) 577-1037

UNIT RECORD NO. 189551		DATE/TIME IN 02/02/95 19:10		ACCOUNT NO. 4625430		MODE OF ARRIVAL WHEEL		ATTENDING PHYSICIAN 7380 DR. WILLIAM E. CROUCH							
PATIENT NAME SHIVER, GERTRUDE						SOCIAL SECURITY NO. 249-98-2546		AGE 40		BIRTH DATE 05/19/54		SEX F	RACE B	M/S S	F/C 17
ADDRESS 411 MEETING STREET						CITY CHARLESTON				STATE SC		ZIP CODE 29403		TELEPHONE 803 577-2904	
WEIGHT		ACUTIES O.D. O.S.		REASON FOR REGISTRATION Pain				PRIVATE/REFERRING PHYSICIAN WM CROUCH							
VITAL SIGNS						ALLERGIES				CURRENT MEDICATIONS				TETANUS INITIAL SERIES RECEIVED ☐ DATE LAST BOOSTER	
TIME		TEMP		PULSE		RESPIR		BP							
CONDITION ON ARRIVAL						CHIEF COMPLAINT See triage note				TIME IN		TRIAGE CLAS			
☐ ALERT ☐ ORIENTED ☐ DISORIENTED ☐ LETHARGIC ☐ COMATOSE ☐ COMBATIVE						TRIAGE COMMENTS/ASSESSMENT									
RESPIRATORY STATUS															
SKIN CONDITION						SIGNATURE OF TRIAGE NURSE Sharon Saterm...									
☐ WARM, DRY ☐ COLD, CLAMMY ☐ CYANOTIC ☐ DIAPHORETIC ☐ PALE															

Fell 1:55 PM 1/03/95 @ work.
Her hand pain day or 2 cloudy, sperm +
Dankle as well as just used.
PR: Muscles tenderness in areas acetabulum
X-rays reported negative.

[illegible]



BON SECOURS
ST. FRANCIS
XAVIER HOSPITAL

462543

003-577-2904 EU

SHIVER, GERTRUDE

020295 17

UR130551 051954 40YBFS BAPT

411 MEETING STREET

CHARLESTON, SC 29403

Dobson, William H., Jr.

DATE:

2/2/95

TIME IN

6:40 pm

TRIAGE CLASS

B

CHIEF COMPLAINT

C/O pain @ ^{upper} right side of chest, lower abdomen, pelvis and back.

TETANUS
INITIAL SERIES
RECEIVEDDATE LAST
BOOSTER

Allergies

NKDA

WEIGHT

ACUTIES

N/A

o.c. N/A o.s.

CURRENT MEDICATIONS

CONDITION ON ARRIVAL

☒ ALERT☐ ORIENTED☐ DISORIENTED☐ LETHARGIC☐ COMATOSE☐ COMBATIVERESPIRATORY
STATUS

WNL

SKIN CONDITION

☐ COLD, CLAMMY☐ CYANOTIC☒ WARM, DRY☐ DIAPHORETIC☐ PALE

Motrin

Skelaxin 400 mg

TIME

T

P

R

B/P

TRIAGE COMMENTS/ASSESSMENT

6:40 pm

97°

119

20

138/89

C/O pain in right side of chest, lower abdomen, pelvis and back. States she fell on 1/23/95 at work and has become more painful since the fall.

Dorison Bateman R

Admitted to room #2 Dorison Bateman R

7:15 pm

8:00 pm

D. Pinner initial.

Hemodialysis - no other recommendations

481 x1.

K. Pinner



9330 Medical Plaza Drive
Charleston, South Carolina
29406-9195
Hotline 797-8887

PHYSICAL THERAPY: INITIAL EVALUATION

Patient: Shiver, Gertrude

Physician: Dr. cook

Date: 01/30/95

Diagnosis: Right shoulder strain.

Past Medical History: The patient states this is insignificant.

Subjective: The patient states she fell onto her hands and knees on 01/23/95. This happened at work where she is a nurse. The patient reports visiting the emergency room where x-rays were taken and reported negative at that time. The patient reports she is right hand dominant and is off work until she is okay to return by the physician. The patient reports her occupation is a nurse and requires some heavy lifting. The patient's major complaint today is of shoulder and neck pain that is irritated by reaching behind her back and increased at night. At home the patient is treating her pain with heat and 200 mg of Motrin when it hurts, approximately 2 times per day. The patient also reports a dull sensation inside her right ear. Her sleeping position is usually on her left side or back.

Objective: Functional Activities: The patient is cautious donning and doffing her jacket.
ROM: Right shoulder internal rotation is limited to the level of the PSIS, abduction is 90°, forward flexion is to 170°, and external rotation is to 90°. Left ROM is WNL. Cervical ROM is limited side bending right to 20°, left 40° and extension 30°. Others, WNL.
Strength: Upper extremities: Left is WNL. Right is deferred secondary to increased pain and patient apprehension. Special Tests: Horizontal adduction with increased pain approximately 100°, but AC joint was cleared. Palpation: Point tender at sternoclavicular mid clavicle, and minimal tenderness at AC. Muscle splinting throughout the supraspinatus, infraspinatus, trapezius, and cervical paraspinals.

Treatment: The patient performed self ROM with the overhead pulleys, self passive ROM of upper extremity on a level surface, pendulums, and instructed on application of ice 2-3 times per day.

Assessment: This is a 40-year-old black female with complaints of right shoulder and pain with increasing intensity at night. The patient displays limited cervical and shoulder ROM and wide spread muscle splinting.

Goals:

1. Increase cervical side bending to the right by 5° within 3 visits.
2. Increase right shoulder internal rotation indicated by the hand reaching L1 level within 3 visits.
3. Further assessment next visit.

Plan: Continue the shoulder ROM involving the cane and further assessment to clarify the treatment and progression. Patient will be seen 3 times per week for 1 week.

Thank you very much for this referral.

Signature
of Therapist

Camille Haskins, S.P.T. / Beth Pantone, P.T.

Date

2/2/95

Signature
of Physician

Date

CH/BP:ETS/cab

(299)



BON SECOURS-ST. FRANCIS XAVIER HOSPITAL
Bon Secours Health System

4674297, 17 03-02-95 BAP1
SHIVER, GERTRUDE 189551
CROUCH, WILLIAM E...DR.
411 MEETING STREET
CHARLESTON SC 29403

PHYSICAL THERAPY

O/P Age/Sex _____

Date 3-2-95 Initial Eval ☒ Re-Eval _____ D/C Eval _____ I/P _____ O/P ☒
Admitting Diagnosis Uremic encephalopathy @ abd + neck Surgery & Date n/a
Treatment Requested abd + neck
Referring Physician Dr. J.C. Crouch Primary Physician _____

S: Subjective/Patient History Pt. is a 40 y/o BF referred to PT 2nd to having @ abd + neck pain. Pt. reports having in good health. Pt. states he has @ location on Jan. 23rd has had pain since then. Pt. does not have other health problems. No other symptoms.

O: Objective:

Range of Motion ☒ WNL _____ WFL _____

Limitations _____

Strength ☒ WNL _____ WFL _____

Limitations @ abd. 1 3+/5, 1 3+/5, abduction 4+/5, int. rotation 3+/5, ext. rotation 4/5

Sensation/Palpation/Atrophy: Lt. touch sensation intact in all extremities. No hyperreflexia, muscle weakness or tingling. Pt. having muscle spasms in abdomen & distal regions. Pt. @ present has no other symptoms.

Home Situation Pt. lives by himself. Pt. is a nurse at a local hospital.

Equipment 0

Functional Level prior to Admission Pt. is having pain in PT, pt. has been @ all activities but has experienced pain & all movements.

Functional Ability/Gait at Present:

Bed mobility: ☒ (I)

Supine → Sit: ☒ (I)

Sit → Stand: ☒ (I)

Transfers: ☒ (I)

Balance: Good

Gait: (1) wt. bearing status R L _____ NWB _____ TDWB _____ PWB ☒ WBAT/WBTT

(2) Assistive Device: Std. Walker _____ Roll. Walker _____ Crutches _____ Cane _____ N/A ☒

(3) Level Surfaces: Assist Needed ☒ (I)

(4) Distance Ambulated Unlimited distance

(5) Stairs: Assist Needed ☒ (I)

(6) Self Care Activities _____

Pain Pt. reports having in pain since he had. Pt. states pain comes & goes but mostly pain in at night. At night pain is 5/10 & regularly 3/10 @ Neurological Status @ = normal & @ = normal. Pt. has pain, burning from base of thumb to the top of the hand. Pt. has pain @ all physical motions. Observations/Special Tests: @ Neck exam, that Pt. noted as having a forward head, rounded shoulders & thoracic hyperlordosis in sitting.

(300)

Treatment: Pt. seen 1x today in dept for initial eval. Pt. received MH x 20 min. to relieve & @ phed. regimen. Pt. received massage to some area, a emphasis on: quadriceps, regimen. Pt. instructed in correct ROM, phed phed "Adapted interaction exercises."

A: Assessment: Goals with time frames were discussed with patient/family and set as follows:

Short Term Goals (3 weeks)

1. ↓ pain, less by 1 degree to 2/10 to enable pt. to perform all activities pain free.
2. Pt. able to perform HEP for strengthening & 10 #. wt. painless

3.

4.

Long Term Goals (3 weeks)

1. Pt's pain, less & to 0/10 to allow to walk
2. Pt. able to return to work painless & @ phed medication
3. Pt's BIL strength ↑ to 4+5 & pain

Patient/Family Goal: ↓ pain & ↑ strength in order to return to work.

Rehab Potential: Good for all above goals.

P: Plan:

U/C in pt 2x/week for Rx of exercise & @ phed pain.

☒ Rx Plan was discussed with Pt/family/caregiver

Patient/Family/Caregiver Training: Exercises/Activity taught to ☒ Pt. ☐ Family Caregiver

☒ Patient/Family/Caregiver demonstrates understanding and performs appropriately.

☐ written copy given

☐ Discharge from Inpatient PT

☐ Admit to SNF

☐ Discharge from SNF

☐ Homehealth will follow

☐ Homehealth checklist complete

☐ Other:

☐ Continue outpatient PT

☐ MD follow up only

☐ No PT follow up planned

*copy sent to MD on 3-7-95

Signature: Margaret, RN, DPT

(301)

PROelecDT Mainframe System

1. Main power ON
2. Enter program number
3. Confirm desired program - Enter "E"
4. Enter desired treatment time (10-20 minutes)
5. Confirm desired treatment time - Enter "E"
6. Treatment Options: "TD" Treatment Distribution
"P" Pause/Run timer
7. Apply desired electrodes
8. Set desired dosage slowly

Treatment Date	Program Number	Treatment Time	Treatment Options	Dosage Level	Desired Electrodes
3/21	15	20 min		9mA	4 electrode
3/23	15	20 min		10mA	4 electrodes
3/28	15	15 min		10mA	4 electrodes
3/30	15	15 min		11mA	4 electrodes
5.					

Pain Scale Score

0 = no pain, 10 = Severe Pain

Treatment Date	Before Treatment	After Treatment
3/21	3/10	1.5/10
3/23	2/10	1/10
3/28	2/10	0/10
3/30	0/10	0/10
5.		

Temperature Gradient Score

0 = no pain, 10 = Severe Pain

Treatment Date	Before Treatment	After Treatment
1.		
2.		
3.		
4.		
5.		

Sleep Pattern Score

0 = no sleep, 5 = sound sleep

Treatment Date	
1.	
2.	
3.	
4.	
5.	

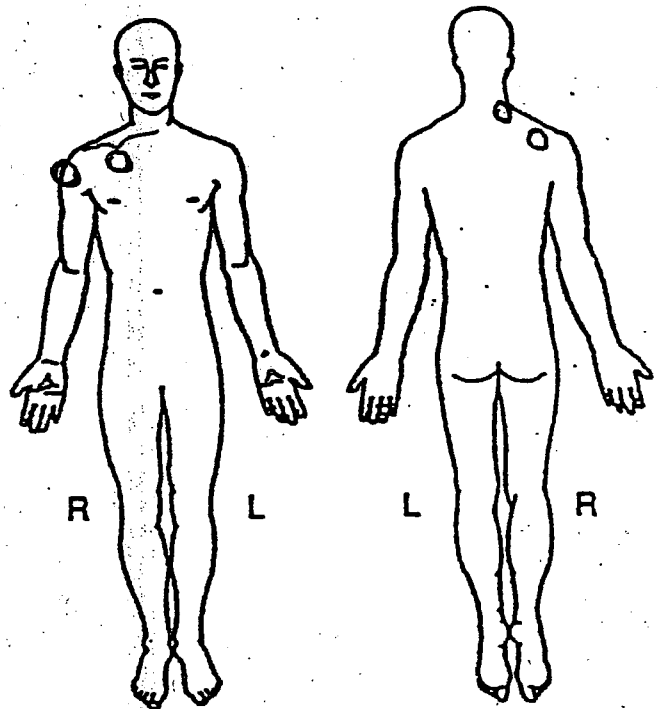
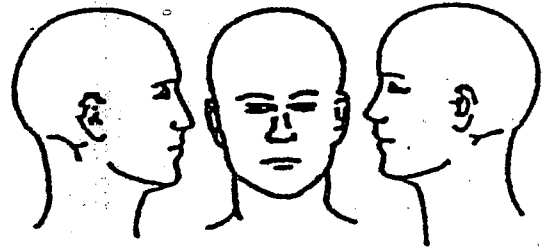
Other Diagnostic Tests

Results are specified below

Treatment Date	Before Treatment	After Treatment
1.		
2.		
3.		
4.		
5.		

Comments:

Patient: Monique Shivers



Tentative Diagnosis:

Treatment Plan:

Treatment Regimen:

Signed:

(302)

PROGRESS RECORD

Margaret Shiver

NAME	ADDRESS	SERVICES OF DR.
DATE	Note progress of case, complications, consultations, change in diagnosis, condition on discharge, instructions to patient.	
3/7/95	PT Not	
S: Pt. states the last treatment has helped ↓ her pain.		
O: Pt. seen 1x today in dept. Received mpt to cervical & @ abd x 20 min followed by massage to both areas. Pt. performed all exercises & shed ROM. Received a verbal eval. Performed nerve-flicking, massage to trap region, & around clavicle. instructed pt. proper sitting & standing posture to help ↓ rounded, shed & forward head.		
P: 70% cont. to ↓ pain & improve posture		
Margaret Shiver PT		
3/9/95	PT Not	
O: Pt. called & cancelled today's appt		
P: 70% cont. to PT on 3/14/95.		
Margaret Shiver PT		
3/14/95	PT Not	
S: Pt. states her pain at night in 3/10 & @ - motion & 10 = verbal pain.		
O: Pt. seen 1x today in dept. Received mpt to cervical & @ abd x 20 min followed by massage to both areas. Pt. @ posterior muscle noted as having swelling around insertion area. Received exercise & @ shed ROM. Received a verbal eval. Pt. sitting posture noted as having improved & adoption of more ↑ thoracic hyperlord. Began self tissue mobilization of cervical spine & trap region. Pt. received ice to @ posterior region. P: A: trap posture is improving. Pt's pain is relieving & @.		
P: 70% cont. to 2x/week working on posture, ↓ pain & being able to return to work in 2 weeks		
Margaret Shiver PT		
3/16/95	PT Not	(303)
S: Pt. reports she still has minimal pain		
O: Pt. seen 1x today in dept. Received mpt x 20 min & massage to cervical & @ abd region. Pt. @ posterior muscle still noted as having minimal edema. Pt. performed cervical & @ abd ROM. Received		

3/10/95

PT Note cont

O: followed by soft tissue mobilizations to help ↓ edema in pectoral region
Q: performed chin tucks, head shrugs & scapular retraction exercises
Received ice to posterior region x 10 min

A: Q's scapular & deltoid region has ↓ muscle spasm

P: used ice pt for 2 more weeks ex/week.

Margaret Allen PT

3/21/95

PT Note

S: Q: states she is back to work again & has not had any problems. Q: reports having ↓ muscle spasm in scapula & deltoid region. Q: states she is having pain relief from Q.

O: Q: runs 1x today in dept. Received MH x 20 min followed by electrical stim to ↓ pt's pain level (also attached sheet for program & electrode placements). Q: performed cervical ROM & B) head strengthening @ 0.5# wt.

A: Q's pain has ↓ which has enabled her to return to work

P: used cont @ ↓ pt's pain & ↑ strengthening

Margaret Allen PT

3/23/95

PT Note

S: Q: reports having gone back to work & having no problems @ her B) head.

O: Q: runs 1x today in dept. Q's pain level is 2/10 @ 0 = no pain & 10 = worst pain. Q: received MH x 20 min followed by electrical stim to ↓ pt's pain level (see attached sheet in chart.) Q: instructed in scapular retraction exercises & chin tucks to improve posture. Q: performed cervical ROM & B) head strengthening @ 0.5# wt. all exercises x 10 reps each. Q's pain level p a-stim & exercises 1/10 @ 0 = no pain & 10 = worst pain

A: Q: making good progress @ pain management & strengthening exercises
few carry-overs from Q: to home has improved

P: used ice pt 1 more week

Margaret Allen PT

(304)

BON SECOURS/ST. FRANCIS XAVIER HOSPITAL

Charleston, S.C.

Merthede Shivers

PROGRESS RECORD

NAME	ADDRESS	SERVICES OF DR.
DATE	Note progress of case, complications, consultations, change in diagnosis, condition on discharge, instructions to patient.	
3-28-95	PT Not	
S: Pt. stated that she has had only slight pain & has much. D: Pt. num. 1x today in dept. Pt's pain level p. last Rx was 1/10; today a Rx pt's pain level 2/10 & 0 = no pain x 10 = worst pain. Pt's sitting posture noted as having a ↓ in thoracic hyperflexion & arm. ↑ a pt. sitting on sofa. Received MH x 10 min followed by a-ptm. (as per chart attached) x 15 min. for pain control. Pt performed peripheral ballroom exercise on chin, trunk, cervical ROM, & @ shoulder strength training a 10# wt. each x 15 reps. Pt's pain level p. Rx & exercise was 0/10 & 0 = no pain x 10 = worst pain. A: Pt. has achieved pain goals as stated in initial visit. P: Review for final visit on 3-30-95		
	Margaret Allen PT	
3-30-95	PT Not	
S: Pt. stated that she is having no problems. D: Pt. num. 1x today in dept. Pt's pain level a. Rx 0/10 & 0 = no pain x 10 = worst pain. Strengths: @ shoulder √ 4+1/5, 1 4/5, abduction 5/5, with rotation 4+1/5 & 10/10 rotation 5/5. Received MH x 10 min followed by a-ptm (as described in chart) x 15 min. Pt performed all exercises as described on 3-28-95 x 20 reps. Pt's pain level p. Rx 0/10. P: Pt. will be d/c'd from PT 2° to having met all goals.		
	Margaret Allen PT	
(305)		



BON SECOURS-ST. FRANCIS XAVIER HOSPITAL
Bon Secours Health System

PHYSICAL THERAPY

Shuler, Westhede

O/P Age/Sex 40y10 F

Date 3-30-95 Initial Eval _____ Re-Eval _____ D/C Eval ☒ I/P _____ O/P ☒
Admitting Diagnosis lumbosacral @ phd & neck Surgery & Date n/a
Treatment Requested eval & treat
Referring Physician Dr. J.C. Church Primary Physician _____

S: Subjective/Patient History pt is a 40y10 BF referred by PT to having @ phd & neck pain. Q's report to initial eval for the PT. Q's states she is having no problems at has @ phd & neck. Q's reports

O: Objective:

Range of Motion ☒ WNL _____ WFL

Limitations _____

Strength _____

Limitations @ phd ☒ WNL 4+/5 1 4/5 int. latissimus 4+/5

Sensation/Palpation/Atrophy: St. touch sensation intact in all extremities. No hyperaesthesia or numbness or tingling. Q's not having any muscle atrophy or wasting in @ partial region.

Home Situation Q's lives by herself & is a mother at a local hospital.

Equipment Q

Functional Level prior to Admission Q's is initial eval, pt has been @ all functional activities & has had pain to all muscles

Functional Ability/Gait at Present:

Bed mobility: (I)

Supine → Sit: (I)

Sit → Stand: (I)

Transfers: (I)

Balance: 5/5

Gait: (1) wt. bearing status R L _____ NWB _____ TDWB _____ PWB ☒ WBAT/WBTT

(2) Assistive Device: Std. Walker _____ Roll. Walker _____ Crutches _____ Cane _____ N/A ☒

(3) Level Surfaces: Assist Needed (I)

(4) Distance Ambulated Unlimited, Normal

(5) Stairs: Assist Needed (I)

(6) Self Care Activities _____

Pain Q's reports have @/a a-p @ a-a no pain, & no worse pain. Q's states she has had no pain at night or at cervical motion

Neurological Status _____

Observations/Special Tests: Q's sitting posture has had noted. Improvements in forward head & rounded phd. Q's not noted as having slight thoracic hyperextension but it has & some initial eval on 3-2-95

(306)

A: Assessment: Goals with time frames were discussed with patient/family and set as follows:

1. All STGS as stated in initiation upon 3-2-95 were achieved.

1. All STGS as stated in initiation upon 3-2-95 were achieved.

2. _____
3. _____
4. _____

1. All LTGS have been achieved, as stated in initial mission, 3-2-95 & adaptations.

1. All LTGS have been achieved, as stated in initial mission, 3-2-95 & adaptations.

2. of ① shed / strength, 4/5
had 7 conts. was of ② 11E, pt. 1100 ↑ ③ 11E, strength

3. _____

Patient/Family Goal: Pl's goal has been achieved

Rehab Potential: Good

Plan: to visit by D/C'd from PT 2° to having most all of his gear

- ✓ Rx Plan was discussed with p/family/caregiver

Patient/Family/Caregiver Training: Exercises/Activity taught to ✓ Pt. Family Caregiver

- (Patient/Family/Caregiver demonstrates understanding and performs appropriately.)**

- ✓ written copy given

- Discharge from Inpatient PT**

- ### Admit to SNF

- Discharge from SNF**

- ## Homehealth will follow

- ## Homehealth checklist complete

- ☒ Other: D/C from CP PT

- Continue outpatient PT

- MD follow up only**

- No PT follow up planned**

copy sent to MD

Signature:

Margaret Allen PT

(307)



Internal Medicine and Cardiovascular Disease
Treatment of Addictions
114 Ashley Avenue
Charleston, SC 29401

William E. Crouch, M.D.

Phone: (803) 577-0095
FAX: (803) 577-0097

May 18, 1995

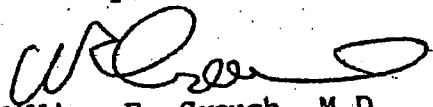
Maginnis and Associates, Inc.
P.O. Box 1345
St. Louis, MO 63118-1345

RE: Gertrude Shiver
Claim No. 37240285

To Whom It May Concern:

This patient has been under my medical care since 01/17/91. She sustained a fall while at work just recently striking the floor with her right arm. She has had pain in her right shoulder and right breast since this time. Because of the distinct myalgia she demonstrated on examination of this area, I recommended physical therapy, so that she could return to work as soon as possible.

Sincerely,



William E. Crouch, M.D.

WEC/tb

(308)

MANAGERIAL RECORD OF
VERBAL WARNING

Employee's Name: Shirley Miller

Job Title: RN

Incident Date: 12/19/97

Department: CCU

Supervisor: B. [Signature]

A counseling session was held with the above referenced employee on 12/24 (date) to discuss the following performance issues:

illegible handwriting

The following behavioral examples were used:

Could not read nurses notes for room
302A, 306A, & 316A.

The following plan of action for improvement was recommended:

improve handwriting so its legible.

Note: This documentation should be maintained in the employee's personnel file as evidence of an initial warning. This form is for the manager's use only. The employee does not receive a copy.

(309)

Trident Regional Health System
Employee Health Department

I, Gertrude Shriver have had a health status change and have been seen by a physician who has prescribed physical limitations as follows: Sit down work

My transitional job duties include the following:

Telemetry Monitor tech
Some Blood draws
" meds
" Basic Care - but not to be on
feet extended periods - Guard @
Arm use
no lifting

I have discussed and agreed to the above duties with my department director/supervisor and the occupational health nurse.

I further understand that I am expected to perform the above duties in accordance with the policies, procedures and performance expectations of Trident Regional Health System.

If my health status changes or I am unable to perform these duties I will notify my supervisor or the occupational health nurse immediately.

Gertrude Shriver
Employee

1-26-95
Date

Anita Kober 1/26/95
OHN Date

Director/Supervisor

Date

initiated 11/94

(310)

HealthWorks

Injury Treatment Report

Date of Report: 11/16/01

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg

Co. Status:
Clinic Status:
File Status: OPEN
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on:

TREATMENTS

11/15/01 03:30 Pract : Barbara Griffin, RN
Treatment : see f 3 memo
Restrictions:

Ambulated without difficulty to HW. States her left heel is sore. No swelling/discoloration of heel. Very small, very superficial abrasion noted to area. It doesn't not extend through the full skin thickness. Asked if she feels it needs to be xrayed or she needs to be seen and she declines. States her supervisor said she had to come over to complete the report. Given ice/heat pack. Elevate foot, apply ice 20 minutes every 2 hours for 2 days and then may use warm compresses. Can take otc meds if needed for pain. Will recheck tomorrow as she comes in to work.

11-16-01 8:45am Received a call from Gertrude stating that her heel was still sore. She was going down steps and she fell for no apparent reason. Will come in this pm to be seen.

2 This is not true R

2 I fell up the steps. R

(311)

HealthWorks

Injury Treatment Report

Date of Report: 11/16/01

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg

Co. Status:
Clinic Status:
File Status: CLOSED
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on: 11/16/01

TREATMENTS

11/16/01 15:10 Pract : Coleen Collins, NP
Treatment : See F3
Restrictions: See F3

Hx: Ms. Shiver returns for F/U of left heel contusion. States her heel is still sore. She hurt her foot again falling down steps at home today.

PE: Ambulating, slightly favoring left foot. Left heel is without discoloration or edema. There is tenderness in the Achille's region. Able to bear full weight on left foot, but c/o pain when does so. The foot has FROM with nl sensation and strength; good stability.

Assess: Contusion Left Heel

Plan: Continue routine meds and ice. Elevate. F/U one week; sooner, prn.

C. Collins, NP

*I fell up the steps. I didn't hurt my foot.
Hurt my left elbow. R*

(312)

HealthWorks

Injury Treatment Report

Date of Report: 11/19/01

INJURY

Name:	Shiver, Gertrude	Injury ID:	1
Emp ID:	249-98-2546	Injury Date:	11/15/01
Injury:	Contusion, leg		
Co. Status:			
Clinic Status:	Returned To Work as of: 11/16/01		
File Status:	CLOSED		
Company:	Richland Memorial Hospital	Days Lost:	
Ins. Co.:	PHT Services, Ltd.	Days Lt Duty:	
Claim No:		Estimated on:	11/16/01

TREATMENTS

11/19/01 14:30 Pract : Barbara Griffin, RN
Treatment : see f 3 memo
Restrictions:

Came to HW after calling to say her ankle is hurting her and she has decided that she did want an xray. States she had been offered an xray several times but had declined. Now she feels liked she needs one. Also wants something in writing that she shouldn't be doing overhead work or squatting. Given note to that effect...except it said tip toeing. She will return on Wednesday for her xray report and to see how she is doing.

I never declined an X-Ray. R

↓ This is not true R

HealthWorks

Injury Treatment Report

Date of Report: 11/21/01

INJURY

Name: Shiver, Gertrude
Emp ID: 249-98-2546
Injury: Contusion, leg
Injury ID: 1
Injury Date: 11/15/01
Co. Status:
Clinic Status: Returned To Work as of: 11/16/01
File Status: OPEN
Company: Richland Memorial Hospital
Ins. Co.: PHT Services, Ltd.
Claim No:
Days Lost:
Days Lt Duty:
Estimated on: 11/21/01

TREATMENTS

11/21/01 15:00 Pract : Coleen Collins, NP
Treatment : See F3
Restrictions: See F3

Hx: Ms. Shiver presents for F/U of left heel contusion. States she's still feeling some pain, but admits the left heel has improved.

PE: Ambulating better today than when last seen. Xray left heel is negative. Left heel is NT with FROM and good stability. No discoloration, edema, or heat.

Assess: Contusion left heel

Plan: Continue routine meds. Continue Ice/Heat applications
prn. Continue Modified duty. F/U Monday.

CC Collins NP

(314)

HealthWorks

Injury Treatment Report

Date of Report: 11/26/01

INJURY

Name: Shiver, Gertrude
Emp ID: 249-98-2546
Injury: Contusion, leg

Injury ID: 1
Injury Date: 11/15/01

Co. Status:
Clinic Status: Light Duty as of: 11/21/01
File Status: CLOSED
Company: Richland Memorial Hospital
Ins. Co.: PHT Services, Ltd.
Claim No:

Days Lost:
Days Lt Duty:
Estimated on: 11/26/01

TREATMENTS

11/26/01 15:00 Pract : Coleen Collins, NP
Treatment : See F3
Restrictions: See F3

Hx: Ms. Shiver returns for F/U contusion left ^{heel}ankle. States she's walking much better, but still has some pain when squatting or tiptoeing. Using ice/heat, Epsom salt, and routine meds with relief.

PE: Left ^{heel}ankle without edema, bruising, or tenderness. Ambulating without difficulty. FROM with nl strength and reflexes.

Assess: Contusion left heel-resolving.

Plan: Continue routine meds, ice/heat, Epsom salts. F/U one week; sooner, prn.

CCollins fnt

(315)

HealthWorks

Injury Treatment Report

Date of Report: 12/03/01

INJURY

Name: Shiver, Gertrude
Emp ID: 249-98-2546
Injury: Contusion, leg

Injury ID: 1
Injury Date: 11/15/01

Co. Status:
Clinic Status: Light Duty as of: 11/21/01
File Status: CLOSED
Company: Richland Memorial Hospital
Ins. Co.: PHT Services, Ltd.
Claim No:

Days Lost:
Days Lt Duty:
Estimated on: 11/26/01

TREATMENTS

12/03/01 14:30 Pract : Coleen Collins, NP
Treatment : See F3
Restrictions: See F3

Hx: Ms. Shiver returns for F/U of contusion left heel. States she continues to improve. Still using ice/heat and Epsom salts. Able to walk much better.

PE: Ambulating without difficulty. Left heel without edema, discoloration, or tenderness. Reflexes and sensation wnl. Able to tiptoe much better with better ability to bear weight without losing balance. No real problems squatting.

Assess: Contusion left heel resolving.

Plan: Continue ice/heat and Epsom salt tx prn. Will keep on modified duty one more week. F/U one week.

Coleen Collins

(316)

HealthWorks

Injury Treatment Report

Date of Report: 12/11/01

INJURY

Name: Shiver, Gertrude
Emp ID: 249-98-2546
Injury: Contusion, leg

Injury ID: 1
Injury Date: 11/15/01

Co. Status:
Clinic Status: Light Duty as of: 11/21/01
File Status: CLOSED
Company: Richland Memorial Hospital
Ins. Co.: PHT Services, Ltd.
Claim No:

Days Lost:
Days Lt Duty:
Estimated on: 12/03/01

TREATMENTS

12/11/01 15:30 Pract : Coleen Collins, NP
Treatment : See F3
Restrictions: See F3

Hx: Ms. Shiver returns for F/U contusion left heel. States she's much better. Has no problems tiptoeing or squatting, so should be able to return to full duty. Occ has heel pain when walks long distances, but takes routine meds and uses Epsom salts with relief.

PE: Ambulating without difficulty. Left heel is without tenderness, discoloration, or edema. Able to tip-toe and squat without trouble. Reflexes left foot wnl with nl sensation and strength 5/5.

Assess: Contusion left heel

Plan: Will release without work limitations. Will limit long walks for now, but self manage treatment if takes long walks. Will RTC if symptoms persist or worsen.

CC Collins FNP

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HealthWorks

Injury Treatment Report

Date of Report: 12/21/01

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg
Co. Status:
Clinic Status: Returned To Work as of: 12/11/01
File Status: OPEN
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on: 12/19/01

TREATMENTS

12/19/01 Pract : Martin Durkin, MD
Treatment : SEE F-3
Restrictions: SEE F-3

PATIENT: Gertrude Shiver
SSN: 249-98-2546
DATE OF VISIT: 12/19/01

FOLLOW-UP WORKER'S COMPENSATION NOTE

HISTORY:

Ms. Shiver is seen in follow up for her left heel. She says that on 11/15/01, while at work, a supply cart struck her in the left heel. She was seen in HealthWorks that day and given First Aid. The next morning, while at home, she was walking up some steps and fell striking her left elbow but said that she did not injure her left foot or ankle. She now has stinging and numbness in the left heel since about 12/16/01.

Her past history indicates that she has low back pain since 1997 and has been found to have the left L4/5 herniated nucleus pulposis on MRI.

PHYSICAL EXAMINATION:

On examination today, there is some tenderness at the insertion of

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(318)

Shiver

MT

Date of Report: 12/21/01

Injury ID: 1
Date of Visit: 12/19/01

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Name: Shiver, Gertrude
SS#: 249-98-2546

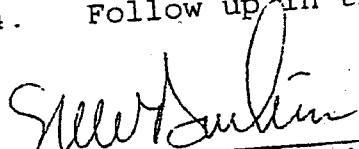
the left Achilles tendon. There is some mild medial ankle tenderness as well. There is no swelling. She has good plantar flexion of the left foot both actively and passively. The ankle is stable. There is no Tinel's sign over the posterior tibial nerve in the region of the tarsal tunnel. There is some decreased light touch in an area about 3 cm in diameter on the posterior aspect of the left heel. Straight leg raising produces some left posterior thigh pain on the left, it is negative on the right. The deep tendon reflexes are 2+ and symmetrical at the knees and ankles.

DIAGNOSIS:

Contusion of the left heel. I did suggest the possibility that the numbness could be on the basis of her lower back problem but particularly given the delay in those symptoms after the supply cart hit her heel. The patient was not particularly accepting of that explanation. In any event, we will evaluate and treat the situation. She does have a previously x-ray of the left calcaneus.

PLAN:

1. Full duty.
2. Continue her medications.
3. PT to the left ankle.
4. Follow up in three weeks.


Martin W. Durkin, M.D.

rta30337-79401

(319)

P44

HealthWorks

Injury Treatment Report

Date of Report: 01/02/02

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg

Co. Status:

Clinic Status: Returned To Work as of: 12/11/01

File Status: OPEN

Company: Richland Memorial Hospital

Days Lost:

Ins. Co.: PHT Services, Ltd.

Days Lt Duty:

Claim No:

Estimated on: 12/27/01

TREATMENTS

01/02/02 08:15 Pract : Barbara Griffin, RN
Treatment : see f 3 memo
Restrictions:

Called to say the physical therapist says she can help with the swelling but she can't make the ankle better. Requesting more xrays and referral to an orthopedist since the therapist said she should be better by now and something else needs to be done.

*Jan 3 @ 3:15 NE 1/2/02 1045 message left on
home phone to call H&W
1200 message left on home phone to call H&W*

(370)

HealthWorks

Injury Treatment Report

Date of Report: 01/07/02

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg

Co. Status:
Clinic Status: Returned To Work as of: 12/11/01
File Status: OPEN
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on: 01/02/02

TREATMENTS

01/07/02 Pract : Barbara Griffin, RN
Treatment : call from Melody, is doing better
Restrictions: swelling and rom are improving, wants to do 2 more tx

1-7-02 - 400 - Gertrude notified Dr. Durkin approved
2 more PT visits. Dr. Durkin wants to
see her @ NE office on Thurs → given
time. Will pick up map. Is on jury
duty starting Wed. Will have to
see if she will be called (BS)

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HealthWorks

Injury Treatment Report

Date of Report: 01/11/02

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg
Co. Status:
Clinic Status: Returned To Work as of: 12/11/01
File Status: OPEN
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on: 01/10/02

TREATMENTS

01/10/02 Pract : Martin Durkin, MD
Treatment : SEE F-3
Restrictions: SEE F-3

PATIENT: Gertrude Shiver
SSN: 249-98-2546
DATE OF VISIT: 01/10/02

FOLLOW-UP WORKERS' COMPENSATION NOTE

Richland Memorial Hospital Employee

HISTORY:

Ms. Shiver returns, still having some distal left lower leg and left ankle pain. This is better since she has been going to physical therapy. She also complains of a cold feeling in the left foot as well as some numbness, chiefly of the heel, and occasionally down the middle of the plantar aspect of the left foot.

PHYSICAL EXAMINATION:

On examination today, she has full dorsalis pedis pulses bilaterally. Her right posterior tibial pulse is full, but I can't convince myself that I feel one for sure on the left. There is some mild diffuse tenderness about the left ankle, but there is no swelling and the ankle is stable.

(322)

Sweet

2497

HealthWorks

Date of Report: 01/11/02

Shiver, Gertrude
249-98-2546

Injury ID: 1
Date of Visit: 01/10/02

Page 2

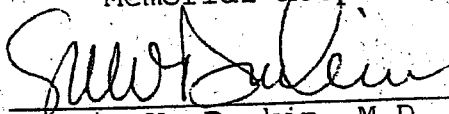
Bilateral tibial motor nerve conductions were done and were within normal limits with no evidence of a tarsal tunnel syndrome. EMG of the left lower extremity and left lumbar paraspinal muscles reveals some positive sharp waves in the left lumbar paraspinal musculature. She does have a past history of a herniated disc that involved the left lower extremity.

DIAGNOSIS:

Left lower extremity pain and numbness.

PLAN:

1. Regular duty.
2. We are going to get some x-rays of the left ankle and left lower leg. She has previously had x-ray of the left calcaneus.
3. She is to continue her physical therapy.
4. She does need to be able to elevate that left leg at work as needed. She has been using a stool or bench, but it has not been too comfortable, so we will try to find something more comfortable for her.
4. We will plan to see her back in three weeks at Richland Memorial Hospital.


Martin W. Durkin, M.D.

TrUSA31030-80616

(323)

HealthWorks

Injury Treatment Report

Date of Report: 02/01/02

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg
Co. Status:
Clinic Status: Returned To Work as of: 12/11/01
File Status: OPEN
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on: 01/31/02

TREATMENTS

01/30/02 09:30 Pract : Martin Durkin, MD
Treatment : SEE F-3
Restrictions: SEE F-3

PATIENT: Gertrude Shiver
SSN: 249-98-2546
DATE OF VISIT: 01/30/02

FOLLOW-UP WORKERS' COMPENSATION NOTE

HISTORY:

Ms. Shiver returns with her left foot and ankle. This seems to stem from an injury, which occurred on 11/15/01. She had a buggy strike the back of her left heel, or right above it. X-rays of the left heel at that time were negative. Over the months since then, she has continued to have some pain in that area, although physical therapy seems to have helped. For a period of time, she had a cold feeling in her left foot, but that seems to have improved. Her main complaint, really, is that of tingling of the left heel and plantar aspect of the left foot. This did not come on right after the injury, but came on about a month later.

Her past history indicates that she does have a low back problem with a left L4/5 herniated nucleus pulposus on MRI since 1997. We have done motor nerve conduction studies, looking for tarsal tunnel syndrome, and these have been normal. Needle EMG of the left lower extremity was normal.

(324) Suresh

HealthWorks

Date of Report: 02/01/02

Name: Shiver, Gertrude
SS#: 249-98-2546

Injury ID: 1
Date of Visit: 01/30/02

Page 2

but there are a few positive sharp waves in the paraspinal region on the left.

PHYSICAL EXAMINATION:

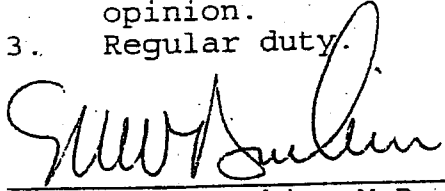
On examination today, pin prick appears to be diminished on the plantar aspect of the left foot, more diminished laterally than medially, as well as over the heel. Interestingly, there is some difference between the two sides, though not as marked as on the plantar aspect of the foot, over the posterior lower leg on the left, compared with the right. The left calf is noticeably larger than the right and measures 39 cm, compared to 35 cm. There is a bit of asymmetry in the calf as well, with the left side measuring 59 cm, and the right, 57 cm. The deep tendon reflexes are 2+ at the knees and ankles. There is no Tinel's sign over the tibial nerve posterior to the left medial malleolus. Compression in that area does not reproduce her symptoms.

DIAGNOSIS:

1. Questionable left tarsal tunnel syndrome.
2. Enlargement of the left calf.

PLAN:

1. We are going to do some sensory nerve conductions of the tibial nerve tomorrow, as well as a needle study of the right lower extremity, just to make sure that she doesn't have a neuropathic relative atrophy of the right calf.
2. We are referring her to Dr. Bethea for an orthopaedic opinion.
3. Regular duty.


Martin W. Durkin, M.D.

TrUSA31030-81955

(325)

HealthWorks

Date of Report: 02/05/02

Name: Shiver, Gertrude
SS#: 249-98-2546

Injury ID: 1
Date of Visit: 01/31/02

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TREATMENTS

01/31/02 Pract : Martin Durkin, MD
Treatment : SEE F-3
Restrictions: SEE F-3

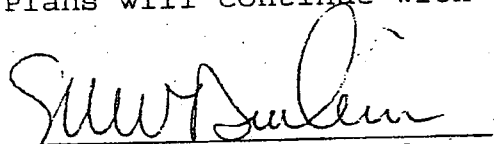
PATIENT: Gertrude Shiver
SSN: 249-98-2546
DATE OF VISIT: 01/31/02

FOLLOW-UP WORKERS' COMPENSATION NOTE

HISTORY:

Ms. Shiver is seen in follow-up of her left foot numbness and pain. Bilateral tibial medial and lateral plantar sensory studies were done and do not show any evidence of tarsal tunnel syndrome. Bilateral sural nerve conduction studies are normal. EMG of the right gastrocnemius muscle is normal.

Plans will continue with orthopaedic referral.


Martin W. Durkin, M.D.

TrUSA31030-82140

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HealthWorks

Injury Treatment Report

Date of Report: 02/01/02

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg
Co. Status:
Clinic Status: Returned To Work as of: 12/11/01
File Status: OPEN
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on: 02/01/02

TREATMENTS

02/01/02 Pract : Barbara Griffin, RN
Treatment : see f 3 memo
Restrictions:

Dr, Bethea is on 6 month sabbatical. Talked with Dr. Durkin.
Wants referred to Dr. Belding. 9:00am talked with Sandy Soukas
who will make appt then tell us which is the best way for us to
get her chart to his office. If appt is going to be soon, will
need to fax.

2/5/02 Sandy Soukas hasn't heard from
Belding's office yet.

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HealthWorks

I n j u r y T r e a t m e n t R e p o r t

Date of Report: 02/15/02

INJURY

Name:	Shiver, Gertrude	Injury ID:	1
Emp ID:	249-98-2546	Injury Date:	11/15/01
Injury:	Contusion, leg		
Co. Status:			
Clinic Status:	Returned To Work as of: 12/11/01		
File Status:	OPEN		
Company:	Richland Memorial Hospital	Days Lost:	
Ins. Co.:	PHT Services, Ltd.	Days Lt Duty:	
Claim No:		Estimated on:	02/11/02

TREATMENTS

02/15/02 11:00 Pract : Coleen Collins, NP
Treatment : Pt called to say Dr. Belding ordered NSAIDS and HEP. No F/U
Restrictions: appt needed.

C Collins Feb

(328)

HealthWorks

Injury Treatment Report

Date of Report: 03/21/02

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg
Co. Status:
Clinic Status: Returned To Work as of: 12/11/01
File Status: OPEN
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on: 03/07/02

TREATMENTS

03/20/02 Pract : Martin Durkin, MD
Treatment : SEE F-3
Restrictions: SEE F-3

SSN: 249-98-2546 DATE: 3/20/02 FOLLOW UP WORKER'S
COMPENSATION NOTE
(Palmetto Richland Hospital)

HISTORY:

Gertrude Shiver returns with left foot and distal lower extremity pain. Things are about the same. She has tolerated the Vioxx okay but it really has not helped.

PHYSICAL EXAMINATION:

On examination, she is diffusely tender over the left gastrocnemius muscle and over the Achilles tendon. There is some tenderness in other areas as well. She seems to have a Tinel's sign over the posterior tibial nerve but other places as well. She does not seem to particularly have any problems in the region of the tarsal tunnel. The foot exam is otherwise unremarkable.

DIAGNOSIS:

Left Achilles pain.

PLAN:

1. Regular duty.
2. We are going to try Naprosyn enteric coated 500 mg b.i.d. I have given her a prescription for 30 tablets 1 p.o. b.i.d. with

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[Handwritten signature]

HealthWorks

Date of Report: 03/21/02

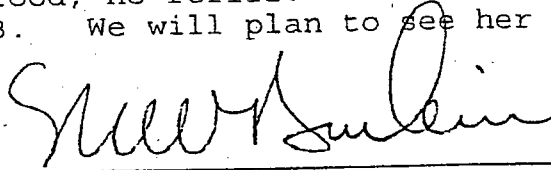
Name: Shiver, Gertrude
SS#: 249-98-2546

Injury ID: 1
Date of Visit: 03/20/02

Page 2

food, no refill.

3. We will plan to see her back in two weeks.



Martin W. Durkin, M.D.

TrUSA85577

(330)

HealthWorks

Injury Treatment Report

Date of Report: 03/22/02

INJURY

Name:	Shiver, Gertrude	Injury ID:	1
Emp ID:	249-98-2546	Injury Date:	11/15/01
Injury:	Contusion, leg		
Co. Status:			
Clinic Status:	Returned To Work as of:	12/11/01	
File Status:	OPEN		
Company:	Richland Memorial Hospital	Days Lost:	
Ins. Co.:	PHT Services, Ltd.	Days Lt Duty:	
Claim No:		Estimated on:	03/21/02

TREATMENTS

03/22/02 11:30 Pract : Coleen Collins, NP
Treatment : F3
Restrictions:

Requesting Naprosyn be changed back to Vioxx or could take routine pain meds per PMD. Dr. Durkin recommends she give Naprosyn a little more time. If no relief by Monday, then may take routine pain meds per PMD.

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HealthWorks

Injury Treatment Report

Date of Report: 03/27/02

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg
Co. Status: 2ND JOB DEPT. 7140.
Clinic Status: Returned To Work as of: 12/11/01
File Status: OPEN
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on: 03/26/02

TREATMENTS

03/26/02 10:30 Pract : Inez Pempleton
Treatment : SEE F3
Restrictions: SEE F3

SPOKE WITH MS. SHIVER BY PHONE. SHE STATES SHE HAD AN INJURY OVER THE WEEKEND AND WAS SEEN IN THE ED. THE ED PHYSICIAN TOLD HER TO GO TO HER PRIMARY CARE MD, WHICH DID ON MONDAY 3/25/02. MS. SHIVER INFORMED HER IMMEDIATE SUPERVISOR BY E-MAIL THAT... "I AM NOT GOING TO HEALTHWORK BECAUSE I DON'T WANT THEM MESSING WITH MY BACK." I INFORMED MS. SHIVER THAT ALL INJURIES SUSTAINED OVER THE WEEKEND MUST BE FOLLOWED UP BY HEALTHWORKS IN ORDER TO BE COVERED BY WORKER COMP. INSTRUCTED HER TO COME TO OUR OFFICE IF SHE WISHES TO BE SEEN BY OUR NURSE PRACTITIONER OR DOCTOR. SHE INSISTS THAT SHE DOES NOT NEED TO BE SEEN BY US IN ORDER TO BE COVERED BY WORKER COMP. SHE PLANS TO CALL WORKMAN COMPENSATION HERSELF.

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HealthWorks

Injury Treatment Report

Date of Report: 04/10/02

INJURY

Name: Shiver, Gertrude
 Emp ID: 249-98-2546
 Injury: INJURY/STRUCK BY CHAIR.

Injury ID: 2
 Injury Date: 03/23/02

Status: Returned To Work as of: 03/26/02
 Clinic Status: CLOSED
 File Status: Richland Memorial Hospital
 Company: PHT Services, Ltd.
 Ins. Co.:
 Claim No:

Days Lost:
 Days Lt Duty:
 Estimated on: 04/10/02

TREATMENTS

04/10/02 10:45 Pract : Inez Pempleton
 Treatment : Appointment set for 4/24/02 @10:15 to f/u with MD concerning
 Restrictions: heel injury.

4/10/2002
 Spoke with Ms. Shiver at length about back injury sustained
 3/23/02. Explained WC possision concerning treatment by our MD.
 Ms. Shiver understands that WC says she must come to HW for any
 injury sustained on the job. She says she was instructed by ED
 MD to go see primary care physician. I am encouraging Ms. Shiver
 to f/u with Dr. Durkin concerning this matter. She insists that
 she would prefer going to her own doctor. She plans to consult
 an attorney, if she has anymore permanant damage as a result of
 this injury.

(333)

17

HealthWorks

Injury Treatment Report

Date of Report: 05/03/02

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg
Co. Status:
Clinic Status: Returned To Work as of: 12/11/01
File Status: OPEN
Company: Richland Memorial Hospital Days Lost:
Ins. Co.: PHT Services, Ltd. Days Lt Duty:
Claim No: Estimated on: 05/02/02

TREATMENTS

05/01/02 Pract : Martin Durkin, MD
Treatment : SEE F-3
Restrictions: SEE F-3

SSN: 249-98-2546 DATE: 05/01/02
FOLLOW UP WORKER'S COMPENSATION NOTE
(Palmetto Richland Hospital)

HISTORY:

Gertrude Shiver returns in follow up of her left Achilles pain. She notes pain in the region of the Achilles insertion as well as some posterior plantar heel pain and some gastrocnemius pain on the left. She also has some numbness that comes and goes and involves "whole foot" that is increased by walking. In general, the numbness is less than previous. Intermittently she has swelling of "the whole foot". In March of this year she had swelling of both legs and feet but it is now better.

To review the situation, on 11/15/01, she was hit with a metal cart in the region of the left heel. Since then, we have done an EMG of both gastrocnemius muscles and the left lower extremity. Bilateral tibial motor and sensory nerve conductions have been normal. X-rays of the left ankle and left calcaneum and left lower leg have been normal. She has been seen in consultation by Dr. Belding. We tried various nonsteroidal antiinflammatory medications. Her private physician has placed her on Mobic 7.5 mg daily and that seems to do the best.

SWT

(334)

Date of Report: 05/03/02

Name: Shiver, Gertrude
SS#: 249-98-2546

Injury ID: 1 Page 2
Date of Visit: 05/01/02

PHYSICAL EXAMINATION:

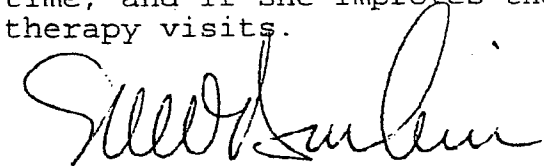
On examination of the feet, the right first metatarsal phalangeal joints is 10 degrees of valgus and is flexible, the left is in 14 degrees of valgus and is flexible. There is no bunion on the right and a minimal bunion on the left. She has prominent fifth metatarsal phalangeal joints but no evidence of inflammation, corns, or calluses in that area. She has fixed hammertoes of the fifth toes bilaterally. There are no corns or calluses throughout. The skin of both feet is normal although the heels are dry bilaterally. The toenails are dark and mildly thickened bilaterally. The plantar fascia is nontender. Toe extension does not particularly cause her any difficulty. Dorsalis pedis pulses are normal bilaterally. Vibratory sensation is normal in both feet. Pinprick is diminished along the left lateral plantar foot and heel to about 80% of that on the left. There is no Tinel's sign posterior to the medial malleolus on either side. She is able to achieve 30 degrees of varus on inversion at both the talar joints and 10 degrees of valgus bilaterally. There is some tenderness over the distal Achilles tendon on the left and where it inserts into the calcaneus. The medial longitude and the arch both appear normal nonweightbearing but there is decrease in the arch on the right with weightbearing. In a standing position the Achilles alignment shows some eversion on the right. Bilateral heel rise test results in no inversion on the right and mild inversion on the left.

DIAGNOSIS:

Left Achilles pain.

PLAN:

1. Regular duty.
2. I have given her a prescription for Mobic 7.5 mg #30, 2 p.o. daily with 1 refill.
3. We will plan to see her back in five weeks.
4. I did offer another orthopaedic opinion but the patient would rather continue the medication and give it a little more time, and if she improves then go back for a few more physical therapy visits.



Martin W. Durkin, M.D.

TrUSA30337-89137

(335)

HealthWorks

Injury Treatment Report

Date of Report: 07/01/02

INJURY

Name: Shiver, Gertrude Injury ID: 1
Emp ID: 249-98-2546 Injury Date: 11/15/01
Injury: Contusion, leg

Status: Returned To Work as of: 12/11/01
Clinic Status: OPEN
File Status: Richland Memorial Hospital Days Lost:
Company: PHT Services, Ltd. Days Lt Duty:
Ins. Co.: Estimated on: 06/11/02
Claim No:

TREATMENTS

06/05/02 Pract : Martin Durkin, MD
Treatment : SEE F-3
Restrictions: SEE F-3

SSN: 249-90-2546 DATE: 06/05/02 FOLLOW UP WORKER'S
COMPENSATION NOTE

HISTORY:

Gertrude Shiver returns in follow up of her left heel pain. Things are about the same. She seems to deriving benefit from Mobic.

PHYSICAL EXAMINATION:

On examination today, her foot and ankle are diffusely tender, although the heel squeeze seems to give her a bit more trouble than other maneuvers. There is no Tinel's sign over the tarsal tunnel. Her gait is fairly normal.

DIAGNOSIS:

Left foot and ankle pain.

PLAN:

1. Regular duty.
2. She is given a prescription for Mobic 7.5 mg #100, 1 p.o. b.i.d., no refill.
3. PT to the left foot and ankle, 4 visits.
4. Follow up in 6 weeks. Hopefully she will be released at that point.

new

(336)

HealthWorks

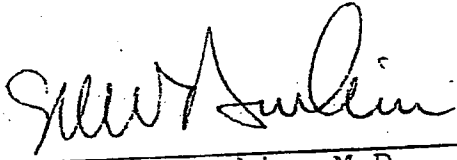
Date of Report: 07/01/02

me:
S#:

Shiver, Gertrude
249-98-2546

Injury ID: 1
Date of Visit: 06/05/02

Page 2



Martin W. Durkin, M.D.

TrUSA30337-91426

HealthWorks

Injury Treatment Report

Date of Report: 07/26/02

INJURY

ame: Shiver, Gertrude Injury ID: 1
mp ID: 249-98-2546 Injury Date: 11/15/01
njury: Contusion, leg
o. Status:
linic Status: Returned To Work as of: 12/11/01
ile Status: OPEN
ompany: Richland Memorial Hospital Days Lost:
ns. Co.: PHT Services, Ltd. Days Lt Duty:
laim No: Estimated on: 07/26/02

TREATMENTS

07/25/02 Pract : Martin Durkin, MD
Treatment : SEE F-3
Restrictions: SEE F-3

SSN: 249-98-2546 DATE: 07/24/02 FOLLOW UP WORKER'S
COMPENSATION NOTE

HISTORY:

Gertrude Shiver returns having completed Physical Therapy. She may be a bit better. She still complains of pain in the region of the insertion of the left Achilles tendon as well as somewhat anteromedial to that in the direction of the medial malleolus. She complains of tingling in her left foot, particularly with walking.

PHYSICAL EXAMINATION:

On examination today, there is some mild tenderness to palpation over the insertion of the left Achilles tendon. She thinks that her calf has increased in diameter on the left and I have remeasured them. Ten cm below the inferior patella the right calf circumference is 35.5 cm and on the left 38 cm. Fifteen cm below the inferior patella, the calf circumference is 34.5 cm on the right and 36 cm on the left. I really do not detect any difference in pinprick between the two feet. There is really no Tinel's sign over the posterior tibial nerve in the region of the tarsal tunnel on the left. Her gait is fairly normal.

Guind

sent to DHT

(338)

HealthWorks

Date of Report: 07/26/02

Name: Shiver, Gertrude
SS#: 249-98-2546

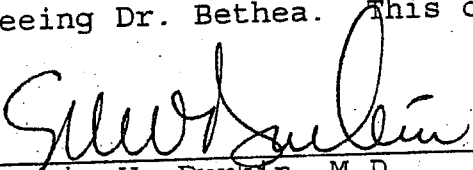
Injury ID: 1
Date of Visit: 07/25/02

Page 2

DIAGNOSIS:
Left Achilles tendinitis.

PLAN:

1. Regular duty.
2. I have given her another prescription for Mobic 7.5 mg #30, 1 p.o. b.i.d. with no refill.
3. I really do not have anything more to offer this lady. I do not detect any definite permanent impairment. She has had one consultation from a foot specialist. I would not object to her seeing Dr. Bethea. This could be arranged by PHTS if they wish.

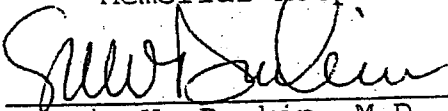

Martin W. Durkin, M.D.

TrUSA30337-94722

(339)

PLAN:

1. Regular X-ray.
2. We are going to get some x-rays of the left ankle and left lower leg. She has previously had x-ray of the left calcaneus.
3. She is to continue her physical therapy.
4. She does need to be able to elevate that left leg at work as needed. She has been using a stool or bench, but it has not been too comfortable, so we will try to find something more comfortable for her.
4. We will plan to see her back in three weeks at Richland Memorial Hospital.



Martin W. Durkin, M.D.

TrUSA31030-80616

EMG / Nerve Conduction Report

HealthWorks - Palmetto Health

□ 1333 Taylor St., Suite 3-H Columbia, SC 29220 (803) 296-3500 Fax (803) 296-3965
 X 3000 Northeast Medical Park, Suite 111 Columbia, SC (803) 434-3362 Fax (803) 434-3389

Patient Name Gertrude Shiver SSN 249-98-2546 DOB 5/19/54 Date 1/10/02

Brief History: This lady was hit in the left heel by a cart on 11/15/01. She now has distal left lower leg and ankle pain, as well as numbness of the left heel. She has a past history of a herniated lumbar disk affecting the left leg.

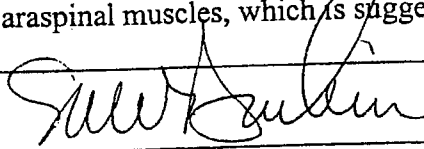
Motor Nerve Conduction Studies						
Nerve	Segment	Latency, msec	Latency Difference, msec	Distance, cm.	Conduction Velocity, m/sec	Amplitude, mV
R. Tibial	Ankle - AH	4.80	-----	8.0	-----	11
	Pop - Ankle	13.40	8.60	35.0	40.7	3
	Ankle - FDMB	5.20	-----	Stimulus site same as for AH	-----	3
L. Tibial	Ankle - AH	4.60	-----	8.0	-----	14
	Pop - Ankle	13.40	8.80	33.5	38.1	1.5
	Ankle - FDMB	4.60	-----	Stimulus site same as for AH	-----	3

Monopolar Needle Electromyography						
Muscle	Insertional Activity	Spontaneous Activity			Motor Units	Interference Pattern
		PSWs	Fibs	Other		
L. Rectus Femoris	Normal	None	None	None	Normal	Full
L. Tibialis Anterior	Normal	None	None	None	Normal	Full
L. Extensor Hall. Longus	Normal	None	None	None	Normal	25%, inc. effort
L. Gastrocnemius	Normal	None	None	None	Normal	Full
L. Semitendinosus	Normal	None	None	None	Normal	Full
L. Lumbar Paraspinals	Normal	1+	None	None	-----	-----

Interpretation:

1. No evidence of tarsal tunnel syndrome on bilateral tibial motor studies.
2. Positive sharp waves in left lumbar paraspinal muscles, which is suggestive of left lumbar radiculopathy but is not localizing.

Martin W. Durkin, MD Neurologist



(3411)

2478
1-

EMG / Nerve Conduction Report **HealthWorks – Palmetto Health**

□ 1333 Taylor St., Suite 3-H Columbia, SC 29220 (803) 296-3500 Fax (803) 296-3965
X 3000 Northeast Medical Park, Suite 111 Columbia, SC (803) 434-3362 Fax (803) 434-3389

Patient Name Gertrude Shiver **SSN** 249-98-2546 **DOB** 5/19/54 **Date** 1/31/02

Brief History: This lady was hit in the left heel by a cart on 11/15/01. She now has distal left lower leg and ankle pain, as well as numbness of the left heel. She has a past history of a herniated lumbar disk affecting the left leg. Left calf is noticeably larger than right.

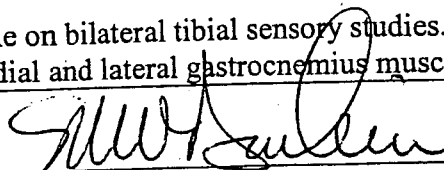
Sensory Nerve Conduction Studies						
Nerve	Orthodromic or Antidromic	Latency, msec	Distance, cm.	Normal, msec	Amplitude, µV	Normal, µV
R. Tibial, Medial Plantar Branch	Orthodromic	3.76	14.0	<3.68	5	-----
R. Tibial, Lateral Plantar Branch	Orthodromic	3.76	14.0	<3.65	3	-----
L. Tibial, Medial Plantar Branch	Orthodromic	3.60	14.0	<3.68	5	-----
L. Tibial, Lateral Plantar Branch	Orthodromic	3.60	14.0	<3.65	2	-----
R. Sural	Antidromic	3.52	14.0	<3.7	10	>5
L. Sural	Antidromic	3.60	14.0	<2.3	10	>5

Monopolar Needle Electromyography						
Muscle	Insertional Activity	Spontaneous Activity			Motor Units	Interference Pattern
		PSWs	Fibs	Other		
R. Gastrocnemius, Lateral Head	Normal	None	None	None	Normal	Full
R. Gastrocnemius, Medial Head	Normal	None	None	None	Normal	Full

Interpretation:

1. No evidence of tarsal tunnel syndrome on bilateral tibial sensory studies.
2. Limited needle EMG of the right medial and lateral gastrocnemius muscles is normal.

Martin W. Durkin, MD Neurologist



(342)

=> PRMH EMP HEALTH ,TEL=803 434 3587 11/21'01 16:08

Radiology Services
Palmetto Richland Memorial Hospital
Columbia, SC 29223

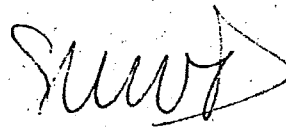
Patient Name	Address	SS#	MR#			
SHIVER, GERTRUDE	1026 CONGAREE CH RD	249-98-2546	R009952117			
City	ST	Zip Code	Account#			
GADSDEN	SC	29052	R0201100950			
CPT: 73590LT						
Check in D/T	DOB	Age	Sex	Room#	Pat Type	Release D/T
01/11/02 1519	05/19/54	47Y	F	DIS - CLN	CLN	01/13/02 1131
Ordering Physician	Admitting Physician					
DURKIN, MARTIN W	DURKIN, MARTIN W					
1333 TAYLOR STREET						
SUITE 3-H						
COLUMBIA	SC	29201				

Chk-in #	Order	Exam	
3098832	0001	00769	XR LOWER LEG TIBIA L
			Ord Diag: 959.8-INJURY MLT SITE/SITE NEC

LEFT LOWER LEG:

No fracture or dislocation and no bone or joint disease are noted. The soft tissues appear normal.

IMPRESSION: NORMAL LEFT LEG.

/READ BY/ PARESH P SHAH, M.D.
/Released By/ PARESH P SHAH, M.D.01/13/02 1131
HJO

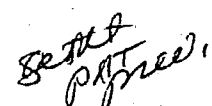
(344)

FINAL DUPLICATE

=> PRMH EMP HEALTH

, TEL=803 434 3587

01/14/02 13:29



PALMETTO RICHLAND REHABILITATIVE CARE CENTER
PHYSICAL THERAPY

PROGRESS / RE-EVALUATION REPORT

Patient Name: GERTRUDE SHIVER

Date: 1-25-02

Physician: DR MARTIN DURKIN

Diagnosis: LEFT FOOT PAIN

Therapy Attendance: from: 12-27-01

to: 1-25-02 sessions treated: 12 sessions missed: 0

MODALITIES / PROCEDURES USED:

- | | | | |
|--|---|---|---|
| ☒ Strengthening | ☐ Massage | ☐ Ultrasound | ☐ TENS |
| ☐ Aquatic Therapy | ☐ Soft Tissue Mobilization | ☒ Hot/Cold therapy | ☒ Iontophoresis |
| ☒ ROM/Stretching | ☐ Joint Mobilization | ☐ Electrical Stimulation | ☐ Paraffin |
| ☐ Work Conditioning | ☐ Manual techniques | ☐ Traction | ☒ Home Program |
| ☐ Trunk Stabilization | ☐ Lifting Mechanics | ☒ Patient instruction | ☐ |

Status: 0 - NO PROGRESS 1- SLOW PROGRESS 2- GOOD PROGRESS 3- GOAL MET

1 Decreased pain (on numeric pain scale of 0 to 10, patient rates overall pain at 5/10)

1 Decreased swelling 1 Increased Strength 1 Increased ROM 1 Increased Function

Comments: Gertrudes left foot pain is less and AROM left ankle DF 3, PF 45. She reports left heel is numb and Wbearing or severe effort at DFlexion are causing shooting pain over medial planter nerve course. She no longer exhibits positive Tinel's and edema/temperature has improved. She is independent with HEP of ROM, t-band ex. Heel cord siting stretch and is unable to tolerate Wbearing ex or stretch at this time. She has mild antalgic limp, weakness, pain, numbness, and limited ROM Left ankle. She has completed a maximum course of Iontophoresis. Plan: D/C PT on Home program at this time due to inability to tolerate further progression of RX.

RECOMMENDATION:

x Therapy is offering no relief

 Making progress; continue therapy days/week for weeks with new goals of:

- 1.
- 2.
- 3.

 Good Progress; discharge to Home Program

 Goals Met; Discharge from Physical Therapy

Therapist's Name *[Signature]*

PHYSICIAN: Thank you for this referral. Please see recommendations above.

If you concur, please sign below. If you have revisions for this

Patient's care please advise:

Discharge from PT

[Signature]
Physician's Signature

**** Please send signed paper back with patient,
if continued treatment is desired.

OR

Return to: Palmetto Richland Rehabilitative Care Center

14 Richland Medical Park Drive, Suite 100, Columbia, SC 29203

Phone: (803) 434-2500 Fax: (803) 434-3732

(345)

PT
PT
1/2

ary Kathryn Parham, MSN, CFNP
69240

artin Durkin, MD
CL# 12692



HealthWorks
Palmetto Health Alliance
Taylor at Marion Street
Columbia, SC 29220
(803) 296-3500

6/13 @ 10:00

DATE 6/5/02	NAME Gertrude Shiver	ADDRESS			
(Please Label Contents)	Mg.	No.	SIG.	REFILL	
PT to (L) foot/ankle emphasis on Achilles					
insertion x 4 visits					
MD / MSN, CFNP			MD / MSN, CFNP		
Dispense as Written			Substitution Permitted		

(346)

Martin Durkin, MD
SCL# 12692

DATE 1/10/02 NAME Bertrude Shiver ADDRESS _____

Rx	(Please Label Contents)	Mg.	No.	SIG.	REFILL
1.	X-rays of (R) lower leg and ankle			Re: Blunt trauma	
2.	11/15/01. Complaints of (R) heel numbness & (L) ankle & distal lower leg pain.				
Dispense as Written		MD / MS, APRN, BC		<u>M. Durkin</u>	MD / MS, APRN, B

(347)

Patient Chart

Shiver, Gertrude

Date Printed: 08/28/07
SMA8248 Sex: F Age: 53 DOB: 05/19/1954

Progress Notes

Date: 10/15/03

Title: Left ankle & distal tibia pain greater than a year and half almost 2- years.

HPI: This patient said she was hit with some type of heavy rolling cart down near the Achilles tendon in November, 2001. Since that time the distal end of her leg and ankle have been quite uncomfortable. She saw Dr. Angus McBride in Columbia and foot and ankle specialist who according to her ordered an MRI recently along with some plane films and those studies are here today and he called her back and said that she would not be needing surgery. The patient states that when she is up on her ankle on that left side too much it becomes uncomfortable.

PMH: Significant for hypertension and GE reflux.

CURRENT MEDICATIONS: She is on quite a number of medicines including Norman for an arrhythmia, Cardizem, Bextra and Ultram. She has been on Hydrocodone and Lortab type medicines, Skelaxin, Beyer Aspirin.

PE: Every where we exam on the patient left distal tibia and ankle is painful. It is painful on the medial and lateral malleoli, syndesmosis, anterior joint capsule, posterior joint capsule, peroneal tendon, posterior tibial tendon, flexor hallucis longus, Achilles tendon, plantar surface of her calcaneus, posterior aspect of the calcaneus and even the proximal portion of her mid foot. There does appear to be some mild soft tissue swelling. Non significant or obvious interarticular effusion present. Good active motion. No atrophy. No RSD type symptoms. I have reviewed an MRI and read a report. There was some concern about a tear in the flexor hallucis longus tendon and some tenodesis in the peroneal peroneus longus tendon. Looking at the MRI I am unable to appreciate that sort of detail from that MRI. The patient has had two therapy visits sometimes in the last couple of years.

Plane x-rays were reviewed and no significant or obvious bone lesions noted.

ASSESSMENT: GLOBAL ANKLE PAIN WITH SOFT TISSUE SWELLING SOME TYPE OF SYNOVITIS OR ANKLE INFLAMMATION PRESENT.

PLAN: I am going to get her an ankle brace and an ankle strap to give her ankle some support. She is going to follow-up with Dr. McBride if she continues to have problems as she is from that area near Columbia.

DBM:dms

Job 48511 DD: 10/15/03 DT: 10/15/03

SIGNED BY MINTER, DAVID (MIN)

11/20/03

(348)

MILLER ORTHOPAEDIC CLINIC, INC.
1001 Blythe Blvd., Suite 200
Charlotte, NC 28203

Physician: Ken Reardon, PA-C

257456
SHIVER, GERTRUDE
1026 CONGAREE CHURCH ROAD
GADSDEN, SC 29052-0000
Home #: 803-353-3892
Work #: 803-434-2045
DOB: 05/19/1954

12/05/2003

CHARLOTTE

Ms. Shiver is a pleasant 49-year-old black female presents with left foot and ankle pain over the past two to three years. She has had a few separate injuries. She recently had an MRI done in Columbia, SC. She was sent here for consultation. She states she has pain at all times, especially with prolonged walking. She comes in wearing an ASO. I believe she has been measured for orthotics in the past. The pain is ongoing now for approximately two years. MRI report does reveal a longitudinal tear to the FHL as ^{well} as focal tendinitis/tendinosis of the peroneus longus tendon.

PAST MEDICAL HISTORY:

Significant for hypertension, heart palpitations, reflux disorder and anxiety.

MEDICATIONS:

Tenormin, Cardizem CD, Bextra, Ultram, Vicodin, Aciphex, Skelaxin, Aspirin, Tylenol, Xanax and Phenergan.

ALLERGIES:

CT dye and tetanus toxoid.

PAST SURGICAL HISTORY:

Myomectomy as well as bilateral breast reduction.

PHYSICAL EXAMINATION:

Ms. Shiver is very pleasant and appears her stated age. She is slightly overweight. Examination of the left foot and ankle show her to have a mild planus deformity. She is tender mostly over the medial aspect of the foot in the region of the posterior tib tendon and over the plantar surface of the MTP. She does have some weakness upon strength testing of the FHL. Nontender at the medial malleolus or proximal to the malleolus. Negative too-many-toes sign.

RADIOGRAPHS:

X-rays show no significant degenerative changes, no fractures.

ASSESSMENT/PLAN:

It appears that Ms. Shiver does have a chronic tendinitis of the peroneus longus tendon as well as partial tear of the FHL. I would like to immobilize the foot and ankle with a boot. We will

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MILLER ORTHOPAEDIC CLINIC, INC.1001 Blythe Blvd., Suite 200
Charlotte, NC 28203

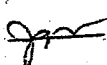
Physician: Ken Reardon, PA-C

257456
SHIVER, GERTRUDE
1026 CONGAREE CHURCH ROAD
GADSDEN, SC 29052-0000
Home #: 803-353-3892
Work #: 803-434-2045
DOB: 05/19/1954

continue with the Bextra and I will have her return to see one of the Foot Fellows for questionable surgical consideration if not much improvement.

KR:JGM:hbh

Patient seen and evaluated by Ken Reardon, PA-C

Chart to be reviewed by Jeffrey G. Mokris, M.D. 

(350)

MILLER ORTHOPAEDIC CLINIC, INC.

1001 Blythe Blvd., Suite 200
Charlotte, NC 28203

257456

SHIVER, GERTRUDE
1026 CONGAREE CHURCH ROAD
GADSDEN, SC 29052-0000

Home #: 803-353-3892

Work #: 803-434-2045

DOB: 05/19/1954

Physician: Scott Shawen, M.D.

01/15/2004 CHARLOTTE

CHIEF COMPLAINT:

Left ankle pain.

HISTORY OF PRESENT ILLNESS:

Patient was presently seen by Mr. Ken Reardon. She has been in a boot and has done moderately well since that time. Although this is true, she continues to have moderate pain.

PHYSICAL EXAMINATION:

Examination of the left foot and ankle demonstrate normal sensation to light touch. Pulses are palpable. Tenderness to palpation is mainly along the posterior tibialis tendon, but is globally generalized to that area by the patient. Ankle range of motion is approximately 50 to 60 percent of normal. No tenderness to palpation is noted along anterolateral ankle. Posterior tibialis strength on examination is decreased when compared to the contralateral extremity. A single-limb heel is not possible secondary to pain. The heel, although, does invert with attempted heel rise.

RADIOGRAPHS:

MRI of the left foot and ankle demonstrate some intra-tendinosis signal changes within the FHL. The posterior tibialis tendon is not well seen. Overall, the MRI evaluation is not a good study for this condition.

ASSESSMENT/PLAN:

Assumed posterior tibialis tendonitis. At this time the patient does not have full-length orthotics. I have recommended full-length orthotics, as well as physical therapy for the posterior tibialis tendinitis. If this does not prove to help the patient with her condition, I would recommend repeat MRI evaluation with specific attention on the posterior tibialis tendon. Patient will follow-up in six weeks.

Scott Shawen, M.D., Foot Fellow
SS/ech

(351)

MILLER ORTHOPAEDIC CLINIC, INC.

1001 Blythe Blvd., Suite 200
Charlotte, NC 28203

257456

SHIVER, GERTRUDE
1026 CONGAREE CHURCH ROAD
GADSDEN, SC 29052-0000
Home #: 803-353-3892
Work #: 803-434-2045
DOB: 05/19/1954

Physician: Matt Hammit, M.D.

03/04/2004 **CHARLOTTE**

Miss Shiver is here for follow-up of her posterior tibialis tendinitis. She has tried orthotics as well as physical therapy and Bextra for the past six weeks. She reports positive improvement of her symptoms.

PHYSICAL EXAMINATION:

The patient has minimal tenderness over the course of her posterior tibialis tendon. Her Achilles tendon however is still quite contracted, she has -5 degrees dorsiflexion. She can initiate a single limb heel rise, the tendon is intact.

PLAN:

At this point the patient is improving. She will continue her physical therapy regimen. We will prescribe for her an Aircast for use as needed. She will follow-up in six weeks for re-evaluation. If symptoms are still present and painful to her then we would consider a MRI. At this point however she does appear to be improving.

Matt Hammit, MD
MH:bj

(352)

MILLER ORTHOPAEDIC CLINIC, INC.

1001 Blythe Blvd., Suite 200
Charlotte, NC 28203

Physician: Matt Hammit, M.D.

257456
SHIVER, GERTRUDE
1026 CONGAREE CHURCH ROAD
GADSDEN, SC 29052-0000
Home #: 803-353-3892
Work #: 803-434-2045
DOB: 05/19/1954

04/15/2004 CHARLOTTE

UPDATE OF ILLNESS:

Ms. Shiver is here for follow-up of her posterior tibialis tendinitis. She has tried orthotics and physical therapy as well as Bextra. She does report improvement since last month's exam.

PHYSICAL EXAMINATION:

The patient has minimal tenderness over the course of her posterior tibialis tendon. She has no hindfoot asymmetry. She is able to initiate single limb heel rise. She has full pain free ankle and subtalar motion.

PLAN:

At this point the patient is improving with her stretching regimen and therapy. We will have her continue her activities. She will keep us informed of her progress.

Matt Hammit, M.D., Foot Fellow
MH:hbb

(1353)

MILLER ORTHOPAEDIC CLINIC, INC.

1001 Blythe Blvd., Suite 200
Charlotte, NC 28203

257456

SHIVER, GERTRUDE
1026 CONGAREE CHURCH ROAD
GADSDEN, SC 29052-0000
Home #: 803-353-3892
Work #: 803-434-2045
DOB: 05/19/1954

Physician: Bruce Cohen, M.D.

06/03/2004 CHARLOTTE

Patient has previously been seen for significant posterior tibial tendinitis. She was seen by Dr. Hammit and Dr. Shawen in the past. She states that she is still having pain but her pain has actually changed more from pain on the medial aspect of her ankle to more in the lateral aspect in the region of the sinus tarsi. She also complains of some numbness in the fourth and fifth toes along the sural nerve distribution. She states that her medial pain has gotten better using the orthotics but her lateral pain has not.

PHYSICAL EXAMINATION:

Patient's standing examination shows mild to moderate pes planovalgus. She is able to perform a single limb heel rise. On seated examination, patient's range of motion is full and she has supple hindfoot range of motion but she has significant tenderness along the course of the posterior tibial tendon as well as in the region of the sinus tarsi in the subtalar joint. She is neurologically intact. She has excellent pulses.

PLAN:

At this time I would like to evaluate her hindfoot and her posterior tibial tendon further with an MRI. We will see her back at the conclusion of the MRI.

Bruce E. Cohen, M.D.
BEC:hbh

(354)

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Physician: Bruce Cohen, M.D.

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06/18/2004 CHARLOTTE

CHIEF COMPLAINT:

Left ankle pain.

HISTORY OF PRESENT ILLNESS:

Ms. Shiver was seen earlier this month for left ankle pain. She was set up for an MRI at that time. She has gotten the orthotics and has had some relief for her posterior tibial pain, but continues to have some sinus tarsi popping and pain.

PHYSICAL EXAMINATION:

Examination of the left lower extremity demonstrates no tenderness to palpation along the posterior tibial tendon. Peroneal tendons have a small amount of subluxation, but no dislocation. Strength is approximately 4 out of 5. Tenderness to palpation is also noted along the anterolateral ankle.

MRI:

MRI demonstrates no abnormal findings. Posterior tibial tendon as well as peroneal tendons were within normal limits. Cartilage in both the ankle and the subtalar joints were within normal limits.

ASSESSMENT:

Anterolateral ankle pain may be secondary to some impingement or sinus tarsi syndrome. Peroneal tendons are recovering slowly. She does have some sensation of numbness over the superolateral foot. Tinel's was present over the distal fibula. This may be secondary to her brace wear.

PLAN:

She was then advised to loosen up the brace, continue her peroneal strengthening, and return in approximately 6 weeks. If she continues to have this pain some consideration for an injection into the anterolateral ankle joint would be given.

Seen and evaluated by Bruce E. Cohen, M.D.

Dictated by Scott Shawen, M.D. - Foot Fellow

BEC:SS:jw

(355)

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07/27/2004 CHARLOTTE

The patient returns for follow up for continued left ankle and hindfoot pain. She states that strengthening and physical therapy have not helped.

PHYSICAL EXAMINATION:

She is tender in the hindfoot region but primarily tender over her anterolateral ankle gutter. She is neurologically intact with excellent pulses.

PLAN:

At this time in a normal manner we have injected her anterolateral ankle gutter with a mixture of Kenalog, lidocaine and Marcaine and excellent pain relief initially was noted. At this time we will see her back in six weeks and do not anticipate surgical intervention.

Bruce E. Cohen, MD
BEC:bj

(356)

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09/03/2004 CHARLOTTE

Mrs. Shiver is here for follow-up of left ankle pain. She had an anterior lateral gutter ankle joint injection done, now five weeks ago. She states she has had 75 percent improvement in her pain. Still having some crepitation in the joint with mild pain, but quite happy with her results at this point.

PHYSICAL EXAMINATION:

She has much improved range of motion, much less pain with range of motion of her ankle, which is full. She has minimal tenderness over the posterior tib, which she has had in the past. She has minimal tenderness in the sinus tarsi as well, which she has had in the past. She continues to have some mild tenderness also in the anterior lateral ankle gutter but it is much improved. Distally she is neurologically intact.

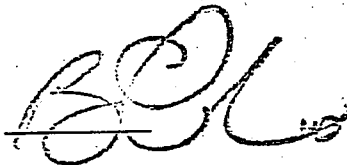
IMPRESSION:

Anterior lateral gutter ankle pain, improved with cortisone injection. I explained to the patient that we hope to have some long term relief from this injection. She will continue to wear her ankle brace as well, and we will see her back PRN for repeat injection if needed and do not anticipate surgical intervention.

TL:BEC: trs

Patient seen and evaluated by Bruce E. Cohen, MD

Dictated by Tom Large, MD





HPRC

PHYSICAL THERAPY INITIAL EVALUATION

Therapist Use

Patient's Name Gertrude Shiver

Chart # 343091

Medical Diagnosis (L) Post Tib

Codes 726.72

Treatment Diagnosis (L) Foot Pain / Weakness

Codes 719.47 / 728.9

Date of Onset 11/15/01

Date of Start of Care 1/20/04

Surgery 0

Date 0

INTEGUMENTARY SYSTEM

Integrity

Integumentary disruption relevant to treatment area ☒ ☐

Continuity of skin color relevant to treatment area ☒ ☐

TTP (L) Post tib tendon into crural region medially

Other: Fig 8 Girth (R) 46.5cm (L) 48cm

Specific Strength: ☐ Not Tested / Not Applicable

Strength (manual muscle test): ☐ WNL ☒ WNL Except:

Movement/Muscle	Grade		Muscle	Grade	
	Left	Right		Left	Right
ANKLE					
DF	4 15	5 15		15	15
PF	4 15	5 15		15	15
IN	4 15	5 15		15	15
EV	4 15	5 15		15	15
	15	15		15	15

MUSCULOSKELETAL SYSTEM

Gross Range of Motion ☒ ☐

Gross Strength ☒ ☐

Other/Special Tests:

4'd eversion eccentric control (L) vs (R) 2
WAT. 4'd Heel strike 2 9 Forefoot
Strike on IC (B)

Weight Bearing Status: ☐ FWB ☒ PWB ☐ TDWB ☐ NWB

Specific ROM: Involved: ☐ Right ☒ Left ☐ Both ☐ WNL

Range of motion: ☐ Grossly impaired ☒ WNL except:

Range of motion	Left		Right	
	active	passive	active	passive
ANKLE	15°			
DF	15°		3	
PF	60		50	

Additional Documentation Attached

Assessment: ☐ See Treatment Diagnosis PT has tendency @ times following direction but able to grasp concept and time around. Exhibit poor eccentric control & eversion. Needs strap.
Short Term Goals: get work. STG: 1) Report & pain & stability 5/10 @ foot in 5 visits. 2) SH MR 300 (B) to progress strength for safe amb. in 5 visits. 3) 5# isometrics ankle 4 way in

Long Term Goals: 1) Amb 74 5 @ foot pain in 6 wks.

Therapeutic Exercise 15 Min.

Dynamic Activity: 0

Treatment: HEP, PT issued GTB 20" Ketaprotein & 3.0 mamp to (L) Sub Malleolus to Navicular region iontophoresis.

Rehab Potential: 0 Poor 0 Fair

Plan: ☒ Per Frequency / Duration & Goals

MD Followup: 2/26/04

Frequency: TW

Duration

6 wks

Is patient aware of diagnosis & prognosis? ☒ Yes ☐ No

Contraindications: 0

M. JHL 1/25 3926

Therapist Signature / License No.

Date

1/20/04

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HPRC

PROGRESS NOTES

Patient's Name: Groutale Shiver

Chart #: 343091

Date: <u>1/22/04</u>	Date: <u>1/23/04</u>	Date: <u>1/28/04</u>
SUBJECTIVE: <u>very OK in my foot.</u>	SUBJECTIVE: <u>I like the tape, it made my foot feel better.</u>	SUBJECTIVE: <u>feels better w/ tape.</u>
OBJECTIVE: <u>4'd HR + Relief IN @ 15 @</u>	OBJECTIVE: <u>Video analysis conducted</u>	OBJECTIVE: <u>7-8/10 pain still 5 post @</u>
Ther. Ex. min.	Ther. Ex. min.	Ther. Ex. min.
- HC BT B/H 10x	- Wall HC stretch 10x	- SHL HR 2x30
- G/T/B Ankle 4 way 30x ea	- BTB Ankle 4 way 30x ea	- HC Box x 15x
- S/L TR/HR 12x20	- Video pt. analysis	- BTB Ankle 3 way 30x ea
- Taping for Arch Support. by R. Watson, PT	- Std Tector board 2 way in / 11kms 30x ea @	- IN Post Tib App/M 30x
	- Unilateral stance 5 LOB trials.	- Std Tector board DF/PF 30x @
	- Taping for Arch as on 1/22/04	- IN/EV = YTB 30x ea @
Dyn. Act. min.	Dyn. Act. min.	Dyn. Act. min.
		- Toe Walk = H/w/Arch 30x x 5 min
		- Taping for Arch 1/24/04
Modality Parameters	Modality Parameters	Modality Parameters
Iontophoresis 3.0mAmp @ 2.0cc	Iontophoresis 1/22/04	Iontophoresis as 1/22/04
Rehearsal @ 50m dose		
Additional Documentation yes ☒ no	Additional Documentation yes ☒ no	Additional Documentation yes ☒ no
ASSESSMENT: <u>Significant weakness</u>	ASSESSMENT: <u>Needs to cont</u>	ASSESSMENT: <u>briefly better w/ tape but still marked post/tib weakness</u>
<u>E Heel Walk attempt</u>	<u>Strength and Post-Tib re-education activities</u>	
Revised Goals:	Revised Goals: <u>2 visits.</u>	Revised Goals: <u>1 visit.</u>
PLAN:	PLAN:	PLAN:
<u>Cont, Plus Taping?</u>	<u>Cont</u>	<u>Cont</u>
Therapist's Signature <u>M. Philpotts</u>	Therapist's Signature <u>M. Philpotts</u>	Therapist's Signature <u>M. Philpotts</u>
License # <u>3926</u>	License # <u>3926</u>	License # <u>3926</u>

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HPRC

PROGRESS NOTES

Patient's Name: Gertrude Shiver

Chart #: 343091

Date: <u>1/30/04</u>	Date: <u>2/2/04</u>	Date: <u>2/4/04</u>
SUBJECTIVE: <u>Feeling as if still painful to the inside of my foot.</u>	SUBJECTIVE: <u>Feeling sore in my foot.</u>	SUBJECTIVE: <u>MEDIAL ANKLE IS ARCH BETTER. SORE MEDIAL GASTROCNEMIUS.</u>
OBJECTIVE: <u>TTP @ Post Tib</u>	OBJECTIVE:	OBJECTIVE: <u>FIXING DOWN ORTHOTICS AWAITING ARRIVAL.</u>
Ther. Ex. <u>1</u> min.	Ther. Ex. <u>27</u> min. <u>(1) Foot</u>	Ther. Ex. <u>30</u> min.
- HC Box 10X	- HC Box 10X - Ankle Disc	STD HES X10 5" HOLD
- Ankle Disc 6way 30x10	- 6way 30x10 (B) - STD HR	ANKLE DISC 6WAY 30X10
- STD HR in 11 bars 20x10	(B) 10 3x10 STD Gait Squat	30X EARTH
- Trial unilateral HR @ 420/10X	for Supination x 3min. - Toe	4" FRONT STEP 2X10
- BTD Ankle Bag IN AN	walk in 11bars x 2-3 min.	PURPLE LIPOLINE FWD X5
30x10	- 2" Int-Step-up to foot over bag	BTB X20 4WAY ANKLE
- Modality 2" Int-Step-up to foot over bag	x 10 BT-BAD DF, PF, EVSOL.	
- Taping for Arch Support	- Taping p phorus IN AN.	TAPE MEDIAL ARCH/POSTERIOR
Dyn. Act. <u>1</u> min.	Dyn. Act. <u>1</u> min.	Dyn. Act. <u>1</u> min.
Modality Parameters	Modality Parameters	Modality Parameters <u>PHASE</u>
<u>Phon @ 500 pulse @</u>	<u>Same as 1/30/04.</u>	<u>500 1.5 cm/sec ALONG</u>
<u>1w/cm² x 10min @ Ketapita</u>		<u>POST TIB INTO SOLEUS X</u>
		<u>15'</u>
Additional Documentation <u>yes</u> <u>X</u> no	Additional Documentation <u>yes</u> <u>X</u> no	Additional Documentation <u>yes</u> <u>(no)</u>
ASSESSMENT: <u>Difficulty in inversion control</u>	ASSESSMENT: <u>Butter quality T-Band, AC</u>	ASSESSMENT: <u>✓ CIO P.RX</u>
	<u>Inversion AROM 5' band.</u>	<u>ANKLE FWD 4" FRONT</u>
		<u>STEP. MARLINE CHAIRS</u>
		<u>Foot 5 TAP</u>
Revised Goals:	Revised Goals:	Revised Goals:
<u>Met 5th #2. Progress</u>		
<u>to isolate 5th.</u>		
PLAN: <u>Cont to strengthen</u>	PLAN: <u>Cont.</u>	PLAN: <u>CONT</u>
<u>functional activities</u>		
Therapist's Signature <u>M. J. H. Y. H.</u>	Therapist's Signature <u>M. J. H. Y. H.</u>	Therapist's Signature <u>M. J. H. Y. H.</u>
License # <u>3126</u>	License # <u>3126</u>	License # <u>4083</u>

(360)



HPRC

PROGRESS NOTES

Patient's Name: Gertrude Shiver

Chart #: 343091

Date: <u>2/6/04</u>	Date: <u>2/5/04</u>	Date:
SUBJECTIVE: <u>foot continues to feel better - concerned transitioning to regular shoe</u>	SUBJECTIVE: <u>Going to MD on 2/26/04</u>	SUBJECTIVE:
OBJECTIVE:	OBJECTIVE: <u>(L)</u> <u>DF: 4° E knee / , 22° E knee</u> <u>PF: 55°</u> <u>4/5 PF (L) 5/5 EV (L)</u> <u>4/5 DF (L) 4/5 IN (L)</u>	OBJECTIVE:
Ther. Ex. <u>30</u> min. <u>(L) foot</u> <u>Ankle disk away (L) UE support</u> <u>HCS on board x10 5 sec held</u> <u>BTB x20 4-way ankle</u> <u>Front Step-ups 2x15</u> <u>SLS calf raises 2x20</u> <u>Tape medial arch / post fib.</u>	Ther. Ex. <u>35</u> min. <u>(L) foot</u> <u>= Ankle Disk away (L) 30x9</u> <u>- HC Box Gastroc 50/45</u> <u>30x9</u> <u>- 4" Pad Step-up EHR 3x10</u> <u>- Unilateral HR (L) 2x15 E</u> <u>therapist.</u>	Ther. Ex. min.
Dyn. Act. min.	Dyn. Act. min.	Dyn. Act. min.
Modality Parameters <u>Photo US to mid calf bulk + proximal Achilles</u> <u>1.5cm E keto x12" in prone</u>	Modality Parameters <u>Photo to (L) crural Region</u> <u>X10mm @ 1.0 W/cm prone.</u>	Modality Parameters
Additional Documentation yes <u>(no)</u>	Additional Documentation <u>X</u> yes <u>X</u> no	Additional Documentation yes no
ASSESSMENT: <u>Pl. now able to perform unilateral heel toe raises E mild discomfort</u> <u>Unable to two weeks ago.</u>	ASSESSMENT: <u>SEEN</u> <u>Much improved rearfoot excursion. Needs to cont functional PRE's to carry over job task and Amb E Amb</u>	ASSESSMENT:
Revised Goals: <u>assessed</u>	Revised Goals: <u>2/29/04</u> <u>Aide</u> <u>- Toe Walk 20' (L)</u> <u>- SLS Balance 710 E 5 200</u>	Revised Goals:
PLAN: <u>cont. progression</u> <u>(L) foot ROM / strengthening</u> <u>ROM RESIST next visit.</u>	PLAN: <u>Seek further Authorization for cont PT TENS x 2wk.</u>	PLAN:
Therapist's Signature <u>[Signature]</u>	Therapist's Signature <u>M. Hill</u>	Therapist's Signature
License # <u>4253</u>	License # <u>3926</u>	License #

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HPRC

**PROGRESS REPORT****DISCHARGE SUMMARY**

2/26/04

Patient's Name: Gertrude Shiver HPRC Chart #: 343091 DOB: 5/19/54Physician: _____ Diagnosis: (L) Post Tib Teninitis Dx Code: 726.72Type of Surgery: 6 | Date of Surgery: 6

TREATMENT

Therapeutic Procedures

- | | | |
|--|--|---|
| ☐ Desensitization | ☐ Impairment | ☐ Spine Rehab |
| ☐ EMG / NCV | ☐ Rating | ☐ Splints |
| ☒ Exercise | ☒ Mobilization | Type: _____ |
| ☒ FCE | ☐ Orthotics | ☒ Strengthening |
| ☒ Functional Training | ☐ P/AROM | ☐ Work Reconditioning |
| ☐ Hand Rehab | ☐ Protocol | ☐ Wound Care |
| ☒ Other: <u>Taping</u> | | |

Therapeutic Modalities

- | | | |
|---|---|-------------------------------------|
| ☐ Cryotherapy/Cryotemp | ☐ Massage | ☐ Therapool |
| ☐ Electric Stimulation | ☐ Moist Heat | ☐ Traction |
| ☐ Fluidotherapy | ☐ Paraffin | ☐ Ultrasound |
| ☒ Iontophoresis | ☒ Phonophoresis | |
| ☐ Other: _____ | | |

SUMMARY OF PROGRESS

AROM (L) DF 4 RMR / Able to walk w/ no pain

22 RMR / 2 repeat foot exercises (L)

PF 55

Strength 4/5 goni x 5/5 EV

Wound, Fixed CAM Foot

Additional Tests: ☐ Yes, see attached ☒ NoGoals Met: ☒ Yes ☐ No ☒ RevisedTherapist's Comments: Much improved strength since IE. Recommend Orthoses 7
pt to work on HEP.Revised Goals / Plan: Orthoses consult.Frequency: ☐ 1 x / wk ☐ 2 x / wk ☐ 3 x / wk ☐ Other 6Duration: ☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ 4 weeks ☐ Other 6Therapist's Signature: M. [Signature] License # 3926 Date: 2/11/04

Physician's Comments: _____

- ☐
- Revise Plan
-
- ☐
- No Revisions
-
- ☐
- Continue
-
- ☐
- Discharge

Physician's Signature _____ Date: _____

Note to Physician: Please return signed white copy to HPRC by patient or mail.

A new referral will need to accompany this report, if the patient is to continue therapy.

(362)

EMG / Nerve Conduction Report **HealthWorks – Palmetto Health**

□ 1333 Taylor St., Suite 3-H Columbia, SC 29220 (803) 296-3500 Fax (803) 296-3965
X 3000 Northeast Medical Park, Suite 111 Columbia, SC (803) 434-3362 Fax (803) 434-3389

Patient Name Gertrude Shiver SSN 249-98-2546 DOB 5/19/54 Date 1/10/02

Brief History: This lady was hit in the left heel by a cart on 11/15/01. She now has distal left lower leg and ankle pain, as well as numbness of the left heel. She has a past history of a herniated lumbar disk affecting the left leg.

Motor Nerve Conduction Studies						
Nerve	Segment	Latency, msec	Latency Difference, msec	Distance, cm.	Conduction Velocity, m/sec	Amplitude, mV
R. Tibial	Ankle - AH	4.80	-----	8.0	-----	11
	Pop - Ankle	13.40	8.60	35.0	40.7	3
	Ankle - FDMB	5.20	-----	Stimulus site same as for AH	-----	3
L. Tibial	Ankle - AH	4.60	-----	8.0	-----	14
	Pop - Ankle	13.40	8.80	33.5	38.1	1.5
	Ankle - FDMB	4.60	-----	Stimulus site same as for AH	-----	3

Monopolar Needle Electromyography						
Muscle	Insertional Activity	Spontaneous Activity			Motor Units	Interference Pattern
		PSWs	Fibs	Other		
L. Rectus Femoris	Normal	None	None	None	Normal	Full
L. Tibialis Anterior	Normal	None	None	None	Normal	Full
L. Extensor Hall. Longus	Normal	None	None	None	Normal	25%, inc. effort
L. Gastrocnemius	Normal	None	None	None	Normal	Full
L. Semitendinosus	Normal	None	None	None	Normal	Full
L. Lumbar Paraspinals	Normal	1+	None	None	-----	-----

Interpretation:

1. No evidence of tarsal tunnel syndrome on bilateral tibial motor studies.
2. Positive sharp waves in left lumbar paraspinal muscles, which is suggestive of left lumbar radiculopathy but is not localizing.

Martin W. Durkin, MD Neurologist

Martin W. Durkin

(363)

EMG / Nerve Conduction Report

HealthWorks - Palmetto Health

1333 Taylor St., Suite 3-H Columbia, SC 29220 (803) 296-3500 Fax (803) 296-3965
X 3000 Northeast Medical Park, Suite 111 Columbia, SC (803) 434-3362 Fax (803) 434-3389

Patient Name Gertrude Shiver SSN 249-98-2546 DOB 5/19/54 Date 1/31/02

Brief History: This lady was hit in the left heel by a cart on 11/15/01. She now has distal left lower leg and ankle pain, as well as numbness of the left heel. She has a past history of a herniated lumbar disk affecting the left leg. Left calf is noticeably larger than right.

Sensory Nerve Conduction Studies

Nerve	Orthodromic or Antidromic	Latency, msec	Distance, cm.	Normal, msec	Amplitude, μ V	Normal, μ V
R. Tibial, Medial Plantar Branch	Orthodromic	3.76	14.0	<3.68	5	-----
R. Tibial, Lateral Plantar Branch	Orthodromic	3.76	14.0	<3.65	3	-----
L. Tibial, Medial Plantar Branch	Orthodromic	3.60	14.0	<3.68	5	-----
L. Tibial, Lateral Plantar Branch	Orthodromic	3.60	14.0	<3.65	2	-----
R. Sural	Antidromic	3.52	14.0	<3.7	10	>5
L. Sural	Antidromic	3.60	14.0	<2.3	10	>5

Monopolar Needle Electromyography

Muscle	Insertional Activity	Spontaneous Activity			Motor Units	Interference Pattern
		PSWs	Fibs	Other		
R. Gastrocnemius, Lateral Head	Normal	None	None	None	Normal	Full
R. Gastrocnemius, Medial Head	Normal	None	None	None	Normal	Full

Interpretation:

1. No evidence of tarsal tunnel syndrome on bilateral tibial sensory studies.
2. Limited needle EMG of the right medial and lateral gastrocnemius muscles is normal.

Martin W. Durkin, MD Neurologist

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PALMETTO RICHLAND REHABILITATIVE CARE CENTER PHYSICAL THERAPY

PROGRESS / RE-EVALUATION REPORT

Patient Name: GERTRUDE SHIVER

Date: 1-25-02

Physician: DR MARTIN DURKIN

Therapy Attendance: from: 12-27-01

Diagnosis: LEFT FOOT PAIN

to: 1-25-02 sessions treated: 12 sessions missed: 0

MODALITIES / PROCEDURES USED:

- | | | | |
|--|---|---|---|
| ☒ Strengthening | ☐ Massage | ☐ Ultrasound | ☐ TENS |
| ☐ Aquatic Therapy | ☐ Soft Tissue Mobilization | ☒ Hot/Cold therapy | ☒ Iontophoresis |
| ☒ ROM/Stretching | ☐ Joint Mobilization | ☐ Electrical Stimulation | ☐ Paraffin |
| ☐ Work Conditioning | ☐ Manual techniques | ☐ Traction | ☒ Home Program |
| ☐ Trunk Stabilization | ☐ Lifting Mechanics | ☒ Patient instruction | ☐ |

Status: 0 - NO PROGRESS

1- SLOW PROGRESS

2- GOOD PROGRESS

3- GOAL MET

1 Decreased pain (on numeric pain scale of 0 to 10, patient rates overall pain at 5/10)
1 Decreased swelling 1 Increased Strength 1 Increased ROM 1 Increased Function

Comments: Gertrudes left foot pain is less and AROM left ankle DF 3, PF 45. She reports left heel is numb and Wbearing or severe effort at DFlexion are causing shooting pain over medial planter nerve course. She no longer exhibits positive Tinel's and edema/temperature has improved. She is independent with HEP of ROM, t-band ex, Heel cord sitting stretch and is unable to tolerate WBearing ex or stretch at this time. She has mild antalgic limp, weakness, pain, numbness, and limited ROM Left ankle. She has completed a maximum course of iontophoresis. Plan: D/C PT on Home program at this time due to inability to tolerate further progression of RX.

RECOMMENDATION:

☒ Therapy is offering no relief

____ Making progress: continue therapy ____ days/week for ____ weeks with new goals of:

1.

2.

3.

____ Good Progress; discharge to Home Program

____ Goals Met; Discharge from Physical Therapy

Therapist's Name Mindy McGowan

PHYSICIAN: Thank you for this referral. Please see recommendations above.
If you concur, please sign below. If you have revisions for this
Patient's care please advise:

Discharge from PT

Martin Durkin
Physician's Signature

**** Please send signed paper back with patient,
if continued treatment is desired.

OR

Return to: Palmetto Richland Rehabilitative Care Center
14 Richland Medical Park Drive, Suite 100, Columbia, SC 29203
Phone: (803) 434-2500 Fax: (803) 434-3732

**EMG/NERVE CONDUCTION STUDY
PHYSICAL MEDICINE & REHABILITATION CONSULTATION**

PATIENT: Gertrude Shiver

DATE OF EVALUATION: 11/28/05

REFERRING PHYSICIAN: Dr. Brandt

IDENTIFICATION: Gertrude Shiver is a 48 year old female referred to my office to evaluate left lower extremity dysesthesias and paresthesia.

IMPRESSION:

1. This is an abnormal electrical study.
2. There is evidence of fairly diffuse slowing motor and sensory nerves of the lower extremities distally consistent with a peripheral polyneuropathy.
3. No evidence of other nerve conduction abnormalities.
4. No evidence of radiculopathy on needle exam although there was axonopathy of the foot intrinsic musculature again consistent with peripheral neuropathy.

NERVE CONDUCTION STUDY:

NERVE	DISTAL LATENCY	AMPLITUDE	NERVE CONDUCTION VELOCITY
Right peroneal motor nerve	8 ms (normal is less than 6)	.667 mv	In the leg 45 m/s (normal is greater than 40)
Left peroneal motor nerve	5.4 ms	3 mv	41 m/s
Right tibial motor nerve	7 ms	10 mv	40 m/s
Left tibial motor nerve	7.9 ms	9 mv	40 ms
Right superficial peroneal sensory nerve over 12 cms.	4.2 ms (normal is less than 3.8)	14 mcv	
Left superficial peroneal sensory nerve	4.2 ms	30 mcv	
Right sural sensory nerve	2.7 ms (normal is less than 2.5)	16 mcv	
Left sural sensory nerve	2.9 ms	22 mcv	

ELECTROMYOGRAM: Electromyography was performed with a sterile disposable monopolar needle. The following muscles were checked.

(366)

EMG/NERVE CONDUCTION STUDY
PHYSICAL MEDICINE & REHABILITATION CONSULTATION
 PAGE 2

PATIENT: Gertrude Shiver

Muscles	IA	Rest					Minimal Contraction MUAP	Maximum Contraction Recruitment Pattern
		Muscle	Spontaneous Activities					
			FIBS	SW	FASC	Other		
Left anterior tibialis	Normal	Normal	None	None	None	None	Normal motor unit morphology and normal motor unit recruitment	Full interference pattern noted
Left peroneus longus	Normal	Normal	None	None	None	None	Normal motor unit morphology and normal motor unit recruitment	Full interference pattern noted
Left medial gastroc	Normal	Normal	None	None	None	None	Normal motor unit morphology and normal motor unit recruitment	Full interference pattern noted
Left vastus medialis	Normal	Normal	None	None	None	None	Normal motor unit morphology and normal motor unit recruitment	Full interference pattern noted
Left extensor digitorum brevis	Normal	Normal	None	None	None	None	Occasional polyphasic motor units seen, slightly reduced recruitment frequency.	Slightly reduced interference pattern was noted.
Left first dorsal interosseous	Increased	Ab-normal	None	1+	None	None	Reduced recruitment frequency.	Reduced interference pattern was noted.

HISTORY OF PRESENT ILLNESS: Gertrude Shiver relates left lower extremity trauma in the past and for over a year she has pain and decreased feeling outside of her foot. She does have back pain and known herniated disk but does not feel these two are related. She has been seeing Dr. Brandt for some flank pain but also noted to have these findings and was sent for EMG for further diagnostics.

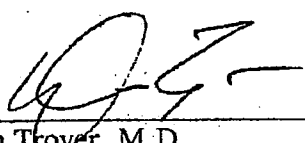
(367)

EMG/NERVE CONDUCTION STUDY
PHYSICAL MEDICINE & REHABILITATION CONSULTATION
PAGE 3

PATIENT: Gertrude Shiver

PHYSICAL EXAMINATION: Very pleasant, cooperative, awake, alert female. Her foot intrinsic musculature is weak bilaterally. Extensor digitorum was in the 4- out of 5 range. Extensor hallucis 4- out of 5. Ankle dorsiflexors 4 to 4+ out of 5 and a little bit stronger. More proximal strength in the 4+ out of 5 range. Reflexes were 2+ out of 4 at the ankles and knees.

DISCUSSION: I discussed the abnormal electrical findings today with Ms. Shiver and recommended followup with Dr. Brandt for further treatment or eval. It is a pleasure seeing her today. Call me if you have any questions.



Devin Troyer, M.D.
Physical Medicine & Rehabilitation

DT/prs

D: 11/28/05

T: 11/28/05

cc: Dr. Brandt
Dr. Troyer

(368)

Bruce D. Filler, M.Ed., P.T.
Director



Columbia
Rehabilitation
Clinic, Inc.

2362 Two Notch Rd.
Columbia, SC 29204
799-7007 - Fax 256-8410

3000 Northeast Medical Park
Columbia, SC 29223
736-4845 - Fax 736-8674

4350 St. Andrews Rd.
Columbia, SC 29210
772-2735 - Fax 798-5514

1177 Sunset Blvd
W. Columbia, SC 29169
794-3440 - Fax 791-3862

PHYSICAL THERAPY PROGRESS UPDATE

PATIENT: Mertlinda Shilen DATE: April 10, 2006
DIAGNOSIS: Peripheral Neuropathy PHYSICIAN: Dr. Brando

I. TREATMENT INFORMATION

A. Date of Evaluation 3-14-06 Last Summary _____
B. Number of Treatments to Date 12 Cancellations _____ No Shows _____
C. Treatment Techniques Balance / Proprioception ex.
D. Modalities Aradyne
E. Home Program _____

II. SUBJECTIVE INFORMATION

A. Pain Intensity (0-10) Initial eval. pt. rated pain a "7". Today
B. Symptoms pt. rates pain a "4 1/2". Today pt. c/o heel pain &
tongling in L foot.

III. OBJECTIVE INFORMATION

A. ROM _____
B. MMT _____
C. Girth _____
D. Sensation Pt. didn't exhibit any L/R sensation & microfilament
E. Observation/Palpation Test.
F. Other _____

IV. ASSESSMENT

Pt. balance improving. Subjectively pt. is reporting
less pain. If you feel pt. could benefit from
2 more sessions please advise. Thank you so much for
your referral.

V. RECOMMENDATIONS / PLAN

A. Request to Continue P.T. _____
(To Continue P.T. complete script on right and return)

B. Discharge from P.T. _____
Reasons for D/C _____

Chris Riege, RPTA
Physical Therapist

PRESCRIPTION

Total Visits: 2 x / week 4 weeks

Continue P.T. ☒

Area to be treated: _____

Any Changes: _____

Contraindications: _____

Dr. Brando
MD

4/13/06
Date

Bruce D. Filler, M.Ed., P.T.
Director



Columbia
Rehabilitation
Clinic, Inc.

DOB 5-19-57

SSN 249-98-2541

* Pt has apt today

2362 Two Notch Rd.
Columbia, SC 29204
799-7007 · Fax 256-8418

3000 Northeast Medical Park
Columbia, SC 29223
736-4845 · Fax 736-8674

4350 St. Andrews Rd.
Columbia, SC 29210
772-2735 · Fax 798-5514

1177 Sunset Blvd
W. Columbia, SC 29169
794-3440 · Fax 791-3862

PHYSICAL THERAPY PROGRESS UPDATE

PATIENT: Gertrude ShiverDATE: 5-10-06DIAGNOSIS: Peripheral NeuropathyPHYSICIAN: Brandt

I. TREATMENT INFORMATION

- A. Date of Evaluation 3-14-06 Last Summary _____
 B. Number of Treatments to Date _____ Cancellations _____ No Shows _____
 C. Treatment Techniques Balance, Proprioception, LE strengthening
 D. Modalities Neodymium
 E. Home Program _____

II. SUBJECTIVE INFORMATION

- A. Pain Intensity (0-10) Pt reported pain varies. 7/10 initially has been
 B. Symptoms as low as 4/10. (L) > (R)

III. OBJECTIVE INFORMATION

- A. ROM _____
 B. MMT _____
 C. Girth _____
 D. Sensation _____
 E. Observation/Palpation Pt c no exhibit of ↓ d sensation c microfilament test
 F. Other _____

IV. ASSESSMENT

Pt c improved reported balance. Have added some LE strengthening
exs for pt to be doing at home & Pt has returned to YMCA to
get back into cardio programs that she was doing prior to LE problems.
Please re-eval & advise. Thank you for this referral.

V. RECOMMENDATIONS / PLAN

- A. Request to Continue P.T. _____
 (To Continue P.T. complete script on right and return)

- B. Discharge from P.T. _____
 Reasons for D/C _____

Kim Newman PTN
Physical Therapist

PRESCRIPTION

Total Visits: _____ x / week _____ weeks
 Continue P.T. _____
 Area to be treated: _____
 Any Changes: _____
 Contraindications: _____

MD

Date

(370)

typed
3-25-02

JK

DC

DF

PATIENT ACCOUNT NUMBER 0208300003		FORM PRINT DATE & TIME 03/24/0200:16		REG. BY MG		DATE OF SERVICE 03/24/02		REG. TYPE ERB EMS		SV CODE 06		FIN CLASS 06		TIME OF ARRIVAL 00:16am		MEDICAL RECORD NO. 00052124	
NAME AND ADDRESS SHIVER, GERTRUDE 1026 CONGAREE CH RD GADSDEN SC 29052								SOCIAL SECURITY NUMBER 249-98-2546		GUARANTOR SHIVER, GERTRUDE 1026 CONGAREE CH RD GADSDEN SC 29052		SOCIAL SECURITY NUMBER 249-98-2546		REL U		PHONE (803)353-9714	
SEX F		RACE B1		MS S		DATE OF BIRTH 05/19/54		AGE 47Y		EMPLOYER RICHLAND MEM. HOSPITA				OCCUPATION			
WORKMAN'S COMPENSATION 060622 06																PATIENT INSURED/F	
SS#: 249-98-2546																LIVING WILL NO 03/	

@ 847.2

p 847.2

SS

3rd INS

CHIEF COMPLAINT PT STS BACK PAIN HERN DISK								PHYSICIAN 999 EMS.EMS															
ACCIDENT TYPE YES		ACCIDENT DATE AND TIME 03/23/02 01:00				REFERRING PHYSICIAN 999 EMS.EMS				COMMENT													
ARRIVED BY SELF DRIVEN				ACCOMPANIED BY				LAST T.T.				CURRENT MEDICATIONS											
PATIENT HISTORY		TIME		TEMP		PULSE		RESP		B/P		ALLERGIES				NOTIFIED				AT		RESP.	
+ Px				(TIME:)				☐ Dictated				NURSE											

E917-3

[E849.8] E849.7

PATIENT ORDERS										☐ OLD RECORDS																			
										☐ EKG										☐ CBC									
										☐ SMA 7										☐ SMA 28									
										☐ PT / PTT										☐ MI INJURY PROFILE									
										☐ BLOOD CULT. x										☐ HCG (SERUM)									
										☐ HCG (URINE)										☐ CCUA									
										☐ CATH UA										☐ GEN PROBE									
										☐ WET PREP										☐ ABG									
										☐ CXR (PORT)										☒ CXR (PA+LAT)									
										☐ CT HEAD										☐ CT RENAL BED									
										☐ CT ABD										☐ CT									
										☐ IVP										☐ U.S.									
										☐ C-SPINE										☐ CROSS TABLE C-SP									
										☐ X-RAY																			
DIAGNOSIS																													

PHYSICIAN'S SIGNATURE				DATE				CONDITION AT DISCHARGE ☐ IMPROVED ☐ TX-STABLE ☐ SATISFACTORY				☐ OTHER				D/C VIA ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR			
DISCHARGE DATE				DISCHARGE TIME AM PM				FINAL DISPOSITION OF PATIENT: ☐ TREATED AND RELEASED ☐ ADMITTED TO: ☐ TRANSFERRED											

(371)

PAL VITO BAP EDIC CENTER
EMERGENCY DEPARTMENT

Tri. Class
Emergent Urgent Nonurgent

Name: Shiver Gertrude Age: 47 Weight: _____
Date: 3/23/02 Accompanied by self Tetanus: _____
PVT MD: Noora LMP: _____ Immun: _____

Mode of Arrival ☐ EMS ☐ WC ☐ Amb ☐ Carried ☐ Seen in ER past 30 days yes
ALLERGIES: CT dye, PPD, TT swelling in legs

- Y N Y N
1. ☐ ☐ Previous Hx of latex allergy 3. ☐ ☐ Prior latex reaction of hives and/or airway swelling
2. ☐ ☐ History of spine bifida 4. ☐ ☐ Allergic reaction during prior surgery or Bar Enema

CHIEF COMPLAINT	ER Rm #	Meds
<u>Swelling of lower extremities -</u>		<u>Stelazine</u>
<u>During early yesterday am approx 10:00</u>		<u>Naproxen</u>
<u>while sitting in chair that</u>		<u>Painkillers</u>
<u>into lower back - took her from</u>		<u>Carbam</u>
<u>from another work injury 2 days ago right leg</u>		
Triage Nurse: <u>C. Oshida</u>	Primary Nurses: 1. _____	
	2. _____	

Time Log 11:55/p
Sign in _____
Register _____
Triage 17:11
Room _____
Nurse _____
Doctor 210
MD Called _____
MD Resp _____
MD Here _____
Dr D/C 0330
Pt D/C _____

Disposition
☒ Tx & Released
☐ Transferred to:
☐ Admitted to:

Triage Vitals: 171 P: 71 R: 11 BP: 127/8 O2 Sat: _____ Trauma Alert Yes _____ No _____

Cold ER (Nurse, wound) PHYSICIAN ASSESSMENT * Dictated ☐
muscle with numb
Hx: 479 states she sustained an OTI @ 0100 3/23/02 @ Richmond
Memorial Hosp - stretch in lower back by thrown chair
Pt C/O Non radiating lower back pain esp right & movement
No weakness in legs No numbness Pt denies possibility of
Pregnancy No relief Naproxen & Stelazine
PMH: Hx of GERD FH: Non contrib ROS: As above
Under Rx for (L) Fwd OTI

SH: Richmond Memorial Hosp Staff
Cpt off duty till 3/25/02
PE: WOWN RTT in Mod distress
Tender (L) & (R) para lumbar regions trigger point
OT RT in LE 2+ = brist
Very S/P RT brist
Strength in LE 5/5 + = brist
No eschymosis noted
FWM (activity) of L/S spine & T pain to ROM
(referred to (L) & (R) Para lumbar regions)
L/S spine No Ex, subluxation
Tell/Chen 1.015 5.5 Dig @ Micro @

Diagnosis
1. Acute (L) & (R) Parahum Shiver
2. _____
Condition on D/C
☐ Improved ☐ Guarded
☒ Tx Stable ☐ Critical
Physician's Signature Shiver BM Macarum

PALMETTO BAPTIST MEDICAL CENTER
TAYLOR AT MARION ST.
COLUMBIA, S.C. 29220

PATIENT INSTRUCTION

DATE 03/24/02
NAME AND ADDRESS: SHIVER, GERTRUDE
1026 CONGAREE CH RD
SOCIAL SECURITY NUMBER: 249-98-2546

NAME: Gertrude Shiver
DATE: 3/24/02
ADDRESS:

☐ at
☒ (Please Label Contents)
Mg. No.

1. 1 tablet 5.0mg
2. THIS IS A COPY
3. NOT A PRESCRIPTION
4.

NOTE: Thank you for entrusting us with your emergency health care needs. The examination and treatment you have received in the Emergency Department have been provided on an emergency basis only, and are not intended to be a substitute for, or an effort to provide, complete continuing medical care. You are urged to follow carefully the instructions given on the instruction sheet given to you, however if your symptoms worsen or if you develop new problems

Palmetto Baptist Medical Center
Emergency Department

Taylor at Marion Street, Columbia, SC 29220, Tel. 771-5050

DISPENSE AS WRITTEN: M.D.
PRINTED NAME: Steven B Macarum MD

SUBSTITUTION PERMITTED: Steven B Macarum MD
PRINTED NAME: Steven B Macarum MD
DEA: BM4867574

☐ chest pain ☐ fracture ☐ MVA ☐ pediatric UTI ☐ thromb
Rest on 3/24/02
Med on below
Plv personal MD on 3/25/02 if not able to return
to normal duty on 3/25/02
Plv vic understanding

ACTIVITY AND/OR RESTRICTIONS
☐ RESUME NORMAL ACTIVITY ☐ NO GYM OR SPORTS ☐ MAY WORK FROM TO
☐ REST ☐ NO WEIGHT BEARING ☐ LIGHT WORK
☐ NO SCHOOL ☐ LIGHT WEIGHT BEARING ☐ NO WORK
HER

THESE INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF THE EMERGENCY PHYSICIAN. SHOULD YOUR SYMPTOMS NOT IMPROVE OR WORSEN YOU ARE ADVISED TO SEEK CARE FROM YOUR PERSONAL PHYSICIAN OR IF UNAVAILABLE, RETURN TO THE EMERGENCY DEPARTMENT FOR FURTHER EVALUATION.

PHYSICIAN: Steven B Macarum MD
PATIENT OR REPRESENTATIVE SIGNATURE: Gertrude Shiver

I hereby acknowledge receipt of the instructions above and understand them. I understand that I had emergency treatment only and that I may be released before all of my medical problems are known or treated. I will arrange for follow-up care as instructed above.

(373)

771-5050

DATE 03/24/02

NOTE: Thank you for entrusting us with your emergency health needs. The examination and treatment you have received in the Emergency Department have been provided on an emergency basis only, and are not intended to be a substitute for, or an effort to provide, complete continuing medical care. You are urged to follow carefully the instructions given on the instruction sheet given to you. However, if your symptoms worsen or if you develop new problems or complications, contact your personal physician or return to the Emergency Department for further evaluation.

NAME AND ADDRESS		SOCIAL SECURITY NUMBER	249-98-2546
SHIVER, GERTRUDE			
1026 CONGAREE CH RD			
CADSDEN	SC	29052	PHONE (803) 353-9714

INSTRUCTIONS

- | | | | | | |
|--|---|---|---|--|---|
| ☐ abdominal pain | ☐ chest wall pain | ☐ gout | ☐ neck sprain | ☐ pediatric vomiting | ☐ toothache |
| ☐ abscess | ☐ chickenpox | ☐ head injury | ☐ neck strain | ☐ PID | ☐ URI |
| ☐ allergic reaction | ☐ cold | ☐ head lice | ☐ nosebleed | ☐ pneumonia | ☐ UTI |
| ☐ animal bite | ☐ conjunctivitis | ☐ headache | ☐ otitis media | ☐ rash | ☐ venereal disease |
| ☐ asthma | ☐ contusion | ☐ heartburn | ☐ pediatric abdominal | ☐ rhinitis | ☐ vermicularis |
| ☐ back pain | ☐ COPD | ☐ hemorrhoids | ☐ pediatric allergic | ☐ seizure | ☐ vomiting |
| ☐ body lice | ☐ corneal abrasion | ☐ hernia | ☐ pediatric asthma | ☐ sinusitis | ☐ wheezing |
| ☐ bronchiolitis | ☐ corneal foreign body | ☐ human bite | ☐ pediatric conjunctivitis | ☐ sore throat | ☐ wound recheck |
| ☐ bronchitis | ☐ croup | ☐ hypertension | ☐ pediatric fever | ☐ sprain | ☐ wounds |
| ☐ burn | ☐ diarrhea | ☐ hyperventilation | ☐ pediatric head injury | ☐ strain | |
| ☐ bursitis | ☐ earache | ☐ insect bite | ☐ pediatric headache | ☐ subungual hematoma | |
| ☐ cast care | ☐ febrile convulsions | ☐ kidney stones | ☐ pediatric otitis media | ☐ suture removal | |
| ☐ cellulitis | ☐ fever | ☐ laceration | ☐ pediatric seizure | ☐ tetanus | |
| ☐ cerumen impaction | ☐ flu | ☐ mononucleosis | ☐ pediatric URI | ☐ threatened abortion | |
| ☐ chest pain | ☐ fracture | ☐ MVA | ☐ pediatric UTI | ☐ thrush | |

Rest on 3/24/02
Medic on hand

Continue usual med +

Flu personal MD on 3/24/02 if not able to return
to normal duty on 3/25/02

ACTIVITY AND/OR RESTRICTIONS

- | | | |
|---|---|-------------------------------------|
| ☐ RESUME NORMAL ACTIVITY | ☐ NO GYM OR SPORTS | ☐ MAY WORK |
| ☐ REST | ☐ NO WEIGHT BEARING | ☐ LIGHT WORK |
| ☐ NO SCHOOL | ☐ LIGHT WEIGHT BEARING | ☐ NO WORK |

OTHER

THESE INSTRUCTIONS ARE GIVEN AT THE RECOMMENDATION OF THE EMERGENCY PHYSICIAN. SHOULD YOUR SYMPTOMS NOT IMPROVE OR WORSEN YOU ARE ADVISED TO SEEK CARE FROM YOUR PERSONAL PHYSICIAN OR IF UNAVAILABLE, RETURN TO THE EMERGENCY DEPARTMENT FOR FURTHER EVALUATION.

IRSE

Chell

PHYSICIAN

(R.N.)

I hereby acknowledge receipt of the instructions above and understand them. I understand that I have had emergency treatment only and that I may be released before all of my medical problems are known or treated. I will arrange for follow-up care as instructed above.

PATIENT OR REPRESENTATIVE SIGNATURE

(374)

MIDLANDS INTERNAL MEDICINE

OFFICE VISIT NOTE

NAME: Gertrude Shiver
SS#: 249-98-2546
DATE: 03/25/02

The patient is a 47-year-old black female with past medical history significant for hypertension, paroxysmal supraventricular tachycardia, reflux with overlapping stricture status post dilation, and chronic back and neck discomfort, who basically presents for worsening back discomfort status post work related injury. Apparently, the patient was sitting in a rolling chair. She bent over to pick a pen off the floor when the chair rolled out from under her, flipped over, and the back of the chair struck her in the lower back. She presented to the Emergency Room the following day with increasing pain. There, her work-up was negative including lumbar spine films as well as her exam. It was felt that basically she had suffered from para lumbar strain and was treated conservatively. Basically she presents today with continued back discomfort and notes that she does not think she will be able to work due to the fact that her work involves walking and she notes that walking for any length of time, even standing exacerbates her back pain. She otherwise has no other complaints. Interestingly, the patient was seen in the Emergency Department a few days prior to this accident with acute lower extremity edema, worse on the left than the right. She had Dopplers performed which were negative and was felt that it was likely due to the change in temperature, according to the Emergency Department report. However, at that time, she was given a work excuse as well and was given Lasix to take for four days as well as encouraged to elevate her legs. The patient otherwise has no complaints. She denies any fever or chills, any change in bowel or bladder, any lower extremity weakness, or numbness, etc.

PAST MEDICAL HISTORY: Unchanged as previously documented in the chart.
PAST SURGICAL HISTORY: Unchanged as previously documented in the chart.
ALLERGIES: Unchanged as previously documented in the chart.
MEDICATIONS: Unchanged as previously documented in the chart.
SOCIAL HISTORY: Unchanged as previously documented in the chart.
FAMILY HISTORY: Unchanged as previously documented in the chart.

REVIEW OF MEDICATIONS:

1. Skelaxin 400mg prn
2. Aleve prn
3. Cardizem CD 120mg q day
4. Tenormin 25mg bid
5. Aciphex 20mg q day
6. Apparently, she was given a few Lortab as well.

REVIEW OF SYSTEMS: See History of Present Illness. All other systems reviewed at this time and negative.

(B75)

MIDLANDS INTERNAL MEDICINE

OFFICE VISIT NOTE

NAME: Gertrude Shiver
SS#: 249-98-2546
DATE: 03/25/02

PAGE 2

PHYSICAL EXAMINATION: Vital signs noted.

GENERAL: In mild distress with changes in position.

HEENT: Unremarkable.

NECK: No JVD.

LUNGS: Clear.

CARDIOVASCULAR: Regular.

ABDOMEN: Benign.

BACK: There is some paraspinal lumbar tenderness without spasm. Straight leg raise is negative.

EXTREMITIES: Trace edema, left lower extremity greater than right.

NEUROLOGICAL: Grossly intact.

ASSESSMENT AND PLAN:

1. Para lumbar strain. At this time, the patient was given Mobic 7.5mg q day to bid as the Aleve upset her stomach a minimal amount. Hopefully this will be safer on her stomach. We will also give her some Lortab to take only as needed. She was also given some back strengthening and back stretching exercises to do in the meantime. She should continue her Skelaxin as needed. The patient will be given a work excuse to miss the next ten days. I imagine this should give her plenty of time for relief. She will follow back up if her symptoms worsen or if she begins to develop any change in continence of bowel or bladder, neurologic sequelae, etc.
2. Lower extremity edema. Again, I would have to agree that this is likely venous insufficiency. She has had Doppler studies performed. This could also be complicated by the fact that she is on a calcium channel blocker as well as nonsteroidals. We will be following her in this regards.
3. Hypertension/paroxysmal supraventricular tachycardia. Currently well controlled on current regimen.
4. Reflux. Continue Aciphex.



Jeffrey D. Hook, MD

(376)

MIDLANDS INTERNAL MEDICINE

OFFICE VISIT NOTE

NAME: Gertrude Shiver
SS#: 249-98-2546
DATE: 04/08/02

The patient is a 47-year-old black female with past medical history significant for hypertension, paroxysmal supraventricular tachycardia, reflux with overlapping stricture status post dilation, and chronic back and neck discomfort, who basically presents for complete physical exam. The patient was recently injured on the job where she fell out of a rolling chair and was struck in the back with the back of the chair. She presented to the Emergency Department and was diagnosed with a paralumbar strain. She was seen here in this office a few days later and was treated with Mobic, Skelaxin as needed, and Lortab as needed. She was also given back strengthening exercises to perform. She was given a work excuse to miss the next ten days in hopes that that would give her plenty of time for healing. The patient notes that her back is improved, even though she still has occasional discomfort. I do not think her discomfort at this time is to the point where it should hinder her work. However, she will be given some restrictions as listed in the Assessment and Plan. The patient, otherwise, notes that she has been doing extremely well. She has very little in the way of complaints.

PAST MEDICAL HISTORY: As above.

PAST SURGICAL HISTORY:

1. Breast reduction in 1997
2. Myomectomy in 1995

ALLERGIES:

1. Tetanus caused severe edema and induration with pain.
2. CT dye gave her hives and palpitations.

CURRENT MEDICATIONS:

1. Cardizem CD 120mg q day
2. Tenormin 25mg bid
3. Aciphex 20mg q day
4. Mobic 7.5mg bid
5. Lortab prn
6. Skelaxin prn
7. Occasional green tea
8. Occasional Tylenol
9. Baby aspirin daily

(377)

MIDLANDS INTERNAL MEDICINE

OFFICE VISIT NOTE

NAME: Gertrude Shiver
SS#: 249-98-2546
DATE: 04/08/02

PAGE 2

SOCIAL HISTORY: The patient does not smoke or use alcohol. She is not married and has had no children. She is not sexually active. She is originally from Gaston and lived in Charleston but has been in Columbia since 1998. She was a cardiac nurse but then became disabled. She has now switched jobs and is working medical records.

FAMILY HISTORY: The patient's father died in his 60's from a stroke. Mother recently passed away at the age of 90. She had diabetes, dementia, and ultimately ended up with a stroke. She denies any significant heart disease in the family. She does note diabetes as well as breast cancer. She also notes a sister in her 50's that was recently diagnosed with colon cancer. There is also a strong history of degenerative joint disease.

DIET AND EXERCISE: The patient's diet is poor. Exercise is minimal.

REVIEW OF SYSTEMS: The patient does get occasional headaches. She does note chest discomfort, at times it seems to be more associated with dietary indiscretion. She has had full cardiac work-up in the past including Holter monitor, echocardiogram and stress sestamibi, which have all been normal. She does note musculoskeletal complaints including lower back, neck, right knee, and left foot. She may have occasional breast pain, which is somewhat shooting in nature. Denies any discharge or abnormal lumps or bumps. She notes that her energy level is quite poor and she is fatigued. All other systems reviewed at this time and negative.

PHYSICAL EXAMINATION: Vital signs noted.

GENERAL: Pleasant, in no acute distress.

HEENT: Normocephalic, atraumatic. Pupils equal, round and reactive to light and accommodation. Extra-ocular movements intact. Fundoscopic exam unremarkable. TM's clear. Oropharynx clear with moist mucus membranes.

NECK: No JVD. No lymphadenopathy. No thyromegaly. No bruits.

LUNGS: Clear to auscultation and percussion bilaterally.

CARDIOVASCULAR: Regular rate and rhythm. Normal S1 and S2. There are no murmurs, rubs, or gallops.

ABDOMEN: Soft, nontender, nondistended. There are positive bowel sounds in all quadrants. There is no hepatosplenomegaly or mass.

BREASTS: No palpable masses. No nipple inversion. No skin dimpling.

(378)

MIDLANDS INTERNAL MEDICINE

OFFICE VISIT NOTE

NAME: Gertrude Shiver
SS#: 249-98-2546
DATE: 04/08/02

PAGE 3

PHYSICAL EXAMINATION: (cont.)

UROGENITAL: The patient has normal external female genitalia. Cervix visualized. Pap smear obtained. By manual exam, unremarkable.

RECTAL: No masses. Normal sphincter tone. Guaiac negative stool.

EXTREMITIES: No clubbing, cyanosis, or edema. The patient has 2+ distal pulses bilaterally.

NEUROLOGIC: Grossly intact.

LABS: EKG was obtained and reveals a normal sinus rhythm, unchanged from prior tracings.

ASSESSMENT AND PLAN:

1. Paroxysmal supraventricular tachycardia. Has been well controlled on Cardizem CD and Tenormin. Will continue with this regimen.
2. Reflux with overlapping stricture, status post dilation. Asymptomatic on Aciphex. Will continue.
3. Family history of colon cancer with chronic constipation as well. The patient needs to be set up for colonoscopy. She has a first degree relative who developed colon cancer at a young age and she does have chronic constipation. We will set her up for some time in May to have this performed.
4. Back pain. Again, likely a paralumbar strain. She should continue Skelaxin as well as Mobic and back strengthening exercises. Again, I feel that she can go back to work with restrictions of no heavy lifting, greater than 15 pounds, and no excessive bending or stooping. I imagine the patient will be able to meet the requirements of her job otherwise.
5. Fatigue. Again, likely due to deconditioning. I have encouraged the patient to get into an exercise regimen as she is overweight, which is obviously causing some joint discomfort as well. I feel that this would help her out significantly.
6. Headache, cervical spine discomfort, etc. Has been followed in the past by the Charleston Spine Clinic. She is doing well in this regards. Will continue to follow.

(379)

MIDLANDS INTERNAL MEDICINE

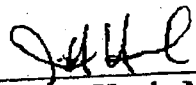
OFFICE VISIT NOTE

NAME: Gertrude Shiver
SS#: 249-98-2546
DATE: 04/08/02

PAGE 4

ASSESSMENT AND PLAN: (cont.)

7. Routine health maintenance. Basically up to date. In past dictations, I have commented that the patient may have a mild anxiety disorder, perhaps some underlying depression as well. May want to consider SSRI's at some point. We will consider this at further visits. Also of note, the patient did have short term disability form filled out, which we will fax onward with our dictation from 03/25/01.



Jeffrey D. Hook, MD

(380)

DATE

04/05/02

NAME

Gertrude Shivers

ADDRESS

MIDLANDS INTERNAL MEDICINE

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Rx

(Please Label Contents)

Mg.

No.

Sig.

Rep.

1

2

3

4

5

Pt may return to work, full-duty
with minor restrictions

① no excessive lifting (>15lb)

② no excessive bending

M.D.

M.D.

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN

(381)



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Physical Medicine, PA**

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SHIVER, Gertrude

4559

10 June 2002

CHIEF COMPLAINT: Low back pain after work injury.

HISTORY OF PRESENT ILLNESS: Ms. Shiver is a 48 year old female who in March of 2002, while at work, was picking up a pen which had dropped, when her chair rolled out from under her and the head portion of the chair hit her in the small of her low back. This occurred at 1:00 a.m. and was not witnessed by any other individuals. She went home that night, went to work, but because of low back pain, reported in to the emergency room the next day. X-rays, as reported to me by Ms. Shiver, were reported to be normal. Since that time, she has been treated by her primary physician. At this point in time, she has been given medications with some improvement in pain symptoms.

Initially her pain was 7-8/10 on the pain scale and she says that today it is 4/10 on the pain scale.

Currently, her pain is described as a burning sensation and a deep achy pain in the low back bilaterally with intermittent stabbing pain interchanged with burning and aching and then continuing with intermittent stabbing pain, left greater than right. Her symptoms are intermittent and wax and wane. The pain seems to be aggravated with bending and improved with lying down and medications that she is taking, including Mobic, Skelaxin, and Lortab. She denies any right leg pain but is reporting some paresthesias in the left lower leg that predate her injury. These initially presented at around November 15, 2001 and are being treated by a neurologist. Apparently, an electrodiagnostic evaluation was performed by that individual and it was reported to me today to be normal. I specifically asked Ms. Shiver if her symptoms in the left lower leg were worsened after the fall, and she states, "no". She stated that there has been no worsening of her symptomatology as far as the leg is concerned.

I asked Ms. Shiver if she had ever complained of low back pain before, and she said, "yes". She was initially seen at Charleston Spine and Physical Medicine on March 4, 1998, after a motor vehicle accident on April 20, 1997, when she was rear-ended by another motor vehicle. She was given a diagnosis of "partially discogenic" low back pain. In July of 1998, she was placed at MMI from that injury and was given a permanent impairment to the lumbosacral spine, DRE category II, 5% spinal impairment, translatable to 5% whole person impairment directly. She was then also involved in a motor vehicle accident on 11/25/2000, which apparently "flared" her low back pain. She was placed at MMI regarding injuries sustained to the lumbosacral spine from the 11/25/2000 MVA, on 5/07/2001. She was given a "DRE category I, 0% lumbosacral spine/whole person impairment" relating directly to the injury of 11/25/2000 and remained at her prior permanent impairment of 5% to the lumbosacral spine.

PAST MEDICAL HISTORY: "Heart conduction defect", previous neck and low back pain, history of headache.

PAST SURGICAL HISTORY: Myomectomy, 1995; breast reduction, 1997. She denies an previous spine surgeries, including neck or low back.

REVIEW OF SYSTEMS: As per the new patient questionnaire completed today as well as the history.

MEDICATIONS: Mobic, Skelaxin, Phenergan, Cardizem, Tenormin, aspirin.

ALLERGIES: Contrast dye causes a seizure; tetanus toxoid causes redness and swelling at the injection site and "TB tester" causes hives, increased heart rate and swelling.

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SOCIAL HISTORY: Patient is single; works full-time in her current position of computer entry for approximately one year 8 months. She states she is a nonsmoker and nondrinker.

FAMILY HISTORY: As per the new patient questionnaire completed today.

PHYSICAL EXAMINATION: Height 5' 3-1/2". Weight 194 pounds. Respirations: 18.

Reveals a well developed well nourished female in a minimal to moderate amount of subjective pain. Grooming, nutrition, and body habitus are normal for her age. She is alert and oriented to time, place and person with normal mood and affect. Pedal pulses are palpable.

Gait and station is normal and non antalgic.

Inspection of the low back reveals no previous midline lumbar incisions. No muscle atrophy, no significant lumbar shift or step off in the lumbar spine. Forward flexion and extension of the lumbar spine is limited to less than 50% of normal today. Axial rotation with hands held to the side increases her low back pain, turning to each direction. There is some minimal to moderate tightness of the bilateral psoas, rectus femoris and hamstring muscles. PA mobilization of the lumbar spine in the prone position reveals tenderness to light touch and therefore throughout the entire lumbar spine and therefore Spring testing could not be performed today. On palpation of the PSIS bilaterally to light touch, there was increased pain. There is no tenderness over either greater trochanter or piriformis muscle belly. There were some palpable spasms noted in the lower lumbar regions bilaterally.

Neurologic examination, including motor strength and sensation, was intact in both lower extremities and torso, except for some spotty decreased sensation in non-radicular and non-myotomal pattern in the left lower extremity. She has negative neural tension signs in both legs in the seated slumped position. SLR testing increased her low back pain bilaterally at about 20°. Patrick's test was negative bilaterally. Prone hip hyperextension testing was negative today.

Examination of the thoracic spine reveals no thoracic paraspinal muscular spasms or tenderness and no tenderness over the spinous processes today.

DIAGNOSTIC TESTING: None new today.

DIAGNOSES:

1. New work injury with low back pain and moderate lumbar strain/contusion.
2. Pre-existing left calf paresthesias (not related to this recent work injury).
3. History of previous low back pain given diagnosis of lumbar disc discogenic pain (non-discogram proven).

PLAN: After reviewing Ms. Shiver's current clinical scenario and physical examination, it is my opinion with a reasonable degree of medical certainty that she has suffered a moderate lumbar strain/lumbar contusion based upon the mechanism of her injury and based upon her current symptomatology. The left lower extremity symptomatology has not worsened since that injury, and therefore, there is no aggravation of that preexisting condition with this most recent injury in March of 2002.

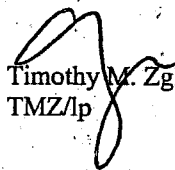
My recommendations are as follows:

1. She is going to continue with her independent exercise program at home as far as therapy is concerned, and remain on her current medication including Mobic and Skelaxin. The risks and benefits of those medications were again reviewed with her.
2. As far as the low back pain and spasms in the bilateral lower lumbar region; after reviewing the risks, benefits, alternative treatment options and prognosis with Ms. Shiver, she has agreed to go ahead with a trigger point injection today.

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The skin overlying the bilateral lower lumbar paraspinal musculature was prepped aseptically with alcohol. Next, a total solution of 2 cc containing 1 cc of 1% Lidocaine without epinephrine and 1 cc of 0.5% Bupivocaine was injected half into the right lower lumbar paraspinal musculature and the other half into the left lower lumbar paraspinal musculature after a negative aspirate for blood. The sites were then cleaned and dressed with Band-Aids. She tolerated the procedure well and I am going to discharge her to home after observation for an appropriate period of time after the procedure. She was instructed to look for signs of infection, including drainage, redness, fevers or chills.

3. From the standpoint of work, she may continue to work at this point in time.
4. She will be seen back in followup in approximately 1-2 weeks to reevaluate her neuromuscular status, monitor her medications, and see how she is progressing with the above treatment plan.

 Timothy M. Zgleszewski, M.D.

TMZ/lp

(384)

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE
PROGRESS NOTE

24 June 2002 Ms. Shiver presents today for follow up after her trigger point injection that was performed 6/10/02. She is reporting no relief of her pain symptomatology. She is continuing to complain of axial low back pain with her same paresthesias in the left calf. No new aggravating or alleviating factors.

Physical Examination: Unchanged from her previous visit. She is alert and oriented to time, place, and person. Gait and station is normal and non-antalgic.

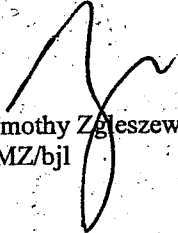
Inspection of the low back reveals no new surgical incisions, no new muscle atrophy, or lumbar shift. Forward flexion and extension of the lumbar spine remains limited to less than 50% of normal. There is some minimal to moderate tightness of the bilateral rectus femoris, psoas, and hamstring muscles.

PA mobilization of the lumbar spine in the prone position reveals tenderness to light touch. Again, spring testing could not be performed. PA mobilization of the PSIS also reproduced pain to light touch. She still has palpable spasms noted in the lower lumbar regions bilaterally.

Neurologic examination reveals intact and unchanged motor strength and sensation in both lower extremities and torso.

Diagnoses: 1. Low back pain.
2. Muscle imbalances.

Plan: After reviewing Ms. Shiver's clinical scenario, physical examination, and failure to improve with a trigger point injection, we are going to get her involved in a formal PT program to address her muscle imbalances and see if we can get good relief with that treatment modality. She will be seen back in follow up in approximately 3-4 weeks.



Timothy Zgleszewski, M.D.
TMZ/bjl

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE
PROGRESS NOTE

July 30, 2002 Gertie is seen in follow up. She was recently seen for 2 visits by Dr. Zgleszewski, initial visit primarily being consultation for recurrent low back pain secondary to work-related injury 3/22/02 where she fell back onto her lower lumbar region when her chair flipped backwards when she was trying to pick up a pen that she had dropped at work. This injury occurred on 3/22/02, had been at stable level in regard to low back symptoms since last seen in this office 11/20/01, until this new injury 3/22/02.

Patient complaining of fairly severe pain in low back, 7/10 pain level severity on average, sometimes worse, sometimes less. Patient has been doing well on oral medications, but only give temporary benefit at best. Patient estimates about 15% improvement with therapy regarding low back symptoms, accomplished therapy in Columbia at The Human Performance and Rehabilitation Center.

Medications: Patient currently on Skelaxin and Mobic, tolerating well, partial benefit as noted above.

ROS: Patient notes that she is not sure whether she has had significant change in leg symptoms since 3/23/02 back injury. Does state that she has some buttock and thigh pain, but most of her pain in LLE relates directly to separate injury to left Achilles tendon (contusion/stretch type injury described by patient today) occurred on the job 11/15/01, under care of separate physician.

Social History: Patient continues to work at Palmetto Richland Memorial Hospital, works in medical records, sedentary job primarily. Has lost about 2 weeks time from work relating to March 2002 work injury. Had been approved to receive treatment by Dr. Hooks, patient's primary physician (patient was told by ER physician to seek treatment with her primary doctor, although ER physician was aware that patient was injured on the job). We have not been approved for treatment relating to work injury 3/23/02 per carrier.

Past Spinal History: Reviewed by Dr. Z, see history of present illness and 6/10/02 IME/consult.

Physical Examination: Reveals marked tenderness bilateral L1-2, L3-4, L4-5, and L5-S1 lumbar facet regions, with significant left greater than right quadratus lumborum trigger points at originating fibers over iliac crests and also mid-belly of this muscle at L3 level 6 cm to left and right of midline respectively. Marked tenderness left side only over SI joint, with sciatic notch tenderness noted left greater than right side. No spinous process tenderness, no palpable step off, no CVA tenderness to percussion. Lower extremity exam reveals downgoing plantar responses, no clonus, negative SLRs bilaterally at 90 degrees sitting, no definite focal motor deficits, although there is give-way weakness gastroc-soleus complex on specific testing on left, with tenderness along Achilles tendon. Negative Homan's, negative crossed-SLR bilaterally, on increase in pain on internal and external rotation at either hip, reflexes 1+ and symmetric patellar and Achilles with Jendrassik maneuver.

Imaging: Prior imaging accomplished at Dr. Steven Macaruso's request at Palmetto Baptist Medical Center 3/24/02 lumbar spine AP and lateral views only with cone view lumbosacral junction shows no evidence of listhesis, no loss of disc space height of significance at any level, no scoliosis, 5 non-rib bearing lumbar vertebra, mild sclerosis bilateral SI joints, hip joints not well visualized, but appear normal (what is visualized). Minimal anterior osteophytes noted at L2-3 and to lesser extent L3-4 and L4-5 end-plate. Similar anterior osteophytes noted at superior endplates of T11 and T12 vertebral bodies.

Flexion/extension views accomplished today in office show no evidence of listhesis or instability in lumbar spine, although there is evidence of mild retrolisthesis T11 in respect to T12 vertebral body, 2-3 mm posterior displacement noted on extension only, with loss of disc space height at this level; however, on flexion views, no listhesis appreciable. Anterior osteophytes confirmed in lower thoracic levels as noted above, with most significant osteophytes in lumbar level noted anteriorly at L2 and L3 (and to a lesser extent L4) vertebral bodies.

Oblique views bilaterally lumbar spine accomplished today shows evidence of significant sclerosis with narrowing of bilateral L4-5 greater than bilateral L5-S1 facet joints. No definite stenosis appreciable, no spondylolysis noted at any level lumbar spine.

Impression: 1. Flared low back pain without significant definite radicular complaints, S/P recent/new work-related fall out of chair 3/22/02, rule out recurrent discogenic low back pain (vs. "new onset" lumbar facet syndrome/sacroiliitis (subacute lumbar strain syndrome).

(386)

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE
PROGRESS NOTE

July 30, 2002\ Page 2

Impression(continued): 2. History of prior stable L4-5 disc protrusion/shallow HNP, flared S/P MVA 11/25/00, with history of pre-existent symptomatic L4-5 disc bulge secondary to initial work-related MVA 10/11/97).

Recommendations/Discussion: There is no change in assumption regarding impairment relating to 11/25/00 MVA, and injuries sustained to cervicothoracic spine relating to that accident, previously assessed on 8/13/01 in Charleston Spine progress notes.

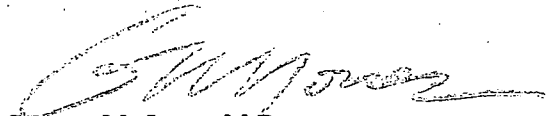
With new injury of 3/22/02, patient is not yet considered at MMI. Taking into account initial assessment by Dr. Zgleszewski, and recent follow up visit and lack of response to trial trigger point injection 6/24/02, and based on my review of x-rays from various sources as above, would suggest the following at this time:

1. Trial lumbar facet/focal injection therapy as accomplished today (see below).
2. Follow up in 1-2 weeks to assess response to above measures.
3. Continue Skelaxin and Mobic at current dosing.
4. Trial of stronger oral narcotic for more severe pain control.
5. Consideration for new MRI lumbar spine if no significant benefit or suboptimal benefit noted with lumbar facet/SI injections accomplished today on trial basis.
6. Monitor for any development of worsening leg symptoms. Patient feels that most of her symptoms in left leg distally relate to her prior Achilles tendon injury, under separate physician's care. Patient is to monitor for any more proximal symptoms or "new" symptoms; however, at this point, I seen no clear indication of radiculopathy relating to disc pathology in lumbar spine.
7. Patient should avoid any frequent or repetitive bending, stooping, or crawling activities, and also should avoid any lifting, pushing, or pulling greater than 20 pounds until further notice. As long as she can work within these restrictions, can continue to work at her current job. Patient placed out of work today and tomorrow post-lumbar facet/SI injections.

I have accomplished the following focal injections today:

1. Left L3-4, L4-5, and L5-S1 lumbar facet blocks, 5 mg methylprednisolone acetate per site, sterile technique, non-fluoroscopic, 25 gauge 5" spinal needle used at each site.
2. Left SI joint block, 5 mg Aristospan, sterile technique, non-fluoroscopic, 22 gauge 3.5" spinal needle used.
3. Left quadratus lumborum mid-belly trigger point injection (L3 level site as described above), 2.5 mg Aristospan, sterile technique, non-fluoroscopic, 25 gauge 3" spinal needle used.

The patient was prepped and draped in a sterile fashion in the prone position after informed consent was signed and patient questions answered including the risks, benefits, alternative treatment options, and expected prognosis/efficacy (risks include, but are not limited to, infection, allergic reaction, nerve or tissue damage, paralysis, hematoma, syncope, headache, transient increased pain, respiratory or cardiac dysfunction, and/or scarring).


Gregory M. Jones, M.D.

GMJ/bjl

(387)

FAXED
2/6/02

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE
PROGRESS NOTE

August 13, 2002 Gertie is seen in follow up. Has only gotten about 20% improvement for the trial left sided lumbar facet and SI joint blocks accomplished 7/30/02. Still has the "deep-seated" low back pain. No change in this portion of symptoms. Pain at 7-8/10 level currently.

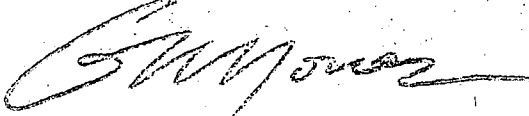
Medications: Patient tolerating Mobic, using Skelaxin for muscle spasm. Using MS Contin for more severe pain. Causes some drowsiness/hypersomnolence.

Imaging: Prior imaging reviewed 7/30/02, including x-rays lumbar spine accomplished that date here in office.

Patient has had no recent MRI studies lumbar spine, and particularly none since fall 3/23/02. 3/14/98 MRI lumbar spine showed left paracentral L4-5 shallow herniation with annular tear, with no significant abnormalities at L5-S1 or L3-4 level.

Impression: 1. Persistent low back pain with partial lumbar facet syndrome/sacroiliitis (lumbar strain syndrome), S/P recent work-related fall from chair 3/23/02 (with history of prior stable L4-5 disc protrusion/shallow HNP left paracentral with annular tear), symptomatic S/P work-related MVA 10/11/97, significantly flared/worsened S/P MVA 11/25/00.

Recommendations/Discussion: This patient had problems with her disc relating particularly to the 11/25/00 injury. ~~However, it may be reinjury to this disc level (or possibly to previously uninjured discs at L3-4 and/or L5-S1 levels) with fall on the job 3/23/02. Only way to determine this is with new MRI lumbar spine, which is ordered today.~~ Will follow up with patient next week to review this study. ~~No change in medications at this time.~~



Gregory M. Jones, M.D.

GMJ/bjl

(388)

FILED
8/13/02

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE
PROGRESS NOTE

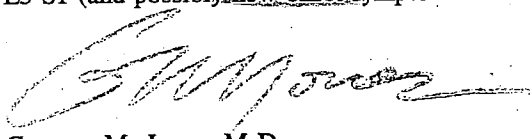
August 27, 2002 Gertie is seen in follow up today for MRI review. Still complaining of back pain. Pain presently at 5-6/10 level when using MS Contin. More severe when off this medication. Tolerating well, gives over 12 hours of partial relief when taken. No change in other meds at this time.

Patient relates that still she only noted about 20% benefit from the trial left sided lumbar facet and SI joint blocks accomplished 7/30/02. She is now one month out from those blocks, no change in pain character or severity.

Imaging: MRI lumbar spine shows evidence of disc bulge with no compressive sequelae at L3-4, with disc protrusion and annular tear at L4-5 impinging bilateral transiting L5 nerve roots, but no definite compromise of exiting L4 nerve roots on either side. Right paracentral and central disc protrusion noted at L5-S1 with contained herniation/annular tear noted, with displacement of transiting right S1 nerve root, but no compromise of exiting L5 nerve roots on either side. Incidental finding of right adnexal fullness consistent most probably with ovarian cyst noted (clinical correlation and/or pelvic sonography via primary physician recommended).

Impression: ~~1. Persisting low back pain with probable worsened discogenic component, S/P recent work-related fall from chair 3/23/02, with partial lumbar facet syndrome/sacroiliitis (lumbar strain syndrome) concomitant.~~
~~2. L4-5 and L5-S1 annular tears/protrusions, rule out symptomatic disc lesion(s), S/P recent work-related fall 3/23/02 (with history of prior stable L4-5 disc protrusion/shallow HNP left paracentral with annular tear, symptomatic S/P work-related MVA 10/11/97, flared/worsened S/P MVA 11/25/00).~~

Recommendations/Discussion: Would suggest going ahead with series of blocks at L4-5 and/or L5-S1 level(s) based on findings noted on new MRI. ~~Should hopefully be able to get Gertie back to her baseline pre-3/23/02 injury level of back pain and sciatica complaints.~~ There is no change in assumptions regarding impairments relating to 11/25/00 MVA, and no change relating to cervicothoracic spine injuries sustained in that accident, previous injury assessed 8/13/01. ~~Patient not yet at MMI regarding new injury to lumbar spine 3/23/02, as this does appear to be aggravation of underlying pre-existent conditions with possible new-onset annular tear/contained herniation at L5-S1 (and possibly new-onset symptomatic disc bulge L3-4).~~


Gregory M. Jones, M.D.

GMI/bjl

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE
PROGRESS NOTE

neck
May 13, 2003\ Patient is seen in follow up has failed to show any significant benefit to the PT and appropriate medications given by Dr. Hook. Dr. Hook has now discontinued Mobic and has started patient on Bextra on trial basis, pending further treatment here. See medication section for other details.

Patient has come in today for consideration for possible trigger point/focal injections left neck/shoulder.

Medications: Patient is currently taking alprazolam (Xanax 0.5 mg) prn for anxiety, this prescribed by Dr. Hook. Patient recently started on Bextra, no change in pain as yet with this new medication.

Physical Examination: Reveals significant trigger points left supraspinatus mid-belly, left levator scapulae, and left upper trapezius, but also significant trigger points left posterior and anterior scalene and left splenius cervicis as well as capitis muscles usual sites. Marked tenderness also noted over left C2-3 through C6-7 cervical facets to varying degrees, most significant tenderness at upper four cervical levels. Left greater than right greater occipital nerve route tenderness also noted.

- Impression: 1. Flared/recurrent cervicothoracic myofascial and/or facet-generated pain (left sided cervical and upper shoulder strain syndrome (S/P work-related neck and shoulder contusion, unresponsive to prior conservative measures (Dr. Hook)).
2. Persistent left sided cervical facet syndrome with significant myofascial pain component, symptomatic/flared S/P work-related contusion to left neck and shoulder 10/24/02 by history, (with history of chronic myofascial/facet-generated pain and underlying/pre-existent C4-5/C5-6 cervical spondylosis, initially symptomatic S/P MVA 4/20/97, flared with work injury 10/11/97, also flared more recently with significant recurrence following MVA 11/25/00).
- * 3. Chronic (but currently stable) low back pain with underlying discogenic, facet-generated, and myofascial pain components, recently flared/symptomatic S/P work-related fall from chair 3/23/02, stable following recent series of blocks (with known L4-5 and L5-S1 symptomatic annular tear/protrusions, previously stable, initially symptomatic S/P work-related MVA 10/11/97, flared/worsened S/P MVA 11/25/00).
- at Trident Hosp*
Injury @ Trident Hospital

Recommendations/Discussion: Patient is candidate for focal injection therapy left shoulder and neck region. She is really the classic "egg-shell" patient in that she has had multiple injuries in past, and even minor injuries to these regions can cause fairly significant flares in this patient. It is not atypical for these patient's to fail to respond to more conservative measures such as PT and medications (those measures that may be effective in less compromised patients), with this in mind, I have accomplished the following today:

1. Left C3-4 and C4-5 cervical facet blocks, 5 mg methylprednisolone acetate per site, sterile technique, non-fluoroscopic, 25 gauge 2" spinal needles used at each site.
2. Left lateral neck trigger point injections, left posterior scalene and left splenius cervicis muscles, 2.5 mg Aristospan per site, non-fluoroscopic, 27 gauge 1 1/4" spinal needle used at each site.
3. Left shoulder girdle trigger point injections, 2 sites (left supraspinatus and levator scapulae muscles), 2.5 mg Aristospan per site, sterile technique, non-fluoroscopic, 27 gauge 1 1/4" spinal needles used.

The patient was prepped and draped in a sterile fashion after informed consent was signed, and patient's questions answered including the risks, benefits, alternative treatment options, and expected prognosis/efficacy (risks include, but are not limited to, infection, allergic reaction, nerve or tissue damage, paralysis, transient muscular weakness, hematoma, syncope, headache, transient increased pain, respiratory or cardiac dysfunction, and/or scarring).

Follow up will be accomplished in several weeks. I have discussed option regarding use of further cervical facet injections (if necessary), based on response to two levels treated today, for any residual cervical symptoms relating to this underlying pathology. I have also discussed option regarding treatment of recalcitrant trigger points with Myobloc (botulinum toxin type B) if necessary.

At this point, patient remains neurologically stable, as assessed 4/23/03 regarding upper limbs. No need for any specific restrictions regarding vocational and/or avocational pursuits at this time, relating to cervical injuries sustained 10/24/02, to a reasonable degree of medical certainty.

Patient not yet considered at MMI regarding injuries sustained 10/24/02 on the job to left cervical and upper shoulder girdle region.

Gregory M. Jones, M. D.

GMJ/bjl

(390)

FAXED
5/17/03

Neck + Back

CHARLESTON SPINE & PHYSICAL MEDICINE
PROGRESSNOTE

SHIVER, Gertrude
#4559

June 4, 2003 Patient is seen in follow up, we had completed the treatment yesterday regarding left cervical facet injections. Patient is here today for the trial of Myobloc injections that we had previously discussed. Patient has had chronic myofascial pain component, this has been flared recently by work injury 10/24/02, but we had also discussed possible utilization of trigger point injections and/or chemodenervation of recalcitrant trigger points relating to MVC 4/20/97, but particularly since patient has had significant flaring of neck and shoulder girdle myofascial pain since MVA 11/25/00. Therefore, this treatment today relates not only to the significant flaring of myofascial pain component in these two regions following MVA 11/25/00, but also to the significant flaring and even worsening of any myofascial pain present since work injury and contusion to left shoulder and neck region 10/24/02.

ROS: Patient currently experiencing no significant left arm pain.

PMH: No significant change in symptoms since left sided cervical facet injections accomplished yesterday, too soon to tell what type of benefit will be achieved.

Physical Examination: Reveals significant trigger points at typical locations in this patient, and this includes left upper trapezius mid-belly, left levator scapulae, and left supraspinatus mid-belly. I have not treated any of the rhomboid, infraspinatus, or middle or lower trapezial trigger points, and no treatment accomplished on right side today, using this side as "control." Patient has significant recalcitrant/chronic trigger points at usual locations left lateral neck, including splenius capitis, splenius cervicis, posterior scalene, and anterior scalene. These are in usual locations within these muscles, but there is also significant residual tenderness left greater occipital nerve route, and still tenderness noted over cervical facets treated yesterday. No evidence of erythema or local swelling noted over sites treated yesterday. Significant trigger point also noted left sternocleidomastoid muscle at clavicular head, 2 cm above clavicle.

- Impression:**
1. Severe flared left sided cervicothoracic myofascial and facet-generated pain (left sided superimposed acute and underlying chronic cervical and upper shoulder girdle strain syndrome), significantly flared since most recent work-related contusion to left neck and shoulder region 10/24/02 (unresponsive to prior conservative measures, Dr. Hook), initially symptomatic S/P MVA 4/20/97 and work injury 10/11/97 (with history of severe flaring following more recent MVA 11/25/00, with development of chronic myofascial pain thereafter).
 2. Known underlying/pre-existent multilevel cervical spondylosis, worse at C4-5 and C5-6 levels, rule out spondylitic (vs. discogenic) cervical pain component with left shoulder, but no current significant upper extremity complaints.
 3. Chronic, but currently stable, multifactorial low back pain with discogenic (symptomatic L4-5 and L5-S1 annular tear/protrusions), multilevel facet-generated, and myofascial pain components, one or more of these components significantly flared/symptomatic S/P work-related fall from chair 3/23/02 (this flare now stable following recent series of lumbar epidural blocks), symptoms initially present in low back following work-related MVA 10/11/07, significantly flared/worsened, S/P MVA 11/25/00.

Recommendations/Discussion: In regard to patient's pathology, patient is considered at MMI as of today's date, relating to lumbar injuries and flaring of multifactorial low back pain following work-related fall from chair 3/23/02. Patient has already been assessed for impairment relating to the most severe injury of this region, specifically the MVA 11/25/00. There is no change in assumptions regarding impairments relating to this injury. Based on fact that we have no indication of a "new" injury to lumbar spine with work injury of 3/23/02, this was primarily a flaring/aggravation of underlying pre-existent multifactorial pain generators in lumbar spine.

Although there is possibility that the annular tear/contained herniation at L5-S1 or the bulge at L3-4 could be related to work injury of 3/23/02, I would suggest that no additional impairment rating is necessary relating to that injury of 3/23/02, considering fact that patient is now stable in lumbar spine, has had no significant flaring since completion of epidural blocks, and has no definite clinical evidence of worsening or true "aggravation" per *AMA Guides to the Evaluation of Permanent Impairment, 5th edition* definition, based on current understanding of patient's chronic low back pain problems.

Therefore, patient is assessed at MMI for work injuries sustained 3/23/02 to lumbar spine, and based on *AMA Guides to the Evaluation of Permanent Impairment, 5th edition*, patient is assessed DRE Category I, 0% lumbar spine/0% whole person additional impairment relating to accident of 3/23/02 on the job. This assumption of no additional impairment is making an assumption, i.e., that patient will not require more aggressive treatment than that already necessary to maintain stability of patient's lumbar spine pathologies, those treatments being accomplished on prn basis relating to permanent impairment and injuries sustained 11/25/00. It should be noted that some of treatments post-injury 3/23/02 actually would have been necessary for ongoing care of patient relating to chronic low back pain, and this can (at least partially) be related

(391)

June 4, 2003\ page 2

Recommendations/Discussion (continued): to MVC of 11/25/00, to a reasonable degree of medical certainty.

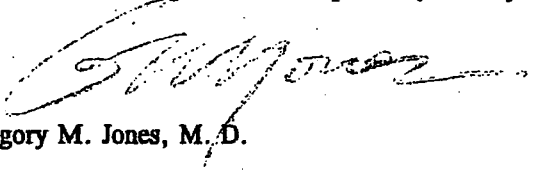
It is noted by history that patient was involved in work-related fall in January 2003, has had significant leg and hip symptoms since that fall, and also left flank and left inguinal pain. This appears to be a separate injury from the stable low back and buttock/sciatica symptoms relating to the lumbar pathologies noted above. Patient is currently under care of separate physician for these injuries sustained on the job January 2003, and any additional or new impairments relating to this injury should be addressed by current treating physician(s), once patient at MMI. I have not addressed any additional impairments that may be related to that specific injury January 2003 on the job, to lumbar spine, as I have not been involved in the patient's care of these new injuries.

Patient is not yet considered at MMI regarding most recent injuries sustained to cervical spine, particularly in relation to work injury 10/24/02. There is no change in assessment of prior impairments or MMI relating to cervicothoracic spine injuries sustained 11/25/00 in MVC, assessed date of MMI 8/13/01. However, since patient is not yet at MMI relating to flaring/worsening of left sided neck and shoulder symptoms since work-related contusion to left neck and shoulder 10/24/02. I cannot address issues regarding MMI or any additional impairment rating (if this becomes appropriate/necessary) until patient is maximized regarding non-surgical measures available to her. It should be noted that the treatments accomplished today (see below) relate to ongoing care regarding MVC 11/25/00, as we had already discussed these options previously (Myobloc injections for recalcitrant trigger points due to chronic myofascial pain components present/flared since MVA 11/25/00), and the injury of 10/24/02 to left neck and shoulder has aggravated this portion of patient's pain in shoulder/neck region to point to where it is necessary to go ahead with the chemodenervation trial as follows:

1. Left shoulder girdle chemodenervation at supraspinatus, levator scapulae, and upper trapezius sites; three sites noted above; 500 units botulinum toxin type B (Myobloc) instilled at each site, along with 0.5 cc each 0.5% lidocaine HCl 5 mg/mL (preservative-free) and 0.5% Bupivacaine HCl MPF (methylparaben-free) at each site; each chemodenervation accomplished with 25 gauge 2" spinal needles, following local instillation of 1.5 cc 1% Xylocaine at each site for local anesthetic, using 27 gauge 1 1/4" needles.
2. Left lateral neck chemodenervation of scalene and splenius trigger sites; four sites noted above; 500 units botulinum toxin type B (Myobloc) instilled at each site, along with 0.5 cc each 0.5% lidocaine HCl 5 mg/mL (preservative-free) and 0.5% Bupivacaine HCl MPF (methylparaben-free) at each site; each chemodenervation accomplished with 25 gauge 2" spinal needles, following local instillation of 1.5 cc 1% Xylocaine at each site for local anesthetic, using 27 gauge 1 1/4" needles.

The patient was prepped and draped in a sterile fashion after informed consent was signed, and patient's questions answered including the risks, benefits, alternative treatment options, and expected prognosis/efficacy (risks include, but are not limited to, infection, allergic reaction, nerve or tissue damage, paralysis, transient muscular weakness, hematoma, syncope, headache, transient increased pain, respiratory or cardiac dysfunction, and/or scarring).

Patient is placed out of work as of yesterday through 6/5/03. Patient is to follow up in 3-5 weeks to assess response to cervical facet injections and Myobloc chemodenervation trial. I do not see any reason to consider new MRI cervical spine. If patient gets adequate relief to these two sets of injections accomplished yesterday and today, no need to consider cervical epidural. Should be able to determine best options available to patient for future medical care for flaring, based on response to these injections accomplished yesterday and today.


Gregory M. Jones, M.D.

GMJ/bjl

(392)

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE
PROGRESSNOTE

July 1, 2003 Patient is seen in follow up. Has fortunately seen good benefit with the injections accomplished in series 6/3/03 (left cervical facet injections, 5 levels) and 6/4/03 (left shoulder girdle and left lateral neck Myobloc chemodenervation). Patient estimates overall about 80% relief. Still feels that she has persisting pain in left anterior chest wall (upper aspect) and left anterior shoulder region which is "new" and related to most recent injury on the job when a group of charts fell onto her neck and shoulder on left side.

- Impression:**
1. Flared left sided cervicothoracic and shoulder girdle myofascial pain (with flared cervical facet-generated pain concomitant) secondary to work-related contusion to left neck and shoulder region 10/24/02, good relief noted with recent focal injection therapies, now considered at MMI.
 2. History of chronic multifactorial cervicalgia, worse on left, initially symptomatic following injuries 4/20/97 (MVA) and 10/11/97 (work injury) with 5% DRE Category II impairment assessed 7/29/98, followed by additional aggravation of particularly cervical facet injuries in 11/25/00 MVA, with additional 3% impairment assessed 8/13/01, date of MMI.
 3. Chronic, currently stable multifactorial low back pain.

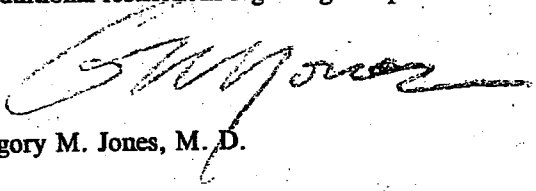
Recommendations/Discussion: There is no change regarding impairment assessed for lumbar pathology in past. Refer to 6/4/03 progress note for details.

As of today's date, we can likely assume Gertie at MMI regarding injuries sustained on the job 10/24/02 due to contusion to left neck and shoulder region with charts. Patient appears to have had flaring of primarily myofascial pain, but also had flaring of cervical facet-generated pain components on left side. Fortunately, patient has gotten significant benefit with treatment directed toward these injuries.

Assuming MMI as of today's date for work injury sustained 3/23/02 to cervical spine and left shoulder girdle, and based on *AMA Guides to the Evaluation of Permanent Impairment, 5th edition*, I can assess no additional impairment for this injury, as previous impairments have been assessed for both myofascial and cervical facet-generated pain, which was present in this patient to great extent even prior to 10/24/02 injury on the job. Although patient does have residual anterior shoulder and left upper chest wall pain and discomfort which has appeared as "new" myofascial injury following 10/24/02 accident on the job, this would require assessment for myofascial pain, and based on recommendations per *AMA Guides to the Evaluation of Permanent Impairment, 5th edition* interpretation, it is inappropriate to add further impairments for this type of injury, particularly when impairments have addressed myofascial injuries in this region previously.

Patient had majority of injuries that have resulted in additional impairment cervical spine occurring on 11/25/00. This not only flared neck pain (particularly cervical facet-generated pain component), but also significantly flared multifactorial low back symptoms. Assessments for impairments (where necessary) have already been addressed in regard to these various injuries sustained 11/25/00.

Although patient is released today from active care regarding injuries sustained 10/24/02, patient is candidate for intermittent use of cervical facet and/or trigger point management with focal injections for flares. I can address issues regarding future medical care via Life Care Plan if this becomes necessary. Patient to continue with home exercise protocol life-long. Patient would also benefit from regular aerobic activity at least 3x weekly. Patient is allowed to continue with usual duties, as her work site requirements are primarily for sedentary work at desk/computer, where she is in health information management, working in Columbia for Palmetto Richland Memorial Hospital. There have been no additional restrictions regarding this patient relating to work injury 10/24/02. Follow up hereafter prn.


Gregory M. Jones, M. D.

GMI/bjl

cc: Palmetto Health Trust
Attn: Lori Sharpe

(393)

FAXED
11/1/03

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE

September 19, 2002 PROCEDURE NOTE

PROCEDURE: 1. Central L4-5 LESI.

DIAGNOSIS: 1. Discogenic low back pain with sciatica.

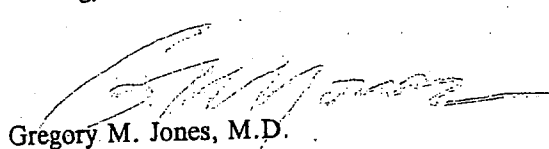
CLINICAL DATA: Patient has recently been injured 3/23/02 and has flared discogenic low back pain. This is an attempt to get discogenic pain under control non-surgically. This is first in series of three blocks.

PROCEDURE: Patient is placed prone on fluoroscopy table following IV placement. 2 mg Versed given for relaxation prior to procedure per IV. Skin and subcutaneous tissue over central L4-5 interlaminar space identified and anesthetized using 8 cc 1% Xylocaine and 3 cc 0.5% Marcaine.

#18 gauge 3.5" Crawford needle was used to enter epidural space using loss of resistance to normal saline technique, confirmed by 2 cc 240 Omnipaque epidurogram on AP and lateral views (lateral epidurogram copy available in Charleston Spine chart for review).

90 mg DepoMedrol with 2 cc each 0.5% lidocaine HCl 5 mg/mL (preservative-free) and 0.5% Bupivacaine HCl MPF (methylparaben-free) injected into epidural space, tolerated procedure well, needle was withdrawn. Patient went to recovery room in good condition.

The patient was prepped and draped in a sterile fashion in the prone position after informed consent was signed and patient questions answered including the risks, benefits, alternative treatment options, and expected prognosis/efficacy (risks include, but are not limited to, infection, allergic reaction, nerve or tissue damage, paralysis, hematoma, syncope, headache, transient increased pain, respiratory or cardiac dysfunction, and/or scarring).


Gregory M. Jones, M.D.

GMJ/bjl

(394)

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE

October 17, 2002 PROCEDURE NOTE

PROCEDURE: 1. Left paracentral L5-S1 LESI.

DIAGNOSIS: 1. Recurrent discogenic low back pain with sciatica.

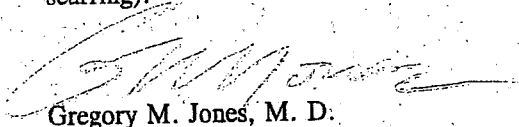
CLINICAL DATA: Patient is well known to this practice, has chronic discogenic low back pain, and has had recent injury via fall 3/23/02. This is an attempt to get flaring of discogenic pain under control non-surgically. Original injury sustained 11/25/00. Refer to Charleston Spine progress notes for details of prior work up and treatment.

PROCEDURE: Patient is placed prone on fluoroscopy table following IV placement. 2 mg Versed given for relaxation prior to procedure per IV. Skin and subcutaneous tissue over left L5-S1 interlaminar space identified and anesthetized using 8 cc 1% Xylocaine.

#18 gauge 3.5" Crawford needle used to enter epidural space using loss of resistance to normal saline technique, confirmed by 2 cc 240 Omnipaque epidurogram on AP and lateral views. AP and lateral epidurogram copy available in Charleston Spine Chart for review.

90 mg DepoMedrol with 2 cc each 0.5% lidocaine HCl 5 mg/mL (preservative-free) and 0.5% Bupivacaine HCl MPF (methylparaben-free) injected into epidural space, tolerated well, needle was withdrawn. Patient went to recovery room in good condition.

The patient was prepped and draped in a sterile fashion in the prone position after informed consent was signed and patient questions answered including the risks, benefits, alternative treatment options, and expected prognosis/efficacy (risks include, but are not limited to, infection, allergic reaction, nerve or tissue damage, paralysis, hematoma, syncope, headache, transient increased pain, respiratory or cardiac dysfunction, and/or scarring).


Gregory M. Jones, M. D.

GMJ/bjl

(395)

SHIVER, Gertrude
#4559

CHARLESTON SPINE & PHYSICAL MEDICINE

November 14, 2002 \ PROCEDURE NOTE

PROCEDURE: 1. Left paracentral L3-4 LESI.

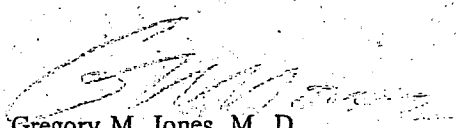
DIAGNOSIS: 1. Discogenic low back with sciatica.

CLINICAL DATA: Refer to Charleston Spine progress notes for details of prior work up and treatment, as well as reasoning behind utilization of block procedure today.

PROCEDURE: Patient is placed prone on fluoroscopy table following IV placement. 2 mg Versed given for relaxation prior to procedure per IV. Skin and subcutaneous tissue over left L3-4 interlaminar space near midline identified and anesthetized using 7 cc 1% Xylocaine and 2 cc 0.5% Marcaine.

#18 gauge 3.5" Crawford needle used to enter epidural space using loss of resistance to normal saline technique, confirmed by visualization on AP and lateral views of needle tip placement (patient allergic to contrast dye, no Omnipaque utilized for contrast visualization for this reason).

90 mg DepoMedrol with 1.5 cc each 0.5% lidocaine HCl 5 mg/mL (preservative-free) and 0.5% Bupivacaine HCl MPF (methylparaben-free) injected into epidural space, tolerated well, needle was withdrawn. Patient went to recovery room in good condition.

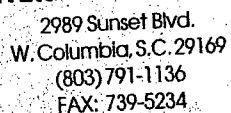


Gregory M. Jones, M. D.

GMJ/bjl

Addendum: Pre-block assessment and discussion with patient accomplished today. Patient notes the following:

1. Patient noted no significant relief from 9/19/02 L4-5 LESI.
2. Patient noted very good relief following 10/17/02 left paracentral L5-S1 LESI.
3. Patient states that she was involved in a new injury at work on 10/24/02, apparently injuring her neck. Patient states that she is currently under care of Dr. Jeff Hook, who has started patient on physical therapy. Dr. Hook has suggested that if patient's symptoms do not abate with conservative measures, he may want to consult this practice for further care if specialty care becomes necessary for this new injury.



(397)

43091
Timothy M. Zgleszewski, M.D.
Charleston Spine and Physical Medicine, P.A.

1930 Charlie Hall Boulevard • Charleston, SC 29414

Satellite Office in Georgetown

(843) 402-0111 • 1-800-393-7008 • Fax: (843) 402-9010

SC Lic# 22912

DEA # BZ5588744

Name

Gertrude Shiver

Date

6/22/02

Address

Rx

Do - Low Back Pain, Muscle Imbalance

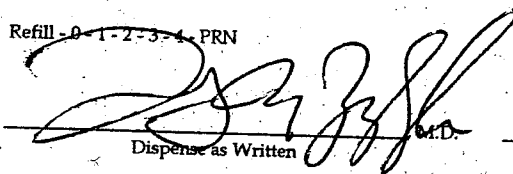
PT -

- eval + tx
- pelvic crossed statels (psoas, rectus femoris, hamstrings)
- ls spine stable p 4th visit
- vis / heat for 1st 4 sessions only!
- postural training / HEP p 1st visit

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

2-3 x's / wk for 4 wks



Dispense as Written

Substitution Permissible

M.D.

(398)

LOWER EXTREMITY INITIAL EVALUATION

Human Performance and Rehabilitation Centers: revised 9/99

(399)

Physical Therapy Progress Notes

Patient Name: Gertrude Shiver

Chart #: 343091

Short term goals revised until: 7/30/02

Next physician's visit: 7/15/02

DATE	7/12/02	7/18/02	7/10/02	7/15/02
SUBJECTIVE	"Feeling better, but I couldn't go to church on Sunday since my back was hurting me that day."	"It's getting better."	"States feeling some pain today."	
OBJECTIVE MEASUREMENTS	/	155 lb in gown	7/10. Pain	/
Therapeutic Exercise/Dynamic Activities and/or Modalities	RA: (BLE) 1) SKTC 10x 2) Supine HSS 10x 3) Pelvic Rot 10x 4) Piriformis stretch 5) OKTS (opposite knee to shoulder) 5x 6) Pelvic Tilt-Sx 7) MHLx 20 min (supine) Pt performed HC 10x & beginning wall mat therex.	Same as on 7/12/02. Pelvic Tilt 10x	RA. Same as on 7/10/02 & pelvic tilt 10x each - ABD curls 10x - POE Sx 10 sec hold - Wall HC stretch 10x	
ASSESSMENT	(+) 2 HES. NO pain c/o the therex.	No pain c/o the therex. Pt. continues easily to pain rating scale.	Very mild discomfort to POE therex. No c/o the other therex. Pt. appears ready for Lumbar stability.	
SHORT TERM GOALS	assessed goals met new goals by: 1. / 2. /	assessed goals met new goals by 7/30/02: 1. ↓ pain by 40% 2. /	assessed goals met new goals by: 1. / 2. /	assessed goals met new goals by: 1. / 2. /
PLAN	Cont to flexibility & pain management activities.	Cont 1x then begin lumbar stability therex. Try POE.	Lumbar stabilization therex. Next visit.	
TREATMENT TIME	Ther. Ex x 27 minutes Dyn. Act. x / minutes	Ther. Ex x 30 minutes Dyn. Act. x / minutes	Ther. Ex x 30 minutes Dyn. Act. x / minutes	Ther. Ex x / minutes Dyn. Act. x / minutes
CLINICIAN'S SIGNATURE	M. [Signature]	M. [Signature]	M. [Signature]	
LICENSE #	SC# 372	SC# 3726	SC# 3726	SC#

(400)



THE HUMAN PERFORMANCE AND REHABILITATION CENTER
Columbia, SC

Patient's Name <u>Gertrude Shiver</u>	Date of Birth <u>5/19/54</u>	HPRC Chart # <u>343091</u>	Date of Dr.'s Appt. <u>7/15/02</u>
Physician <u>Zgilewski</u>	Diagnosis <u>LBP</u>		
Type of Surgery <u> </u>	Date of Injury/Surgery <u> </u>		

TREATMENT

Treatments from: 6/28/02 to 7/10/02 No. of Treatments Attended: 4 No. of Treatments Missed: 0
Frequency of Visits: ☐ QD ☐ QW ☒ BIW ☐ TIW ☐
☒ Therapeutic Exercises ☒ Therapeutic Modalities ☐ Gait Training ☐
M.P.R.

SUMMARY OF PROGRESS

OBJECTIVE FINDINGS:

☐ INITIAL

☐ CURRENT

☒ DISCHARGE

Self P/C
7/10 saw us of 7/10/02
visit.

COMMENTS:

TEST RESULTS: ☐ Yes (See attached) ☒ No

GOALS - Current Short Term (q 2 wks.): ☐ Met ☐ Revised ☒ Not Met Reason goals not met Self P/C

REHABILITATION RECOMMENDATIONS: ☐ Continue as Before ☐ Continue with Change ☒ Discontinue ☐ Please Advise

M. J. M. M.
Signature of Clinician

3926
SC License #

8/8/02
Date

ATTENTION PHYSICIAN: NEW PRESCRIPTION REQUIRED FOR CONTINUED THERAPY VISITS

☐ 1910 Blanding Street
Columbia, SC 29201
(803) 253-6721
FAX: (803) 799-8177

☐ 320 Harbison Blvd., Ste. 240
Columbia, SC 29212
(803) 749-2105
FAX: (803) 749-2107

☒ 2989 Sunset Blvd.
West Columbia, SC 29169
(803) 791-1136
FAX: (803) 739-5234

WHITE: OFFICE

BLUE: PHYSICIAN

(400)

4559

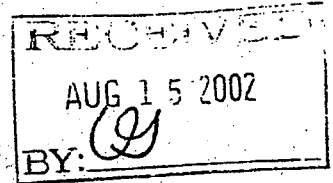
DISC Imaging
Woman Road
at Pleasant, SC 29464

DISC IMAGING

Richard C. Holgate, M.D.
David D. Gottra, Jr., M.D.
Jeremy W.R. Young, M.D.

D I A G N O S I S • I N S I G H T • S E R V I C E • C A R E

PATIENT: SHIVER, GERTRUDE
SSN # 249-98-2546
DATE: 08/14/02
REFERRED BY: GREG M. JONES, M.D.
TYPE OF EXAM: MRI LUMBAR SPINE
PT #: 02-74-33



There are no prior reports available for comparison.

CLINICAL INFORMATION: The patient is a 48-year-old female with low back pain.

TECHNIQUE: The patient is examined on the High Field GE Horizon LX Echo Speed MR System which functions at 1.5 Tesla. A dedicated spine coil is used to obtain high resolution images of the lumbar spine. **SERIES:** 1) COR, T1, SE, 7 mm; 2) SAG, Proton, FSE, 3 mm; 3) AX, Oblique, Proton, T2, FSE, 3 mm; 4) AX, T1, SE, 5 mm. Additional series: 1) MR myelotomography.

CONTRAST: None.

SEDATION: None.

FINDINGS:

OVERVIEW: Overview of the lumbar spine shows that there is normal bony alignment and normal marrow signal with no evidence of a congenital anomaly of the spine. The visualized paraspinal soft tissues are unremarkable. Images of the hips, sacroiliac joints, piriformis muscles and proximal sciatic nerves reveal no abnormality.

There appears to be some prominence of the tissue in the left adnexa, possibly representing ovarian cystic lesion, but clinical correlation, and possibly pelvic sonography would clarify.

THORACIC SPINE: Views of the distal thoracic spine show a normal spinal cord and conus medullaris, normal vertebra, and no evidence of abnormal discs.

INTERVERTEBRAL DISCS:

L1-2, L2-3. There is normal disc space height and signal without disc bulge or herniation of disc material beyond its normal confines. There is no evidence of entrapment of the nerve roots in the exit foramen, lateral recess or in the central canal.

L3-4. There is mild loss of disc height, with a mild concentric disc bulge, without definite sequelae.

(CONTINUED)

DISC Imaging
Bowman Road
Mount Pleasant, SC 29464

DISC IMAGING

Richard C. Holgate, M.D.
David D. Goltra, Jr., M.D.
Jeremy W.R. Young, M.D.

D I A G N O S I S • I N S I G H T • S E R V I C E • C A R E

PATIENT: SHIVER, GERTRUDE
SSN #: 249-98-2546
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TYPE OF EXAM: MRI LUMBAR SPINE
PT #: 02-74-33

(CONTINUED - PAGE 2)

L4-5. There is mild loss of disc signal, associated with a mild, broad-based disc protrusion, containing a small annular tear, and mildly contacting the transiting L5 nerve roots, bilaterally. There is slightly more marked protrusion into the left neural foramen, resulting in moderate foraminal stenosis, but without definite impingement on the exiting L4 nerve roots.

L5-S1. There is a mild right paracentral disc protrusion, impinging upon and mildly displacing the transiting right S1 nerve root. An annular tear is identified. There is also moderate right-sided foraminal stenosis.

OPINION:

1. Mild, non-compressive annular bulge at L3-4.
2. Mild, broad-based disc protrusion at L4-5 containing an annular tear and impinging upon the transiting L5 nerve roots, bilaterally.
3. Mild to moderate right paracentral disc protrusion at L5-S1 containing an annular tear and displacing the transiting right S1 nerve roots.
4. Right adnexal fullness, possibly representing ovarian cyst formation, but clinical correlation and possibly ultrasound may be useful.

Please see above for details of individual levels.


JEREMY W. YOUNG, M.D.

JWY/SS

(403)

RETURN TO WORK OR SCHOOL

Gregory M. Jones, M.D.
Timothy M. Zgleszewski, M.D.
Charleston Spine and Physical Medicine, P.A.

1930 Charlie Hall Blvd.
Charleston, SC 29414
Satellite Office in Georgetown
(843) 402-0111 • 1-800-393-7008 • Fax: (843) 402-9010

This is to certify that

Date

7/30/02

Gertrude Shiver

has been under my care for the following:

Lumbar Pain, Lumbar Spinal Stenosis, Spinal

and is able to return to

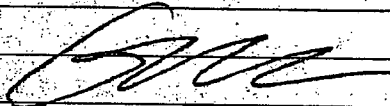
work

on

8/1/02

Remarks:

off work today;
tomorrow post @ Lumbar facet
injection, SI joint block; Lumbar
Trigger point inj.



(SIGNATURE)



(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(1404)

RETURN TO WORK OR SCHOOL

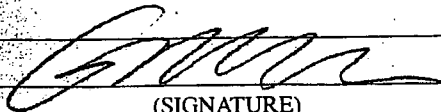
Gregory M. Jones, M.D.
Timothy M. Zgleszewski, M.D.
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1930 Charlie Hall Blvd.
Charleston, SC 29414
Satellite Office in Georgetown
(843) 402-0111 • 1-800-393-7008 • Fax: (843) 402-9010

This is to certify that _____ Date 9-19-02
Gertrude Shiver
has been under my care for the following:
Back pain
and is able to return to ☐ work ☐ school on 9-21-02

Remarks:

Off work 2 tomorrow
for epidural injection



(SIGNATURE)



(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(405)

RETURN TO WORK OR SCHOOL

Gregory M. Jones, M.D.
Charleston Spine and Physical Medicine, P.A.

1930 Charlie Hall Blvd., Charleston, SC 29414
(843) 402-0111 • 1-800-393-7008 • Fax: (843) 402-9010

Date 10-17-02

This is to certify that

Gertrude Shiver
has been under my care for the following:

Back pain

and is able to return to ☐ work ☐ school on _____

Remarks:

off today & tomorrow
post epidural steroid
injection.


(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(406)

RETURN TO WORK OR SCHOOL

Gregory M. Jones, M.D.
Charleston Spine and Physical Medicine, P.A.

1930 Charlie Hall Blvd., Charleston, SC 29414
(843) 402-0111 • 1-800-393-7008 • Fax: (843) 402-9010

Date 11-14-02

This is to certify that

Gertude Shwin
has been under my care for the following:

and is able to return to work on 11-16-02
school

Remarks:

off today & tomorrow
post-lumbar injection


(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(407)

DATE

03/25/02

NAME

Gertrude Shiver

ADDRESS

MIDLANDS INTERNAL MEDICINE

3000 Northeast Medical Park, Suite 108 • Columbia, SC 29223

Phone (803) 462-9200 • Fax (803) 699-1474

WILLIAM K. ROBINSON, M.D.

DEA No. AR 8311982

S.C. Lic. No. 9085

JIMMY F. JOYE, JR., M.D.

DEA No. BJ3751737

S.C. Lic. No. 17291

JEFF D. HOOK, M.D.

DEA No. BH6028838

S.C. Lic. No. 20423

ELISE A. LEBEL, M.D., F.A.C.P.

DEA No. BL4079504

S.C. Lic. No. T7149

Rx

(Please Label Contents)

	Mg.	No.	Sig.	Rep.
1			Please excuse pt from work	
2			short-term secondary to severe	
3			lower back pain suffered in a	
4			work-related accident. She should be	
5			excused for 10d.	

M.D.

DISPENSE AS WRITTEN

M.D.

SUBSTITUTION PERMITTED

(yos)

UNIT RECORD #	DATE	TIME	BIRTH DATE	AGE	MOTHER'S MAIDEN N.	SEX	MAR	RACE	PRE REG #	PATIENT NO.	
009952117	10/24/02	23:08	05/19/54	48Y	LUCY	F	S	B		ERR022970129	
NAME, ADDRESS			MIDDLE NAME, PHONE, SOC. SEC.			FINANCIAL DATA		ADM. BY			ACCIDENT DATE AND TIME
SHIVER, GERTRUDE						52 EMPLOYEES		SKB		10/24/02 18:00	
1026 CONGAREE CHURCH ROAD (803) 353-9714						REGULAR PHYSICIAN		REQUESTED PHYSICIAN			
GADSDEN SC 29052 249-98-2546						HOOKS, STUART G		Prescribe EMS - EMS		With Re...	
RESPONSIBLE PARTY			PHONE			MODE OF ARRIVAL:					
SHIVER, GERTRUDE (803) 353-9714						SELF DRIVEN					
1026 CONGAREE CHURCH ROAD						VALUABLES: ☐ YES ☐ NO WHERE?					
GADSDEN SC 29052						BELONGINGS: ☐ HOME ☐ WITH PATIENT ☐ OTHER					

CHIEF COMPLAINT				DATE OF LAST VISIT: 07/01/02				LAST TETANUS:				TIME TO TREATMENT																			
CHART FELL ON L SHOULDER																															
PRE-HOSPITAL CARE				☐ SEE AMBULANCE REPORT				☐ SEE NURSES' NOTES				☐ EMERGENT				☒ URGENT				☐ NON-URGENT				LMP:				NURSES SIGNATURE			
VITAL SIGNS		TEMP.		97.3°F		☒ ORAL		PULSE		77		RESP.		20		BLOOD PRESS.		136/87		WEIGHT:				TIME OUT:		0358					
VITAL SIGNS		TEMP.		98°		☒ ORAL		PULSE		63		RESP.		20		BLOOD PRESS.		120/70		ALLERGIES:		rt, g, tal, t, b, t, c		LABS AND X-RAY							

HISTORY: 48y/o at 1800 on 10/24

moderate Sx's, & parietal, & focal motor
OS: LOC, BHA, & RIC on negative
H / SH: VH: CVA on SH: severe, worse on H. Refill
MH / MEDS: PMH: NVA & chronic. Back pain - Hx of disc. statexin PRN, msd, PRN, Acuplex
-YSICAL: neck pain, Htn, med: no b/c, Tamsin, Cardizem
REN: no stone, Agox?

1040385

INITIAL PRESSION: 1) Aato (C) tropezus strain

EATMENT:

POSITION/SPECIAL PATIENT INSTRUCTIONS 1) DIC band - flexion, prevent - sedation, prevent
2) rest ice Alkete - heat with exercise
3) If no improvement in 48 hrs. PRN for 10
4) RTES - pain, RIC, any auto in SIS (409)

CONDITION OF DISCHARGE	ADMIT ROOM:	PATIENT'S SIGNATURE		MEETS PRUDENT LAYPERSON: YES ☒ NO ☐	
SAME ☒ IMPROVED ☐ OTHER		TIME SEEN BY MD: 0703			
PLAIN		RESIDENT SIGNATURE: [Signature]		ATTENDING SIGNATURE: [Signature]	

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Emergency Center at
Almetto Richland Memorial Hospital
NURSING RECORD

Triage Level: _____
Date: 10-24-02
Time: 2300

Shiver - Gertrude 48/5

Neck Pain / Injury on the
Job
NOC 10:55
OCT 24 PM

Temp: 97.3 HR: 77 RR: 20 Allergies: clay, latex, TB
BP: 136/83 Pulse Ox: _____ Type of Reaction: _____

Chief Complaint: "phantom left shoulder" sensation
movement, turned cap result to left finger

Tetanus: ☐ UTD ☐ Unk

Latex Screening: ☒ No Risk ☐ Moderate Risk ☐ Low Risk ☐ High Risk

PMH: ☒ HTN ☐ SZ ☐ CAD ☐ DM ☐ RAD ☐ HIV ☐ CVA ☐ CA ☐ Chronic Pain
☐ Other pulmonary, herniated disk
☐ Prior Surgeries

Mode of Arrival:

☒ Amb ☐ W/C ☐ EMS
☐ Stretcher
☐ Sent by PMD

Medications: ☐ OTC

☐ Herbal

☐ Stimulants

☐ Rx

gabapentin, Percocet, morphine, rocur, Cephalexin, Acid, ASA

☐ None

Pain Assessment: ☒ Yes ☐ No Intensity: "7.5" 0-10 scale Location: LT shoulder

When did your pain start? _____ Duration: _____

What words best describe the pain that bothers you the most?

☐ Dull ☒ Aching ☐ Shooting ☐ Burning ☐ Stabbing ☐ Throbbing ☐ Other _____

What makes your pain worse?

☐ Moving ☐ Heat ☐ Cold ☐ Coughing/Sneezing ☐ Sitting ☐ Lying Down ☐ Eating

☐ Other _____

What makes your pain better?

☐ Heat ☐ Cold ☐ Lying Down ☐ Medications ☐ Relaxation ☐ Magnet/Herbal Therapy

☐ Other _____

Does your pain interrupt your sleep? ☐ Yes ☐ No

Is there anything else you wish to tell us about your pain? _____

Standing Orders:

☐ X-Ray ☐ Labs ☐ CBC ☐ BMP ☐ UA ☐ UPT ☐ FSBS

Prehospital Treatment: ☐ IV ☐ Other _____

☐ Meds: _____

Time	Reassessment	T	P	R	BP	P.Ox	Pain Interventions	Interventions	Initials

Barriers:

☐ Motor Impairment
☐ Language Impairment
☐ Speech or Hearing Impairment
☐ Visual Impairment
☐ Other _____

Interventions:

☐ Interpreter Contacted
☐ Unable to Locate Interpreter
☐ TDD Phone Used
☐ AT&T Operator Used

Physician: _____ Patient Called: ☐ Yes ☐ No

☐ Wants PMD Called

☐ Wants ED MD to Treat

Visual Acuity:

L 20/

R 20/

*See Assessment

Both 20/

Triaged to: ☐ Pod 1 ☐ Pod 5 ☐ Trauma Room

☐ Pod 4 ☐ Pod 6 ☐ Pod 7

☐ Waiting Room

What questions/concerns do you have about this visit: _____

Triage RN: _____

(8)

(8)

(8)

(8)

(8)

(8)

(8)

10 Agonizing

9

8

7

6

5

4

3

2

1

0 None

(410)

Date/Time

PROGRESS NOTES

10/25/02 (33) Dr. Grossly at bedside / assess noted assess. updated L/R
 (33) discharge instructions given to pt verbalized understanding 0353 @
 NIK: P.M. 0353 @ updates 1-4-02

Discharge Disposition

Time: 0350

Admit

☒ Home ☐ Other _____ Accompanied with ☐ Self ☒ Family ☐ EMS
 Via ☐ W/C ☐ Ambulatory ☐ Stretcher ☐ Carried ☐ In Custody
 Assessment of c/c: ☐ Improved ☐ N/C Pain Level _____
☐ Pt/S.O. verbalized understanding of discharge instructions _____

Time Report Called _____ Transported with:
 Room # _____ ☐ Monitor ☐ O₂
 Report to _____ ☐ Pulse Ox ☐ RN
 Time to Floor _____

Initials

Signatures

Initials

Signatures

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INTERVENTIONS

☐ Side Rails Up 12
☐ O2 @ _____
☐ Cardiac Monitor ☐ Initial Rhythm _____
☐ FSP ☐ OA ☐ C-collar _____ ☐ Backboard _____
 Cleared By: _____
☐ Pulse Oximeter ☐ Spot check _____ ☐ Cont. _____
☐ NG/OG _____
☐ Restraints ☐ UE ☐ LE
***See Restraint Flowsheet**

Labs ☐ N/A
☐ CBC ☐ Amylase/Lipase
☐ BMP ☐ Cardiac Enz.
☐ PTT/PTT ☐ Blood C&S
☐ Mg ☐ T X C _____ units
☐ GC/Chlamydia ☐ Troponin
☐ ABG ☐ Other _____
☐ UPT _____
☐ U/A via ☐ Bag ☐ I/O ☐ CC ☐ Foley
☐ Redraw _____
☐ Hold Tubes: ☐ Red ☐ Green ☐ Blue ☐ Lavender

EKGs ☐ N/A
☐ EKG 12 lead _____ ☐ EKG 12 lead _____
☐ EKG 12 lead _____ ☐ EKG 12 lead _____

X-Rays ☐ N/A
 Time _____ Time _____
☐ C-Spine ☐ CT scan
☐ port _____ ☐ Head ☐ Chest ☐ Abdomen
☐ comp _____ ☐ U/S
☐ C X R ☐ Special Procedure _____
☐ port _____ ☐ Other _____
☐ PA & Lat _____
☐ Abdomen _____
☐ Upper Ext. _____ ☐ Lower ext. _____

IV

Time	Gauge	Site	By	# Attempts	Time	DC'd W/O Complications	By

Medications

Estimated Weight: _____

Time	Drug/Dose/Route/Site	Given By	Response

Medications

Time	Drug/Dose/Route/Site	Given By	Response

PAIN ASSESSMENT

Date	Time	Pain Level	Location	Quality	Intervention	Initials	Time	Post Intervention Pain Level	Action	Initials



0
None



1



2

3



4

5



6

7



8

9

Agonizing

☐ See Conscious Sedation Flowsheet

Resource Needs:

- ☐ None
- ☐ Social Worker
- ☐ Clinical Counselor
- ☐ Assistance Getting Medications

☐ See Restraint Flowsheet

- ☐ Financial Counselor
- ☐ Assistance with ADL's
- ☐ Assistance with Referral
- ☐ Assistance with Medical Equipment

☐ See Suicide Observation Flowsheet

- ☐ Sistercare
- ☐ Sexual Trauma Service
- ☐ Other

☐ See continued RN Notes

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☐ NURSING ASSESSMENT		TIME <u>0310</u>	SIGNATURE <u>[Signature]</u>																				
Respiratory ☒ Airway ☒ Clear ☐ Obstructed ☐ Oral/Nasal ☐ Trach ☒ Respirations ☒ Spontaneous ☐ Labored ☐ Assist ☐ Absent ☐ Hyperventilation ☐ Shallow ☐ Retractions ☐ Flaring ☒ Breath Sounds ☒ Clear ☐ Equal, Bilaterally ☐ Rales _____ ☐ Rhonchi _____ ☐ Wheezes _____ ☐ Decreased _____ ☐ Absent _____ ☐ Cough ☐ Productive ☐ Nonproductive ☐ Sputum _____ ☐ Nasal congestion ☐ Orthopnea ☐ # of pillows _____		Cardiovascular ☐ N/A ☐ Rhythm ☐ Regular ☐ Irregular ☐ Paced ☐ Neck Veins ☐ Flat @ 45° ☐ Distended Circulatory ☒ Color ☒ Pink ☐ Pale ☐ Mottled ☐ Cyanotic ☐ Jaundiced ☒ Capillary Refill ☒ Normal ☐ Delayed <u>R</u> <u>L</u> radial pedal femoral _____ ☐ AV Shunt ☐ N/A ☐ Location _____ ☐ Thrill ☐ Yes ☐ No ☐ Bruit ☐ Yes ☐ No																					
		Neurological ☐ LOC ☒ Awake ☒ Alert ☐ Drowsy ☐ Restless ☐ Lethargic ☐ Unresponsive ☒ Orientation ☒ Time ☒ Place ☒ Person ☒ Speech ☐ Clear ☐ Slurred ☐ Aphasic ☒ Sensory ☐ No Deficits ☐ Numbness _____ ☐ Tingling _____ <table border="1" style="width: 100%; margin-top: 5px; font-size: small;"> <thead> <tr> <th></th> <th>Strong</th> <th>Weak</th> <th>Absent</th> </tr> </thead> <tbody> <tr> <td>RA</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> <tr> <td>LA</td> <td></td> <td style="text-align: center;">✓</td> <td></td> </tr> <tr> <td>RL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LL</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> </tbody> </table>			Strong	Weak	Absent	RA	✓			LA		✓		RL				LL	✓		
	Strong	Weak	Absent																				
RA	✓																						
LA		✓																					
RL																							
LL	✓																						
		Abdominal ☐ N/A ☒ Appearance ☒ Flat ☐ Rounded ☐ Distended ☐ Soft ☐ Other _____ ☒ Bowel Sounds ☒ Present ☐ Absent ☒ Palpation ☐ Mass _____ ☐ Tender _____ ☐ Guarding <u>(circled)</u> ☐ Last BM _____ Genitourinary ☐ N/A ☐ Flank Pain _____ L _____ R _____ ☐ Dysuria ☐ Hematuria ☐ Anuria ☐ Frequency ☐ Urgency ☐ Penile Discharge Color _____ GYN ☐ N/A ☐ LMP _____ ☐ Preg. _____ wks. G _____ P _____ Ab _____ FHT: ☐ Yes ☐ No Location _____ ☐ Vag. bleed _____ pads/ ☐ Vag. D/C Color _____ Social History ☐ Eye contact ☒ Yes ☐ No ☒ Affect ☐ Flat ☒ Normal ☒ Speech ☐ Appropriate ☐ Inappropriate ☒ Appearance ☐ Clean ☐ Unkempt ☐ Other _____ ☒ Motor behavior ☐ Cooperative ☐ Restless ☐ Agitated ☐ Confused ☐ Hostile ☒ Support Systems ☐ Lives alone ☒ Family / S.O. ☐ Nursing Home ☐ Homeless ☐ Assisted Living ☐ Able to: ☒ Read ☐ Write																					
Integumentary ☒ Temperature ☒ Normal ☒ Warm ☐ Cold ☐ Hot ☒ Dry ☐ Diaphoretic ☒ Turgor ☒ Elastic ☐ Tenting ☒ Edema ☐ Present ☒ Absent ☐ Pitting _____ ☐ Location _____ ☒ Mucous Membranes ☒ Moist ☐ Sticky ☐ Dry ☐ Skin Breakdown (REQUIRED) ☐ Present ☒ Absent Location _____ ☐ Drainage Color _____		Musculoskeletal ☐ N/A 1. Abrasion 2. Amputation 3. Bleeding 4. Burn 5. Fracture 6. Gunshot 7. Laceration 8. Contusion 9. Redness 10. Pain 11. Paralysis 12. Penetr. Wound 13. Sprain 14. Tenderness 15. Swelling 16. Deformity 17. Ltd. Movement 18. _____ front back																					
		Psychiatric ☐ Ideations ☐ None ☐ Harm to Self ☐ Harm to Others ☐ Security Notified ☐ Yes - Time _____ ☐ No ☐ Belongings Search Done ☐ Abuses ☐ None ☐ Alcohol ☐ Drug ☐ Inhalants ☐ Tobacco _____/day ☐ Hallucinations ☐ Auditory ☐ Visual																					

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[illegible]

PALMETTO RICHLAND MEMORIAL HOSPITAL EMERGENCY CENTER AFTERCARE INSTRUCTIONS

YOUR DIAGNOSIS TODAY IS: Date: 10/25/02

NR 009952117 R
SHIVER, GERTRUDE
05/19/1954 ADDRESSOGRAPH

If you are worried about your illness and your doctor cannot be contacted, Palmetto Richland Memorial Emergency Services is available for emergency care. You may call or return to the emergency department. Phone # 434-6350.

Follow-up Care / Referral

Arrange for an appointment in _____ days with:

☐ Private Doctor:

Phone Number: AS needed

☐ Ambulatory Clinic

Call 434-4100 for appointment

☐ Medicine

☐ Orthopedic

☐ Family Practice

☐ Pediatric

☐ Obstetrics/Gynecology

☐ Other

☒ Emergency Department for nurse or new

Call sooner if not improving or if there is any problem.
Until you contact your follow-up doctor,
follow instructions as directed.

Medications Prescribed for you today are:

Drug Name

Used for

Flexeril

muscle spasm

Darvocet NW

pain

Additional Medications / Instructions:

☐ Take all antibiotics as directed and until all medicine is gone.

☒ Do not drink alcohol, drive or operate machinery while taking this medication.

☒ Follow-up visit needed after completion of antibiotics in _____ weeks with private MD.

☒ Take medications with food.

☒ If rash, shortness of breath, or excessive vomiting occurs - stop medications and notify your MD or return to ER.

☒ If there is no improvement after taking antibiotics for 72 hours - contact your private MD.

☐

MEDICATIONS GIVEN TO YOU IN THE ER:



☐ Tylenol

☐ Rocephin

☐ Dilantin

☐ Ibuprofen

☐ Toradol

☐ Lidocaine

☐ Benadryl

☐ Floxin

☐ Mylanta/Donnagel

☐ Tetanus

☐ Other

TEST RESULTS:

☐ Your x-rays have been read by the ER Doctor. They will also be reviewed by our radiologist. If any other problems are found that have not been called to your attention, you will be notified.

☐ Cultures require 48-72 hours for final reading. You may call 434-3311 for results.

☐ Pick up x-rays (x-ray file room)

Over the counter medications you need to take are:

☐ Tylenol _____ every 4-6 hours as needed for fever or pain.

☐ Ibuprofen (e.g.: Motrin, Advil) _____ every 6 hours as needed for fever or pain. Take with food.

☐ Benadryl _____ every 6 hours as needed for itching.

☐

FACT SHEETS GIVEN:



Other Instructions: ① Discharge home with Flexeril (sedation precautions) Darvocet - sedation precautions ② rest; ice; alternate with heat; with acetaminophen 24 hours ③ If no improvement in 2 days follow up with regular doctor for recheck ④ return ER with 1 pain; fever, chills or any other changes in signs/symptoms

I have received and understand the above instructions for aftercare. I understand that I have had emergency treatment only, which is not a substitute for continuing medical care. I will arrange for follow-up care as instructed.

Nurse: K. Cohen R.

☐ INT D/C

Patient/
Family:

Gertrude Shiver

PALMETTO RICHLAND MEMORIAL HOSPITAL
5 Richland Medical Park Drive
Columbia, SC 29203
(803)434-7000

EMERGENCY DEPARTMENT

PATIENT: Shiver, Gertrude
MR #: 00-99-52-11-7
ADMITTED: 10/24/2002

DICT: Douglas B Ross, MD
DOB: 05/19/1954
PT.LOC:

DATE OF VISITATION: 10/24/2002

CHIEF COMPLAINT: Chart falling on the left shoulder.

Supervisor dropped heavy chart on left side of neck & shoulder AS

HISTORY OF PRESENT ILLNESS: This 48-year-old, about 1800 today was working here at Richland in the Medical Records Department, and a large paper NICU chart, approximately 2 inches thick, fell off a shelf and landed on the left side of her neck over the trapezius muscle. She has had increasing pain in this area throughout the night. Denies any neck pain, denies any radicular symptoms, focal weakness or paresthesias. She has had a history of chronic neck pain secondary to motor vehicle accident and just wanted to make sure that everything was okay.

REVIEW OF SYSTEMS: No loss of consciousness, no headache. No fever or chills, otherwise negative.

FAMILY HISTORY: CVA and diabetes.

SOCIAL HISTORY: No smoking. Again, she works for Richland Memorial Hospital. No alcohol, no drugs.

PAST MEDICAL HISTORY: Again, the motor vehicle accident with chronic neck pain. She has a herniated disk in the back. Hypertension and irregular heartbeat at times.

MEDICATIONS: She has taken Skelaxin p.r.n. in the past but is out of it, due to her neck. She takes morphine p.r.n. for her back, AcipHex, Mobic, aspirin, Tenormin and Cardizem.

ALLERGIES: CT DYE, TETANUS AND TB TEST.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 97.3, pulse 77, respirations 20, blood pressure 136/83.

GENERAL APPEARANCE: Nontoxic, alert and oriented x 3. Laughing and joking.

HEENT: Pupils equal, round and reactive to light bilaterally. Extraocular movements intact. No scleral icterus. No conjunctival injections. TMs clear bilaterally. OC, OP clear and moist.

NECK: Supple without lymphadenopathy.

CHEST: Clear to auscultation bilaterally.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops.

ABDOMEN: Soft, nontender, nondistended. Positive bowel sounds x 4. No hepatosplenomegaly, no masses.

PATIENT: Shiver, Gertrude

MR #: 00-99-52-11-7

Patient Type: ERR

EMERGENCY DEPARTMENT

Page 1 of 2

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PALMETTO RICHLAND MEMORIAL HOSPITAL

5 Richland Medical Park Drive

Columbia, SC 29203

(803)434-7000

MUSCULOSKELETAL: No cyanosis, clubbing or edema. Pulses 2+ globally. Full range of motion all extremities actively without pain including the left shoulder. She has tenderness to palpation in the left trapezius muscle. No evidence of spasm. No bony tenderness to palpation of the left shoulder. No midline cervical tenderness to palpation or step-off. No midline dorsal or lumbosacral spine. No tenderness to palpation or step-off. Full range of motion of the neck without any pain. Palpation of the trapezius exactly recreates the patient's pain. No evidence of any contusion over the area.

NEUROLOGICAL: Sensation grossly intact. Strength 5/5 globally. Gait within normal limits. Deep tendon reflexes 2+ globally. Cranial nerves II-XII intact. Sensation intact. Toes downgoing bilaterally. No ankle clonus.

SKIN: No rashes, no lesions.

EMERGENCY DEPARTMENT COURSE: I certainly feel the patient has more than likely a muscle strain of the left trapezius. I certainly feel that by mechanism that is very unlikely if patient has bony fractures, and certainly has no bony tenderness to palpation. I feel she is stable for discharge with symptomatic therapy. She is out of Skelaxin, so we will prescribe her some Flexeril as she does not like taking the morphine because it makes her sleepy, so we will prescribe her some Darvocet each with sedation precautions.

CLINICAL IMPRESSION: Acute left trapezius strain.

DISPOSITION: Will discharge home with Flexeril and Darvocet each with sedation precautions. Sent her home with 15 of each. Recommend rest. Ice alternating with heat. Work excuse for 24 hours. If no improvement in 48 hours, recommend she follow up with her primary MD for recheck. Return to the ED with increasing pain, fever and chills or any other acute changes, signs or symptoms.

Dr. Mike Wade, attending physician, was present and available for questions.

Michael D Wade 11/2/02

Michael D Wade, MD

Dictated by: Douglas B Ross, MD

DR:hs

D: 10/25/2002 3:37 A T: 10/25/2002 9:40 A

Job #: 040385 T Job #: 700535 Doc #: 349807

cc : Michael D Wade, MD

PATIENT: Shiver, Gertrude

MR #: 00-99-52-11-7

EMERGENCY DEPARTMENT

Page 2 of 2

C. Y. I. D.



Emergency Medicine Department
Medically Excused Absence

WHOM IT MAY CONCERN:

is to certify that Shiver, Gertrude was seen in this
tment at 730 a.m./(p.m.) on 10/24/02 and is excused
school/work from 10/25/02 through 10/26/02
rks no work & 2 days

Dr. Ross / LFL, M.D.
ician in Charge

7500355 Rev 1/90

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